WENNBERG INTERNATIONAL COLLABORATIVE
SPRING POLICY MEETING 2018

Overuse in Cancer care.
A review of European studies

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SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Reggio Emilia
IRCCS Istituto in tecnologie avanzate e modelli assistenziali in oncologia

OECI CLINICAL Cancer Centre

WIC WENNBERG INTERNATIONAL COLLABORATIVE

74 NRP Smarter Health Care National Research Programme

SSPH+ SWISS SCHOOL OF PUBLIC HEALTH

- **Ineffective** interventions
- Interventions known to be **effective** but at high risk of **inappropriate use**
- Interventions known to be **effective**, but for which **better alternatives exist** or that provide a better value

Low Value Care

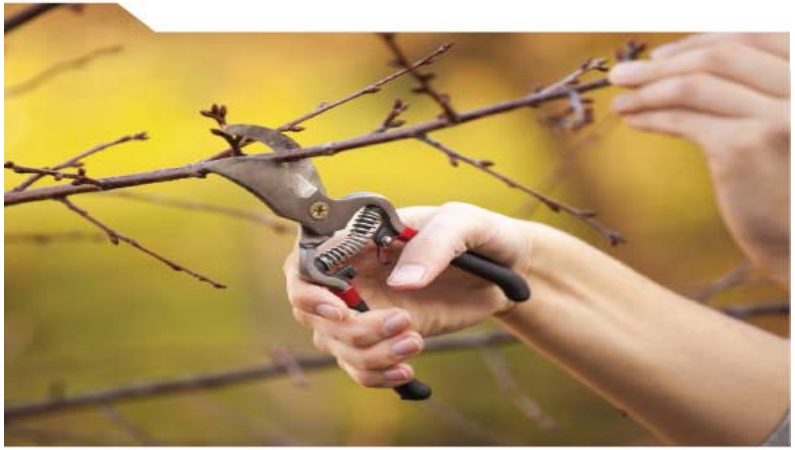
Overuse

- **The provision of health services when their risk outweigh the benefits**

- Which **procedures**/interventions can be deemed “of low value” and “when”?
- How **frequently** are they used in clinical practice ?
- What are the clinical, social, and economic implications ?
- What are the main **drivers** of low value care?

Policy questions

Tackling Wasteful Spending on Health



OECD

ONLINE FIRST

Eliminating Waste in US Health Care

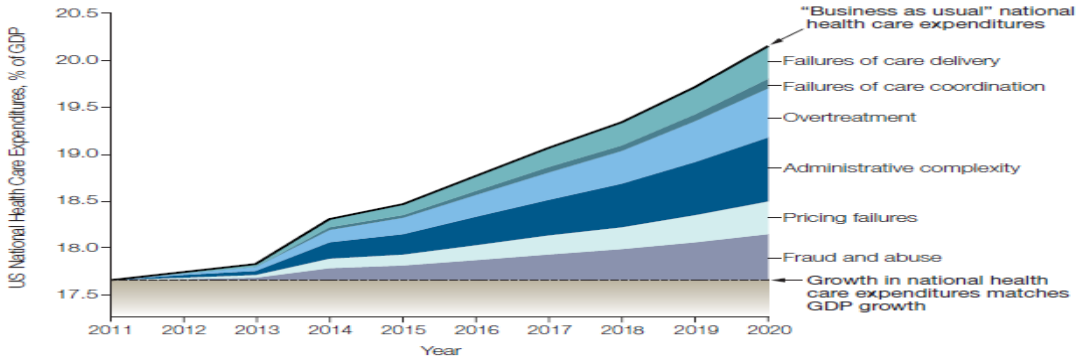
Donald M. Berwick, MD, MPP
Andrew D. Hackbarth, MPhil

NO MATTER HOW POLARIZED politics in the United States have become, nearly everyone agrees that health care costs are unsustainable. At almost 18% of the gross domestic product (GDP) in 2011, headed for 20% by 2020,[1,2] the nation's increasing health care expenditures reduce the resources available for other worthy government programs, erode wages, and undermine the competitiveness of US industry. Although Medicare and Medicaid are often in the limelight, the health care cost problem affects the private sector just as much as the public sector. Both need

The need is urgent to bring US health care costs into a sustainable range for both public and private payers. Commonly, programs to contain costs use cuts, such as reductions in payment levels, benefit structures, and eligibility. A less harmful strategy would reduce waste, not value-added care. The opportunity is immense. In just 6 categories of waste—overtreatment, failures of care coordination, failures in execution of care processes, administrative complexity, pricing failures, and fraud and abuse—the sum of the lowest available estimates exceeds 20% of total health care expenditures. The actual total may be far greater. The savings potentially achievable from systematic, comprehensive, and cooperative pursuit of even a fractional reduction in waste are far higher than from more direct and blunter cuts in care and coverage. The potential economic dislocations, however, are severe and require mitigation through careful transition strategies.

JAMA. 2012;307(14):1513-1516
Published online March 14, 2012. doi:10.1001/jama.2012.362 www.jama.com

Figure. Proposed "Wedges" Model for US Health Care, With Theoretical Spending Reduction Targets for 6 Categories of Waste



Box 1.1. **Country-specific estimates of potential savings from eliminating waste**

- A conservative estimate suggests that waste represents more than 20% of total expenditure in the United States, with an upper bound nearing 50% (Berwick and Hackbarth, 2012).
- An investigation suggested that nearly one-third of total health expenditure in Australia could be deemed wasteful (Swan and Balendra, 2015).
- A study in the Netherlands estimated that 20% of the budget for acute care could be saved by reducing overutilisation and increasing integration of care (Visser et al., 2012).

A scoping review of European studies on patterns of care for cancer patients

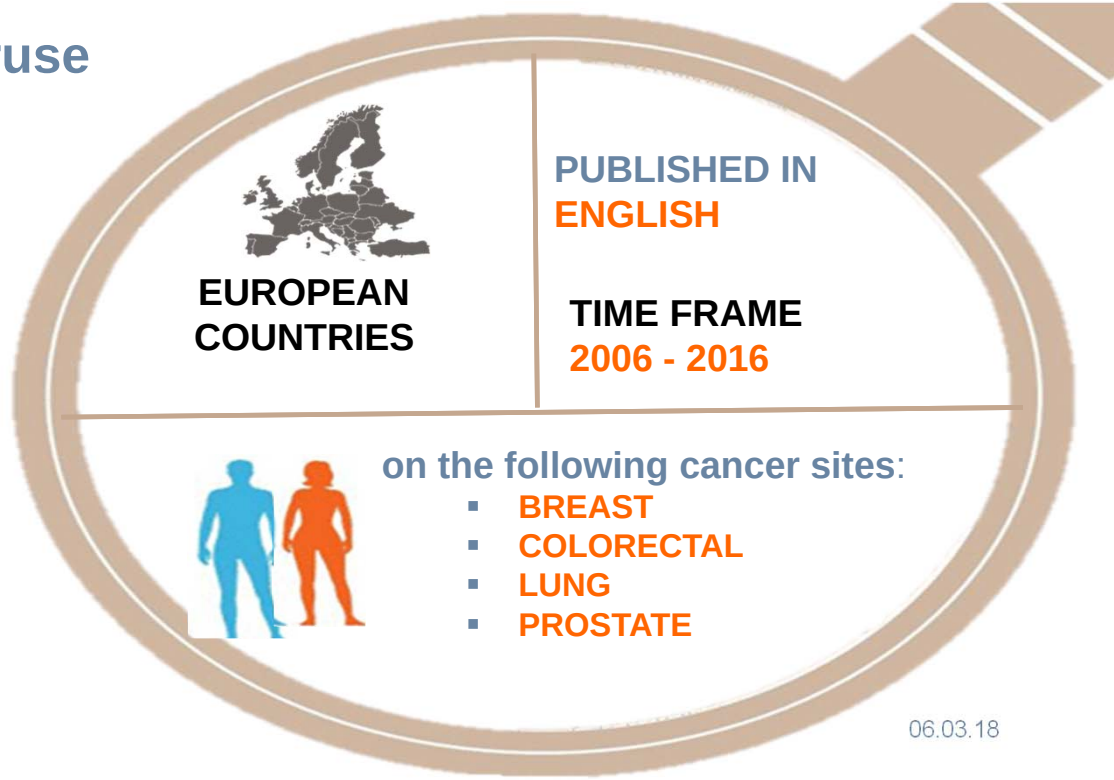
Objectives

to explore to what extent health services research (HSR) on quality of cancer care is well equipped to meet policy makers' informative needs, being:

i) oriented towards the **identification of overuse**
ii) providing estimates of its **prevalence**

Focus on

Studies providing information on the rate of use of diagnostic or therapeutic interventions / procedures, considered if :

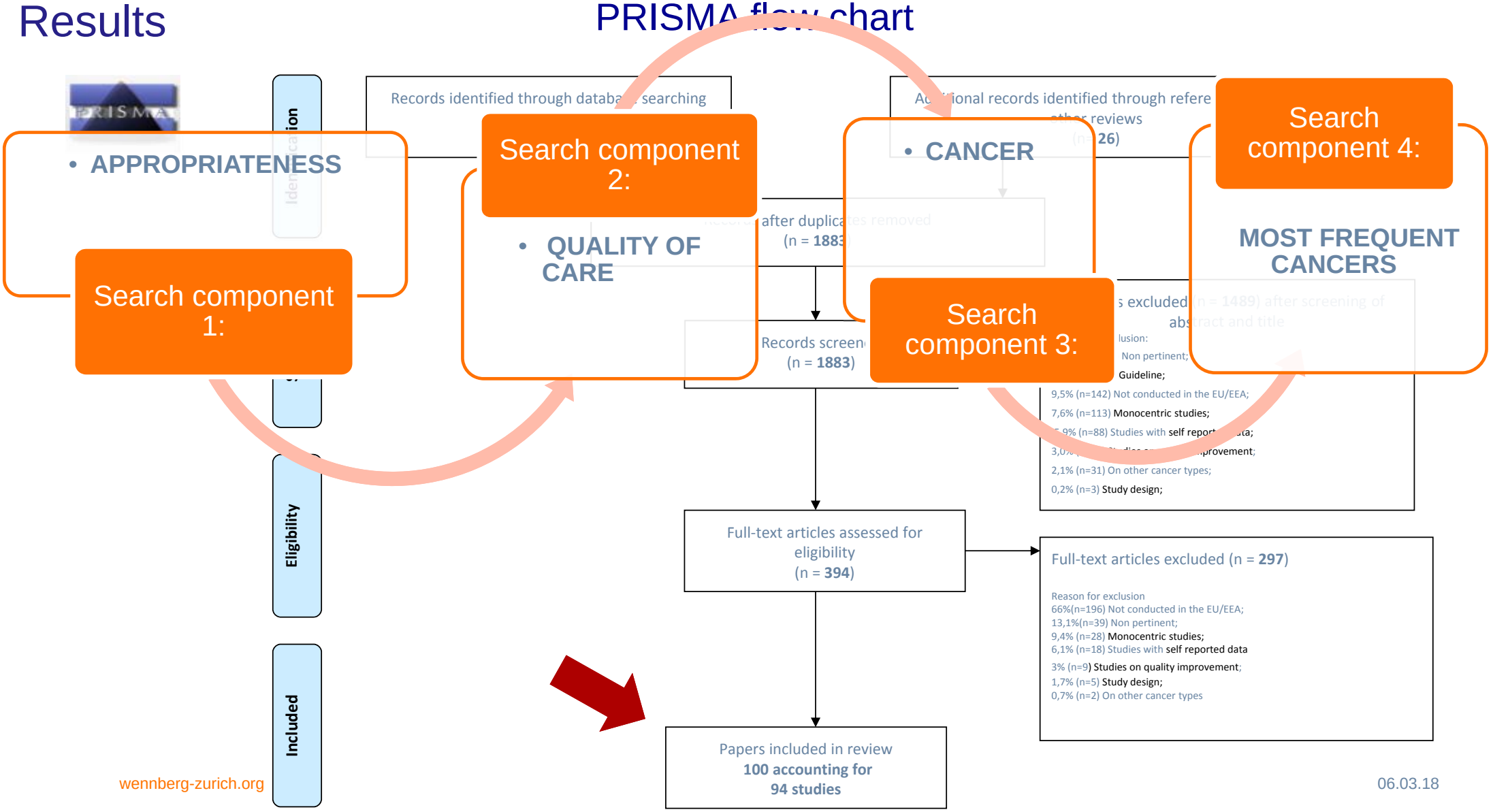


	Procedure delivered			
			Rates	**Questions addressed**
Patient eligible to the procedure	Yes	No		
Yes	A	B	B / A + B	How frequently eligible patient did fail to receive appropriate care ? UNDERUSE
No	C	D	C / C + D	How frequently were not eligible exposed to the procedure ? OVERUSE
Rates	C / A+C	B / B + D		
Question addressed	How frequently the procedure has been delivered to not eligible patients? OVERUSE	How frequently patients not exposed to the procedure should have had it instead ? UNDERUSE		

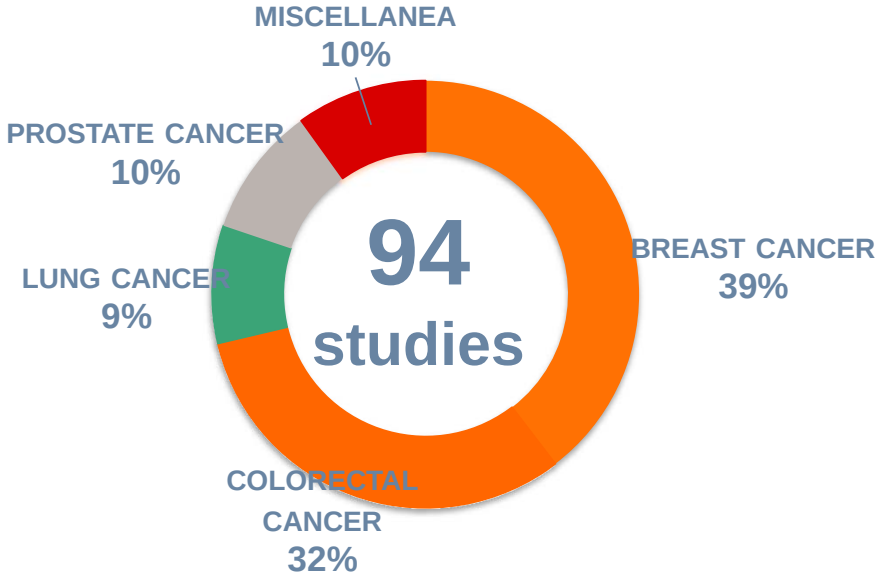
Assessing orientation towards overuse

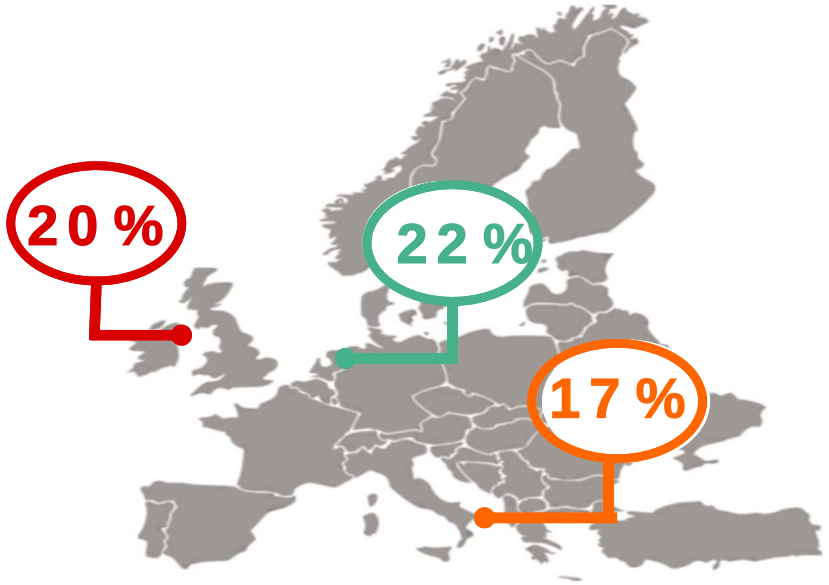
Results

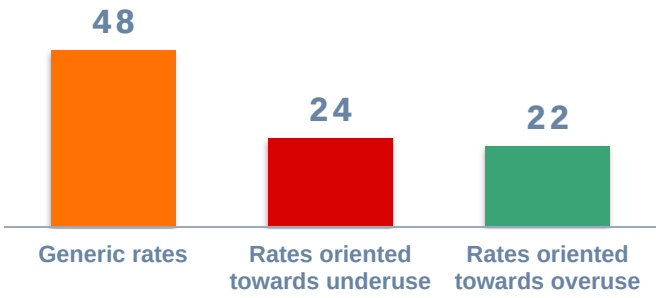
PRISMA flow chart



Results

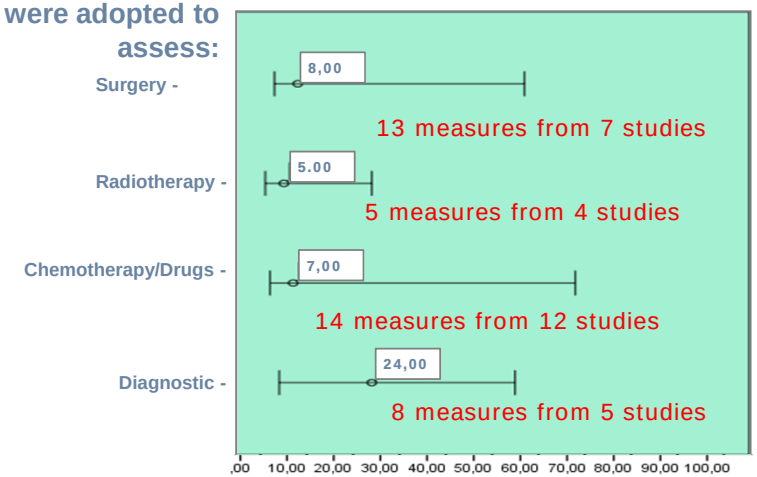






Prevalence of Overuse
(Median and Lowest/Highest values)

measures of overuse were adopted to assess:



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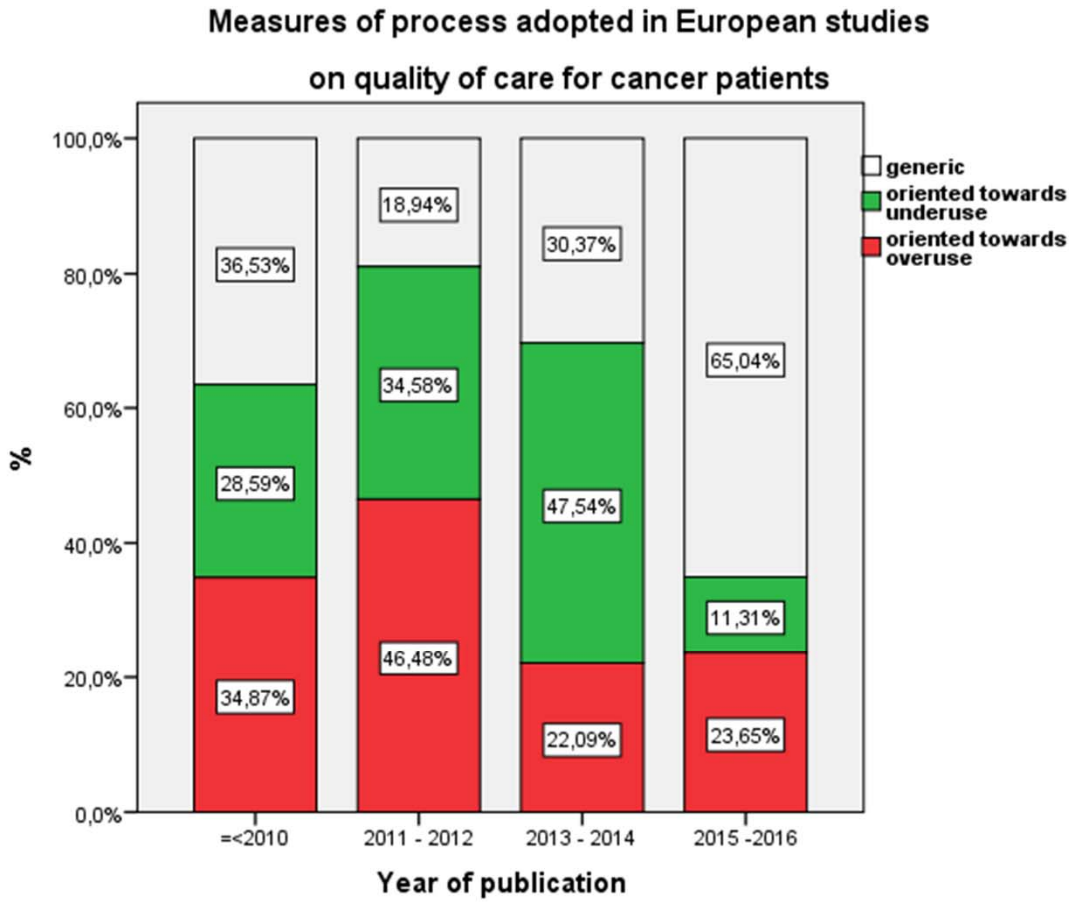
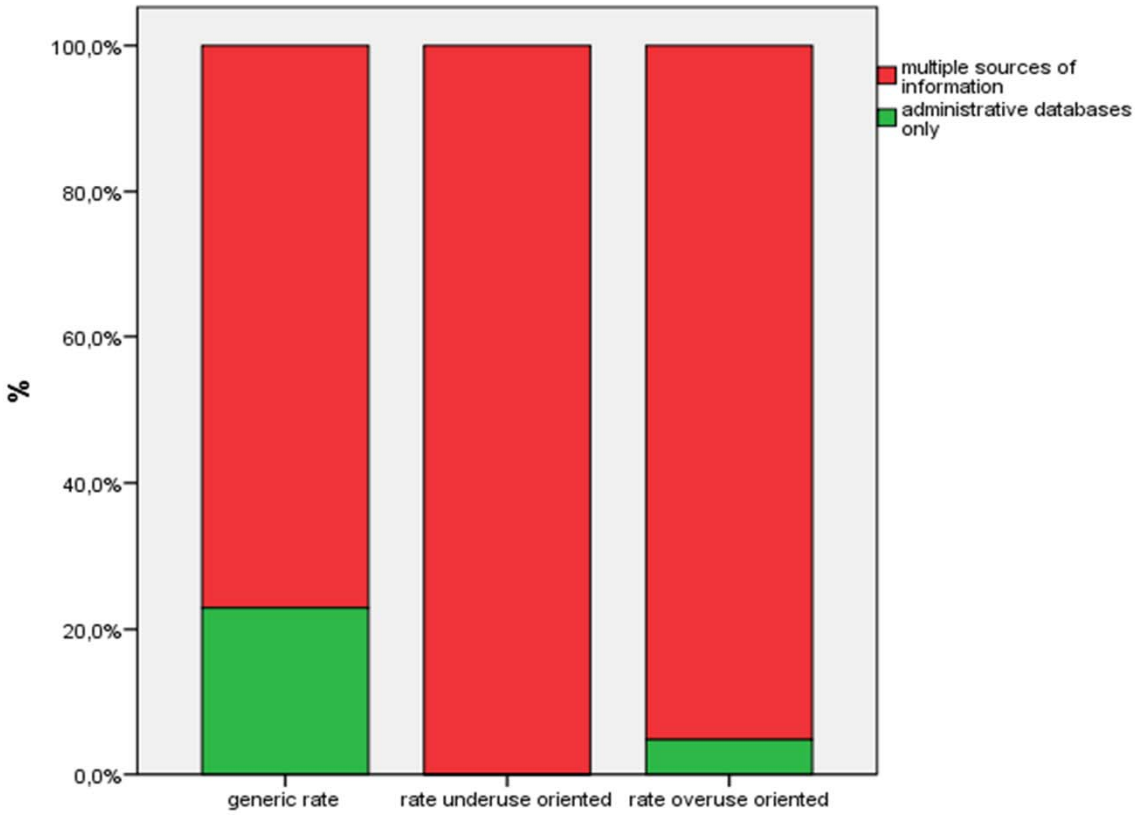
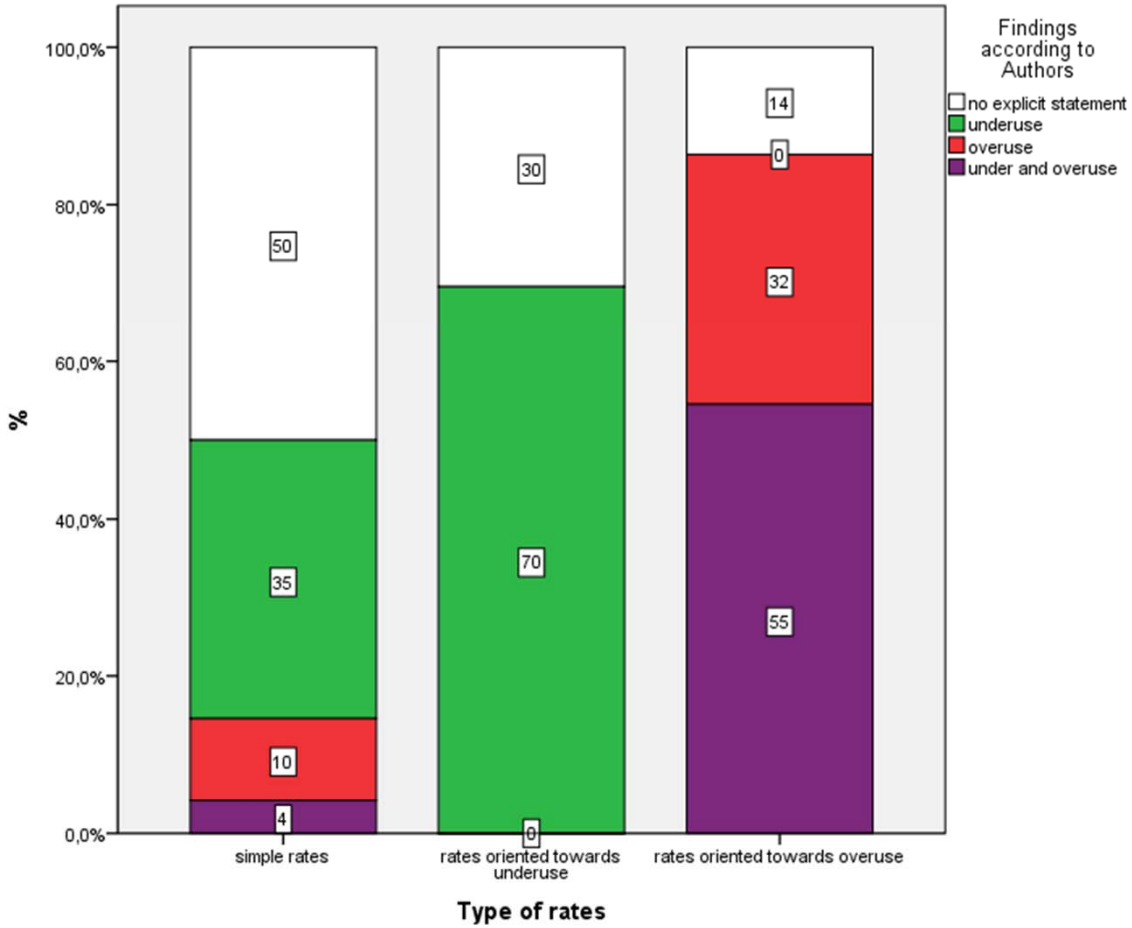
European studies on patterns of care for cancer patients, published in 2006 - 2016



Sources of information in European studies on patterns of care for cancer patients, published in 2006 - 2016



Findings – according to Authors - in European studies on patterns of care for cancer patients, published in 2006 - 2016



Conclusions

only
23 %
studies oriented toward overuse

Despite increased policy attention to the issue, we found few studies estimating rates of overuse according to available standards (i.e. guidelines)

- **Policy makers need reliable information on its prevalence and determinants, in order to develop strategies aimed at reducing or eliminating overuse**
- **Research should be actively promoted and supported: reducing waste in cancer care requires a better evidence base to identify interventions/procedures to target**