



Providing High Value, Cost-Conscious Care

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Conflict of Interest Disclosure

I am an employee of the American College of Physicians. I have no other financial relationships with a commercial entity producing healthcare-related products and/or services.

Overriding Issues in Health Care

- Issue of the decade starting in 2000: quality of care and patient safety
- Issue of the decade starting in 2010: decreasing the cost of care

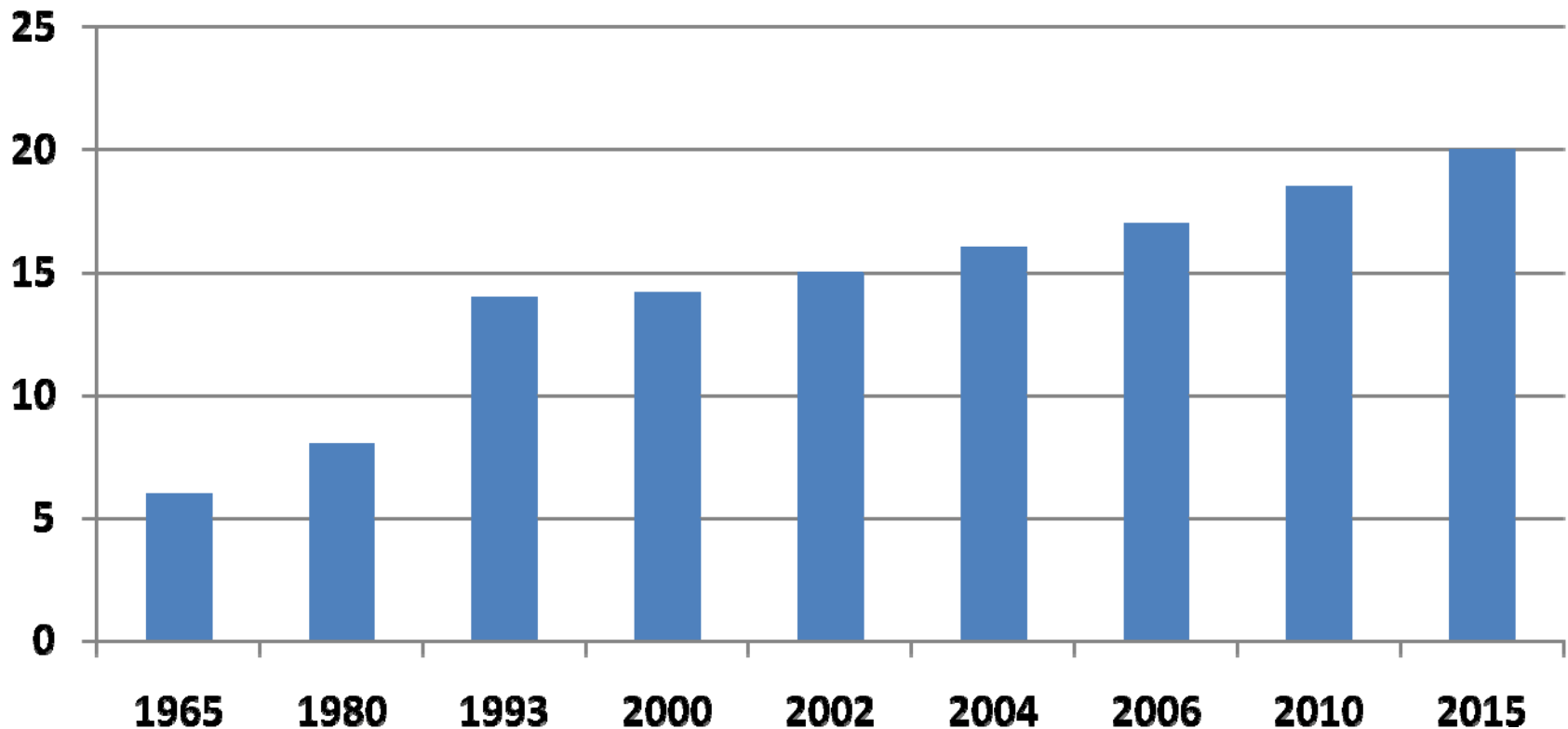
Impact of Healthcare Costs on the U.S. Economy

“The major driver of our long-term liabilities, everybody here knows, is Medicare and Medicaid and our health care spending. Nothing comes close.”

President Obama

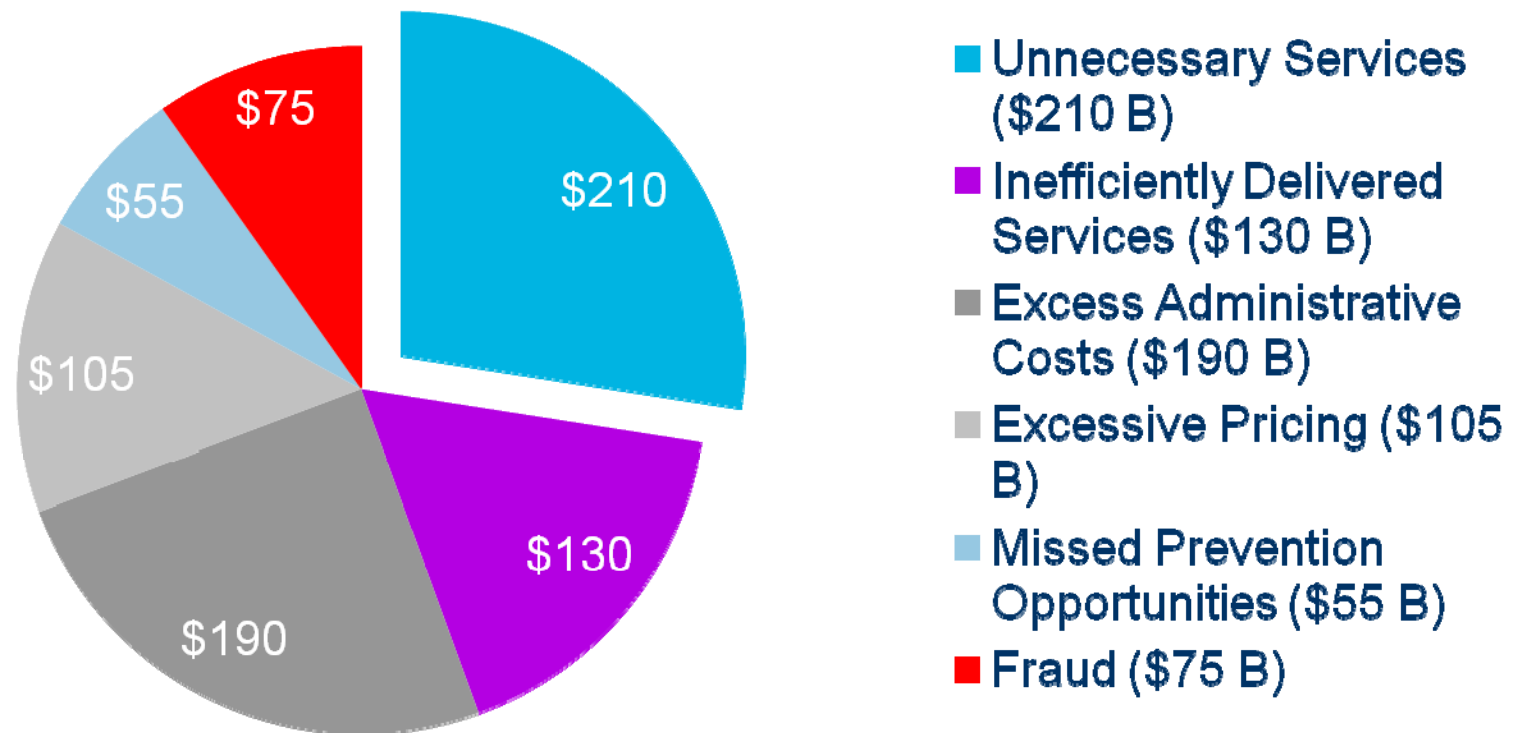
Cost of Health Care

% US GDP

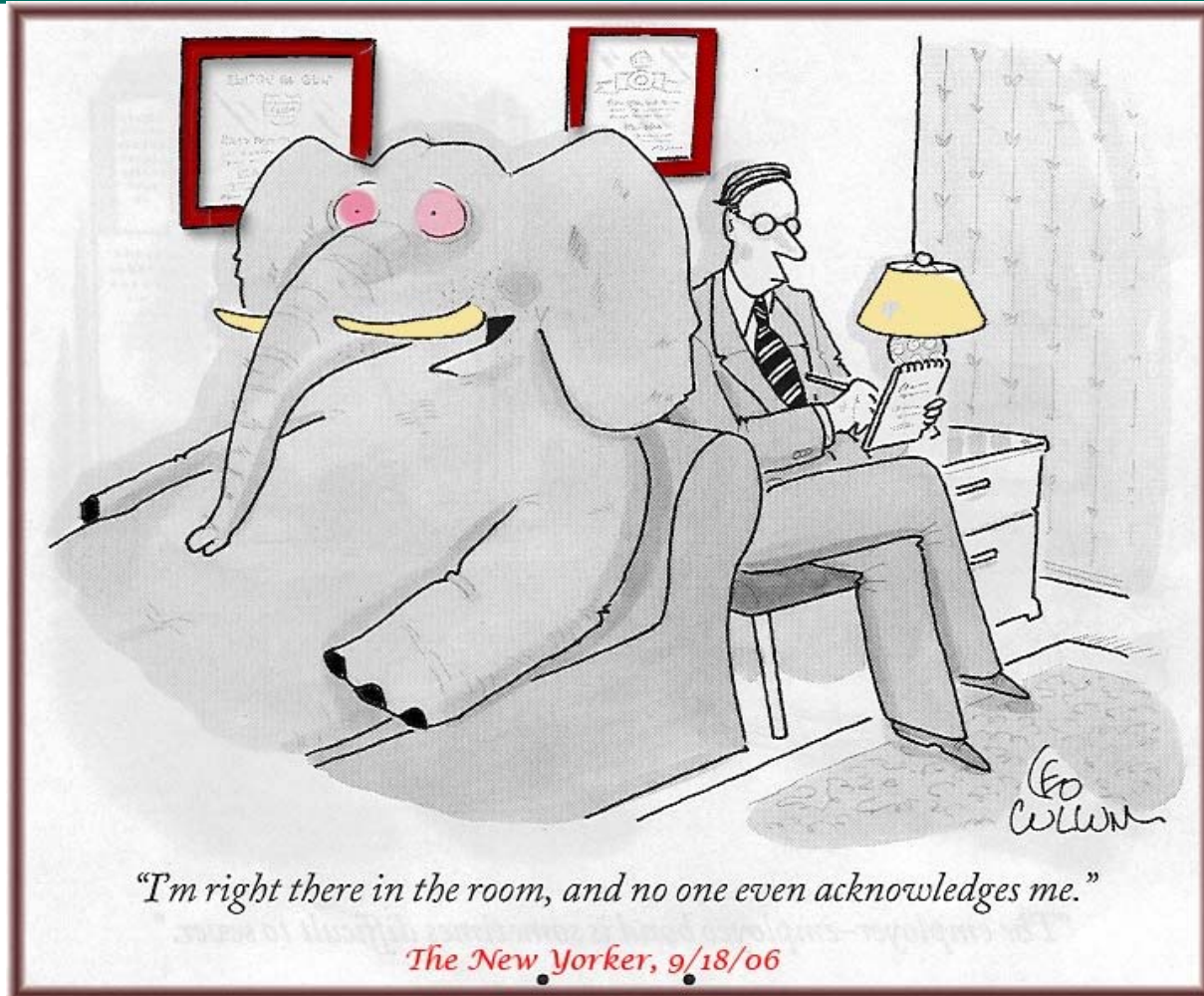


Excess Cost Domain Estimates

Cost in Billions of \$B



Are We Willing (and Able) to Address the Problem?



It Is Our Ethical and Professional Responsibility to Control Cost!

From Medical Professionalism in the New Millennium: A Physician Charter (ABIM-F, ACP-F, EFIM)

“While meeting the needs of individual patients, physicians are required to provide health care that is based on the wise and cost-effective management of limited clinical resources.”

“The physician’s professional responsibility for appropriate allocation of resources requires scrupulous avoidance of superfluous tests and procedures. The provision of unnecessary services not only exposes one’s patients to avoidable harm and expense but also diminishes the resources available for others.”

More Recent Reinforcement of the Same Principle

From *American College of Physicians Ethics Manual*
(6th edition)

“Physicians have a responsibility to practice effective and efficient health care and to use health care resources responsibly. Parsimonious care that utilizes the most efficient means to effectively diagnose a condition and treat a patient respects the need to use resources wisely and to help ensure that resources are equitably available.”

ACP's Development of Policy on Resource Conservation

- ACP position paper, *How Can Our Nation Conserve and Distribute Health Care Resources Effectively and Efficiently*, challenges policy-makers to confront “unsustainable” costs
- 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

Physician-Driven Sources of Excessive Health Care Costs

- **Preventable/avoidable hospital admission, readmission, and ER utilization**
- **Inappropriate care**

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Decreasing Hospitalization and ER Utilization

- **Optimize outpatient management**
 - **Develop and follow appropriate guidelines for longitudinal care of patients with chronic disease**
 - **Improve patient education, empowerment, self-management, and adherence**
 - **Plan for outpatient management of exacerbations**
 - **Improve access to outpatient care**
- **Assure seamless transitions of care**

Hospitalization at the End of Life: Where Do Patients Die?

- Hospital: ~53%
- Nursing home: ~24%
- Home: ~24%
- Data from other studies:
 - Survey data: 60-80% of people want to die at home
 - ~22% of people die in an ICU

Physician-Driven Sources of Excessive Health Care Costs

- Preventable/avoidable hospital admission, readmission, and ER utilization
- Inappropriate care

Conserving resources through rational care does not mean rationing!

- **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

High-Value, Cost-Conscious Health Care: Concepts for Clinicians to Evaluate the Benefits, Harms, and Costs of Medical Interventions

Douglas K. Owens, MD, MS; Amir Qaseem, MD, PhD, MHA; Roger Chou, MD; and Paul Shekelle, MD, PhD, for the Clinical Guidelines Committee of the American College of Physicians*

Health care costs in the United States are increasing unsustainably, and further efforts to control costs are inevitable and essential. Efforts to control expenditures should focus on the value, in addition to the costs, of health care interventions. Whether an intervention provides high value depends on assessing whether its health benefits justify its costs. High-cost interventions may provide good value because they are highly beneficial; conversely, low-cost interventions may have little or no value if they provide little benefit.

Thus, the challenge becomes determining how to slow the rate of increase in costs while preserving high-value, high-quality care. A first step is to decrease or eliminate care that provides no benefit and may even be harmful. A second step is to provide medical interventions that provide good value: medical benefits that are commensurate with their costs.

This article discusses 3 key concepts for understanding how to assess the value of health care interventions. First, assessing the benefits, harms, and costs of an intervention is essential to understand whether it provides good value. Second, assessing the cost of an intervention should include not only the cost of the intervention itself but also any downstream costs that occur because the intervention was performed. Third, the incremental cost-effectiveness ratio estimates the additional cost required to obtain additional health benefits and provides a key measure of the value of a health care intervention.

Ann Intern Med. 2011;154:174-180.

For author affiliations, see end of text.

www.annals.org

A Few Definitions

- **Value = benefit / (cost + harm)**
- **Efficacy = impact of intervention under ideal circumstances**
- **Effectiveness = impact of intervention under typical (real-life) circumstances**
- **Comparative effectiveness = comparing benefits and harms of two strategies**
- **Cost-effective analysis = compares benefits and costs of two strategies**

Benefit, Cost, and Value

	<i>High Benefit</i>	<i>Low Benefit</i>
<i>High Cost</i>	Anti-retroviral therapy for HIV Value: high or low	Routine MRI for low back pain Value: low
<i>Low Cost</i>	HIV screening Value: high	Screening surgeons for HIV to prevent transmission to patients Value: high or low

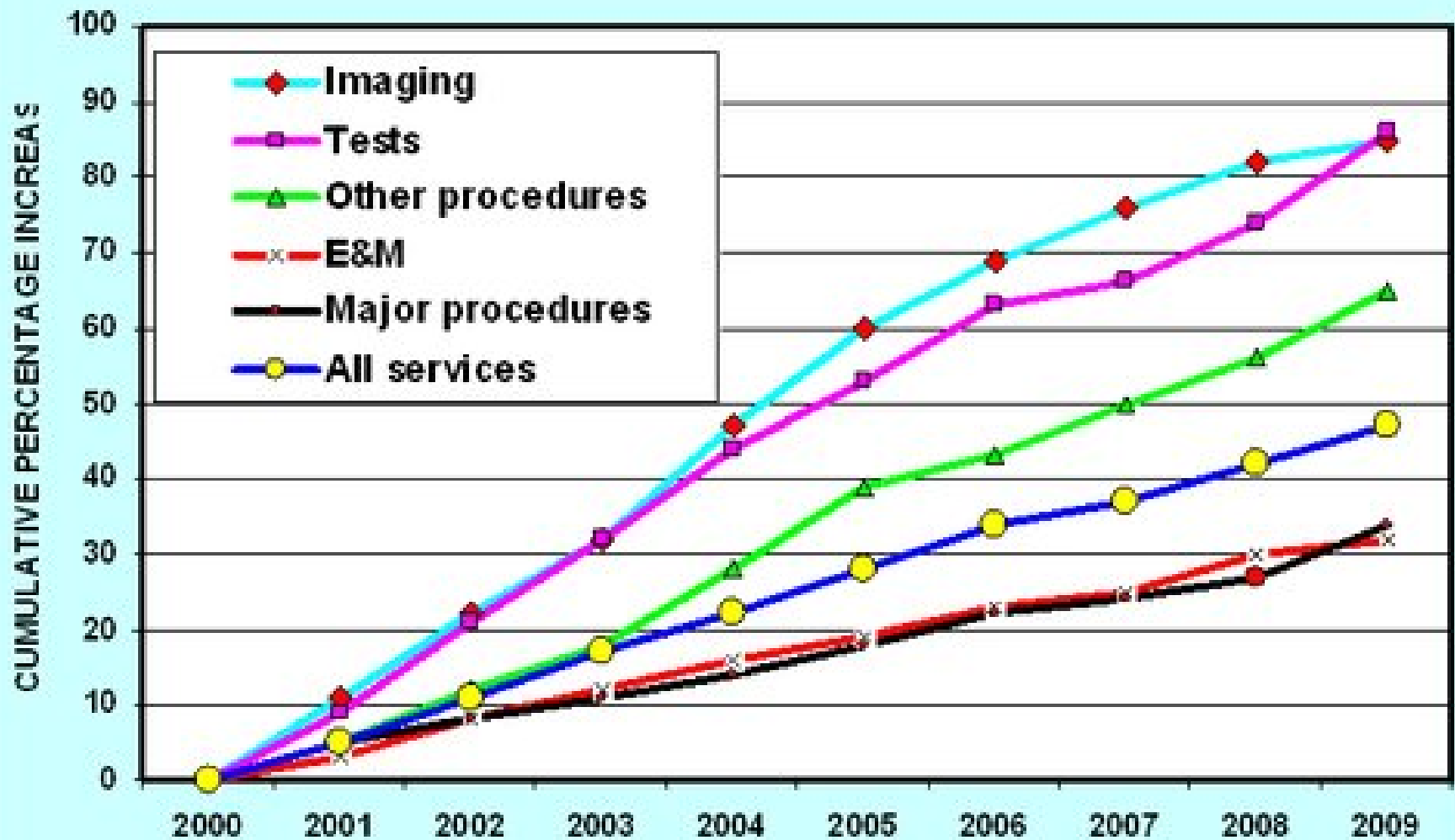
Potential for Value Judgments

- **“Cost-effectiveness” research:
use of QALY**
- **What is the the “value” of an
extra year of life?? \$100,000??**
- **Provenge for prostate cancer:
treatment course of \$93,000 to
extend life ~4 months**

Current Philosophy at ACP

- **Focus now on the “low-hanging fruit”: interventions with low or no benefit, independent of cost**
- **Goal: reduce inappropriate care that does not help (or even harms) patients**
- **Ultimate outcomes: better patient care, reduced cost**

GROWTH IN VOLUME OF PHYSICIAN SERVICES PER MEDICARE BENEFICIARY,
2000-2009



From Reinhardt blog, NY Times, 12/24/2010

MCHUMOR

by T. McCracken



"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."

The Cost of Inappropriate Diagnostic Testing

Inappropriate diagnostic testing (i.e. testing that is overused or misused) is estimated to cost approximately \$210 billion per year (10% of annual health care costs)

Source: PriceWaterhouse (www.pwc.com)

Why are Diagnostic Tests Overused and Misused?

- **Lack of guidance/guidelines**
- **Lack of knowledge**
- **Patient expectations**
- **Inadequate time**
- **Fear of malpractice**
- **Habit**
- **Personal gain**

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*
- ACP's educational programs and products, e.g., *MKSAP*, live courses
- Development of resources for trainees (with AAIM and ABIM Foundation)
- Patient education through ACP Foundation
- Collaboration with consumer and other organizations

Annals of Internal Medicine Series

Launched on February 1, 2011

- Owens DK, et al. High-value, cost-conscious health care: concepts for clinicians to evaluate the benefits, harms, and costs of medical interventions. *Ann Intern Med.* 2011; 154:174-180.
- Chou R, et al. Diagnostic imaging for low back pain: advice for high-value health care from the American College of Physicians. *Ann Intern Med.* 2011; 154:181-189.

ACP

American College of Physicians

Best Practice Advice

CLINICAL GUIDELINE

Diagnostic Imaging for Low Back Pain: Advice for High Value Health Care

Roger Choi
Committee

Diagnostic
if they have
symptoms that

other patients, evidence indicates that routine imaging is not associated with clinically meaningful benefits but can lead to harms. Addressing inefficiencies in diagnostic testing could minimize potential harms to patients and have a large effect on use of resources by reducing both direct and downstream costs. In this area, more

Diagnostic imaging is indicated for patients with low back pain only if they have severe progressive neurologic deficits or signs or symptoms that suggest a serious or specific underlying condition. In other patients, evidence indicates that routine imaging is not associated with clinically meaningful benefits but can lead to harms.

back pain, would provide better care to patients, improve outcomes, and reduce costs.

Ann Intern Med. 2011;154:181-189.

For author affiliations, see end of text.

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Appropriate Use of Screening and Diagnostic Tests to Foster High-Value, Cost-Conscious Care

Amir Qaseem, MD, PhD, MHA; Patrick Alguire, MD; Paul Dallas, MD; Lawrence E. Feinberg, MD; Falth T. Fitzgerald, MD; Carrie Horwitch, MD, MPH; Linda Humphrey, MD, MPH; Richard LeBlond, MD; Darlyn Moyer, MD; Jeffrey G. Wiese, MD; and Steven Weinberger, MD

Unsustainable rising health care costs in the United States have made reducing costs while maintaining high-quality health care a national priority. The overuse of some screening and diagnostic tests is an important component of unnecessary health care costs. More judicious use of such tests will improve quality and reflect responsible awareness of costs. Efforts to control expenditures should focus not only on benefits, harms, and costs but on the value of diagnostic tests—meaning an assessment of whether a test provides health benefits that are worth its costs or harms. To begin to identify ways that practicing clinicians can contribute to the

delivery of high-value, cost-conscious health care, the American College of Physicians convened a workgroup of physicians to identify, using a consensus-based process, common clinical situations in which screening and diagnostic tests are used in ways that do not reflect high-value care. The intent of this exercise is to promote thoughtful discussions about these tests and other health care interventions to promote high-value, cost-conscious care.

Ann Intern Med. 2012;156:147-149.

For author affiliations, see end of text.

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Identifies 37 clinical situations in which a screening or diagnostic test does not reflect high value care.

Other National Initiatives

- **National Physicians Alliance:
“Top 5” Campaign**
- **ABIM Foundation: “Choosing
Wisely” Campaign**
- ***Archives of Internal Medicine:*
“Less is More” series**

National Physicians Alliance “Top 5” in Internal Medicine

- **Lower Back Pain:** Don't do imaging for lower back pain within the first 6 weeks unless red flags are present.
- **Screening:** Don't obtain blood chemistry panels (e.g., basic metabolic panel) or urinalyses for screening in healthy adults who don't have symptoms.
- **EKGs:** Don't order annual EKGs or any other cardiac screening for low-risk patients without symptoms.
- **Cholesterol Lowering Drugs:** Use only generic statins when initiating lipid-lowering drug therapy.
- **Bone Density:** Don't use DEXA (bone density) screening for osteoporosis in women under age 65 years or men under 70 years with no risk factors.

Do Physicians Agree That Health Care is Overused?

- Survey of primary care physicians
- 42% believe patients in their own practice are receiving too much care (vs. 6% who say “too little”)
- Perceived factors leading to overuse
 - Malpractice concerns: 76%
 - Clinical performance measures: 52%
 - Inadequate time to spend with patients: 40%

HVCCC and Residency Training

- **Habits start early in training → need to focus on students, residents, and fellows**
- **Joint initiative to develop HVCCC program for residents: AAIM, ABIM Foundation, and ACP**

Academic Medicine: **Question of the Year**

“What improvements in medical education will lead to better health for individuals and populations?”

Response to the 2011 Question of the Year

Educating Trainees About Appropriate and Cost-Conscious Diagnostic Testing

Steven E. Weinberger, MD

Acad Med. 2011;86:1352.

Bringing Cost Consciousness into the Training Environment

- **Knowledge:** understanding of what helps patients vs. what is superfluous or even harms patients
- **Approach:** focus on appropriate care rather than saving money
- **Culture:** recognition that more \neq better
- **Faculty development:** trainees mimic faculty behavior
- **Regulation:** cost consciousness in residency competency requirements

Providing High-Value, Cost-Conscious Care: A Critical Seventh General Competency for Physicians

Steven E. Weinberger, MD

There is general agreement that the U.S. economy cannot sustain the staggering economic burden imposed by the current and projected costs of health care. Whereas governmental approaches are focused primarily on decreasing spending for medical care, it is the responsibility of the medical profession to become cost-conscious and decrease unnecessary care that does not benefit patients but represents a substantial percentage of health care costs. At present, the 6 general competencies of the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) that drive residency training place relatively little emphasis on residents' understanding of the need for stew-

ardship of resources or for practicing in a cost-conscious fashion. Given the importance in today's health care system, the author proposes that cost-consciousness and stewardship of resources be elevated by the ACGME and the ABMS to the level of a new, seventh general competency. This will hopefully provide the necessary impetus to change the culture of the training environment and the practice patterns of both residents and their supervising faculty.

Ann Intern Med. 2011;155:386-388.

For author affiliation, see end of text.

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Challenge for Program Directors

- **Focus on cost reduction and minimizing overuse/misuse of diagnostic testing**
- **Questions**
 - **Why did you order that test?**
 - **Was it the most appropriate and cost-effective test to order?**
 - **What are you going to do with the results?**
 - **Will it change your management?"**

Examples of Potential Areas of Overuse/Misuse of Testing

- Overuse of chest CT scanning when chest X-ray is sufficient
- Overuse of CT angiograms to rule out pulmonary embolism, especially in ER setting
- Overuse of “full” pulmonary function tests when spirometry is sufficient
- Unnecessary repeating of diagnostic studies done at another site

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

**WE HAVE MET
THE ENEMY
AND HE IS US.**

