Avoiding low-value practices: Implementation of ESSENCIAL Project in Catalonia

Johanna Caro1,2, Cari Almazán1, Anna Kotzeva1, Cristina Adroher1, Cristina Colls1, Josep Maria Argimon1
1Agency for Healthcare Quality and Assessment (AQuAS, Catalonia, Spain), 2Institut Català de la Salut (ICS)

Background

Essencial Project is a public policy initiative to identify low-value clinical practices and elaborate recommendations to avoid unnecessary care. Improving healthcare quality through discontinuation of low-value practices requires a change in clinical practice led by healthcare professionals. Essencial Project in Catalonia is aligned with international initiatives to reduce unnecessary care through recommendations and is currently in the implementation phase in primary care.

Objectives

To implement clinical recommendations of Essencial project in primary care and to evaluate the impact of recommendations in clinical practice.

Implementation process: pilot experience

1 Identification Clinical Leaders
2 Primary Care Team Plan of Action
3 Feedback Indicators monitoring
4 Impact Assessment Before- after

Results

78 Primary Care Teams (PCT) participate in the pilot with 15 recommendations. Most frequent recommendations selected to implementation were: bisphosphonates in post-menopausal women with low risk of fracture, antibiotics in pediatric otitis, benzodiazepines in insomnia.

Figure 1. Geographical location of the PCTs participants in implementation.

Primary Care Teams of Institut Català de la Salut (ICS)

PCT Lleida 4 Pardines
PCT Seu d’Urgell
PCT Castelldefels 2 (Can Bou)
PCT Cerdanyola
PCT Deltebre
PCT Falset
PCT Figueres
PCT Gran Sol
PCT Llefià
DAP Metropolitana Nord (69 PCTs)

Figure 2. Number of teams selected the recommendation for implementation

Figure 3. Barriers identify by clinical leaders to avoid low-value practices

Related to physicians:
Uncertainty-inertia

Related to patients:
Influence of media and industry- to keep patients satisfied

Related to organisation:
Lack of time-incoherence between primary and secondary care

Conclusions

This is the first experience in Catalonia and Spain of implementation of recommendation to avoid low-value practices with early involvement of target professionals. Real change in clinical practice should be promoted and led by health professionals as it has been planed in the pilot. Monitoring by indicators and feedback to GPs will be able to show if the project’s objectives are reached.