

ISSUE PANEL PROPOSAL EXAMPLE

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| <p>Title (in title case; 225 characters max)</p> | <p>Defining and Operationalizing No-Value Care</p> |
| <p>Moderator (must have 1 moderator; please include name, degree(s), institution, city, state, country)</p> | <p>Moderator: A. Mark Fendrick, MD, University of Michigan, Ann Arbor, MI, USA</p> |
| <p>Speakers (must have minimum 2, maximum 3 speakers from different organizations; please include name, degree(s), institution, city, state, country)</p> | <p>Panelists: Beth Beaudin-Seiler, PhD, Center for Value in Health Care, Altarum, Ann Arbor, MI, USA; Peter I. Neumann, ScD, Center for the Evaluation of Value and Risk in Health, Institute for Clinical Research and Health Policy Studies, Tufts Medical Center, Boston, MA, USA</p> |
| <p>Issue Panel Issue & Overview (302 word; 2200 characters limit including headers)</p> <p>ISSUE: Provide a clear definition of the issue to be presented and debated.</p> <p>OVERVIEW: Provide background information and details on the material to be presented. Include speaker presentation length, e.g., 15 minutes, and state the allotted time to address the audience discussion and debate criterion. It is helpful to include which stakeholders will benefit from attending.</p> | <p>ISSUE: Addressing inefficient spending – such as the pervasive delivery of low-value and potentially harmful care – is critically important for a resilient and prepared health system. However, many current low-value care definitions identify low-value care within the healthcare system by operationalizing what is considered low-value through situational context. This results in a level of subjectivity where emphasizing different elements of the definition can impact the determination of low-value. A potential solution is for policymakers to first address no-value care. A no-value care definition could serve as the first step to help limit inefficient spending, prevent harmful care delivery, and create a more resilient value-driven healthcare system. This session will discuss the need for a more concrete definition of “no-value care”, what types of services would fall into this category, how often these services appear as having no or little cost effectiveness evidence and the financial implications of adopting a more concrete, no-value care definition.</p> <p>OVERVIEW: Overview provided by Mark Fendrick approximately 15 minutes. Low-value care has been the topic of discussion for decades in the United States. In 2012, the discussion became more focused with the introduction of the Choosing Wisely campaign whereby specialty society collaborators identified medical tests and services that could be deemed unnecessary to help spur conversation about what is appropriate and necessary treatment. Since then, several studies have examined how best to define and measure low-value care. These definitions, however, are often unactionable as most definitions are not concrete. This session will discuss the need for a more concrete definition of “no-value care”, what types of services would fall into this category, how often these services appear as having no or little cost effectiveness evidence and the financial implications of adopting a more concrete, no-value care definition.</p> |