VPM Atlas of Variations in Medical Practice IN THE SPANISH NATIONAL HEALTH SYSTEM

GEOGRAPHY OF HEALTH CARE IN SPAIN
The quality of health services under scrutiny

Enrique Bernal-Delgado & Sandra García-Armesto
on behalf of the Atlas VPM group
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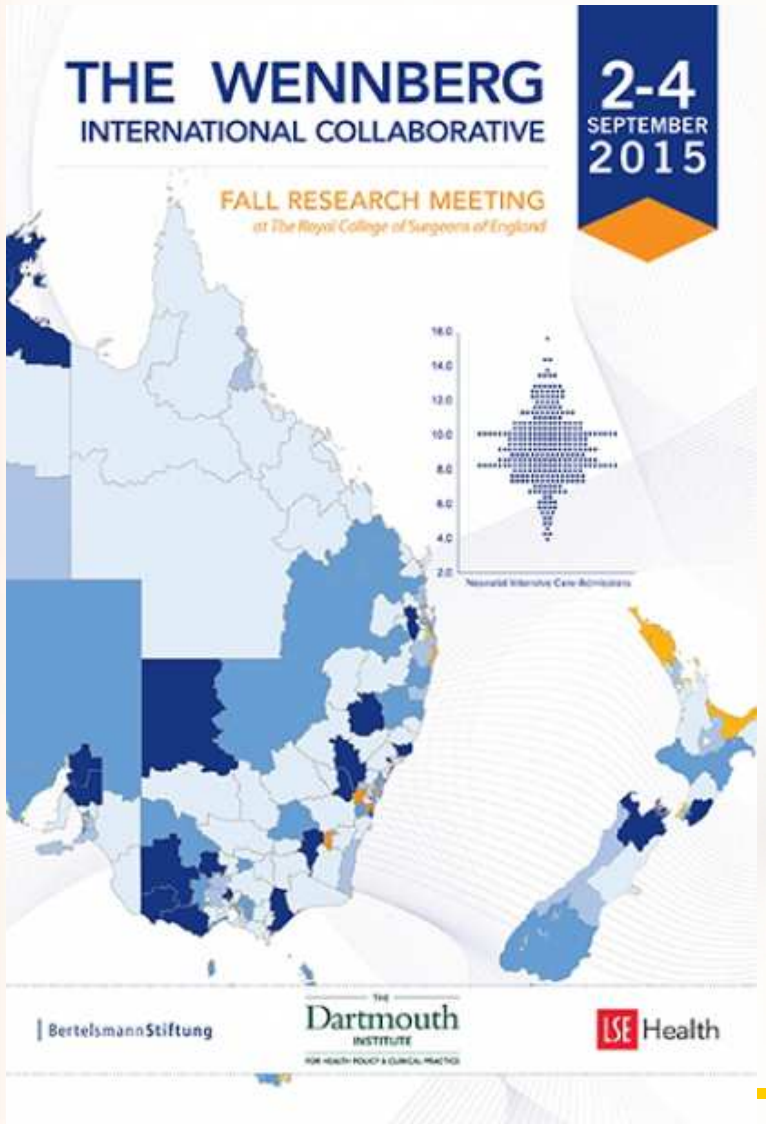


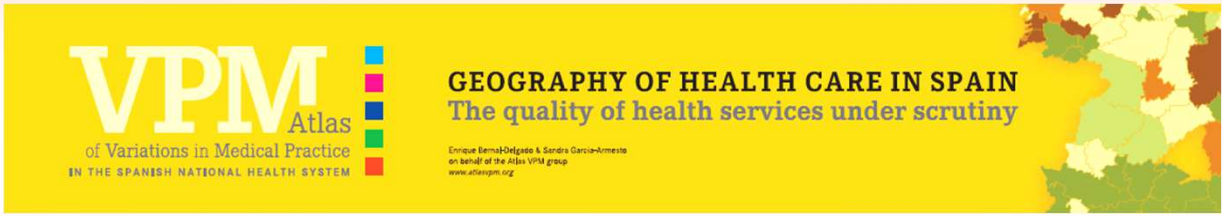
Developing a disinvestment strategy for the Spanish National Health Service

Progress and future steps

Funding FIS PI 12/01884

Period 2013-2015

IACS Instituto Aragonés de Ciencias de la Salud



Outline

- The policy approach
- The analytical approach
- The brokering approach: engaging stakeholders
- Lessons learnt and next steps

Some background…

Health systems bear substantial opportunity cost in using interventions deemed lower-value

*Disinvestment in the age of cost-cutting sound and fury**

Keys to increasing value for money, Identifying those procedures and:

- Dropping them from the benefits basket or subject to avoidable copayment
- Restricting indications to certain types of patients
- Specifying and limiting types of providers suitable to offer them
- Limiting frequency or length of treatments
- Guidance to reduce inappropriate use of procedures
- Guidance to improve coordination of care

**Garcia-Armesto et al* Health Policy 2013 May; 110(2-3):180-5. doi: 10.1016/j.healthpol.2013.01.007

The timing: Policy after 2012 SNS reform

- Reshaping of the SNS benefits basket into 4 categories (basic, supplementary and accessory services, plus ACs' additional services). Co-payment introduced for supplementary and accessory baskets.
- Changes in procedure for updating the national benefits basket (reviewing existing/approval of new inclusions)
- Severe expenditure caps imposed on regional administrations (including health systems)

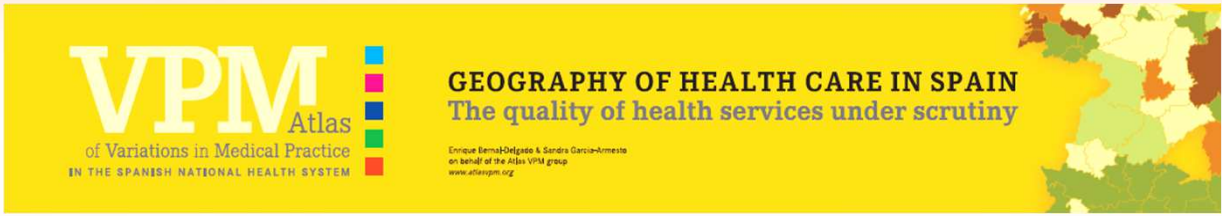
http://www.hspm.org/countries/spain25062012/countrypage.aspx

The analytical approach

- How much of the activity is actually lower-value care?
- Which are the opportunity costs for both provider and population served?
- What is the local margin for efficiency enhancing?

The goal: Minimising utilisation of lower-value procedures, fostering the use of superior alternatives or reallocation of existing resources to other value-for-money activity

The tool…



Collaborative health services research initiative (all 17 regional Governments) since 2002

Aimed at describing systematic and unwarranted **variations in medical practice and healthcare outcomes**, using both a **population-based** and a **hospital-specific** approach.

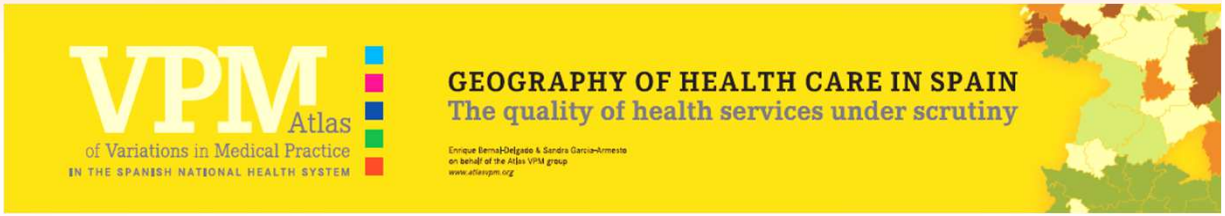
… **providing insight (i.e. underlying factors analysis) for decision-makers** to make better decisions; **and** yielding relevant information for **hospital managers** to look at those underperforming quality areas.

… using and developing reliable methodologies

… using **several strategies for translating knowledge into practice**

http://www.atlasvpm.org

The Steps…



- Agreeing on the list of LVC procedures and, when suitable, corresponding alternatives (literature + wide consensus supported by the national network of HTA agencies)
- Building indicators CIE9-CM language. Refinement to narrow down indications and "appropriateness"
- Quantifying utilisation of those procedures and their alternatives as well as analysing the degree of variation across areas and providers in the country
- estimation of excess-cases and "opportunity costs"

The key: LOCAL discussion scenarios of minimisation, based on actual level of use of lower-value interventions that specifically prevail in each context (provider or policy relevant decision-making unit, health care area)

Literature review and synthesis of evidence (May-Dec 2013)

- **International lists of lower value procedures** (appraisal of the quality of evidence underpinning them)

- **National lists of lower value procedures and health technology assessment reports**

- **Negative recommendations in the SNS clinical practice Guidelines (including preferred options)** related to diagnosis/procedures coded in the hospital database (CMBD).

- Negative recommendations in the **National Health strategies (including preferred options)** related to diagnosis/procedures coded in the hospital database (CMBD).

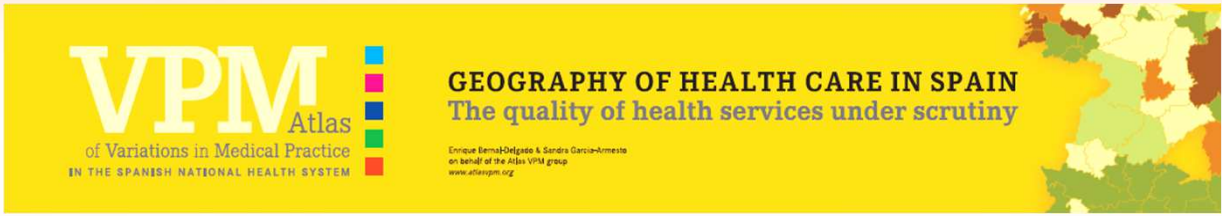
Lower-value procedures

PRELIMINARY LIST INCLUDED 3 CATEGORÍAS

(Ordered by relevance to the project's goal):

1. **Obsolete technology or superseded by a more cost-effective alternative (31)**
2. Lower-value care when the procedure is used outside its main indication (17)
3. Procedures backed by insufficient evidence of effectiveness (11)

The List…
(low-hanging fruit)



NON EFFECTIVE PROCEDURES PRONE TO OVERUSE (EXTREMELY LIMITED INDICATIONS)

- C-section in low obstetric risk deliveries
- Routine episiotomy in vaginal delivery

-Adenoidectomy
-Tonsillectomy w/wo adenoidectomy
- Grommets

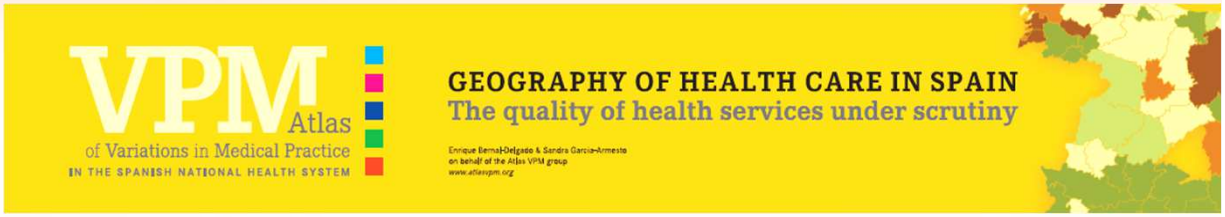
A few appropriate indications

-Dilatation and curettage as a diagnostic tool or treatment
-Trigger finger surgery
- Bypass intra-extracraneal to decrease stroke risk

SUPERSEDED PROCEDURES (BETTER ALTERNATIVE)

- Carpian tunnel surgery vs conservative approach (anti-inflamatorios, férulas, fisioterapia)
- Hysterectomy in bleeding vs drugs and minimal invasive approach (intrauterinelevonorgestel)
- Elective cardiac ablation vs drugs (antiarrhythmics and anticoagulants)
- Mitral clip vs open valve replacement
- Neurosurgical clipping for patients with aneurysmal subarachnoid hemorrhage vs endovascular embolizacion

The Methods…



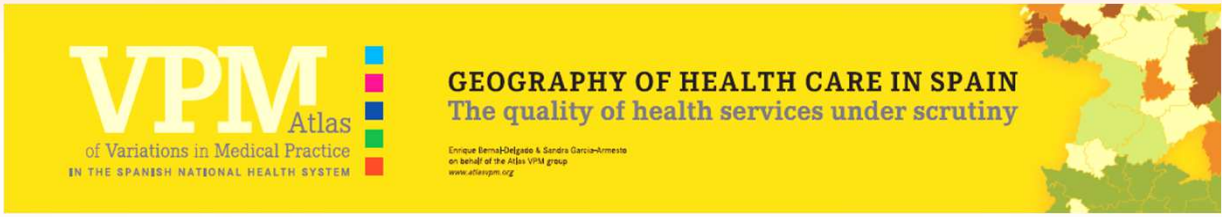
- **How much of the activity is actually lower-value care?**
  - Data : publicly funded hospital activity in Spain (5 million admissions/year; 2002-2013)
  - Design : Observational, ecologic study on intensity of use of 15 lower-value procedures and, when suitable, the superior alternatives (standardised utilisation rates) and its variation (SCV) across the 203 health care areas comprising the SNS and the hospitals serving them - **cross-section analysis with 2012 data and time-trend analysis from 2002-2013**
    - Multilevel models were built to obtain risk adjusted utilisation rates and median odds ratios (MOR) at provider level.

- **Which is the local margin for efficiency enhancing?**

Identifying those areas and hospitals in the country with higher potential for realignment to value-based provision of care:

- The benchmark: minimal utilisation rates in the country (p25) per area and hospital
- Calculating excess-use : observed exposure compared to that expected if utilisation was equivalent to those areas already on the minimal rates (indirect standardisation)
  - Detecting hospitals with excessive intensity of use: significantly above the benchmark 95% and 99% CI (alert and alarm intensity)

- **Which are the opportunity costs for both provider and population served?**
  - Estimated excess cases by unit costs of LVC procedures allow for a rough proxy of expenditure/resources deployed on lower-value care that could be used otherwise
    - When superior alternatives are available, incremental rather than unitary costs are used



The brokering approach

Materials

1. 17 complete reports addressing each of the regional systems using national benchmarking for health care area and hospital
   - National and regional mapping of quintiles of population exposure (standardised utilisation rates) and distribution of cases across local providers
   - Regional mapping of area level potential for realignment benchmarking against the lowest levels of exposure in the country (p25)
   - Hospitals position (average, alerting and alarming) regarding intensity of lower value indications benchmarking against those with the lowest utilisation rates in the country (p25)

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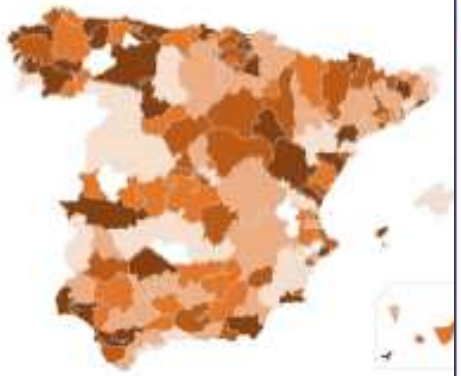

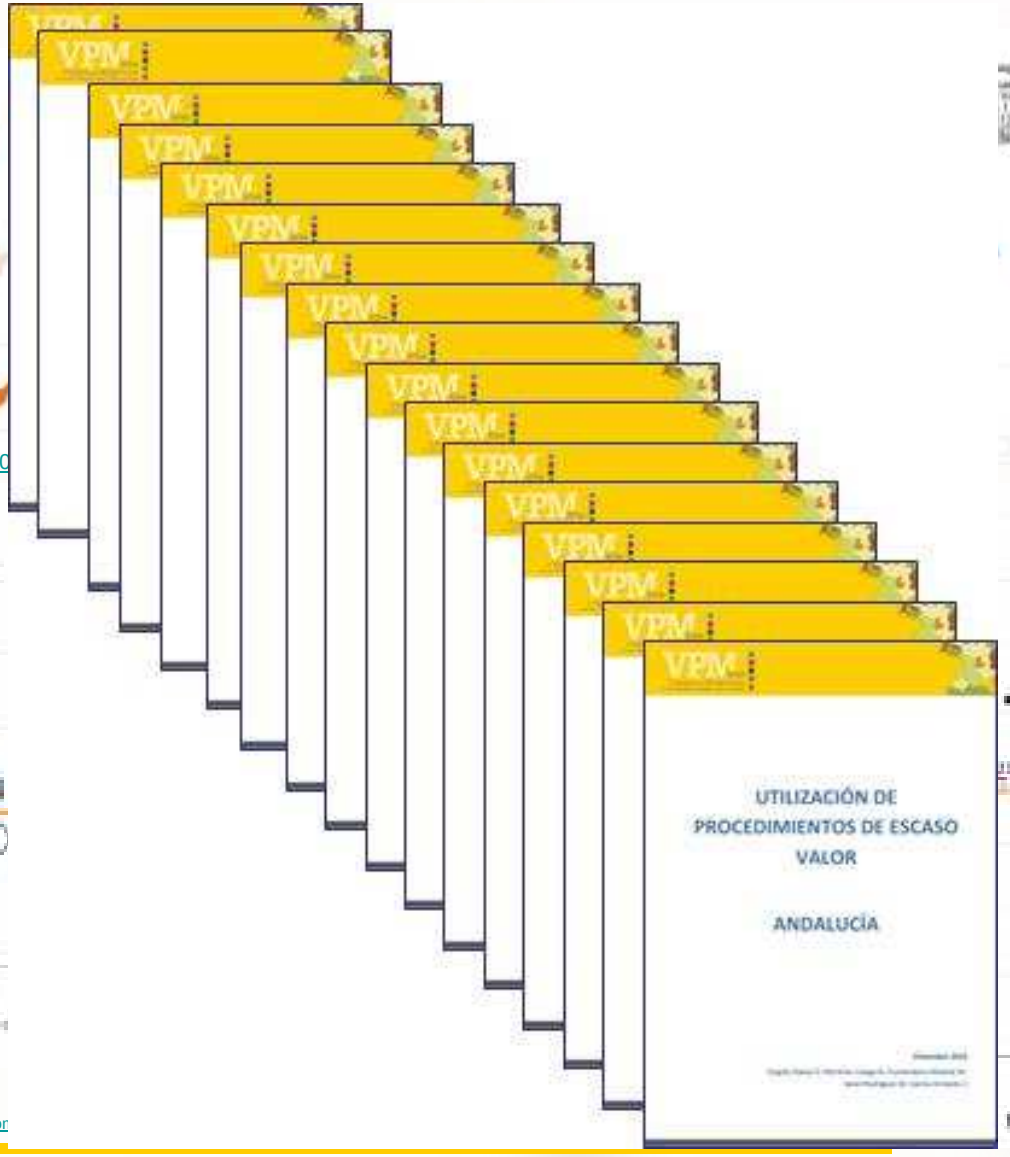

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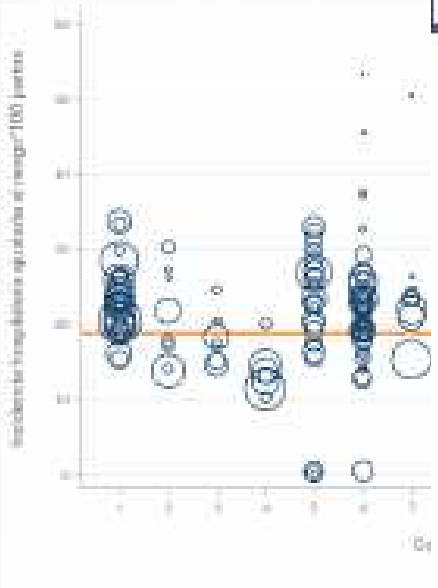

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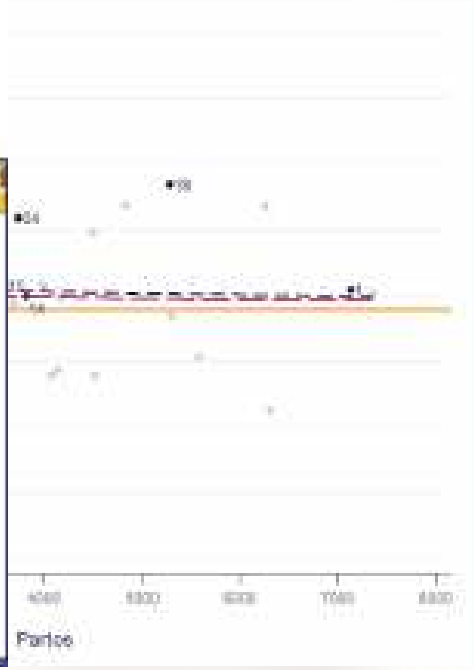
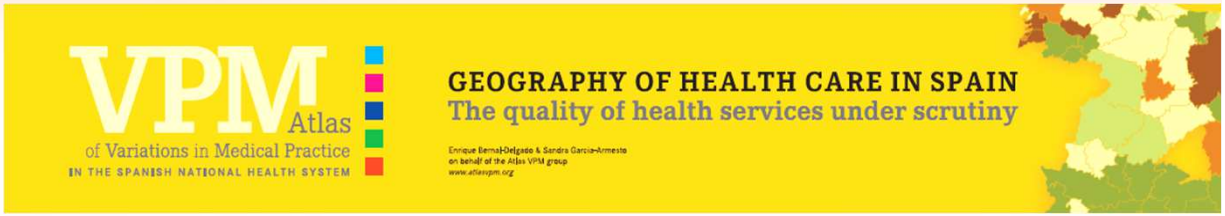


2. Atlas VPM 10: Utilisation of lower value procedures and potential for realignment in the SNS

3. Policy briefs: Claves para la transformación
   I. The value of analysis to increase value for money
   II. Case Studies compilation: Good practices in using information



The brokering approach

Local discussions

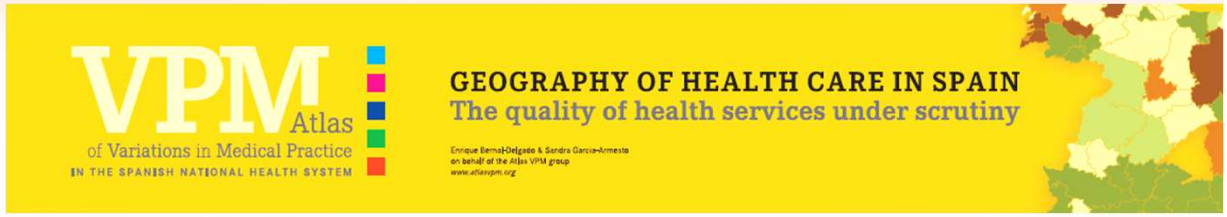
1. Tailoring discussion priorities to local profile of results
2. Identifying ‘champions‘ and those with room for improvement
3. Discussion of findings with clinical staff in those services (focus on understanding processes leading to those results) Joint production of recommendations
4. Recommendations discussed with management using GUNFT guidelines and STAR aids to guide strategy and set priorities for their jurisdiction

Forums DBS Health transformación sanitaria:

- Decision makers **Evidence in action**
- Sociedades Científicas **This side of choosing wisely**

To be continued …

- Monitoring innovation: implementation and adoption/substitution patterns for superior alternatives
- Innovative practices in minimising LVC (follow-up case studies)
- Analysing the group of elective surgery with LV out of main indication (orthoprosthetics, cataracts y prostatectomy)
  - pathways of care
  - Analysis of waiting list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Thank You!!