

Actionable Low-Value Care Data: A Path Forward

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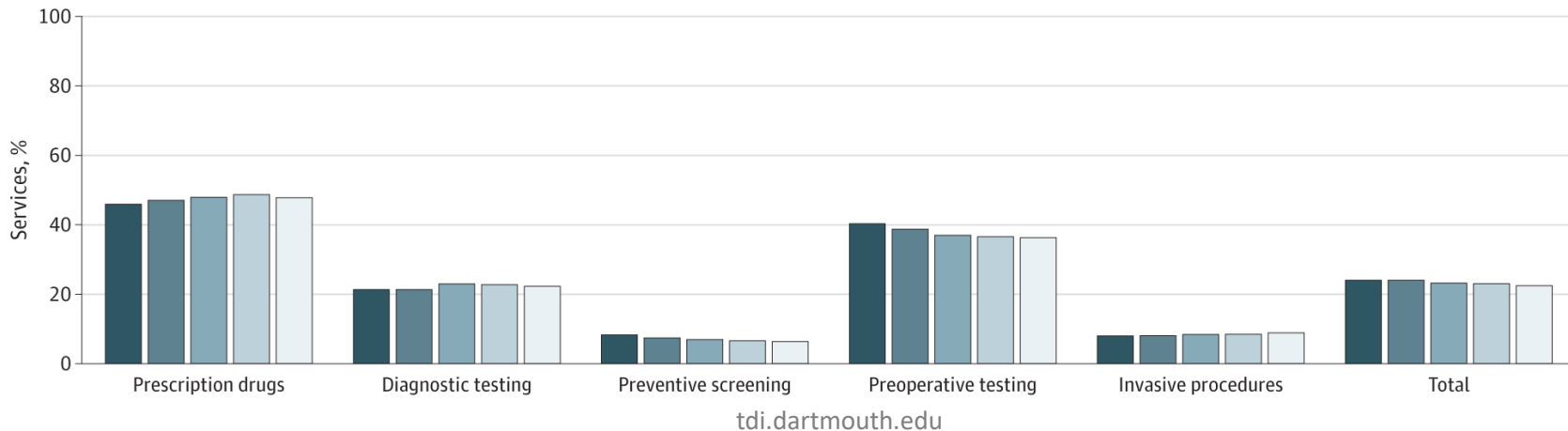
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Motivation

- Despite a decade of measurement and communication, use of low-value care hasn't changed much
- Low-value care largely has been measured and reported at the national or regional level, limiting accountability and actionability
- COVID may offer a unique opportunity to reshape the conversation and incentives around low-value services

B Measured services deemed low value, 2014-2018



Barriers to reducing

low-value care

- Incentive structure of managed care
 - Incentives for volume
 - Unclear metrics
- Lack of patient engagement
- Gaps in access to high-value services



Imagining a World Without Low-Value Services: Progress, Barriers, and the Path Forward

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Stakeholders: Academia, Employers, Health System, Payers, Providers

Topics: Clinical, Health Care Cost, Health Care Delivery, Insurance, Policy, Technology, Value-Based Care

Institute for Value-Based Medicine

All Coverage, Event Coverage

ABSTRACT
 Clinician-, patient-, and research-focused initiatives are needed to reduce the delivery of low-value care services that contribute to financial, clinical, and psychological harm for patients.

Low-value services are a major problem in the US health care system. We believe that the coronavirus disease 2019 pandemic's unprecedented impact on the health system, and society writ large, offers an opportunity to reshape the conversation and incentives around low-value services. This article explores current barriers to and opportunities for

the delivery

among patients

and actionable
value services

Evolution of Measurement

Effective Care: *Benefit clear for all*

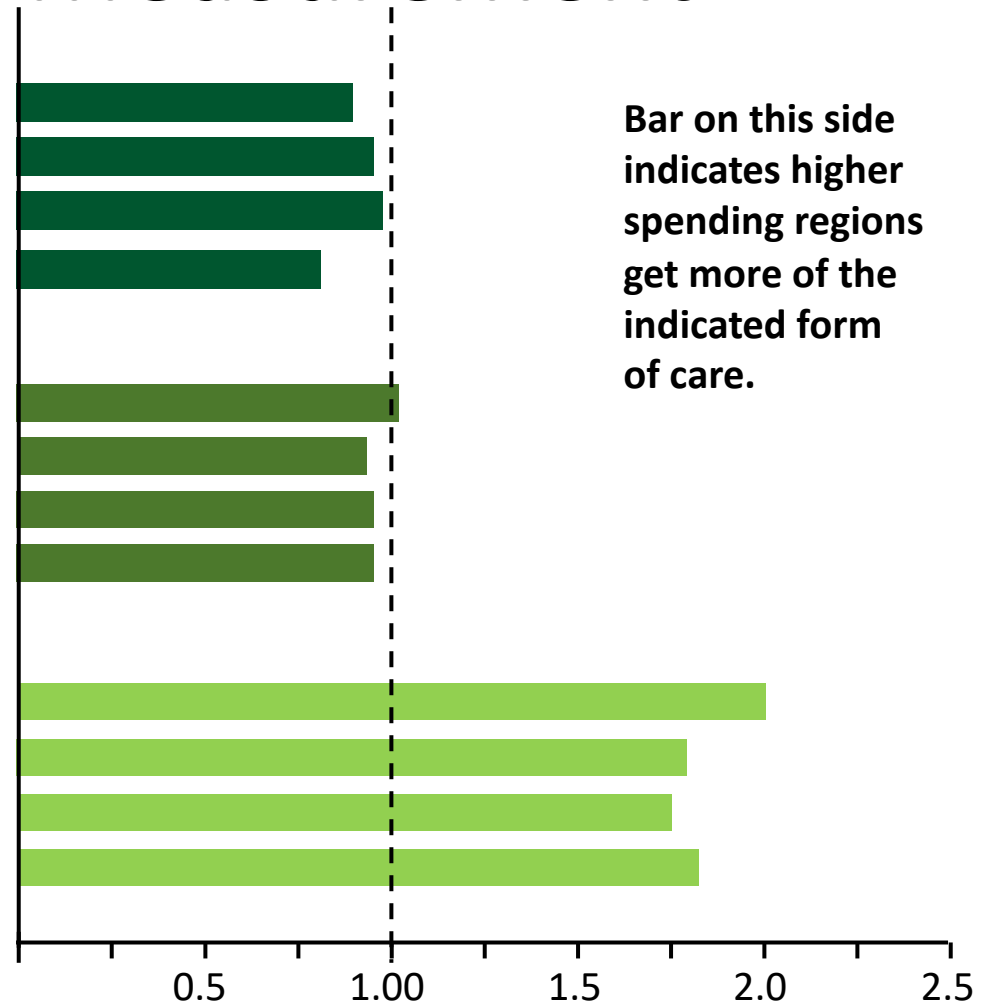
- Reperfusion in 12 hours (Heart attack)
- Aspirin at admission (Heart attack)
- Mammogram, Women 65-69
- Pneumococcal Immunization (ever)

Heterogeneous Care: *Characteristics matter*

- Total Hip Replacement
- Total Knee Replacement
- Back Surgery
- CABG following heart attack

Uncertain / Potentially Low-Value

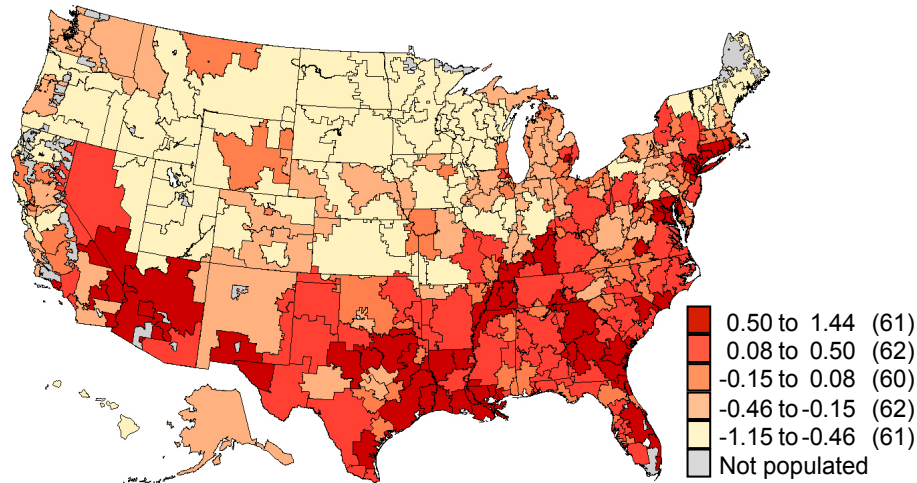
- Inpatient Days in ICU or CCU
- Evaluation and Management (visits)
- Imaging
- Diagnostic Tests



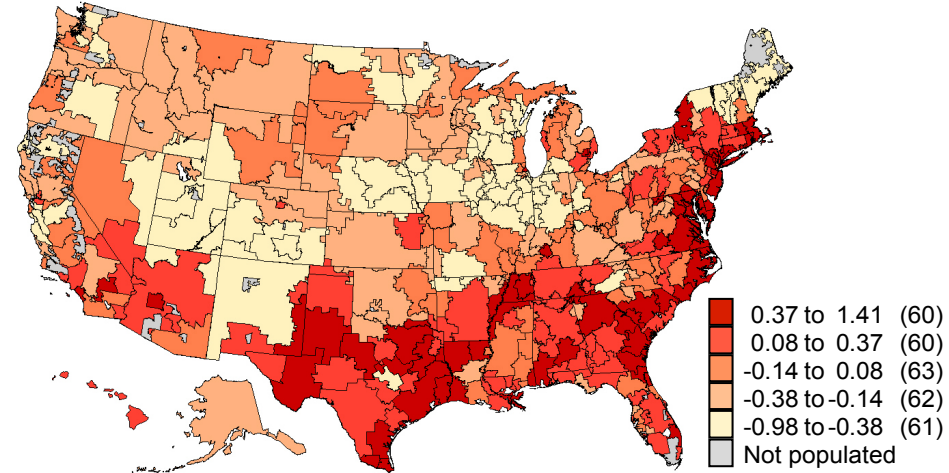
Source: Chandra & Skinner, The Dartmouth Atlas

Previous research looked at LVC by Hospital Referral Region

Composite Score for Overuse of Health Services in Commercially Insured Groups, 2009–13



Composite Score for Overuse of Health Services in Medicare Insured Groups, 2006–11

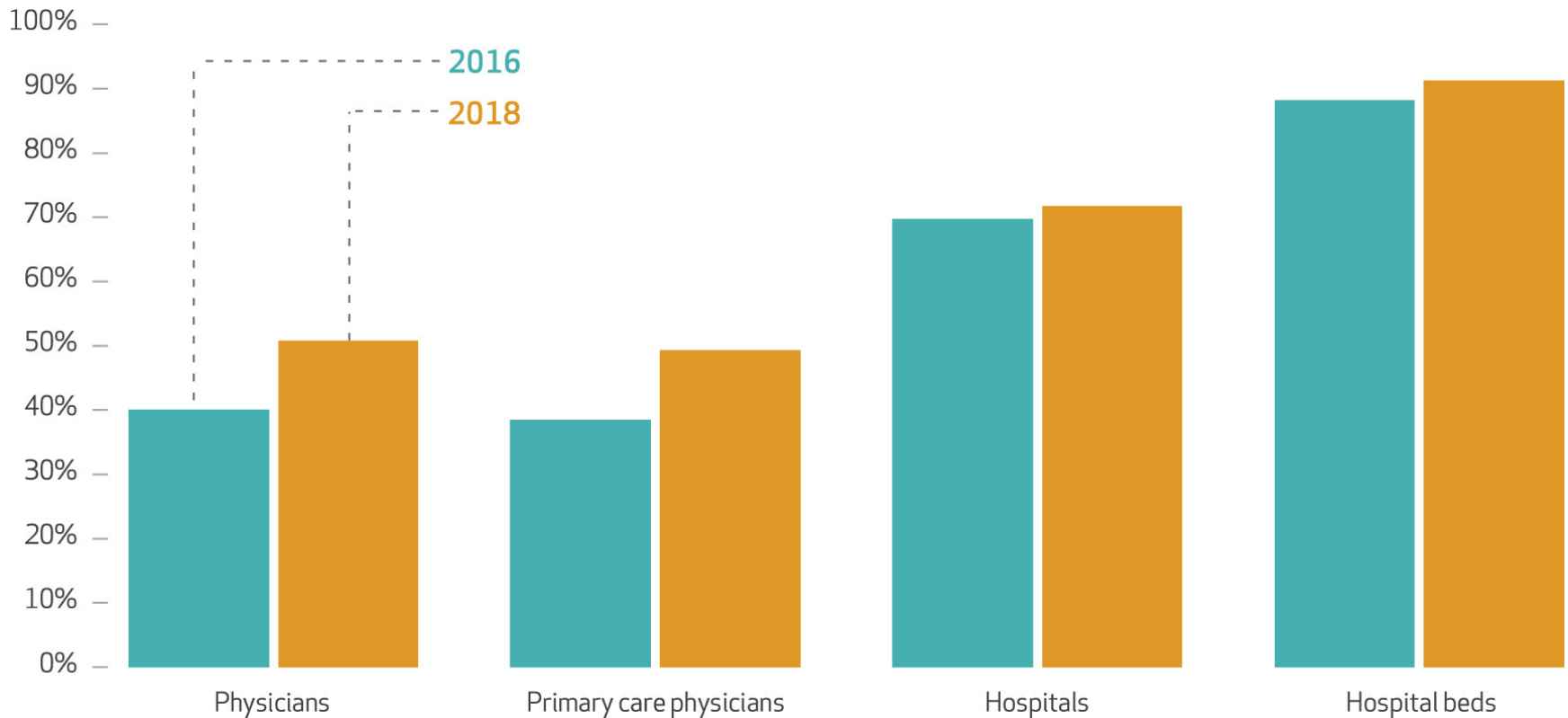


| Measure | Commercial | Medicare | Correlation |
|--|------------|----------|-------------|
| Pre-op cardiac testing (low-risk non-cardiac surgery)*** | 26% | 46% | 0.772 |
| DXA Testing*** | 7% | 9% | 0.798 |
| Cardiac Screening | 11% | 11% | 0.818 |
| Opioids in migraine patients** | 26% | 24% | 0.630 |
| Cervical cancer screening over 65*** | 9% | 8% | 0.663 |
| Vitamin D screening*** | 8% | 13% | 0.905 |
| Back pain imaging*** | 29% | 23% | 0.539 |

Source: Colla et al (2015) *JGIM*. Colla et al (2018), *Health services research*.

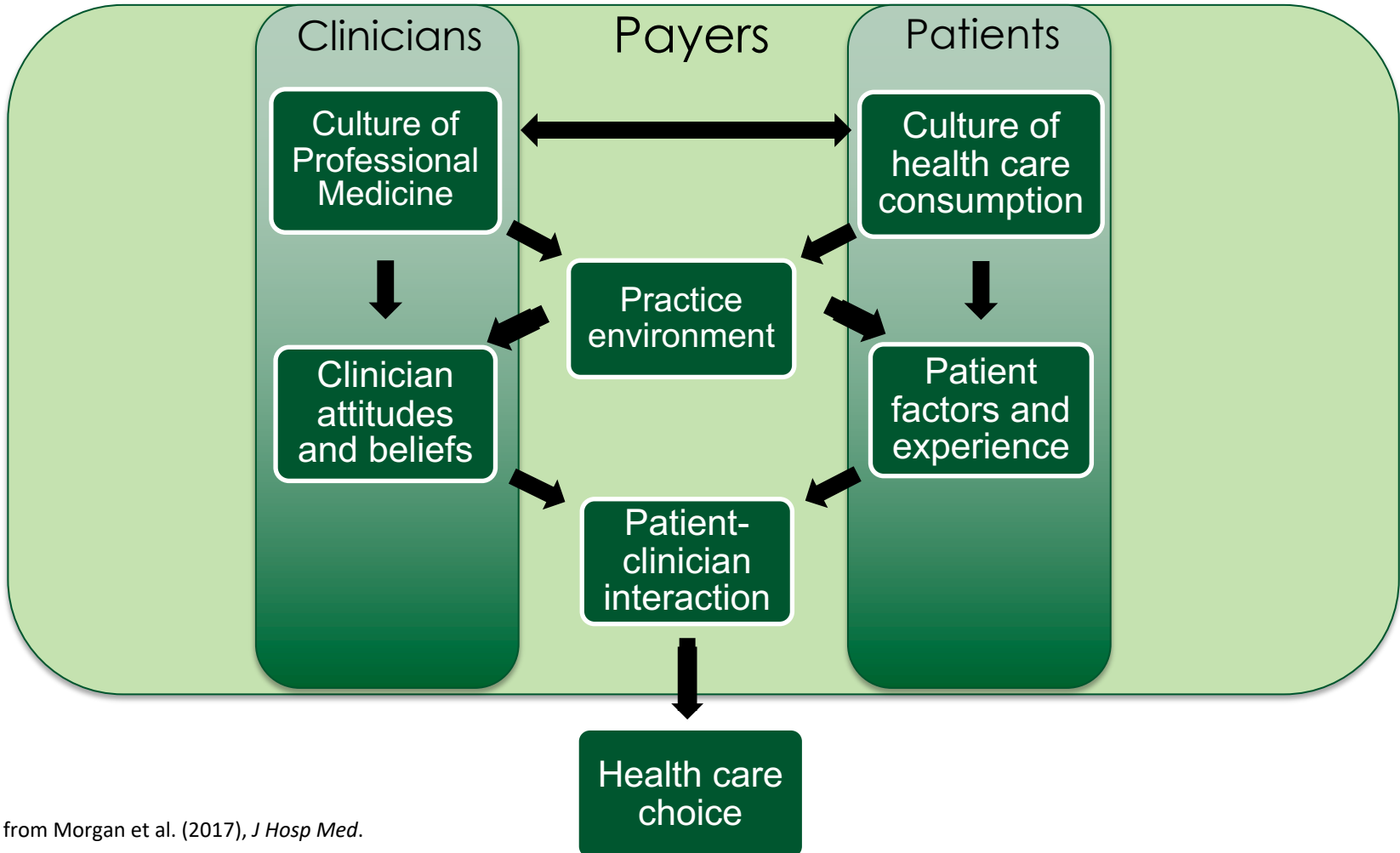
* p<0.05, ** p<0.01, *** p<0.001

Provider consolidation into health systems is increasing rapidly



Source: Furukawa MF, et al. Consolidation Of Providers Into Health Systems Increased Substantially, 2016–18. Health Affairs. 2020 Aug 1;39(8):1321-5.

Low-Value Service Use is a Complex Problem



Adapted from Morgan et al. (2017), *J Hosp Med*.

AHRQ Compendium of U.S. Health Systems

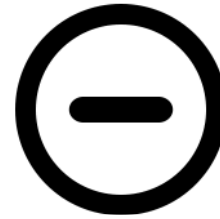
- Publicly available database with information on 637 health systems operating in the U.S., including size, ownership type, and linkages to hospitals

| System Characteristic (n=637) | Number of Health Systems | Percent of Health Systems |
|---|---------------------------------|----------------------------------|
| Ownership type: | | |
| Nonprofit | 440 | 69% |
| Public/government | 127 | 20% |
| Church-operated | 53 | 8% |
| For-profit/investor | 17 | 3% |
| Geographic scope: | | |
| Single-state (operates in one state) | 532 | 84% |
| Multistate (operates in two or more states) | 105 | 16% |

Systems have competing LVC priorities and incentives

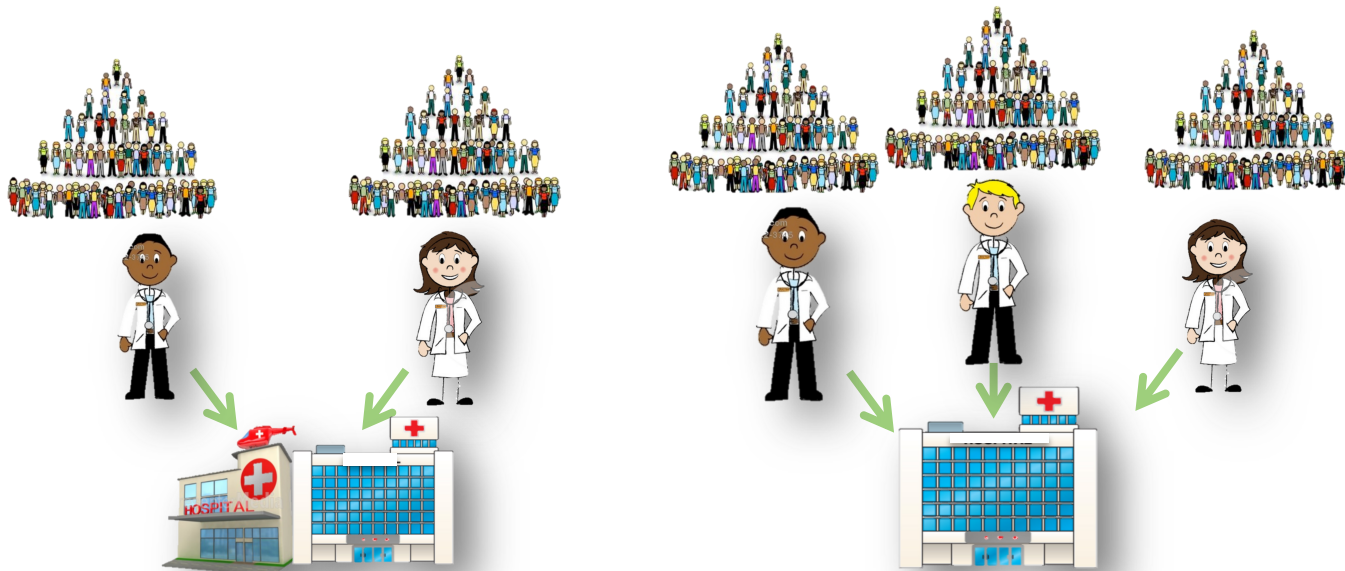


- Consistent and rigorous quality metrics
- Efficient dissemination of new evidence, programs and technologies
- Ability to leverage a shared culture

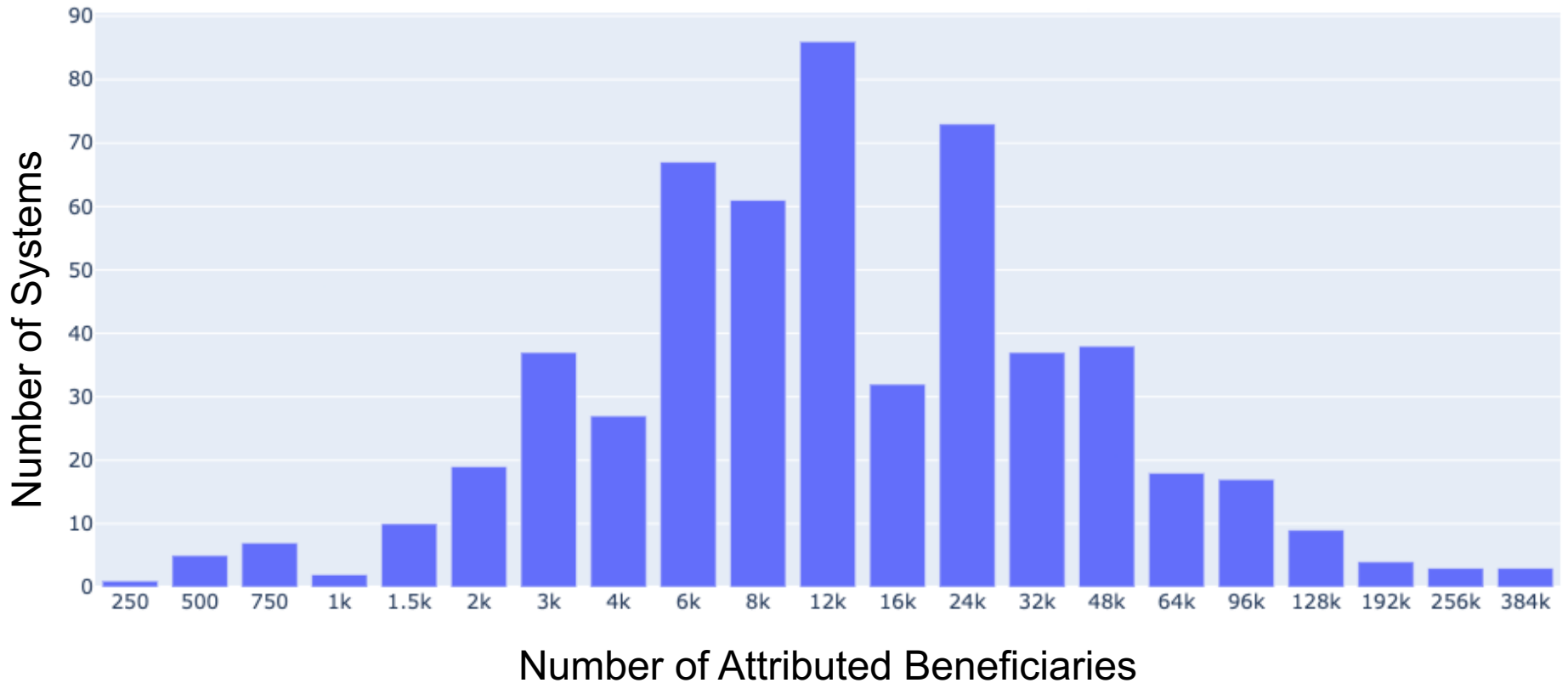


- Higher costs and little incentive to reduce profits
- “In house” referrals for unnecessary services

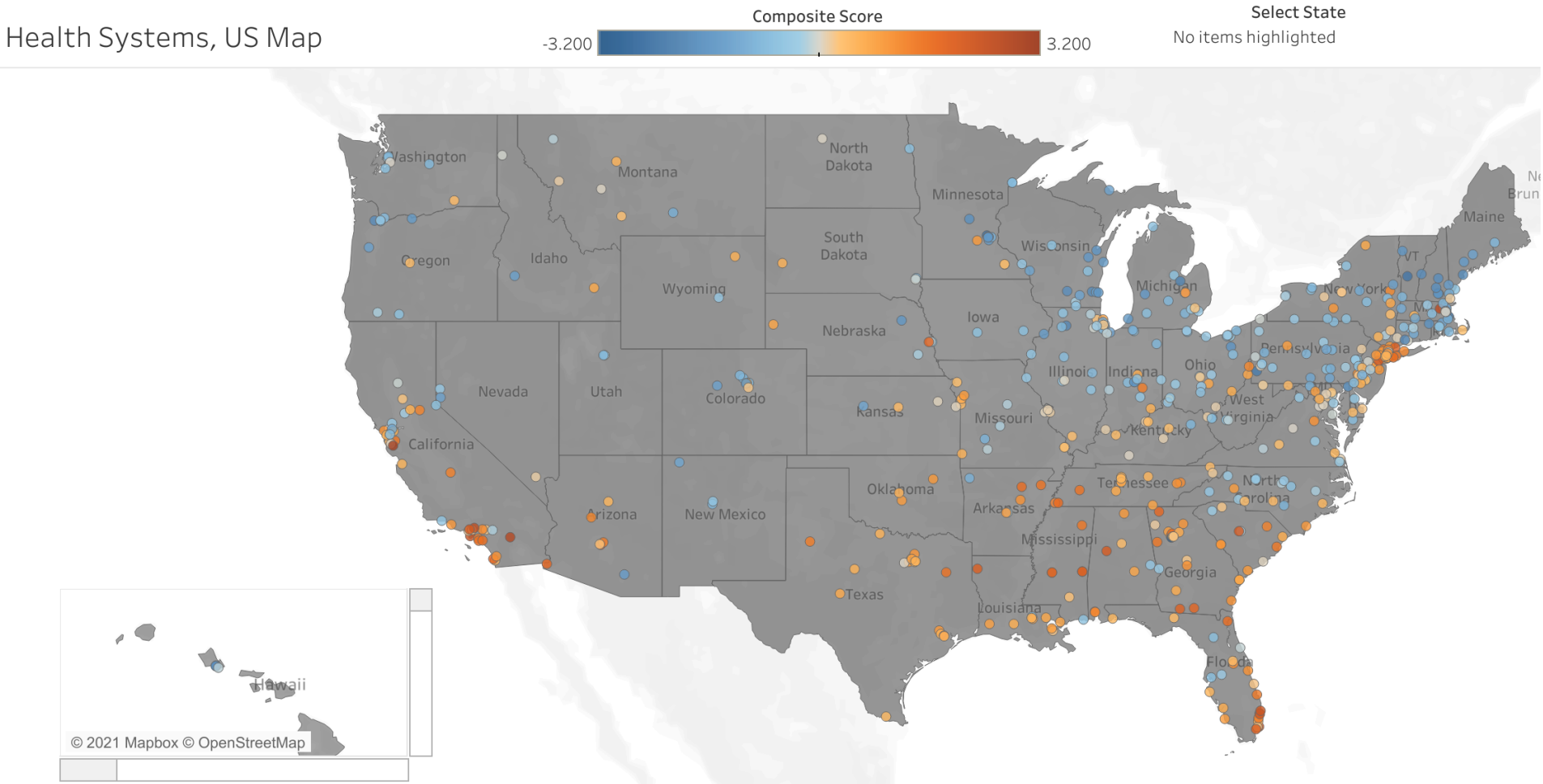
Attribution Based on Primary Care



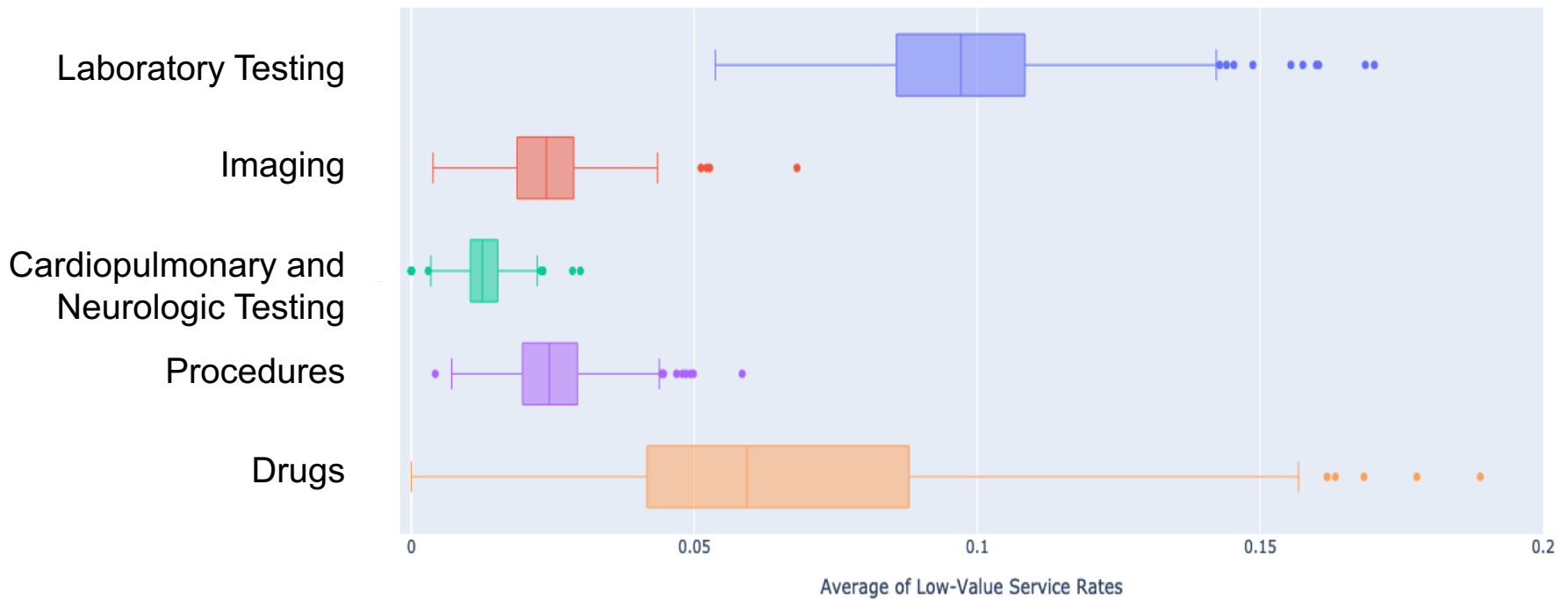
Number of eligible Medicare beneficiaries attributed to each system

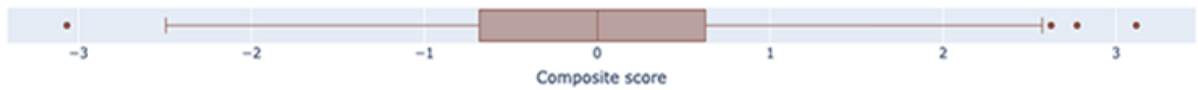


Reporting LVC by Health System is More Actionable



Low-Value Service Rates by Category





Laboratory Testing

Imaging

Cardiopulmonary and Neurologic Testing

Procedures

Drugs



Attribution Validation

Question Are the clinicians providing low-value services part of the health system to which the patients were attributed?

Validation Test We computed the proportion of eligible beneficiaries whose system of attribution matched the system associated with the NPI on the low-value service claim

Result The test revealed that **78%** of low-value services were provided by clinicians within the health system to which the beneficiary was attributed

How can stakeholders use this data?

Health systems

- Low-value care reduction strategies
- Incentive schemes
- Workforce education
- Hiring and retention decisions

Policymakers and Payers

- System performance tracking over time
- New policies and programs tied to evidence

Health plans

- Contract negotiations
- Creation of “high-value” provider networks

Aetna's Aexcel Performance Network



- Preferred network of high-performing physicians in 12 specialty areas
- Specialists chosen based on meeting NCQA performance and efficiency metrics
- Qualifying physicians receive a blue star next to their name in Aetna directories

Steps to better address low-value care



Tap into Behavioral Science

- Default options
- Peer comparisons and accountable justification



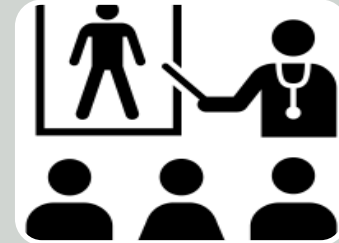
Inform Clinical Decisions

- Utilization reports
- Value report cards



Develop New Measures

- Focus on overuse as well as underuse
- Capture the downstream harm



Educate Patients

- Training clinicians
- Engaging patient advocacy groups and media outlets

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- AHRQ

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