

Project Protocol

De-Implementation of Low-Value-Care – Rapid Review

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Duration: Q2 to Q4 (5 PM)

Language: English (with German summary)

Background:

Low-value care (LVC) refers to the provision of ineffective, inappropriate, or non-cost-effective health services. The term LVC encompasses overuse, misuse, and underuse [1]. Reducing LVC allows resources to be redirected towards higher-value services, improving efficiency within the health system [2].

De-Implementation is the overarching process of reducing or discontinuing a clinical practice or service [3]. The literature contains numerous related terms (de-adoption, disinvestment, decommissioning, exnovation, among others) [4]. This project uses **disinvestment** as the lead term: it denotes the complete or partial withdrawal of resources from services considered unsafe, ineffective, and/or inefficient, with the aim of redirecting those resources to more effective services [5]. **Decommissioning** refers to the planned removal, reduction, and/or replacement of health services, often at the programme/care-delivery level [6]. **Health Technology Reassessment (HTR)** is the structured instrument used to reassess existing services across their lifecycle and provides the evidence base for a disinvestment decision [7].

Considerable evidence already exists internationally on effective de-implementation strategies at the clinical level (i.e., how individual physicians/teams can be encouraged to discontinue an LVC service) and on their barriers/facilitators [3, 8]. Far less systematically documented, however, is the overarching system/process level: (a) how the benefit/fee catalogue itself is maintained and updated — that is, the institutionalised process by which a payer identifies LVC within the catalogue, prioritises reassessments, decides on disinvestment, and implements it [5, 9] – and (b) how such a disinvestment decision is communicated to relevant stakeholders. Communication in particular is regarded as a decisive factor: in practice, disinvestment often fails not due to a lack of evidence but due to public and professional resistance [6].

This is directly relevant to the Austrian context: until 2019, the nine regional health insurance funds (Gebietskrankenkassen) operated separate fee and benefit catalogues that had grown historically and were, in part, heterogeneous. With the merger into the Austrian Health Insurance Fund (ÖGK), the fee catalogue is being harmonised nationwide. This harmonisation process is not merely a technical standardisation exercise — it also offers an opportunity to systematically review, as the catalogue is revised, which existing services still correspond to current evidence [9]. In addition, Austrian work already exists on identifying and quantifying LVC services [10, 11], which can be directly built upon. A structured, process-oriented synthesis of international experience with catalogue maintenance and communication of LVC delistings can specifically support this process.

Project aims:

The aim of the project is to systematically synthesise international processes for maintaining and updating benefit/fee catalogues and to translate them into transferable options for the Austrian context — including the question of how disinvestment decisions can be communicated to relevant stakeholders.

The aim of this study is not to create LVC service lists, to re-evaluate the effectiveness of individual de-implementation strategies, or to quantify LVC prevalence/costs for Austria.

Research questions:

Two research questions (RQ) will be addressed:

RQ 1: What processes for maintaining/updating benefit catalogues are described in the literature and in institutional process documentation?

RQ 2: How can disinvestment processes be successfully communicated to relevant stakeholders?

Methods:

The following methods will be used to address the research questions:

RQ 1: Structured country selection (countries with comparable health system structure/organisation and countries with established HTR processes); structured grey-literature hand-search of websites of health ministries, payers, and HTA institutions (INAHTA database, HTAi Disinvestment & Early Awareness Interest Group (DEA IG)); qualitative process analysis; narrative synthesis; description of transferability to the Austrian setting.

RQ 2: Systematic search of relevant literature databases for systematic reviews (PubMed/MEDLINE, Embase, Epistemonikos, Cochrane Library) and HTA reports (INAHTA database) on delisting, decommissioning, disinvestment communication, stakeholder/public/patient engagement, and framing; supplementary hand-search; data extraction (study characteristics, disinvestment context, stakeholders addressed, engagement formats, communication strategy); thematic framework synthesis and description of transferability to the Austrian setting.

Population-Concept-Context (PCC) Framework:

	Definition for RQ1	Definition for RQ2
Population	Health/social health insurance systems, or the institutions responsible for catalogue maintenance (ministries, payers, HTA institutes)	Stakeholders of disinvestment decisions: patients/the public, healthcare providers, professional societies, payers, health policymakers
Concept	Processes for maintaining/updating (ambulatory and inpatient) benefit catalogues; identification, prioritization, reassessment (HTR), decision-making, and implementation of disinvestment/delisting	Communication and engagement strategies for disinvestment/delisting: framing, engagement formats, timing, handling of resistance
Context	Primarily DACH/Bismarckian systems (DE, CH, NL, FR, BE); secondarily reference-model countries with established HTR processes; application reference to Austria	Health/social health insurance systems in which services are actively reduced/delisted; application reference to Austria

Timetable:

Period	Tasks
Q2 2026	Scoping and finalization of the project protocol
Q3 2026	Hand-search, systematic literature search
Q3 2026	Abstract screening, full-text analysis
Q4 2026	Data extraction, evidence synthesis, drafting, internal review
Q4 2026	External review, finalization, publication

References:

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