

Deintensification of Routine Medical Services

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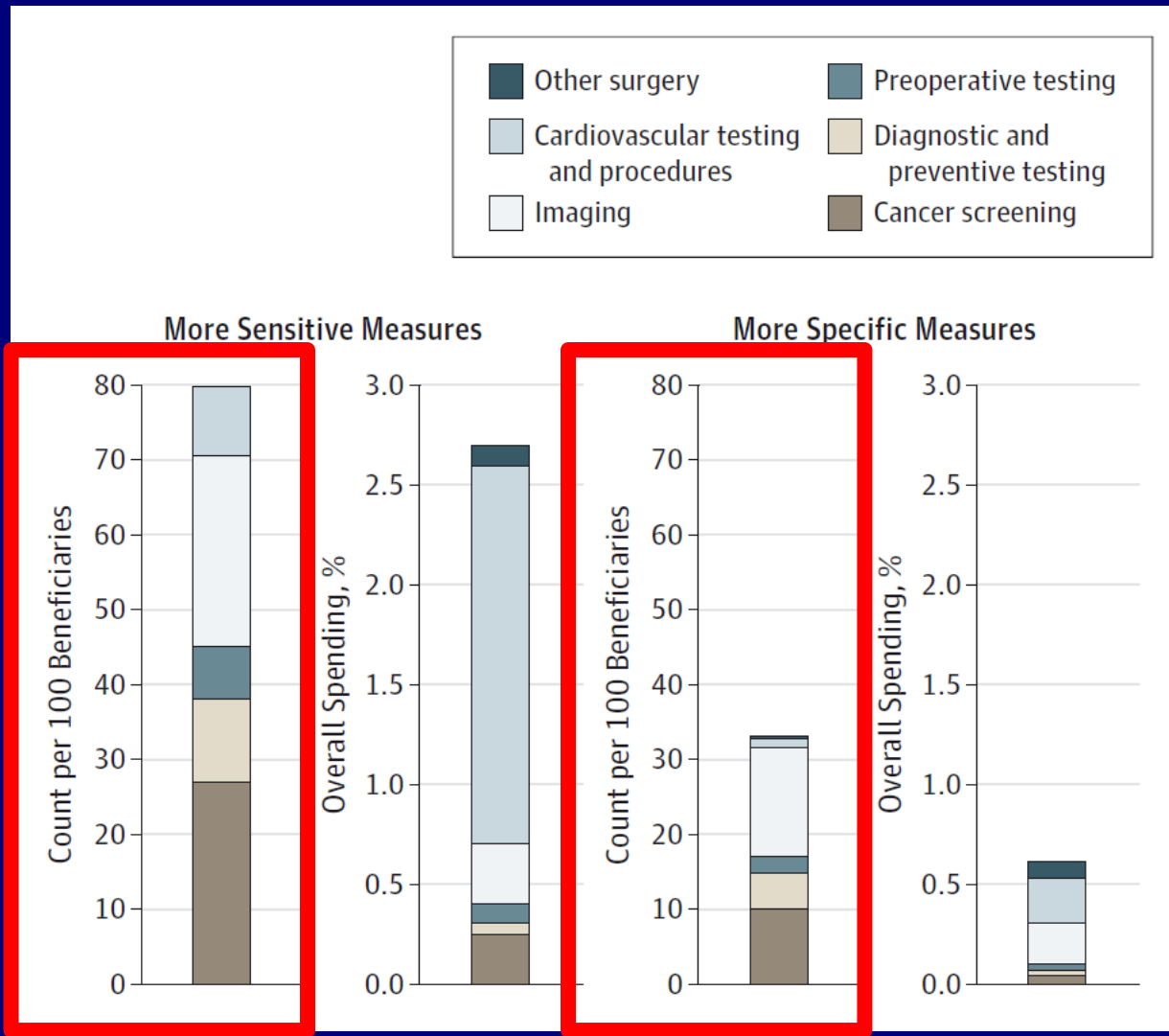
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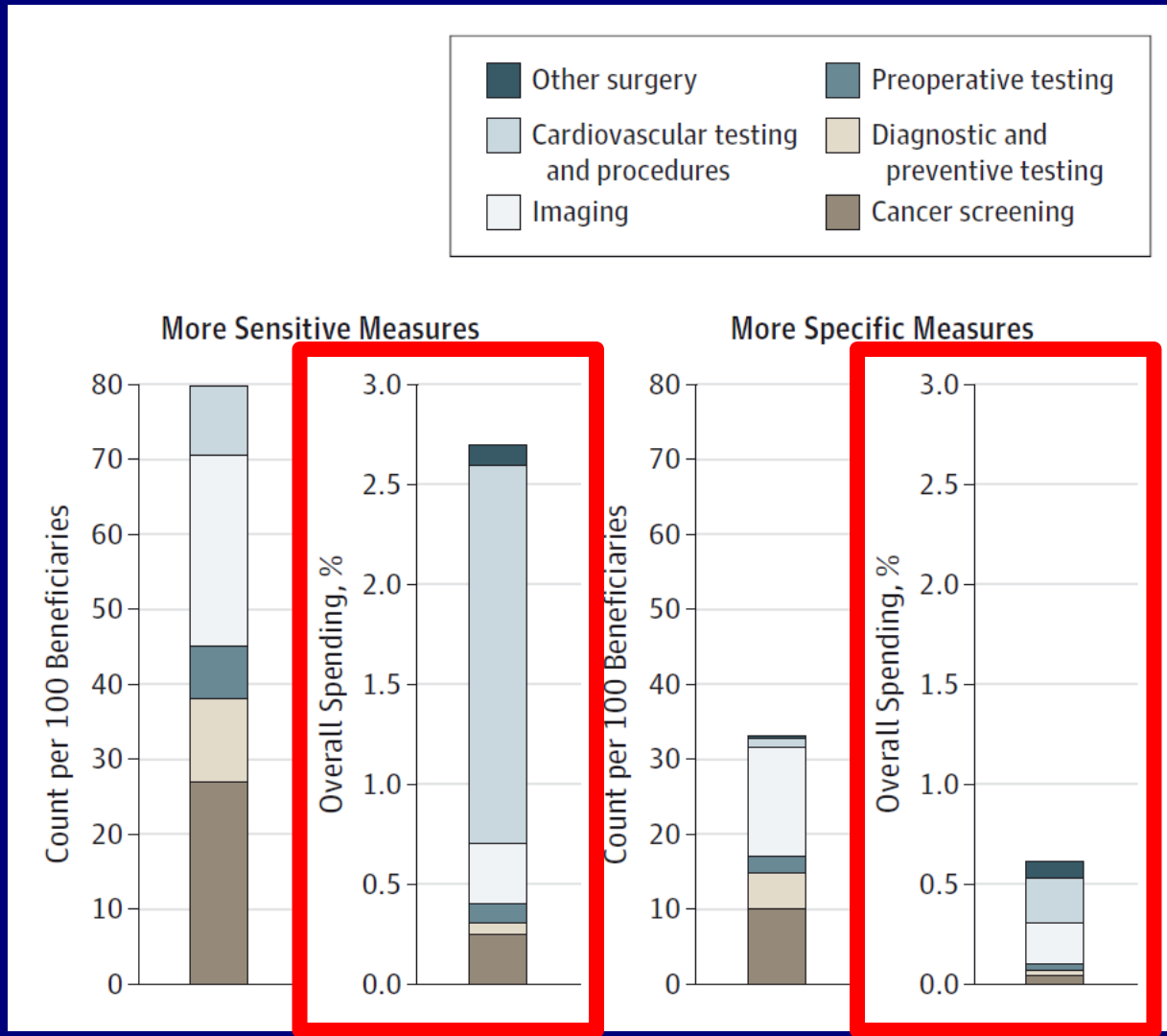


Low-value care is common...



Schwartz AL, Landon BE, Elshaug AG, Chernew ME, McWilliams JM. Measuring Low-Value Care in Medicare. *JAMA Intern Med.* 2014;174(7):1067-1076.

...and costly



Schwartz AL, Landon BE, Elshaug AG, Chernew ME, McWilliams JM. Measuring Low-Value Care in Medicare. *JAMA Intern Med.* 2014;174(7):1067-1076.

Why don't we choose wisely?



An initiative of the ABIM Foundation

About

Lists

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About
Learn More about
Choosing 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.

UPDATES FROM THE FIELD

Sign up for monthly updates and highlights from organizations working to advance *Choosing Wisely*.

Email

SIGN UP

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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During patient care

- Patient demands
- Pages
- Add-ons
- Running behind



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System 1

- Fast decisions
- Intuition
- Status quo bias

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System 1

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Decisions made here

Committing to choose wisely

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Before patient care

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

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Start decisions here

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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

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Before patient care

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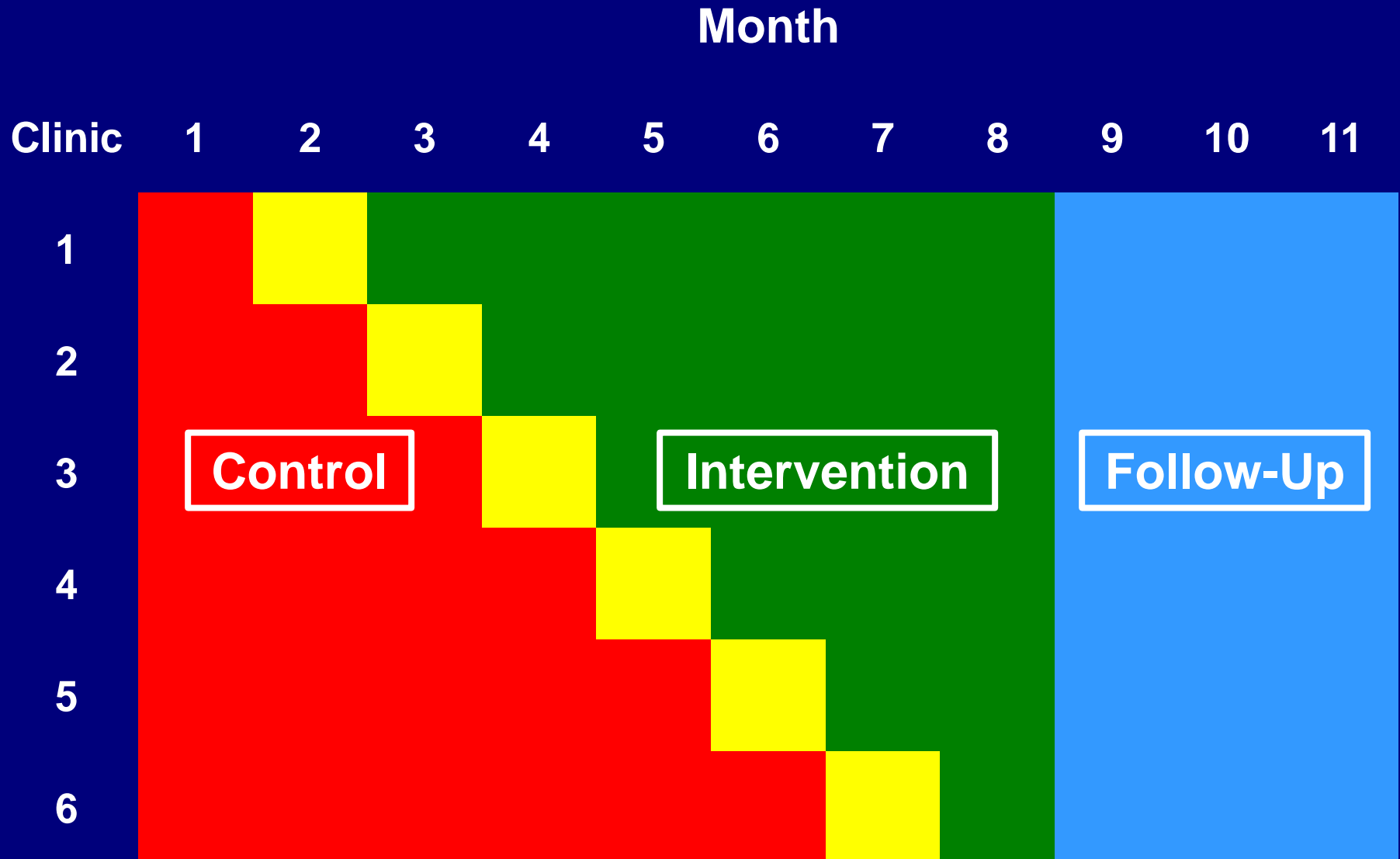


During patient care

- 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

Make decisions here

Pilot test in a private group practice



Δ in % of visits with a low-value order

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

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

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

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

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Example of reminder and handout

Choosing Wisely
An initiative

ConsumerReportsHealth

AMERICAN ACADEMY OF FAMILY PHYSICIANS

ADIM

Imaging tests for lower-back pain

You probably

X-rays, CT scans, and MRI tests because they look at the inside of the body. You may not need one of these tests to help with your back pain. But these tests do not help. Here's why:

The tests do not help. Most people with lower-back pain do not get better faster with an imaging test.

People who get an imaging test do not get better faster. In fact, they are worse than people who do not get an imaging test and followed by physical therapy to help their pain.

Imaging tests can also lead to more treatments that you do not need. For example, people 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)

Age, mean (SD)	48.5 (9.7)
Female, n (%)	25 (56.8)
Type of clinician, n (%)	
Physician (MD or DO)	40 (90.9)
Physician assistant (PA)	3 (6.8)
Nurse practitioner (NP)	1 (2.3)
Years since training, n (%)	
< 5	4 (9.1)
5 to 9	7 (15.9)
10 to 19	18 (40.9)
20 or more	15 (34.1)
Commitment, n (%)	45 (100)

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