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Disinvestment impact, processes, policies and experiences worldwide: A Systematic Review

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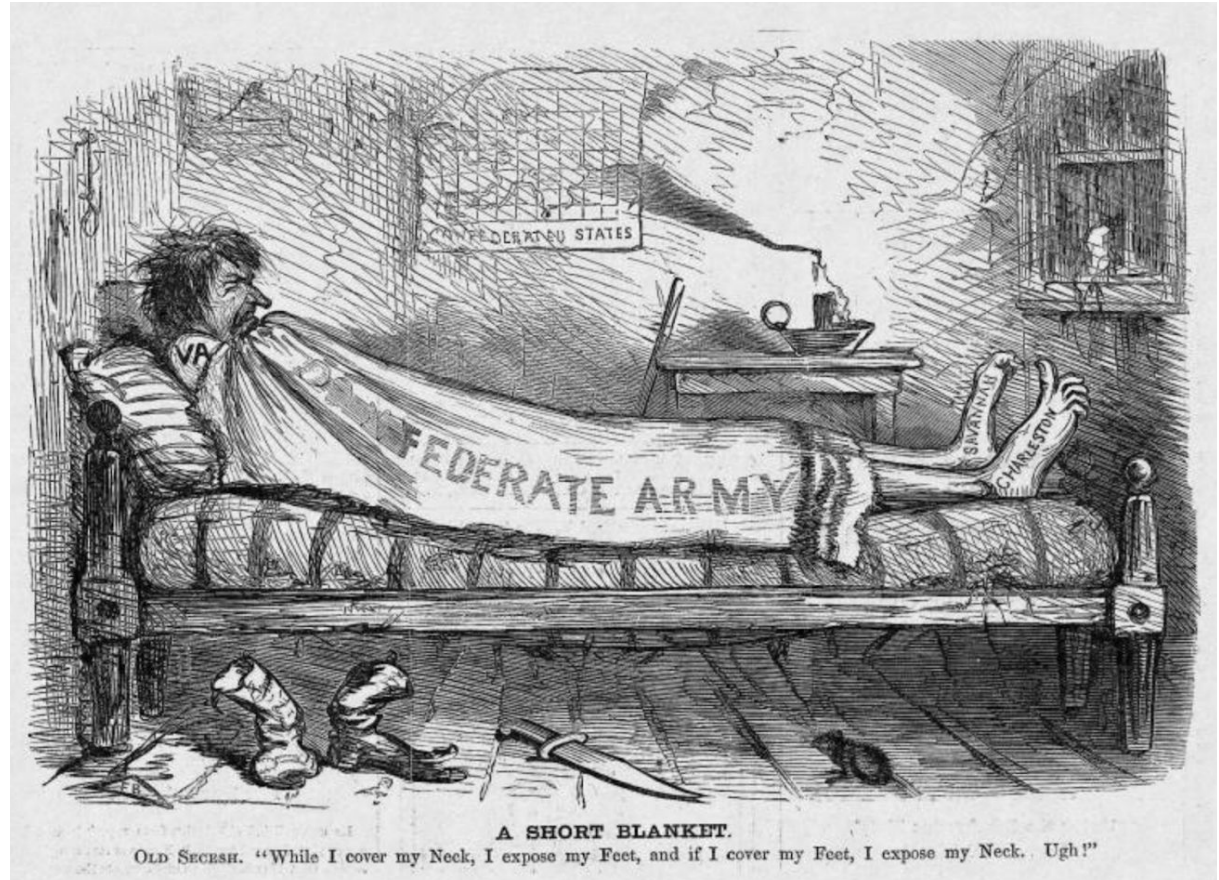
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Summary

- ✓ Introduction
- ✓ Objectives
- ✓ Methods
- ✓ Results
- ✓ Conclusion



An old familiar dilemma



What is disinvestment?

- Disinvestment, is defined as the process of completely or partially withdrawing healthcare resources from currently funded areas that provide little benefit for their cost.
- Disinvestment can lead to full or partial withdrawal of a technology, contractual variation, restriction, or substitution and employs financial disincentives.

What is de-implementation?

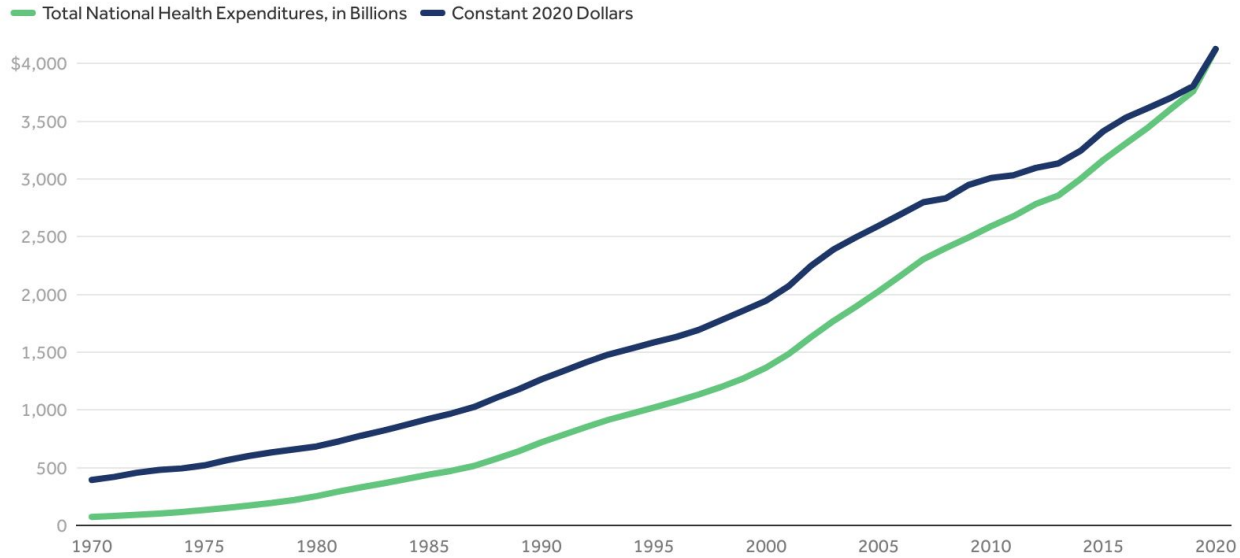
- De-implementation is defined as the process where the use of low-value care is reduced or stopped on a structural basis in a planned process that uses a set of activities, which can include financial disincentives, but also uses other activities such as data feedback, education, and system interventions.

What is de-adoption?

- De-adoption is defined as the discontinuation or rejection of a clinical practice after it was previously adopted.

Introduction

Total national health expenditures, US \$ Billions, 1970-2020



Note: A constant dollar is an inflation adjusted value used to compare dollar values from one period to another.

Source: KFF analysis of National Health Expenditure (NHE) data

Objectives

This research aims to systematically review the impact, processes, policies and experiences of disinvestment that have been reported and implemented worldwide over the last 10 years.

Which are the effects of disinvestment initiatives worldwide on patient outcomes, or healthcare services?

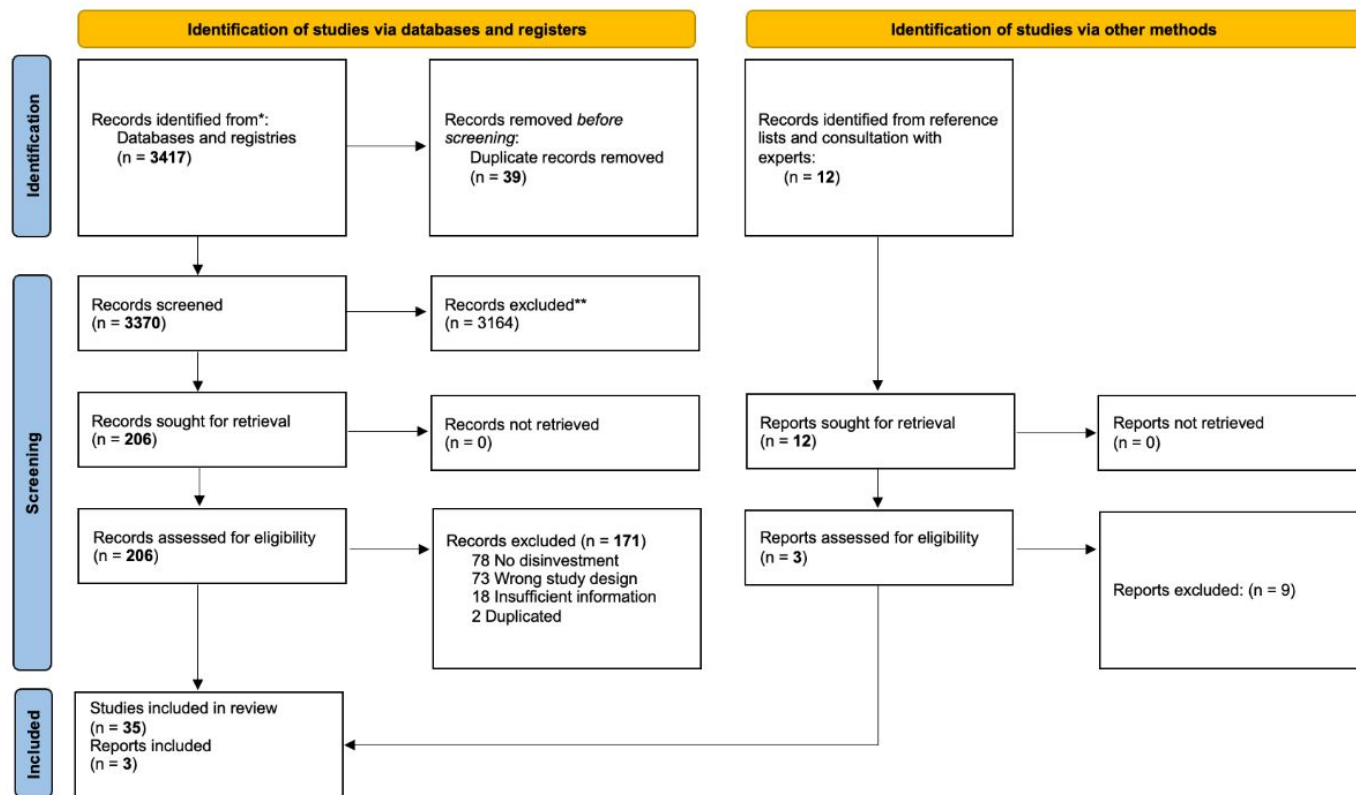
What policies have been incorporated in HTA agencies related to disinvestment processes over the last 10 years?

What are the experiences in disinvestment processes that have been implemented over the last 10 years?

Methods

- Systematic literature research
- Articles published from: January 2010 to May 2022
- Databases were considered: MEDLINE, EMBASE, LILACS, The Cochrane Library, Ecolint CINAHL and Global Health
- Grey Literature:HTA agencies' websites (INHATA, RedETSA) and Google
- **Inclusion criteria:** All primary studies that describe divestment policies at the global level and/or by region, Description of the scope, time of application and health effects of the identified cases, Health effects, Divestment methodologies (even without concrete experience).
- **Exclusion criteria:** Systematic reviews, studies describing inappropriate use of technologies or overuse, methodological proposals coming from a single author, without institutional/government endorsement, will be excluded, methodological proposals that could be used for disinvestment secondarily

Results



*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).

**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: <http://www.prisma-statement.org/>

Results

Total: 3417 reports

35 full fit the criteria + 3 grey literature = **38 reports total**

Categories

Methodology

Description of the methodology used to carry out the divestiture of a technology

No formal measurement experience

Description of the divestment of technologies but without a formal evaluation by any institution

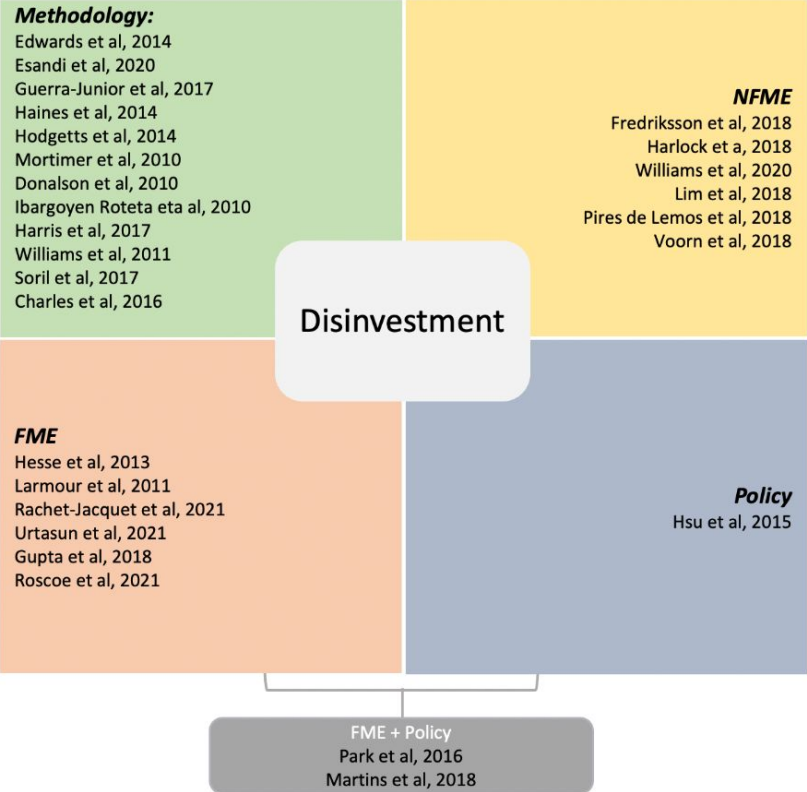
Formal measurement experience

Description of the divestment of technologies with a formal evaluation by an institution.

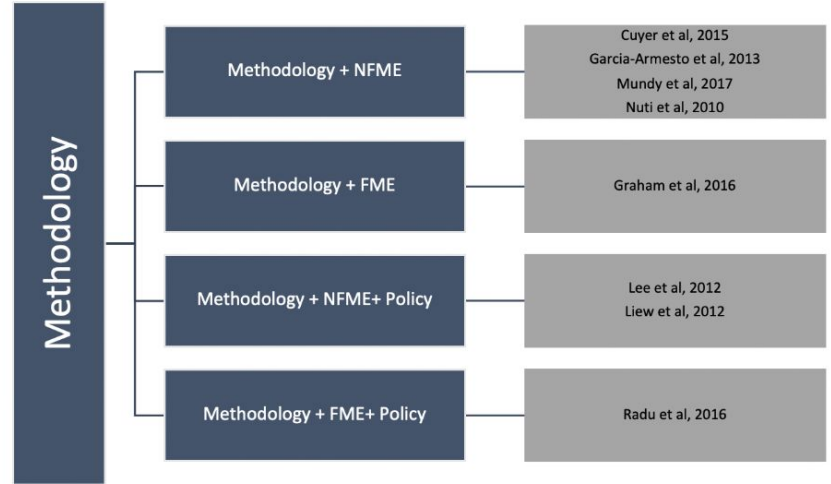
Policies

Description of policy measures taken for divestment

A.



B.



Results

	<i>Overall results</i>
Countries	<p>High-income countries: 31 reports (Australia, United Kingdom, Spain, Canada, France, South Korea, Denmark, United States, Italy, Singapore and the Netherlands)</p> <p>Low and middle-income countries: 4 reports (China, Brazil, Argentina, Romania)</p>
Scope	<p>National: 51.43% (18/35)</p> <p>Subnational: 5.71% (2/35)</p> <p>Provincial/State: 8.57 % (3/35)</p> <p>Local: 5.71 % (2/35)</p> <p>University: 2.86% (1/35)</p> <p>Not mention: 20% (7/35)</p>
Technologies	<p>Medicinal products: antihypertensive drugs, neoplastic drugs, immunosuppressants, immunomodulators, oral proton pump inhibitors, antiemetics, antibiotics, opioids, antipsychotics, bisphosphonates, hyperlipidemia drugs, anti-migraine drugs, among others</p> <p>Medicinal procedures: routine vitamin B12 testing, routine ferritin testing, daily use of diabetes test strips by people with diabetes who do not take insulin, assisted reproductive technologies and fecal occult blood testing, routine monitoring of statin therapy, routine sodium valproate level monitoring in bipolar disorder, routine neuroimaging in first-episode psychosis and preoperative testing for low-risk surgical procedures</p> <p>Medicinal services: neutropenic diet evaluation, ambulance services, reorganization of specialized services, reorganization of primary and acute care services. home support service at the end of lifeAlcohol and drug treatment services, pre-surgical length of stay.</p>

Conclusion

- ✓ Most of the studies were conducted in high-income countries.
- ✓ Few studies have reported on active policies carried out by governments.
- ✓ The vast majority of studies report methodologies that can be used to implement divestment.
- ✓ Despite the wide variety of methodologies there are still limitations to the decision to divest.
- ✓ Scarce implementation experiences were found in LMICs.
- ✓ Disinvestment methodologies provide transparency in decision-making processes, but policies and political commitment are still critical to fully implement disinvestment initiatives.

Thank you for your attention

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