

2024 Annual Wennberg International Collaborative Meeting   
September 11-13, 2024  
Oslo, Norway

# Call for Papers

## Structure of the meeting and arrangements for submitting abstracts

The 2024 Fall Research Meeting of the Wennberg International Collaborative is organized around four themes:

1. <<list here>>

Other sessions will be developed to appropriately group meritorious papers on other topics.

The four specific categories are based on themes described below. This first call for papers invites you to submit abstracts in any category. To do so, please complete the abstract form by **June 30, 2024**. The WIC will screen all submissions and will send relevant abstracts to be considered by the organizers of the different categories .

The shape of the conference and of each subject will depend on responses to this call for papers. The objective of outlining specific categories in advance is to develop a focus for many of our sessions. We also encourage collaborations across disciplines and countries between researchers and those who are responsible for developing policy instruments to reduce unwarranted variations.

## The Four Themes and Priority Topics

The WIC welcomes papers that discuss planned studies, research in progress, or final study findings. The session themes and priority topics are of particular interest for 2024 meeting.

We also welcome additional abstracts for oral or poster presentation related to the causes and consequences of unwarranted health care variation and its remedies. These include novel descriptive or inferential studies (quantitative or qualitative) or national and regional efforts to measure and report variation. Papers may present new research ideas, work in progress, or completed studies

**Session Themes**

1. Low Value Care

Theme leader – Gwyn Bevan

Low value care interventions are those where any benefit is greatly outweighed by possible harm and costs. Analyses continue to find high rates of unwarranted variations across regions and providers in low value care in diagnoses, procedures, and medication use. Hence there is an opportunity to use this analysis to redeploy resources from harming to benefit patients with effective care. We welcome papers that explain the causes and consequences of low value care, and explore ways of reducing its volume.

2. Public reporting of health care variation and health provider performance

Theme leader – David Goodman, Hanover, NH USA

The widespread implementation of systems to measure health care interventions across regions and providers has generated a large quantity of information about health system performance over time and place. In many instances, the data is specific enough to produce quality and/or efficiency indicators at the level of hospitals or physicians, or in small enough health service areas that the responsible clinical organization can be identified. The availability of provider-specific information differs greatly by country and data source with some jurisdictions and health insurance plans promoting the regular publication of quality indicators while others discourage their release. The arguments used to support or prohibit measure release are related to ethics, the utility of the information, and issues of clinician confidentiality. In this session, we will discuss different models of public reporting and consider the opportunities and barriers in different settings.

3. Novel data and data linkage methods for health care evaluation

Theme leader – Therese Stukel, Toronto Canada

Population-based health care measurement across regions and providers commonly begins with the analysis of health administrative data that has been collected for billing purposes, but the scope and scale of these data differs across regions even within the same country. Some countries have access to rich population-based data that is linkable across health care sectors and time as well as across different domains such as health, education and justice. In many places, researchers and policy analysts have access to other rich data sources that can be linked to patients such as clinical registries, patient and provider surveys, and electronic medical data (EMR). In this session, we will explore the use of novel data sources and data linkage methods to enhance our understanding of the causes and consequences of unwarranted variation.

4. Economic analysis of unwarranted variation examines prices, spending, and costs (including

travel times)

Theme leaders – Jostein Grytten, Olso Norway and Zeynep Orr, Paris France

The gold standard for cause-effect studies is randomized controlled experiments. For several reasons (ethical, financial and political), such experiments are difficult to carry out in studies of practice variation. Hence many studies rely on observational data (i.e. data in which exposure is determined in a different way than random assignment) but it difficult to establish causal inference from these data. Causal inference is required to answer questions such as: What is the impact of hospital payment on practice variation? What is the effect of a specific intervention (such as care protocols) in reducing variation in medical practice? To what extent does an increase in the number of beds increase variation? Econometricians have developed rigorous methods to examine causality using observational data.

For this session, we call for studies in which strategies for drawing causal inference from observational data have been used. We want to include studies that have used both experimental and quasi-experimental designs. Examples are difference-in-difference, regression discontinuity or instrumental variables methods. These methods can be challenging to use, and their use is not necessarily straightforward. The aim of the session is to discuss the potential benefits and limitations of these methods, as well as the results. We welcome all types of work, both work in progress and work nearly completed. If you have a draft of your work, we may be able to get somebody to give prepared comments.

**Call for high priority topics for papers** regarding unwarranted variation. These may lead a theme session if there are sufficient submissions.

1. Effective care – Effective care has been defined as health interventions where evidence and professional consensus indicate that benefits far outweigh any attendant risks. Unwarranted variation in effective care indicates health care underuse that is likely to cause harm to patients and populations. The WIC welcomes papers related to causes and remedies of effective care.
2. Decision quality, shared decision making and preference sensitive care – The lack of patient agency has been identified as one cause for unwarranted variation, when a diagnostic or therapeutic decision has options each with a differing profile of benefits and adverse effects. Decision aids and shared decision-making can increase decision quality (i.e., improved patient knowledge, value clarification, and meaningful engagement in the decision-making process), patient satisfaction, and outcomes. The WIC encourages papers focusing on improving patient engagement in important clinical decisions.
3. Overdiagnosis – In 2021, the U.S. National Library of Medicine recognized the important of the concept of “overdiagnosis” by adding the term to its list of Medical Subject Headings. “The labeling of a person with a disease or abnormal condition that would not have caused the person harm if left undiscovered, creating new diagnoses by medicalizing ordinary life experiences, or expanding existing diagnoses by lowering thresholds or widening criteria without evidence of improved outcomes. Individuals derive no clinical benefit from overdiagnosis, although they may experience physical, psychological, or financial harm.” The WIC welcomes papers that describe and investigate the problem of regional and provider variation in overdiagnosis.
4. Ethics and injustice of geographical variation in health care. The problems of unwarranted variation in health care are usually viewed through the lens of equity, quality, and efficiency. Yet, the ethical challenges presented by health care variation are real and little discussed. The WIC welcomes papers that consider these ethical problems and dilemmas.



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**Instructions:** Please fill out all the sections in this form and submit to: [Wennberg.Collaborative@Dartmouth.edu](mailto:Wennberg.Collaborative@Dartmouth.edu) by **June 30, 2024.**

**Submitting Author’s Full Name:**

**Date of Submission:**

**Please consider this paper under the following subject(s):**

1. Warranted and unwarranted variation in the COVID-19 pandemic
2. Health Care Atlases – Future prospects
3. Novel data and data linkage methods for health care evaluation
4. Economic analysis of unwarranted variation examines prices, spending and costs (including travel times)
5. Systemic causes and remedies to unwarranted variation
6. New research in population-based health care measurement and variation (general session)

**Please indicate your preference for presenting your paper:**

Oral Presentation

Poster Presentation

No Preference

**TOTAL LENGTH OF ABSTRACT MUST NOT EXCEED ONE PAGE**

**Submitting Author’s Last (Family) Name:**

**Submitting Author’s First (Given) Name:**

**For group submissions, please list the names of all contributing authors:**

**Submitting Author’s Email Address:**

**Submitting Author’s Country:**

**Submitting and contribution authors’ Institutional Affiliation:**

**Abstract format: If this is a research paper, use the below format. If this is a research idea or conceptual paper, submit an abstract not more than five hundred words.**

**Abstract Title:**

**Background: (NOTE: 500 total word limit for background, objectives, methods, results, and conclusions)**

**Objectives:**

**Methods:**

**Results:**

**Conclusion:**