LOW VALUE CARE – THE CHOOSING WISELY EXPERIENCE

Qld Clinical Senate
18th March 2016
Dr. Robyn Lindner
WHERE WE FIT

Therapeutic Goods Administration (TGA)

Pharmaceutical Benefits Scheme (PBS)

Quality Use of Medicines
NPS MedicineWise established in 1998 as an independent, non-government body to lead quality use of medicines
In 2009, NPS remit expanded to Quality Use of Diagnostics

Pharmaceutical industry

NATIONAL MEDICINES POLICY
“Wise management of health care resources is a core tenet of medical professionalism”

Wolfson et al Academic Medicine 89 (7) 2014
CHOOSING WISELY - A CULTURE SHIFT

- A conversation about appropriate use of medical resources
- Premise – good communication is central to quality health care
- Creation of lists is the basis for starting a conversation
- Language is intentional – ‘things you should question’
- Originated in US: international interest
A GLOBAL CONVERSATION

Choosing Wisely

An initiative of the ABIM Foundation

Choosing Wisely Netherlands Campaign

Choosing Wisely Canada

Choosing Wisely Australia

An initiative of NPS MedicineWise
KEY SUCCESS FACTORS

- Health profession-led
- Consumer care at centre
- Evidence-based
- Transparency of process
- Multi-disciplinary
- Language is key
  - “Things to question”
IMPACT? THE USA EXPERIENCE

- > 70 colleges and associations on board
- Significant consumer partnerships and resources
- Significant media interest
- Wealth of medical journal publications
- International social movement
- A global conversation

- A disappointment?
Early Trends Among Seven Recommendations From the Choosing Wisely Campaign

Alan Rosenberg, MD; Abiy Agiro, PhD; Marc Gottlieb, MPA; John Barron, PharmD; Peter Brady, MBA; Ying Liu, MS; Cindy Li, MSc; Andrea DeVries, PhD

**IMPORTANCE** The Choosing Wisely campaign consists of more than 70 lists produced by specialty societies of medical practices or procedures of minimal clinical benefit to patients in most situations, with recommendations regarding judicious use.

**OBJECTIVE** To quantify the frequency and trends of some of the earliest Choosing Wisely recommendations using nationwide commercial health plan population-level data.

**DESIGN, SETTING, AND PARTICIPANTS** Retrospective analysis of claims data for members of Anthem-affiliated commercial health plans. The low-value services selected were (1) imaging tests for uncomplicated headache; (2) cardiac imaging without history of cardiac conditions; (3) low back pain imaging without red-flag conditions; (4) preoperative chest x-rays with unremarkable history and physical examination results; (5) human papillomavirus testing for women younger than 30 years; (6) use of antibiotics for acute sinusitis; and (7) use of prescription nonsteroidal anti-inflammatory drugs (NSAIDs) for members with hypertension, heart failure, or chronic kidney disease.
IMPACT ON LOW VALUE SERVICES

- Imaging for headache decreased from 14.9% to 13.4%
- Cardiac imaging decreased from 10.8% to 9.7%
- Use of NSAIDs increased from 14.4% to 16.2%
- HPV testing increased from 4.8% to 6.0%
- Use of antibiotics for sinusitis remained stable
- Use of preoperative chest x-rays – no change,
- Imaging for low back pain: no changes
Conclusions

This analysis of 7 Choosing Wisely recommendations provides a starting point for further evaluation of the influence of the initiative on changing behavior by analyzing changes in volume of these services from the early years of the initiative. Our population-level analysis showed both desirable and undesirable modest trends in use of low-value services. The relatively small use changes suggest that additional interventions are necessary for wider implementation of Choosing Wisely recommendations in general practice. Some of the additional interventions needed include data feedback, physician communication training, systems interventions (eg, clinical decision support in electronic medical records), clinician scorecards, patient-focused strategies, and financial incentives.
CANADIAN EXPERIENCE
## THE IMPLEMENTATION SPECTRUM

<table>
<thead>
<tr>
<th>ENGAGEMENT &amp; EDUCATION</th>
<th>QUALITY IMPROVEMENT</th>
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<td>○ Audit and feedback</td>
<td>○ Order set changes</td>
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**Soft**
- Individuals as the change unit
- Engagement-oriented
- Lower risk

**Hard**
- Organization as the change unit
- Rules-oriented
- Higher risk

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Choosing Wisely Australia
An initiative of NPS MedicineWise
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- Chiefs asked each dep’t to identify Top 5 Tests that could be reduced or eliminated
- Frontline staff engagement through variety of channels (screensavers, intranet, blogs, Physician News, various forums, social media)
- Preparing an area of ED for information sharing with patients

- Shared baseline data on Lab and Medical Imaging tests; Improvement ideas generation by Lab and Medical Imaging teams, quickly expanded to all clinical programs
- Evaluating effectiveness of the changes

- Revised ED medical directives
- CWC recommendations incorporated into order sets / computerized provider order entry system (CPOE)
IMPACT ANALYSIS

- There has been a 41% decline in the number of Tests pre- and post-program implementation
  - 35% fewer patients received any testing in the ED since the Choosing Wisely intervention
  - Tests per unique visit reduced from 8.4 tests/per visit to 7.6 tests/per visit - the graphs below show the top 10 reductions
- The analysis compares the Sept. 15th – Nov. 21st period in 2013 vs. 2014 (10 Weeks)
AUSTRALIA
## MEASURES OF SUCCESS

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<tr>
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<th>Objectives</th>
<th>Activities</th>
<th>Planned Outputs</th>
<th>Measures</th>
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<td>Reduce unnecessary care</td>
<td>Change clinician attitudes</td>
<td>Awareness arising.</td>
<td>Media, journals</td>
<td>Surveys of attitudes and awareness.</td>
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<td>Post grad teaching.</td>
<td>Educational materials</td>
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<td>College engagement</td>
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<td>Foster Consumer engagement</td>
<td>Public messaging Consumer org engagement</td>
<td>Partner newsletters</td>
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<td>Surveys of patient attitudes and care experiences</td>
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<td></td>
<td>Consumer partnerships</td>
<td>Increased discussion about necessity</td>
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<td>Change key clinical practices</td>
<td>Follow list recommendations</td>
<td>Increased shared decision making</td>
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<td>Rates of unnecessary services</td>
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<td>Shared decision making tools</td>
<td>Reduced inappropriate care</td>
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<td>Changes in policy</td>
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<td>Guideline updates</td>
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<td>Promote health system alignment</td>
<td>Local health district engagement</td>
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PROGRAMS WITH IMPACT

TYPE 2 DIABETES
APPROXIMATELY 1 IN 23 AUSTRALIANS SUFFER FROM TYPE 2 DIABETES WHICH INCREASES TO 1 IN 6 FOR 65-69 YEAR-OLDS AND HALF OF SUFFERERS DON’T EVEN KNOW THEY HAVE IT!

WE RAN EDUCATIONAL PROGRAMS IN 2005 & 2008

CASE STUDY
Case studies

Publications

Clinical audits

Small group case based discussions

Educational visits

12,361 GPs PARTICIPATED
That’s over 50% of the GPs in Australia

14% increase in metformin prescribing
and reduces complications and EMERGENCY

Note that medical interventions that are both cost saving and effective in prolonging life are comparatively rare.

$1,600 per patient over 10 years

SAVES

$40 MILLION in savings to the PBS

which is a 15% annual decrease in glitazone prescribing

Better patient outcomes
Commitment from clinician leader(s) and executive to engage in at least one of the following activities over the next 12 months:

- Clinician education - educate physicians on the CW recommendations
- Consumer education - educate patients/consumers on the CW recommendations
- Systems changes - modify clinical processes or systems (e.g. order sets, order entry systems)
- Change management

Commitment to measurement

NPS MedicineWise and Choosing Wisely Australia
Promote your involvement and outcomes in multiple forums.
- Partnership with Pathology Queensland
- 5 key messages:
  - Right time
  - Right test
  - Right patient
  - Standardised care
  - Value not volume
Our strategy

- Assess current state of pathology utilisation
  - By cost, volume, retest intervals and other key metrics by specialty and service area

- Determine clinical appropriateness
  - Clinicians and pathology experts questioning if tests are appropriate for managing diagnosis and treatment of patients

- Develop demand management strategies to improve pathology ordering patterns
  - Clinical development of pathology ordering protocols and guidelines
  - Education, training, and orientation tools and processes to embed protocols into practice
  - Build online dashboard to visualise and monitor pathology ordering practices and costs

- Improve patient safety, care, and experience
  - Reduce inappropriate pathology testing
  - Consistent pathology interventions across patient flow and within specialties

- Enhance value
  - Savings in costs and volume of pathology ordering

Clinician-led with consumers at the centre
CONSUMER ENGAGEMENT

- https://www.youtube.com/watch?v=ycBhpcYavLs
START A CONVERSATION…

To find out more or become involved:

- [www.choosingwisely.org.au](http://www.choosingwisely.org.au)
- [twitter.com/ChooseWiselyAu](http://twitter.com/ChooseWiselyAu)
- [@choosingwisely@nps.org.au](mailto:@choosingwisely@nps.org.au)