



## Topic Brief: High Cost Low Value Healthcare

**Date:** 08/26/19

**Nomination Number:** 0868

**Purpose:** This document summarizes the information addressing a nomination submitted on June 28, 2019 through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

**Issue:** The nominator is interested in identifying high cost, low value healthcare practices that are not currently included in the Choosing Wisely campaign recommendations.

**Program Decision:** While this is an important topic, the EPC Program will not develop a new systematic review. The optimal approach to addressing this issue is not a core activity of the EPC Program. However, we found resources that might be useful to the nominator related to similar efforts to identify and prioritize low-value care; frameworks around low-value care; and systematic reviews related to deimplementing and measuring low-value care.

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### Background

- The reduction of low value healthcare practices is necessary to reduce costs and increase quality of care and patient safety. Traditional fee-for-service payment models provide incentives for overutilization of procedures and medications. In the USA, it has been estimated that 30% of medical spending is considered to be unnecessary<sup>1</sup>.
- A number of campaigns have been launched, such as the international Choosing Wisely campaign, which seek to identify and address the prevalence of low-value practices.

### Nomination Summary

The initial submitted nomination related to which interventions or strategies (such as prior authorization, shared decision-making and ‘do not use’ recommendations as aligned with the Choosing Wisely campaign) are most effective in reducing the use of high cost, low value health care. After discussion with the nominator we found that the interest was specifically in identifying practices that were not raised by specialty societies for the Choosing Wisely campaign and that may have little value or potentially even do harm. The nominator was not able to provide enough specificity to focus a review on the benefits and harms of interventions to determine their value. For example, no specific clinical area or population could be identified as a priority.

With further discussion it became clear that the process for identifying such interventions involved activities beyond an evidence review, including primary analysis to identify areas of practice variation with prioritization.

## Assessment Methods

We assessed the nomination for priority for a systematic review or other AHRQ EHC report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EHC program.
2. Establish the overall *importance* of a potential topic as representing a health or healthcare issue in the United States.
3. Determine the *desirability of new evidence review* by examining whether a new systematic review or other AHRQ product would be duplicative.
4. Assess the *potential impact* a new systematic review or other AHRQ product.
5. Assess whether the *current state of the evidence* allows for a systematic review or other AHRQ product (feasibility).
6. Determine the *potential value* of a new systematic review or other AHRQ product.

## Summary of Selection Criteria Assessment

The nomination focus would not be optimally addressed by the activities of the EPC Program. AHRQ's EPC Program synthesizes existing research with the goal of helping consumers, health care professionals, and policymakers make informed and evidence-based health care decisions. The EPC Program does not perform primary data analysis. Stakeholder prioritization of medical interventions is beyond the scope of the EPC Program.

Because the nomination could not be addressed by the scope of the EPC Program, the other selection criteria were not assessed.

## Related Resources

We found related resources that might be useful to the nominator. We found several resources about processes for identifying and prioritizing low-value interventions:

- The VA Health Services Research & Development has funded a portfolio of projects which explore methods for identifying, measuring, and facilitating opportunities for de-intensification of medical services<sup>2</sup>.
- Elshaug et al. Over 150 potentially low-value health care practices: An Australian study. *Medical Journal of Australia*. 2013;198(2):85.<sup>3</sup>
- National Institute for Health and Care Excellence (NICE). Do not do prompts. <https://www.nice.org.uk/sharedlearning/nice-do-not-do-prompts>
- Wammes et al. Identifying and prioritizing lower value services from Dutch specialist guidelines and a comparison with the UK do-not-do list. *BMC Medicine*. 2016;14(1):196.<sup>4</sup>

We found other resources that related to frameworks about low value care:

- Miller et al. A Framework for Measuring Low-Value Care. *Value in health: The Journal of the International Society for Pharmacoeconomics and Outcomes Research*. 2018 Apr;21(4):375-9.<sup>5</sup>

- Verkerk et al. Limit, lean, or listen? A typology of low-value care that gives direction in de-implementation. *International Journal for Quality in Health Care*. 2018;30(9):736-9.<sup>6</sup>

Lastly, we found additional systematic reviews that might inform work around deimplementing low-value interventions:

- Maratt et al. Measures Used to Assess the Impact of Interventions to Reduce Low-Value Care: A Systematic Review. *Journal of General Internal Medicine*. 2019;34(9):1857-64.<sup>7</sup>
- Colla et al. Interventions Aimed at Reducing Use of Low-Value Health Services: A Systematic Review. *Medical care research and review: MCRR*. 2017;74(5):507-50.<sup>8</sup>

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