

Addressing 'Waste' in Health Systems: A Critical Interpretive Synthesis

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Overview (and acknowledgements)

- Background
- Summary of the process
- Synthesis results
- Perspectives about what to do next from 19 policymakers, stakeholders and researchers who participated in a recent stakeholder dialogue

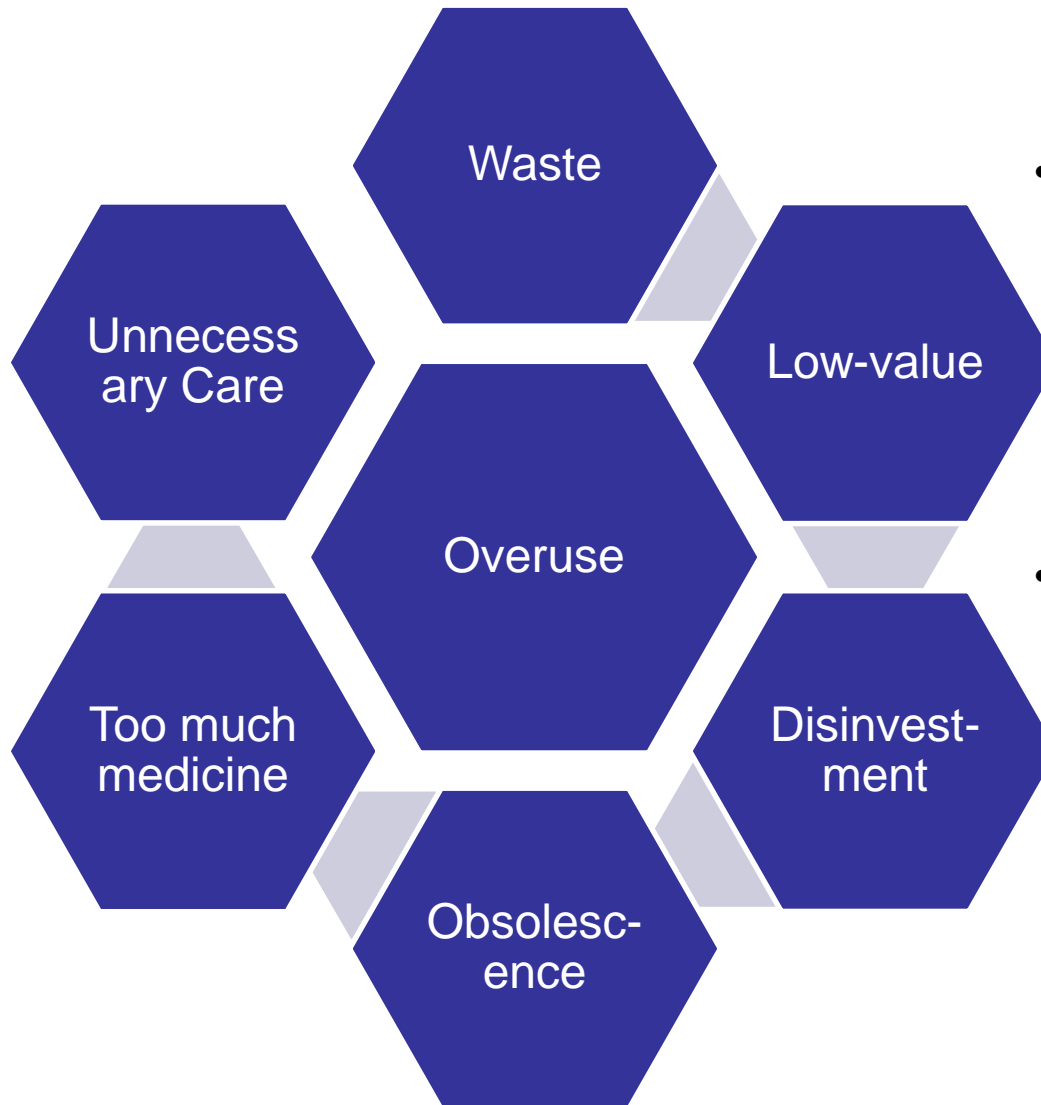
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Background



- Some of these terms imply a complete removal of the technology
 - very few services will be candidates for complete removal
- Initially used the term ‘overuse of health services’ which includes “care that can lead to harm and consumes resources without adding value for patients.”



Our Process (1)

- Critical interpretive synthesis to examine processes, context and rationale for disinvestment
 - Broadened the scope to address overuse of health services
 - Different from a traditional systematic review – e.g.,
 - Draws on a range of evidence
 - Iterative search strategy and article selection
 - Uses different analytical frameworks to guide analysis

Wilson *et al. Systematic Reviews* 2014, **3**:143
<http://www.systematicreviewsjournal.com/content/3/1/143>



PROTOCOL

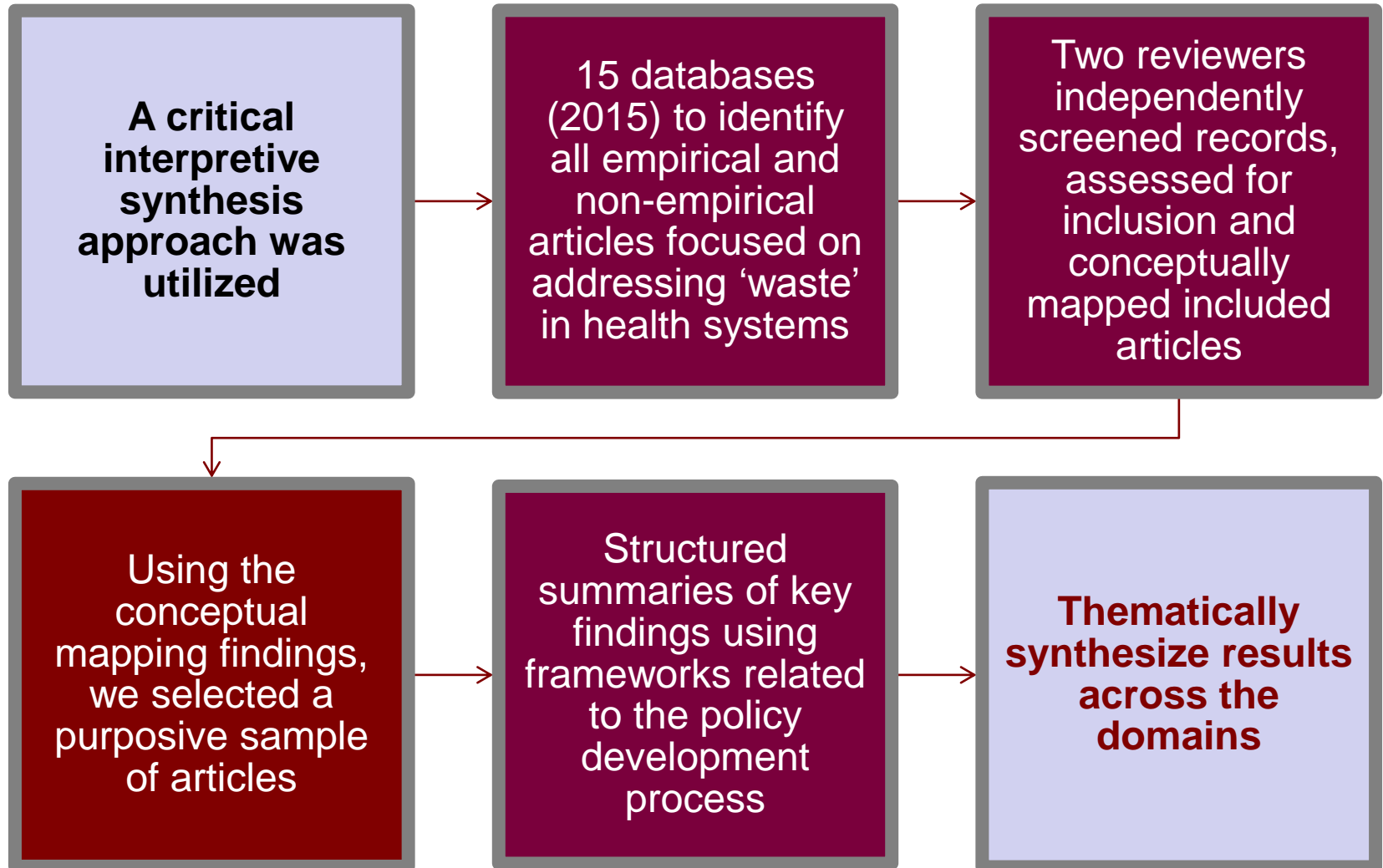
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Processes, contexts, and rationale for disinvestment: a protocol for a critical interpretive synthesis

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Our Process (2)



Our Process (3)

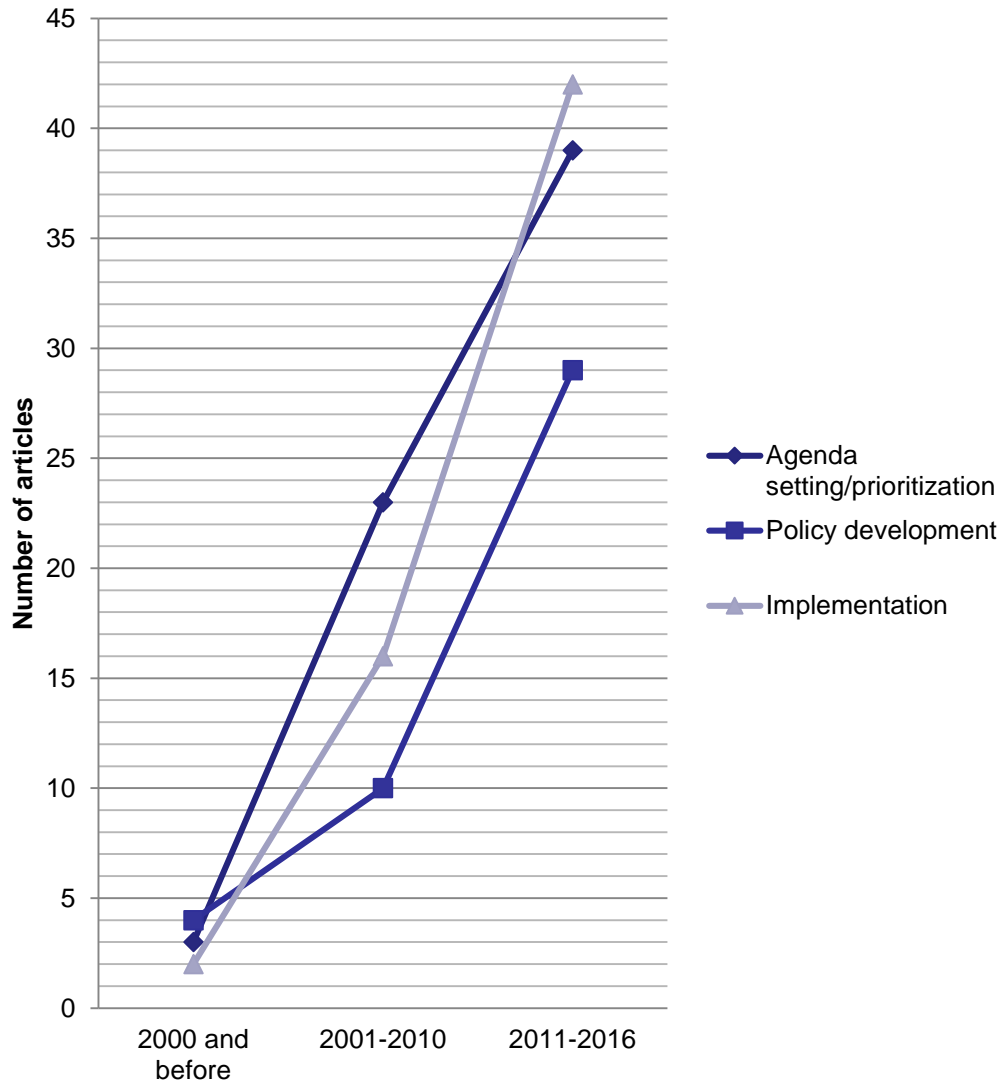
- Developed an evidence brief to inform a stakeholder dialogue.
- Convened a stakeholder dialogue with:
 - 7 policymakers
 - 2 managers
 - 1 healthcare professional
 - 5 researchers
 - 4 stakeholders
- ‘Off-the-record’ deliberations about:
 - the problem
 - policy elements
 - implementation considerations
 - next steps



EVIDENCE >> INSIGHT >> ACTION



Results (1)



The search identified 5231 titles, 243 were included in the qualitative synthesis

46% non-research papers (n=117)

17% of research articles were Systematic Reviews (n=21)

All published by developed countries

71% published in the last five years (n=172)



Results (2)

- 'Waste':
 - leads to unneeded and potentially harmful care for patients;
 - places strain on already overstretched health systems; and
 - contributes to global health challenges (e.g., antimicrobial resistance)

- Language
 - Overuse, misuse and underuse can and should be considered together given important interdependencies between them
 - opportunity cost of not addressing overuse means inability to use finite resources to invest in services that are currently lacking

- Crosses all disease states, clinical specialties and demographic groups.



Results (4)

- Addressing ‘waste’ is further complicated by several factors
 - A culture of ‘more is better’
 - Patient characteristics (e.g., demand for unnecessary tests, well-informed patients and varying health literacy)
 - Provider characteristics (e.g., unwillingness to agree that there is a problem, blame avoidance, income)
 - Competing priorities between patients and providers
 - Context
 - e.g., economic situation and political commitments, and availability of data, evidence, groups and processes that are needed to address the problem
 - Regulatory processes (and role of industry in creating overuse)
 - Numerous initiatives have been developed to address overuse of health services, but they are fragmented and not well evaluated



Results (5)

Identifying 'waste' (examples)

- NICE “do not do” recommendations
- Cochrane Collaboration reviews
- Practice variation studies
- Health technology (re) assessment (HTA)
- Program Budgeting and Marginal Analysis

Diagnosing 'waste' (examples)

- Systematic/structured approaches to diagnosing behaviours that need to change;
- Iterative/theory-based approaches to identify underlying causes of the problem (e.g., Theoretical Domains Framework)



Results (6)

Examples of Stakeholder-led initiatives

- Supporting shared decision-making between providers and patients
- Changing the behaviour of providers to address inappropriate use of health services in their practice
- Educating patients/citizens about what health services they need
 - “we have a generation who expects to be part of decision-making and be empowered by information.”
- Developing mass-media campaigns to raise awareness about the need to address overuse

* e.g., **Choosing Wisely Campaign**



Results (7)

Examples of Government-led initiatives

- Value-based insurance
- Revising lists of publicly financed products and services
- Modifying remuneration and/or financial incentives for providers
- Requiring prior authorization for use of specific health services that are identified on a list of overused services
- Engaging stakeholders and consumers in decision-making processes



Stakeholder Perspectives (1)

Implementation considerations

- Avoiding duplication of effort (e.g., sharing successes across the country so they can be used by others)
- Need to address the lack of system capacity to design and implement behaviour-change programs
 - decisions often made but no plans about how to implement or supports that are needed
 - real impact can be achieved through small behavioural changes
- Current fiscal climate could make it enticing to focus on cost instead of quality & equity (lack of focus on equity could mean that the system may react to those with the loudest voices instead of those most in need)
- General “lack of courage both to implement new and promising approaches, but to stop those things that we are doing but that don’t add value.”



Stakeholder Perspectives (2)

Priorities for next steps

- Implement processes to:
 - better harness and share data
 - develop a common framework with which to identify, diagnose and address overuse
 - package evidence for use by policymakers when needed
- Develop role clarity and synergy between system actors for diagnosing and addressing the problem using a common framework,
- Implement of approaches to get traction with different groups
 - grassroots engagement for the public
 - finding 'early wins' to garner political support
 - position the issue within existing health system priorities.



Discussion and Questions

- **Contact:** wilsom2@mcmaster.ca

Note that:

- the **evidence brief** is available online at www.mcmasterhealthforum.org on the 'products' page
- the **dialogue summary** will be available soon on the same page
- we're currently drafting the manuscript for the synthesis

