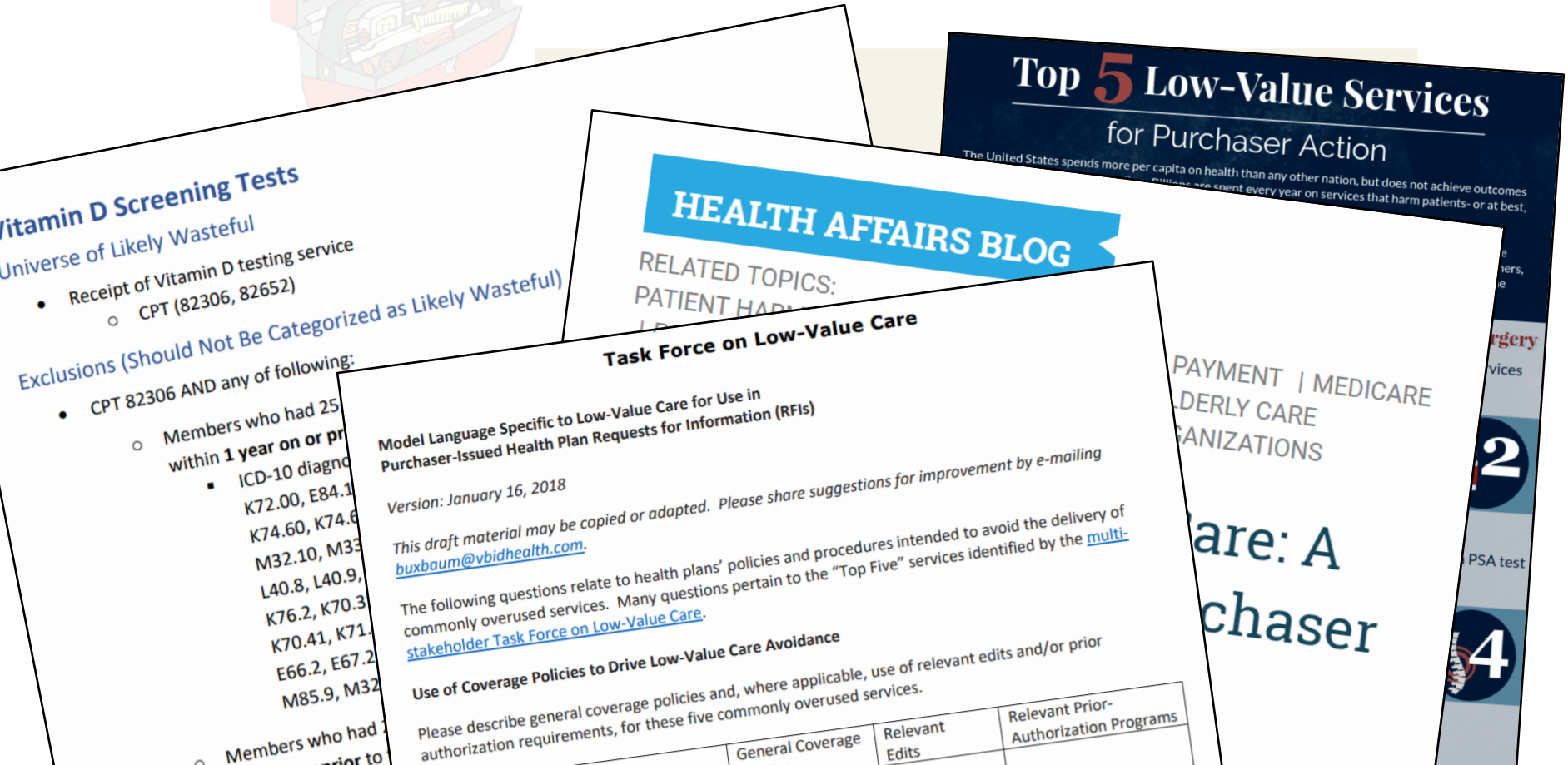
Tackling Low-Value Clinical Care: Purchaser-oriented Toolkit

Toolkit Outline

September 2018

Materials and resources

Google “Task Force on Low-Value Care”



Basics of the Toolkit

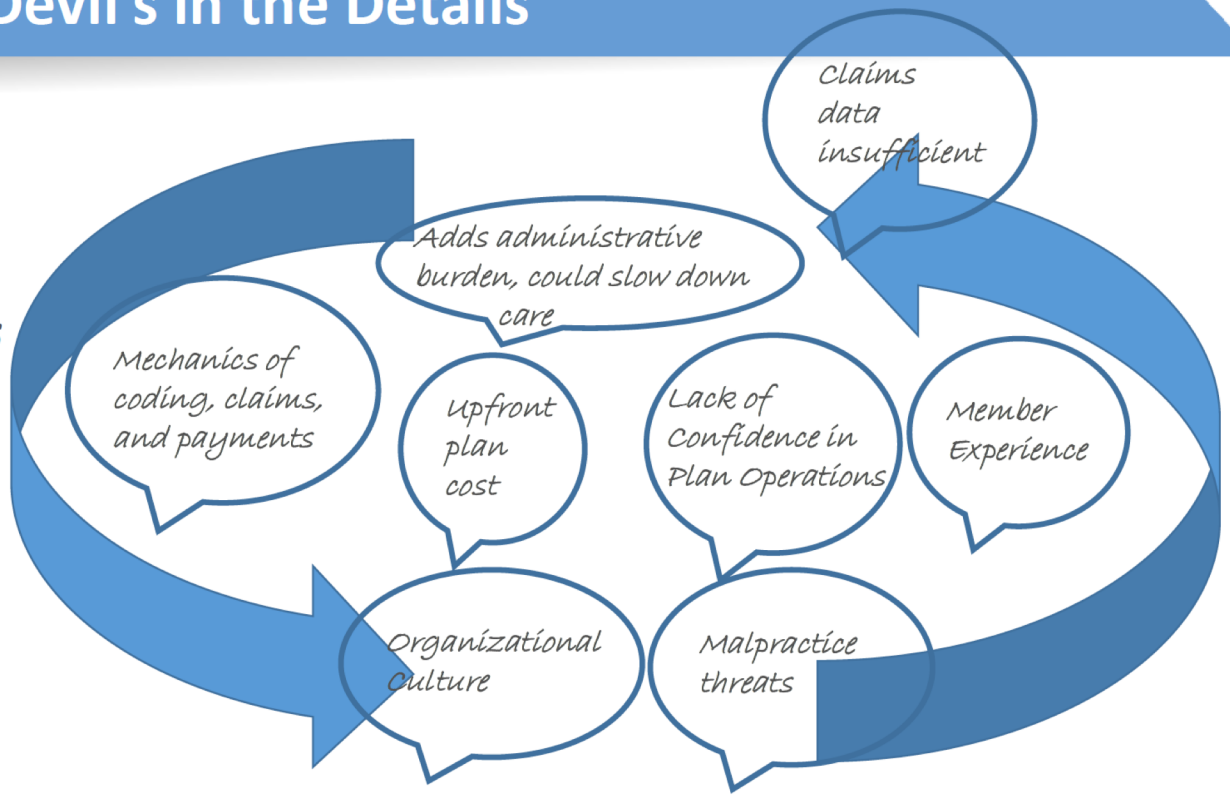
- Goal: one-stop for resources to take action on Top Five, eg:
  - Information on levers and RFI language
  - Case studies, where possible
  - Template business case
- Purchaser-oriented
- Web-based (VBID Health website)
- Some interactive elements
- Can be updated frequently
- Intended to be “level-setting”

Motivation

- Task Force survey comments – engaging purchasers
- Task Force members have asked for a “toolkit” (in some form or another)
- Foremost: a “Roadmap for Replication”

	NOT VALUABLE	MINIMALLY VALUABLE	SOMEWHAT VALUABLE	VERY VALUABLE
Stakeholder group-specific recommendations for action that reflect the most promising levers for each service	0.00% 0	11.11% 2	27.78% 5	61.11% 11
Stakeholder group-specific business cases (might include potential for averted expenditures, impact on patient experience, etc.)	0.00% 0	11.11% 2	22.22% 4	66.67% 12

The Devil's in the Details



Employers count on Health Plans!

Health Plans wait for Employers!

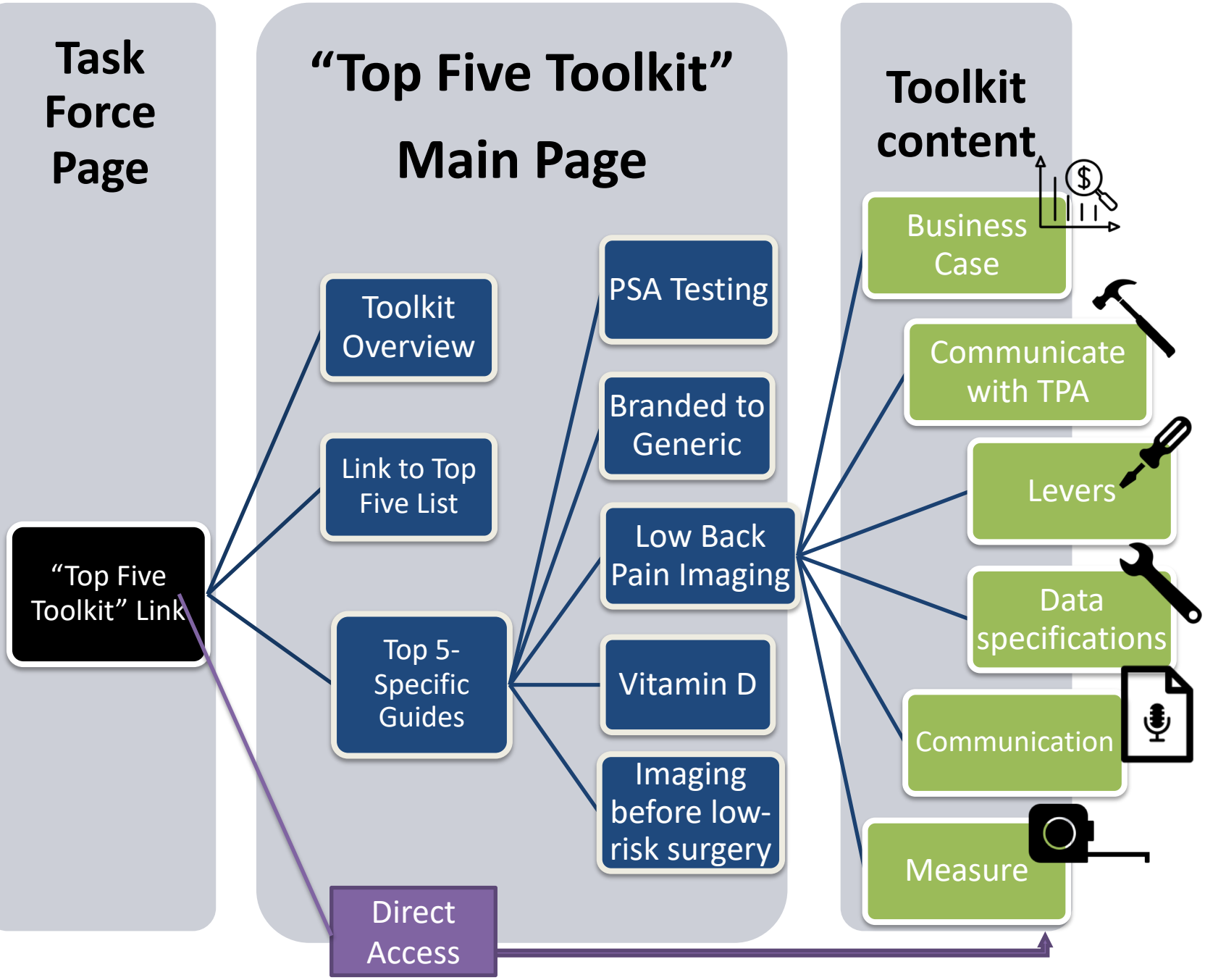
PBGH
PACIFIC BUSINESS GROUP ON HEALTH

Questions for discussion

- Is the focus appropriate -- should it be purchaser- or plan-oriented or something else?
- Should the toolkit focus exclusively on the Top Five services? (this model is)
- What information is missing to take action?

If we build the toolkit, will they come?

Toolkit Outline



The Low-Value Care Reduction Toolkit

Reducing Use of Low-Value Medical Care

Task Force on Low-Value Care

Problem of Overspending and Underperforming in the United States

The US spends more on health care per capita than any other country but does not achieve outcomes commensurate with that spending.

A substantial share of this spending is devoted to services that buy no additional health, and in some instances, expose patients to serious harm. Experts estimate that between $158 and $226 billion is spent on low-value care every year (2011 dollars). Private payers bear the cost of between $90 and $140 billion of this amount. And there is reason to believe even the upper estimates of low-value care are too conservative.

Beyond the heavy price that public and private purchasers pay, low-value services harm patients. Low-value care services:

- Expose patients to iatrogenic harm. Harm may be directly related to the overused procedure itself, or follow from downstream services as incidental findings are worked-up.
- Impose high out-of-pocket costs. In an era of high-deductible plans, analyses have found that between 17 percent and 33 percent of spending on low-value care is paid by patients.
- Lead to lost time, lost productivity, and "botheredness."

Toolkit

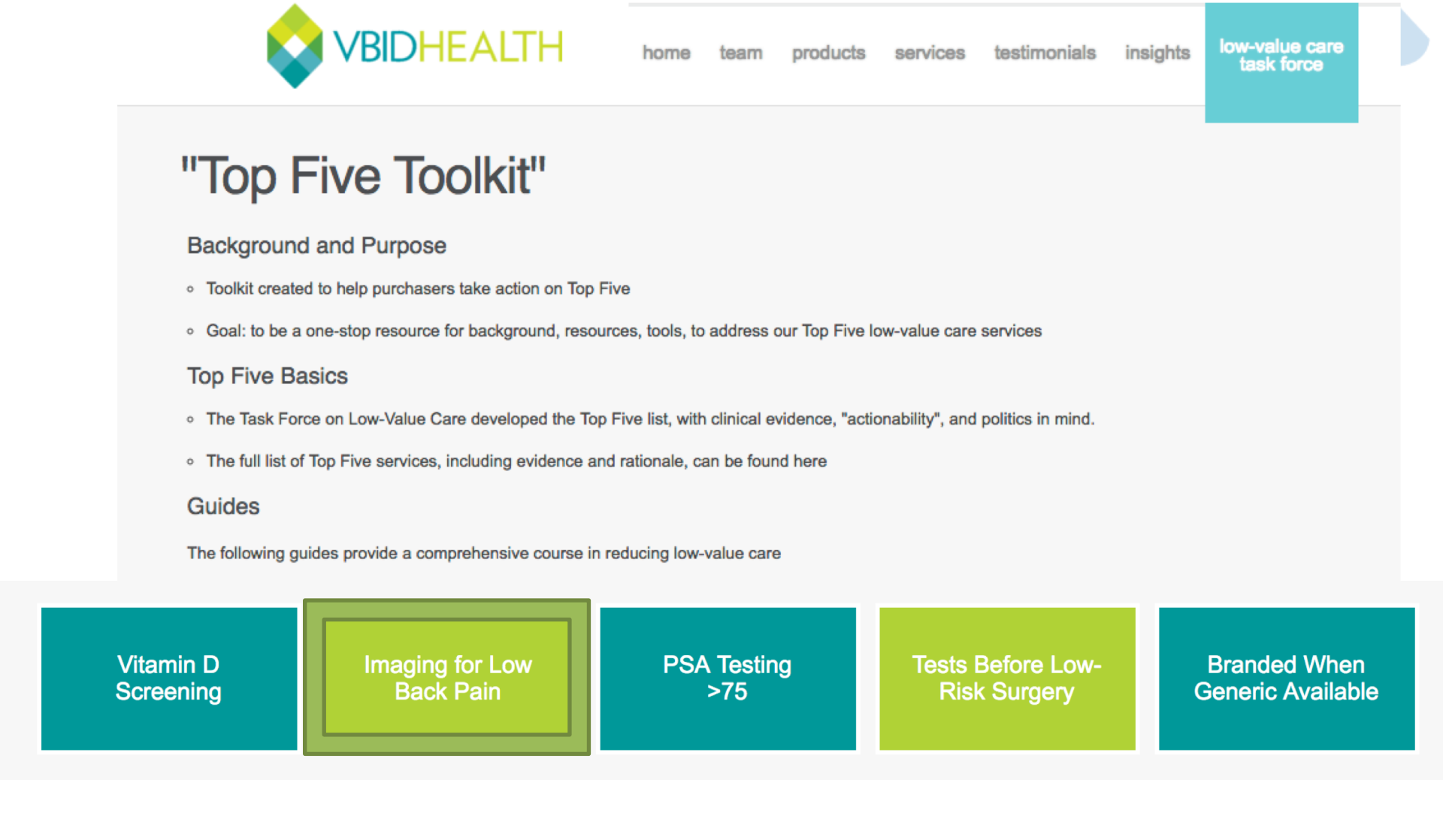
Top Five Low Value Services: What and Why

PRESS RELEASE

COMPLETE LIST

SLIDES

“Top Five Toolkit” Main Page



"Top Five Toolkit"

Imaging the First 6 Weeks of Low Back Pain

WHAT

X-rays, computed tomography (CT), and magnetic resonance imaging (MRI) should be avoided during first six weeks of low-back pain, unless a specific clinical warning sign is present.

WHY

- Rarely changes patient management
- X-rays and CT expose patients to unneeded radiation
- Detects clinically insignificant abnormalities

BURDEN

Nationwide in 2014:

- About 1.6 million avoidable imaging services performed
- About $500 million in spending resulted

Complete List

- Develop Business Case
- Communicate with TPA
- Explore Potential Levers
- Data Specifications
- Establish Communication Plan
- Measure and Share Progress

More from the Toolkit

Vitamin D Screening

Imaging for Low Back Pain

PSA Testing >75

Tests Before Low-Risk Surgery

Branded When Generic Available

Toolkit contents

① Develop business case

② Communicate with TPA

③ Explore potential levers

④ Data specifications

⑤ Establish communication plan

⑥ Measure and share progress

① Develop business case

- Summary: “Is the juice worth the squeeze”
- Toolkit would include:
  - Link to business case template
    - Top line information and headers for a good case
    - Challenge: specificity
  - Information on Health Waste Calculator to measure the extent of wasted dollars on low back pain imaging

Template Business Case

- Includes an outline to address benefits, risks, costs associated with low-value care aversion relevant to the service, eg:
  - Measuring burden
  - Benefits
    - Averted expenditures
    - Reduce direct harm
    - Reduce downstream harm
    - Reduce delayed care (increase productivity)
  - Costs and risks
    - Measuring burden requires resources
    - Taking action (some levers come with risk)

http://www.vbidhealth.com/docs/LBP-Business%20case%20template.pdf

Template Business Case

- For low back pain specifically, the business case template would address, eg:
  - Health Waste Calculator to measure burden
  - Averted imaging/x-ray and professional fee expenditures, scope of potential downstream harm from radiation and incidental findings, reduction in delayed care
  - What potential solutions are would allow the organization to deliver? (levers)
  - Potential costs and risks (depends on levers)

Template Business Case

- Provide examples where possible
- Eg, measuring burden: results from Health Waste Calculator in Virginia and Washington
- Estimating burden of low back pain imaging in first 6 weeks, without red flags
  - VA: 49,341 total services, 87% waste index, total proxy allowed costs: **$17.2 million**
  - WA: 16,673, 83% wasteful or likely wasteful, total cost: $4.3 million

Washington Health Alliance. “First, Do No Harm: Calculating Health Care Waste in Washington State” February 2018. Accessed online, August 2018: https://www.wacommunitycheckup.org/media/47156/2018-first-do-no-harm.pdf

Virginia Health Information. “Virginia APCD MedInsight Health Waste Calculator Resutls version 2.0” January, 2016. Accessed online, August 2018: http://www.vahealthinnovation.org/wp-content/uploads/2016/10/Virginia-APCD-MedInsight-Health-Waste-Calculator-Results-v2.0.pdf

②Communicate with TPA

- Discuss with TPA what steps they already take regarding low-value care*
  - What services do you consider low-value care and in which circumstances?
  - How can existing programs be better administered?
  - What about Top Five services specifically?
- Toolkit would include:
  - Low back pain specific talking points
  - Link to existing VBIDHealth RFI language

* We DO NOT consider high prices as part of low value care for this portion of the RFP

②Communicate with TPA

- Example RFP language for low-back pain (coverage policies):
  - "Please describe general coverage policies and, where applicable, use of relevant edits or prior authorization requirements, for radiography, computer tomography (CT), magnetic resonance imaging (MRI) for acute low-back pain for the first six weeks after onset, unless clinical warning signs are present ("red flags")"
- Also other non-financial/financial provider/patient facing policy options

http://www.vbidhealth.com/toolkit/imaging-for-low-back-pain.php

③ Explore potential lever(s)

TABLE. Tools to Target Low-Value Care[12]

Provider Facing	Patient Facing
Coverage policies • Do not reimburse for services that are clearly inappropriate given data from claims and enrollment files. • Ensure medical policies do not require unneeded services in order for patients to receive coverage of medically unnecessary services.	Network design • Steer patients to providers and plans that minimize the use of inappropriate medical services, including through tools such as shared decision making, which has been shown to reduce unnecessary care.[16]
Payment rates and payment models • Adjust allowed amounts to reduce incentives to provide commonly overused/potentially harmful services. • Use a composite measure of low-value care in pay-for-performance programs, such as has been suggested for the Medicare Merit-based Incentive Payment System.[13] • Accelerate adoption of new payment models that reduce incentives for overuse, such as ACO programs with downside risk.[14]	Utilization management • Consider narrowly targeted PA programs.[17] • Minimize the administrative burden through tools such as electronic PA for a select number of services and with a seamless user-friendly interface.[18]
Provider profiling information • Distribute reports benchmarking the practice patterns of a clinician or practice against those of your peers.[15]	Value-based insurance designs • Align patients' out-of-pocket cost sharing with the value of the underlying service. For example, high-value chronic disease care, such as blood pressure medications, should be free. • For commonly overused services, selectively allow increases in cost sharing to serve as "speed bumps."[19]

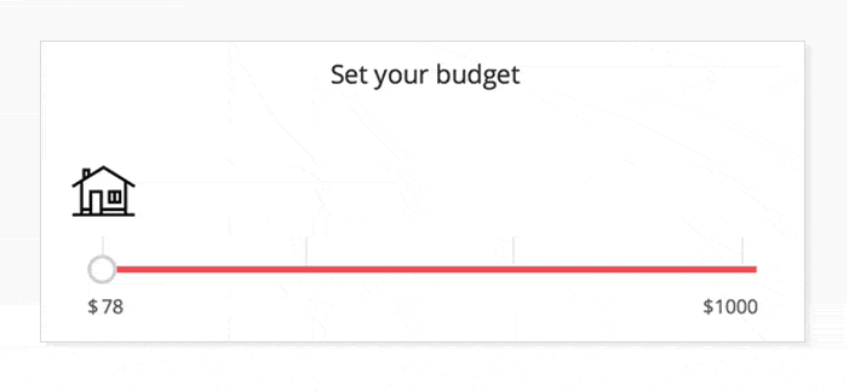
ACO indicates accountable care organization; PA, prior authorization.

③ Explore potential lever(s)

- Provides information on tools available to address a given Top Five
- For imaging low back pain, eg:
  - APM performance measures (HEDIS)
  - Coverage policies (eg, PA)
  - Value-based insurance design (if possible)
  - Clinical Decision Supports (not direct control)
- Toolkit would include:
  - Description, pros/cons of various value-based tools
  - Links to case studies addressing low back pain imaging

③ Explore potential lever(s)

- Illustration: Patient-facing, coverage policies
  - Do not cover at all
  - Prior authorization (PA), e.g.
  - Increase cost sharing (V-BID)
  - Cover the service with no limitations
- Slider would move from one side, displays information about that lever



No Coverage

Lighter Touch

http://www.vbidhealth.com/toolkit/imaging-for-low-back-pain.php

③ Explore potential lever(s)

- Will also include tips to improve levers
  - How can you incorporate multiple levers – single levers in isolation will not be as useful as multiple, synergistic levers in concert (patient and provider facing)

④ Data specifications

- Identify data specifications for low back pain imaging
  - Information plans will need to build medical policies that fit current evidence, analyze claims data, and use tools like prior authorization
- Toolkit would include: relevant codes (eg ICD-10), EHR-relevant information, and data specifications (waste index) for claims-based analyses

Data Type	Example Codes
Low Back Pain Diagnosis Codes	▪ Sciatica, unspecified side (ICD-10 M54.30) ▪ Low back pain (ICD-10 M54.5) ▪ Backache, unspecified (ICD-10 M54.9)
CT scan, MRI and X-ray Codes	▪ Sacrum and Coccyx X-ray (LOINC 24665-2) ▪ Spine Lumbar CT (LOINC 24963-1) ▪ Spine Lumbar MRI (LOINC 24968-0) ▪ Spine cervical and thoracic and lumbar MRI (LOINC 30854-4)

⑤ Establish communication plan

- Some levers come with risk, or require effective communication to be successful
  - For example, prior authorization requires managing "member experience" risk
- Toolkit would include tips for:
  - Employee or population-focused communication
  - Eg: external communication should emphasize health and improving care, rather than dollars
  - Do you use a member service that could serve as a catalyst for communication? (eg Accolade)

⑥ Measure and share progress

- Continue to measure progress on reducing low back pain (and low-value care broadly)
- Share these practices with others
  - Including business groups and or nationally recognized task forces on low-value care

Back to questions for discussion

- Is the focus appropriate -- should it be purchaser- or plan-oriented or something else?
- What information or content is missing for an organization to take action?
- Should the toolkit focus exclusively on the Top Five services?
- How do we build it, and have people come?

Thank you!