Addressing high cost, low value health care

Additional evidence for the Scottish Parliament Health and Sport Committee

29th September 2017

Background

Ensuring best value in care remains an essential challenge for all involved in the business of providing health and social care. At its most basic, the aim is to ensure effective care that is patient or person focussed, improving the health of the population, and doing so in a manner that ensures efficient use of health care budgets. The evidence base in relation to value in health care is large and is now widely used to help inform quality improvement and service sustainability work.

In providing these comments it may be helpful to bear in mind that in this context “low value” means both care which provides little or no positive health benefit, “high cost” can mean both individual interventions that carry a high financial cost (such as a new surgical procedure), as well as interventions which may individually have a low financial cost, but are so widely used that the cumulative cost is high (for example, a laboratory test).

Types of high cost, low value health care

Generally speaking, specific examples of low value health care falls into four types of activities:

1. health care practices (e.g. prescribing antibiotics for viral illness);
2. specific procedures (e.g. undertaking unnecessary laboratory tests);
3. the use of health care technologies (e.g. the type of replacement hip joint); and
4. pharmaceutical therapies (e.g. the effectiveness of one type of drug compared to another).

For all classes of activity, the opportunity to identify examples of low value health care is provided by work on establishing the effectiveness and cost-effectiveness of care. The systematic development of evidence-based guidance by research collaborations (e.g. the Cochrane Collaboration) or agencies such as UK National Institute for Health and Clinical Excellence (NICE), the Scottish Inter-Collegiate Guidelines Network (SIGN), the Scottish Medicines Consortium (SMC), or the...
Scottish Health Technologies Group (SHTG) all identify areas which can be classed at low value health care and highlight this in their guidance.

In the case of NICE, this takes the form of formal “Do Not Do” advice as part of their guidance and have established a web-based database to facilitate evidence into action. These include advice on both approaches to existing clinical care and population interventions. More broadly, all such agencies provide advice on the effectiveness and affordability of new technologies (SHTG & NICE), or pharmaceutical therapies (SMC & NICE), though not on their implementation.

However, addressing high cost, low value care goes beyond simply identifying the types or specific activities and seeking to disinvest. Rather, it requires thoughtful changes in health care systems more broadly.

Achieving value in health care

In Scotland the NHS is well sighted on the need to achieve value in health care. This is explicit in initiatives such as the Chief Medical Officer’s Realistic Medicine and the Scottish Government’s National Clinical Strategy for Scotland, both of which are essential to creating a modern health care system for Scotland. Yet even with such a clear focus on value, there can be unexpected consequences of policies on, and changes in, any health care system.

We share the concern about the implications of continuing to pursue low-value and high cost interventions on the integrity of overall health services in the future with several health service and clinical leadership groups across Scotland.

On behalf of the Scottish Directors of Public Health

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