

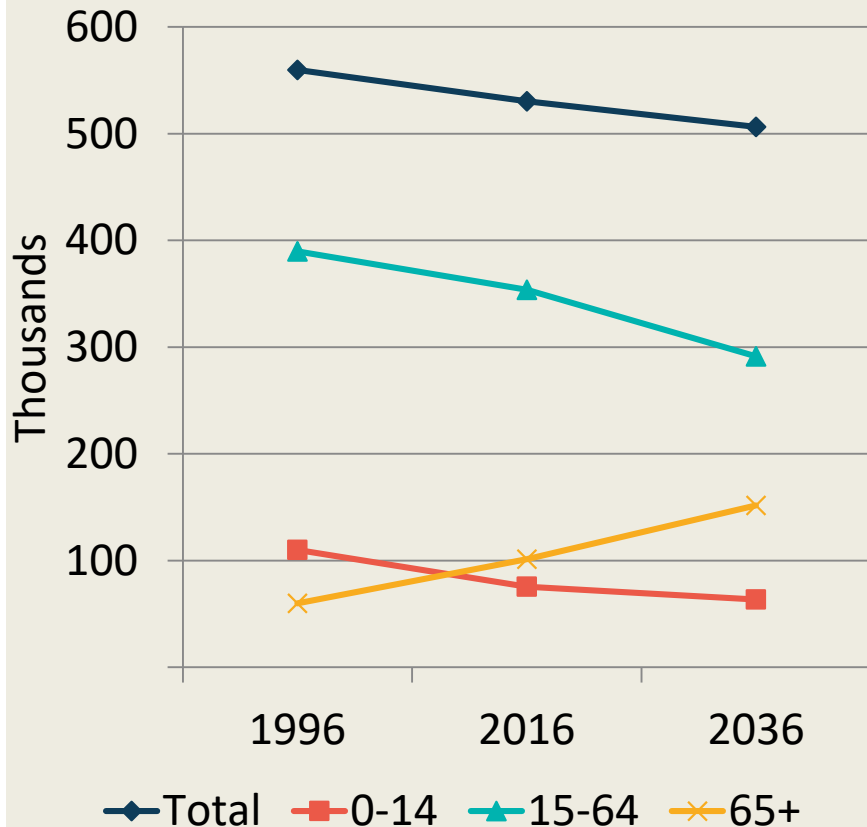


# **A Review of Value Assessments of QCNL Projects**

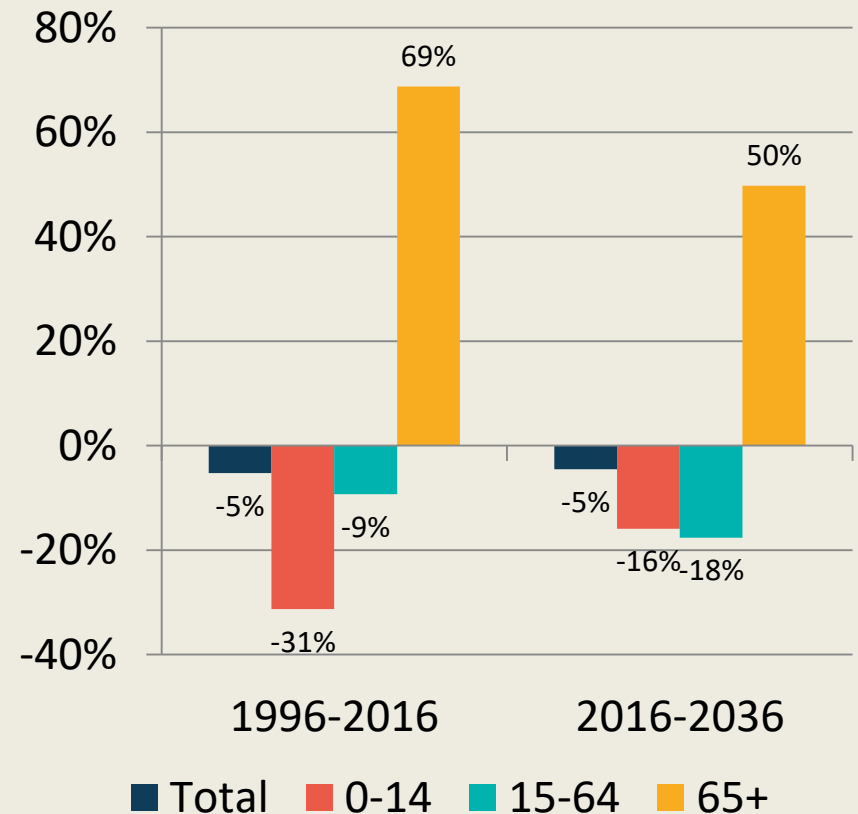
**December 17, 2018**

# Demographic Change Newfoundland and Labrador

### Population



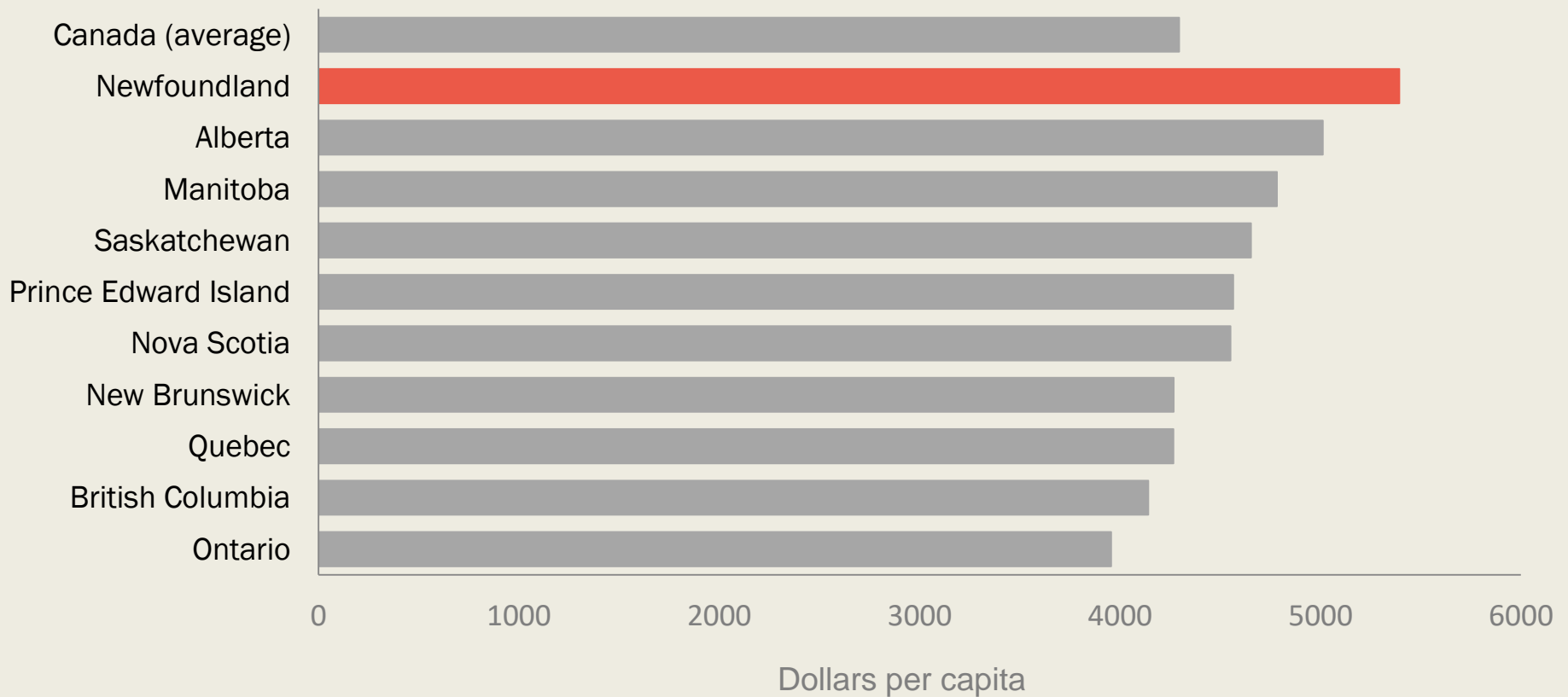
### % Change





# Health Spending

Provincial government health expenditure, 2017





# WHO WE ARE

# Right treatment, right patient, right time

Conduct  
evidence-based  
research

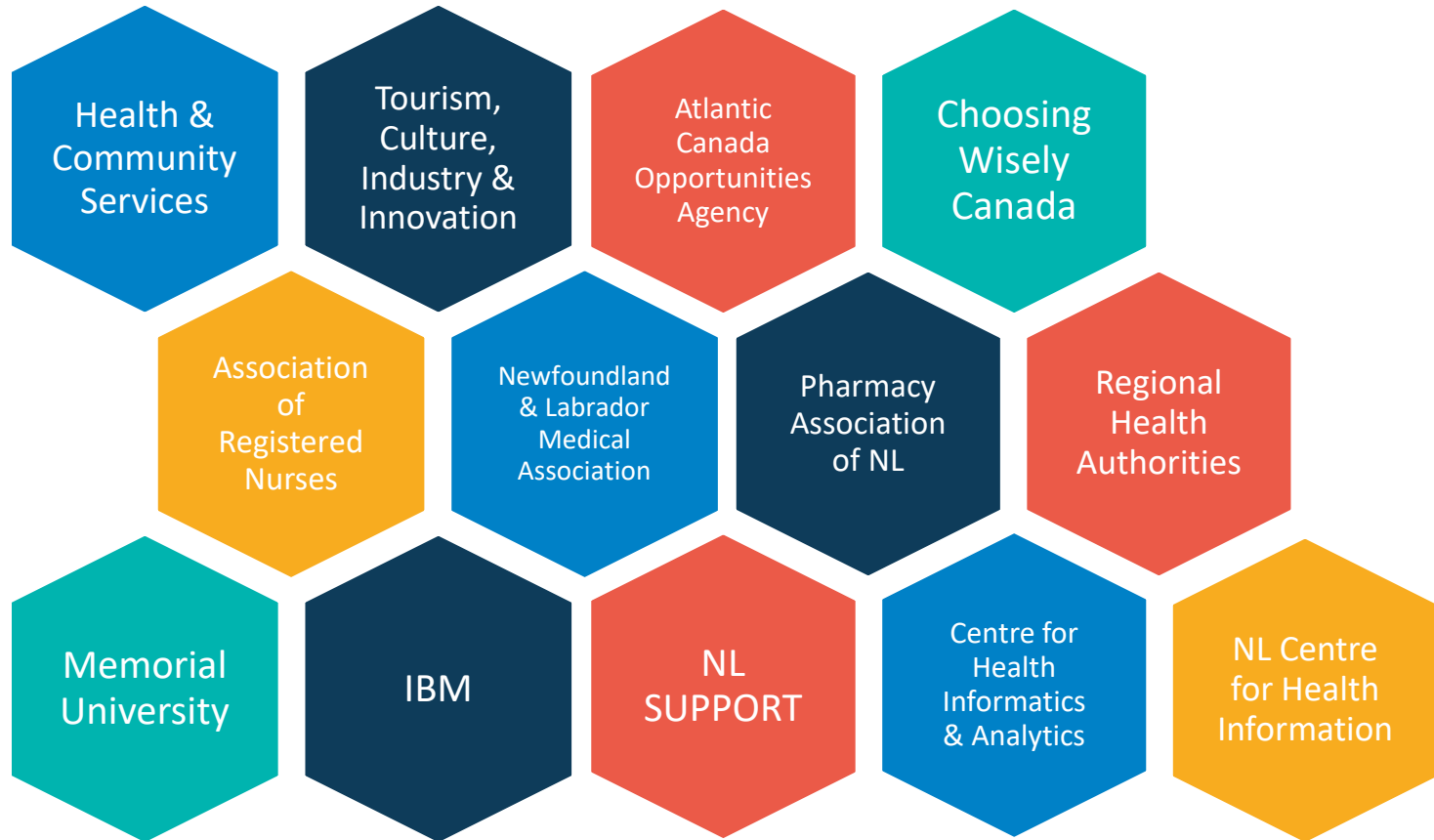
Promote  
recommendations  
& guidelines

Monitor, evaluate,  
report changes  
over time

Implement  
solutions

Offer tools  
& resources

# Our Partners



# Interventions to Change Behavior

Targeted Email  
Campaigns

Practice Points

Academic  
Detailing

Implementation

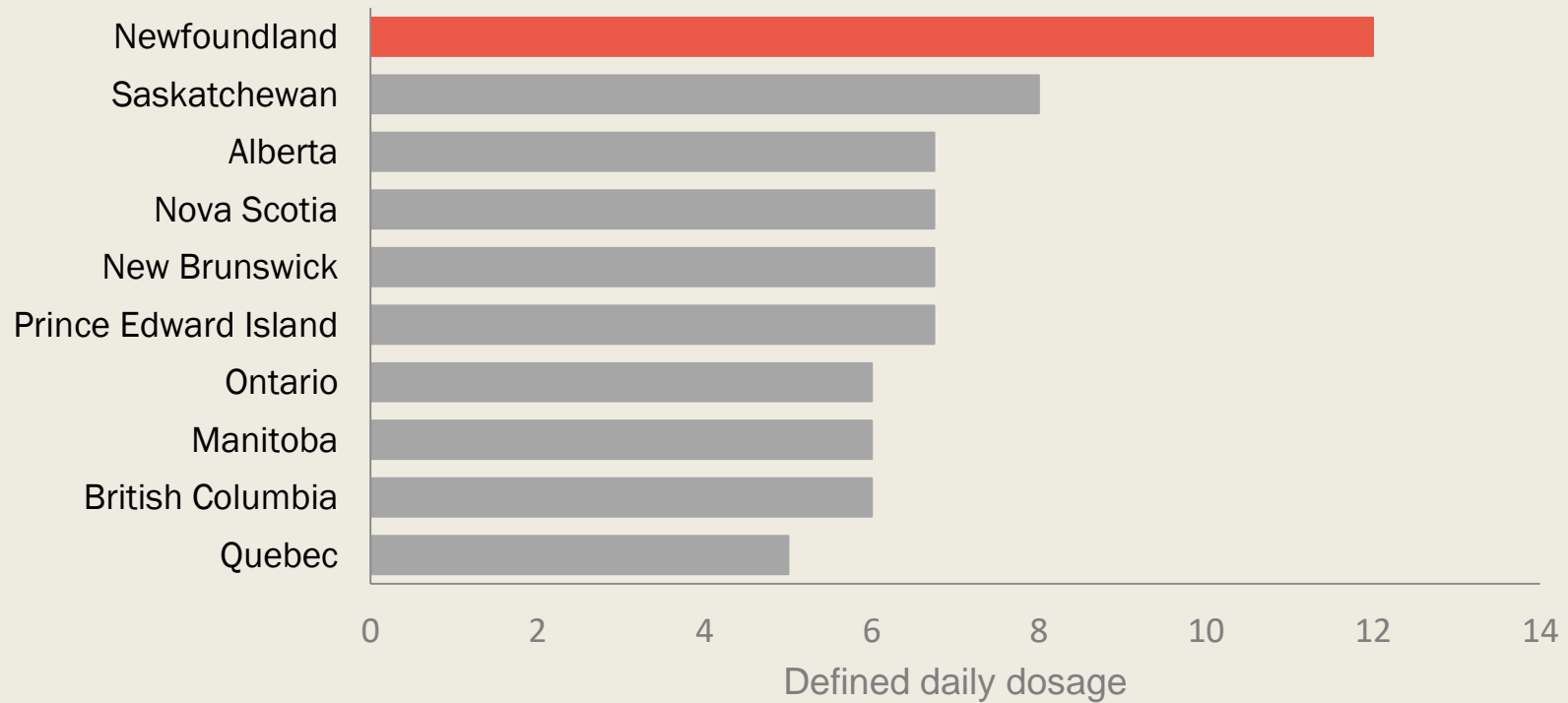
CME

Public  
Campaigns

# Unnecessary Care



## Antibiotic prescriptions, 2014

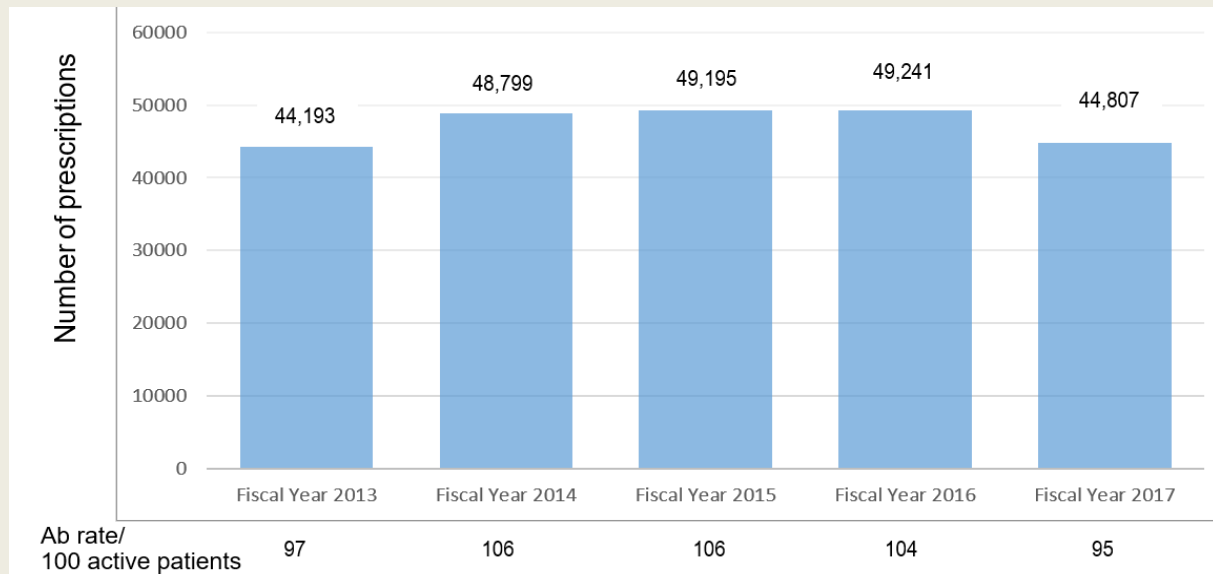




# Success Reducing Antibiotic Prescriptions



Total Annual Cost Avoidance from antibiotic prescription reduction in NLPDP Program

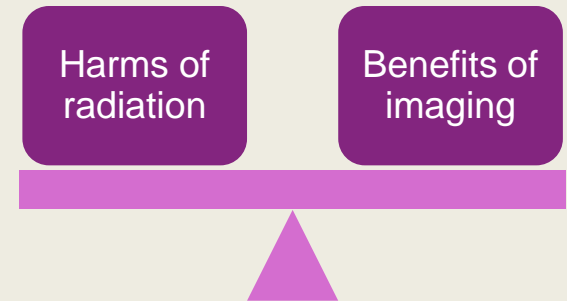
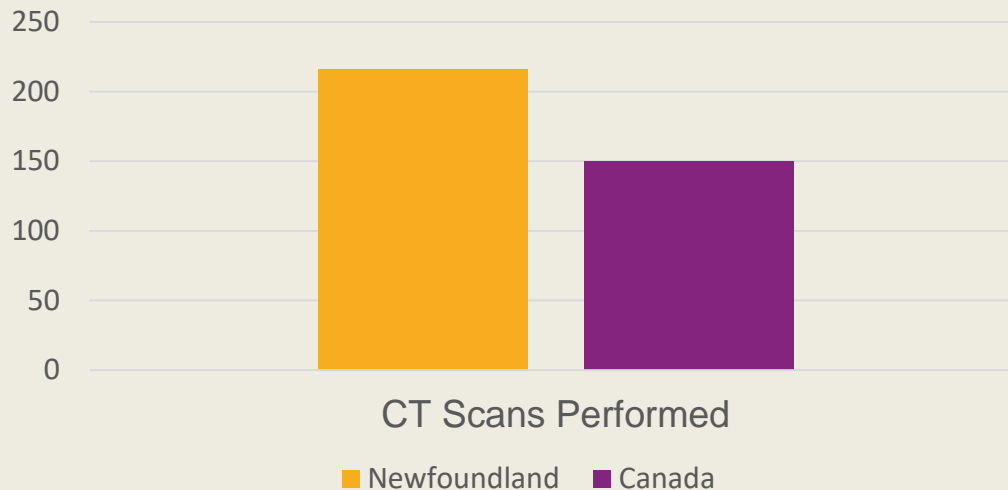


Antibiotic Prescriptions FY 2016	Antibiotic Prescriptions FY 2017	Prescription Decrease	Percentage	Cost Avoidance (based on average cost of Amoxicillin, \$20)
49,241	44,807	4,434	9%	\$88,680

# Unnecessary Care



CT scans per 1,000 population



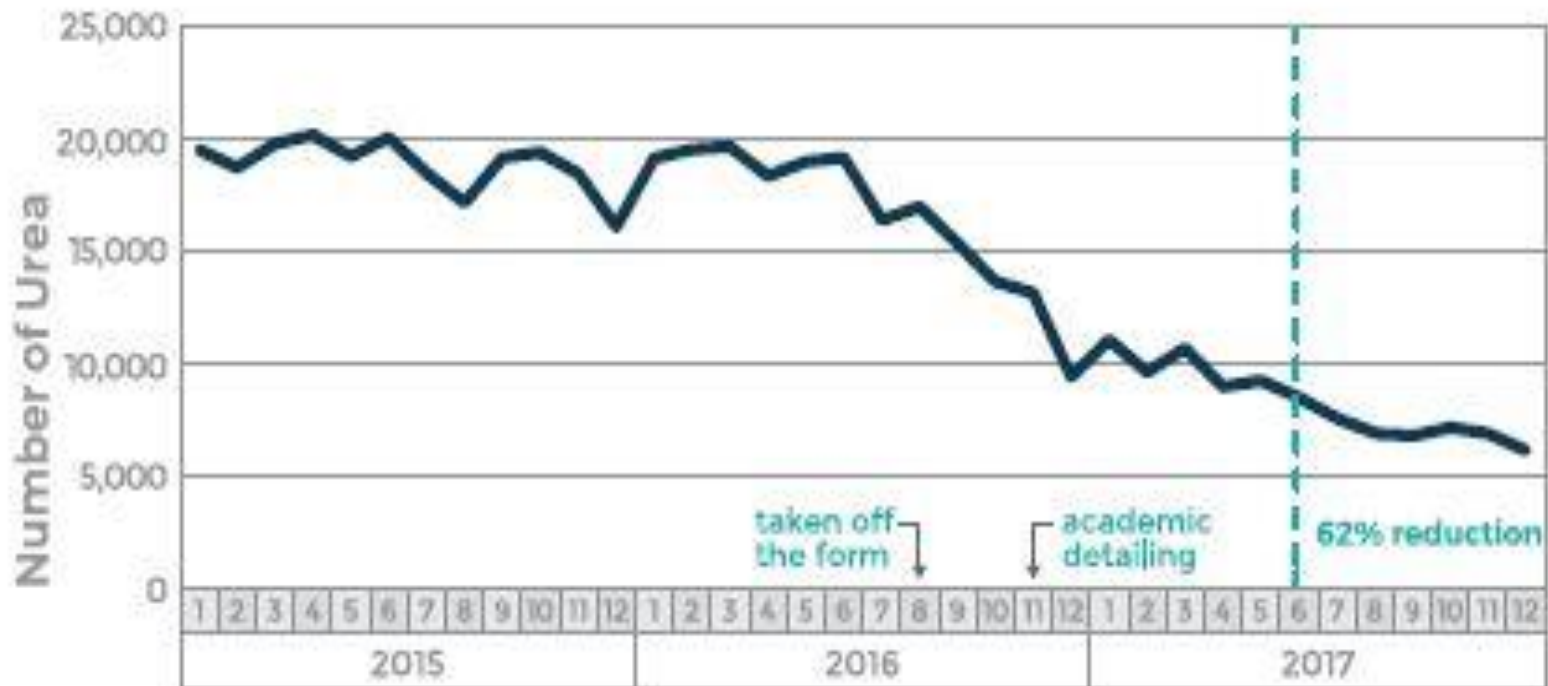
21 guidelines from Choosing Wisely Canada on appropriate use of CT scans

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

# Success Reducing Unnecessary Testing in General Practice



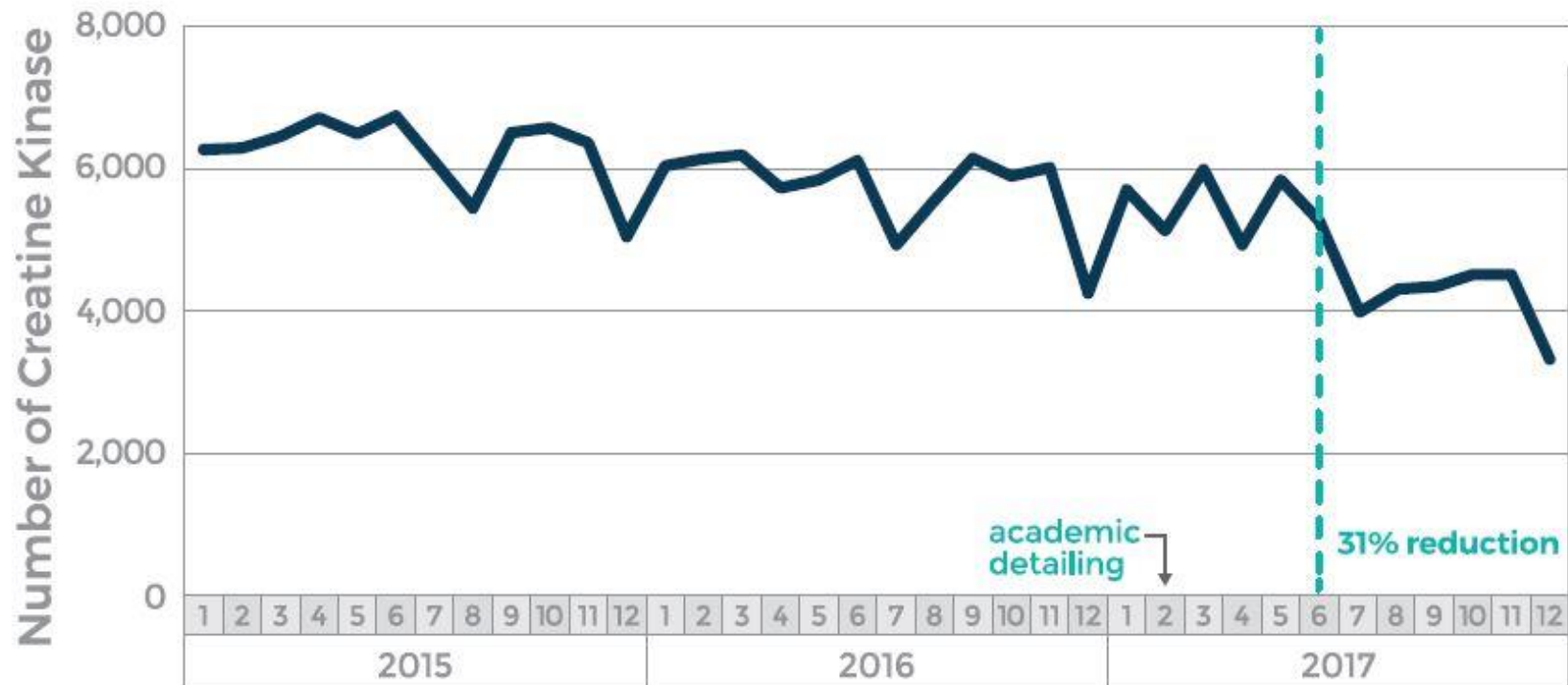
## Monthly Volume of Blood Urea Over Three Years



# 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
<b>Total for all tests</b>		<b>\$563,644</b>

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

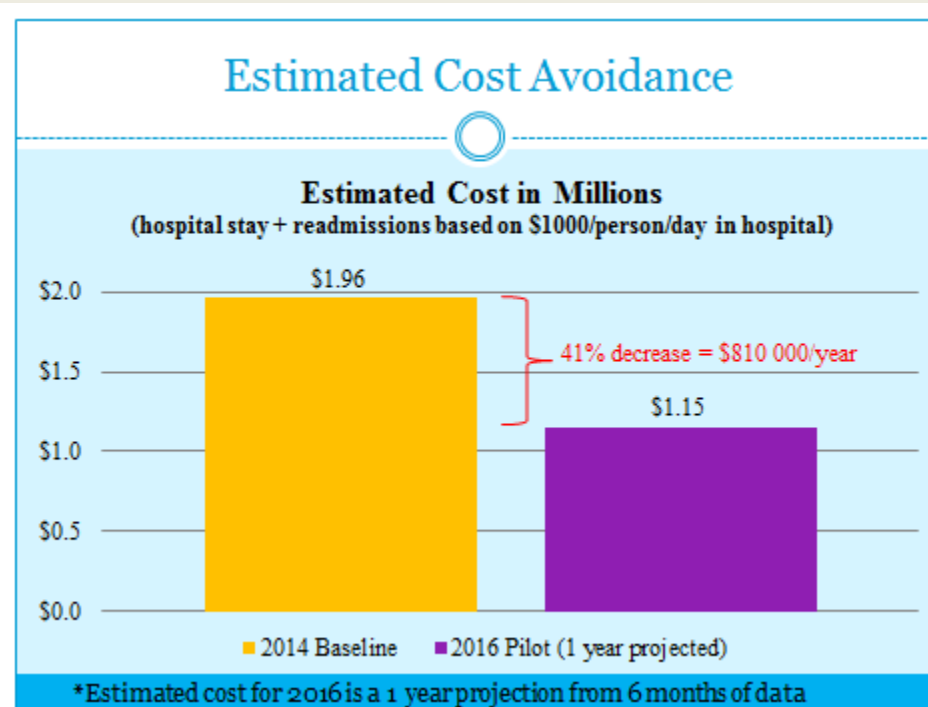
**Actual cost avoidance = \$97,053**

**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

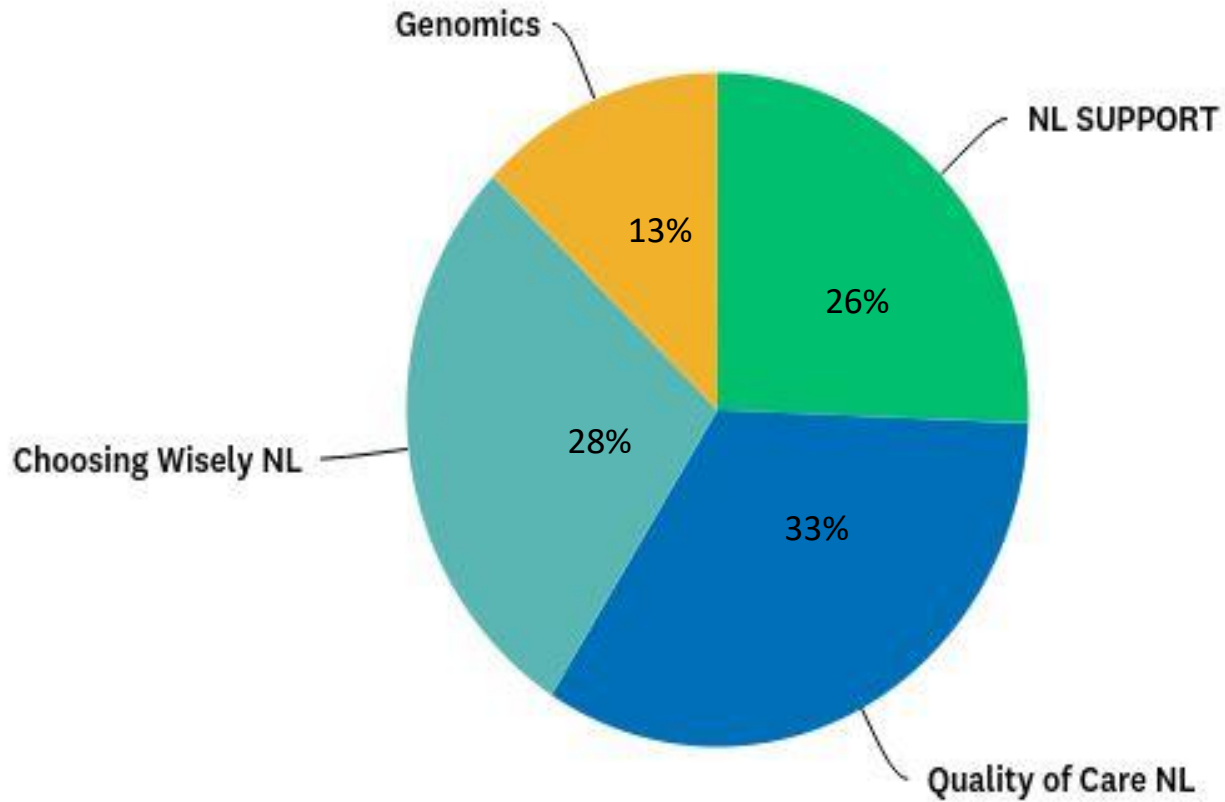


Readmissions at St. Clare's following Comprehensive Geriatric Assessments

	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

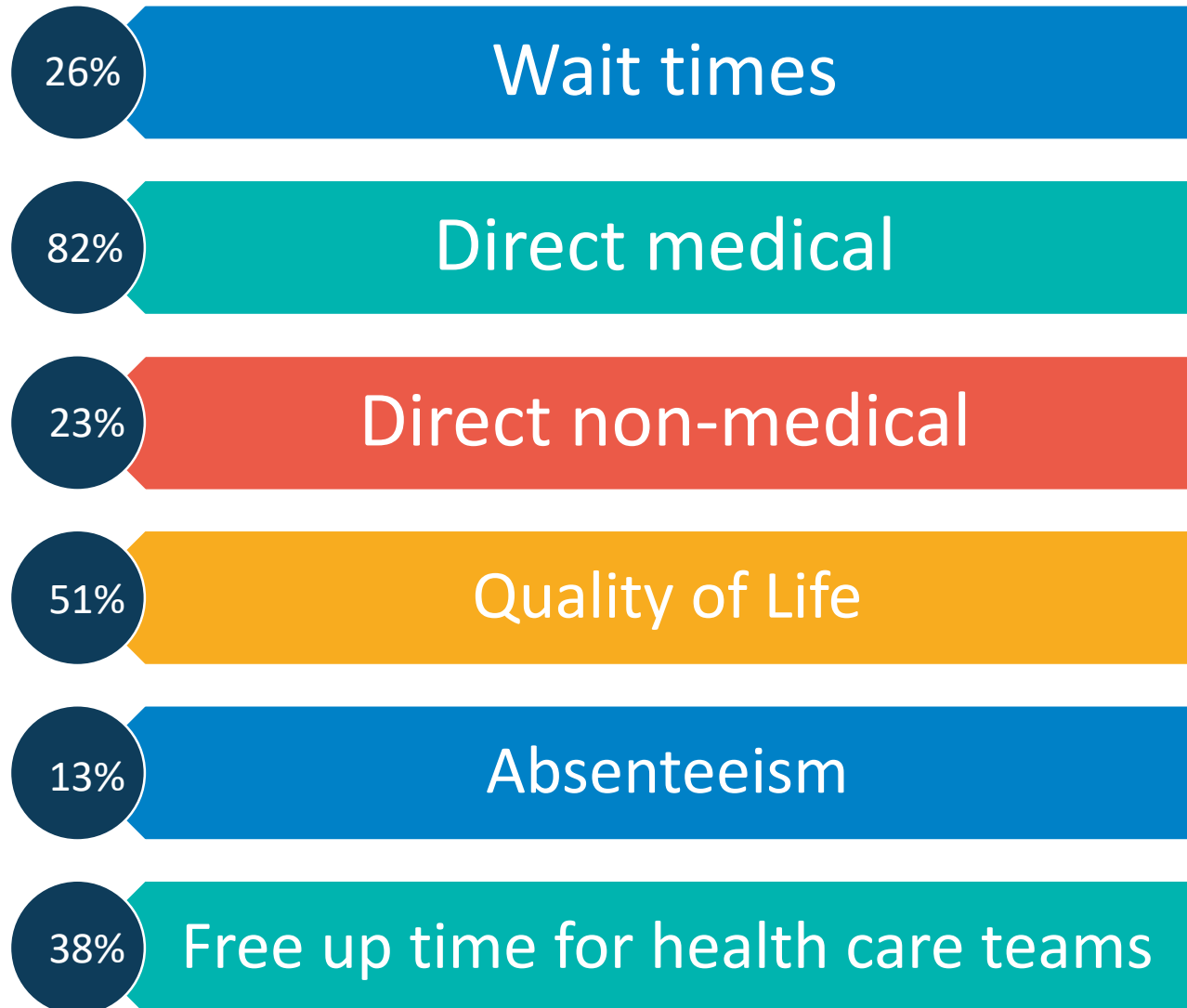
44%

intervention was less costly  
and more effective

31%

expect >5000 individuals to  
benefit from the outcomes  
of the project

# Perceived Impacts Summary



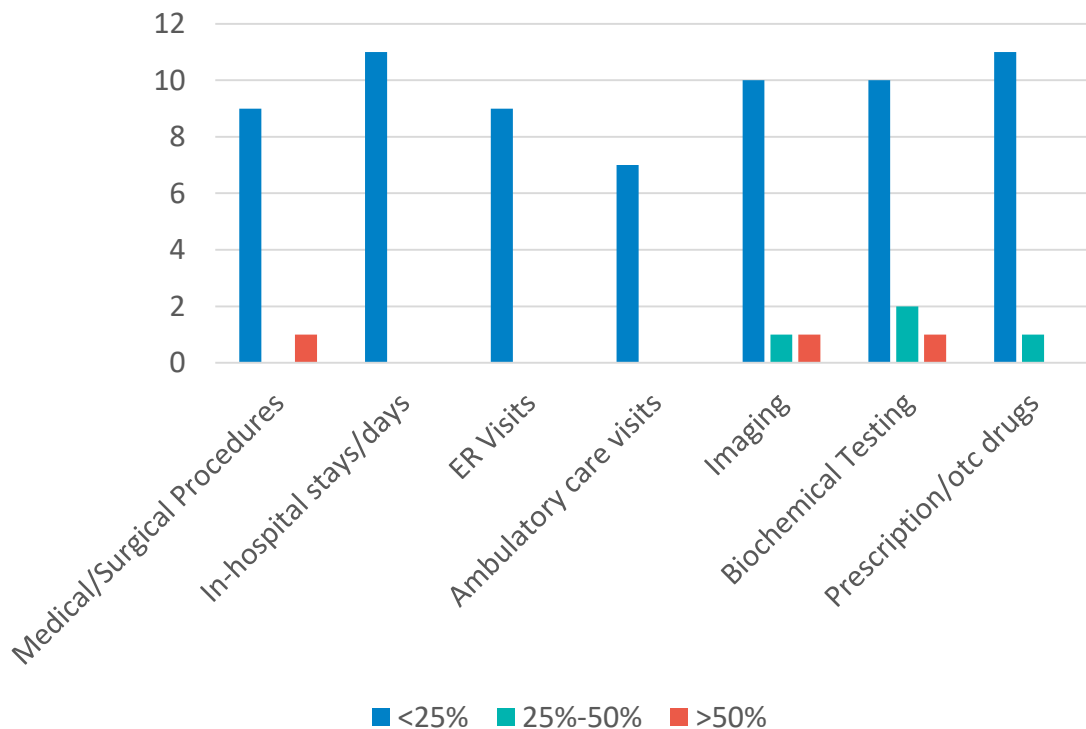
82%

# 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**