Methods of disinvestment in health care?

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Eight methods

Explicit methods

- HTA guidelines
- Medicine optimisation programmes
- Low-value lists
- PBMA

Implicit methods

- Guideline review
- Service redesign
- Benchmarking and clinical audit
- Commissioning
Specific guidelines on how to do disinvestment or tools to assist:

- Spain – GuNFT/Pritec (Mayer, 2015)
- New Zealand – National Health Committee (Harris, SHARE 10, 2017)
- Brazil - CONITEC
1. HTA guideline

The Assessment for Disinvestment of Intramuscular Interferon Beta for Relapsing-Remitting Multiple Sclerosis in Brazil

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Abstract In Brazil, inclusion and exclusion of health technologies within the Unified Health System (SUS) is the responsibility of the National Committee for Health Technology Incorporation (CONITEC). A recent Cochrane systematic review demonstrated that intramuscular interferon beta 1a (IFN-β-1a-IM) was inferior to the other beta interferons (IFN-βs) for multiple sclerosis (MS). As a result, CONITEC commissioned an analysis to review possible disinvestment within SUS. The objective of this paper is to describe the disinvestment process for IFN-β-1a-IM in Brazil. The first assessment comprised a literature review and mixed treatment comparison meta-analysis. The outcome of interest was the proportion of relapse-free patients in 2 years. This analysis confirmed the inferiority of IFN-β-1a-IM. Following this, CONITEC recommended disinvestment, with the decision sent for public consultation. More than 3000 contributions were made on CONITEC’s webpage, most of them against the preliminary decision. As a result, CONITEC commissioned a study to assess the effectiveness of IFN-β-1a-IM among Brazilian patients in routine clinical care. The second assessment
Pharmaceutical Benefits Advisory Committee – Australian version of NICE/SMC (Mayer, 2015)

Disinvestment? (Haas, 2012)
- Withdrawal of unsafe medicines
- Replacement by manufacturers
- Drugs falling into misuse

- More recently – generics and biologic/biosimilar replacements
3. Low-value lists

NICE Do not Do prompts

Choosing Wisely
An initiative of the ABIM Foundation

TOO MUCH MEDICINE
Choosing Wisely Switzerland
Fixed budget, marginal, facilitated, implemented?

Lots of examples:
- respiratory health interventions – Wales (Charles et al, 2016)
- child health policy on Tayside (Donaldson and Ruta, 1996)

Rational disinvestment (Donaldson, 2010)
Link with optimisation work (Earnshaw, 2002)
Example – CG34 Hypertension – savings from less cardiovascular events if more drugs prescribed—£447,000 saved per £100,000 spent
6. Service redesign

News

Army of NHS experts brought in to care homes to tackle over-medication

📅 10 May 2019

An army of experts have been recruited by NHS England to help prevent care home residents being given too many medicines as part of a package of measures to improve older people’s health and care in the [NHS Long Term Plan](#).

‘centralisation’ ‘use of non-clinical staff to deliver some services…non-contentious initiatives’ (Roosehenas et al, 2015)
Atlas of Health Variation

Standardised rates with 95% confidence intervals; 2017/18

Health Economics & Health Technology Assessment
"I won't call it rationing...": An ethnographic study of healthcare disinvestment in theory and practice

Leila Rooshenas a, b, Amanda Owen-Smith a, William Hollingworth a, Padmanabhan Badrinath b, Claire Beynon c, Jenny L. Donovan a

Commissioner 2A (interview): It's pretty much a no-brainer to say that (if) something doesn't work, we shouldn't be doing it [...]. You get a body of experts to look at the evidence base and say, 'That's rubbish, don't do it.'

Commissioner 10B (interview): We're just turning back the tide of the patients that shouldn't be (receiving treatment).
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DISINVESTMENT
Sustainability in Health care by Allocating Resources Effectively

**PRINCIPLES**

Focus on ‘effective application of health resources’
Consider ‘resource allocation’ rather than ‘investment’ or ‘disinvestment’ in isolation
Introduce ‘proactive’ use of information to drive decisions and build on existing ‘routine and reactive’ processes
Use evidence from research and local data rather than economic factors to drive decisions
Implement both ‘top down’ and ‘bottom up’ strategies
Take evidence-based approach to development, implementation and evaluation of all program components and include action research to investigate the process of change
Ensure alignment with Monash Health Strategic Goals and integration into Business Plan
RELATIONSHIPS

1. Systems and Processes
Making systematic, transparent, accountable, evidence-based decisions

2. Disinvestment Projects
Identifying, prioritising and implementing change

3. Support Services
Providing expertise and facilitating action

4. Program Evaluation and Research
Learning and sharing
References


Earnshaw

Haas M, Hall J, Viney R, Gallego G. Breaking up is hard to do: why disinvestment in medical technology is harder than investment (2012)


Ruta D, Donaldson C, Gilray I. Economics, public health and health care purchasing: the Tayside experience of programme budgeting and marginal analysis J Health Serv Res Policy Vol 1 Number 4 October 1996


127.


The cost-effectiveness plane – kinked threshold

- **INCREMENTAL COST**
- **INCREMENTAL EFFECTIVENESS**

**Threshold value for ICER**

- **Drug A**
- **Drug D**
- **Drug C**