High Value, Cost-Conscious Care Initiative

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Overriding Issues in Health Care

- Issue of the decade 2000: quality of care and patient safety
- Issue of the decade 2010: decreasing the cost of care
Excess Cost Domain Estimates

- Unnecessary Services ($210 B)
- Inefficiently Delivered Services ($130 B)
- Excess Administrative Costs ($190 B)
- Excessive Pricing ($105 B)
- Missed Prevention Opportunities ($55 B)
- Fraud ($75 B)
Physician-Driven Sources of Excessive Health Care Costs

- Preventable/avoidable hospital admission and readmission
- Inappropriate or non-beneficial treatment
- Overuse/misuse of diagnostic testing
Are We Willing (and Able) to Address the Problem?

“'I'm right there in the room, and no one even acknowledges me.'

The New Yorker, 9/18/06
Why are Diagnostic Tests Overused and Misused?

- Lack of guidance/guidelines
- Lack of knowledge
- Patient expectations
- Fear of malpractice
- Habit
- Personal gain
“Off hand, I’d say you’re suffering from an arrow through your head, but just to play it safe, I’m ordering a bunch of tests.”
ACP’s Development of Policy on Resource Conservation


- Offers principles to engage the public in a process that ACP hopes will lead to consensus on conserving and allocating resources, based on the best evidence of value.

[www.acponline.org/advocacy/where_we_stand/policy/health_care_resources.pdf](http://www.acponline.org/advocacy/where_we_stand/policy/health_care_resources.pdf)
Conserving health care resources

- ACP is *not* proposing that care be rationed.
- Rationing: decisions are made about the allocation of scarce medical resources and who receives them, leading to *underuse* of potentially appropriate care.
- Rational care: assuring that care is clinically effective, thus avoiding *overuse* or *misuse* of care that is inappropriate.
Overview of Goals for HVCCC

- Develop guidance for physicians about appropriate use of care, focusing initially on diagnostic testing
  - Assemble and integrate evidence-based and consensus-based recommendations
- Educate target audiences about areas of overuse and misuse of care:
  - Practicing clinicians
  - Trainees (residents and medical students)
  - Patients
Vehicles for Disseminating HVCCC

- Papers from ACP’s Clinical Guidelines Committee in *Annals of Internal Medicine*
- Incorporation of education about HVCCC in ACP’s educational programs and products, e.g., *MKSAP*, live courses
- Development of resources for trainees (in collaboration with AAIM and ABIM Foundation)
- Patient education through ACP Foundation
Annals of Internal Medicine Series
Launched on February 1, 2011


Additional Papers Under Development

- Comprehensive summary paper listing 35-40 areas of overused and misused diagnostic testing
- Examples of papers focused on specific clinical issues (either under development or under discussion)
  - Neuroimaging and headache
  - Syncope
  - Overuse of chest CT scans
Partnering with Patients

- Annals of Internal Medicine Summaries for Patients
- ACP Foundation’s Health TiPS
- Articles in lay press: “Pointless tests drive medical costs skyward” (op-ed in Philadelphia Inquirer, 6/9/11)
- Collaborations with consumer organizations
Performance Measures for Overuse

- Performance Measurement Committee collaborating with Clinical Guidelines Committee
  - Recommend specific statements in guidelines to address overuse
  - Review existing performance measures, and recommend development of new ones if none exist
  - We will initiate discussions with PCPI about the need for new overuse measures
Example: Cervical Cancer Screening

- PCPI measure: Percent up to date on cervical cancer screening, defined as having cervical cytology testing performed at least once within the last three years.

- Needs “companion measures” stating:
  - Do not screen more often than every 3 years in low risk women (e.g., 3 normals; normal cytology and HPV)
  - Do not screen low risk women over the age of 65
Other Targets

- ACP list of low-value services
- USPSTF Class D recommendations
  - Prostate cancer screening over age 75
  - Colorectal cancer screening over age 85
- Prescribing rate of generic vs. brand-name medications when a generic is available