

DISINVESTMENT

(Or should it be Reinvestment)

RICHARD KING – CHAIR
NEW TECHNOLOGY COMMITTEE
SOUTHERN HEALTH

CLAIRE HARRIS – DIRECTOR
CENTRE FOR CLINICAL EFFECTIVENESS
SOUTHERN HEALTH

Thanks to Janet Hiller and Adam Elshaug
Adelaide Health Technology
Assessment School of Population
Health and Clinical Practice
University of Adelaide

Disinvestment relates to the withdrawing (partially or completely) of health care practices, procedures, technologies and pharmaceuticals that are deemed to deliver no or low health gain and are thus not efficient or appropriate health resource allocations

Elshaug & Hiller (2007)

AUSTRALIA

1999 MINISTER WOOLRIDGE SETS UP MSAC

- Evidence based review of new technologies and procedures AND review of existing outdated or evidence lacking schedule items.

Why MSAC has not been able to do this

1. Workload (700 page Agendas)
2. Funding
3. Little or no support from DOHA
4. No good process when items identified as lacking evidence.

Civil Standard
(ie getting on schedule)
“Balance of Probabilities”

Criminal Standards
(ie getting off schedule)
“Beyond Reasonable Doubt”

September 2006 Nice asked to “Identify and stop ineffective interventions and make health services more equitable across the country”

Andy Burnham
UK Health Minister

HOW?

1. Technology Appraisals and clinical guidelines aimed at reducing ineffective practice. Eg:
 1. Antibiotic for viral infections
 2. Grommets
2. Recommendation Reminders –
Highlighting existing guidance against the use of interventions that are ineffective or present poor value for money.
Eg: Home verses Hospital Hemodialysis
3. Commissioning guidelines.
Eg. Upper GI Endoscopy Colonoscopy

BMA RESPONSE

The Profession is happy to see National Guidance “Based on Common Understanding and Scientific Evidence on the most effective options for their patients.”

BUT

It does not want to see “A blanket ban imposed on certain treatments since there may be occasions where individual patients, with specific health needs, would necessitate a particular intervention”.

INTERNATIONALLY

1. Germany (IQWiG)

- Exerts influence on drug selection and deselection

2. France (HAS)

- 3/2007 – 152 drugs dropped from reimbursement list

3. New Zealand

- Program for budgeting and marginal analysis (PDM Southern Region New Zealand) respiratory drugs analysed

4. UK – Medicines and Healthcare regulatory Agency (MHRA)

- Part of the European Union Regulatory Affairs.
- Device manufacturers have to report to MHRA
 - (i) Any malfunction leading to death or deterioration of health (includes leaflet information)
 - (ii) Treatment or medical reason leading to recall of a device or an advisory notice.

How can we do better

A Federal

1. MSCA (PBAC) – Disinvestment sub committees
2. Medical Benefit Schedule to help identification of low use schedule items
3. NHMRC Funding for research into
 - (i) Disinvestment strategies
 - (ii) Identification of deletable procedures
4. Do we have a MHRA equivalent? Is this the TGA
5. Mandated guidelines (or is this a state function)

B State

1. We need to be more co-operative
2. VPACT is again the assessment side of new technology but we need a disinvestment strategy
3. Committee representing Health Networks to share information
4. Supporting HTA in the state to look into core evidence procedures and drugs and help identify the problem

C Local (Southern Health)

Set up a Disinvestment Subcommittee of the New Technology Committee comprising:

Chair (Clinician)
Chief Medical Officer
Director of Pharmacy
Director Biomedical Engineering
Director Centre for Clinical Effectiveness
Manager New Technologies Committee
Chairman, Clinical Ethics Committee (Clinician)
Major Hospital Improvement Program
One Lay member yet to be appointed

ROLE

To advise the CEO through the Executive Quality and Safety Committee of devices procedures and medications which should not be used at Southern Health or whose utilisation should be changed.

HOW ARE WE GOING?

Identified areas for potential improvement

- Swan Ganz Catheters
- Crystalloid Colloid Solutions
- Circumcision
- Varicose Veins

IN SUMMARY

1. We need disinvestment to improve equity, effectiveness and quality and safety of care and sustainability of resource limitation.
2. We need a framework to identify problems and to gain adherence to guidelines.
3. We need to support research in this area.
4. We need to have a co-operative approach between DHS Networks and the Professions.
5. We need to reward endeavours not just cut costs.

“We do not know how much of the total health care Australians receive is evidence based;

Studies of a number of specific conditions show that there are gaps between what is known and what happens in practice.”

Heather Buchan CEO, NICS (MJA 2004)

“The greatest enemy of knowledge is not ignorance; it is the illusion of knowledge.”

Stephen Hawking