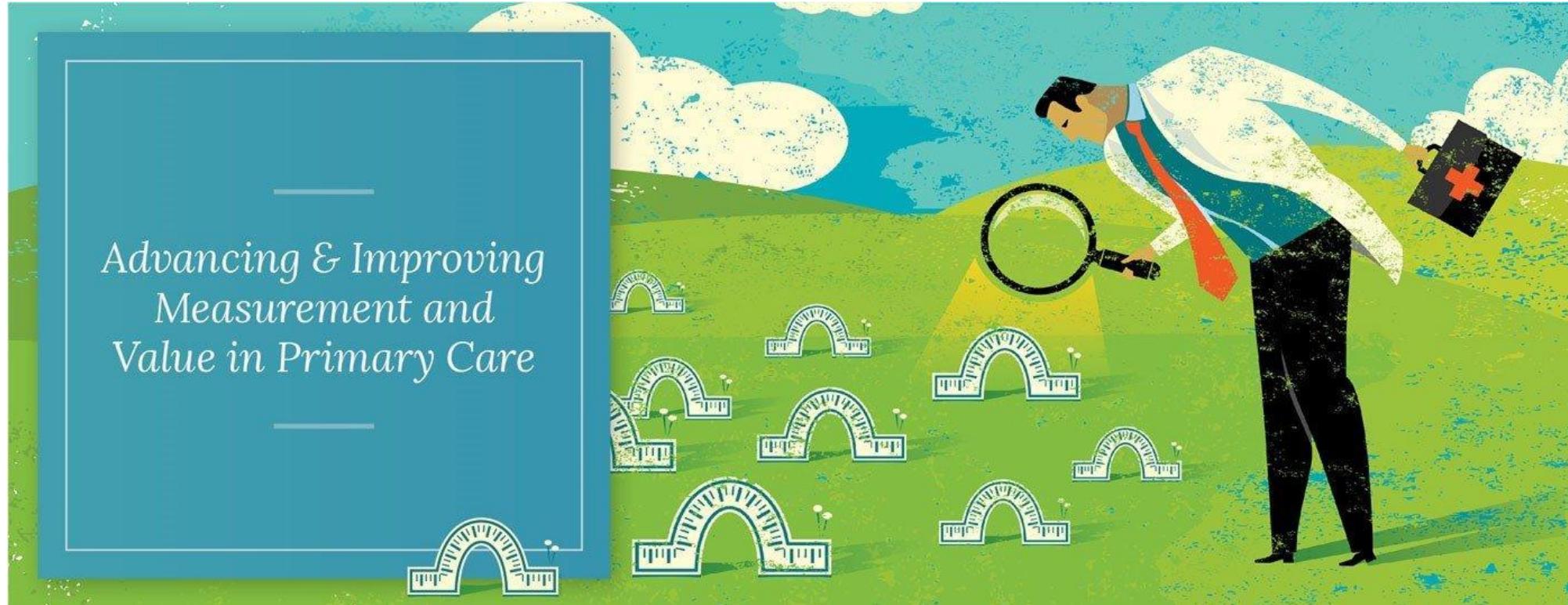




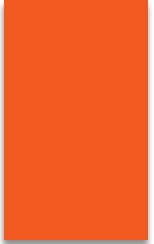
# STARFIELD SUMMIT



CENTER FOR  
VALUE-BASED INSURANCE DESIGN  
UNIVERSITY OF MICHIGAN



# STARFIELD SUMMIT



Thank you for joining! We will begin shortly...

- Please make sure your microphone is muted unless you are speaking/ presenting.

- Please enter your name and organization in the participant list.

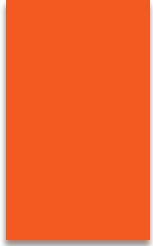
- To share during the meeting, please utilize the “raise hand” function or the chatbox.

- Register by Computer:  
• **pollev.com/chs** (link in chat)
- Register by Cell Phone:  
• **Text “CHS” to 22333**





# STARFIELD SUMMIT



Welcome and  
Roundtable  
Greetings



Please share your name,  
organization and position.

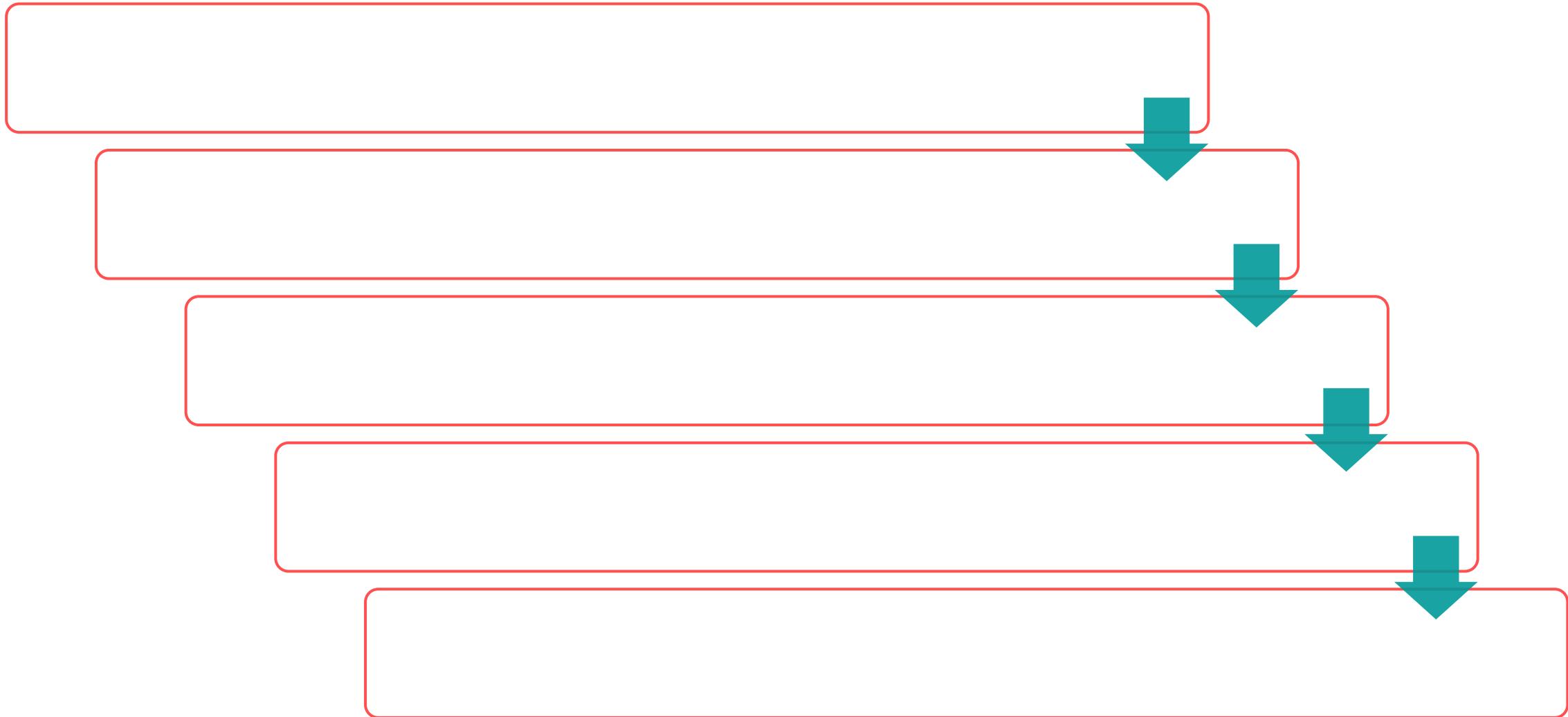


# Agenda

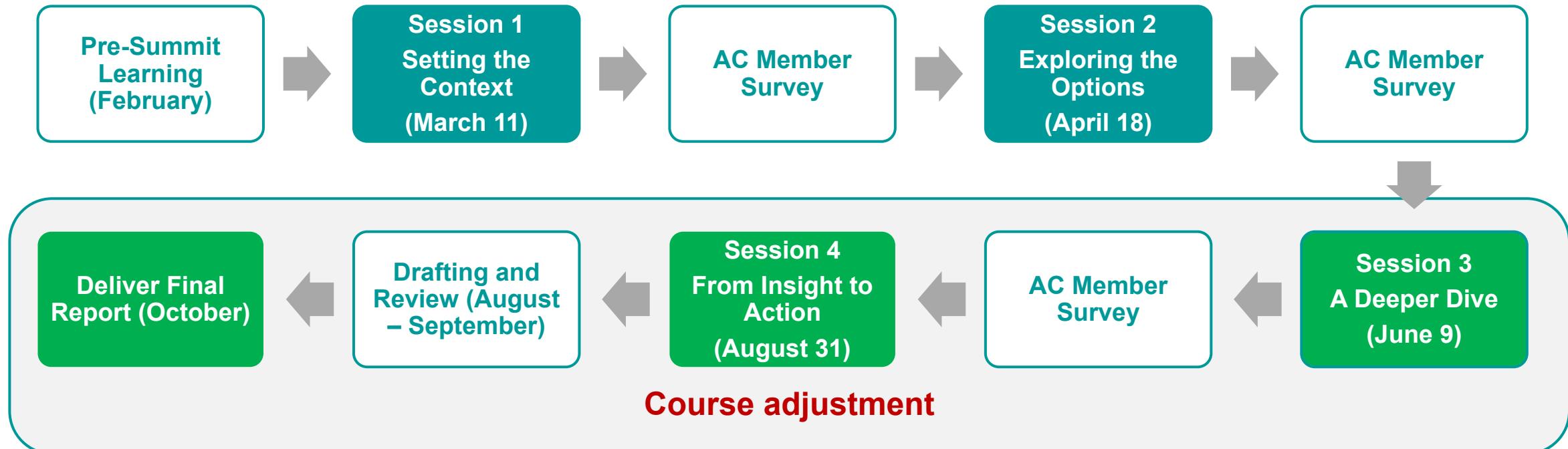
Time	Topic / Questions	Facilitators
1:00	Welcome and Roundtable Greetings	Beth Bortz
1:10	Refresher on Objectives and Workplan	Beth Bortz
1:15	Toward a Consensus List of Low Value Service Indicators (Group discussion and feedback)	Steve Horan Beth Beaudin-Seiler (Guest) Andrew Bazemore, Md
1:55	Break	
2:05	Toward a Research & Development Agenda (Group discussion and feedback)	Beth Bortz Andrew Bazemore, MD
2:55	Action Steps for Final Reporting (Group discussion and feedback)	Beth Bortz Andrew Bazemore, MD
3:20	Wrap-Up and Closing Comments	Beth Bortz, MPP
3:30	Adjourn	



# Summit Objectives from Meeting 1



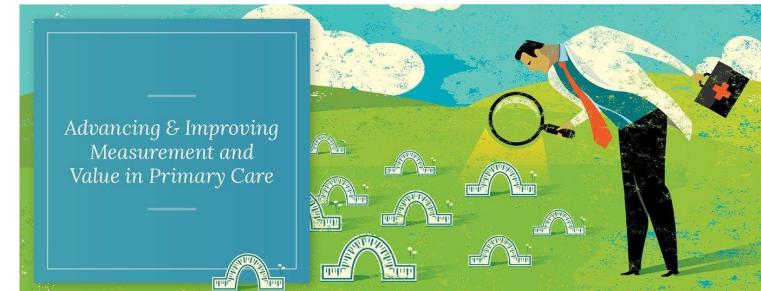
# Summit Workplan



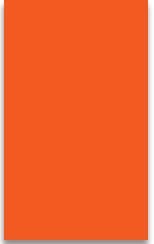
# Toward a Consensus List of Low Value Service Indicators

## Background

- One Summit Objective is to achieve consensus on a concise set of LVC indicators specific to primary care
- We learned in Meeting 2 that existing sources are not ideal
- Altarum has been working on a list of 'no value' service recommendations that we can consider a starting point



# Toward a Consensus List of Low Value Service Indicators



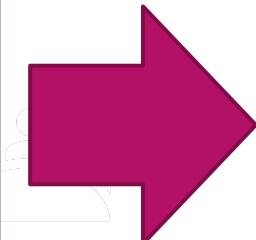
## The Altarum Project

Beth Beaudin-Seiler, PhD

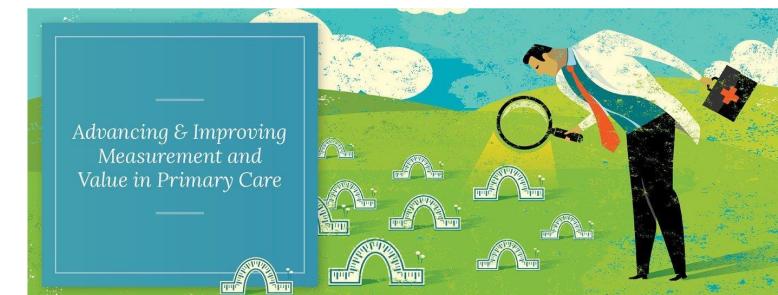


ALTARUM

SOLUTIONS TO ADVANCE HEALTH



## The Summit Survey



# Toward a Consensus List of Low Value Service Indicators

## No Exclusion Votes

Starfield Summit Survey: A Working List of No-Value Service Recommendations

A Working List of No-Value Service Recommendations	Include on the list	Exclude from the list
19. The USPSTF recommends against screening for thyroid cancer in asymptomatic adults.	21	0
26. Avoid echocardiograms for preoperative/perioperative assessment of patients with no history or symptoms of heart disease.	21	0
7. Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms	20	0
13. The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (ie, cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.	20	0
11. The USPSTF recommends against screening for pancreatic cancer in asymptomatic adults.	19	0
15. The USPSTF recommends against screening with resting or exercise electrocardiography (ECG) to prevent cardiovascular disease (CVD) events in asymptomatic adults at low risk of CVD events.	19	0
31. Don't obtain EKG, chest X rays or Pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery	19	0

## At Least 1 Exclusion Vote

Starfield Survey A Working List of No-Value Service Recommendations

A Working List of No-Value Service Recommendations	Include on the list	Exclude from the list
28. Don't prescribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes, including diabetes	9	5
6. Don't perform PSA-based screening for prostate cancer in men over 70	15	4
8. Don't order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening and are not otherwise at high risk for cervical cancer	14	4
5. Don't recommend more than a single fraction of palliative radiation for uncomplicated painful bone metastasis	10	3
29. Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery - specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal	16	3
34. Don't perform an arthroscopic knee surgery for knee osteoarthritis	15	3
3. Don't perform advanced sperm function testing, such as sperm penetration or hemizona assays, in the initial evaluation of the infertile couple	10	2
12. The USPSTF recommends against screening for cervical cancer in		

See handout in chat box

# Toward a Consensus List of Low Value Service Indicators



## Consensus Proposal

- Include the **12** recommendations with no exclusion votes in the final report.
- Present as a starting point for action in reducing low-value services in primary care.



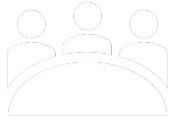
## Discussion

- Questions?
- Concerns?
- Suggestions?
- Additions?
- Removals?

## Advisory Committee Vote by Poll

- Yes – I support the consensus proposal
- No – I do not support the consensus proposal
- No opinion





# 10-minute Break



# Toward a Research & Development Agenda

We have captured your insights throughout the project...

## Starfield Summit V - Advisory Committee Insight Knowledge Base

Use the drop-down menus to search by meeting, topic, or item/question. Or, use the text box provided to search insights by keyword or phrase.

Meeting	All
Topic	All
Item	We should pursue an R&D agenda to include...
Insight	<input type="text"/>

**Search**

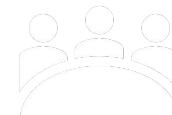
**Meeting Topic Item Insight**

Meeting 3 Poll 6

Development

We should pursue an R&D agenda to include...

- An implementation plan
- better understanding how to engage with patients at point of care re LVC decisions
- better understanding the local factors (patients, specialists, community culture, health systems) that contribute to LVC
- Building clinician trust in measures and data
- Develop and use A few PC Measures that matter to pts, clinicians and payers
- Dose effect of different incentive models for reducing LVC
- Double down on the comment about best practices for detailing primary care. It sounds un-scalable but worth the effort
- Expenses and results of care in continuity relationships compared to care with next available
- Explore the ethics of US healthcare
- How does LVC reduction intersect with other key initiatives critical to reforming primary care, e.g. reducing



...and used your guidance to draft an R&D agenda for your review

Starfield Summit V, Meeting 4

## Future Low Value Care R&D Work: Questions We Would Like to See Answered

### Improving LVC Measure Development

- For each LVC measure that is under consideration, can we specify the harm, costs (including downstream) and degree of clinical nuance involved?
- What can be done to better incorporate the patient voice in measure development?
- Can we develop LVC measures related to appropriate location of care?
- Could we do a set of recommendations focused specifically on low-value prescribing?
- Can we better connect avoiding LVC services to avoided downstream utilization?
- How can we extract more LVC data from all EHRs, given claims data is insufficient for some of the clinical nuance needed?



### Understanding LVC Influencers

- How is LVC impacted by health equity factors?
- How are patient out-of-pocket costs impacted by LVC?
- Do continuity, comprehensiveness, small panels, and robust teams reduce LVC?
- Are malpractice concerns really impacting LVC, and if so, to what degree?
- Does limited appointment time lead to increases in LVC?
- What is the impact of media and advertising on LVC?
- What is the impact of misdiagnosis on LVC? How do we measure misdiagnosis? How do we best address it?
- What factors contribute to wide local variations in LVC?



See handout in chat box

# Toward a Research & Development Agenda



## Consensus Proposal

- Include the questions in the draft R&D agenda the final report.

## Discussion

- Questions?
- Concerns?
- Suggestions?
- Additions?
- Removals?

## Advisory Committee Vote by Poll

- Yes – I support the consensus proposal
- No – I do not support the consensus proposal
- No opinion



# Action Steps for Final Reporting

## A Final Report Outline

- Executive Summary
- Section 1. Introduction and Objectives
- Section 2. Setting the Context
- Section 3. Exploring the Existing Sources of Low-Value Service Measures
- Section 4. A Deeper Dive on Drivers, Levers, and Stakeholder Roles
- Section 5. From Insight to Action:
  - Getting Started: An Initial List of Low-Value Services
  - Moving Forward: An Agenda for Research and Development

## Discussion:

- Questions?
- Concerns?
- Suggestions?

## Action Steps

- Staff draft
- AC member review and comment (late Sept-early Oct)
- Final draft submitted to AHRQ (October)



# Thank You!



# STARFIELD SUMMIT

