De-Implementation of Ineffective, Unproven, Harmful, or Low-Value Health Care Services and Practices:

A Systematic Review of Grants Funded by the U.S. National Institutes of Health [NIH] and Agency for Healthcare Research and Quality [AHRQ], 2000-2017

Drs. Wynne E. Norton, Amy Kennedy, & David Chambers
National Cancer Institute (NCI)

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Disclosure

- I have no financial relationships to disclose.

- Opinions are mine, not official positions of the National Cancer Institute, the National Institutes of Health, or the U.S. federal government.
Introduction

- Harms associated with overscreening, overdiagnosis, and overtreatment.

- De-implementation
  - Study of how to reduce or stop the use of ineffective, unproven, harmful, overused, inappropriate, and/or low-value health services and practices delivered to patients by health care providers and systems.

- Reviews, studies (e.g., Colla et al., 2016; Montini & Graham, 2015; Niven et al., 2015).

- What is the current state-of-the-science?
  - Identification and assessment of funded grants.
Objectives

1. Identify de-implementation studies funded across 2 U.S. agencies (i.e., NIH and AHRQ).

2. Describe key characteristics and features of funded research studies.

3. Propose recommendations for advancing the field informed by portfolio analysis.
Methods

- Portfolio analysis of research grants across all 27 NIH Institutes and Centers and AHRQ, 2000-2017.

- Search grants database using 11 key terms and 3 specific funding announcements.

- Sequential process for assessing eligibility of grants based on inclusion/exclusion criteria.

- Developed codebook through iterative process and applied to final sample of grants.
Results

- Records identified through QVR database search query criteria and FOA/RFA query (n = 1,277)

- Records after duplicates removed (n = 542)

- Records screened (n = 542)

- Records excluded (n = 398)

- Records assessed for eligibility (n = 144)

- Records excluded, with reasons (n = 124)

- Studies included in synthesis (n = 20)
Results

- Examples of Grants
  - Impact of social contagion on physician use of unproven cancer interventions
  - Identifying cascades of low-value care and the organizational practices that prevent them

- Key Characteristics
  - 15 funded by NIH, 5 funded by AHRQ
  - 17 awarded between 2010-2017
### Study Features*

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<thead>
<tr>
<th>Content</th>
<th>Code</th>
<th># Grants</th>
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<tr>
<td><strong>Objectives</strong></td>
<td>Understand or characterize factors influencing de-implementation</td>
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<td>Develop strategies to facilitate de-implementation</td>
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<td><strong>Health Area</strong></td>
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<td>Treatment</td>
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*Select results; Select all that apply*
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*Select results; Select all that apply
Discussion

- Few research grants (n = 20 of 542 sample) focused on de-implementation over 17-year timeframe.

- Unequal distribution of study features (e.g., health area, health service/practice) across sample of 20 grants.

- Limitations
  - Search terms.
  - Lack of generalizability to other funding agencies.
Implications

- Multifaceted activities are needed to increase research on de-implementation.

Recommendations

1. Raise awareness and interest among stakeholders involved in de-implementation research.
2. Develop additional funding opportunities.
3. Synthesize and operational de-implementation terms, concepts, measures, and outcomes.
4. Collaborate with ongoing efforts and stakeholder groups.
5. Conduct embedded research.
Thank You!

Questions, Comments

Wynne E. Norton, PhD
U.S. National Cancer Institute (NCI)
Email: wynne.norton@nih.gov