Deintensification of Routine Medical Services

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October 18, 2017
Low-value care is common...
...and costly

Why don’t we choose wisely?

The Society for Cardiovascular Angiography and Interventions’ list is now available. Learn about other societies announcing new Choosing Wisely lists in 2014.

How can physicians and patients have the important conversations necessary to ensure the right care is delivered at the right time? Choosing Wisely aims to answer that question.

An Initiative of the ABIM Foundation, Choosing Wisely is focused on encouraging physicians, patients and other health care stakeholders to think and talk about medical tests and procedures that may be unnecessary, and in some instances can cause harm.
A day in the life of a primary care clinician
A day in the life of a primary care clinician

Before patient care

- Examine patient list
- Prepare notes
- Review guidelines
- Huddle with team
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System 2

- Slow decisions
- Analytic
- Rule-based
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Want decisions here
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During patient care
- Patient demands
- Pages
- Add-ons
- Running behind
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System 1
- Fast decisions
- Intuition
- Status quo bias

Want decisions here
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System 1
- Fast decisions
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Decisions made here
Committing to choose wisely
Committing to choose wisely

Before patient care

- Commitment to specific Choosing Wisely® recommendation(s) to avoid ordering low-value services
Committing to choose wisely

Before patient care

- Commitment to specific *Choosing Wisely®* recommendation(s) to avoid ordering low-value services

Start decisions here
Committing to choose wisely

**Before patient care**
- Commitment to specific *Choosing Wisely®* recommendation(s) to avoid ordering low-value services

**During patient care**
- Point-of-care reminders of commitment immediately before decision making
- Point-of-care patient education handouts
- Longitudinal supports to improve conversations about low-value care

Start decisions here
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Before patient care
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During patient care
- Point-of-care reminders of commitment immediately before decision making
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- Longitudinal supports to improve conversations about low-value care

Start decisions here

Make decisions here
Pilot test in a private group practice

Month

Clinic 1 2 3 4 5 6 7 8 9 10 11

1

2

3 Control

4

5

6

7

8

9

10

11

Intervention

Follow-Up
### Δ in % of visits with a low-value order

<table>
<thead>
<tr>
<th>Condition</th>
<th>n</th>
<th>Δ in % (95% CI)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back pain</td>
<td>11,964</td>
<td>-1.2 (-2.0, -0.5)</td>
<td>.001</td>
</tr>
<tr>
<td>Headaches</td>
<td>2,735</td>
<td>0.7 (-0.7, 2.1)</td>
<td>.34</td>
</tr>
<tr>
<td>Sinusitis</td>
<td>3,314</td>
<td>-3.4 (-8.2, 1.4)</td>
<td>.16</td>
</tr>
<tr>
<td>All</td>
<td>18,013</td>
<td>-1.4 (-2.9, 0.1)</td>
<td>.06</td>
</tr>
</tbody>
</table>

Estimates derived from linear mixed models with random effects of providers nested in practices, adjusted for patient age, patient gender, Charlson comorbidity score at visit, step, and diagnosis.
### Δ in % of visits with a substitute order

<table>
<thead>
<tr>
<th>Condition</th>
<th>n</th>
<th>Δ in % (95% CI)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back pain</td>
<td>11,964</td>
<td>1.9 (0.5, 3.3)</td>
<td>.007</td>
</tr>
<tr>
<td>Headaches</td>
<td>2,735</td>
<td>4.2 (-1.0, 9.3)</td>
<td>.11</td>
</tr>
<tr>
<td>Sinusitis</td>
<td>3,314</td>
<td>-0.2 (-0.8, 0.4)</td>
<td>.44</td>
</tr>
<tr>
<td>All</td>
<td>18,013</td>
<td>1.7 (0.3, 3.1)</td>
<td>.01</td>
</tr>
</tbody>
</table>

Estimates derived from linear mixed models with random effects of providers nested in practices, adjusted for patient age, patient gender, Charlson comorbidity score at visit, step, and diagnosis.
Opportunities and challenges

- Decisions to order low-value services often start well upstream from EHR use
- EHR orders can be a proxy for provider behavior
- Hard to determine value of each order
- Multiple providers can order a low-value service across multiple settings and EHRs
- Potential for unintended consequences
  - Substitution effects
  - Patient experience
  - Provider satisfaction
Conclusions

- Growing interest in reducing low-value care as a way to improve value of health care spending
- Clinician decisions to order low-value services end in the EHR but often start much earlier
- Need for more novel strategies that leverage EHRs to facilitate high-value health care decisions
Acknowledgements

▪ Colleagues
  ▪ Erin Krupka, Julia Adler-Milstein, Eve Kerr, Jane Forman, Angie Fagerlin, Myra Kim

▪ Leadership and staff of IHA and Michigan Medicine

▪ Funding and support
  ▪ Robert Wood Johnson Foundation
  ▪ Donaghue Foundation
  ▪ US Department of Veterans Affairs HSR&D Career Development Award
Thank you!
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Example of reminder and handout

Choosing Wisely®

Imaging tests do not help.
Most people with lower-back pain improve within about a month, whether or not they undergo an imaging test.
People who get an imaging test may not get better faster, and may even get worse than people who use medicine and followed advice on how to help their pain.
Imaging tests can also lead to treatments that you don’t need. For example, patients who had an MRI were much more likely to have surgery than people who did not have an MRI. But the surgery did not help them get better any faster.

Imaging tests have risks.
X-rays and CT scans use radiation. Radiation has harmful effects that can add up. It is best to avoid radiation when you can.

This patient may be experiencing low back pain.

Because you are committed to Choosing Wisely®, you may wish to use this handout to help you and your patient make good decisions:

“Imaging tests for lower-back pain — You probably do not need an X-ray, CT scan, or MRI”
## Clinician characteristics (n = 45)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean (SD)</td>
<td>48.5 (9.7)</td>
</tr>
<tr>
<td>Female, n (%)</td>
<td>25 (56.8)</td>
</tr>
<tr>
<td>Type of clinician, n (%)</td>
<td></td>
</tr>
<tr>
<td>Physician (MD or DO)</td>
<td>40 (90.9)</td>
</tr>
<tr>
<td>Physician assistant (PA)</td>
<td>3 (6.8)</td>
</tr>
<tr>
<td>Nurse practitioner (NP)</td>
<td>1 (2.3)</td>
</tr>
<tr>
<td>Years since training, n (%)</td>
<td></td>
</tr>
<tr>
<td>&lt; 5</td>
<td>4 (9.1)</td>
</tr>
<tr>
<td>5 to 9</td>
<td>7 (15.9)</td>
</tr>
<tr>
<td>10 to 19</td>
<td>18 (40.9)</td>
</tr>
<tr>
<td>20 or more</td>
<td>15 (34.1)</td>
</tr>
<tr>
<td>Commitment, n (%)</td>
<td>45 (100)</td>
</tr>
</tbody>
</table>
Potential substitute orders

- Low back pain
  - Opiate prescriptions
  - Referrals to Orthopedics, Neurosurgery, Spine, Neurology, or Pain clinics

- Headaches
  - Prescriptions for opiates or butalbital prescriptions
  - Referrals to Neurology or Pain clinics

- Acute sinusitis
  - Sinus x-ray or CT
  - Referrals to ENT clinic
Key survey results (n = 44)

- 50% familiar with *Choosing Wisely* before study
- % who found intervention components helpful
  - Precommitment: 48%
  - Reminders: 32%
  - Patient handouts: 64%
  - Online communication modules: 20%
Main interview results (n = 24)

- Reasons for commitment
  - 12 felt it was “the right thing to do”
  - 10 felt they were already following guidelines

- Changes to patient care
  - 14 said conversations with patients changed
  - 10 felt practice styles changed