Essencial: Adding value to healthcare through discontinuation of low-value practices

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Background

Healthcare Systems (economic constraints)

Scientific community (overdiagnosis / overtreatment alerts)

NEED FOR:
1) Revision of routine clinical practices
2) Revision of health coverage lists
3) Patient empowerment and shared DM

Patients & Citizens (proactive and informed)
Background

Different strategies towards reducing waste in healthcare:

- “do not do” recommendations* (NICE, UK) (source: CPGs)

- Choosing Wisely**(ABIM Foundation&Consumer reports,USA) (source: medical specialty societies)

- Quality framework of the Australian Government*** (source: published evidence + key informants)

** Cassel CK, Guest JA. Choosing wisely: helping physicians and patients make smart decisions about their care. JAMA 2012; 307: 1801-1802.
March 2013: in Catalonia is launched the ESSENCIAL Project
Aims

1. To identify low-value practices and promote their discontinuation through implementation of specific recommendations for the clinical practice.

2. To encourage healthcare professionals’ involvement in the identification and in the process of change management within the system.

3. To foster general culture of overuse-, misuse- and waste-avoidance in healthcare, and to enhance patient understanding and knowledge of these processes.

VISION: ESSENCIAL Project contributes to care quality improvement and sustainable allocation of healthcare resources in Catalonia.
Methods

The process is explicit and transparent, comprising 4 phases:

1. Identification of low value practices
2. Prioritization and elaboration of recommendations
3. Dissemination and implementation
4. Impact assessment

Participation of health professionals and scientific community
Identification and prioritization

Low-value practices

✓ ineffective or lack evidence on their effectiveness
✓ negative risk-benefit balance
✓ more cost-effective alternatives exists
✓ obsolete due to the introduction of new technologies

Information sources

✓ scientific evidence (CPGs, SRs, HTA reports)
✓ other published low-value lists
✓ nominations from clinical and non-clinical stakeholder groups knowledgeable of the context and the local health system performance

Context-based prioritization
(local healthcare system data and policies)

Elaboration of recommendations to the clinical practice
Multichannel communication strategy

- Website
- Scientific events
- Social networks
- Consumers
- Regional meetings
- Clinical specialty societies
Implementation and impact assessment

Implementation activities are based on Change Management model and include:
- tailored communication strategies,
- training,
- clinical decision support systems,
- provider-specific performance measures.

Impact assessment applies quantitative and qualitative methodologies

Involves three main areas:

- degree of awareness of the recommendations among target health professionals (surveys)
- direct impact on clinical practice, measured by the change in use rates of practices recommended as of “low-value” (database assessment)
- budgetary impact attributable to the adoption of the recommendations
Results at 7 months

17 recommendations

Imaging for low-back pain, Pre-operative Rx in asymptomatic patients, Duration of post-ictus rehabilitation, Imaging for simple headache, Bisphosphonates in post-menopausal women with low fracture risk, Overuse use of proton pump inhibitors, Routine screening for breast cancer, PSA for prostate cancer screening, Cough-and-cold medications in children, Routine episiotomy, Urinary catheter in patients with stroke, Antibiotics in otitis media, Hospitalization for community-acquired pneumonia
Results at 7 months

17 recommendations

- Primary care: 12
- Hospital care: 4
- Rehabilitation: 1
- Screening: 3
- Diagnosis: 3
- Treatment: 6
- Prevention: 2
- Follow-up: 1
- Radiology: 7
- Pediatrics: 2
- Cardiology: 3
- Neurology: 2
- Public Health: 3
- Pneumology: 1
- Oncology: 2
- Reumatology: 2
- Gynecology: 1
- Nursing: 1
- Surgery: 1
- Urology: 1
### Reaching key stakeholders

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<thead>
<tr>
<th>Channel</th>
<th>Impact</th>
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<tr>
<td><a href="http://essencialsalut.gencat.cat">http://essencialsalut.gencat.cat</a></td>
<td>- 15,000 visits</td>
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<td>Presentations and meeting with key stakeholders</td>
<td>- 7 regional authorities</td>
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<td>- 18 clinical specialty societies</td>
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<td></td>
<td>- 900 healthcare professionals</td>
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<td>Email</td>
<td>- 8 videos of opinion leaders</td>
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<td>- 63 tweets #essencialsalut and retweets reaching 10,000 users</td>
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**1st impact assessment planned: March 2014**
Limitations

- Such type of initiatives need to provide timely information, but are very time- and resource-consuming.

- The implementation process is conditioned by a range of context-related (current payment system, professional incentives, etc) and professional-related (culture and mindset, predisposition towards change) factors which, not always are identified at the initial stage as barriers to recommendation uptake.
Conclusions/Lessons learned so far...

- Multiple sources for identification of low-value practices and good knowledge of the context are needed to ensure the relevance of promoted recommendations.

- Total discontinuation is rarely recommended and an accurate definition of the conditions in which the practice is considered as “low-value” needs to be elaborated.

- The success of the implementation could be improved by *a priori* investigation of the potential barriers and facilitators and by a broad stakeholder commitment for collaboration.

- Clear priorities, detailed planning and early involvement of target professionals are key to continuity and success of such type of initiatives.
Thank you!

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