

SMARTER MEDICINE

SSMIG CONGRES D'AUTOMNE
MONTREUX, 21.09.2018

Prof. Dr. Jean-Michel Gaspoz

Département de Médecine communautaire, de premier recours
et des urgences

24/09/2018

1

Context : (1)

1. In 2009, harsh debates in the USA concerning the Health Care Reform « Patient Affordable Care Act » from Barack Obama.
2. Insurance companies, pharmaceutical manufacturers, medical device makers, hospitals: agreed to forego some future profits to show support for the reform efforts.
3. Medical societies : scepticism; refused to contemplate any measure they could take.

Context : (2)

4. Ethicist Howard Brody:

« Physicians have sworn an oath to place the interests of their patients ahead of their own ones. None of the for-profit health care industries have ever taken that oath..... How could physicians refuse to contemplate any meaningful measure they might take to reduce health care costs ? »

Context : (3)

5. Proposition that each medical society sets up a « Top-five list » of tests, or treatments that are often prescribed, that are among the most expensive services provided, and that have been shown by the current available evidence not to provide any meaningful benefit for at least some major categories of patients for whom they are commonly ordered.

ONLINE FIRST | LESS IS MORE

The “Top 5” Lists in Primary Care

Meeting the Responsibility of Professionalism

The Good Stewardship Working Group

Arch Intern Med. 2011;171(15):1385-1390.

Published online May 23, 2011.

doi:10.1001/archinternmed.2011.231

Top 5 List in Family Medicine

1. Don't do imaging for low back pain within the first 6 weeks unless red flags* are present

- Imaging of the lumbar spine before 6 weeks does *not* improve outcomes but does increase costs
- Low back pain is the fifth most common reason for all physician visits

* *Red flags include but are not limited to severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected*
Sources: AHCPR and Cochrane

2. Don't routinely prescribe antibiotics for acute mild to moderate sinusitis unless symptoms (which must include purulent nasal secretions AND maxillary pain or facial or dental tenderness to percussion) last for 7 or more days OR symptoms worsen after initial clinical improvement

- Most maxillary 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 over 80% of outpatient visits for acute sinusitis
- Sinusitis accounts for 16 million office visits and \$5.8 billion in annual healthcare costs

Source: Cochrane and Ann IM

3. Don't order annual ECGs or any other cardiac screening for asymptomatic, low-risk patients

- Little evidence that detection of coronary artery stenosis in asymptomatic patients at low risk for coronary heart disease improves health outcomes
- False-positive tests are likely to lead to harm through unnecessary invasive procedures, over-treatment, and misdiagnosis
- Potential harms of this routine annual screening exceed the potential benefit

Source: USPSTF

4. Don't perform Pap tests on patients younger than 21 years or in women status post hysterectomy for benign disease

- Most dysplasia in adolescents regresses spontaneously; therefore, screening Pap tests done in this age group can lead to unnecessary anxiety, morbidity, and cost
- Pap tests have low yield in women after hysterectomy (for benign disease), and there is poor evidence for improved outcomes

Sources: ACOG (for age), USPSTF (for hysterectomy)

5. Don't use DEXA screening for osteoporosis in women under age 65 years or men under 70 years with no risk factors*

- Not cost-effective in younger, low-risk patients, but cost-effective in older patients

* *Risk factors include but are not limited to fractures after age 50 years, prolonged exposure to corticosteroids, diet deficient in calcium or vitamin D, cigarette smoking, alcoholism, thin and small build*

Sources: NOF, USPSTF, AACE, ACPM



About
Learn More about
Choosing Wisely

www.choosingwisely.org

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.

To spark these conversations, nine specialty societies created lists of "[Five Things Physicians and Patients Should Question](#)" — evidence-based recommendations that should be discussed to help make wise decisions about the most appropriate care based on a patients' individual situation.

Consumer Reports will be developing and disseminating materials to patients through large [consumer groups](#) to help patients engage their physicians in these conversations and ask questions about what tests and procedures are right for them.

Several more specialty societies have joined the campaign and will be unveiling their lists of "Five Things Physicians and Patients Should Question" in fall 2012.

« Physicians, not the government, could take the lead in identifying the waste to be eliminated. »

Howard Brody. New Engl J Med 2010;362 (4): 283-5

Quiz (1):

Qui est d'accord avec les propositions suivantes:

- Les médecins devraient adhérer à des guidelines qui découragent les pratiques qui ont un avantage faible comparé aux standards actuels mais coûtent plus ?
- Les médecins doivent prendre un rôle plus important dans la limitation des tests et procédures inutiles.
- Il n'est pas correct de demander aux médecins à la fois de contribuer à la réduction des coûts de la santé et de garder à l'esprit le bien-être de leur patients.

Original Investigation

Views of US Physicians About Controlling Health Care Costs

Jon C. Tilburt, MD, MPH; Matthew K. Wynia, MD, MPH; Robert D. Sheeler, MD; Bjorg Thorsteinsdottir, MD;
Katherine M. James, MPH; Jason S. Egginton, MPH; Mark Liebow, MD, MPH; Samia Hurst, MD;
Marion Danis, MD, MPH; Susan Dorr Goold, MD, MHSA, MA

JAMA. 2013;310(4):380-388. doi:10.1001/jama.2013.8278

OBJECTIVE To assess physicians' attitudes toward and perceived role in addressing health care costs.

DESIGN, SETTING, AND PARTICIPANTS A cross-sectional survey mailed in 2012 to 3897 US physicians randomly selected from the AMA Masterfile.

MAIN OUTCOMES AND MEASURES Enthusiasm for 17 cost-containment strategies and agreement with an 11-measure cost-consciousness scale.

Table 4. Degree of Agreement/Disagreement Among 2556 Physician Respondents Regarding Their Role in Containing Health Care Costs and Potential Barriers to and Consequences of Cost-Conscious Practice

	No. (%) ^a			
	Strongly Agree	Moderately Agree	Moderately Disagree	Strongly Disagree
Attention to and role in addressing health care costs				
I am aware of the costs of the tests/treatments I recommend (n = 2446)	556 (23)	1307 (53)	423 (17)	160 (7)
I try not to think about the cost to the health care system when making treatment decisions ^b (n = 2449)	265 (11)	747 (31)	935 (38)	502 (21)
I should sometimes deny beneficial but costly services to certain patients because resources should go to other patients that need them more (n = 2428)	61 (3)	305 (13)	748 (31)	1314 (54)
Cost to society is important in my decisions to use or not to use an intervention ^b (n = 2439)	268 (11)	1039 (43)	788 (32)	344 (14)
Physicians should adhere to clinical guidelines that discourage the use of interventions that have a small proven advantage over standard interventions but cost much more ^b (n = 2434)	807 (33)	1123 (46)	402 (17)	102 (4)
The cost of a test or medication is only important if the patient has to pay for it out of pocket ^b (n = 2449)	81 (3)	306 (13)	824 (34)	1238 (51)
Doctors are too busy to worry about costs of tests and procedures ^b (n = 2451)	138 (6)	515 (21)	761 (31)	1037 (42)
Trying to contain costs is the responsibility of every physician ^b (n = 2442)	900 (37)	1179 (48)	256 (10)	107 (4)
There is currently too much emphasis on costs of tests and procedures ^b (n = 2437)	244 (10)	598 (25)	1112 (46)	483 (20)
Doctors need to take a more prominent role in limiting use of unnecessary tests ^b (n = 2442)	1016 (42)	1146 (47)	214 (9)	66 (3)
It is unfair to ask physicians to be cost-conscious and still keep the welfare of their patients foremost in their minds ^b (n = 2439)	339 (14)	684 (28)	1007 (41)	409 (17)
I should be solely devoted to my individual patients' best interests, even if that is expensive ^b (n = 2438)	927 (38)	975 (40)	436 (18)	100 (4)
Decision support tools that show costs would be helpful in my practice ^b (n = 2461)	483 (20)	1240 (50)	487 (20)	251 (10)
Barriers to and consequences of cost-conscious practice				
I find the uncertainty involved in patient care disconcerting (n = 2449)	362 (15)	1008 (41)	649 (27)	430 (18)
I generally order more tests when I don't know the patient well (n = 2463)	185 (8)	868 (35)	769 (31)	641 (26)



The Swiss Society of Internal Medicine takes the lead In 2014



SGAIM SSMIG SSGIM

Schweizerische Gesellschaft für Allgemeine Innere Medizin
Société Suisse de Médecine Interne Générale
Società Svizzera di Medicina Interna Generale
Swiss Society of General Internal Medicine

Quiz (2):

Qui connaît le concept « Smarter Medicine » ?

Quel est votre accord avec chacun
des items suivants ?

1

Un bilan radiologique chez un patient avec des douleurs lombaires non-spécifiques depuis moins de 6 semaines.

2

Le dosage du PSA pour dépister le cancer de la prostate sans en discuter les risques et bénéfices avec le patient.

3

La prescription d'antibiotiques en cas d'infection des voies aériennes supérieures sans signe de gravité.

4

Une radiographie du thorax dans le bilan préopératoire en l'absence de suspicion de pathologie thoracique.

5

La poursuite à long terme d'un traitement d'inhibiteurs de la pompe à proton pour des symptômes gastro-intestinaux sans utiliser la plus faible dose efficace.

Recommendation 1

Do not obtain imaging studies during the first six weeks in patients with non-specific low back pain

Rationale : *Imaging studies in non-specific low back pain do not improve outcomes, but do increase irradiation and costs.*

Non-specific low back pain excludes red flags such as severe or progressive neurological deficits, or when conditions such as malignancy or osteomyelitis are suspected.

Sources: Agency for Health Care Research and Policy (AHCPR), National Institute for Health and Care Excellence (NICE)

Evidence level: Meta-analysis of randomized controlled trials

Recommandation 2

Do not perform the Prostate Specific Antigen (PSA) as a screening test for prostate cancer without a discussion of the risks and benefits

Rationale :

The benefits of PSA screening are unclear as there are conflicting results from randomized trials.

Men should understand the risks of overdiagnosis and overtreatment before being tested.

Sources: American College of Physicians, National Health Service, Swiss Society of Urology

Evidence level: Randomized controlled trials

Recommandation 3

Do not prescribe antibiotics for uncomplicated upper respiratory tract infections

Rationale : *The majority of uncomplicated upper respiratory tract infection are viral infections, for which antibiotics have no impact.*

Sources: Centers for Disease Control, American Academy of Family Physicians, National Institute for Health and Clinical Excellence

Evidence level: Multiple randomized controlled trials

Recommandation 4

Do not order preoperative chest radiography in the absence of a clinical suspicion for intrathoracic pathology

Rationale : *Provides no meaningful change in management or improvement in patient outcomes in asymptomatic patients.*

Sources: American College of Radiology, Royal College of Radiologists

Evidence level: Multiple retrospective cohort studies

Recommandation 5

Do not continue long-term treatment of gastrointestinal symptoms with proton pump inhibitors without titrating to the lowest effective dose needed

Rationale : *The indication for treatment should be regularly reviewed with patients, as side-effects may outweigh benefits, particularly with long-term treatment.*

NB: also applies to histamine 2 receptor antagonists.

Sources: American Gastroenterological Association, National Institute for Health and Clinical Excellence

Evidence level: Randomized controlled trials and prospective cohort studies

No long-term treatment with proton pump inhibitors without titrating to the lowest effective dose needed

- Increase in the use of PPIs: between 2000 and 2008, prescriptions for PPIs in the canton of Geneva increased by almost 500% ¹³
- PPIs have not been shown to have a role in the prevention of gastrointestinal complications ¹⁴
- Chronic use of PPIs has been linked to an dose-dependent increase in ¹³ :
 - osteoporotic fracture
 - bacterial pneumonia and clostridium difficile infection
 - interstitial nephritis
 - deficiency in vitamin B12

13. Societe nat fr de med interne 2012;33:439-45

14. Gastroenterology 2008;135:1392-413



How do Swiss general practitioners agree with and report adhering to a top-five list of unnecessary tests and treatments? Results of a cross-sectional survey

Kevin Selby^{a,b}, Jacques Cornuz^a, Christine Cohidon^{a,c}, Jean-Michel Gaspoz^d and Nicolas Senn^{a,c}

^aDepartment of Ambulatory Care and Community Medicine, University of Lausanne, Lausanne, Switzerland; ^bDivision of Research, Kaiser Permanente Northern California, Oakland, CA, USA; ^cInstitute of Family Medicine, University of Lausanne, Lausanne, Switzerland; ^dDivision of Primary Care Medicine, Department of Community Medicine, Primary Care and Emergency Medicine, Geneva University Hospitals and Faculty of Medicine, University of Geneva, Geneva, Switzerland

Table 2. Awareness of campaigns to decrease overuse among general practitioners ($n = 167$).

Question	<i>n</i> (%)
Have you heard about the campaign 'Smarter Medicine'	
Yes	104 (62%)
No	45 (27%)
I don't know	11 (7%)
Have you heard about the campaign 'Choosing Wisely'	
Yes	95 (57%)
No	63 (38%)
I don't know	2 (1%)
Have you heard about the 'do not do' lists?	
Yes	77 (46%)
No	73 (44%)
I don't know	8 (5%)

Table 3. Proportion of physicians who encounter clinical scenarios often or very often^a, who rarely or never go against each ‘Smarter Medicine’ recommendation, and mean agreement with recommendation^b.

Clinical scenario	Category	Total (n = 167)
1. Patients with non-specific low-back pain	Encountered often or very often ^a	138 (83%)
	Rarely or never get imaging	114 (68%)
	Mean agreement with recommendation not to get imaging for non-specific low-back pain (0–10) ^b	9.0 (±1.9)
2. Prostate cancer screening using prostate-specific antigen test (PSA)	Encountered often or very often ^a	97 (58%)
	Discuss most of the time prior to screening	116 (69%)
	Mean agreement with recommendation to discuss before screening (0–10) ^b	8.9 (±1.7)
3. Upper respiratory tract infections without signs of complications	Encountered often or very often ^a	152 (91%)
	Rarely or never prescribe antibiotics for these infections	113 (68%)
	Mean agreement with recommendation not to prescribe antibiotics for these infections (0–10) ^b	9.1 (±1.5)
4. Patients without lung pathology for pre-operative assessment	Encountered often or very often ^a	79 (47%)
	Rarely or never request a chest X-ray	124 (74%)
	Mean agreement with recommendation not to request pre-operative chest X-rays (0–10) ^b	9.2 (±1.4)
5. Long-term use of proton pump inhibitors without confirmed pathology	Encountered often or very often ^a	98 (59%)
	Rarely or never continue medication without lowering dose	56 (34%)
	Mean agreement with recommendation to not continue medication without lower dose (0–10) ^b	8.9 (±1.4)

^aOften defined as weekly and very often as very often.

^bOn a 10-point Likert scale, from 0 (complete disagreement) to 10 (complete agreement).

smarter **medicine**

Choosing Wisely Switzerland

Association founded on June 12th, 2017

Breite Trägerschaft durch Gründungsmitglieder



Schweizerischer Verband der Berufsorganisationen im Gesundheitswesen | Federazione Svizzera delle Associazioni professionali sanitarie | Fédération Suisse des Associations professionnelles du domaine de la Santé



Echo aus der Presse:

**Tribune
de Genève**

«Smarter medicine»

Quand soigner moins, c'est mieux

Certains examens sont inutiles et délétères.

Médecins et patients sont invités à les éviter

Sophie Davaris

accusés de profiter d'un sys-

lorsque le patient ne retire aucun bénéfice de la nouvelle qu'on lui donne. C'est le cas de certains déistes qui détectent des

la médecine de grand-papa, que nous tournons le dos au high-tech. Ce n'est pas vrai du tout se défend le médecin. Au con-

Blick

Medizin

Intensivärzte und Geriater wollen unnötige Behandlungen vermeiden

Einige medizinische Behandlungen bringen Patienten keinen Nutzen oder schaden

smarter medicine

Choosing Wisely Switzerland

SonntagsZeitung

Zehn Therapien, die mehr schaden als nützen

Medizinische Fachgesellschaften veröffentlichen immer mehr schwarze Listen mit unnötigen Behandlungen und Verfahren – die wichtigsten Empfehlungen

Quotidiano indipendente della Svizzera italiana
CORRIERE DEL TICINO

Si fa presto a dire terapie inutili

Cinzia Marini*

Sono rimasta colpita da quanto letto sul «20 minuti» di martedì 13 giugno: vi si scriveva di cure inutili e dannose, soprattutto in Ticino, un articolo che mi ha generato un forte disappunto. Leggo «spreco e pericolo»: ritengo che l'unico pericolo per la popolazione siano queste letture superficiali e di parte di

Aims:

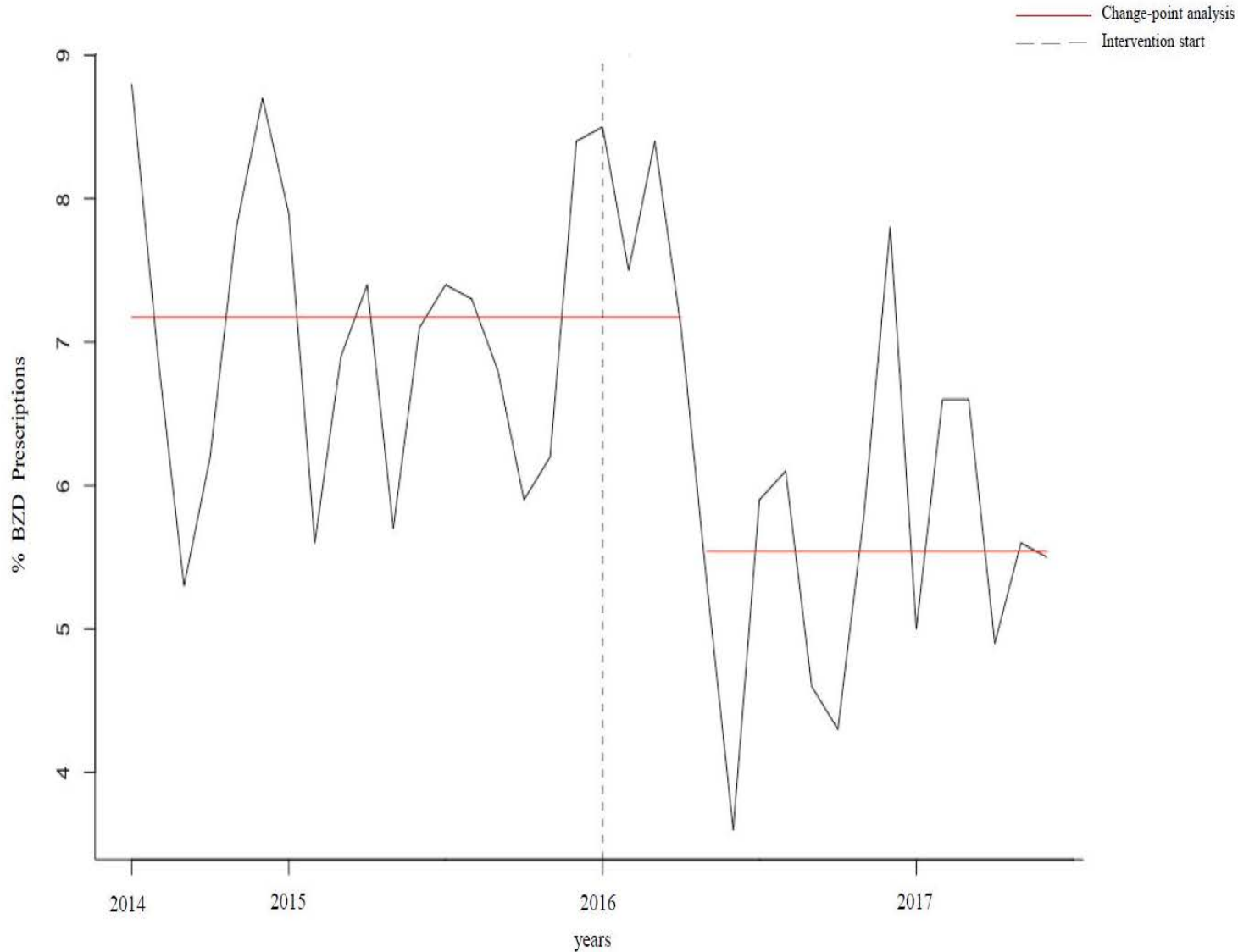
1. To sensitize all key players in the health care system to overuse and to « less can be more »
2. To embark them, as well as patients, consumers and the lay public through targeted or large scale media campaigns.
3. To publish Top-5 lists or to promote them.
4. To support all « Choosing wisely » initiatives in Switzerland (ex: smarter hospitals)
5. To serve as an interface with Choosing wisely international.

Top-5-list

The Swiss Society of General Internal Medicine recommends this Top-5 interventions to be avoided in hospital care:



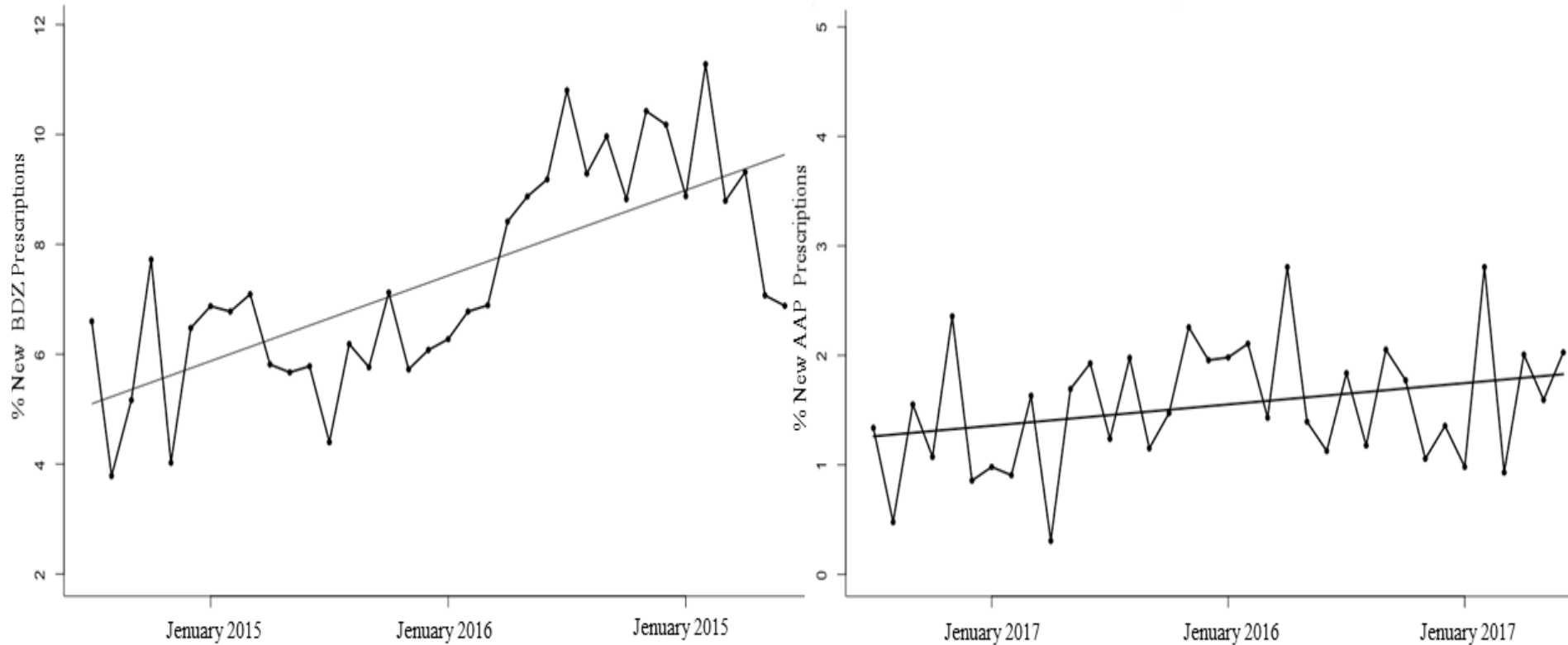
- 1** Don't order blood tests at regular intervals (such as every day) or routine extensive lab panels including X-rays without specific clinical questions.
- 2** Don't place, or leave in place, urinary catheters for incontinence, convenience or monitoring of output for non-critically ill patients.
- 3** Don't transfuse more than the minimum number of red blood (RBC) units necessary to relieve symptoms of anemia or to return a patient to a safe haemoglobin range.
- 4** Don't let older adults lie in bed during their hospital stay. In addition, individual therapeutic goals should be established considering the patients' values and preferences.
- 5** Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium and avoid prescription at discharge.



Change point analysis of new BZD prescriptions. Monthly rate of new BZD prescriptions (*solid black line*). The red lines show the result of the change-point analysis, indicating that the change in new BZD prescriptions occurred in March 2016.

Surgery Department

— Prescriptions Trendline without intervention



Interrupted time series analysis of new BZD and AAP prescriptions in the Surgery Department. Monthly rate of new BZD (A) and AAP (B) prescriptions during the whole study period (*solid black lines with dots*). *Continuous black lines* indicate the prescription trend line without intervention.

Top-5 listes réalisées à ce jour

1. SGAIM ambulatoire
2. SGAIM hospitalier
3. Gériatrie
4. Gastro-entérologie
5. Néphrologie
6. Chirurgie
7. Médecine intensive
8. Radio-oncologie

Top-5 listes en voie d'achèvement

1. Neurologie
2. Médecine de la reproduction
3. Gériatrie (2)

Top-5 listes à venir

1. Médecine de famille (Stefan Neuner-Jehle)
2. Anesthésie et réanimation
3. ORL
4. Rhumatologie
5. Infectiologie



smarter **medicine**

Choosing Wisely Switzerland

Can less be more?

Patientenkampagne 2018

Jean-Michel Gaspoz, SGAİM

Daniel Scheidegger, SAMW

Erika Ziltener, DVSP

Bernadette Häfliger Berger, Geschäftsführerin

Campagne publique lancée le 1.10.2018 Zürich

Pour plus de qualité et moins de gaspillage

Merci pour votre attention