Dr Derek Sherwood

Ophthalmologist

Nelson

Sunday, August 11, 2019

(Plenary)

11:00 - 11:25 Choosing Wisely in General Practice - First Do Not Harm?

CHOOSE WISELY

A COUNCIL OF MEDICAL COLLEGES IN NEW ZEALAND CAMPAIGN
and part of Choosing Wisely work internationally.

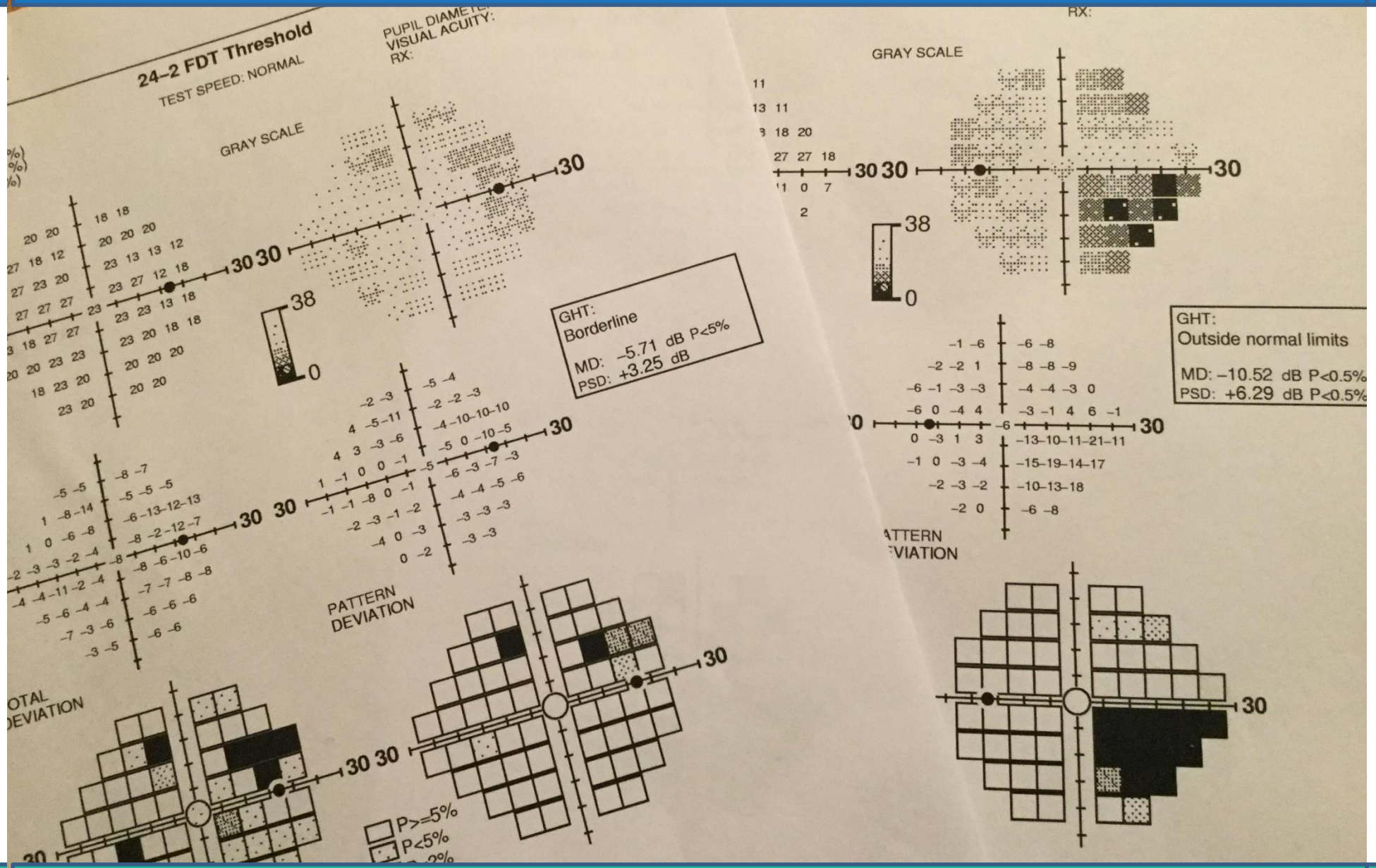
Choosing Wisely in general practice

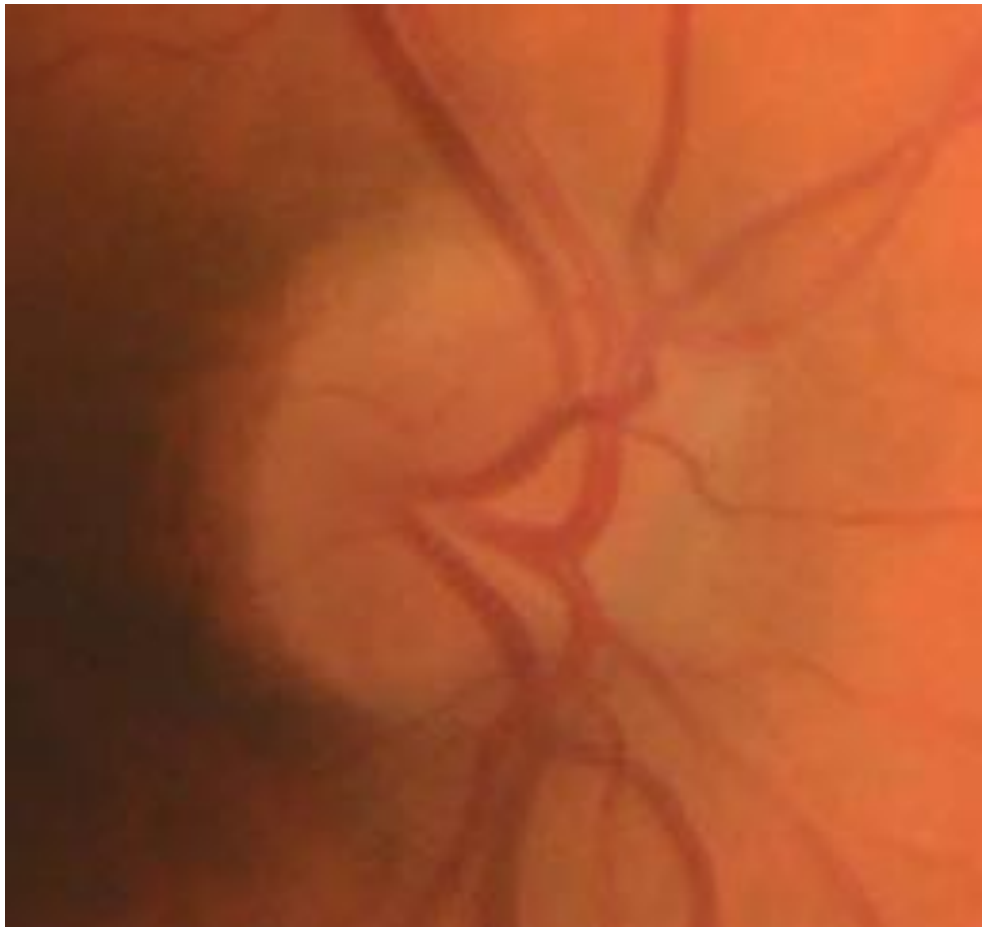
First do no harm

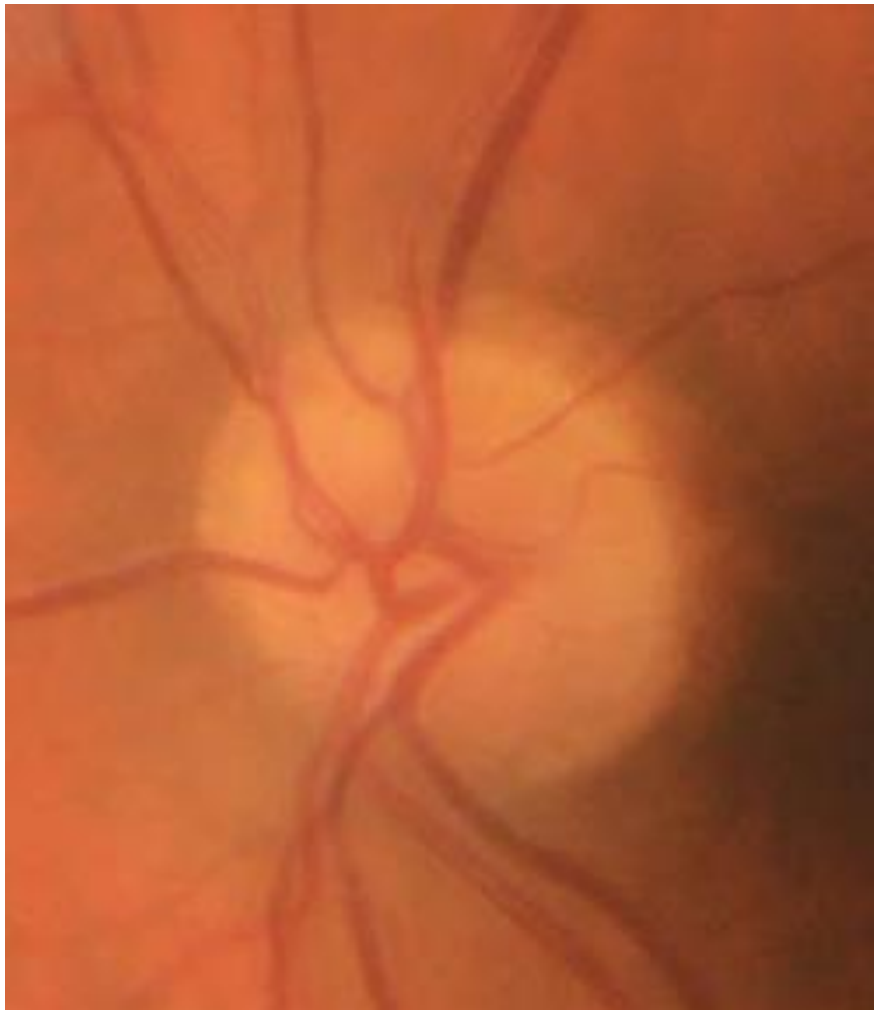
Dr Derek Sherwood

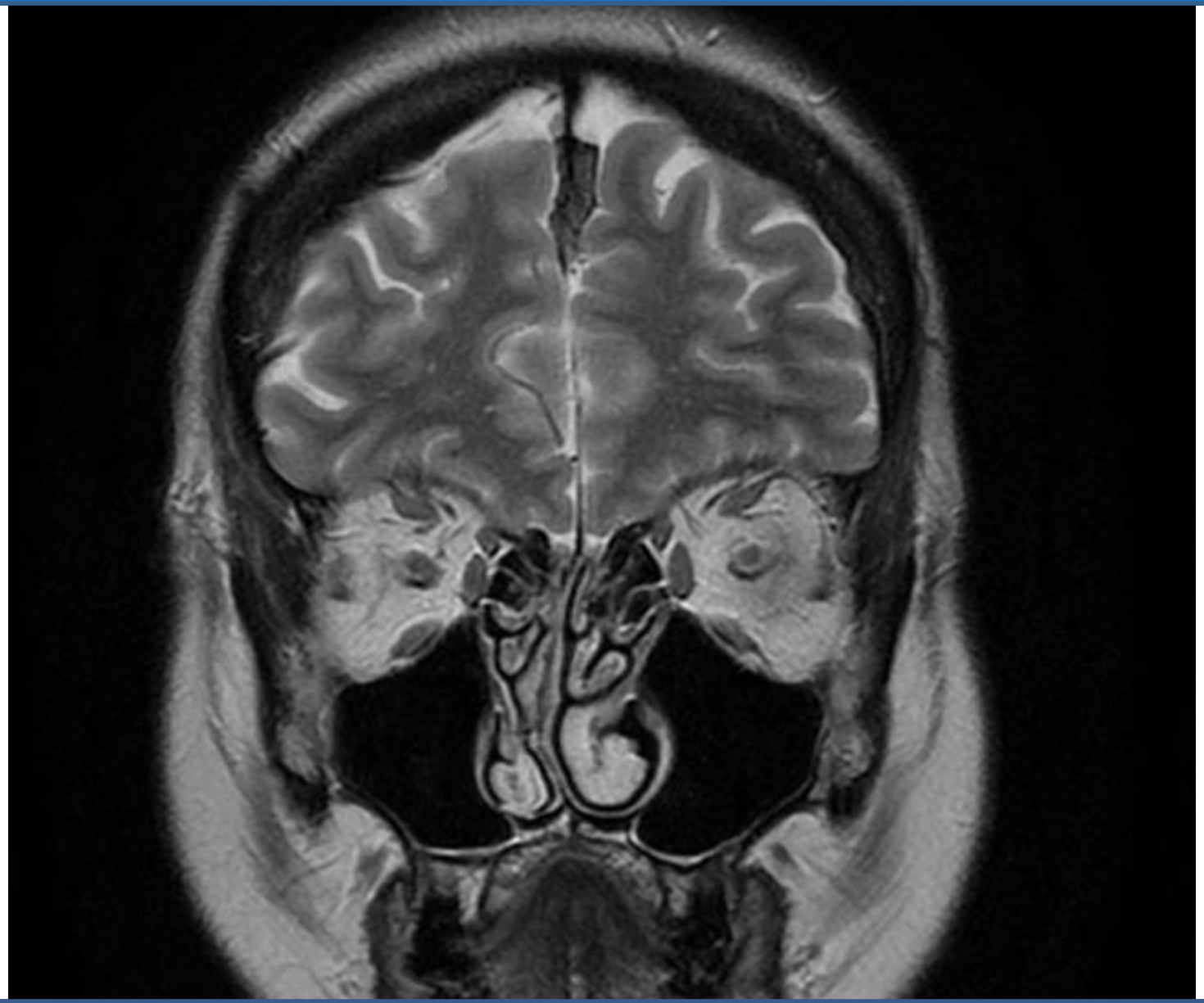
NZMA South GP CME
General Practice Conference & Medical Exhibition

Sunday 11 August 2019


24–2 FDT Threshold
TEST SPEED: NORMAL
PUPIL DIAMETER:
VISUAL ACUITY:
RX:
GRAY SCALE
30
38
0
GHT:
Borderline
MD: –5.71 dB P<5%
PSD: +3.25 dB
PATTERN DEVIATION
TOTAL DEVIATION
P>=5%
P<5%
GRAY SCALE
GHT:
Outside normal limits
MD: –10.52 dB P<0.5%
PSD: +6.29 dB P<0.5%
PATTERN DEVIATION







What care are we talking about?

- Care that gives little or no benefit to patients.
- Care where the risk of harm exceeds likely benefit.

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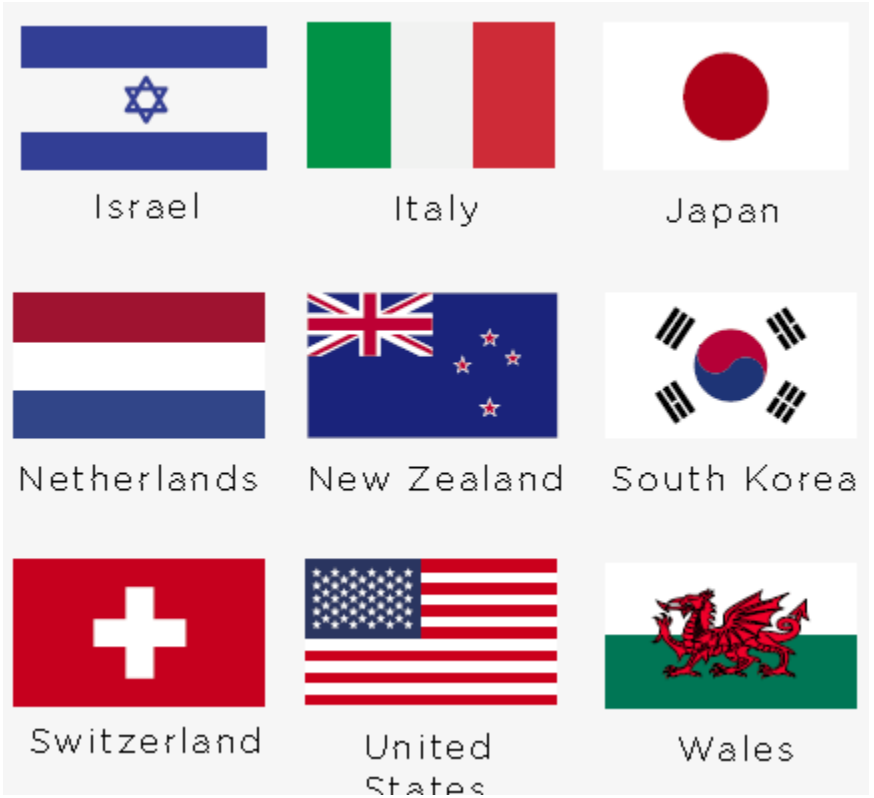
Our ability to help the sick/injured
is soon to be outstripped by our propensity to harm the healthy.
Dr Ray Moynihan, BMJ

Why does low value care happen

Fear of missing a diagnosis/Fear of complaint
Financial incentives.
The way doctors are taught.
Patient expectations.
Lack of time for shared decision-making.
Poor understanding of statistics

Avoiding the challenging conversation of telling patients they do not need specific tests, procedures or treatments.


Australia
Austria
Brazil
Canada
Denmark
England
France
Germany
India


Israel
Italy
Japan
Netherlands
New Zealand
South Korea
Switzerland
United States
Wales

Choosing Wisely Principles

CHOOSING WISELY in NZ

- Working with health professionals, organisations and services to identify areas of over investigation or over treatment based on evidence
- Working with the consumers and patient to change attitudes to over investigation or over treatment
- Educating the professions so Choosing Wisely becomes business as usual

CHOOSE WISELY

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CHOOSE WISELY

TESTS TREATMENTS & PROCEDURES HEALTH PROFESSIONALS SHOULD QUESTION

AUSTRALIAN AND NEW ZEALAND ASSOCIATION OF NEUROLOGISTS

ANZAN aims to ensure that high standards of clinical neurology are practised in Australia and New Zealand by playing an active role in training, continuing education and encouragement of teaching and research.

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1. Don't perform imaging of the carotid arteries for simple faints.

Syncope is common, with a lifetime prevalence of 40%. Carotid imaging studies such as carotid duplex scans are commonly performed in patients presenting with syncope. When symptomatic, occlusive carotid artery disease causes focal neurologic symptoms such as weakness, altered sensation or speech, and not syncope. In addition, studies demonstrate that even elderly patients with syncope are unlikely to have carotid occlusive disease. Therefore, performing carotid imaging studies in patients with syncope increases cost without adding benefit. Furthermore, carotid imaging may identify incidental asymptomatic occlusive carotid artery disease that may be inappropriately assumed to be the cause of the syncope. This can delay the identification of the true cause of syncope and may subject the patient to additional risk-associated procedures such as catheter angiography, carotid endarterectomy (CEA), or carotid stenting.

+ Supporting Evidence

2. Don't perform imaging of the brain for non-acute primary headache disorders.

Headache is a common disorder with many potential causes. The primary headache disorders, which include migraine and tension headaches, account for the majority of headaches. Secondary headaches, which are those with underlying pathology (e.g., tumour, aneurysm, or giant cell arteritis) are far less common. Most patients presenting with headache will not have a serious underlying condition. Neuroimaging is not usually warranted for patients with recurrent migraine or tension headaches and a normal neurological

MORE
ISN'T ALWAYS BETTER

HERE'S FOUR THINGS TO DISCUSS WITH EVERY PATIENT:

1. DO I REALLY NEED THIS TEST, TREATMENT OR PROCEDURE?
2. WHAT ARE THE RISKS?
3. ARE THERE SIMPLER, SAFER OPTIONS?
4. WHAT IF I DON'T DO ANYTHING?

Unnecessary tests, treatments, or procedures can be harmful, and costly. But by making sure your patients are well informed, you can make the best decisions about their health care, together.

Choosing Wisely provides specific resources, developed with specialist colleges across New Zealand, to help professionals and patients alike. Find out how your practice can benefit at **choosingwisely.org.nz**

157 RECOMMENDATIONS

105+ KNOWN PROJECTS

31 COLLEGES & ASSOCIATIONS

DISTRICT HEALTH BOARDS **18**

6 SPONSORS and PARTNERS

PUBLIC and PROFESSIONAL EVENTS **4**

48 PATIENT RESOURCES

39 SUPPORTING ORGANISATIONS

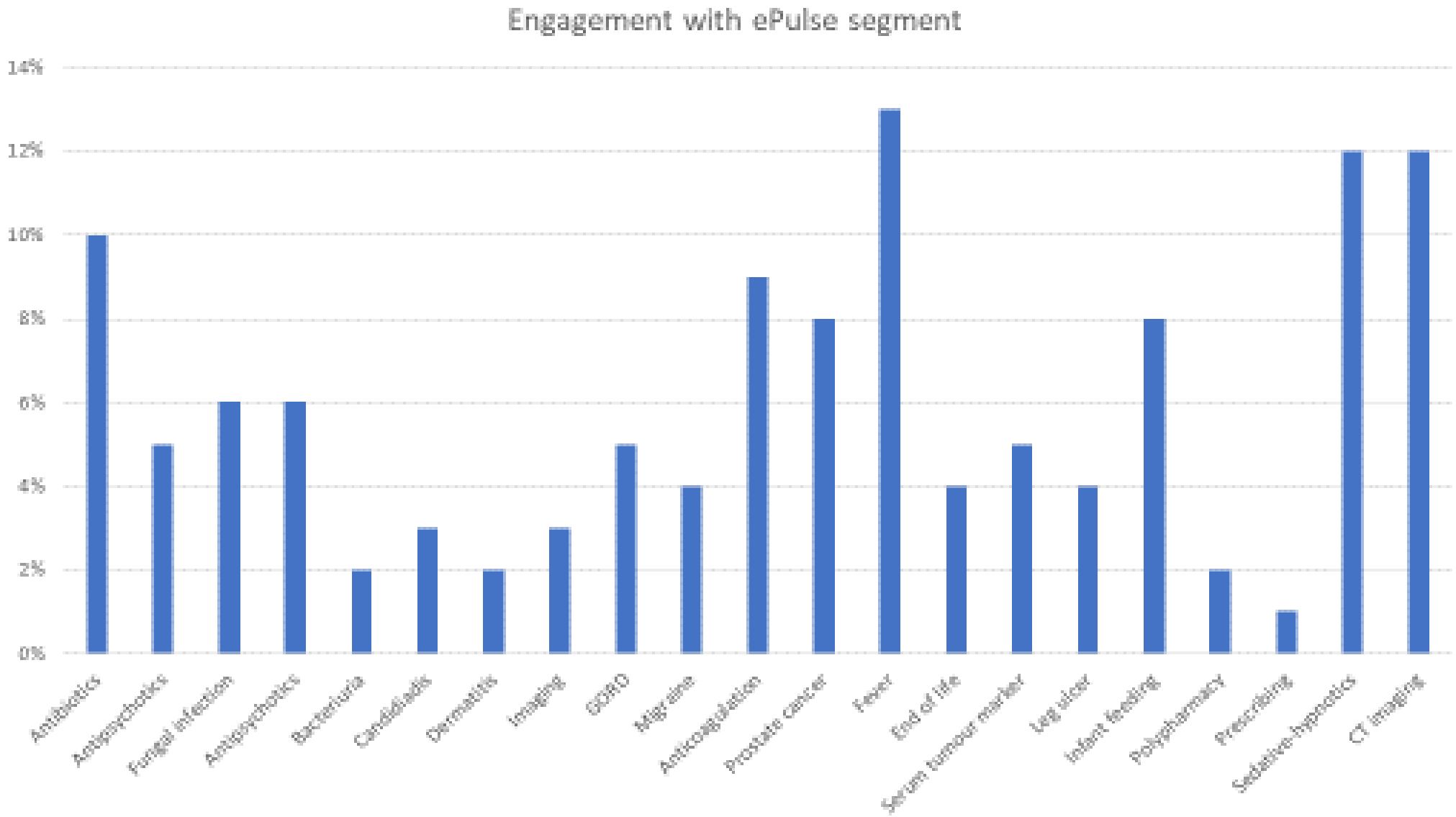
62 PRESENTATIONS To professional groups

8 SUMMER STUDENTSHIPS

Choosing Wisely examples relevant to primary care

Avoid prescribing antibiotics for upper respiratory tract infection	The Australasian Society for Infectious Diseases
Do not use antipsychotics as the first choice to treat behavioural and psychological symptoms of dementia.	The Australian and NZ Society for Geriatric Medicine
Do not prescribe oral antifungal therapy for suspected nail fungus without confirmation of fungal infection.	New Zealand Dermatological Society
Do not use antibiotics in asymptomatic bacteriuria.	Australasian Society for Infectious Diseases Inc
	Australian and NZ Society for Geriatric Medicine
	The Royal College of Pathologists of Australasia
Don't use opioids for the treatment of migraine, except in rare circumstances.	Australian and NZ Association of Neurologists
Ultrasound for large babies: Unless the mother has diabetes, in the absence of other clinical concerns ultrasound scans should not be routinely offered to check if a baby is bigger than normal for its gestational age.	New Zealand College of Midwives
Do not routinely prescribe oral antibiotics to children with fever without an identified bacterial infection.	Paediatrics & Child Health Division of RACP

What information did GPs seek?



SDM needs to align different perspectives

- Health Professional
  - Diagnosis
  - Aetiology
  - Prognosis
  - Investigation options and risks
  - Treatment options and risks
  - Outcome probabilities
- Patient
  - Experience of illness
  - Social Circumstances
  - Attitude to risk
  - Goals, values and preferences
  - Support needs

What is shared decision making (SDM) ?

Shared decision making: room for improvement

- In NZ, only 53% of patients say that their specialist doctor asked what is important to them

- Māori consumers are consistently and significantly less likely to:
  - Always get answers they could understand when they had important questions to ask a doctor
  - Have their condition explained to them in a way they could completely understand
  - Always feel that doctors listened to what they had to say
  - Always feel that nurses listened to what they had to say

Source: HQSC Patient experience survey 2018

System change is key to *Choosing Wisely*

Neil Whittaker is GP partner/owner at Nelson East Family Medical Centre and a medical educator. He is a supporter of the *Choosing Wisely* approach and believes system change is the key to more effective and efficient care.

In this two-part think piece from the *Choosing Wisely* campaign, Neil looks at *Choosing Wisely* more broadly. He believes we need to move towards a biopsychosocial model of health care, champion generalism, better manage uncertainty and focus on quality improvement and learning, rather than always 'doing'.

Read part one >>

Read part two >>

Choosing Wisely and Primary Care

- Structural Level
  - Model of Primary and Secondary Care
  - Promoting Generalism
  - Triple Aim
- Practice and Provider level
  - Time for decision making
  - Time for quality and not just doing
- Individual Health Practitioner level
  - SDM, ACP/SIC,
  - Managing Uncertainty

Managing Uncertainty

- • **R**ule out red flags
  • **A**sk the patient (patient centred decision making), ask a colleague, ask the guidelines
  • **T**ests – the most important test is time.
  • **S**afety net– negotiate a safe follow up plan. For example, timely review

The Implementation Spectrum

Education

- Clinician education
- Patient education
- Awareness campaigns

Measurement & Improvement

- Performance measurement
- Quality improvement projects
- Audit and feedback

Hard Coding

- Medical directives
- Order sets
- EMR/CPOE integration

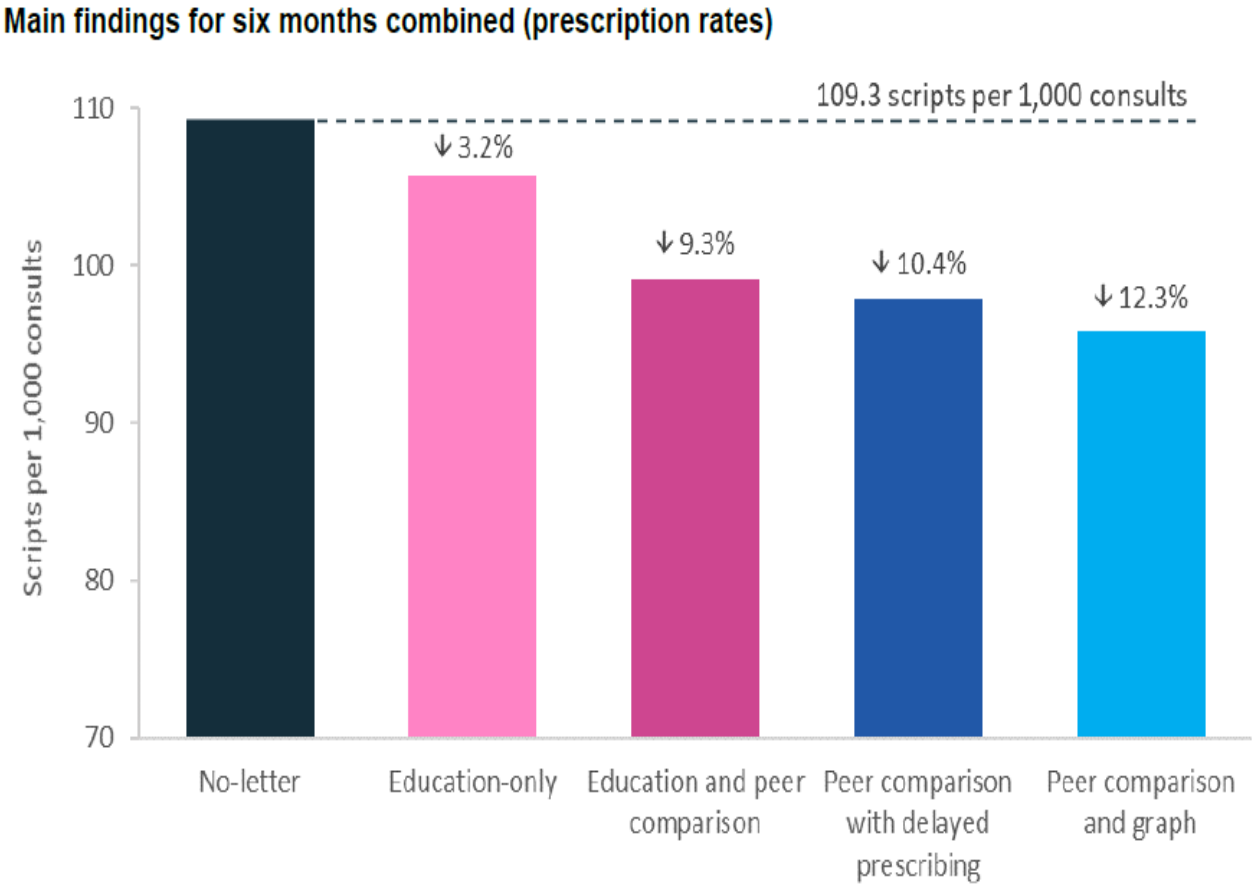
Low leverage interventions

High leverage interventions

Implementing Choosing Wisely: how to change behaviour?

Nudge to reduce the overprescribing of antibiotics: an Australian RCT[1]

- GPs with antibiotic prescribing rates in the top 30%, were randomised to receive one of four types of letters from Chief Medical Officer
- The peer comparison letter reduced prescription rates by 12.3% over the 6 months (compared to 3.2%↓ for the education-only letter).
- A peer comparison letter from a respected authority can have large impacts on antibiotic prescribing by GPs
  - 126,352 fewer scripts over the six-month period

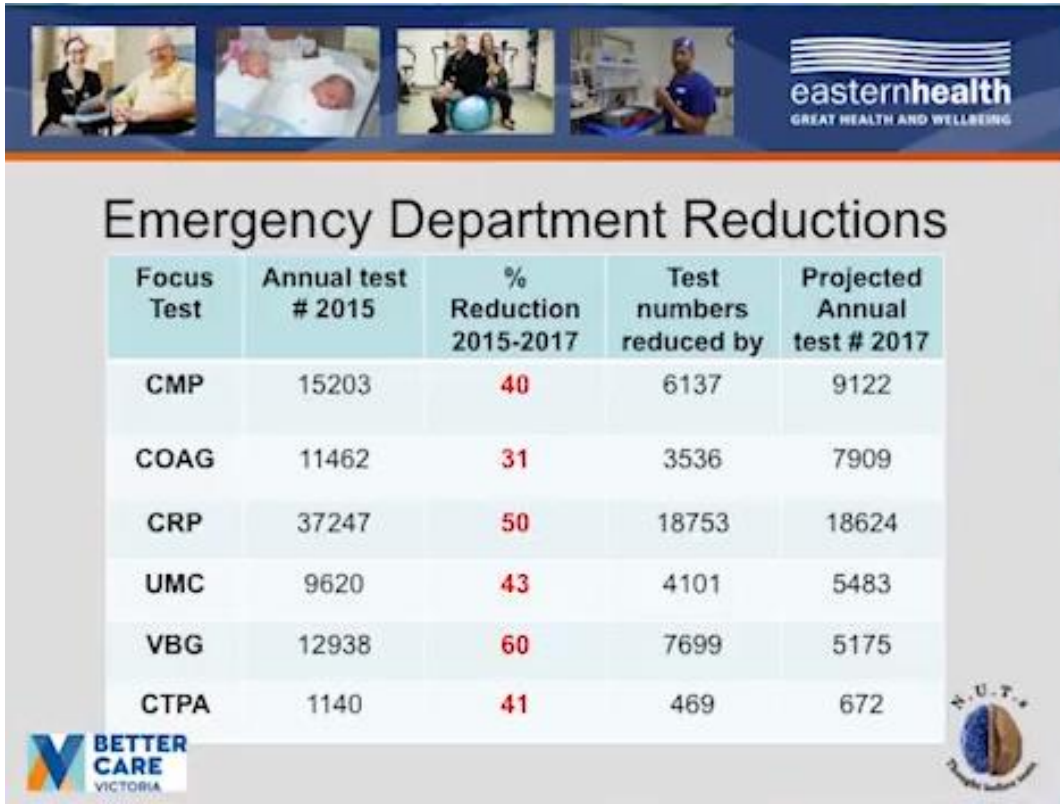


[1]Commonwealth of Australia, 2018 "Nudge vs Superbugs: A behavioural economics trial to reduce the overprescribing of antibiotics"

"No Unnecessary Tests" (NUTs) initiative

Eastern Health, Victoria, Australia

- Begun in 2012 by ED physicians concerned by over-ordering of tests such as coag studies, venous blood gases, d-dimers, and urine cultures.
- Identified 5 causes of over-ordering[1]. Then developed strategies to address each of these 5 drivers.
- Added in-built decision support processes into the electronic medical record system
- Reduction in all targeted ED tests of 30–50% in 1st year, with no adverse events.



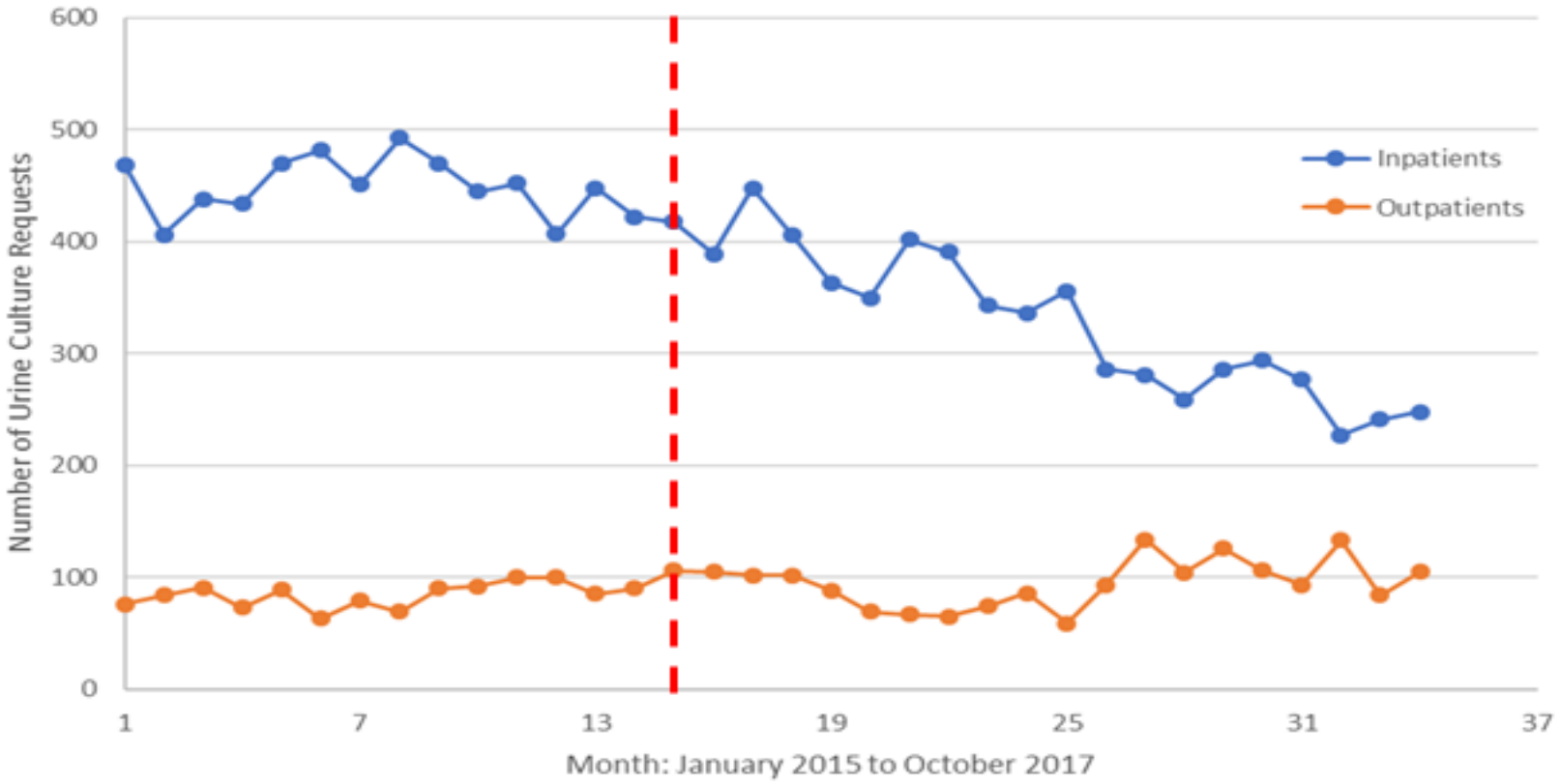
Focus Test	Annual test # 2015	% Reduction 2015-2017	Test numbers reduced by	Projected Annual test # 2017
CMP	15203	40	6137	9122
COAG	11462	31	3536	7909
CRP	37247	50	18753	18624
UMC	9620	43	4101	5483
VBG	12938	60	7699	5175
CTPA	1140	41	469	672

[1] French, S et al. Implementation Science 2012 7:38

HVDHB project on dipstick testing a driver for overtreatment :

Since intervention began:

- 26% decrease in urine culture requests for inpatients (from 449 to 330 per month)
- 13% increase in requests for outpatients (negative control for this project as interventions were not targeted there)



HOW can GPs can support Choosing Wisely

- Use Choosing Wisely patient resources in consultations
- Use Choosing Wisely concepts in audits
- Do Choosing Wisely CPD
- Promote to your colleagues and others in the practice
- Promote shared decision making

If you would like to join in a group for general practitioners and those working in primary care to talk about Choosing Wisely and share experiences and information contact – enquiries@cmc.org.nz

The group would meet by telephone every 3 months or so.

Other information on our website choosingwisely.org.nz/

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