



ISSUE PANEL PROPOSAL EXAMPLE

Title (in title case)	Defining and Operationalizing No-Value Care
Moderator (must have 1 moderator; please include name, degree(s), institution, city, state, country)	Moderator: A. Mark Fendrick, MD , Division of Gastroenterology, Departments of Internal Medicine; Center for Value-Based Insurance Design; University of Michigan, Ann Arbor, MI, USA
Panelists (must have 2-3 panelists from different organizations; please include name, degree(s), institution, city, state, country)	Panelists: Beth Beaudin-Seiler, PhD , Center for Value in Health Care, Altarum, Ann Arbor, MI, USA; Peter I. Neumann, ScD , Center for the Evaluation of Value and Risk in Health, Institute for Clinical Research and Health Policy Studies, Tufts Medical Center, Boston, MA, USA
Issue Panel purpose (issue to be presented) Purpose and Overview can have a combined maximum 300 word count	ISSUE: Addressing inefficient spending – such as the pervasive delivery of low-value and potentially harmful care – is critically important for a resilient and prepared health system. However, many current low-value care definitions identify low-value care within the healthcare system by operationalizing what is considered low-value through situational context. This results in a level of subjectivity where emphasizing different elements of the definition can impact the determination of low-value. A potential solution is for policymakers to first address no-value care. A no-value care definition could serve as the first step to help limit inefficient spending, prevent harmful care delivery, and create a more resilient value-driven healthcare system. This session will discuss the need for a more concrete definition of “no-value care”, what types of services would fall into this category, how often these services appear as having no or little cost effectiveness evidence and the financial implications of adopting a more concrete, no-value care definition.
Issue Panel overview (background information should be included)	OVERVIEW: Overview provided by Mark Fendrick approximately 15 minutes. Low-value care has been the topic of discussion for decades in the United States. In 2012, the discussion became more focused with the introduction of the Choosing Wisely campaign whereby specialty society collaborators identified medical tests and services that could be deemed unnecessary to help spur conversation about what is appropriate and necessary treatment. Since then, several studies have examined how best to define and measure low-value care. These definitions, however, are often unactionable as most definitions are not concrete. This session will discuss the need for a more concrete definition of “no-value care”, what types of services would fall into this category, how often these services appear as having no or little cost effectiveness evidence and the financial implications of adopting a more concrete, no-value care definition.