Fixing Overuse and Underuse of Health Services: The Choosing Wisely and Right Care Campaigns

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Learning objectives

• Discuss the origins, methods, and goals of the Choosing Wisely and Right Care campaigns.

• Explain why several commonly provided services in primary care do not benefit patients or cause more harms than benefits.

• Apply resources from the Choosing Wisely campaign to improve patient care.
What do I mean by care “value”?

• **Low-value care**
  – Interventions that confer no or very little benefit, or
  – Risk of harm exceeds probable benefit, or
  – Added costs of the intervention do not provide proportional added benefits (e.g., Vimovo)

• **High-value care**
  – Interventions that confer benefit, or
  – Probable benefit exceeds probable harm, or
  – Added costs of the intervention provide proportional added benefits relative to alternatives
What do I mean by “right care”?

• **Right care** – care that is tailored for optimizing health and wellbeing by delivering what is needed, wanted, clinically effective, affordable, equitable, and responsible in its use of resources
  – Likely to be associated with net benefit (benefits minus harms)
  – Right intervention provided to the right patient, in right setting, at right time

• **Underuse** – failure to deliver right care

• **Misuse** – delivery of the wrong care

• **Overuse** – unnecessary care provided
The problem of overuse in health care

- 2012 systematic review found 172 studies (53 on procedures, 38 on diagnostic tests, 81 on medications)
- Most commonly studied overused services
  - Antibiotics for URIs
  - Coronary angiography
  - Carotid endarterectomy
  - Coronary artery bypass grafting
- Overuse estimated to represent between $158-226 billion of wasteful health care spending in 2011
Overuse is common in Family Medicine

• From 1999 to 2009, only 2 of 11 ambulatory overuse quality indicators improved
  – Cervical cancer screening for women age >65
  – Antibiotics for asthma exacerbations
• 1 became worse
  – Prostate cancer screening in men age >74
• 8 did not change
  – Mammography in women age >75
  – Screening ECG, UA, CBC, chest x-ray
  – Imaging for acute back pain
  – Antibiotics for URI and acute bronchitis
Choosing Wisely Campaign: background

• National Physicians Alliance Good Stewardship Project (2009)
  – “Five things to question” in FM, IM, Pediatrics
  – 15 interventions = $5 billion wasted per year

• Brody editorial in NEJM (2010)
  – Challenged medical specialties to create “Top 5” lists of routinely performed, high cost tests or interventions lacking evidence-based support
Right Care Alliance: background

• Begun by the Lown Institute in 2013 as a “grassroots social movement that brings together health professionals, religious and community groups, and the public. … working toward a society in which the right care is accessible by all.”

• Goals
  – We are connecting like-minded people across the country and building a coalition to stand up for what healthcare should be.
  – We promote educational models that train clinicians in providing the Right Care.
  – We’re helping to expose the problems in healthcare, and showing physicians and other clinicians what the healthcare system could look like.
Declaration of Principles of the Right Care Alliance

Whereas:

- Modern medicine offers important benefits, yet it also has the capacity to cause harm;
- Those harms arise from three central failings of medical systems: the overuse, underuse, and misuse of medical services. Of these, overuse - including overdiagnosis, overtreatment, and the use of ineffective, unnecessary, and unwanted medical tests and treatments - has received the least attention;
- Overuse is common and tacitly accepted in modern health care.
- Overuse exposes patients to harm, including the risk of serious injury or death, suffering, and financial ruin, with little or no possibility of benefit.
- Overuse diverts resources from the provision of needed care, and crowds out investment in social services, education, nutrition, and other non-medical contributors to health;
- The health care industry puts money before people and allows personal and commercial interests to distort clinical decisions, thus betraying patients' trust.
- Clinicians and health care leaders have an ethical obligation to protect patients from the harms of both underuse and overuse.

Therefore we, the signatories of this document, declare that performing unnecessary medical tests and treatments is unethical and unacceptable. We join the call for the medical profession to renew its sense of duty and commitment to patients. We call on health care leaders to recognize their ethical obligation to put patient care first. We call on civil society to advocate for a medical system that is affordable, effective, rational, personal, and just.
Right Care series in *The Lancet*: Key messages

- Overuse and underuse coexist within populations, within systems, and even within patients around the world.
- Underuse and overuse of medical services causes suffering to millions of people and has serious physical, psychological, and social costs.
- Because most care falls in a grey zone in which benefits and harms are not clear, attention to preferences of patients is essential.
- Overuse and underuse are symptoms of a health-care system that does not reflect the ethics of medicine. Action is possible and necessary.
Choosing Wisely 2017 Campaign Update

• Since 2012, more than 70 medical and health professional societies have published lists containing >400 questionable, ineffective, and/or harmful interventions
  – Whether “routinely performed” or “high cost” varies by society
• AAFP has contributed a total of 15 recommendations (with 5 more in the works)
• Consumer Reports has created & distributed >100 patient education pieces in collaboration with specialty societies
American Academy of Family Physicians

Fifteen Things Physicians and Patients Should Question

1. Don’t do imaging for low back pain within the first six weeks, unless red flags are present.
   Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs. Low back pain is the fifth most common reason for all physician visits.

2. Don’t routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.
   Symptoms must include discolored nasal secretions and facial or dental tenderness when touched. Most sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own. Despite consistent recommendations to the contrary, antibiotics are prescribed in more than 80 percent of outpatient visits for acute sinusitis. Sinusitis accounts for 16 million office visits and $5.8 billion in annual health care costs.

3. Don’t use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.
   DEXA is not cost effective in younger, low-risk patients, but is cost effective in older patients.
Antibiotics for ear infections in children
When you need them—and when you don’t

Many children get ear infections. The infections are usually in the middle ear behind the eardrum. They may be caused by bacteria or by a virus. Doctors often treat bacterial infections with antibiotics. Antibiotics are strong medicines that kill bacteria.
How the AAFP supports Choosing Wisely

• Presentations like this one
  – Inclusion in applicable CME courses
• Online modules on patient communication on the Choosing Wisely website
• *American Family Physician* online CW search tool and Best Practices tables in review articles
• AAFP Commission on Health of the Public and Science oversees our Choosing Wisely list
  – Annually reviews existing recommendations and develops new ones
  – Reviews patient education handouts from Consumer Reports
Cardiovascular screening

• Don’t order annual electrocardiography or any other cardiac screening for asymptomatic, low-risk patients.
  – American Academy of Family Physicians
  – American College of Physicians
Cardiovascular screening: evidence

• USPSTF “D” (don’t do) recommendation
• No evidence that detecting coronary artery stenosis improves health outcomes in asymptomatic patients at low risk.
• False-positive test results lead to harm through unnecessary invasive procedures, overtreatment, and misdiagnosis.
• Potential harms of routine screening exceed the potential benefit
Glucose self-monitoring

• Avoid routine daily self-glucose monitoring in adults with stable type 2 diabetes on agents that do not cause hypoglycemia.
  – The Endocrine Society
  – American Association of Clinical Endocrinologists
  – Society of General Internal Medicine
Glucose self-monitoring: evidence

• 2012 Cochrane review
  – 1 year after diagnosis, self-monitoring had no effect on glucose control, patient satisfaction, general well-being or general health-related quality of life

• Once target control is achieved on stable therapy, there is little gained in most individuals from repeatedly confirming.

• Exceptions: acute illness, new or changed medications, significant weight fluctuations
Asymptomatic bacteriuria

• Don’t use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.
  – American Geriatrics Society

• Don’t obtain a urine culture unless there are clear signs and symptoms that localize to the urinary tract.
  – American Medical Directors Association
Asymptomatic bacteriuria: evidence

- USPSTF “D” (don’t screen) for asymptomatic bacteriuria in nonpregnant adults
- Also consistent with IDSA treatment guidelines
- Cohort studies: no adverse outcomes for older men or women with asymptomatic bacteriuria.
- Treatment studies for asymptomatic bacteriuria in older adults demonstrate no benefits and show increased adverse effects.
Don’t perform routine annual cervical cytology (Pap tests) in women 30 to 65 years of age.

– American College of Obstetricians and Gynecologists
Pap smears: evidence

- USPSTF – screen with Pap q 3yr between age 21 and 65, option of Pap + HPV q 5 yr after age 30
- Are 5-year co-screening intervals for women over 30 safe?
  - Risk of invasive cervical cancer 3 years after a negative Pap smear: 0.018%
  - Risk of invasive cervical cancer 5 years after a negative Pap + HPV: 0.016%
Vitamin D deficiency

• Don’t perform population-based screening for 25-OH-Vitamin D deficiency.
  – American Society for Clinical Pathology
  – The Endocrine Society/AACE
Vitamin D deficiency - evidence

- USPSTF – insufficient evidence to assess balance of benefits and harms
- Over-the-counter vitamin D supplements and daylight exposure are sufficient to maintain vitamin D levels in otherwise healthy patients.
- Laboratory testing *may* be appropriate in higher-risk patients when results will be used to intensify therapy (e.g., osteoporosis, chronic kidney disease, malabsorption, some infections).
How evidence-based are Choosing Wisely recommendations?

- 224/310 CW recommendations judged to be relevant to primary care as of June 2014
  - 43 (19%) SOR A
  - 57 (25%) SOR B
  - 124 (55%) SOR C

- Does strength of recommendation vary by body system?
  - Only Ortho (6/11, 55%) had majority SORT A
  - No SORT A recs: CV, GI, Psych, Pulm, Rheum, Urology
How evidence-based are primary care recommendations?

- Independent group reviewed 3251 “bottom line” recommendations from 721 Essential Evidence Plus chapters
  - 18% SORT “A” (CW: 19%)
  - 34% SORT “B” (CW: 25%)
  - 49% SORT “C” (CW: 55%)

- Conclusion: CW recommendations are about as evidence-based as primary care recs in general
Question for the audience

Which is the most common barrier to avoiding unnecessary care in your practice?

A. Patient resistance
B. Lack of time for shared decision-making
C. Lack of confidence in evidence behind CW recommendations
D. Lack of interest in CW campaign
E. Other
Most common barriers reported by AAFP members surveyed in Sept. 2015

- 61% - Patient resistance
- 42% - Lack of time
- 7% - Lack of confidence in evidence behind recommendations
- 3% - Lack of interest
- 12% - Other (hard to break habits, lack of awareness of CW, remembering them, cooperation with other physicians, other specialists don’t follow it)
Physician Communication Modules

The ABIM Foundation funded the Drexel University College of Medicine to develop a set of interactive modules to enhance physician and patient communication around the specialty society recommendations from the Choosing Wisely campaign. Developed in collaboration with nine medical specialty societies, these modules are designed to help physicians, other health care stakeholders think and talk about overuse of health care resources by providing strategies to foster trust and address patient attitudes and beliefs that more care is not always better care.

Modules

- ABIM Foundation*
- American Academy of Allergy, Asthma & Immunology
- American Academy of Family Physicians
The American Academy of Family Physician Communication Module

By Bellinda K. Schoof, MHA, CPHQ, Doug Campos-Outcalt

m02 0 rationale
Don’t do imaging for low back pain within the first six weeks, unless red flags are present.

Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as infection or malignancy are suspected. Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs. Low back pain is the fifth most common reason for emergency visits.

Download a patient handout from Consumer Reports

Low back pain is one of the most common reasons for an outpatient visit. The evaluation for low back pain should include a complete history and physical exam; pay special attention to red flags, such as (but not limited to):

- severe or progressive neurological deficits (e.g., bowel or bladder function);
- fever;
- sudden back pain with spinal tenderness;
- trauma; and,
- indications of a serious underlying condition (e.g., osteomyelitis, malignancy).

It is also important to rule out non-spinal causes of back pain, such as pyelonephritis, pancreatitis, penetrating ulcer disease or other gastrointestinal disease. Fractures are an uncommon cause of back pain; they are associated with risk factors such as osteoporosis and steroid use.

Most patients with radicular symptoms will recover within several weeks of onset.(5) The majority of disc herniations will regress over time, especially in the absence of progressive neurological deficits or other red flags, there is strong evidence to avoid CT/MRI imaging in patients with low back pain.

In this video example, Dr. LeFevre speaks with a patient who suffers back pain and is considering imaging.
Search recommendations from the Choosing Wisely campaign

Search by one or more of the following criteria.

Keyword: 

Topic Areas: Select...

Sponsors: Select...

Source: Select...

Search | Show All | Reset
### BEST PRACTICES IN PREVENTIVE MEDICINE: RECOMMENDATIONS FROM THE CHOOSING WISELY CAMPAIGN

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>SPONSORING ORGANIZATION</th>
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<tbody>
<tr>
<td>Do not recommend screening for breast or colorectal cancer, nor prostate cancer (with the prostate-specific antigen test) without considering life expectancy and the risks of testing, overdiagnosis, and overtreatment.</td>
<td>American Geriatrics Society</td>
</tr>
<tr>
<td>Do not repeat colorectal cancer screening (by any method) for 10 years after a high-quality colonoscopy is negative in average-risk individuals.</td>
<td>American Gastroenterological Association</td>
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Source: For more information on the Choosing Wisely Campaign, see [http://www.choosingwisely.org](http://www.choosingwisely.org). For a complete list of topics and their Recommendations, see the Choosing Wisely recommendations and search tool.
How can family physicians make sure our patients receive Right Care?

• Know the evidence and adjust your practices, if necessary
• Build (and lead) the system
  – Ensure that hospital and clinic quality/safety committees are aware of the campaign
  – Start quality improvement projects
• Advocate for clinical decision support to be aligned with Choosing Wisely
  – AAFP working with EHR vendors
• Help subspecialists choose wisely
  – Preoperative consultations
Thanks for your attention!

• Choosing Wisely makes me happy
  – https://www.youtube.com/watch?v=FqQ-JuRDkl8

• Right Care Alliance: the oath
  – https://www.youtube.com/watch?v=vJo8P-VyYoo

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References

References – cont’d


