Targeting Low Value Care: Moving into Action
The Role of Health Technology Reassessment

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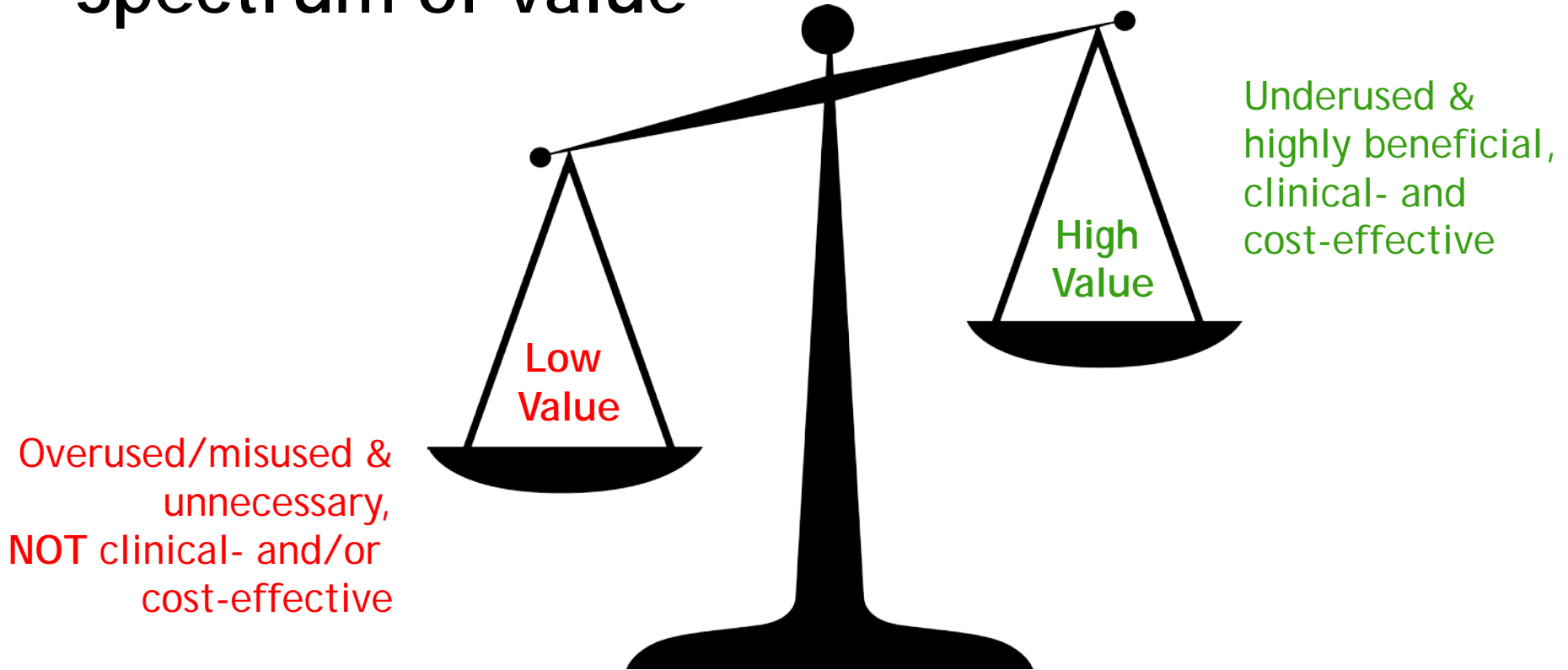**UNIVERSITY OF CALGARY**
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What is low value care?

- Health services and procedures that may be **overused** or **misused** and provide little to no clinical benefit for certain patient groups

<div align="right">(Elshaug et al., 2013)</div>

Why is this a problem?

Harmful to patients

High-quality, evidence-based care

Scarce healthcare dollars

Headroom for innovation & high value care

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How big is the problem?

How are we addressing the problem?
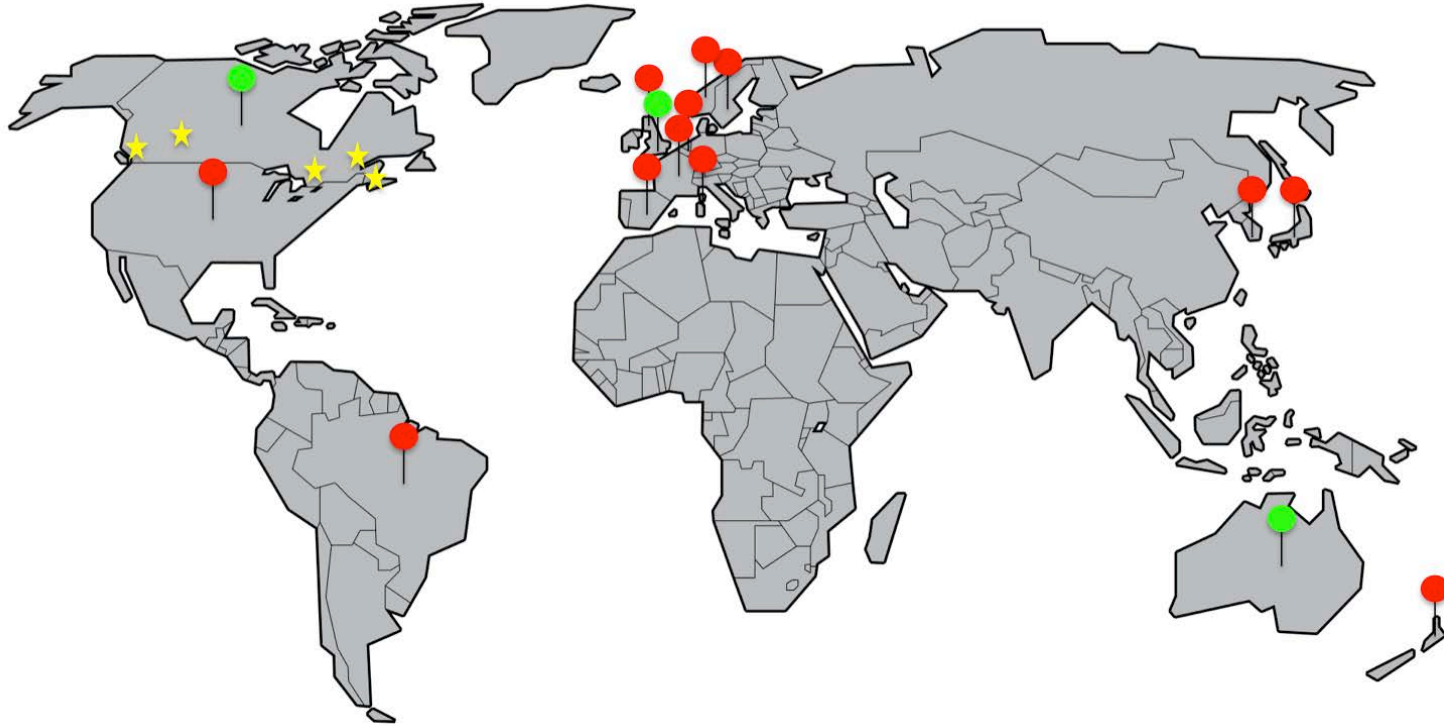
National & international activities

HTA+
Employs traditional, evidence-based HTA (i.e., review of clinical, economic, social, ethical evidence) to provide recommendations

KT/Implementation
Implementation of various behaviour change techniques

Change (de-adoption) at physician-level

List-Making
Lists of overused ineffective or harmful treatments

Informed by clinical experts

Priority-setting
Priority setting within a programme budget

Can apply multi-criteria decision analysis & marginal analysis

National & international activities

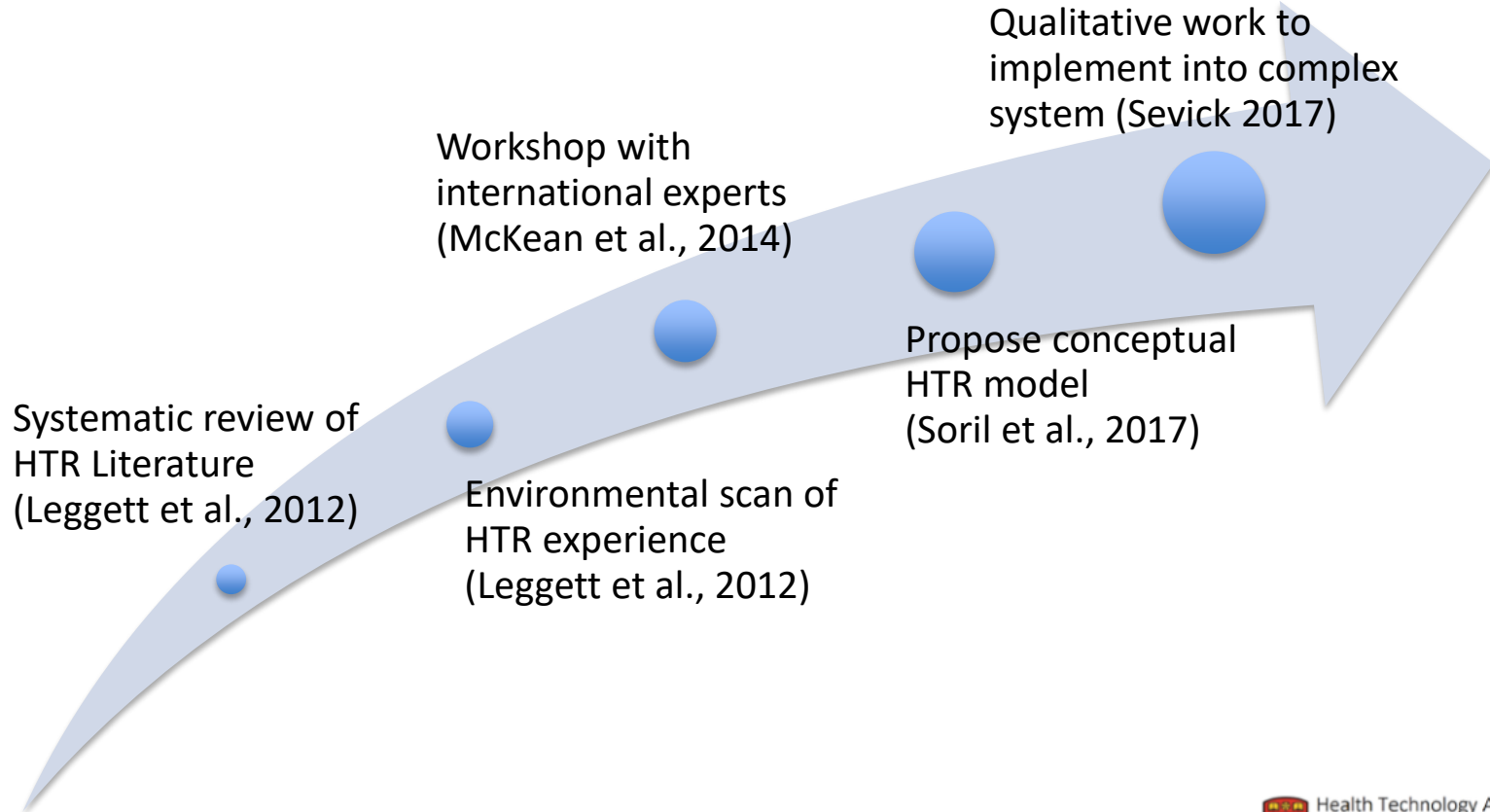| HTA+	KT/Implementation	List-Making	Priority-setting
Health Technology Reassessment (HTR)	De-adoption Agenda in Critical Care	Choosing Wisely Canada	Priority setting within a programme budget Can apply multi-criteria decision analysis & marginal analysis

Start-up phase

Qualitative work to implement into complex system (Sevick 2017)

Workshop with international experts (McKean et al., 2014)

Propose conceptual HTR model (Soril et al., 2017)

Systematic review of HTR Literature (Leggett et al., 2012)

Environmental scan of HTR experience (Leggett et al., 2012)

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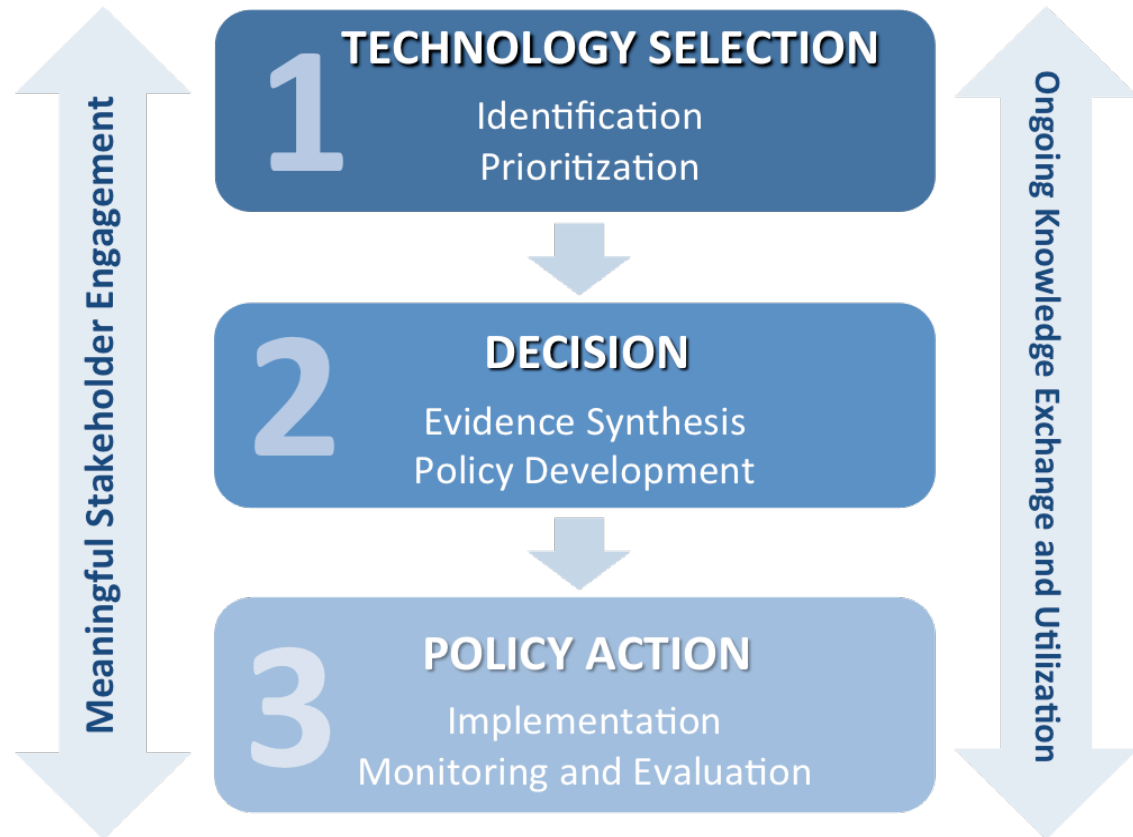O'Brien Institute for Public Health
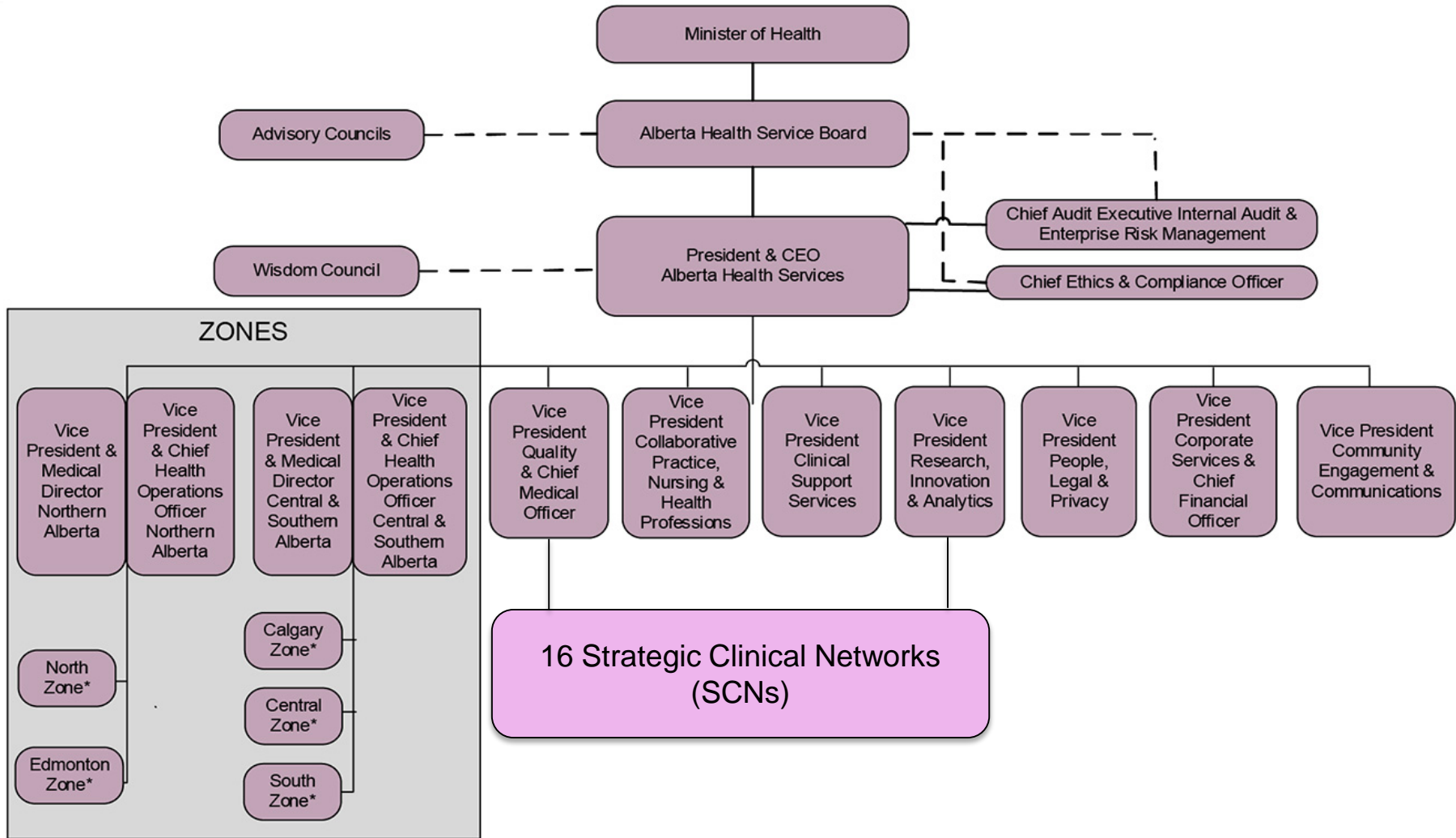
Health Technology Reassessment (HTR)

- Structured, **evidence-based** assessment of the medical, economic, social and ethical impacts of **a health technology** (e.g., drug, device, test, procedure, etc.) **currently used in the healthcare system**, to inform its **optimal use** in comparison to its alternatives
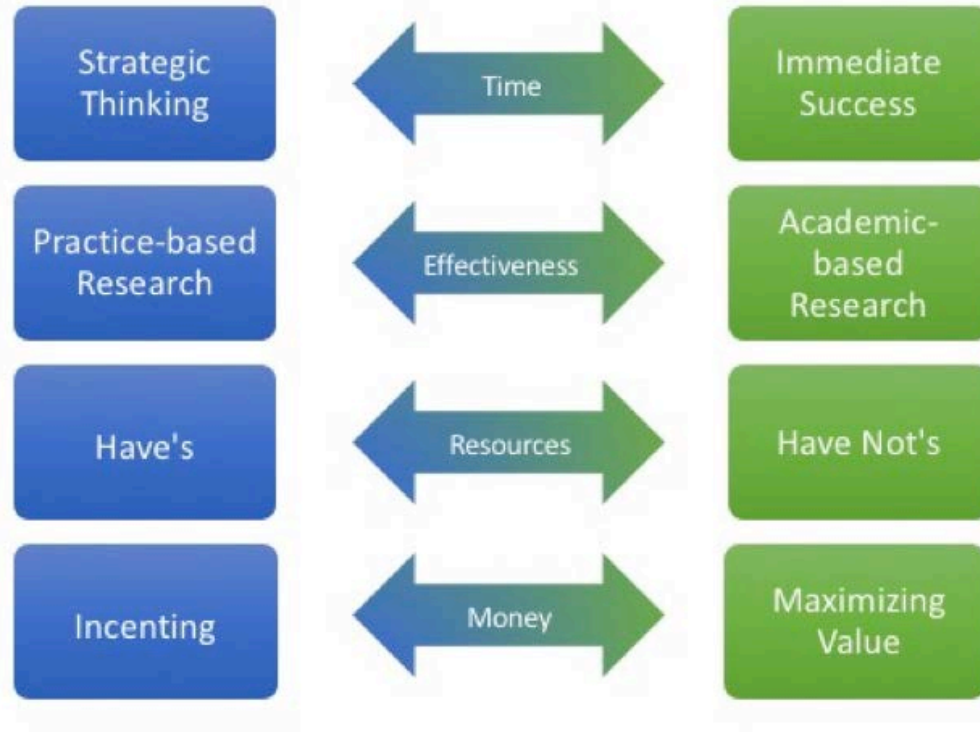
(Noseworthy & Clement, 2012)

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* Denotes Clinical Leader Dyad / Partner Relationship

Emergent tensions

Strategic Thinking	← Time →	Immediate Success
Practice-based Research	← Effectiveness →	Academic-based Research
Have's	← Resources →	Have Not's
Incenting	← Money →	Maximizing Value

(Sevick et al., 2017)

Major barriers for HTR

1. Engagement across multiple levels of the healthcare system

2. Difficulty identifying and prioritizing low value care
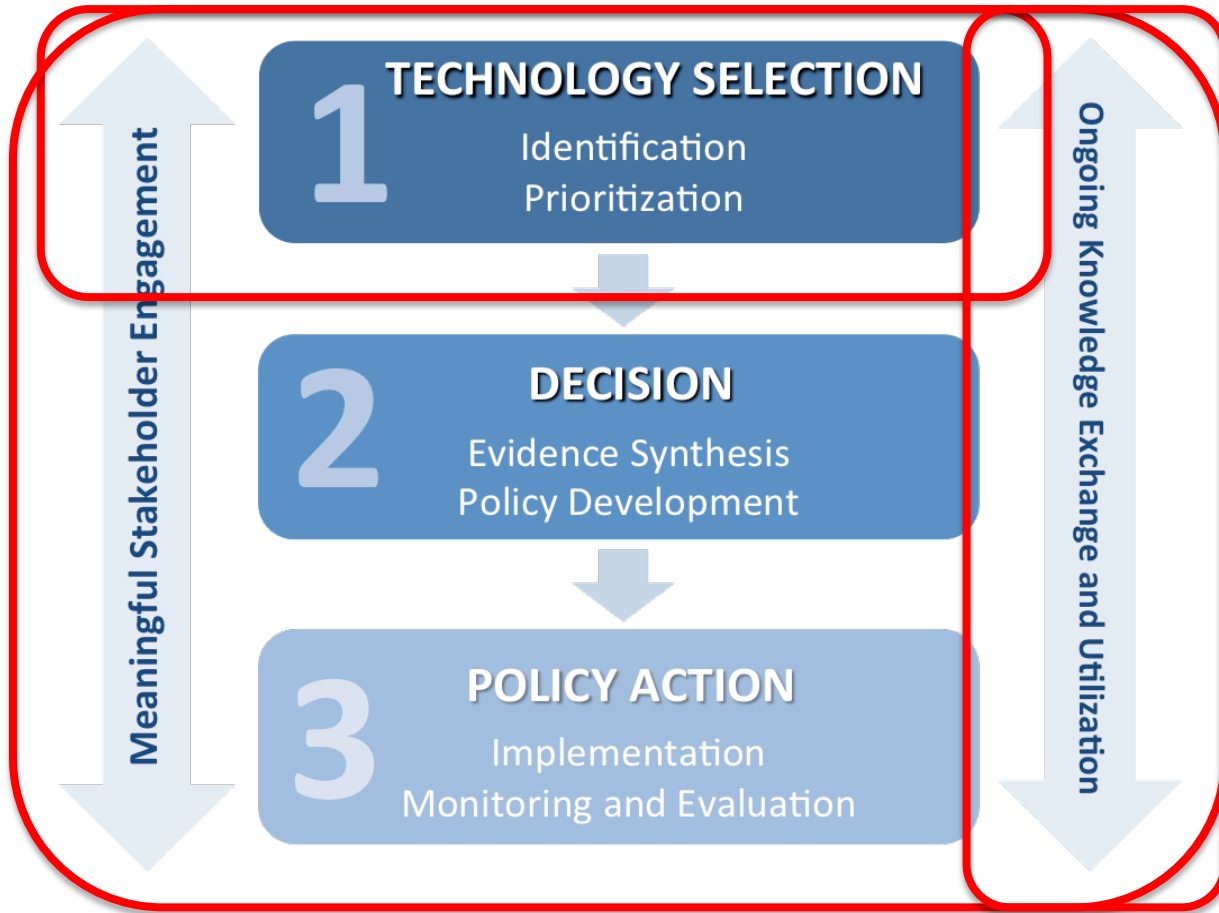
3. Little guidance and/or methods for implementation

(Sevick et al., 2017; Elshaug et al., 2007; Daniels et al., 2013; Rooshenas et al., 2015; Schlesinger and Grob, 2017)

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Meaningful Stakeholder Engagement

Ongoing Knowledge Exchange and Utilization

1 **TECHNOLOGY SELECTION**
Identification
Prioritization

2 **DECISION**
Evidence Synthesis
Policy Development

3 **POLICY ACTION**
Implementation
Monitoring and Evaluation

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#1 – A Data-Driven Prioritization Process

TECHNOLOGY SELECTION

1

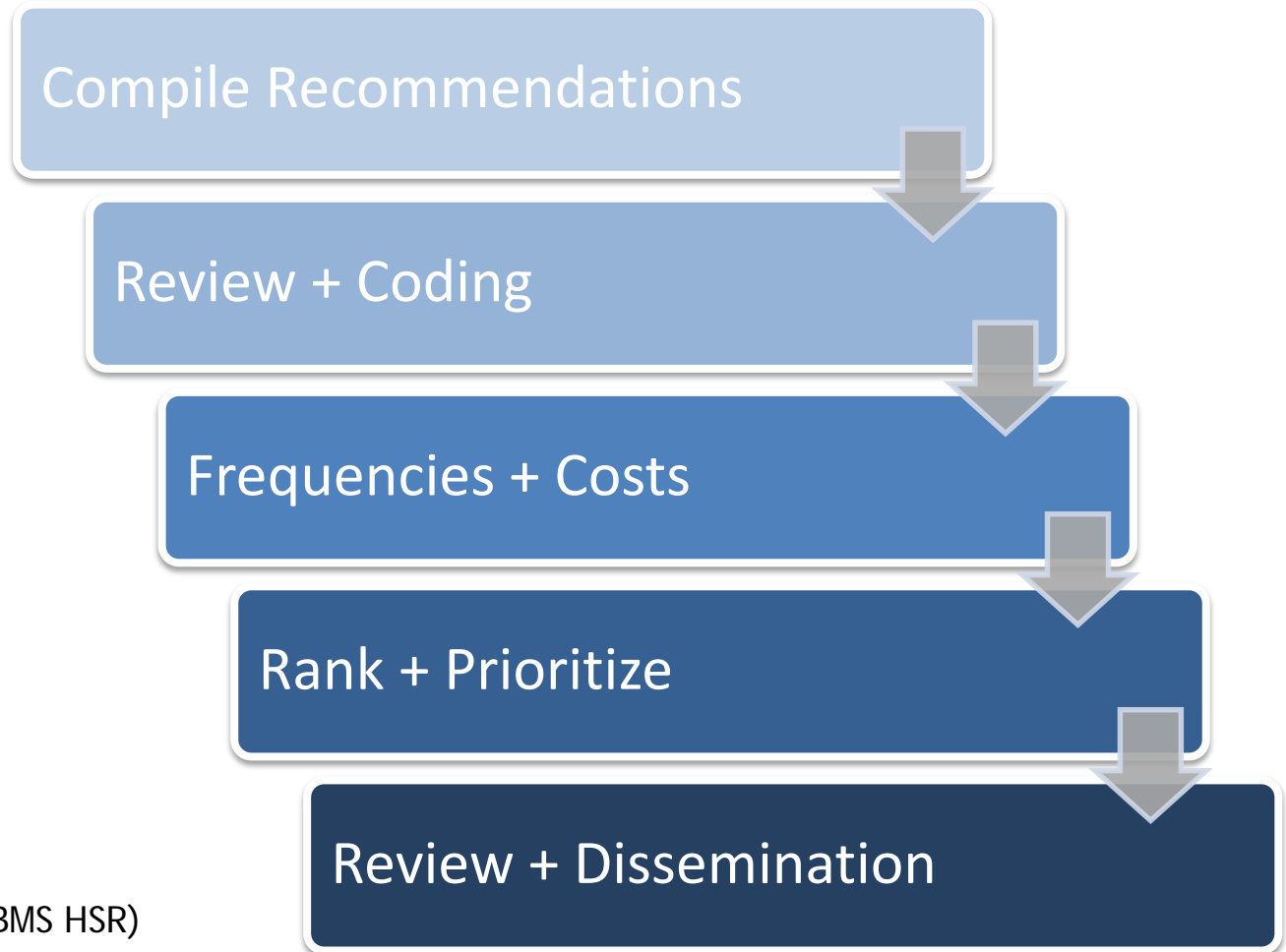**Identification**
Prioritization

- Data-driven
- Routine & replicable
- Stakeholder collaboration
- Actionable
- High return on investment

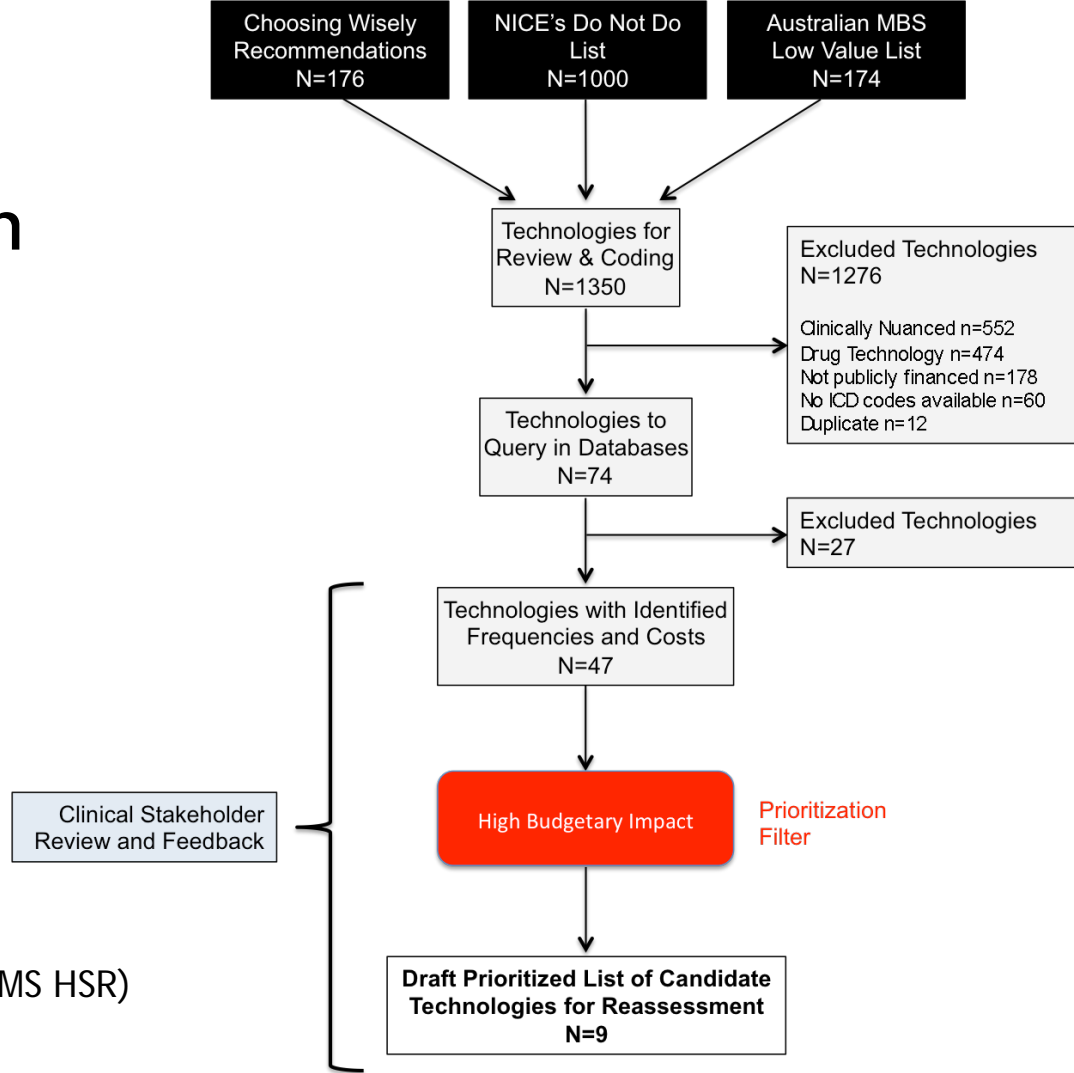Health Technology Assessment Unit
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- In-hospital admissions (DAD)
- Physician claims
- Laboratory data

5-step process

Compile Recommendations

Review + Coding

Frequencies + Costs

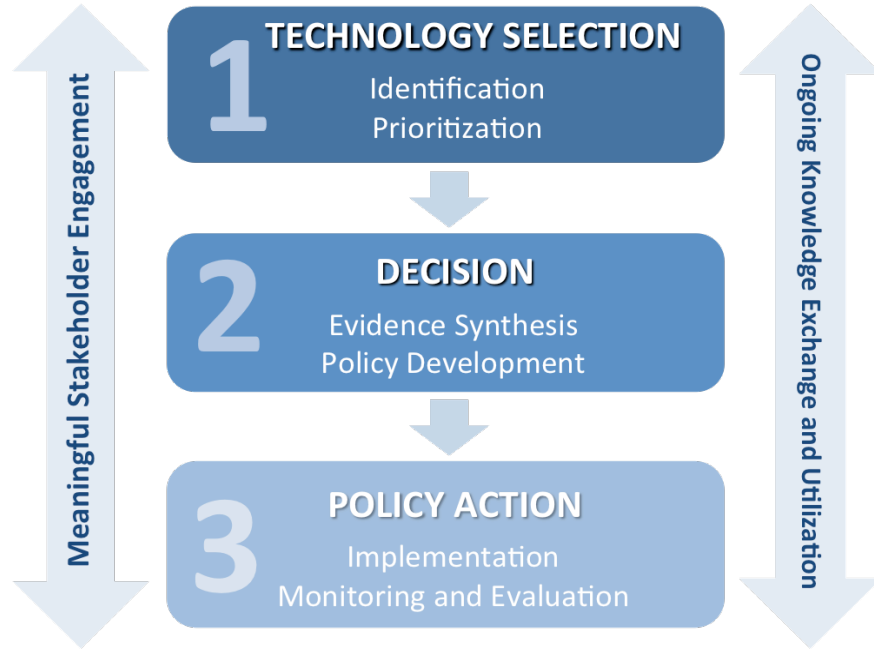Rank + Prioritize

Review + Dissemination

(Soril et al., *under review* BMS HSR)

Pilot testing in British Columbia

(Soril et al., *under review* BMS HSR)

#2 – Pilot Implementation Study

- Proof-of-concept
- Evidence-informed
- Tailored intervention to promote change

Case study: blood transfusions in the ICU

- High-quality evidence support restrictive transfusion strategies for most non-bleeding adult patients in the ICU
  - Transfusion at a hemoglobin level below 70 g/L

- Blood products are scarce and expensive health technologies
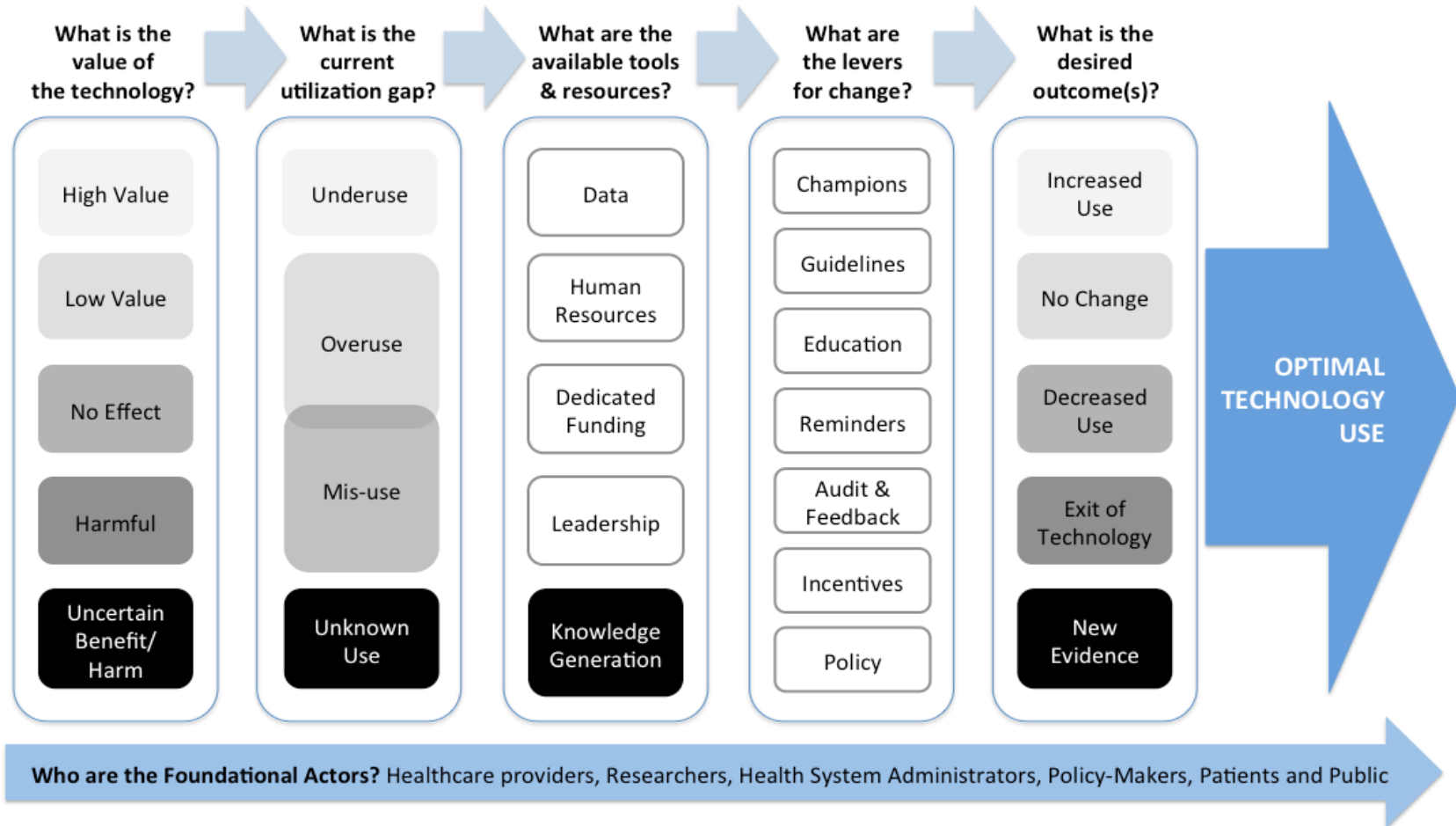 - ~$64M per year in Alberta

#3 – Practical Guide to Optimal Use

- GOAL: empower health system decision-makers to initiate HTR initiatives

- Developed visual guide driven by key questions: why, how, what and who?

(Soril et al., *in press* IJTAHC)

Final reflections