



7th International Conference for EBHC Teachers and Developers

Evidence for sustainability of healthcare

Increasing value, reducing waste

Taormina (Italy), 28th - 31st October 2015

Reducing waste in healthcare GIMBE framework for disinvestment

Nino Cartabellotta

GIMBE Foundation

Disclosure of interests

- GIMBE Foundation delivers educational activities on the topics of my lecture
- No other competing interest to declare



Outline

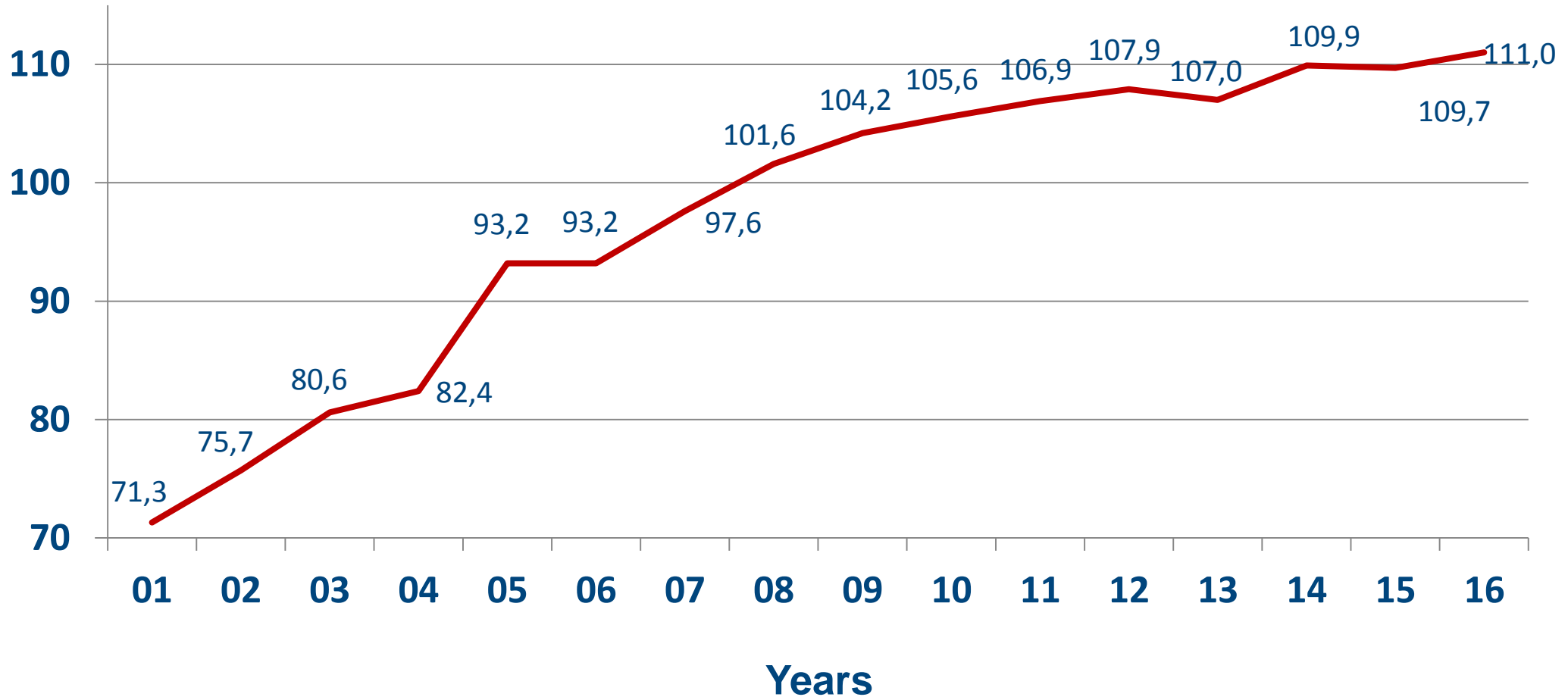
- 1. Context**
- 2. Disinvestment from waste**
- 3. Key message**

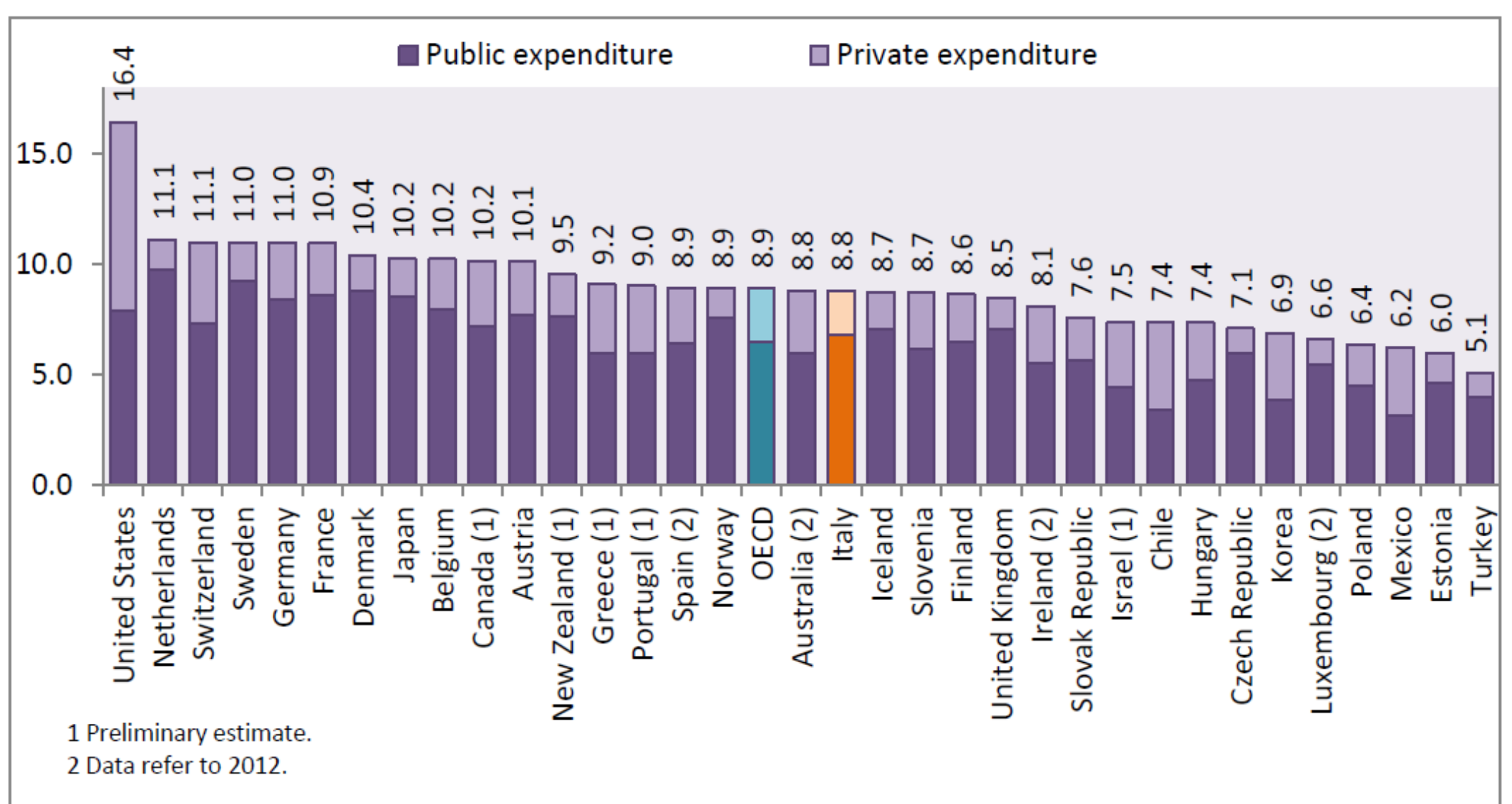
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- 1. Context**
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NHS public funding in Italy (2001-2016)

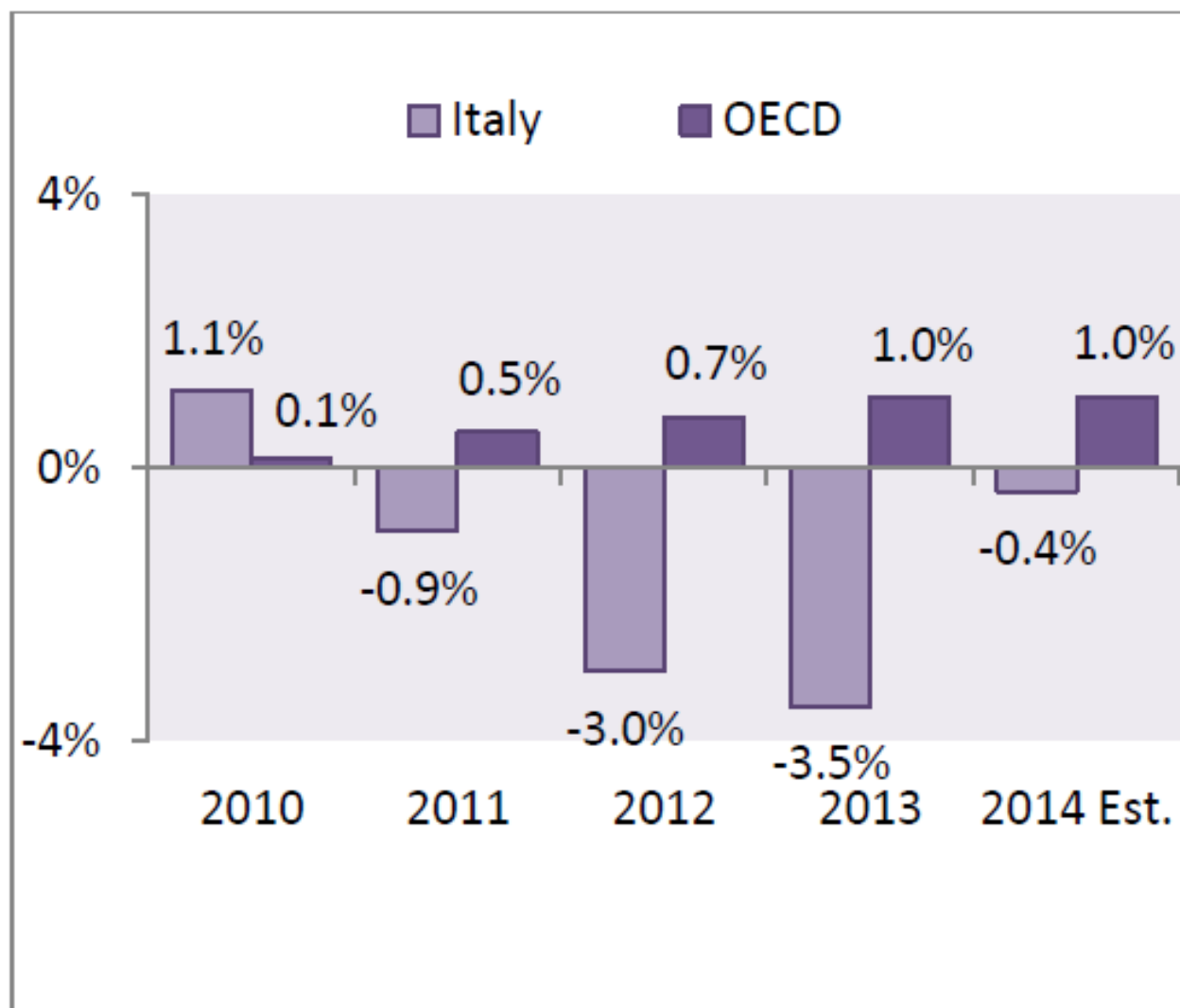
Billions of €





Source: OECD Health Statistics 2015

Figure 1. Annual health spending growth*, 2010-2014



* Per capita spending in real terms

Source: OECD Health Statistics 2015

Two great challenges for NHS

- Ensure that ongoing efforts to contain health system spending do not subsume health care quality
- Support Regions with weaker infrastructure and capacity to deliver care of equal quality to the best performing areas

Outline

1. Context
- 2. Disinvestment from waste**
3. Key message

Sustainability crisis of healthcare systems

What is the right way?



**Investing less
resources**

→ **Linear cuts**

**Identifying other
funding sources**

→ **Copayment**

→ **Insurance coverage**

**Reducing waste,
increasing value**

→ **Disinvestment and re-allocation**



“Waste is any activity in a process that consumes resources without adding value”

Taiichi Ohno, Toyota

COMMENTARY

Open Access



De-adoption and its 43 related terms: harmonizing low-value care terminology

Danijela Gnjidic^{1*} and Adam G. Elshaug^{2,3}

Disinvestment in healthcare

"Processes of withdrawing (partially or completely) health resources from any existing health care practices, procedures, technologies or pharmaceuticals that are deemed to deliver little or no health gain for their cost, and are thus not efficient health resource allocations", allowing for resource re-allocation

*Elshaug AG, et al.
Aust New Zealand Health Policy 2007*

The Association Between Health Care Quality and Cost

A Systematic Review

Peter S. Hussey, PhD; Samuel Wertheimer, MPH; and Ateev Mehrotra, MD, MPH

Conclusion: Evidence of the direction of association between health care cost and quality is inconsistent. Most studies have found that the association between cost and quality is small to moderate, regardless of whether the direction is positive or negative. Future studies should focus on what types of spending are most effective in improving quality and what types of spending represent waste.

Ann Intern Med. 2013;158:27-34.

LET'S SAVE OUR NHS



www.salviamo-SSN.it

ONLINE FIRST

Eliminating Waste in US Health Care

Donald M. Berwick, MD, MPP

Andrew D. Hackbarth, MPhil

JAMA. 2012;307(14):doi:10.1001/jama.2012.362

Impact of waste on Italian NHS in 2014



25,64 billions of euros

23% of public healthcare expenditure (111,475 billions)

Impact of waste on Italian NHS in 2014

Waste category	%	€ billions	± 20%
1. Overuse	30	7,69	(6,15 – 9.23)
2. Fraud and abuse	20	5,13	(4,10 – 6.15)
3. Pricing failures	16	4,10	(3,28 – 4.92)
4. Underuse	12	3,08	(2,46 – 3,69)
5. Administrative complexity	12	3,08	(2,46 – 3,69)
6. Failures of care coordination	10	2,56	(2,05 – 3.08)



Agenzia Nazionale per i Servizi Sanitari Regionali

COMUNICATO STAMPA

AGENAS-GIMBE, Protocollo d'Intesa contro sprechi e inefficienze

13 luglio 2015

Agenas, Roma/Fondazione GIMBE, Bologna

- ...developing a framework to **disinvest from waste** and reallocate resources in essential services and innovations...
- ...disinvestment will focus on **overuse** and **underuse** of health care interventions and **failures of care coordination**...

Impact of waste on Italian NHS

Waste category

1. Overuse
2. Fraud and abuse
3. Pricing failures
4. Underuse
5. Administrative complexity
6. Failures of care coordination



Impact of waste on Italian NHS

Waste category

1. Overuse
2. Fraud and abuse
3. Pricing failures
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6. Failures of care coordination



Two sides...

...of the same coin



7,69 billions



3,08 billions

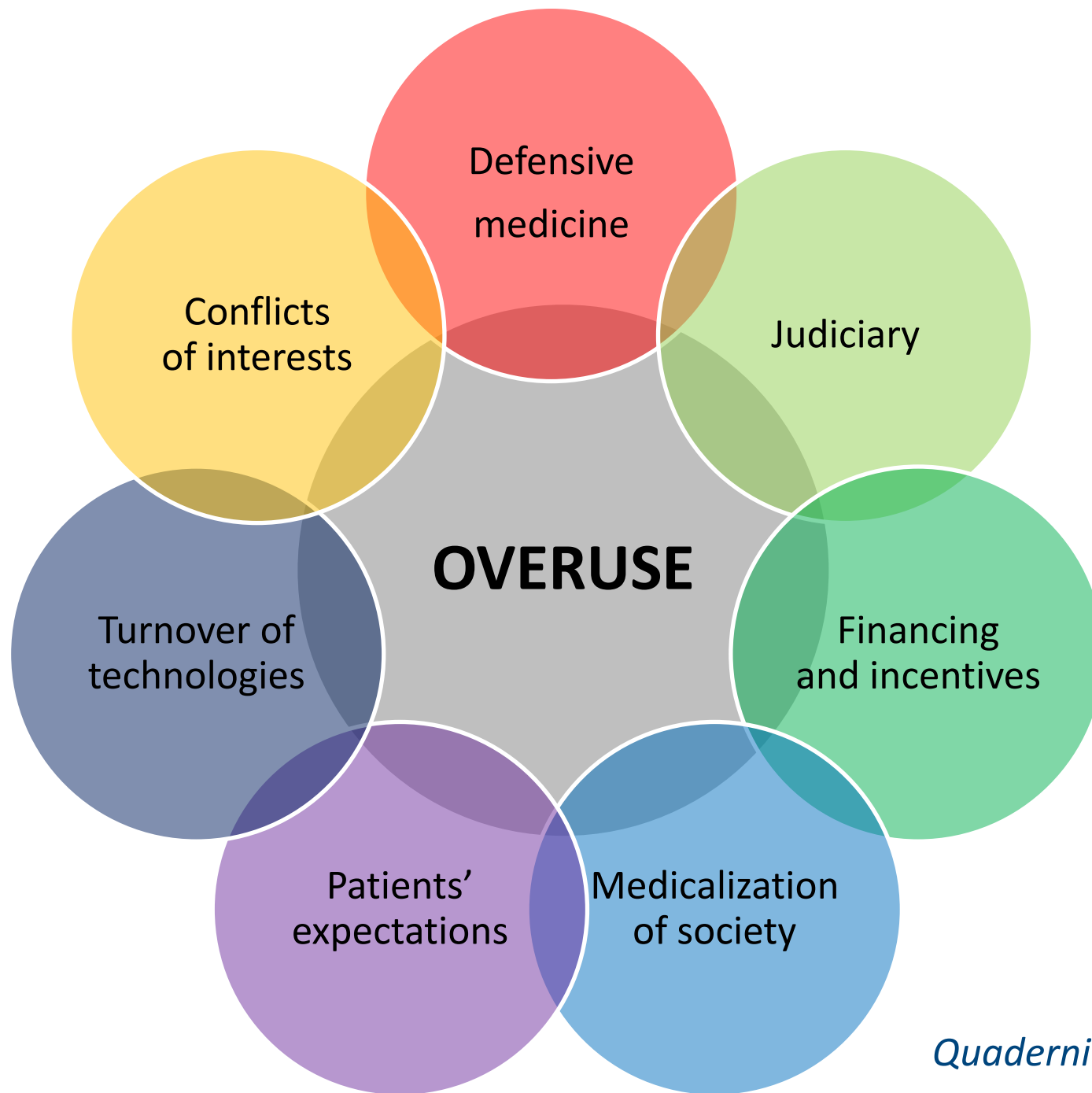


Overuse

- Knowledge translation
- Shared decision making
- Reducing patient expectations
- Law on professional responsibility (under Parliament discussion)

Underuse

- Knowledge translation
- Shared decision making



*Cartabellotta A.
Quaderni di Monitor, 2015*

Original Investigation

Early Trends Among Seven Recommendations From the Choosing Wisely Campaign

Alan Rosenberg, MD; Abiy Agiro, PhD; Marc Gottlieb, MPA; John Barron, PharmD; Peter Brady, MBA; Ying Liu, MS; Cindy Li, MSc; Andrea DeVries, PhD

JAMA Intern Med. doi:10.1001/jamainternmed.2015.5441
Published online October 12, 2015.

Invited Commentary

LESS IS MORE

Changing Clinician Behavior When Less Is More

Ralph Gonzales, MD, MSPH; Adithya Cattamanchi, MD, MAS

JAMA Internal Medicine Published online October 12, 2015

Disinvestment

Overuse

Health interventions

- Ineffective
- Harmful
- Inappropriate
- *Low-value*



Re-allocation



Underuse

Health interventions

- Effective
- Safe
- Appropriate
- *High-value*



The NEW ENGLAND JOURNAL *of* MEDICINE

Perspective
MAY 24, 2012

From an Ethics of Rationing to an Ethics of Waste Avoidance

Howard Brody, M.D., Ph.D.

LESS IS MORE

- = + MEDICINE

- Too much medicine (BMJ)
- Less is More (JAMA Int Med)
- Minimally disruptive medicine
- Do No Harm Project
- Prudent Care
- Choosing Wisely
- Right Care Alliance
- Thinking Twice

Protecting resources, promoting value: a doctor's guide to cutting waste in clinical care

Better value in the NHS

The role of changes in
clinical practice





Better Value Healthcare

Better Value Healthcare's mission is to train healthcare professionals to deliver value based Healthcare

Value Based Healthcare



Our Programme

The primary objective for Right Care is to maximise value:

- the value that the patient derives from their own care and treatment
- the value the whole population derives from the investment in their healthcare

To build on the success and value of the Right Care programme, NHS England and Public Health England are taking forward the Right Care approach through new programmes to ensure that it becomes embedded in the new commissioning and public health agendas for the NHS...

[Read more...](#)

The Right Care @lert

Innovative contracting for new care models – event

The aspirations of the Five Year Forward View depend on more imaginative and flexible contracting to overcome the problems posed by existing primary care contracts

Wednesday October 21st, 2015

Presentations

Right Care Roll Out



[Introducing the Right Care Roll Out from Right Care on Vimeo.](#)

Matthew Cripps, National Director for NHS Right Care introduces the plan to scale up the programme to support all 211 Clinical Commissioning Groups



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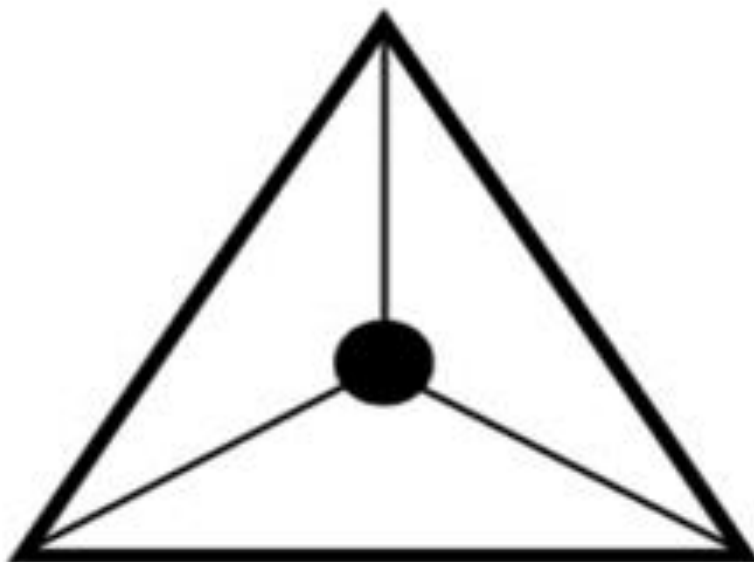
Institute for
Healthcare
Improvement



IHI Triple Aim Initiative

Better Care for Individuals, Better Health
for Populations, and Lower Per Capita Costs

*Patient Experience
(Better Care)*



*Health of
Populations
(Better Health)*

*Reducing per
capita cost
(Better Value)*

IHI *Triple Aim*

RESEARCH ARTICLE

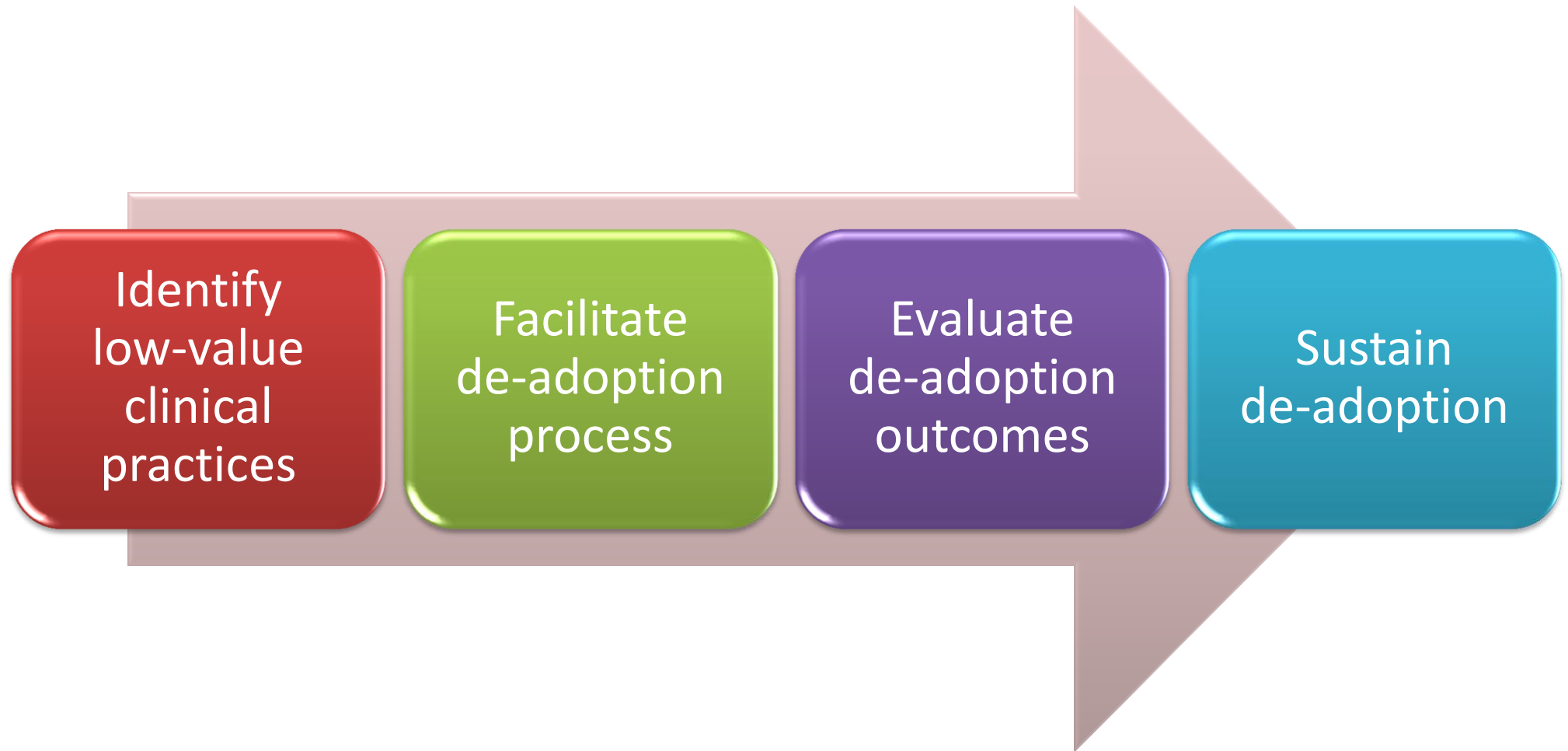
Open Access

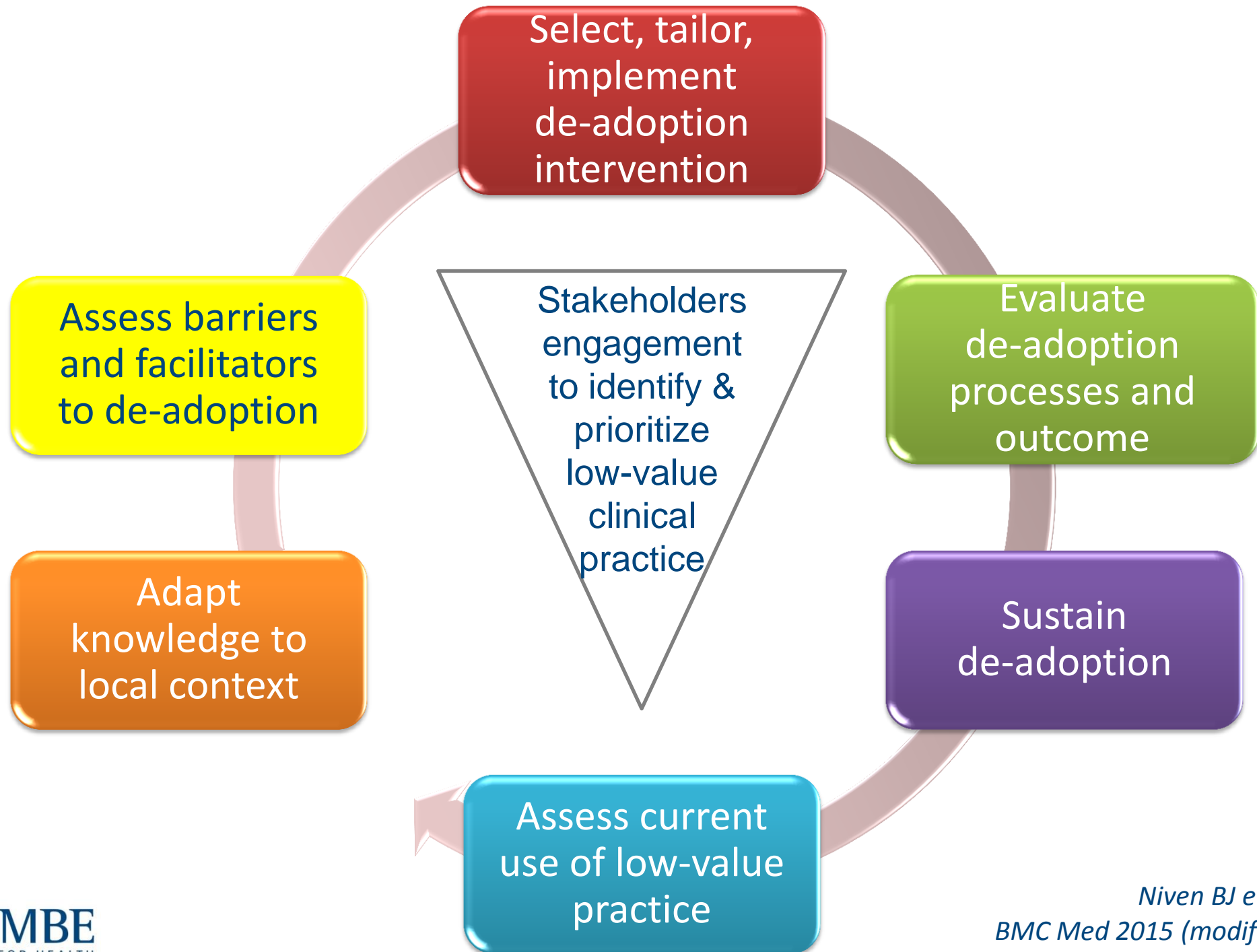
Towards understanding the de-adoption of low-value clinical practices: a scoping review



Daniel J. Niven^{1,2*}, Kelly J. Mrklas², Jessalyn K. Holodinsky², Sharon E. Straus³, Brenda R. Hemmelgarn^{2,4}, Lianne P. Jeffs³ and Henry Thomas Stelfox^{1,2,4}

Framework for conceptualizing de-adoption

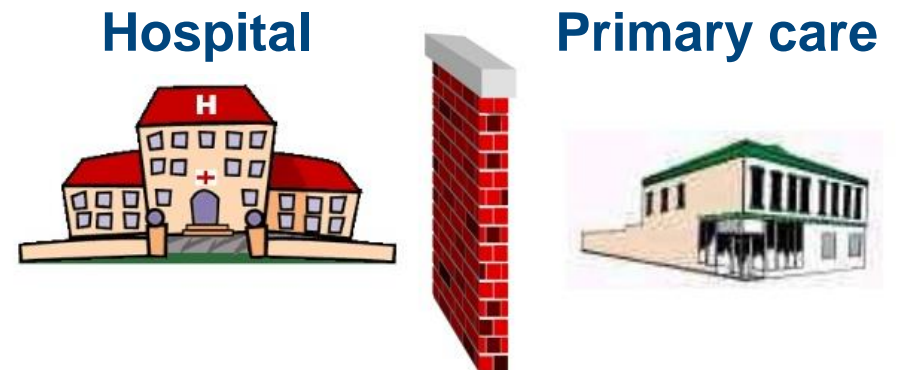




Impact of waste on Italian NHS

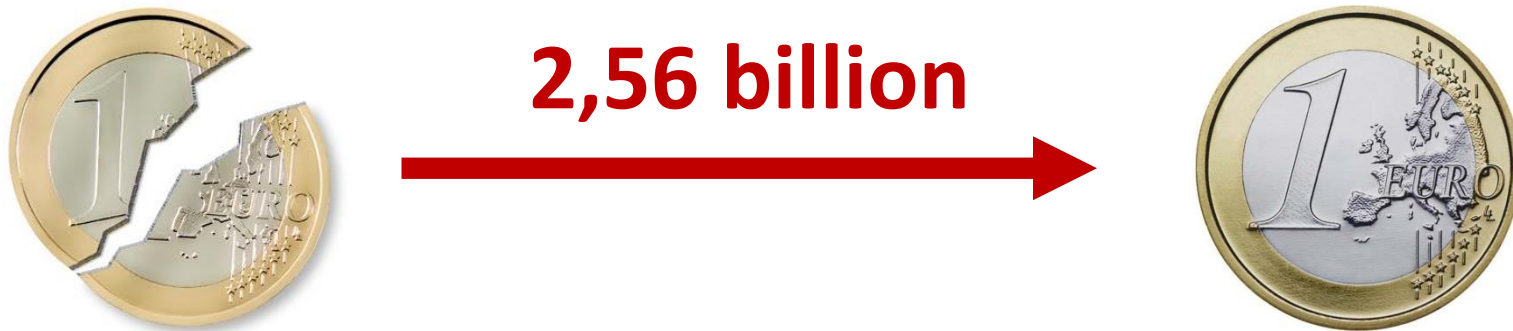
Waste category

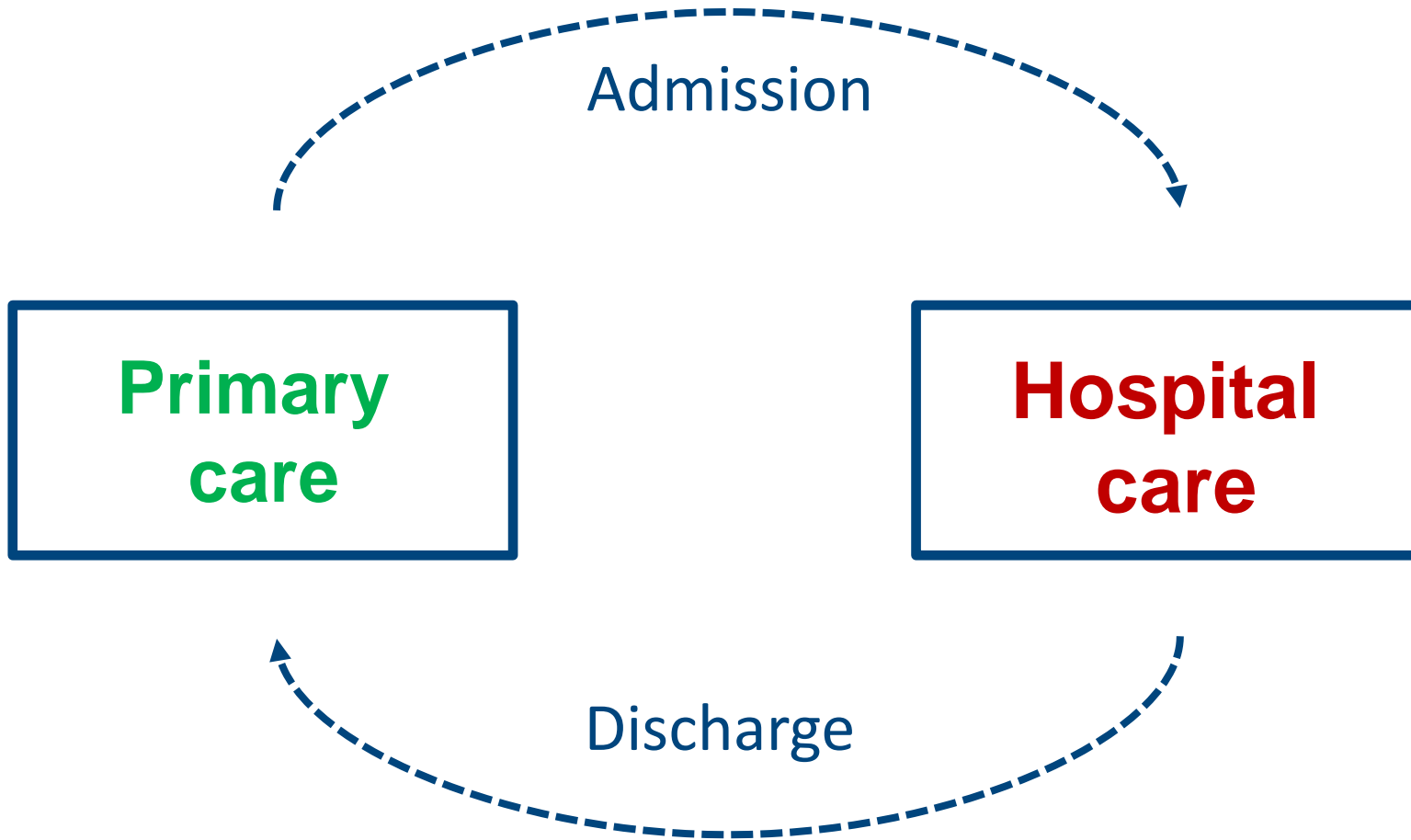
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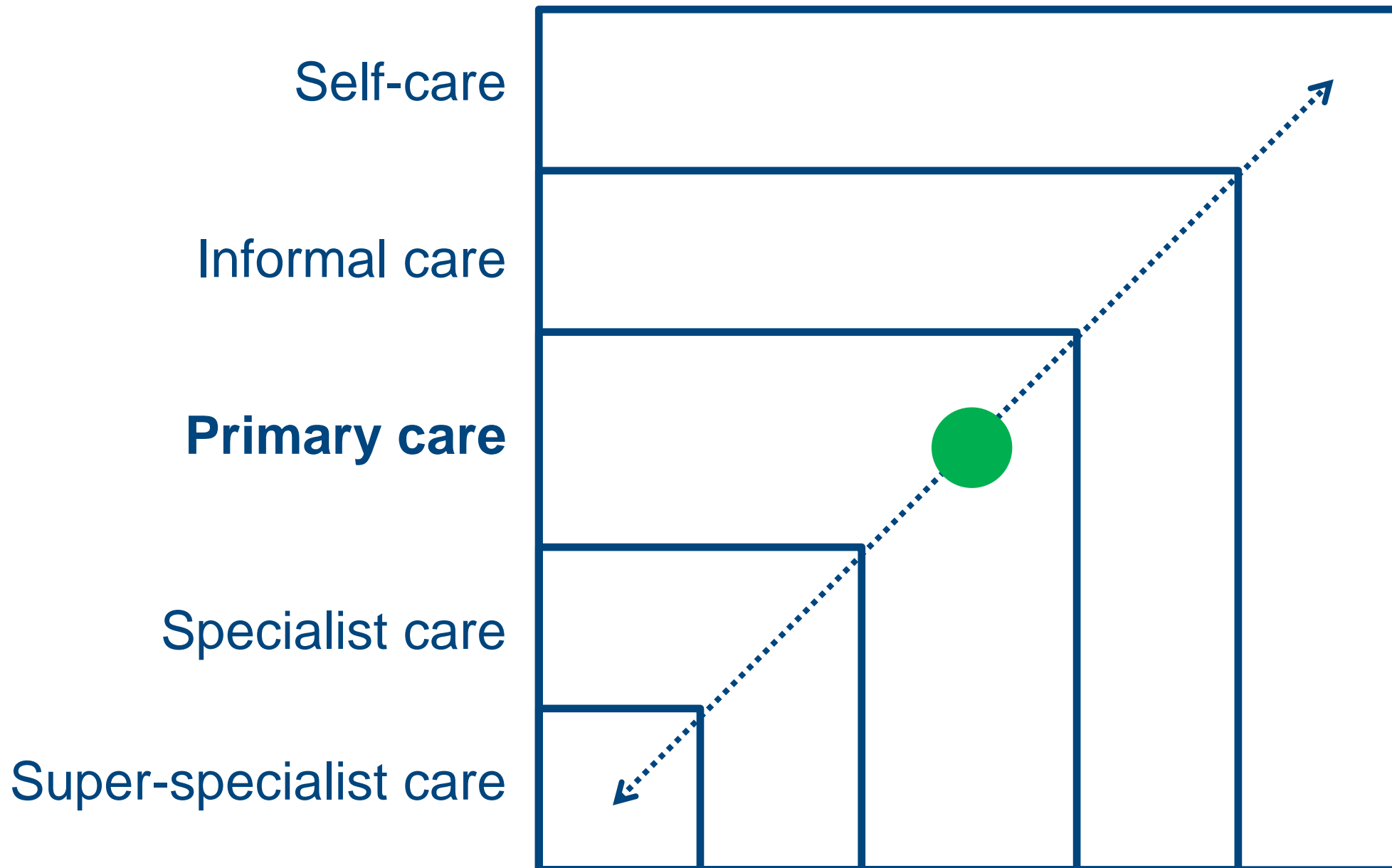


6. Failures of care coordination

- Knowledge translation
- "Right place", according to patient's needs
- Hospital networks, hub & spoke
- Lean management







Breaking down the walls

Hospital



Primary care



Care the patient in the "right place"

HOSPITAL

- Critical area
- Inpatient areas
 - High intensity
 - Medium intensity
 - Low intensity
- Week hospital
- Day care
- Outpatient care



PRIMARY CARE

- Transitional care
- Rehabilitation
- Nursing homes
- Home care
- Hospital at home
- Hospices
- Community services
- General practice

Lean Management

- Over-processing
- Over-production
- Excessive motion
- Material transportation
- Waiting time
- Bad inventory management
- Defective products
- Intellectual waste



Outline

1. Context
2. Disinvestment from waste
- 3. Key message**

Key messages

1. More than 50% of waste in healthcare is due to gaps between research and practice



Key messages

2. Overuse/underuse as well as failures of care coordination can be reduced by improving knowledge translation processes



Key messages

3. Decision makers should disinvest from organizational and management strategies (low value) and re-allocate resources to knowledge translation processes (high value)



Key messages

4. Health professionals should be aware that the sustainability of the NHS is in their hands

