



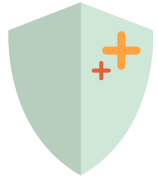
RESEARCH CONSORTIUM  
*for Health Care Value Assessment*

# No Value Care Framework

Defining and Identifying No Value Care

@ValueConsortium

<https://www.hcvalueassessment.org>



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# Introduction to Research Consortium for Health Care Value Assessment

- Established/Awarded January 2018.
- Co-Directors:
  - George Miller, PhD – Altarum
  - Mark Fendrick, MD – VBID Health
- Consortium Manager:
  - Beth Beaudin-Seiler, PhD - Altarum

*The Consortium aims to promote value in health care delivery by taking a holistic perspective in **tackling the greatest contributors of inefficiency and supporting efforts to redirect resources towards high quality, high value care.***

# Research Consortium Impact

## Research on Value

- *Website – Going through its second major update*
- *10 Concept Papers*
- *6 Research Briefs*
- *11 Newsletters*
- *500+ Colleagues in Value*
- *26 Presentations*

## Initiatives and Resources

- *Low-Value Care Visualizer*
  - *Released March 2020*
- *Grant Center Initiative*
  - *8 Blogs on “Higher Health Care Value Post COVID-19”*
  - *10 Blogs on “Enhancing Value by Evaluating Health Care Services”*
- ***Broader Value Initiative***
- ***Operationalizing No-Value Care***

# Why Do We Need A Low-Value Care Definition?



**Have been talking about low-value care  
for a decade**

Choosing Wisely

Milliman Waste Calculator

USPSTF

Academics and Other Scholars

# What's the difference between low-value and no-value?



## **Low Value Isn't Always No Value, or Even Low Value**

Exceptions and exclusions can make it difficult for decisionmakers to operationalize a policy regarding Low Value Care

- Very few examples (Insurers not paying for blanket Vitamin D testing)

# No-Value Care Definition



1. Rigorous evidence demonstrates no clinical benefit when used in specific clinical circumstances by defined patient populations.
2. No or low patient demand (i.e., patient preference to overcome clinician reluctance to use a no-value service)
3. No or low variability in net clinical benefits based on patient characteristics when used in a specific clinical scenario



[Research Consortium Research Brief No. 6 -  
No Value Care.pdf \(hcvalueassessment.org\)](https://www.hcvalueassessment.org/research-consortium-research-brief-no-6-no-value-care.pdf)



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# Sources of Initial Services



- Commonly cited [Choosing Wisely Services](#): Over the past decade, many authors have published findings on several Choosing Wisely services.
- [U.S. Preventive Services Task Force](#): The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services.
- [Cost-Effectiveness Analysis Registry](#): Health-related CEAs estimate the resources used (costs) and the health benefits achieved (effects) for an intervention compared to an alternate treatment strategy.

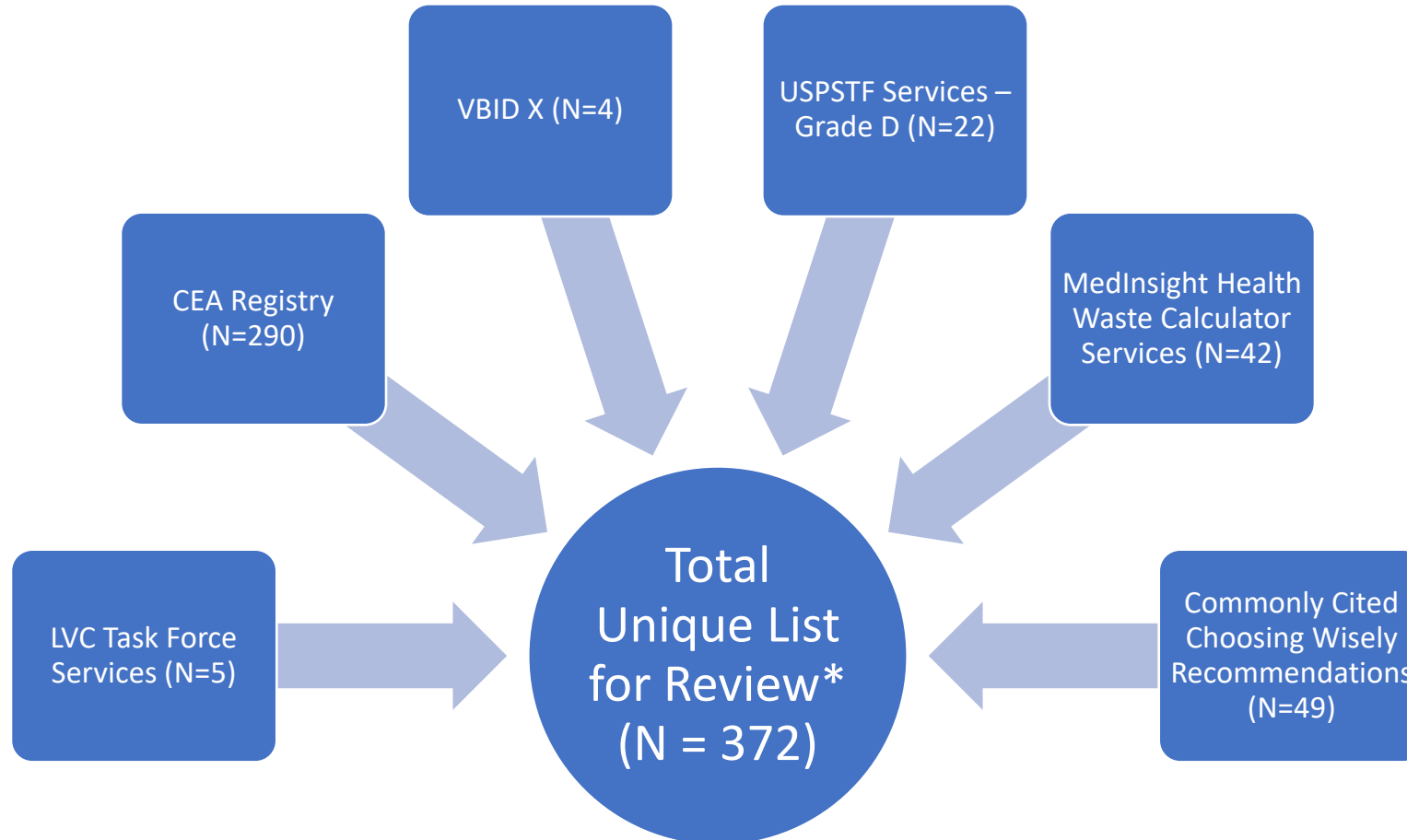
# Sources of Initial Services, Continued



- [Low-Value Care Task Force from VBID Health](#): The Task Force aims to accelerate concerted action to reduce low-value medical care and thereby reduce pressure on payers and consumers.
- [V-BID X – University of Michigan VBID Center](#): The aim of the V-BID X project is to design a feasible VBID plan that could be adapted for individual markets and demonstrate the tradeoffs in building a V-BID plan.
- [MedInsight Health Waste Calculator](#): This software helps identify wasteful services as defined by initiatives such as Choosing Wisely and the U.S. Preventive Services Task Force using algorithms to analyze claims, billing, or electronic medical records data.

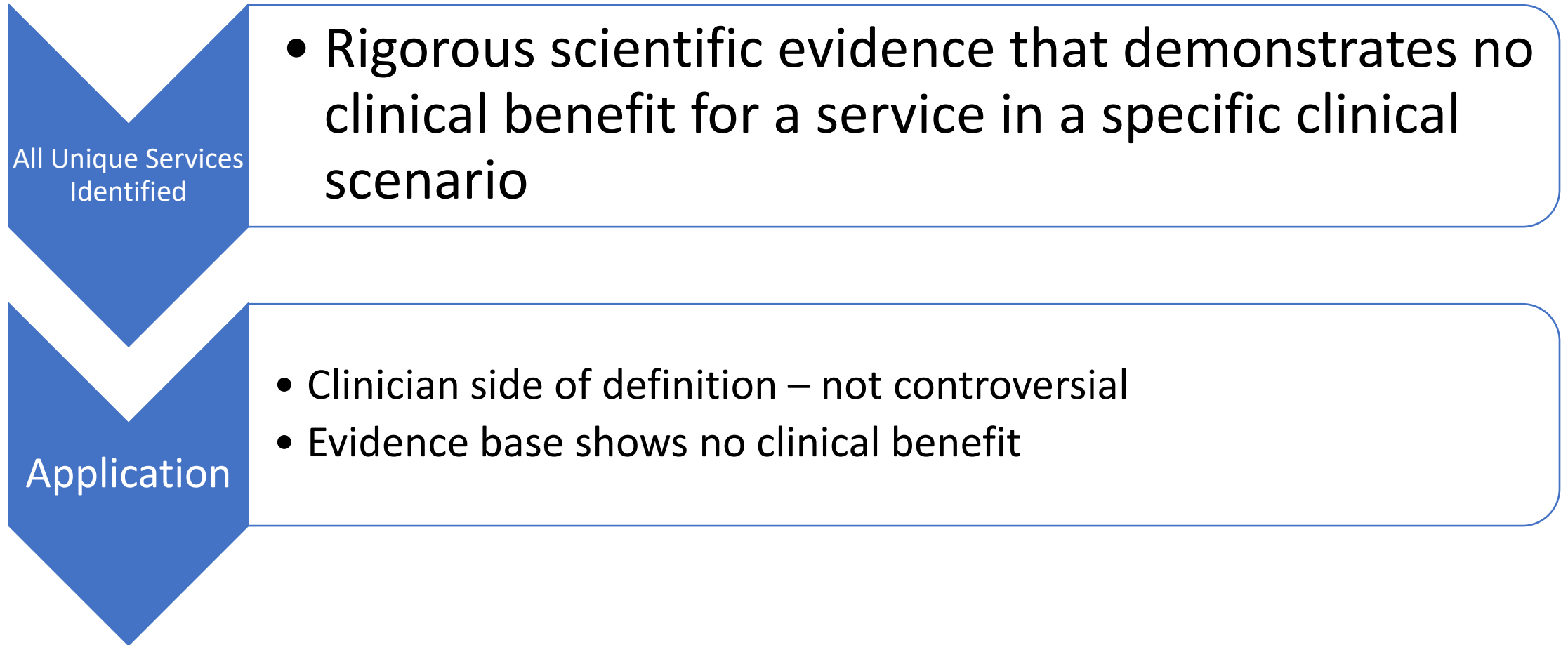


# Initial List of Services



\*Some services appear on more than one list

# Use of No-Value Care Definition: Filter 1



# Use of No-Value Care Definition: Filter 2



## Filter 2

- Services that have no/low patient demand

## Application

- Patient side of definition – not controversial
- Demand-side lens of patient preferences, meaning services are not being demanded by patients

# Use of No-Value Care Definition: Filter 3



Filter 3

- Services that almost always have no value in a specific clinical scenario

Application

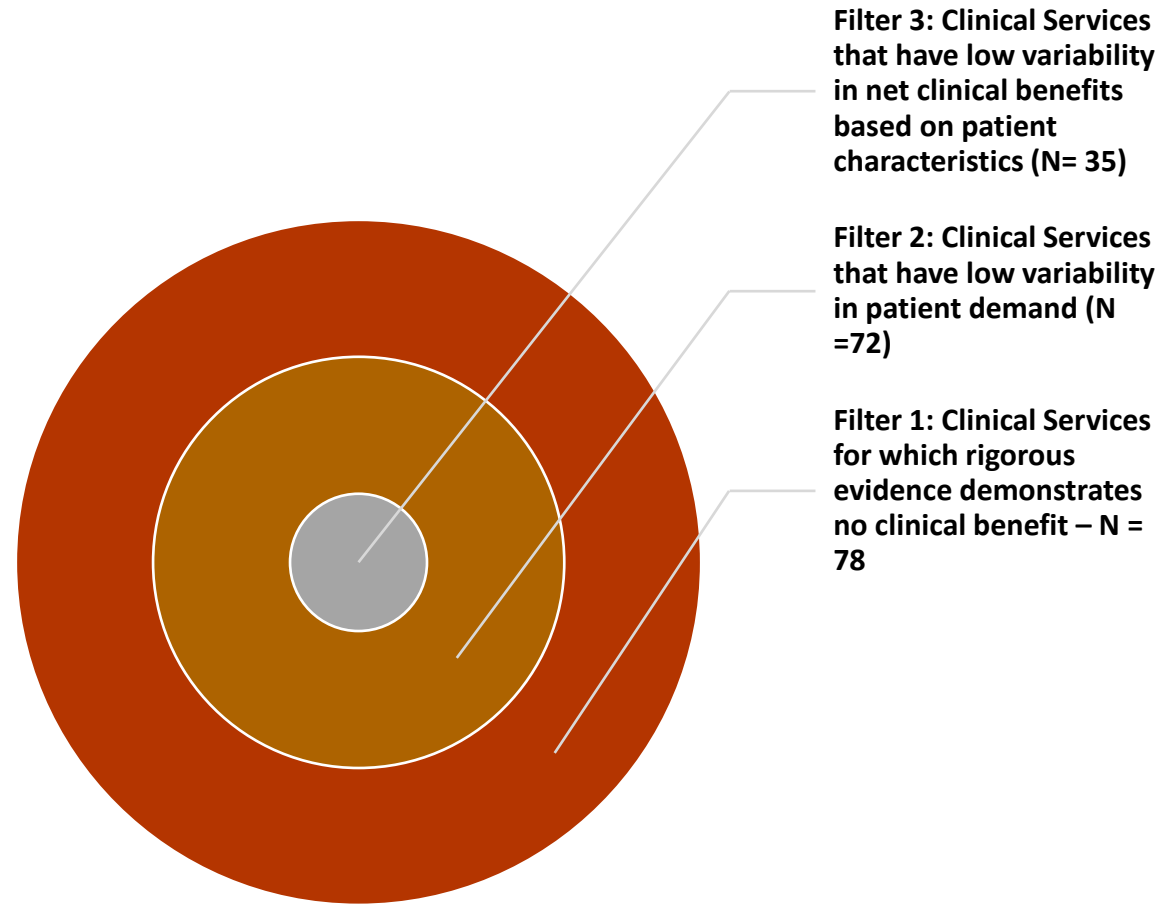
- Clinical nuance – little to none

# Scoring Process



- Initial scoring of a subset of the identified services
- Using 1 = Yes and 0 = No – each element of the No-Value Care definition was scored
- For a service to be deemed potentially No-Value it must have a total score of 3 (i.e., meet all 3 criteria)

# Initial Review Results

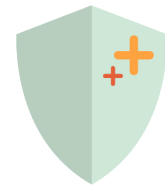


# What's next for No-Value Care



- Further work to socialize the concept of No-Value Care
- Further research to determine unintended consequences
- Operationalize the definition with additional services
- Develop a more robust process for filtering services into the No-Value Care category
- Quantify the cost savings for more services with more recent data

Thank you!



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