



Evidence-informed changes to funded health services and products

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May 2013

Context: Ontario is Committed to Using Evidence in Policy and Planning

- The Excellent Care for All Act, which became law in Ontario in June of 2010, is founded on the principle that quality care is based on the best available scientific evidence
- The 2012 Budget planned for \$455 million of savings from 2011/12 to 2013/14 from “evidence-based management of health care spending and further savings from prescription drugs.”
- The 2013 Budget notes that Ontario will continue to “direct funding to where evidence shows the greatest value and where it improves quality and access to medically necessary services.”
- Health Quality Ontario (HQO) work includes the development of expert recommendations on reducing the use of existing health care interventions that offer little or no benefit
 - For example a 2010 Ontario Health Technology Advisory Committee (OHTAC) analysis under HQO recommended against routine Vitamin D testing, except for specific patient groups

Problem Statement

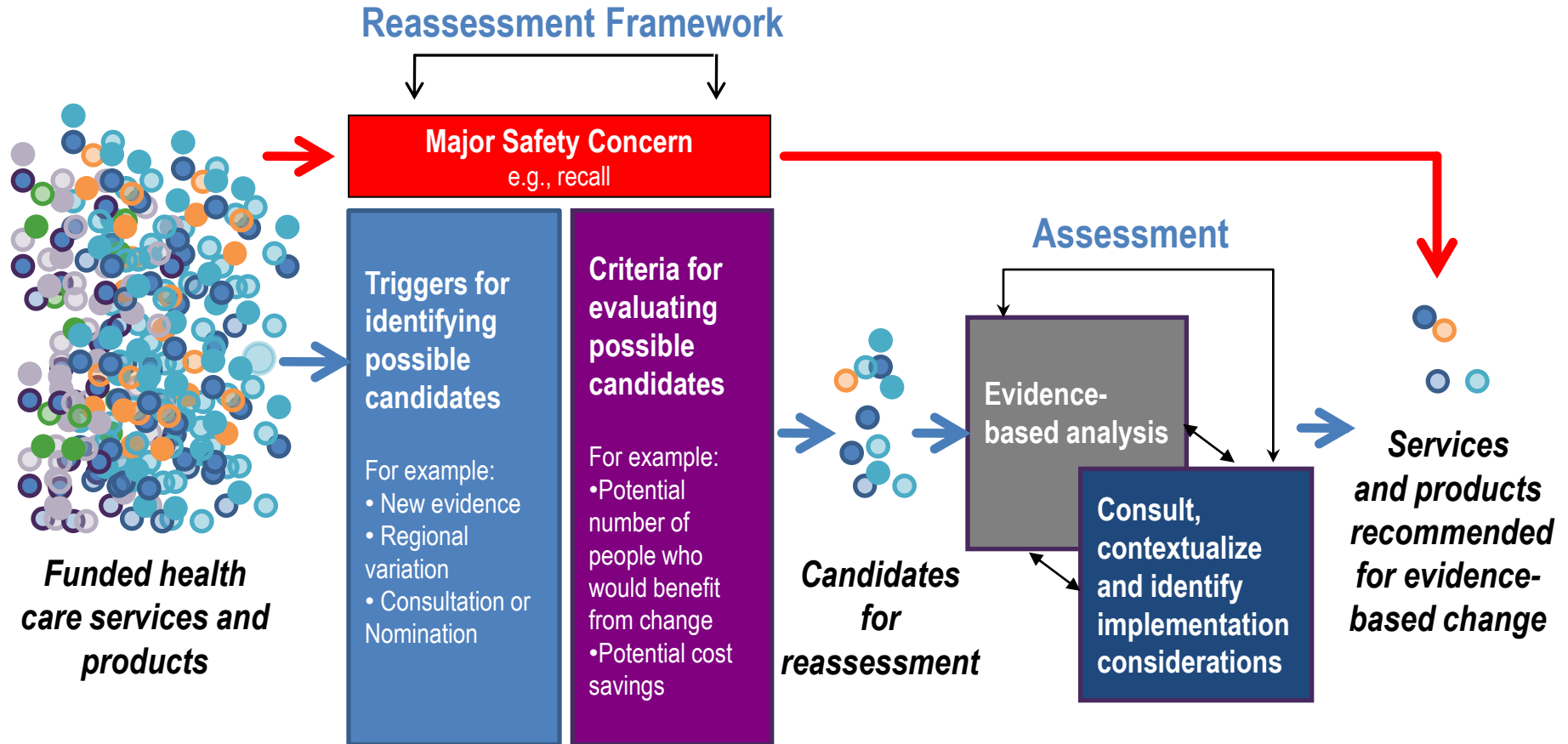
Many health products and services are not supported by a contemporary evidence base

“Unpacking the boxes” to reassess the value of existing funded products and services is important

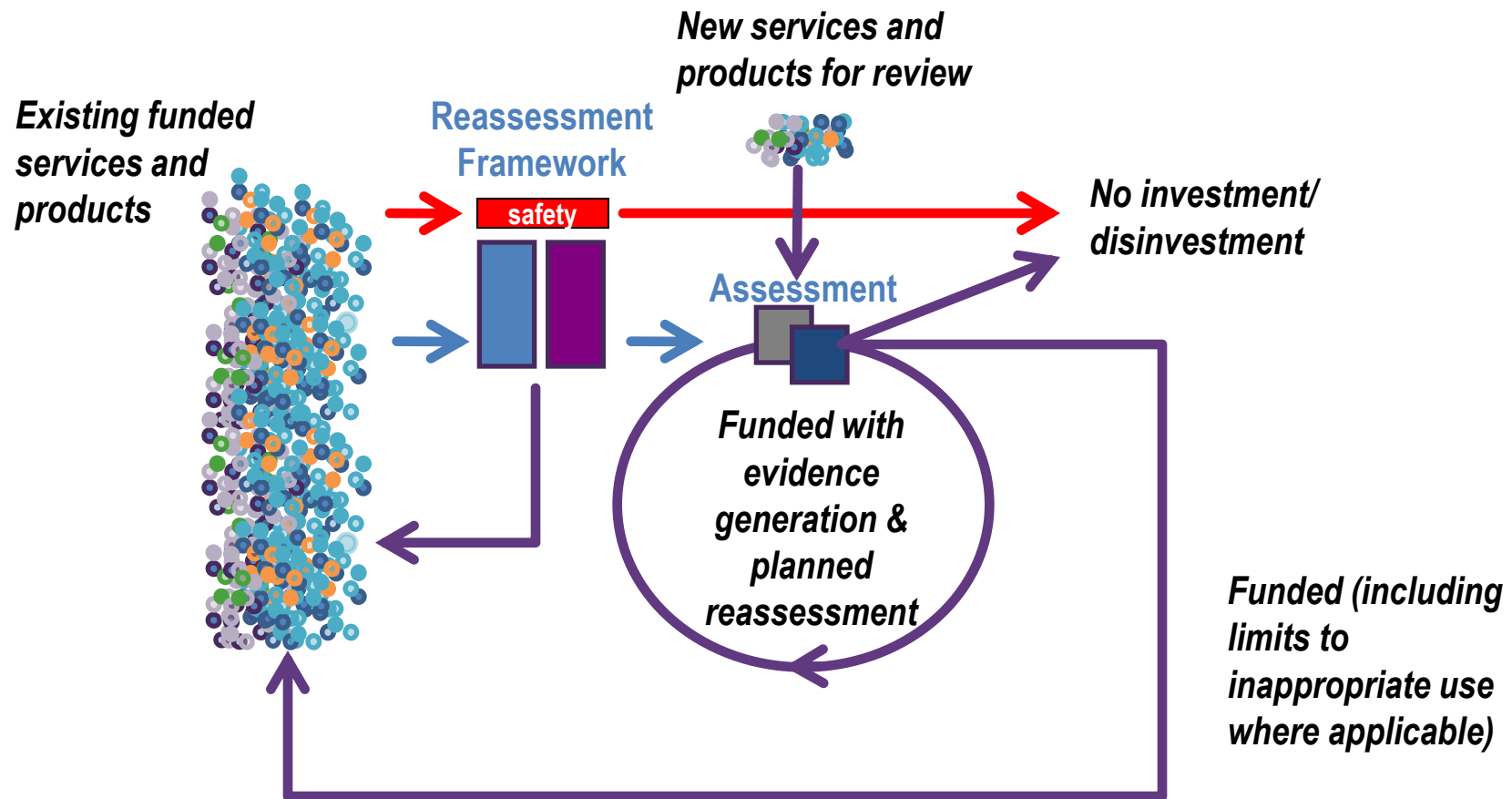
The objective is to establish a process to determine which boxes to unpack, i.e., identify reassessment priorities



Process for Reassessment of Existing Funded Services and Products



Process for Reassessment/Assessment within Government Evaluation Cycle



Example of Impact 1: “Quick Wins”

- Five disinvestment candidates were identified in November 2011 by the EXTRA Project Steering Committee (as potential “quick wins” - without a formal reassessment framework)
- Each was already under consideration for disinvestment
- The EXTRA Project Steering Committee appeared to be a catalyst for action, two have been acted on already:
 - Check boxes for vitamin B12 and serum ferritin removed from standard ordering form for laboratory tests (tests can still be written in)
 - Preliminary estimated fiscal impact is ~\$39 million/year (redirected to higher value tests)
 - Implementation of changes for other candidates under discussion, forecast to yield \$10M+/year positive cost impact

Example of Impact 2: Provincial/Territorial Definition of Appropriateness

- The Planning, Research & Analysis Branch (PRAB) facilitated a process to develop the Council of the Federation's Health Care Innovation Work Group definition of appropriateness:

In the context of health care, appropriateness is the proper or correct use of health services, products and resources. Inappropriate care, in contrast, can involve overuse, underuse and/or misuse of health services, products and resources.

Appropriateness is primarily determined by analyses of the evidence of clinical effectiveness, safety, economic implications, and other health system impacts.

The practical application of appropriateness is made when these analyses are qualified by (a) clinician judgment, particularly in atypical circumstances and (b) societal and ethical principles and values, including patient preferences.

MOHLTC Evidence-Based Analysis Priorities Committee (EBAPC)

- The EBAPC is an internal advisory group which is the ministry focal point for evidence-based analyses performed by external groups
- EBAPC is co-chaired by the Director, Planning, Research and Analysis Branch and the Director, Health Quality Branch
- The EBAPC scope is broader than reassessment priorities. EBAPC will:
 - Make recommendations regarding priorities for evidence-based analyses by external groups (reassessments and new assessments)
 - Act as the receptor for evidence-based recommendations from external groups, overseeing a process to gather non-clinical input, and making EBAPC recommendations related to implementation

MOHLTC Reassessment Framework

- Priorities for reassessment are identified as they meet **two or more triggers** (with **criteria** where applicable):
 - An external **evidence-based recommendation**
 - **Nominated** by a local clinical expert
 - **Safety** concerns
 - **Regional and/or temporal variation** suggests inappropriate use
 - Potential patient benefit (criterion: **positive impact for least 1000 individuals** per year)
 - Potential cost savings (criterion: **at least \$1M** per year)
 - Significant **percentage of patients possibly receiving inappropriate service/product** (possible criterion: NMT 10% of the relevant of patients, except where clinical experts specify a different limit)

Example of Impact 3: EBAPC Application of the Reassessment Framework

- The PRAB used the triggers and criteria to identify priority Ontario reassessment candidates from Elshaug's recent Australian list of 156 potential low value practices
- Of 156 items on the Australian list, 16 stood out:
 - 12 were also flagged by Choosing Wisely, USPSTF and/or NICE recommendations
 - Four were identified as potential priorities by ministry clinical experts
- Of these 16 items, nine had already been assessed/addressed in Ontario
- The remaining seven candidates were brought forward for EBAPC deliberation
 - Three were related to diagnostic imaging in children - reassessment and/or short term evidence- based changes are recommended by EBAPC
 - Four were related to cancer screening or treatment - there was insufficient data/evidence for EBAPC to develop a recommendation, information will be forwarded to other groups with greater cancer expertise for consideration

Summary

- The problem: If most products and services aren't supported by a contemporary evidence base, what credible basis can there be for scaling back or disinvesting from low value ones, and where might one begin?
- The approach: Articulate process/roles. Establish ministry committee to identify reassessment priorities (with established framework, tools and processes), integrated with, and relying heavily on, HTA and evidence-based reviews done by external expert groups.
- Examples of impact: Laboratory test funds directed to higher value tests, implementation in progress forecast to yield additional cost savings, reassessment framework identified priorities related to children's diagnostic imaging.
- Next steps include: Initiate annual process to gather suggestions of potential low value products and services, apply reassessment framework triggers and criteria to prioritize candidates.



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Discussion and Questions



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