

Affordability High Leverage Opportunities

The MAP Affordability Taskforce will focus on improving the affordability of health care by identifying high leverage opportunities to control costs and reduce waste and overuse in the system. The goals of the high leverage opportunities are to:

- Understand costs and utilization, both overall and by episode
- Reduce the use of unnecessary services
- Prevent the inefficient delivery of services
- Reduce missed prevention opportunities

The table below presents a straw person of high leverage opportunities identified in the National Quality Strategy and the Institute of Medicines *Healthcare Imperative* as well as through input from the taskforce's first web meeting and the MAP Coordinating Committee.

| IOM Cost Driver | High Leverage Opportunity | Measurement Areas |
|----------------------------------|---|--|
| Costs that are too high | Total Costs | <ul style="list-style-type: none"> • Total Cost of Care |
| | Costs by episode (high impact conditions) | <ul style="list-style-type: none"> • Heart disease • Cancer • Trauma • Mental disorders • Pulmonary Conditions |
| | Utilization | <ul style="list-style-type: none"> • Total Resource use • Spending per beneficiary • Relative resource use |
| Unnecessary services | Overuse | <ul style="list-style-type: none"> • Inappropriate medication use • Unnecessary laboratory tests • Unwarranted maternity care interventions • Unwarranted diagnostic procedures • Inappropriate non-palliative services at the end of life • Unwarranted procedures • Potentially harmful services with no benefits |
| Inefficiently delivered services | Person and Family Centered Care | <ul style="list-style-type: none"> • Shared decision making • Patient activation: knowledge skills & ability to follow through with treatment plan |
| | Errors and complications | <ul style="list-style-type: none"> • VTE • HAI • ADE • Pressure Ulcers |
| | Lack of care coordination | <ul style="list-style-type: none"> • Reduce duplicative services • Readmissions/avoidable hospital admissions/ED visits |

| | | |
|---------------------------------|--|--|
| | | |
| | Unnecessary use of higher cost providers | <ul style="list-style-type: none"> • Unnecessary consultations • Unnecessary ER Visits • Ambulatory care sensitive conditions |
| Missed prevention opportunities | Primary Prevention | <ul style="list-style-type: none"> • Smoking • Obesity (Diet and Exercise) • Alcohol and drug abuse • Immunization |
| | Secondary Prevention | <ul style="list-style-type: none"> • Screenings (cancer, depression) |
| | Tertiary Prevention | <ul style="list-style-type: none"> • Disease Management • Follow up care • Case management |