De-Implementation of Ineffective, Unproven, Harmful, or Low-Value Health Care Services and Practices:

A Systematic Review of Grants Funded by the U.S. National Institutes of Health [NIH] and Agency for Healthcare Research and Quality [AHRQ], 2000-2017

Drs. Wynne E. Norton, Amy Kennedy, & David Chambers
National Cancer Institute (NCI)

NIH NATIONAL CANCER INSTITUTE

August 18th, 2017
Preventing Overdiagnosis Conference
Québec City, Canada

Disclosure

- I have no financial relationships to disclose.

- Opinions are mine, not official positions of the National Cancer Institute, the National Institutes of Health, or the U.S. federal government.

Introduction

- Harms associated with overscreening, overdiagnosis, and overtreatment.

- De-implementation
  - Study of how to reduce or stop the use of ineffective, unproven, harmful, overused, inappropriate, and/or low-value health services and practices delivered to patients by health care providers and systems.

- Reviews, studies (e.g., Colla et al., 2016; Montini & Graham, 2015; Niven et al., 2015).

- What is the current state-of-the-science?
 - Identification and assessment of funded grants.

Objectives

1. Identify de-implementation studies funded across 2 U.S. agencies (i.e., NIH and AHRQ).

2. Describe key characteristics and features of funded research studies.

3. Propose recommendations for advancing the field informed by portfolio analysis.

Methods

- Portfolio analysis of research grants across all 27 NIH Institutes and Centers and AHRQ, 2000-2017.

- Search grants database using 11 key terms and 3 specific funding announcements.

- Sequential process for assessing eligibility of grants based on inclusion/exclusion criteria.

- Developed codebook through iterative process and applied to final sample of grants.

Results
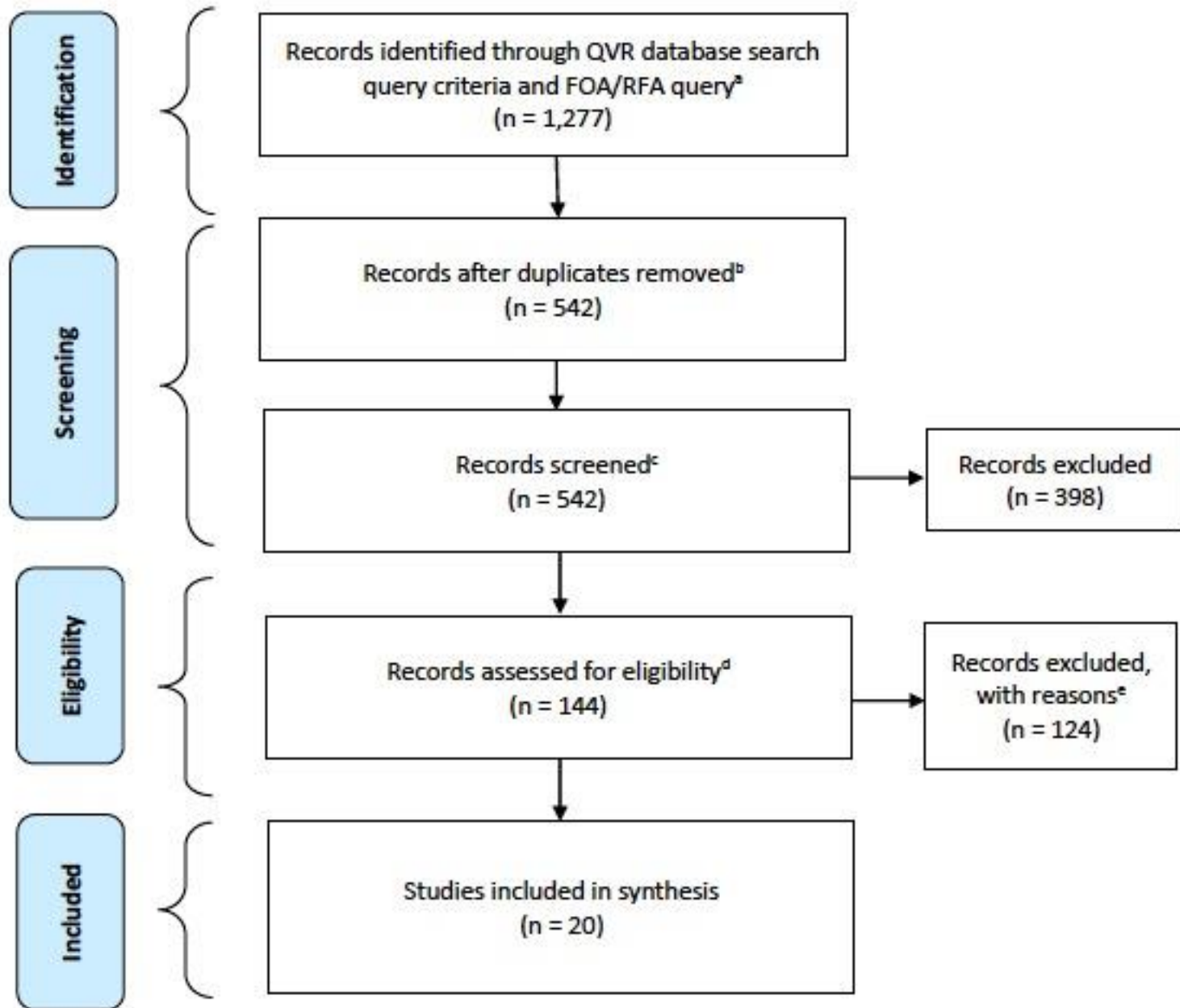
Results

- Examples of Grants
  - Impact of social contagion on physician use of unproven cancer interventions
  - Identifying cascades of low-value care and the organizational practices that prevent them

- Key Characteristics
  - 15 funded by NIH, 5 funded by AHRQ
  - 17 awarded between 2010-2017

Study Features*

Content	Code	# Grants
Objectives	Understand or characterize factors influencing de-implementation	14
	Develop strategies to facilitate de-implementation	16
Health Area	Cancer	8
	Cardiovascular Disease	1
	Infectious Diseases	3
	Kidney Disease	1
	Mental Health	2
Continuum of Care	Prevention	2
	Screening and/or Detection	5
	Diagnosis	3
	Treatment	14

*Select results; Select all that apply

Study Features*

Content	Code	# Grants
Health Service/ Practice	Drugs, Medications, or Therapies	15
	Preventive, Diagnostic, or Screenings Tests	8
Setting	Clinical Care	16
	Hospital	4
	Assisted Living Facility	2
	School	1
Design & Methods	Experimental	7
	Observational	7
	Quasi-experimental	5
	Mixed Methods	4
	Qualitative	3

*Select results; Select all that apply

Discussion

- Few research grants (n = 20 of 542 sample) focused on de-implementation over 17-year timeframe.

- Unequal distribution of study features (e.g., health area, health service/practice) across sample of 20 grants.

- Limitations
  - Search terms.
  - Lack of generalizability to other funding agencies.

Implications

- Multifaceted activities are needed to increase research on de-implementation.

- Recommendations
  1. Raise awareness and interest among stakeholders involved in de-implementation research.
  2. Develop additional funding opportunities.
  3. Synthesize and operational de-implementation terms, concepts, measures, and outcomes.
  4. Collaborate with ongoing efforts and stakeholder groups.
  5. Conduct embedded research.

Thank You!

Questions, Comments

Wynne E. Norton, PhD
U.S. National Cancer Institute (NCI)
Email: wynne.norton@nih.gov

www.cancer.gov   www.cancer.gov/espanol