



STARFIELD SUMMIT

*Advancing & Improving
Measurement and
Value in Primary Care*





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.

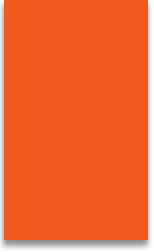


Agenda

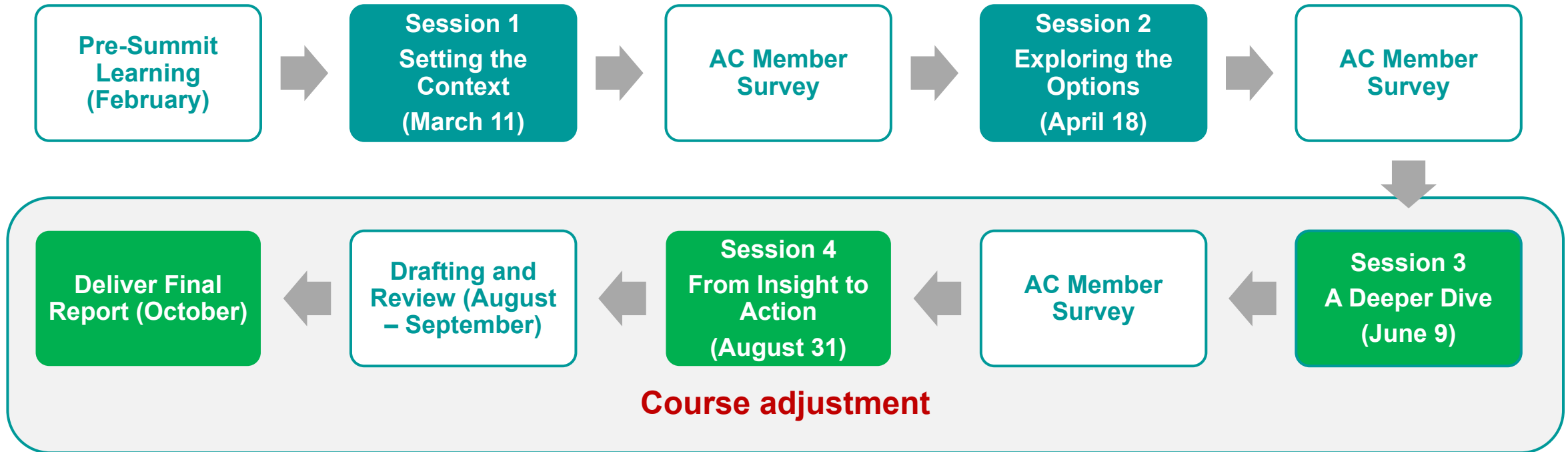
Time	Topic / Questions	Facilitators
1:00	Welcome and Roundtable Greetings	Beth Bortz
1:10	Refresher on Objectives and Workplan	Beth Bortz
1:15	Toward a Consensus List of Low Value Service Indicators (Group discussion and feedback)	Steve Horan Beth Beaudin-Seiler (Guest) Andrew Bazemore, Md
1:55	Break	
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



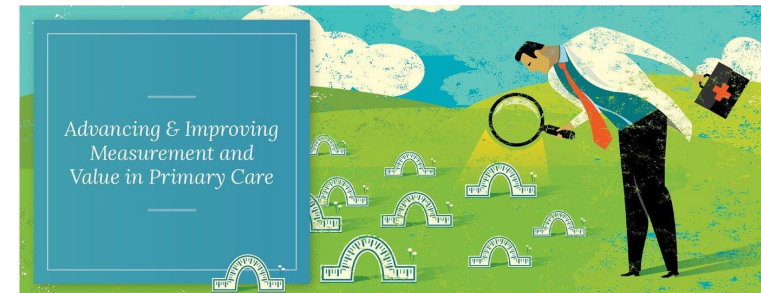
Summit Workplan



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**



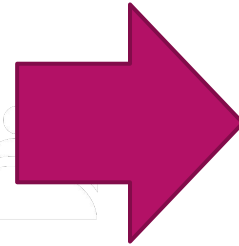
Toward a Consensus List of Low Value Service Indicators

The Altarum Project

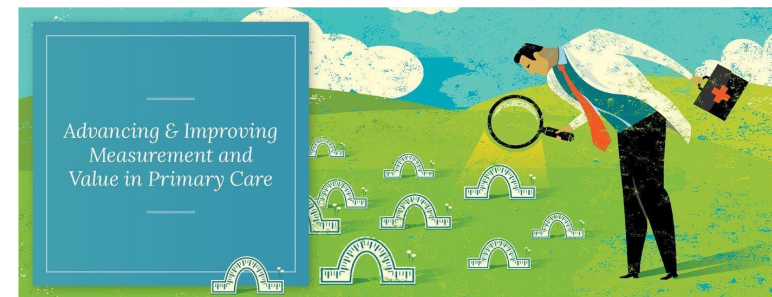
Beth Beaudin-Seiler, PhD



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.

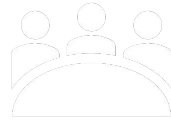
Discussion

- 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...

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

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="button" value="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 LVS decisions			
better understanding the local factors (patients, specialists, community culture, health systems) that contr			
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 w			
payment reform for primary care).			
Expenses and results of care in continuity relationships compared to care with next available			
Explore the ethics of U S healthcare			
How does LVC reduction intersect with other key initiatives critical to reforming primary care, e.g. reducin			



Starfield Summit V, Meeting 4

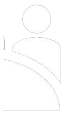
Future Low Value Care R&D Work: Questions We Would Like to See Answered

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!



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