Addressing ‘Overuse’ 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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Some of these terms imply a complete removal of the technology
- very few services will be candidates for complete removal

Used the term ‘overuse of health services’ which includes “care that can lead to harm and consumes resources without adding value for patients.”
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
A critical interpretive synthesis approach was utilized. 15 databases (2015) were searched to identify all empirical and non-empirical articles focused on addressing 'overuse' in health systems. Two reviewers independently screened records, assessed for inclusion and conceptually mapped included articles.

Using the conceptual mapping findings, we selected a purposive sample of articles. Structured summaries of key findings using frameworks related to the policy development process were then thematically synthesized to results across the domains.
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
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): Overall

‘Overuse’:
- 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 (3): Addressing ‘overuse’ is complicated by several factors

- **Current culture:**
  - E.g., ‘more is better’, thoroughness

- **Patient characteristics**
  - E.g., demand for unnecessary tests, well-informed patients & 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
  - 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 (4): 3 types of initiatives

Type 1: Many initiatives to identify areas of overuse:

- NICE “do not do” recommendations
- Cochrane Collaboration reviews
- Practice variation studies
- Health technology (re) assessment (HTA)
- Program Budgeting and Marginal Analysis
Results (5): 3 types of initiatives

Type 2: Examples of Stakeholder-led initiatives

• Supporting shared decision-making

• 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 (6): 3 types of initiatives

Type 3: 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
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.”
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

- Implementation 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: moriah.ellen@gmail.com

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