

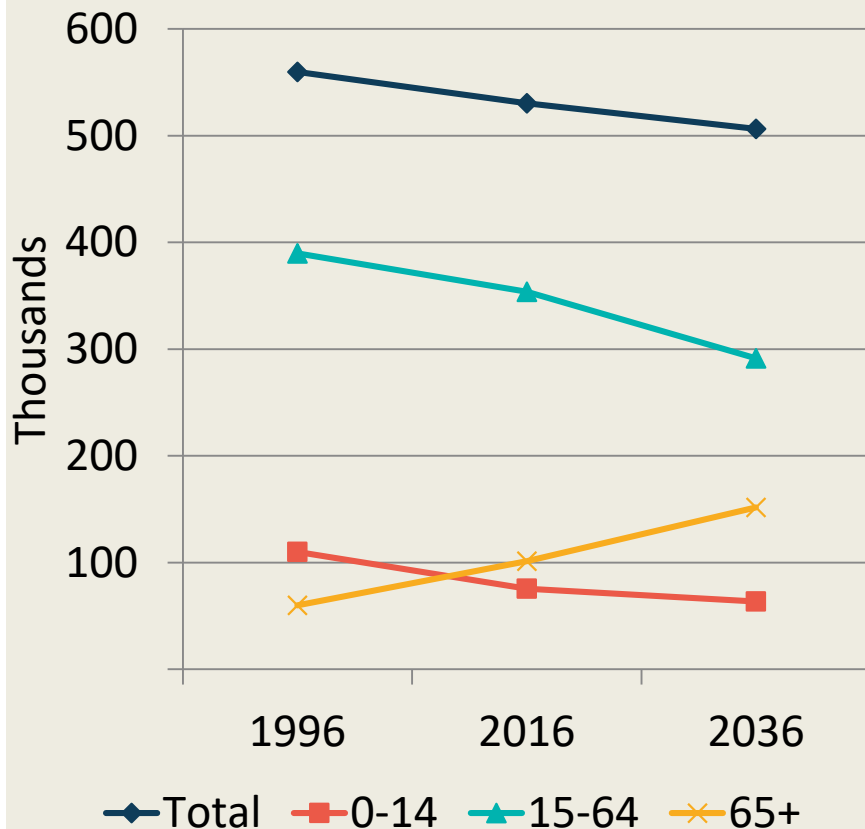


A Review of Value Assessments of QCNL Projects

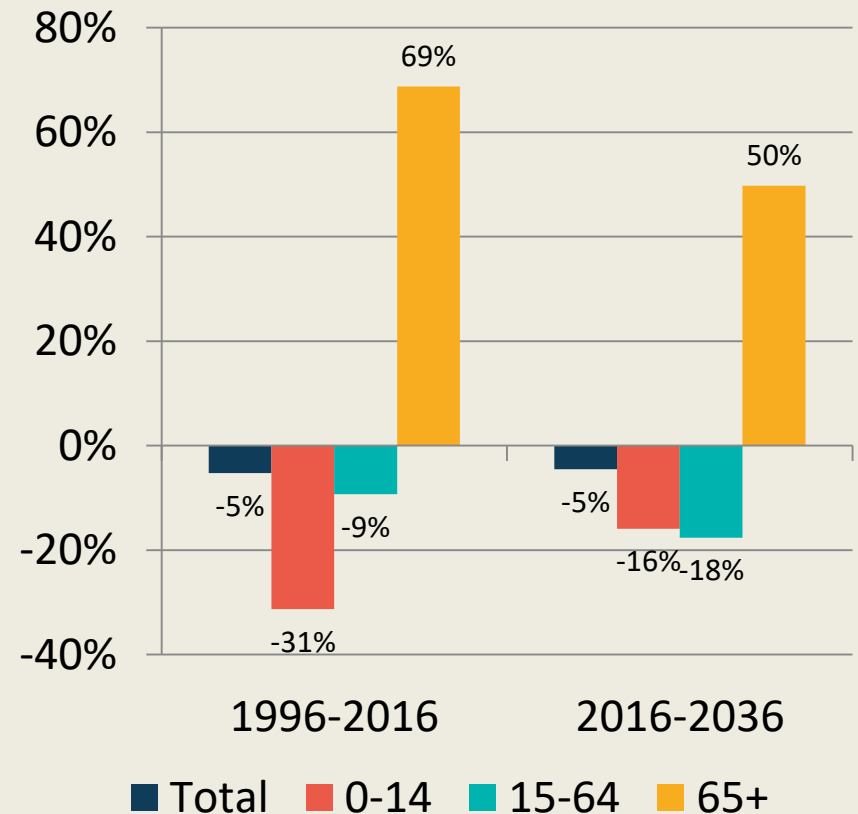
December 17, 2018

Demographic Change Newfoundland and Labrador

Population



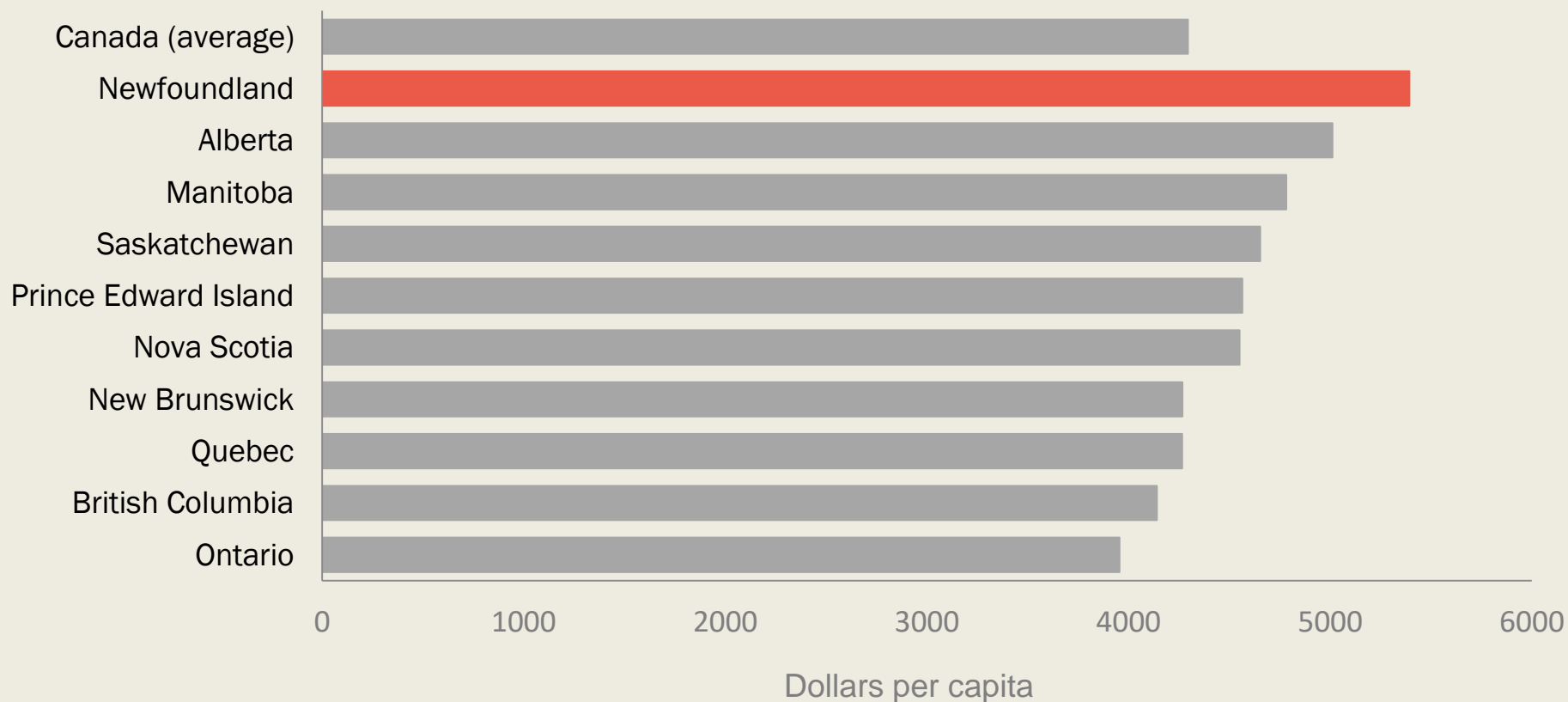
% Change





Health Spending

Provincial government health expenditure, 2017



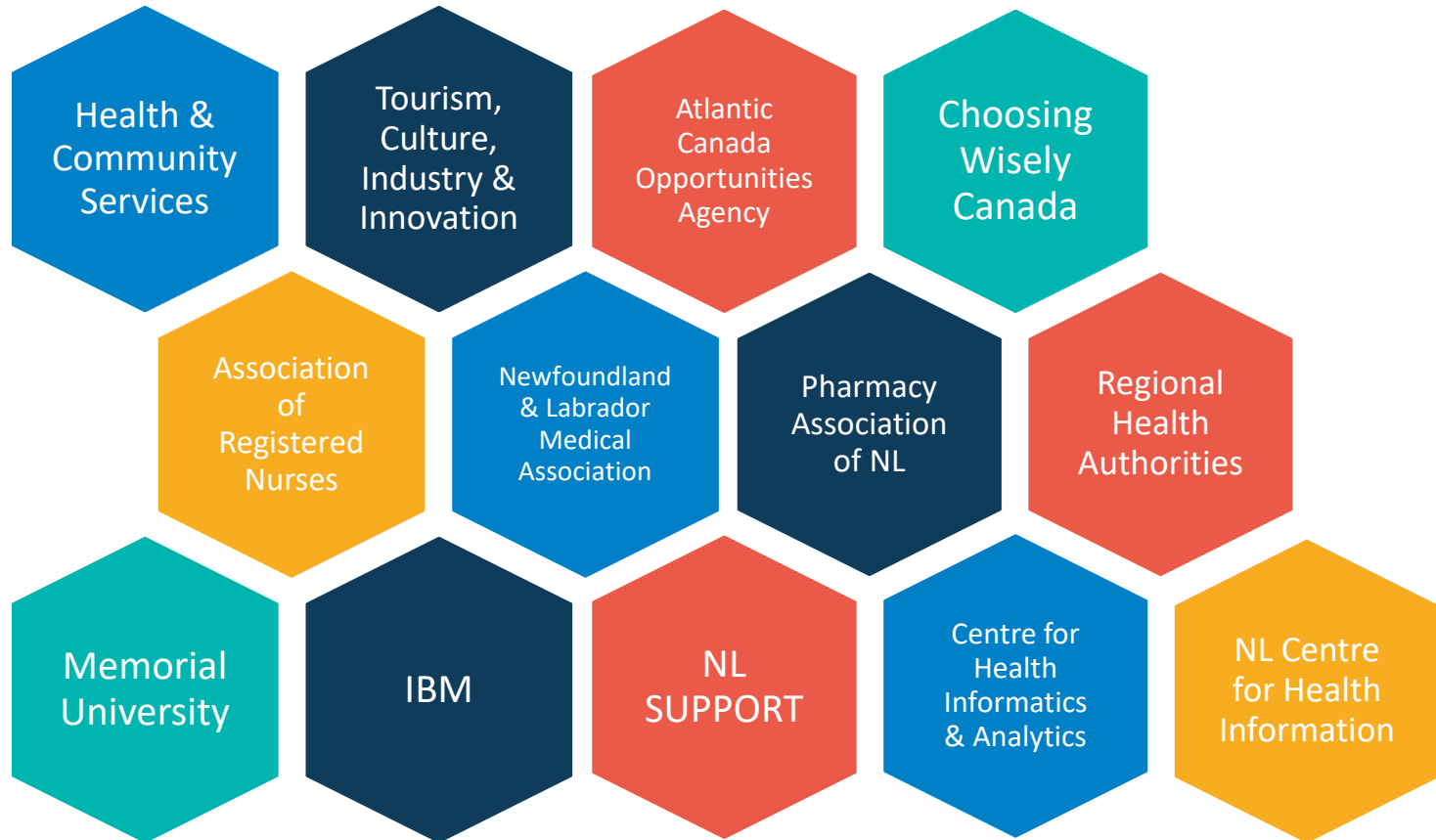


WHO WE ARE

Right treatment, right patient, right time



Our Partners



Interventions to Change Behavior

Targeted Email
Campaigns

Practice Points

Academic
Detailing

Implementation

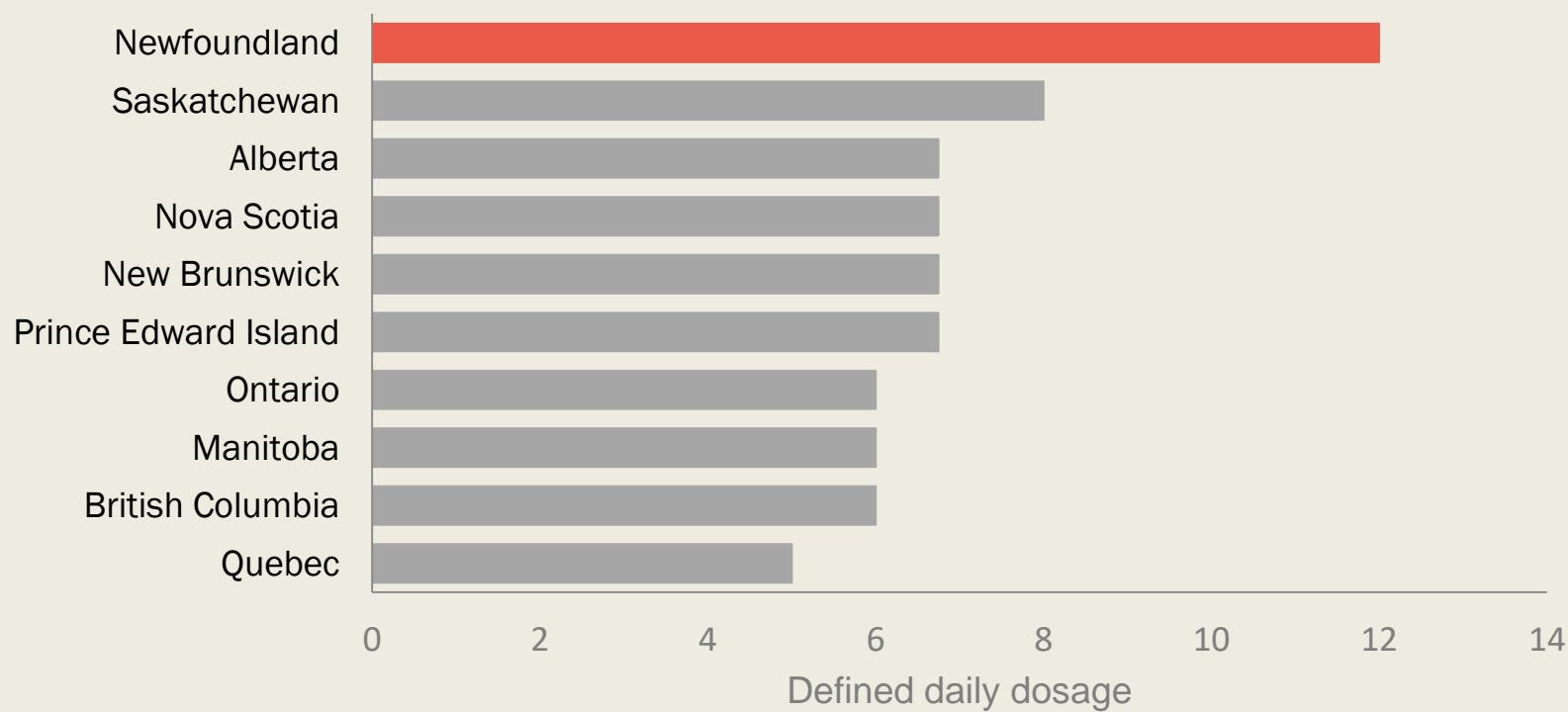
CME

Public
Campaigns

Unnecessary Care



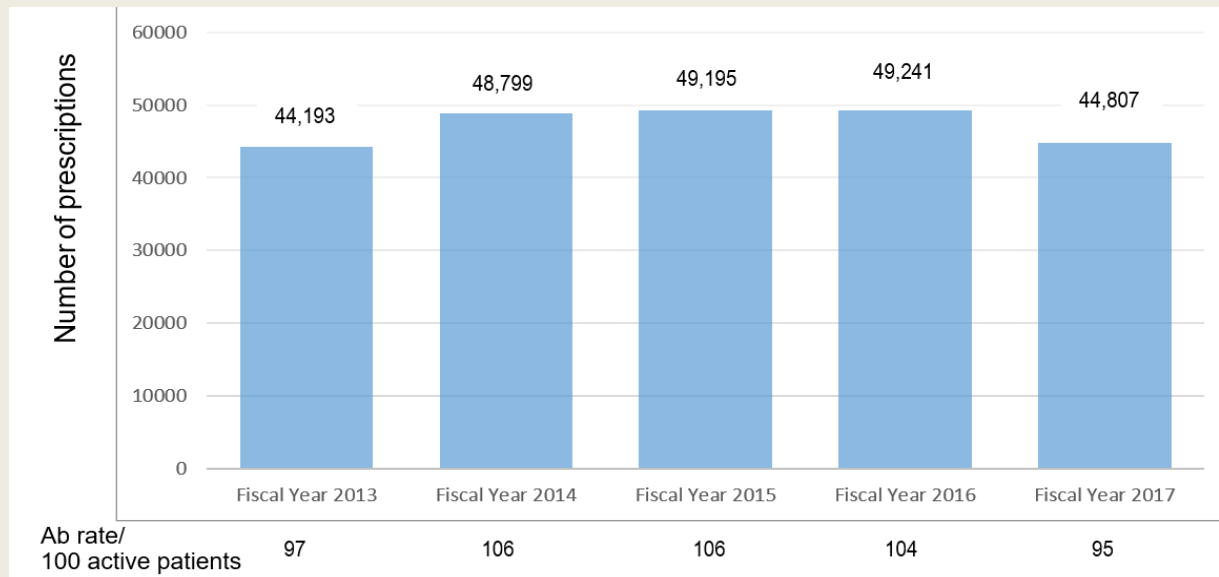
Antibiotic prescriptions, 2014



Success Reducing Antibiotic Prescriptions



Total Annual Cost Avoidance from antibiotic prescription reduction in NLPDP Program

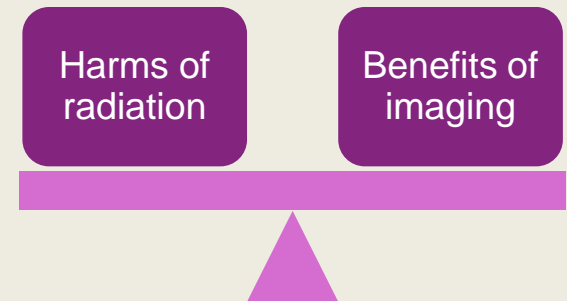
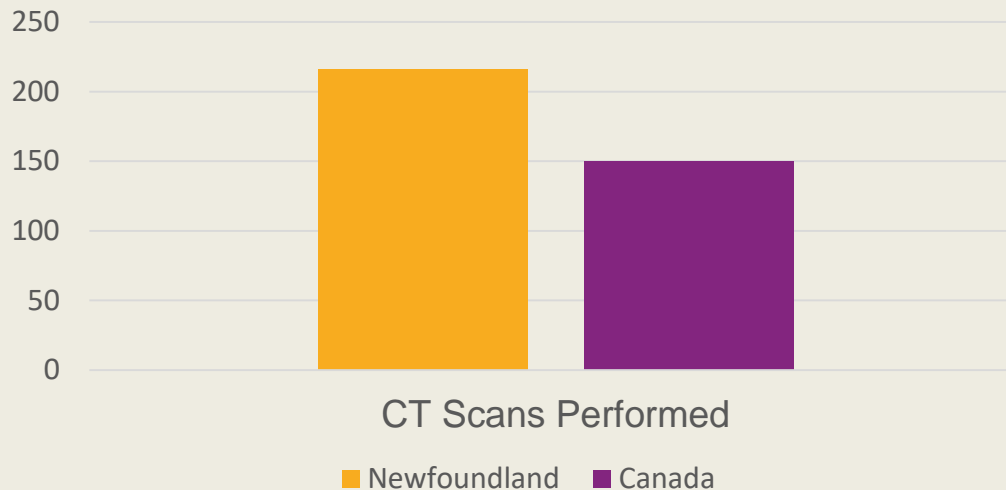


Antibiotic Prescriptions FY 2016	Antibiotic Prescriptions FY 2017	Prescription Decrease	Percentage	Cost Avoidance (based on average cost of Amoxicillin, \$20)
49,241	44,807	4,434	9%	\$88,680

Unnecessary Care



CT scans per 1,000 population



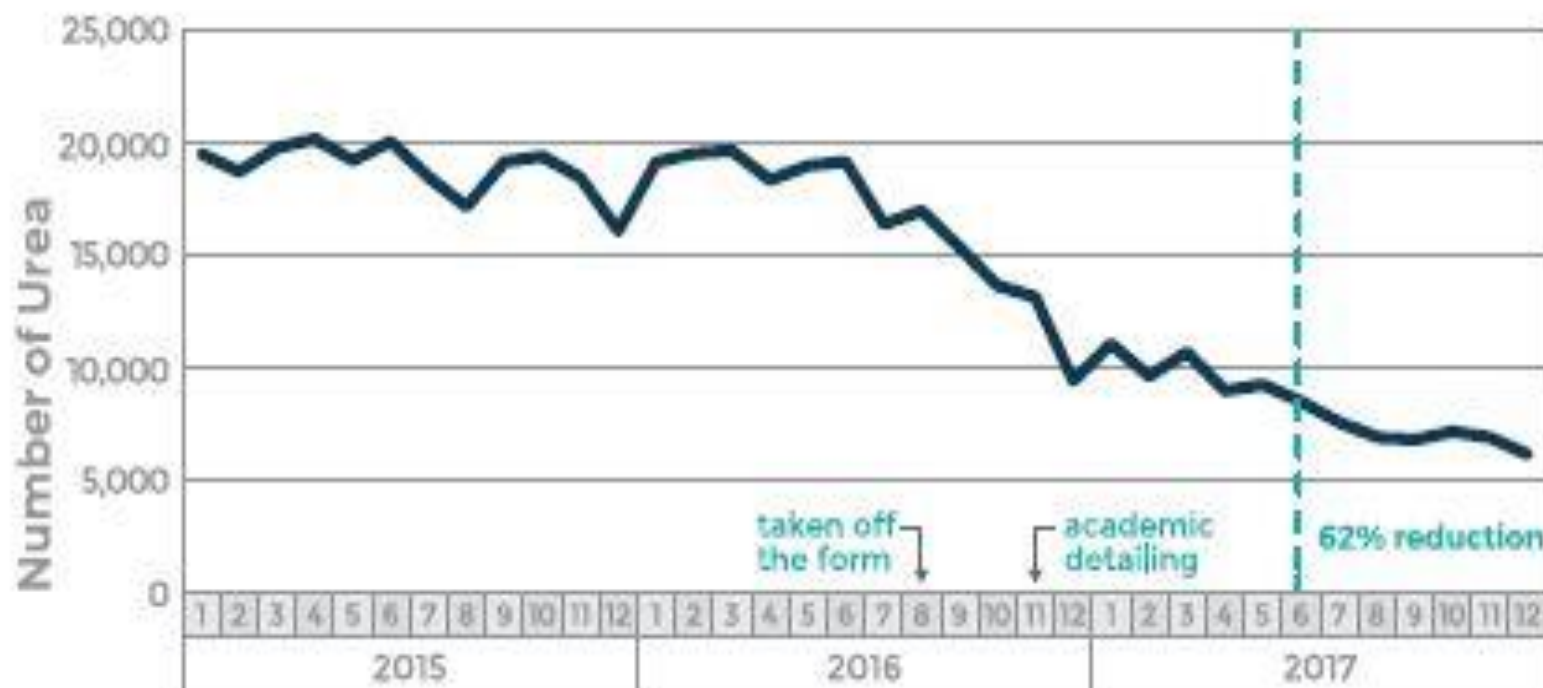
21 guidelines from Choosing Wisely Canada on appropriate use of CT scans

Currently engaged with AB and ON in a randomized control trial to reduce unnecessary imaging

Success Reducing Unnecessary Testing in General Practice



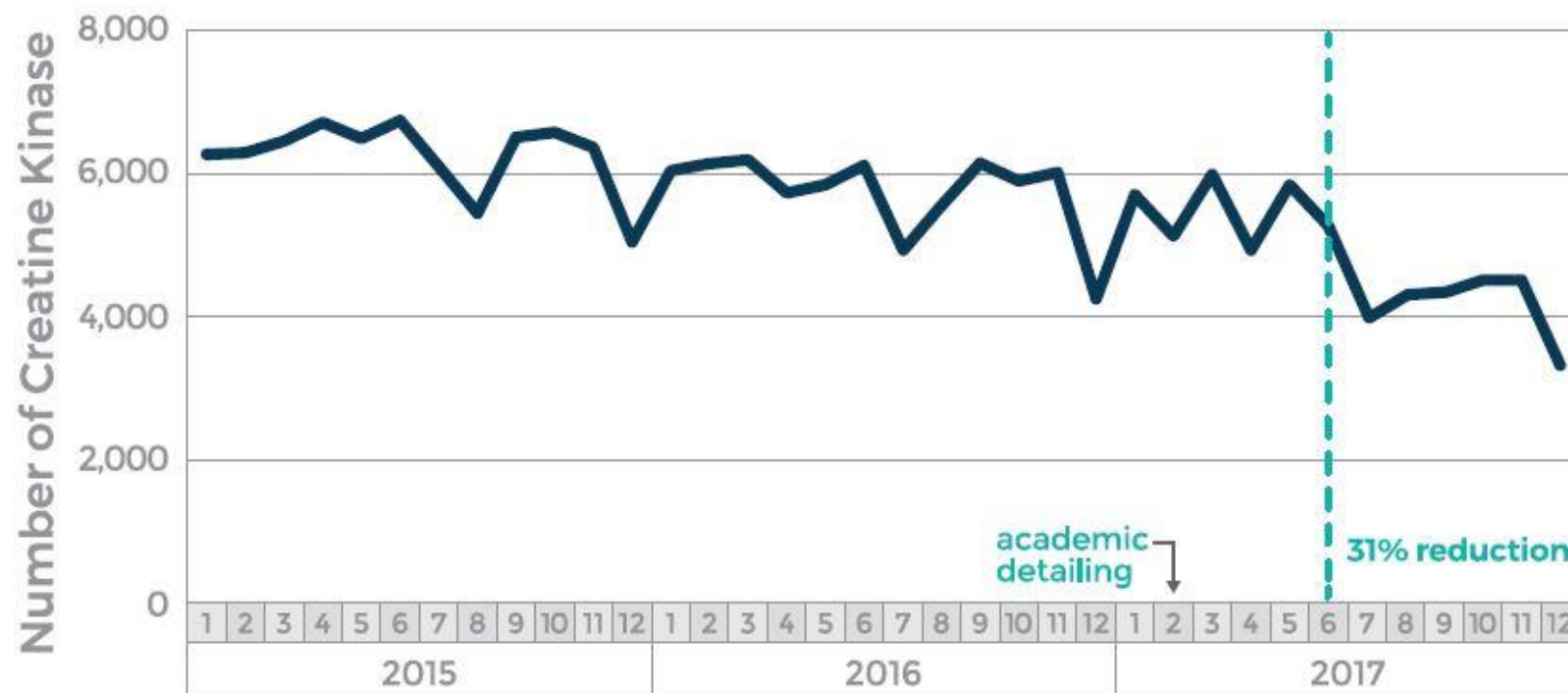
Monthly Volume of Blood Urea Over Three Years



Success Reducing Unnecessary Testing in General Practice



Monthly Volume of Creatine Kinase Over Three Years



Success Reducing Unnecessary Testing in General Practice



Monthly Volume of Ferritin Over Three Years



Success Reducing Unnecessary Testing in General Practice



Total Annual Cost Avoidance in **Eastern Health** from Unnecessary Biochemical Testing

Test	% reduction	Cost avoidance
LDH	71%	\$37,136
Urea	62%	\$267,220
Creatine Kinase	31%	\$44,264
AST	42%	\$31,028
Uric Acid	26%	\$24,716
Ferritin	20%	\$159,280
Total for all tests		\$563,644

Data over six month period (July - December) 2015 was compared with (July – December) 2017

Success in Reducing Pre-op Testing in Healthy Patients having Low/moderate Risk Surgery



Testing in low/moderate risk surgery in St. John's

	Patients	Creatinine \$8	INR \$12	Hemoglobin \$11	CXR \$68	ECG \$50
2016 (pre)	3997	4235	1573	4756	1135	2787
2017 (post)	4039	4027	1223	4621	607	1711
Reduction N		208	350	135	528	1076
%		5%	22%	3%	47%	39%
Cost Avoidance		\$1,664	\$4,200	\$1,485	\$35,904	\$53,800

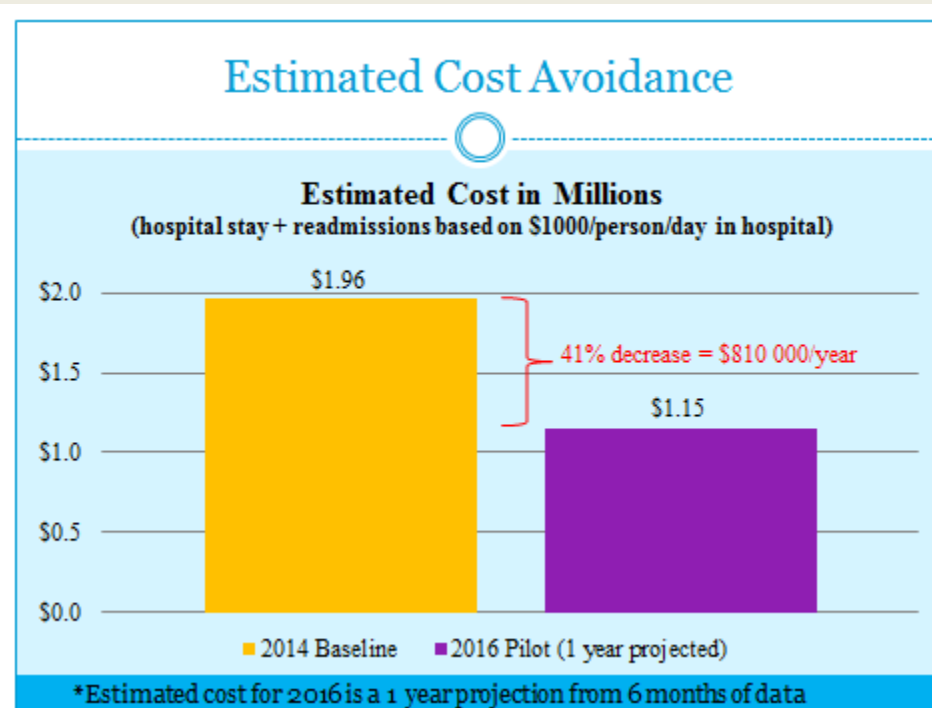
Actual cost avoidance = \$97,053

Potential Additional Cost Avoidance/Year > \$100,000

Success Enhancing Recovery After Surgery



- ERAS guidelines for colorectal cancer surgery piloted in 2016
- Length of stay in hospital decreased (1.8 days) compared to 2014 six months following implementation = \$575,000 cost avoidance in hospital stays + readmissions



Success Improving Outcomes with Comprehensive Geriatric Assessments

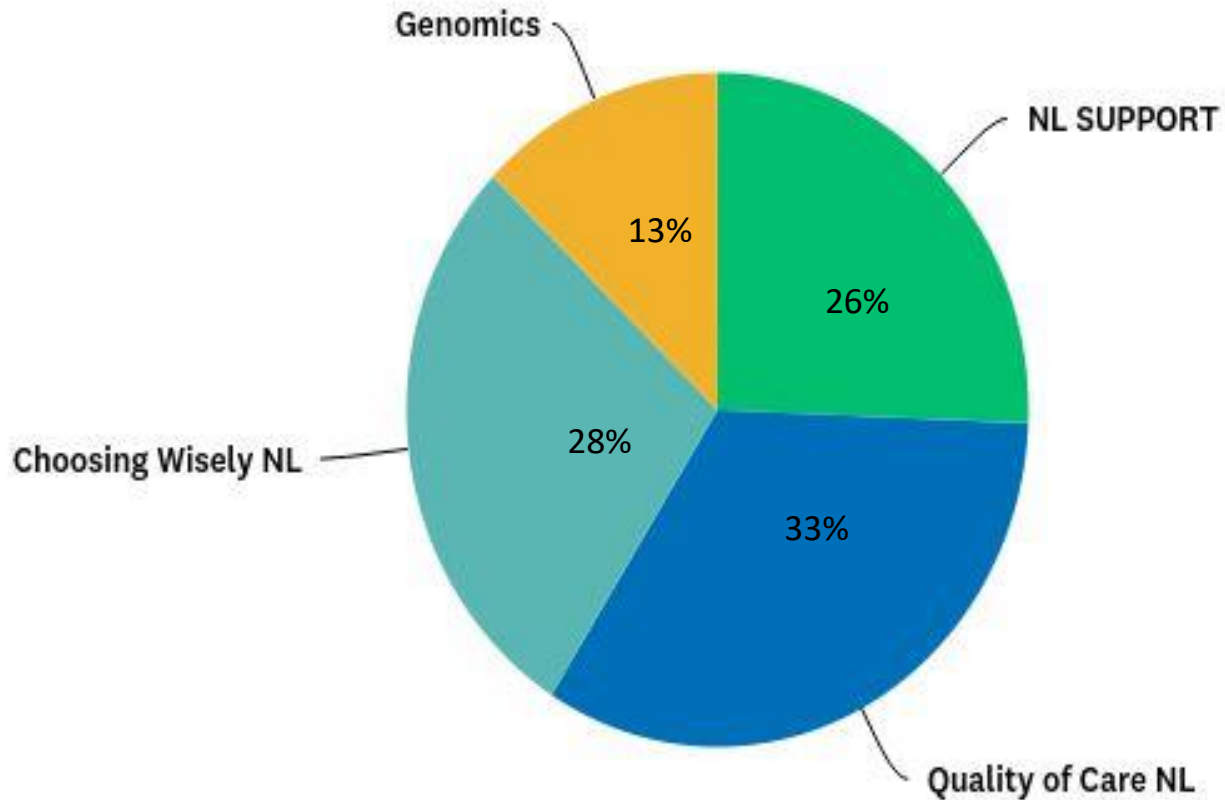


Readmissions at St. Clare's following Comprehensive Geriatric Assessments

	Intervention	Control 1	Control 2
Number of Patients	212	149	201
N (%) of patients readmitted after discharge	53 (25%)	51 (34%)	67 (33%)
Cost of Avoidance	\$140,000		

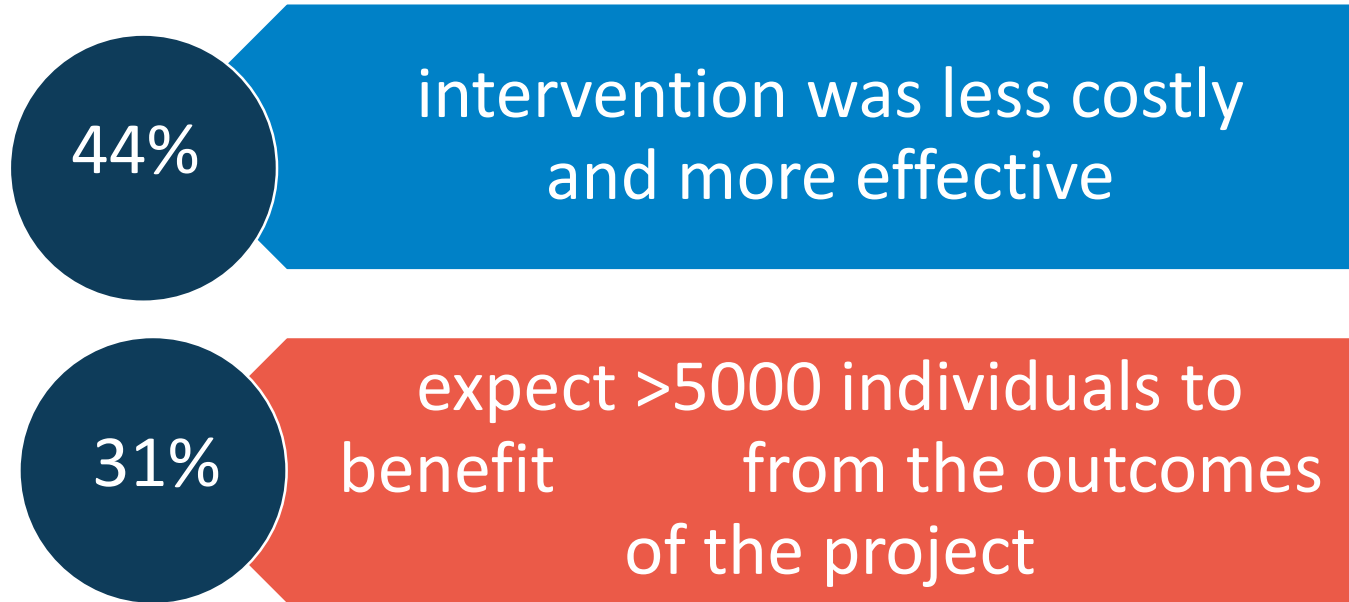
Hazard ratio of 0.66 for intervention group versus control

Value & Economic Assessment Summary

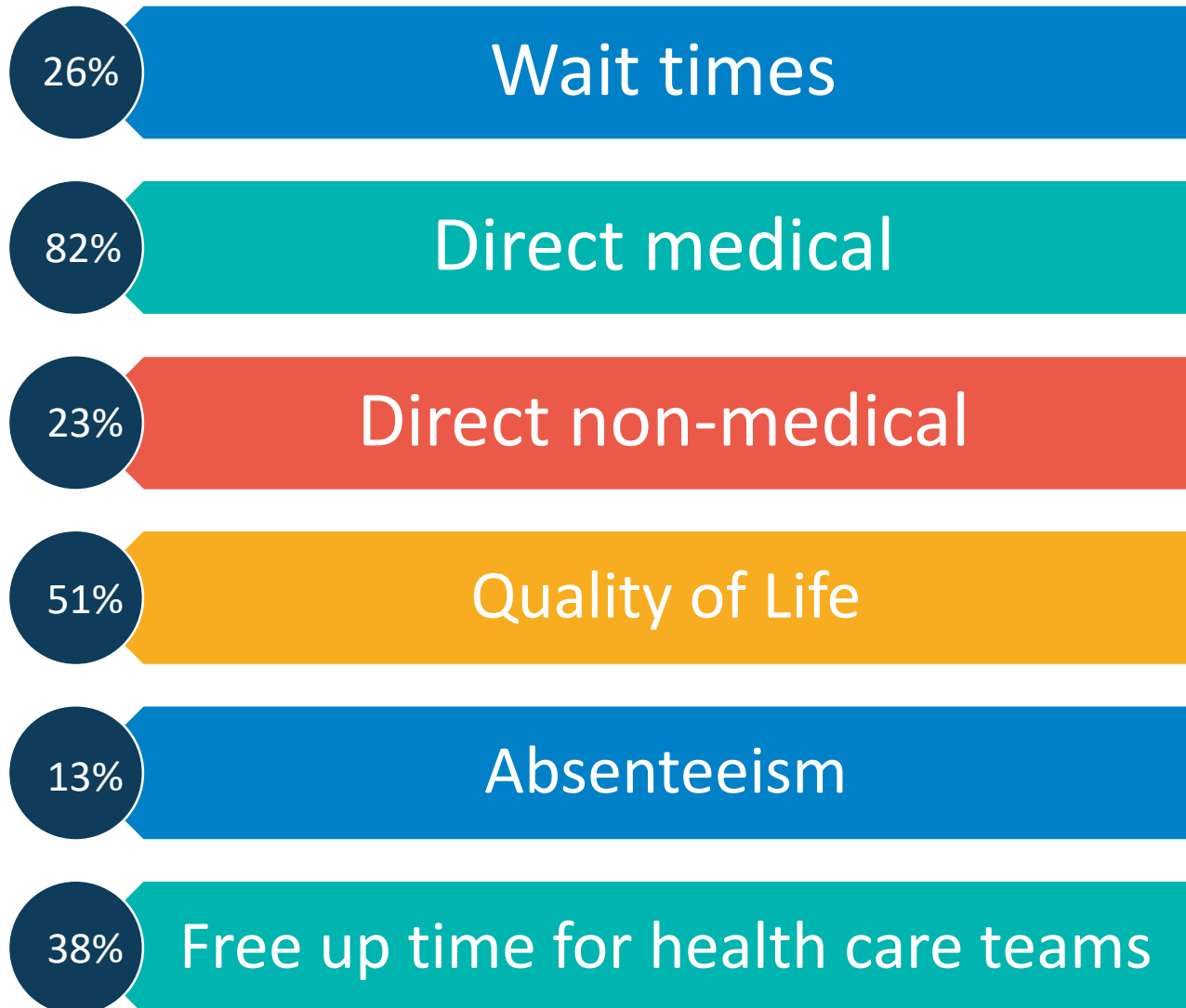


39 assessments completed in total

Perceived Impact



Perceived Impacts Summary



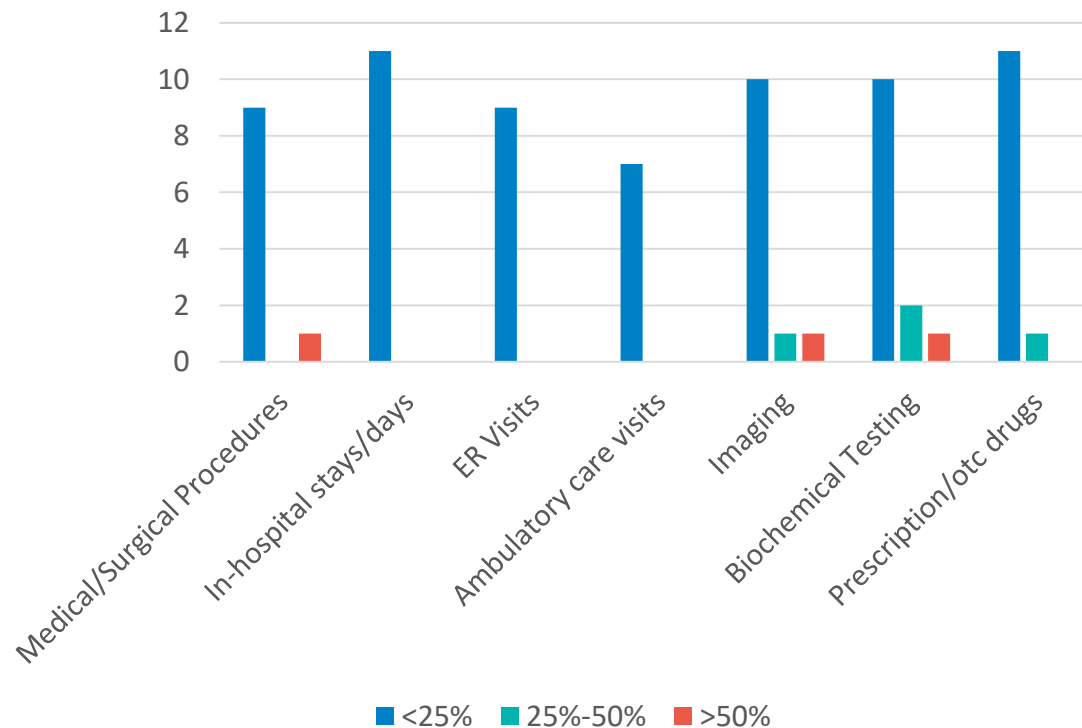
82%

DIRECT MEDICAL COSTS

20%

expect a reduction in direct medical costs by
>\$100,000

Areas in which direct medical costs are
expected to be reduced



QUESTIONS & DISCUSSION