

Low value care and how to avoid it

ACEM ASM Hobart, November 2019



Climate for change?

- Climate change may supplant low value care
- A time to tag Choosing Wisely and sustainability
- If healthcare was a country it would rank 5th
- GHGs – MDIs, anaesthetic gasses
- Sustainability – elimination of waste eg surgical
- Clinical trials – 56% to 8% positivity since clinical trials register



“ I don't want your hope. I don't want you to be hopeful. I want you to panic, and act as if the house was on fire.

Greta Thunberg

CHOOSING
WISELY AOTEAROA
NEW ZEALAND

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

A disease is
diagnosed but
in fact causes
harm due to its
investigation &
treatment

OVER- DIAGNOSED

MAKING PEOPLE SICK IN
THE PURSUIT OF HEALTH

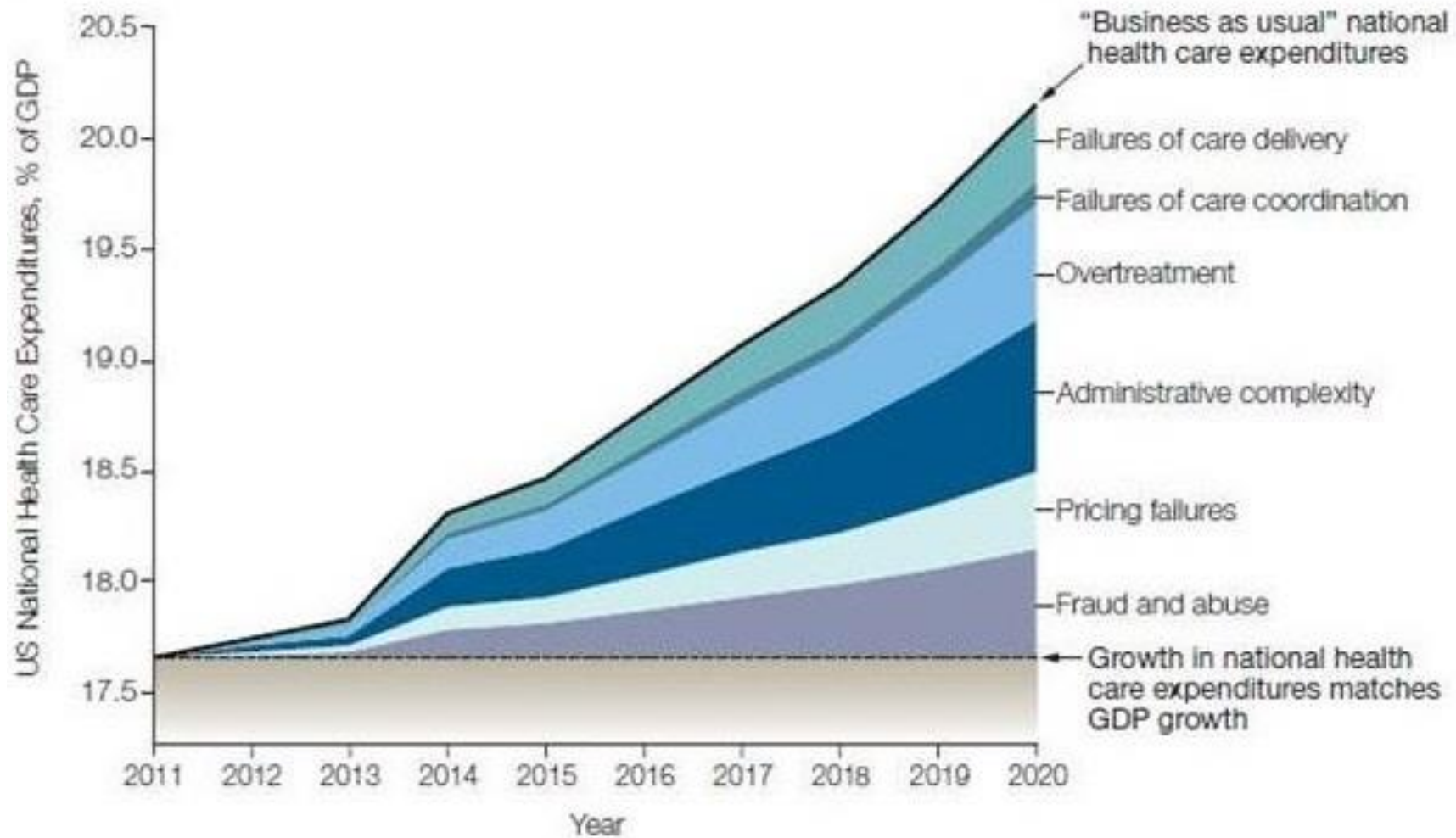
DR. H. GILBERT WELCH,

DR. LISA M. SCHWARTZ, AND DR. STEVEN WOLOSHIN



Enthusiasm for diagnosis
Highly sensitive investigations
PEs
Screening low risk populations
Changing goalposts
Sustainability
Medical curricula

Figure. Proposed “Wedges” Model for US Health Care, With Theoretical Spending Reduction Targets for 6 Categories of Waste



Choosing Wisely

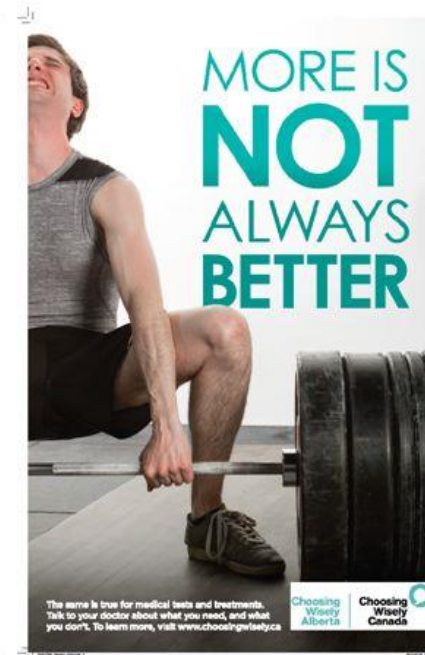
- Clinician-lead, patient-focussed
- Resource stewardship
- Rationalising, not rationing
- Reinvesting in better value healthcare
- More is not always better



Choosing
Wisely
Alberta

Choosing
Wisely
Canada

Patient Poster Campaign



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Preliminary EM list 2015

The CRP is the last bastion
of the clinically destitute



Every time you do a CRP
a Kitten dies

- CT-KUB
- Cx spine imaging DIs
- CT head DIs
- Goals of care at end of life
- CXR in ACS
- Blood cultures
- Coag studies
- CRP

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**Choosing Wisely
Australia**

An initiative of NDS MedicineWise



EMERGENCY MEDICINE

It's a sock... but just to be sure...

Low value care

- PCI for stable non-critical coronary stenosis (oculo-stentic reflex)
- HRT for prevention of CVD post menopause
- Intensive glucose control (both community & in hospital)
- Vertebroplasty for osteoporosis (the cement embolus)
- Tympanostomy for persistent OM (massive variation)
- Arthroscopy & spine surgery for "simple degenerative disease"
- PPIs in most people
- Antibiotics...
- TFTs...

Antibiotic stewardship

- Antibiotics for: sinusitis, AOM, bronchitis, most wounds, stasis dermatitis, asymptomatic bacteruria
- Side effects
- Allergy (pseudo-allergy)
- MDROs



Thyroid 'disease'

- Thyroxine - the most prescribed drug in the US, 3rd in the UK.
- Overt hypothyroidism in only 2%
- 90% with sub clinical (TSH 5.5-10, N T4) eligible for Rx. Prevalence 5% of pop'n, much higher in women>50. No change in symptoms cf. placebo
- 90% once started are on it for life, many just for symptoms (that improve similarly with placebo)
- Cancer diagnosis
 - Switzerland 3-4x increase (mainly papillary which is no longer felt to be cancer)
 - 3-4x increase in surgery for no mortality benefit.
 - 7x increase in South Korea.

Cautionary tales

- A tale of two asthmatics
 - The ABG story
 - Last weekend in resusc
- One less prick: wheeling the IV trolley out of the room
- Pan scans and incidentalomas
- What does bitemporal hemianopia mean?
- Brian Mulroney and his lung nodule
- The PSA in the Economics Professor
- A set of fatal LFTs



Cascades of harm – small things lead to big things

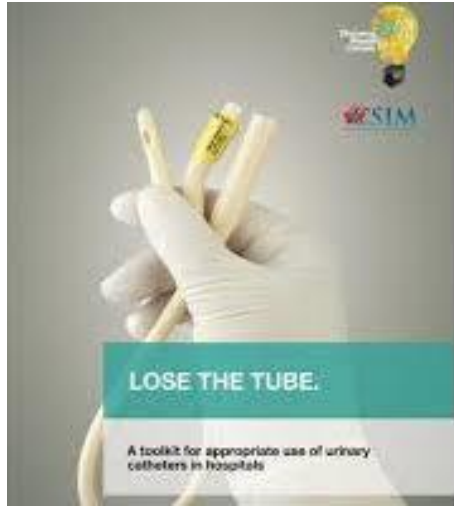
- For every 10,000 low value screening test:
- CXR leads to
 - 395 PFTs & 288 chest CTs
 - 139 referrals to Resp Physicians & 7.4 pneumonectomies
- ECG leads to
 - 712 echoes, 584 stress tests
 - 270 referrals to Cardiologist & 25 PCIs
- PAP smear (<17 & >70yo) leads to
 - 5532 further PAP smears
 - 305 referrals to Gynaecologist & 56 colposcopies



"Off hand, I'd say you're suffering from an arrow through your head, but just to play it safe, I'm ordering a bunch of tests."

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and part of Choosing Wisely work internationally.

Canadian toolkits



Choosing Wisely Canada



So don't just do something – stand there!



STOP doing/giving/performing UNNECESSARY

- IV lines if they don't need IV meds/fluids – *“one less prick”*
- blood tests on every ED attendance – *“NUTs”*
- urine tests when there is no chance of UTI – *“stop taking the piss”*
- other microbiological tests such as wound swabs & stool cultures
- low specificity blood tests on low risk populations
- CT scans in all trauma / uncomplicated ureteric colic
- Antibiotics in viral URIs, sinusitis, uncomplicated wounds
- ubiquitous use of the CRaP as a measure of “unwellness” in everyone
- routine tests such as pre-op CXR, ECG & bloods in low risk patients

Generalists protecting patients from specialists



“What matters to you”, not what is the matter with you