

Studies highlight need to prioritize value in health care

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Improving quality and value in health care for patients with cardiovascular disease requires a systemic approach that incorporates components including the patient voice, equity across all populations and

effective deployment of technology and data, according to a series of analyses published today by the American Heart Association and the Duke-Margolis Center for Health Policy as part of their joint Value in Healthcare Initiative.

"If prioritizing health care quality and value was already an urgent need before the COVID-19 pandemic, it is even more so now as pressures on our health care system continue to mount," said Nancy Brown, CEO of the American Heart Association, the world's leading voluntary organization focused on heart and brain health, and Mark McClellan, MD, Ph.D., director of Duke-Margolis, former Food and Drug Administration commissioner and former Centers for Medicare & Medicaid Services administrator. "It has never been more critical that we move beyond the fee-for-service payment model to focus on paying for value in health care, such as by elevating telehealth and community-based care, making [clinical trials](#) more efficient, ensuring health coverage matches care with patient values and focusing on chronic disease prevention."

Launched in 2018, the Value in Healthcare Initiative convened representatives from across the health care ecosystem to identify ways to improve value and transform [cardiovascular care](#). Four high-impact areas in cardiovascular care—value-based models, the clinical trial process, predicting and preventing chronic disease, and prior authorization—were identified for close examination.

Newly released manuscripts from interdisciplinary working groups that studied these areas reveal several cross-cutting themes for improving value in health care. These themes, included in a summary paper about the initiative published today in the American Heart Association's peer-reviewed journal *Circulation: Cardiovascular Quality and Outcomes*, include:

- Incorporating the patient voice—Patient perspectives should be better integrated into decision-making about endpoint selection and value assessment in health care.
- Achieving health equity—All populations, including communities of color, rural areas and other under-resourced communities, must benefit from innovations in care models that drive toward value.
- Utilizing digital tools and data—Wearable technology, health apps and other digital tools could improve health care value if used appropriately, but they could also worsen value if deployed without attention to costs, disparities and access.
- Introducing flexible payment models—Flexible payment models that move away from the traditional fee-for-service approach to [health care](#) delivery are necessary to improve quality and value.
- Addressing data standards and interoperability—Utilizing real-world data from electronic health records, administrative claims, wearable technology and online portals to improve value requires aggregating information accurately and safely.
- Emphasizing implementation science—This approach to studying methods and strategies for adopting evidence-based practices into routine clinical usage is central to making value-based payment models and clinical prevention strategies work.

In addition to the summary paper, manuscripts on the clinical trial process, predicting and preventing chronic disease, and prior authorization also were published today in *Circulation: Cardiovascular Quality and Outcomes*:

- [Improving cardiovascular drug and device development and evidence](#) – Cardiovascular disease remains the leading cause of death and disability in the U.S., and treatment and care for the disease continues to be highly costly, complicated and burdensome. With drug innovation in [cardiovascular disease](#)

lagging, new strategies are needed to streamline and reduce the costs of clinical trials, while placing greater emphasis on the patient voice and experience. This paper recommends short- and long-term approaches for partnering with regulators to improve the cardiovascular pipeline while making cardiovascular therapies more effective, meaningful and equitable to patients.

- [Predicting and preventing chronic disease](#) – Stroke causes significant mortality and morbidity, and it can significantly impact quality of life. This paper reviews the potential components of a "frontier" program for upstream stroke prevention focused on predicting, preventing and managing hypertension and atrial fibrillation.
- [Prior authorization](#) – The goal of utilization management strategies such as prior authorization is to encourage the safe and guideline-adherent provision of new and potentially costly cardiovascular therapies. However, patients, clinicians and payers struggle with the way such strategies are currently implemented. This paper highlights ways to use value-based payment contracting to rethink prior authorization as well as mechanisms to streamline existing prior authorization.

Three other papers from the initiative, focusing on [defining value in health care](#), advancing value-based payment models and [advancing value-based cardiovascular care](#), were [published](#) in May.

More information: John J. Warner et al. Improving Cardiovascular Drug and Device Development and Evidence Through Patient-Centered Research and Clinical Trials, *Circulation: Cardiovascular Quality and Outcomes* (2020). [DOI: 10.1161/CIRCOUTCOMES.120.006606](https://doi.org/10.1161/CIRCOUTCOMES.120.006606)

Vincent J. Bufalino et al. Frontiers of Upstream Stroke Prevention and Reduced Stroke Inequity Through Predicting, Preventing, and Managing Hypertension and Atrial Fibrillation, *Circulation: Cardiovascular Quality*

and Outcomes (2020). [DOI: 10.1161/CIRCOUTCOMES.120.006780](https://doi.org/10.1161/CIRCOUTCOMES.120.006780)

Mitchell A. Psotka et al. Streamlining and Reimagining Prior Authorization Under Value-Based Contracts, *Circulation: Cardiovascular Quality and Outcomes* (2020). [DOI: 10.1161/CIRCOUTCOMES.120.006564](https://doi.org/10.1161/CIRCOUTCOMES.120.006564)

Karen E. Joynt Maddox et al. Value in Healthcare Initiative, *Circulation: Cardiovascular Quality and Outcomes* (2020). [DOI: 10.1161/CIRCOUTCOMES.120.006612](https://doi.org/10.1161/CIRCOUTCOMES.120.006612)

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