

Policy Approaches to Appropriate Use

CAHSPR

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Context

- Medical necessity as a basis for insurance
- Clinical decisions are domain of independent professions
- User cost-sharing minimal
- Recipe for open-ended system of utilization
- Policy interventions in this area are therefore challenging

Methods

- Delisting
- Clinical rule tightening
- Insured service payable at zero
- Pay for performance
- User fees/cost sharing

Policy Engagement

- Challenging physicians to be responsible for utilization as part of economic agreement
 - Savings targets
 - Utilization targets
 - Specific reduction of types
- Integration and patient focussed strategies
- Professional cultural change

Factors to Consider

- Difficulty in negotiating system targets when utilization is local
- Governments generally unwilling to cede budget allocation authority
- Patient focussed strategies aimed at local decision makers
- Focus on changing culture and attitudes of the profession to utilization is future necessity

Factors to Consider

- Starts with education of professions and the public
- High need to develop active partnership between government and profession in addressing this significant common goal
- Timeframe for change needs to be realistic