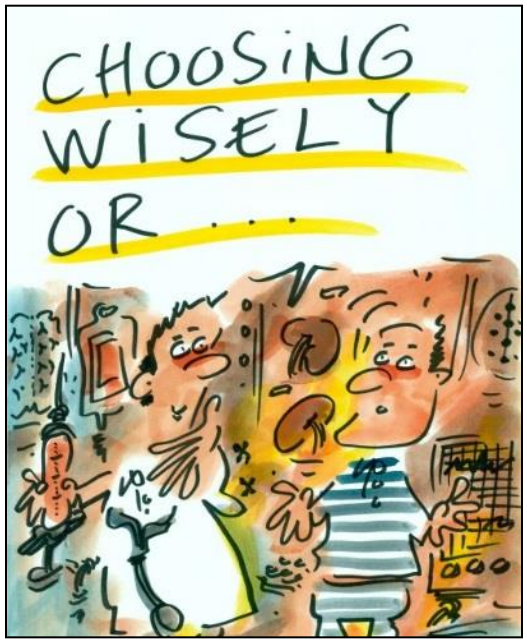
Ente Ospedaliero Cantonale

What did we learn from the Choosing Wisely campaign



The Choosing Wisely campaign in a few words

The aims: helping patients **choose care**

- ✓ **Supported by evidence**
- ✓ **Not duplicative**
- ✓ **Free from harm**
- ✓ **Truly necessary**

CHoosing wisely

Choosing Wisely®
An initiative of the ABIM Foundation

eoc

More specific targets as well as a well known slogan

Appropriate Care ⟷ Person centred Care

Openness and Transparency ↕ Shared Decisions

Accountable Care ⟷ Value based Care

Achieving Value in Health Care

(global benefits)

Outcomes

Value =

Cost

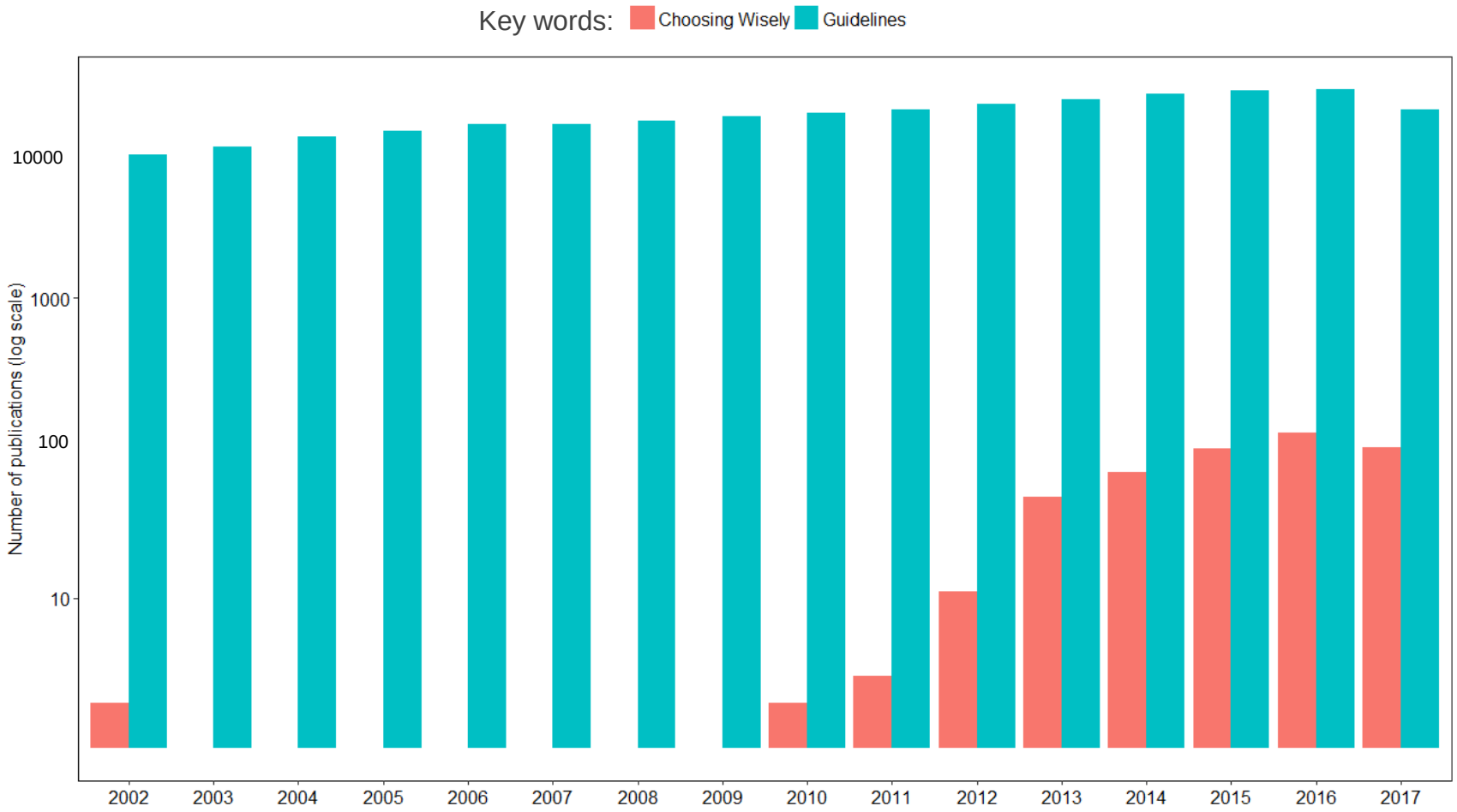
(global costs)

rare earth mining related problems (suffering, pollution…)

The COMMONWEALTH FUND

“Not to do” lists; a new approach in a “to do” (mainly based on guidelines) World

“Guidelines” and “Choosing Wisely” in PubMed (papers published pro year)



Source of data: PubMed

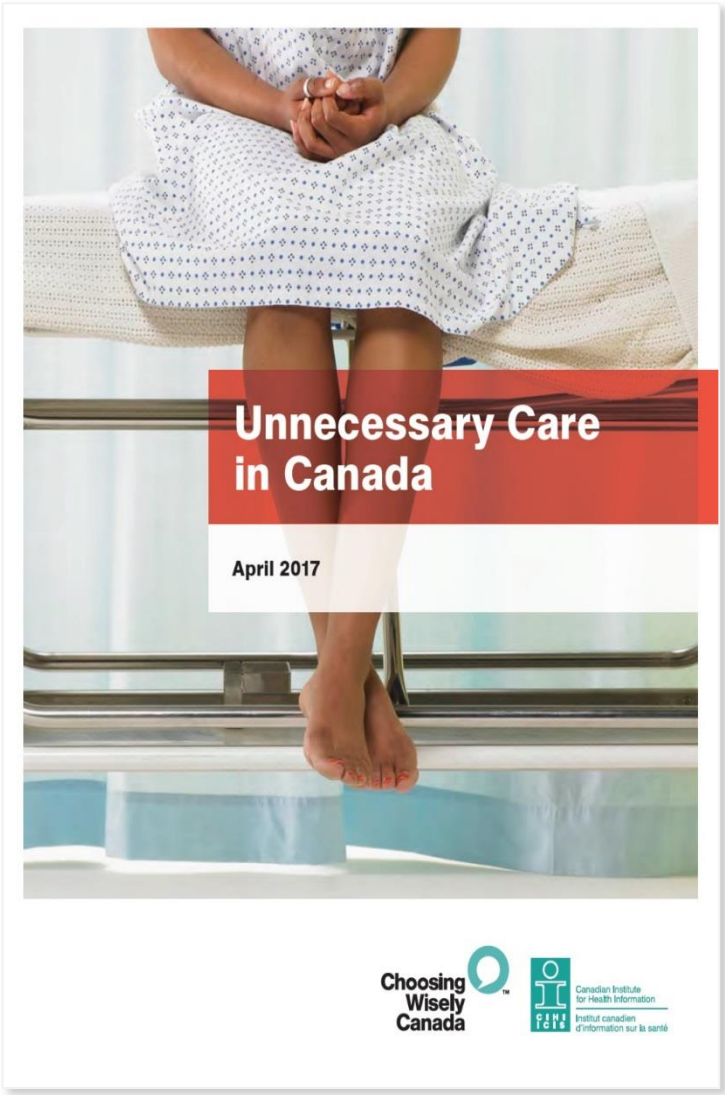
Active Choosing Wisely Campaigns:

Source: www.choosingwisely.org

Good news !

June 2017; Smarter Medicine and Choosing Wisely Switzerland happily married

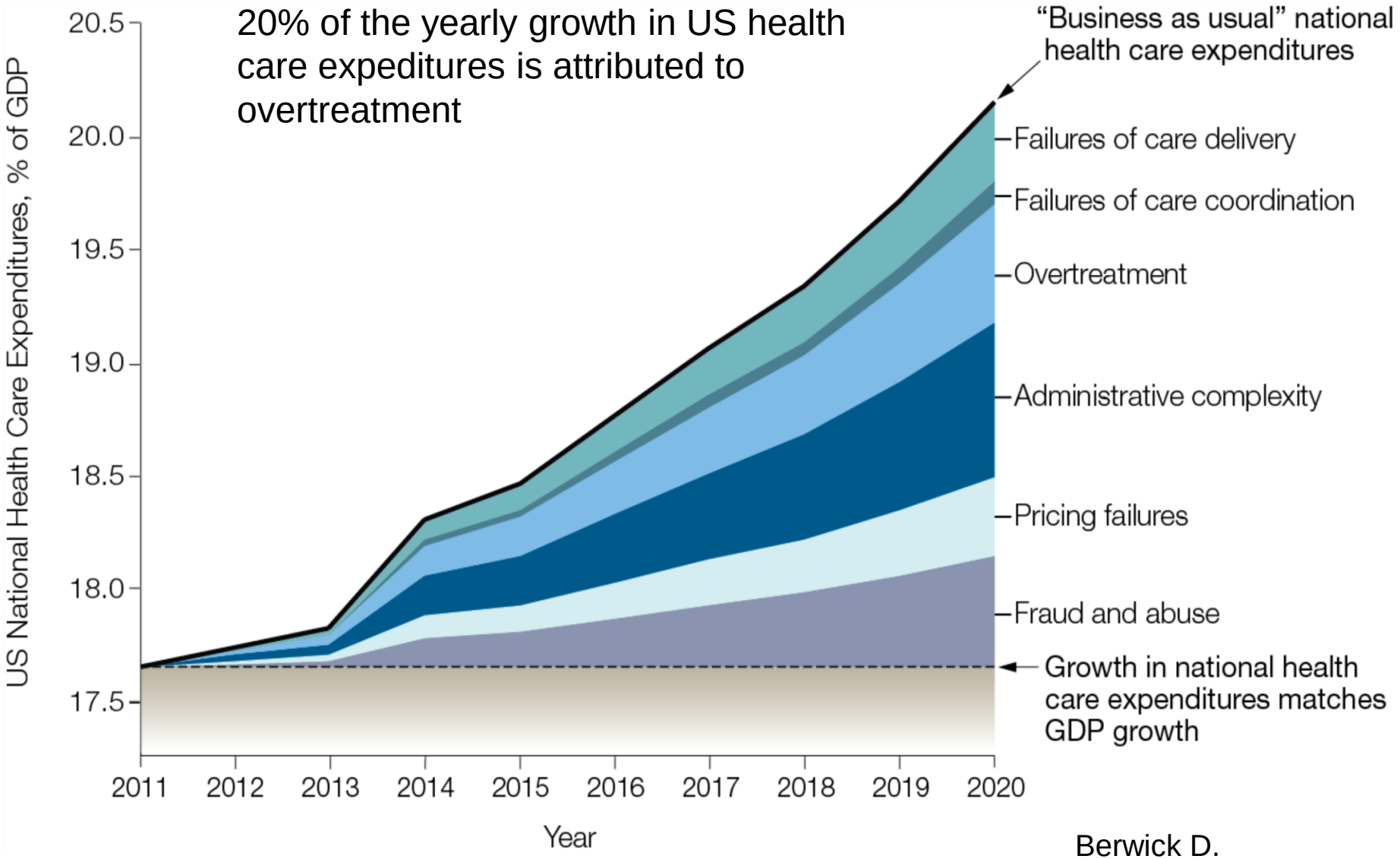
The 2018 meeting of Choosing Wisely International (after London 2015, Rome 2016 and Amsterdam 2017), is scheduled in Zürich



The report found that up to 30% of the tests, treatments and procedures associated with the 8 selected CWC recommendations are potentially unnecessary.

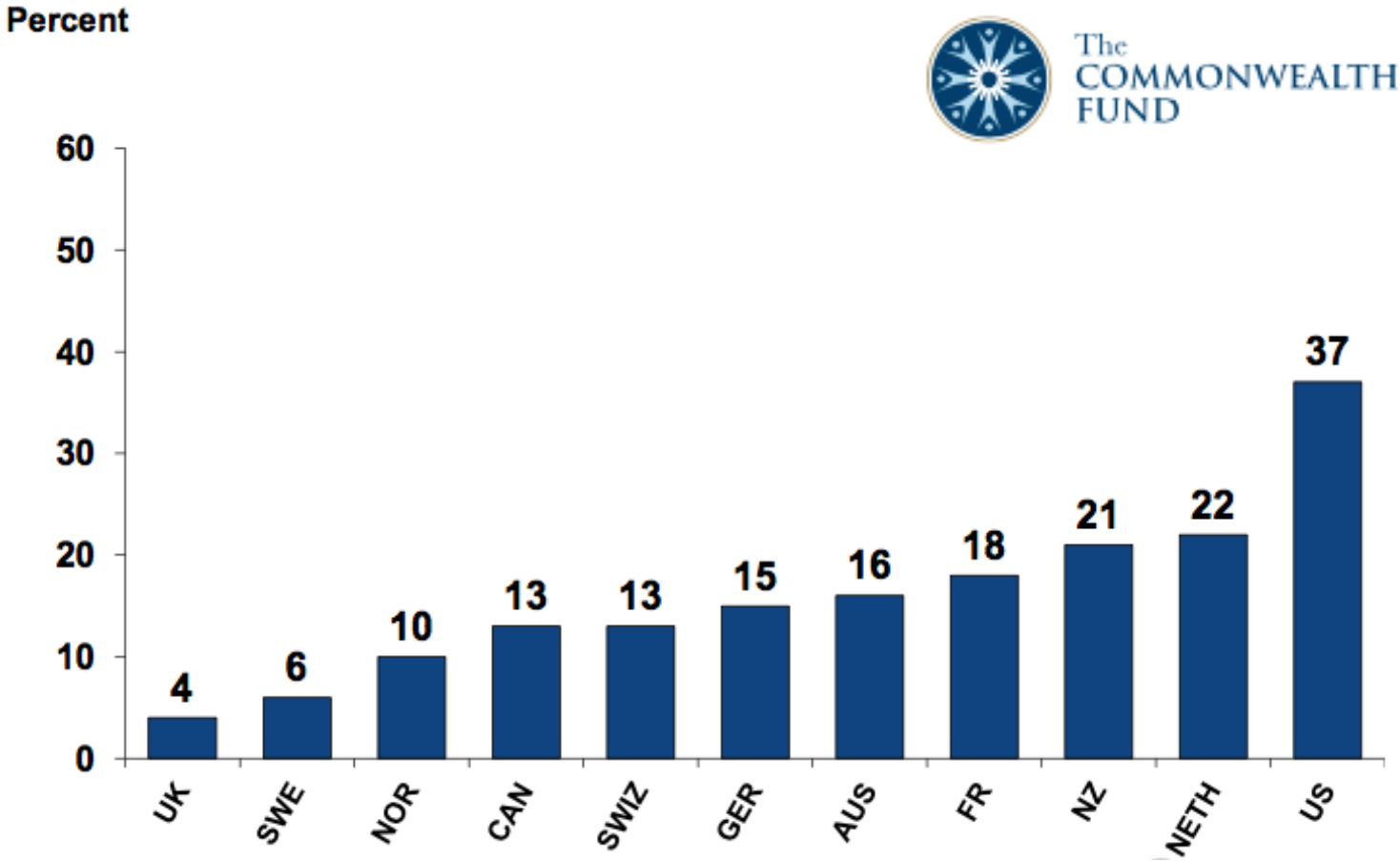
Wendy Levinson, Choosing Wisely Simposium 2017 Lugano

20% of the yearly growth in US health care expeditures is attributed to overtreatment



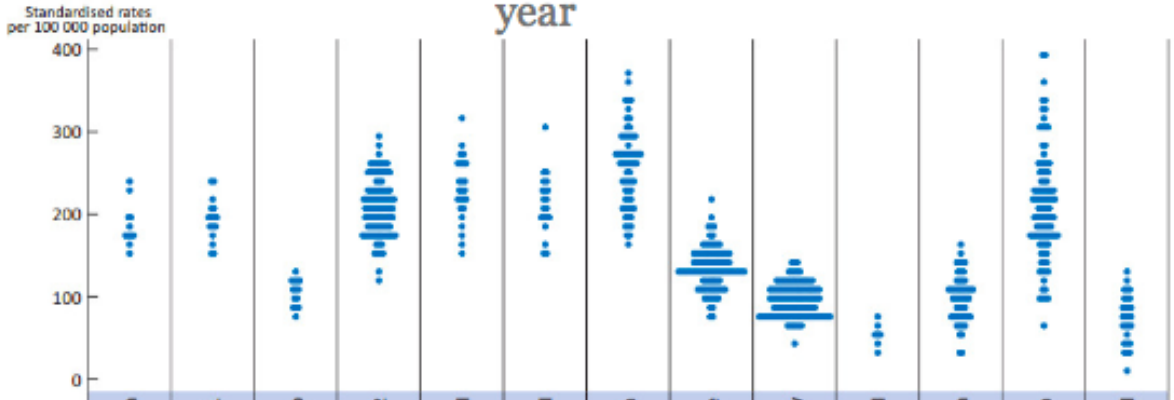
Berwick D.
JAMA. 2012.

Cost related health care access barriers by countries in 2013



2013 Commonwealth Fund International Health Policy Survey in Eleven Countries

Knee replacement rate across and within selected OECD countries, 2011 or latest year



	Belgium	Germany1	Czech Rep	Germany2	Switzerland	Finland	Australia	France	Italy	Israel	Spain	Canada	Portugal
Crude rate	210	215	113	215	257	240	238	133	122	45	106	193	77
Std rate	186	194	105	209	230	213	257	135	96	56	98	213	74
Coeff. of variation	0.14	0.15	0.16	0.17	0.17	0.18	0.19	0.19	0.20	0.28	0.31	0.32	0.39

Note: Each dot represents a territorial unit. Rates are standardised using OECD's population over 15 years. Countries are ordered from the lowest to highest coefficient of variation within countries. Data for Portugal and Spain only include public hospitals. For Spain, the rates are reported based on the province where the hospital is located. Germany 1 and 2 refers respectively to Länder and Spatial Planning Regions.

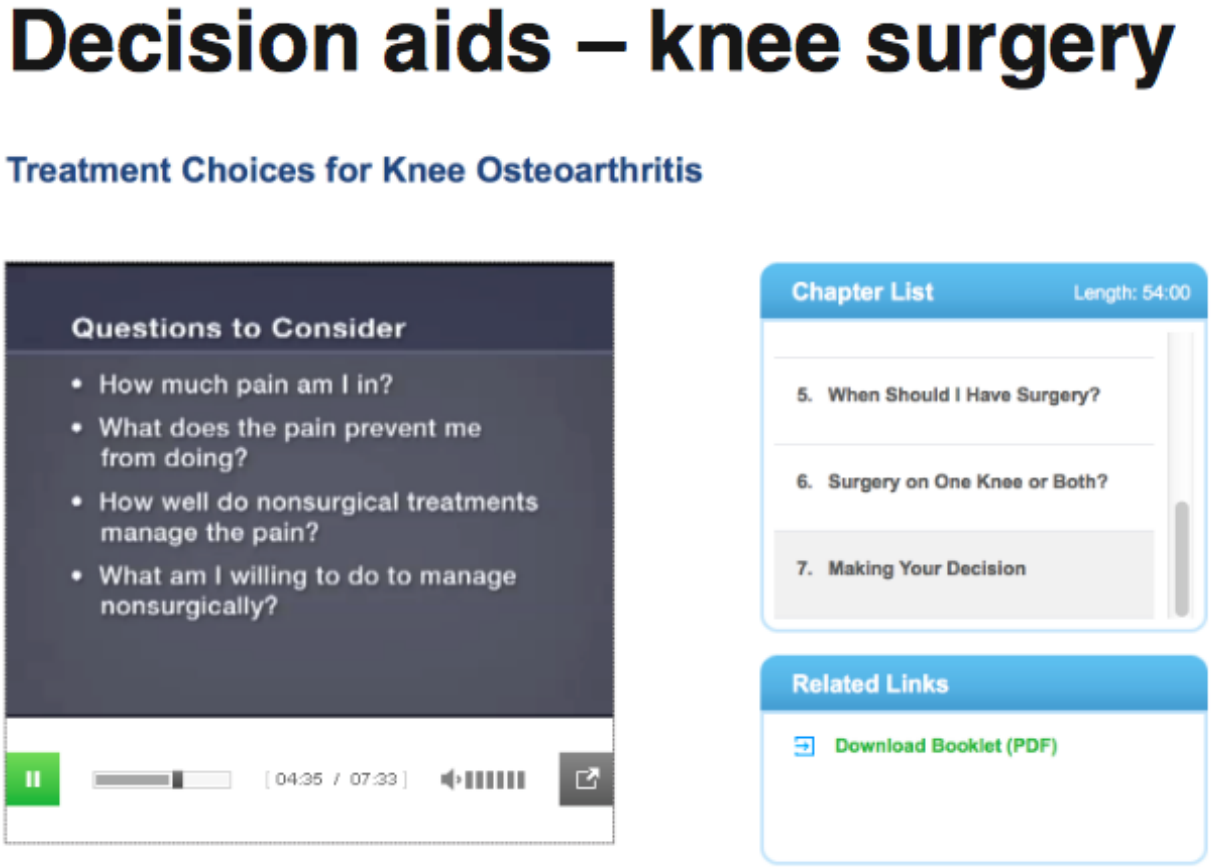
Source: Authors' estimates based on data submitted by countries for the OECD project.

Rates of knee replacements vary **more than four-fold between** countries. They vary **two to three-fold within** countries, and **more than five-fold in Canada, Portugal and Spain.**

Organisation for Economic Cooperation and Development

OECD
BETTER POLICIES FOR BETTER LIVES

Introducing Decision Aids Was Linked To Sharply Lower Hip And Knee Surgery Rates



Arterburn, HEALTH AFFAIRS 31, 9 (2012): 2094–2104

Introducing Decision Aids Was Linked To Sharply Lower Hip And Knee Surgery Rates

SHARED DECISION MAKING

EXHIBIT 2

Rates Of Hip And Knee Osteoarthritis Surgery Within 180 Days, Adjusted For Multiple Variables

	Relative rate	
Parameter	**Hip surgery**	**Knee surgery**
COHORT		
Control	—[a]	—[a]
Intervention	0.74***	0.62***

Arterburn, HEALTH AFFAIRS 31, 9 (2012): 2094–2104

Patient Attitudes

30 % **of patients said a doctor had recommended a test/treatment they did not feel was necessary**

27%	Took test without discussing with MD
50%	Asked MD why the test/ treatment was necessary
23%	Ignored MD's advice

Wendy Levinson, Choosing Wisely Simposium 2017 Lugano

Ipsos Reid (2017). Awareness and Attitudes towards Choosing Wisely Campaign.

Risk illiteracy

WHO: “20% increase in risk of colon cancer per 50g daily consumption of processed meat.”

Media: “Smoking kills, as does eating sausages?”

Mirjam Jenny, Max Plank Institute, Chhosing Wisely Simposium 2017 Lugano

Risk illiteracy

1. Trachea, lung and bronchus cancers only. *The Health Consequences of Smoking—50 Years of Progress*

WHO: “20% increase in risk of colon cancer per 50g daily consumption of processed meat.”

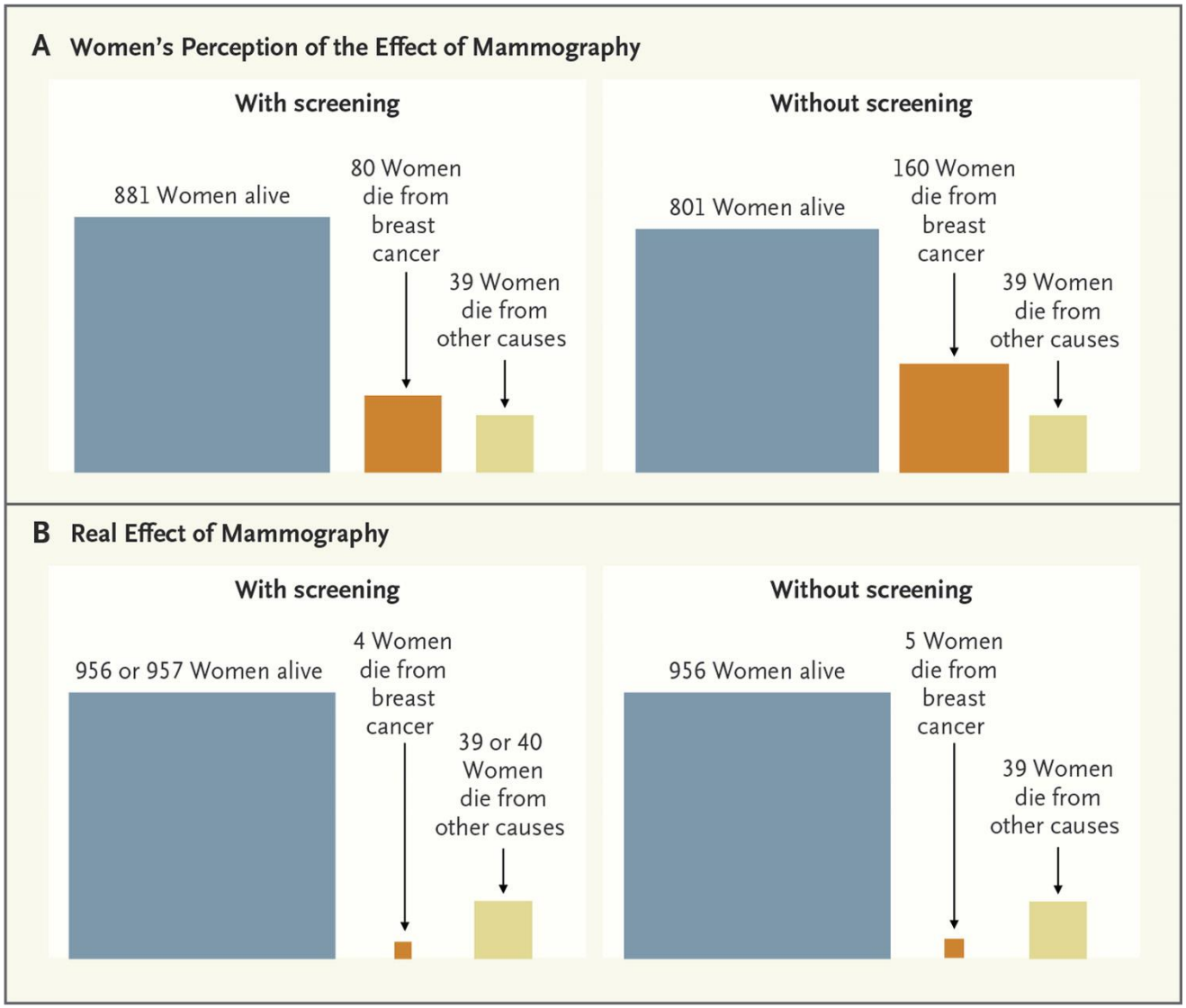
Media: “Smoking kills, as does eating sausages?”

x 23.3 [1]

x 1.2

WHO in absolute risks: “Increase from 5% to 6% per 50g daily consumption of processed meat.”

Discrepancy between women's perceptions of the benefits of mammography screening and the benefits to be expected in reality.



Biller-Andorno N, Jüni P. N Engl J Med 2014;370:1965-1967

Breast Cancer Early Detection

by Mammography

HARDING CENTER FOR RISK LITERACY

Mammography screening may reduce the number of women who die from breast cancer but this has no effect on overall cancer deaths. Among all women taking part in screening, some women will be overdiagnosed with non-progressive cancer and unnecessarily treated.

Numbers for women aged 50 years or older who did or did not participate in screening for about 10 years.

	1000 women without screening	1000 women with screening
Benefits		
How many women died from breast cancer?	5	4
How many women died from all types of cancer?	21	21
Harms		
How many women without cancer experienced false alarms or biopsies?	–	about 100
How many women with non-progressive cancer had unnecessary partial or complete breast removal?	–	5

Source: [1] Gøtzsche, PC, Jørgensen, KJ (2013). *Cochrane Database of Systematic Reviews* (6): CD001877.pub5
Numbers in the Fact Box are rounded. Where no data for women above 50 years of age are available, numbers refer to women above 40 years of age.
Date last updated: 13 March, 2014

McDowell et al. (2016)

Breast Cancer Early Detection

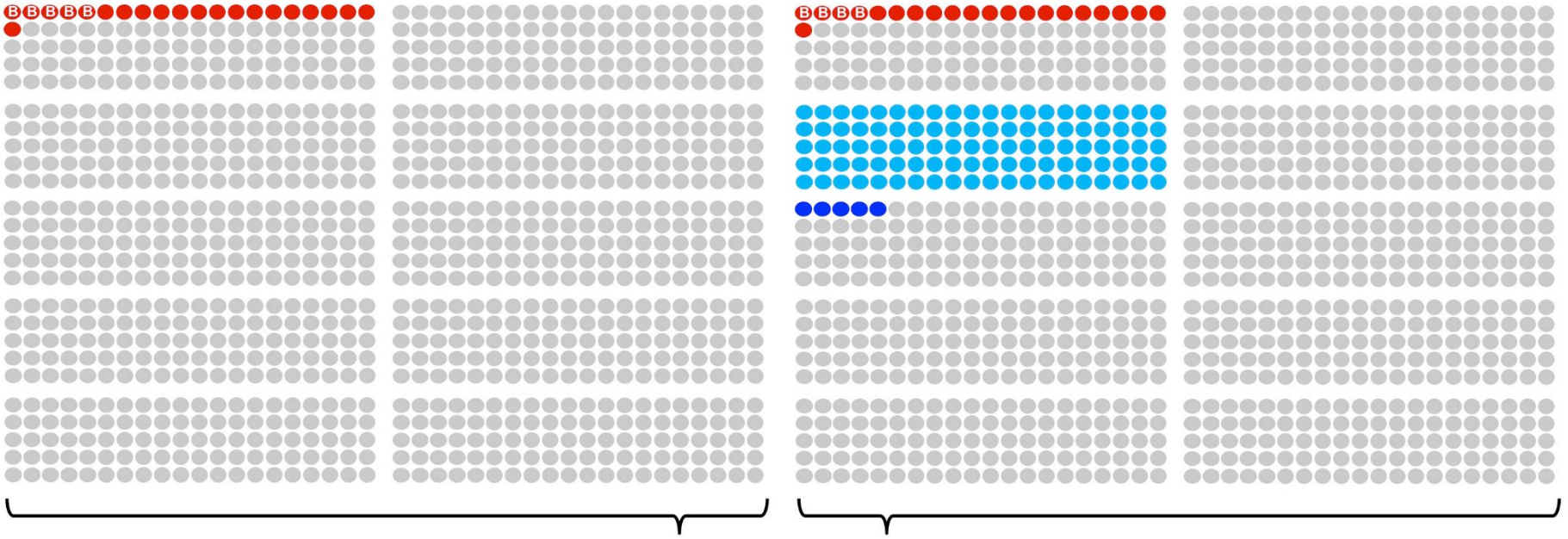
HARDING CENTER FOR RISK LITERACY

by mammography screening

Numbers for women aged 50 years or older who participated in screening for 10 years or more

1000 women without screening:

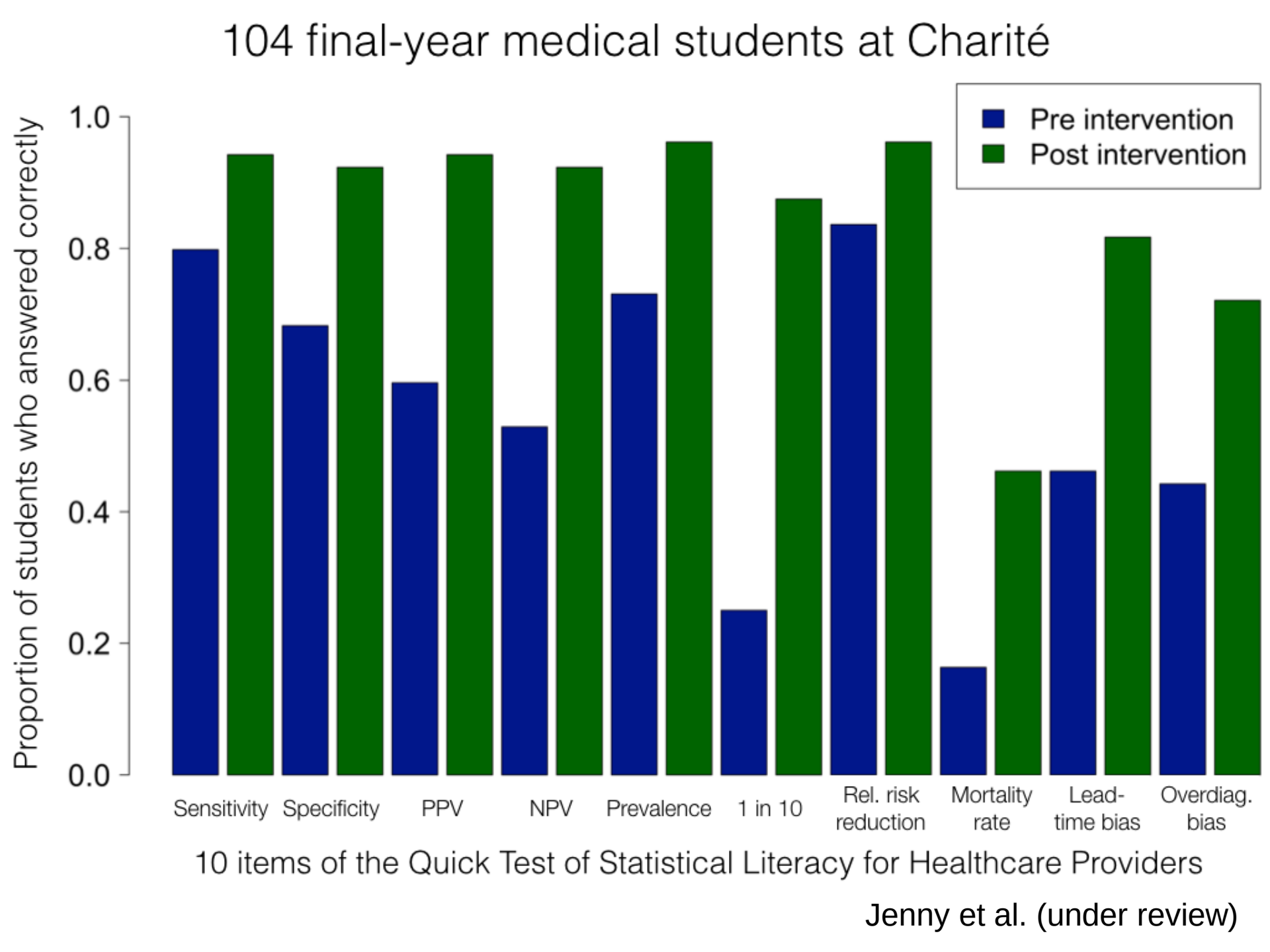
1000 women with screening:



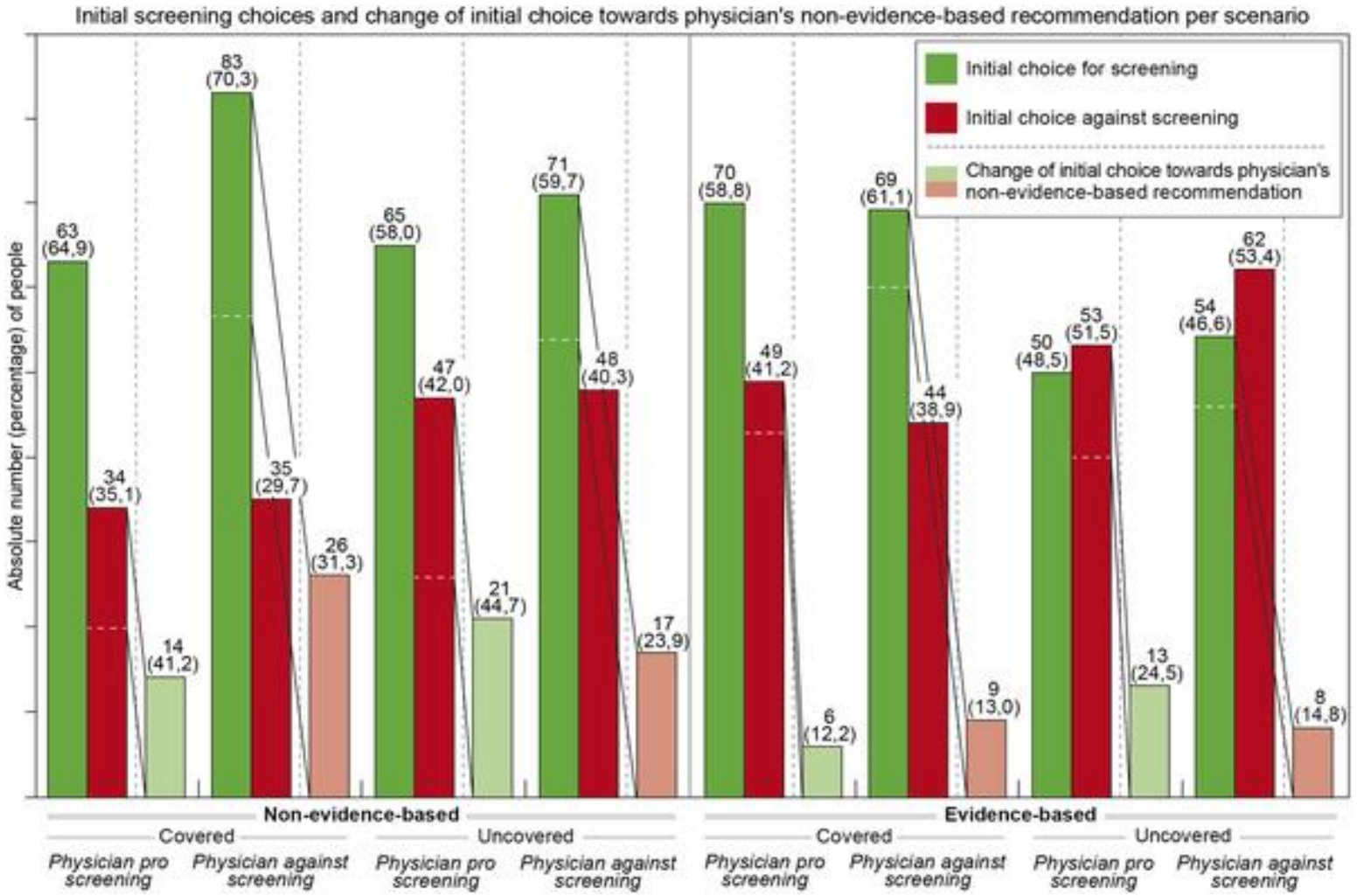
	1000 women without screening:	1000 women with screening:
Women who died from breast cancer:	5	4
Women who died from all types of cancer:	21	21
Women who learned after a biopsy that their diagnosis was a false-positive:	–	100
Women who were diagnosed and treated for breast cancer unnecessarily:	–	5
Remaining women:	979	874

Source:
Gøtzsche, PC, Jørgensen, KJ (2013). *Cochrane Database of Systematic Reviews* (6): CD001877
Numbers in the facts box are rounded. Where no data for women above 50 years of age are available, numbers refer to women above 40 years of age.
www.harding-center.mpg.de

McDowell et al. (2016)


104 final-year medical students at Charité
Pre intervention
Post intervention
Proportion of students who answered correctly
1.0
0.8
0.6
0.4
0.2
0.0
Sensitivity
Specificity
PPV
NPV
Prevalence
1 in 10
Rel. risk reduction
Mortality rate
Lead-time bias
Overdiag. bias
10 items of the Quick Test of Statistical Literacy for Healthcare Providers
Jenny et al. (under review)

Evidence-based patient information given before counseling reduces the influence of non-evidence-based counseling by physicians.



Wegwarth O, Wagner GG, Gigerenzer G (2017) Can facts trump unconditional trust? Evidence-based information halves the influence of physicians' non-evidence-based cancer screening recommendations. PLOS ONE 12(8): e0183024. https://doi.org/10.1371/journal.pone.0183024

On the way to what we all want...

The ingredients

SSGIM Not-to-do recommendations on Benzodiazepines, PPI and laboratory tests

Monitoring/benchmarking

Working groups (external/internal) & Key people

Instructions and fact sheets

Educational interventions

Themed conferences and meetings

Before & after studies

What they helped us with

	Knowledge of **best practice**	**Knowledge** of **Choosing Wisely** principles (high-value care and shared decisions)	**Awareness** of **own** prescription **strategies**	**Awareness** of the prescription **strategy of others**	**Change**
Media					
Conferences					
Guidelines/Not-to-do Reco-mmendation					
Working Groups					
Pocket guides					
Education					
Monitoring					
B&A studies					

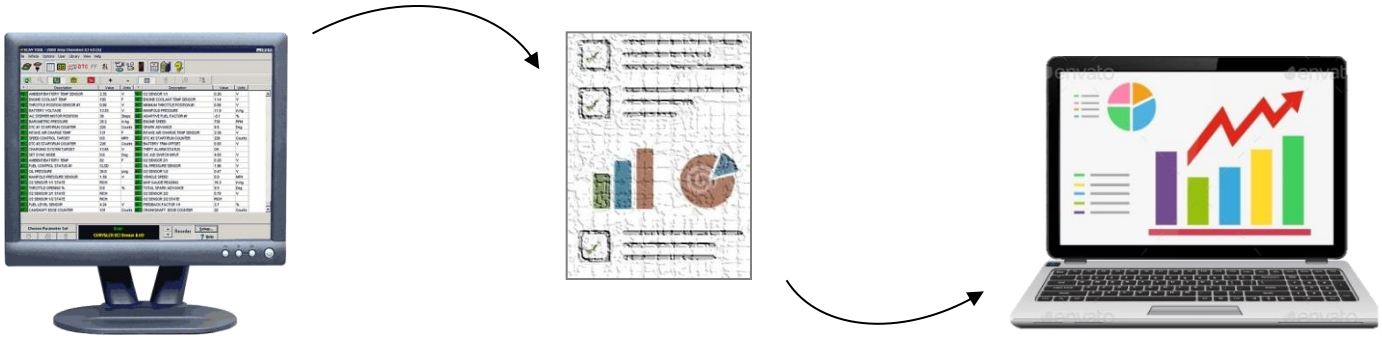
What difficulties they created

	Confusion between useless care and low-value care	Confusion between “appropriate” and “economically favourable”	Confusion between good for one (patient) and good for all	Building the culture «MORE IS BETTER»	Concern about the possible consequences of inadequate data usage	Internal Costs (EOC)
Media						
Conferences						
Guidelines/Not-to-do Recommendation						
Working Groups						
Pocket guides						
Education						
Monitoring						
B&A studies						

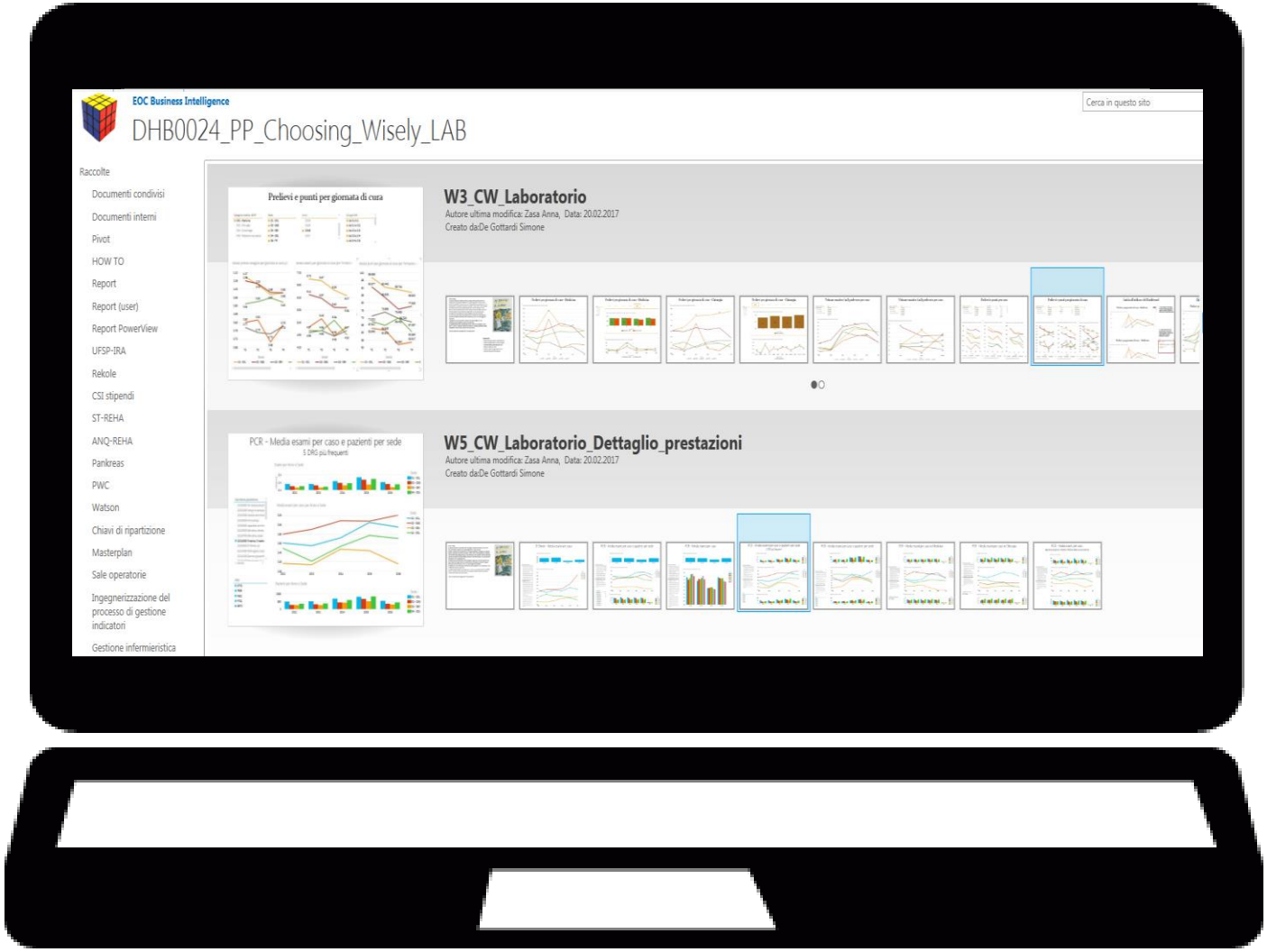
Continuous Monitoring and benchmarking

POINT DATA COLLECTION → ONGOING DATA COLLECTION

Close confidentiality → TRASPARENCY (free access to data and to open benchmarking)



An **online dashboard** daily updates and accessible to nurses, physicians, ISFSI, Quality Managers, Managing Directors.



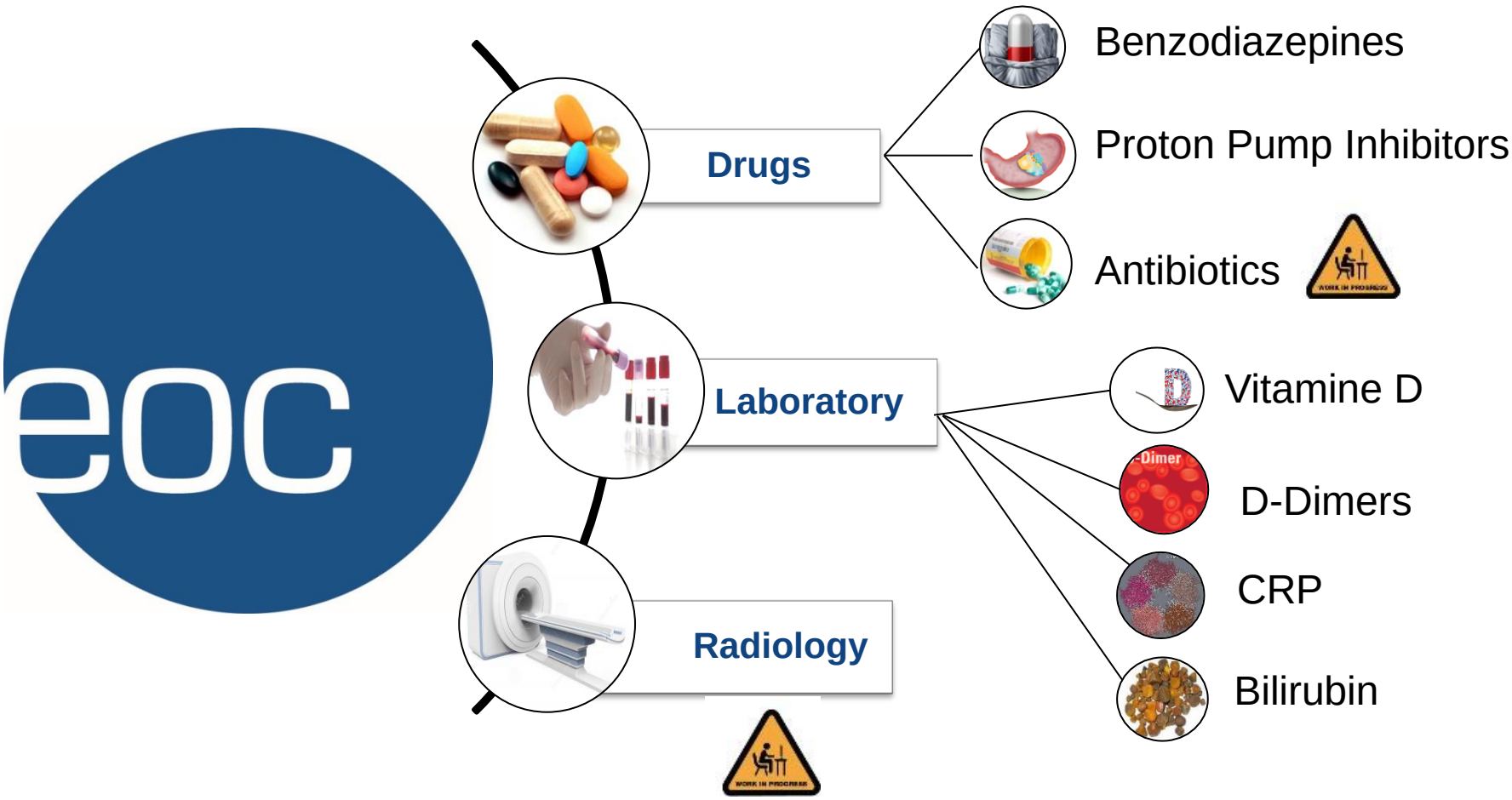
Results of an EOC inquiry

Thanks to dashboard educational meetings, about **30% of the participants became aware of data previously unknown** to them.

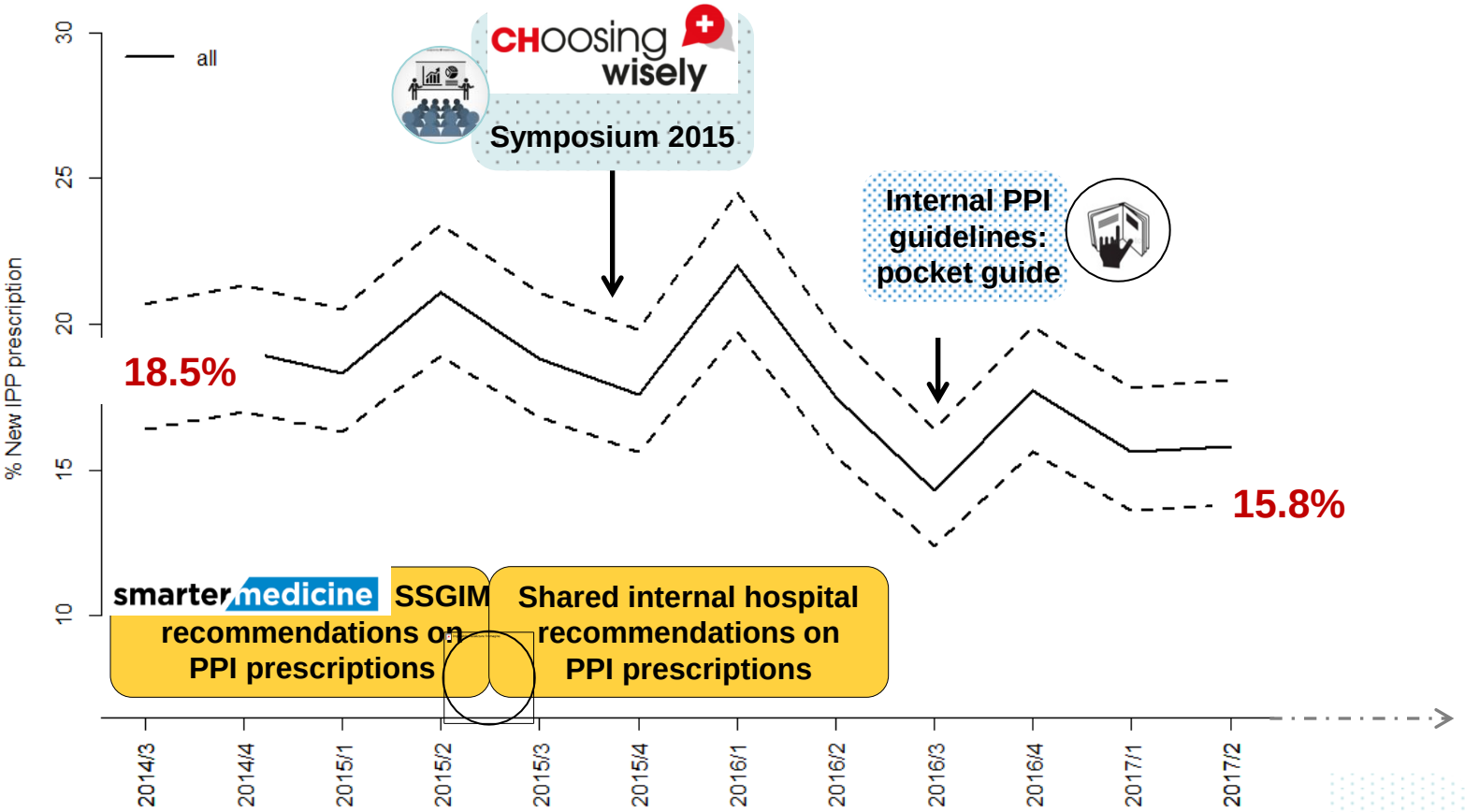
88% think that the **Dashboard is helpful**

64% consider the Dashboard to be **useful** for **making laboratory prescriptions more appropriate**

Before & after studies



New PPI prescriptions 2014-2017
Internal Medicine Department



Blind monitoring

Monitoring/ benchmarking

Transparent monitoring and Newsletter

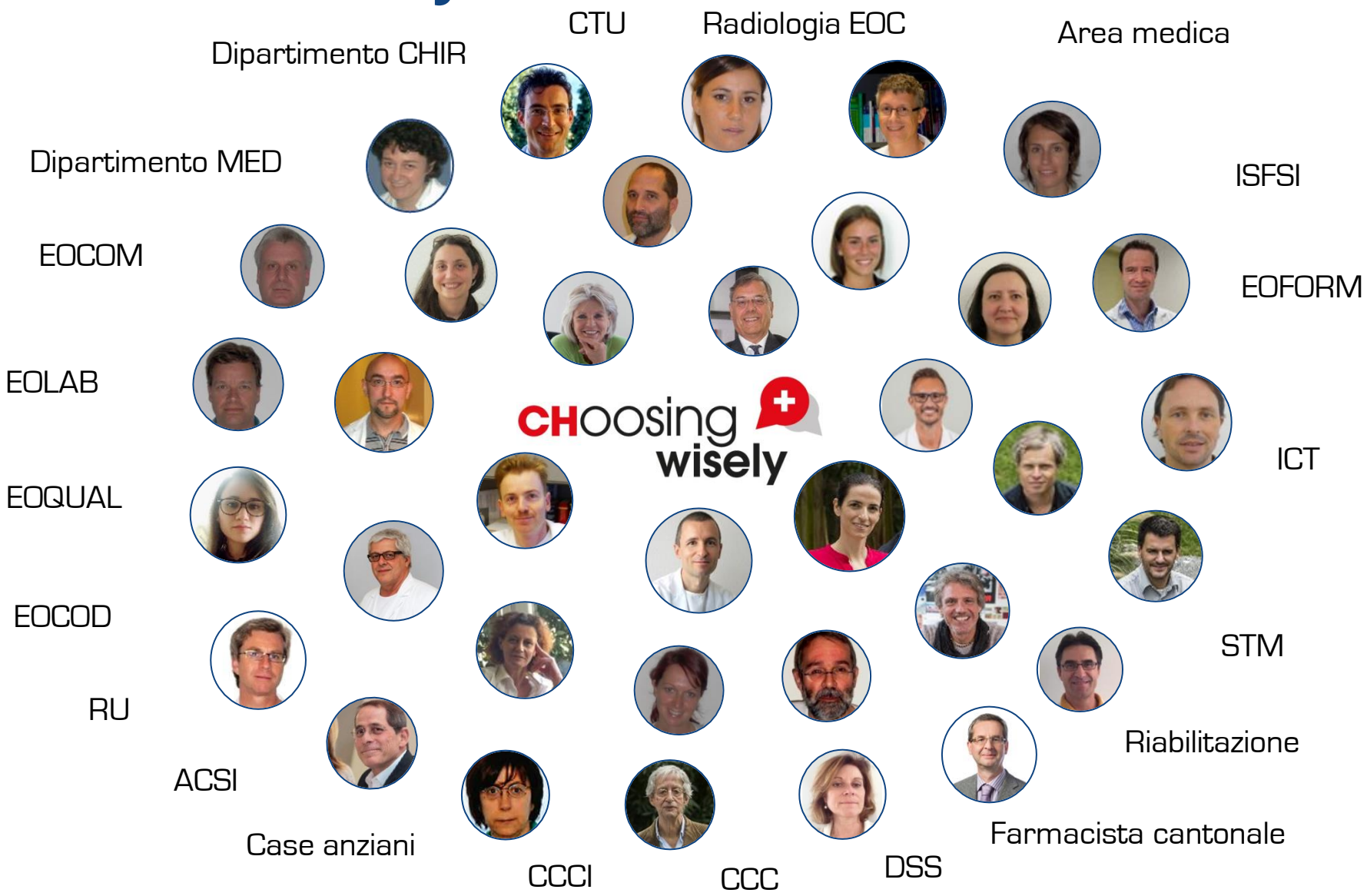
Creation of PPI working group

Educational intervention in the hospital network

Take home messages

- A change is possible

Tools for change:

- Monitoring, transparency and benchmarking
- Educational interventions & key people
- Interprofessional engagement

Thanks everyone!