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HEALTH CARE VALUE HUB

Welcome to

Can We Be Strategic About Addressing Research Gaps?

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Welcome and Introduction

Lynn Quincy

Director, Healthcare Value Hub

Housekeeping

- **Thank you for joining us today**
- **All lines are muted until Q&A**
- **Technical problems? Please text/call Tad Lee at 703-408-3204 or our office at 202-462-6262. Or use the Chat function in the webinar.**

Agenda for Today

Welcome & Introduction

– Lynn Quincy (Consumers Union, Healthcare Value Hub)

The Research Gaps Report: What We Learned

– Lynn Quincy

Social Determinants and Non-medical Factors

– Stuart Butler, Ph.D. (The Brookings Institution)

How Funders Can Use Conceptual Models to Get a Better ROI on Their Research Portfolios

– R. Adams Dudley, M.D., M.B.A. (University of California, San Francisco)

Question and Answer

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Addressing Research Gaps

Lynn Quincy
Director, The Healthcare Value Hub

@LynnQuincy

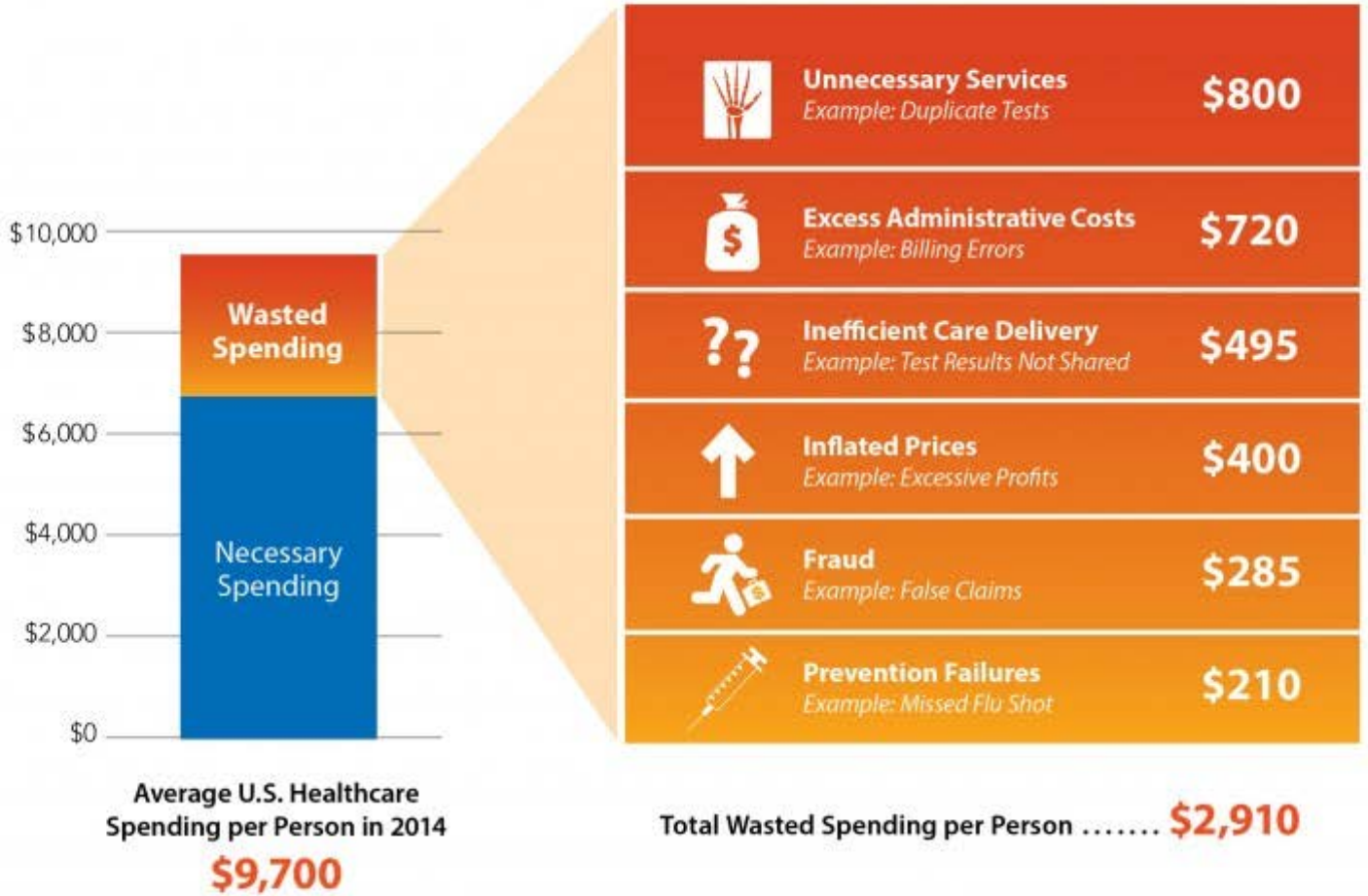
June 17, 2016

We have a healthcare value problem:

- High and rising healthcare prices
- Unwarranted variation in healthcare prices
- Unacceptable variation in healthcare quality
- Too little transparency

Approximately 1 in 3 Health Care Dollars is Waste

Can We Afford This?



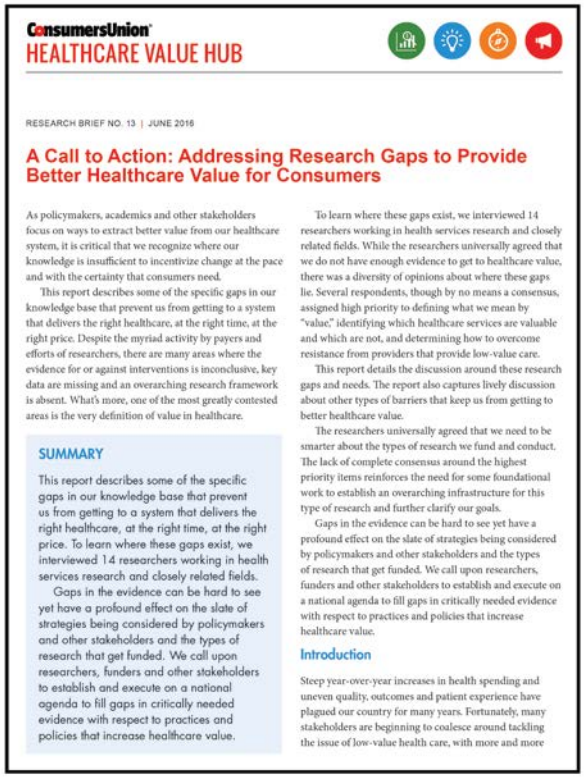
Average U.S. Healthcare Spending per Person in 2014

$9,700

Total Wasted Spending per Person $2,910

We've been tackling this problem for decades

Could gaps in our evidence base be a critical barrier to solving this problem?



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RESEARCH BRIEF NO. 13 | JUNE 2016

A Call to Action: Addressing Research Gaps to Provide Better Healthcare Value for Consumers

As policymakers, academics and other stakeholders focus on ways to extract better value from our healthcare system, it is critical that we recognize where our knowledge is insufficient to incentivize change at the pace and with the certainty that consumers need.

This report describes some of the specific gaps in our knowledge base that prevent us from getting to a system that delivers the right healthcare, at the right time, at the right price. Despite the myriad activity by payers and efforts of researchers, there are many areas where the evidence for or against interventions is inconclusive, key data are missing and an overarching research framework is absent. What's more, one of the most greatly contested areas is the very definition of value in healthcare.

SUMMARY

This report describes some of the specific gaps in our knowledge base that prevent us from getting to a system that delivers the right healthcare, at the right time, at the right price. To learn where these gaps exist, we interviewed 14 researchers working in health services research and closely related fields.

Gaps in the evidence can be hard to see yet have a profound effect on the slate of strategies being considered by policymakers and other stakeholders and the types of research that get funded. We call upon researchers, funders and other stakeholders to establish and execute on a national agenda to fill gaps in critically needed evidence with respect to practices and policies that increase healthcare value.

To learn where these gaps exist, we interviewed 14 researchers working in health services research and closely related fields. While the researchers universally agreed that we do not have enough evidence to get to healthcare value, there was a diversity of opinions about where these gaps lie. Several respondents, though by no means a consensus, assigned high priority to defining what we mean by "value," identifying which healthcare services are valuable and which are not, and determining how to overcome resistance from providers that provide low-value care.

This report details the discussion around these research gaps and needs. The report also captures lively discussion about other types of barriers that keep us from getting to better healthcare value.

The researchers universally agreed that we need to be smarter about the types of research we fund and conduct. The lack of complete consensus around the highest priority items reinforces the need for some foundational work to establish an overarching infrastructure for this type of research and further clarify our goals.

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Introduction

Steep year-over-year increases in health spending and uneven quality, outcomes and patient experience have plagued our country for many years. Fortunately, many stakeholders are beginning to coalesce around tackling the issue of low-value health care, with more and more

The Healthcare Value Hub interviewed 14 researchers to find out

Why is understanding gaps in our knowledge base important?

- **Recognizing gaps allows us to form a more complete picture of the healthcare value problem we are trying to address.**

- **Taking a comprehensive look at gaps allows us to better prioritize our spending on research and possibly increase where needed.**

Important problems are not necessarily the same as a gap in the research

FINDINGS: There was consensus about…

- **Gaps in our knowledge base are one of the factors preventing us from getting to better healthcare value for consumers.**
- **But other gaps play a role as well (political will, etc)**
- **Support for improved research infrastructure to prioritize how these gaps get addressed**

But NO consensus around:

- **The highest priority evidence gaps**
- **Exact form of the “improved research infrastructure” and key next steps**

Is a consensus definition of “healthcare value” an important gap?

- **Consensus we are not yet speaking the same language.**
- **Disagreement over whether this is a problem**
- **Disagreement about whether new research could help solve the problem**

A majority listed some variation of the following as a priority gap:

- **Identifying what we mean by value ;**
- **identifying which health care services are valuable;**
- **and how to overcome resistance from those that provide low value care.**

Other high priorities:

- What works on a community basis; how non-medical interventions influence health care in the long term.
- Higher quality care to vulnerable populations
- Women's reproductive health; peri-natal outcomes; care of newborns in the NICU
- Integrate behavioral and acute in primary care practices
- The imprint of medical training on future practice patterns.
- Medicare Advantage understudied
- What determines the prices hospitals, docs and others charge?
- Feasible public policies to take on the issue of provider market power
- Helping patient s better understand their health insurance choices
- How to do Value-based Insurance Design

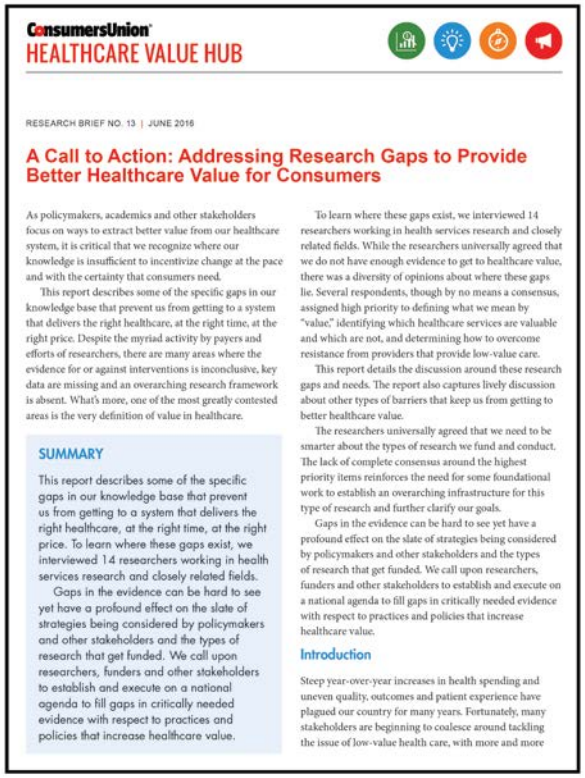
Thinking about research infrastructure: there's a trade-off

- **Poor research designs are part of the reason we still don't know if many interventions work and if so, under what circumstances.**

- **But RCT (gold standard) expensive and time consuming – is it better to try lots of stuff early on and have a lower standard for evaluating it?**

BOTTOM LINE:

- **Insufficient attention to identifying the most important research gaps.**
- **Needed: a forum for a national conversation about these gaps – all stakeholders**



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Resources

- **Research Brief**
- **Links to key studies, curated news**
- **Webinar Slides/Recording**
- **Our survey asking what the most important gaps are in your view.**

All available at:

healthcarevaluehub.org

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Social Determinants and Non-medical Factors

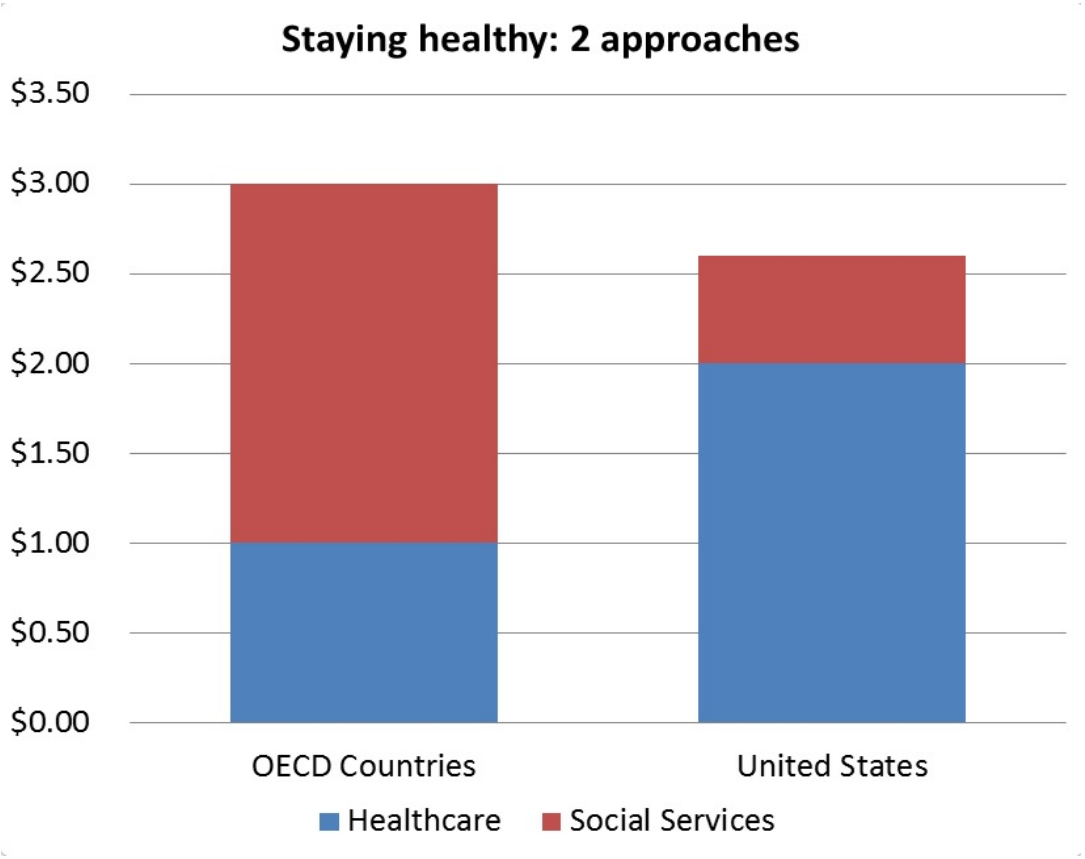
Stuart M. Butler, PhD.

Senior Fellow,
The Brookings Institution

Two ways of thinking about gaps in research

- **Vertically – where we need more intensive analysis in an area**
- **Horizontally – where we need research to understand how things connect**

Example: Thinking horizontally about social determinants/upstream factors



Gaps in Understanding Non-Medical Influencers of Health

Data Issues Across Sectors

- **Hard to track people across sectors and time**
- **Privacy issues – Welcome to FERPA**
- **Data gaps in social service partnerships**
  - Emphasize services, not data
  - Hard to measure ROI – “wrong pocket problem”
  - RCTs may be hazardous to your health
- **Layering data to help our understanding**
  - VA Tech Biocomplexity Institute

Gaps in Understanding Non-Medical Influencers of Health

The "right brain challenge" – how people make choices

- **What is "quality"? – over medicalization v. happiness**
- **Does transparency really work? JAMA May 3rd**
- **Behavioral Economics: Choice architecture and nudges**
- **Understanding trusted intermediaries: friends and spotters**

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How Funders Can Use Conceptual Models to Get a Better ROI on Their Research Portfolios

R. Adams Dudley, MD, MBA

Director,
UCSF Center for Healthcare Value

Support: Agency for Healthcare Research and Quality, Commonwealth Fund

Outline

- **(Brief) description of a conceptual model of how financial incentives such as pay-for-performance might improve hospital quality AS AN EXAMPLE of how conceptual models can guide research funding**

- **Describe how funders might use a conceptual model like this one to organize their research portfolio**

Conceptual Considerations: Characteristics of the Incentive

Characteristics of the incentive are likely to influence hospitals' responses. Some are obvious, such as:

- the magnitude of a financial incentive

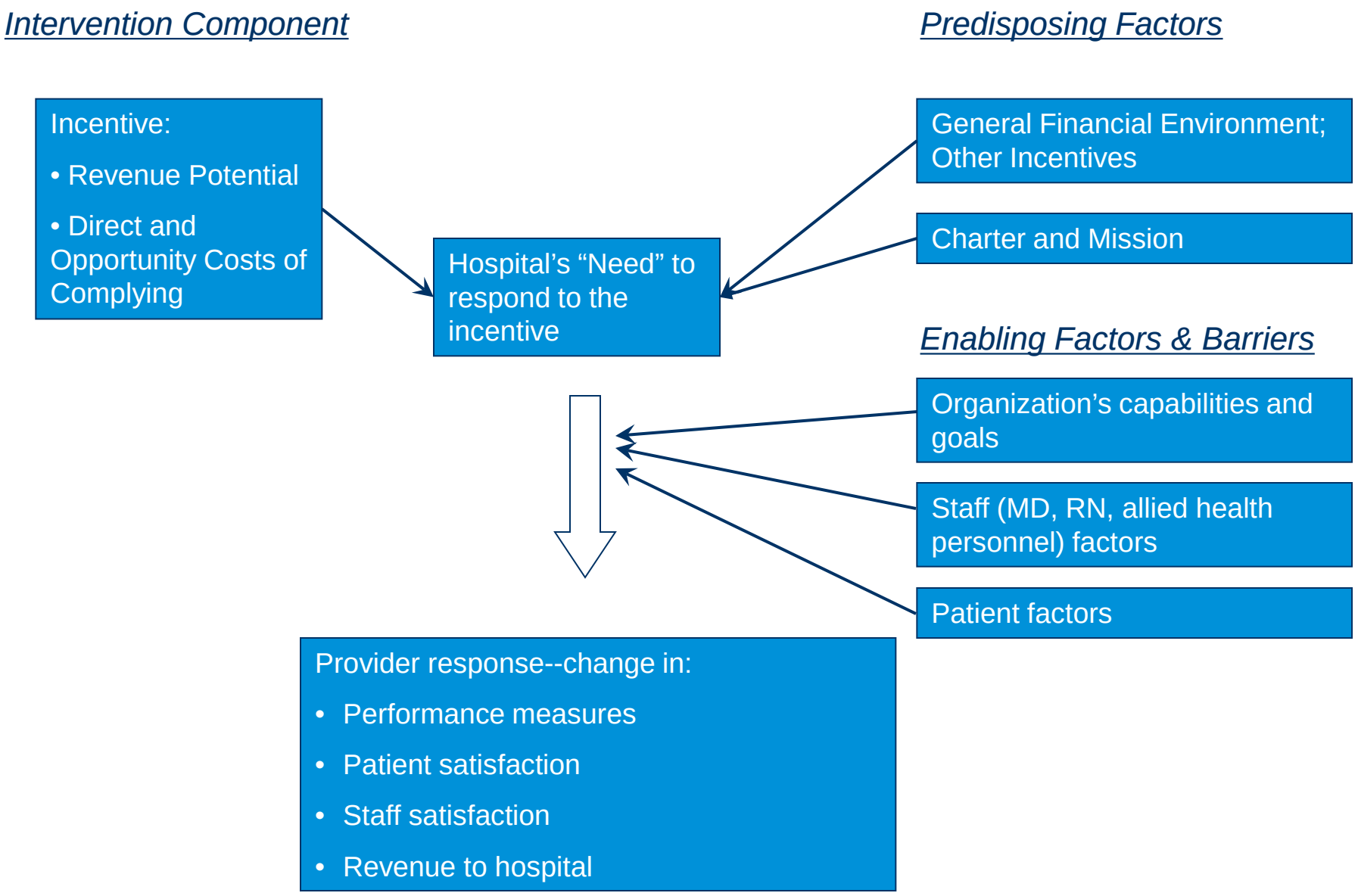
Conceptual Considerations: Factors External to the Incentive

- **There may also be factors external to the incentive that influence providers' responses**
  - Some may predispose a provider to respond (or not), such as:
    - Mission: a heart hospital may be more willing to invest resources to improve heart failure care than a general hospital or a cancer hospital

Conceptual Considerations: Factors External to the Incentive

- There may also be factors external to the incentive that influence providers' responses
  - Some may <u>enable</u> or facilitate a provider's response (or prevent response), e.g.:
    - Having a better electronic health record
    - Patient factors (e.g., having more educated patients who can take responsibility for some of their care)

Model of Hospital's Response to Incentives



What Might Happen If We Fund Research without Reference to Conceptual Models?

- **Incomplete reporting of key variables:**
  - It worked there, but will it work here?
- **Studies that never have a chance of being useful**
  - Study of small incentives to boost screening for colon cancer in a capitated system
- **Research clots (too many studies addressing one part of the model) and gaps (too few in another)**

What Might Happen If We Fund Research without Reference to Conceptual Models?

- **Example: The impact of bonuses for cancer screening in capitated groups (Am J Public Health; 1998; 88:1699)**
  - Small bonus
  - No report of the cost of complying with screening (or who bore the costs—likely the medical group)
  - No report of cost of working up positive screening tests. Thus, a negative result provided little information for the future
  - *What would a conceptual model have added?*: Recognition of the importance of direct costs of compliance might have led to a different study design

Increasing the ROI on Research: Sequential Hypothesis Testing

Start where a positive result is *most likely*

- e.g.,
  - A large bonus for immunizations

    • This gives revenues that are clearly greater than costs to perform an easy task

- In this setting, a positive result cannot be generalized to other situations, since we "stacked the deck"

- However, a *negative* result is very powerful and suggests something is fundamentally wrong with the approach

Increasing the ROI on Research: Sequential Hypothesis Testing

- **If initial results are positive, modify one or only a few of the variables and test again**

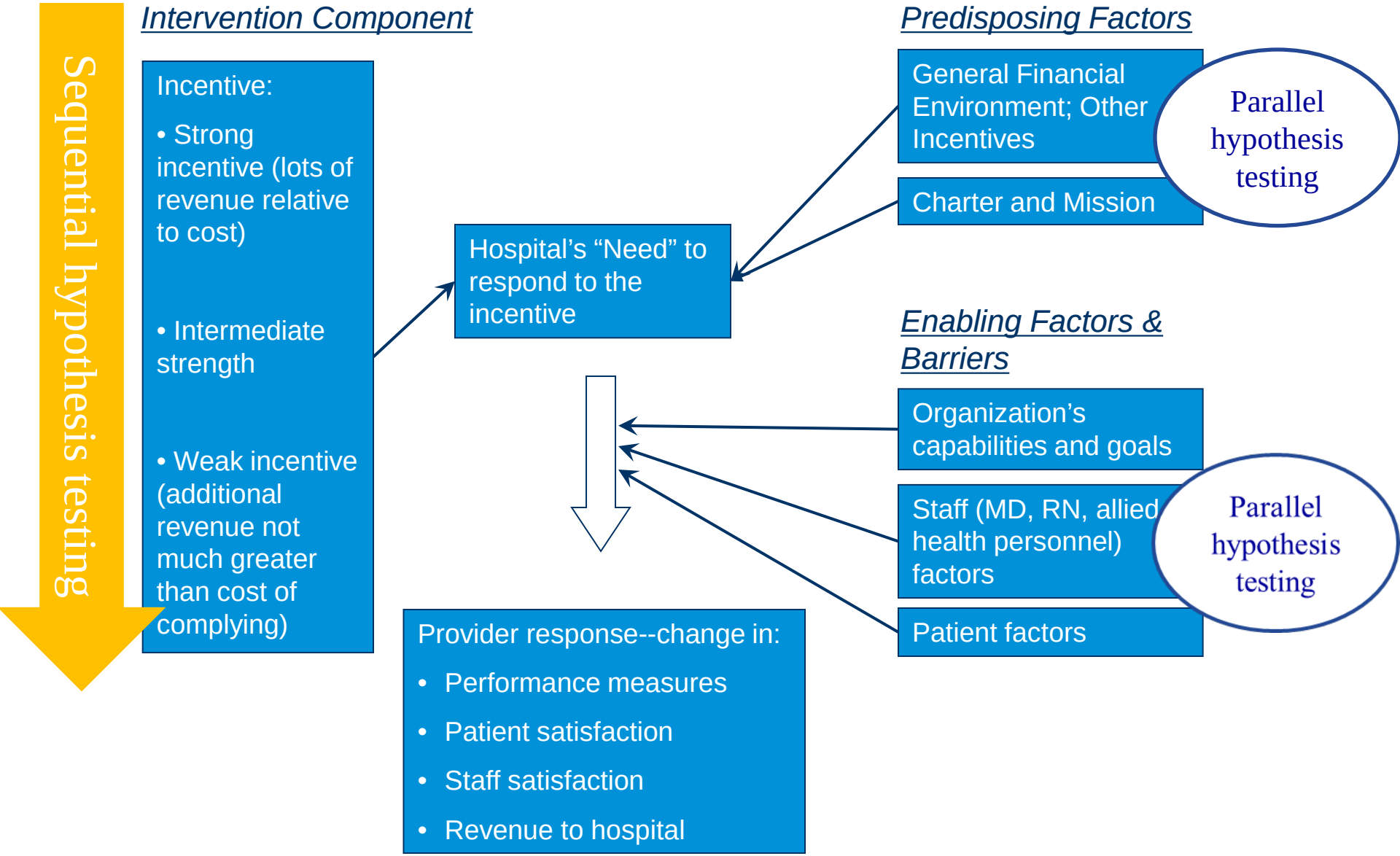
  - e.g.,
    - A smaller bonus to do the same thing, OR
    - A similar sized bonus to do something harder (e.g., control diabetes)

  - This increases generalizability and, in the event of negative results, isolates the cause

Increasing the ROI on Research: Parallel Hypothesis Testing

- **While the primary focus is incentives, the conceptual model suggests many other factors may influence the response**
  - Predisposing factors
  - Enabling factors (or the converse, barriers)
- **The impact of these factors could be tested in parallel to studies of incentive strength**
  - Factorial designs in a single study, or
  - Across a funder's portfolio of studies

Model of Hospital's Response to Incentives



Increasing the ROI on Research: Funders and Conceptual Model Wikis

- **Funders could host wikis with conceptual models in their areas of interest**
  - Researchers could update the models or propose competing ones
- **Researchers would then propose studies with reference to how they improved our understanding of the model**
  - Prevent “clots”, fill gaps

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The Audience Weighs In….

A quick poll to see where you stand on research gaps.

Questions for the panelists?

Click the “raise hand” icon at the top of your screen

To unmute, press *6

Please do not put us on hold!

Thank you!

Stuart Butler
Adams Dudley
Robert Wood Johnson Foundation

Contact Lynn Quincy at lquincy@consumer.org
with your follow-up questions.

Visit us at *HealthCareValueHub.org and ConsumersUnion.org*