Choosing Wisely About Finite Resources: The Role of the Profession and the Public

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Sir John and Lady Eaton Professor and Chair

Keynote Speaker
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Faculty/Presenter Disclosure

• Faculty: Wendy Levinson

• Relationships with commercial interests:
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  – Speakers Bureau/Honoraria: None
  – Consulting Fees: None
  – Other: None
Disclosure of Commercial Support

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- Potential for conflict(s) of interest: None
Mitigating Potential Bias

- Not Applicable
Objectives

1. To provide a framework of a behavioral and systems approach to professionalism

2. To illustrate a systems approach using the example of the stewardship of finite resources
Patient welfare first
Patient autonomy
Social Justice

Physician charter commitments

- Professional Competence
- Honesty with Patients
- Patient Confidentiality
- Maintaining Appropriate Relations with Patients
- Improving Quality of Care
- Improving Access to Care
- Just Distribution of Finite Resources
- Scientific Knowledge
- Maintaining Trust by Managing conflicts of Interest
- Professional Responsibilities
## Assumptions about professionalism

<table>
<thead>
<tr>
<th>Old</th>
<th>New</th>
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<tbody>
<tr>
<td>Based on character</td>
<td>Multidimensional competency; can observe behaviors</td>
</tr>
<tr>
<td>Physicians who lapse</td>
<td>Lapses occur in good physicians; competency grows over time</td>
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<tr>
<td>are unprofessional</td>
<td></td>
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<tr>
<td>Challenges are infrequent</td>
<td>Challenges are common</td>
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## Assumptions about professionalism

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<td>Response is punitive</td>
<td>Response is targeted coaching based on root analysis</td>
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<tr>
<td>Health system passive</td>
<td>Health system strongly influences professionalism</td>
</tr>
<tr>
<td>Training programs need to pick “right people”</td>
<td>Leaders need to support professional development through career</td>
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</table>
A new intern was attending to one of her patients late at night. She overheard an interaction between one of the night nurses and the patient in the next bed. The nurse was yelling at the patient to get up and go to the bathroom. Finally, sounding at her wits end with frustration, the nurse threatened to give the patient an enema if he didn’t get up right then and go to the bathroom.
## Professional resiliency

<table>
<thead>
<tr>
<th>Skill</th>
<th>Sample Question</th>
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<tbody>
<tr>
<td>Self awareness</td>
<td>How does this situation make me feel?</td>
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<tr>
<td>Situational awareness</td>
<td>What are the different values at play here?</td>
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<tr>
<td>Alternative strategy</td>
<td>What options exist for managing the situation?</td>
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<tr>
<td>development</td>
<td></td>
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<tr>
<td>Crisis communication</td>
<td>Why might a reasonable person act this way – empathy and active listening</td>
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<tr>
<td>Peer coaching</td>
<td>What is the best way to prevent my colleague from committing a lapse of</td>
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<td></td>
<td>professionalism?</td>
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Lucey J et al. Acad Med. 2010
Expressions of professionalism

Physician-patient interactions

Interactions with care team

Practice settings

Training environment

External environment
- Payment
- Regulation
- Socioeconomic determinants of health

Influences on professionalism

Strategies to strengthen professionalism
- Develop individual competencies
- Promote physician leadership and supportive organizational culture
- Encourage physician advocacy and engagement in system reform

Lesser et al. JAMA. 2010
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Lesser et al. JAMA. 2010
Total health expenditures as a percentage of gross domestic product (1970-2008)

<table>
<thead>
<tr>
<th>Country</th>
<th>Per capita health spending in U.S. dollars (2008)</th>
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<tbody>
<tr>
<td>Germany</td>
<td>$3737</td>
</tr>
<tr>
<td>U.K.</td>
<td>$3129</td>
</tr>
<tr>
<td>Canada</td>
<td>$4079</td>
</tr>
<tr>
<td>Japan</td>
<td>$2729</td>
</tr>
<tr>
<td>U.S.</td>
<td>$7538</td>
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“Soon the U.S. government will be an insurance company with an army”.

- Glenn Hackbarth, 2013, APM Winter Meeting
Health care spending in Ontario

CHART 2.28  Composition of Program Expense, 1 2012–13

- Health Sector 41.8% $48.4B
- Education Sector 20.6% $23.9B
- Postsecondary and Training Sector 6.5% $7.3B
- Children’s and Social Services Sector 12.2% $14.1B
- Justice Sector 3.5% $4.0B
- Other Programs 15.4% $17.9B

1 Program expense equals total expense minus interest on debt.
2 Excludes Teachers’ Pension Plan.
Note: Numbers may not add due to rounding.

http://www.fin.gov.on.ca/en/budget/ontariobudgets/2012/ch2g.html#c2_secG_chart27
JAMA. 2012;307(14):1513-1516
What do people say at the front line?

- Care of the patient in front of me; not everyone else
- Finances of the health care system is not my job
- I practice “evidence based medicine” even if it is expensive
- Rationing
Resident case

- A senior resident is presenting a case to a cardiology attending. This 85 year old patient with congestive heart failure has presented with exacerbation. The team conducted a variety of studies including a cardiac MRI.

- The cardiology attending asks why the resident ordered a cardiac MRI

- The resident responds: “To be thorough and efficient so all the tests were at hand for rounds”
Choosing Wisely

A campaign to help physicians and patients engage in conversations about the overuse of tests and procedures and support physician efforts to help patients make smart and effective care choices.
All your labs are back. They show a serious overuse of unnecessary and inappropriate tests and procedures.
First 9 – now 42 societies
How the Lists Were Created

• Societies free to determine the process for creating their lists:
  • Each item within the specialty’s purview and control
  • Procedures should be frequent and/or carry significant cost
  • Evidence to support each recommendation
  • Process documented and publicly available
Don’t recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral assisted feeding.

Careful hand-feeding for patients with severe dementia is at least as good as tube-feeding for the outcomes of death, aspiration pneumonia, functional status and patient comfort. Food is the preferred nutrient. Tube-feeding is associated with agitation, increased use of physical and

Don’t use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia.

Avoid using medications to achieve hemoglobin A1c <7.5% in most adults age 65 and older; moderate control is generally better.

There is no evidence that using medications to achieve tight glycemic control in older adults with type 2 diabetes is beneficial. Among non-older adults, except for long-term reductions in myocardial infarction and mortality with metformin, using medications to achieve glycated hemoglobin

Don’t use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.

Large scale studies consistently show that the risk of motor vehicle accidents, falls and hip fractures leading to hospitalization and death can more than double in older adults taking benzodiazepines and other sedative-hypnotics. Older patients, their caregivers and their providers should recognize these potential harms when considering treatment strategies for insomnia, agitation or delirium. Use of benzodiazepines

Don’t use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.

Cohort studies have found no adverse outcomes for older men or women associated with asymptomatic bacteriuria. Antimicrobial treatment studies for asymptomatic bacteriuria in older adults demonstrate no benefits and show increased adverse antimicrobial effects. Consensus criteria has been developed to characterize the specific clinical symptoms that, when associated with bacteriuria, define urinary tract infection. Screening for and treatment of asymptomatic bacteriuria is recommended before urologic procedures for which mucosal bleeding is anticipated.
When to say ‘Whoa!’ to doctors

A guide to common tests and treatments you probably don’t need

- EKGs and exercise stress tests
- Imaging tests for headaches
- Treating sinusitis
- Imaging tests for lower-back pain
- Bone-density tests
- Pap tests
- Treating heartburn and GERD

www.consumerhealthchoices.org
Choosing Wise ly

Treating sinusitis
Don’t rush to antibiotics

Millions of people are prescribed antibiotics each year for sinusitis, a frequent complication of the common cold, hay fever, and other respiratory allergies. In fact, 15 to 23 percent of all antibiotic prescriptions for adults in outpatient care are for treating sinusitis. Unfortunately, most of those people probably don’t need the drugs. Here’s why.

The drugs usually don’t help
Sinusitis can be uncomfortable. People with the condition usually have congestion combined with yellow, green, or gray nasal discharge plus pain or pressure around the eyes, cheeks, forehead, or teeth that worsens when they bend over. But sinus infections almost always stem from a viral infection, not a bacterial one—and antibiotics don’t work against viruses. Even when bacteria are responsible, the infections usually clear up on their own in a week or so. And antibiotics don’t help ease allergies, either.

They can pose risks
About one in four people who take antibiotics have side effects, including stomach problems, dizziness, or rash. These problems clear up soon after stopping the drugs, but in rare cases antibiotics can cause severe allergic reactions. Overuse of antibiotics also encourages the growth of bacteria that can’t be controlled easily with drugs. That makes you more vulnerable to antibiotic-resistant infections and undermines the benefits of antibiotics for others.

They’re usually a waste of money
Antibiotics aren’t very expensive, but any money spent on unnecessary drugs is money down the drain. And since patients often request prescriptions and doctors often comply, the total cost to the health-care system is substantial—at least $31 million a year.

So when are antibiotics necessary?
They’re usually required only when symptoms last longer than a week, start to improve but then worsen again, or are very severe. Worry some symptoms that can warrant immediate antibiotic treatment include a fever over 103°F, extreme pain and tenderness over your sinuses, or signs of a skin infection, such as a red, hot rash that spreads quickly.

When you do need antibiotics, the best choice in many cases is generic amoxicillin, which typically costs about $4 and is just as effective as more expensive brand-name antibiotics, such as Augmentin.

Note that some doctors recommend CT scans when they suspect sinusitis. But those tests are usually necessary only if you have frequent or chronic sinusitis or you’re considering sinus surgery.

Consumer Reports’ Advice
How should you treat sinusitis?
Most people recover from sinusitis caused by colds in about a week, but several self-help steps may bring some relief sooner:

- Rest. That’s especially important in the first few days when your body needs to channel its energy into fighting the virus. It also helps to elevate your head when lying down to ease postnasal drip.
- Drink. Warm fluids can help thin nasal secretions and loosen phlegm.
- Boost humidity. Warm, moist air from a bath, shower, or kettle can loosen phlegm and soothe the throat.
- Gargle. Use half a teaspoon of salt dissolved in a glass of warm water.
- Rinse your nose. Saltwater sprays or nasal irrigation kits might make you feel better.
- Use over-the-counter remedies cautiously. Nasal drops or sprays containing oxymetazoline (Afrin, Neo-Synephrine), Nighttime, and generic) can cause rebound congestion if used for longer than three days. If stuffiness hasn’t eased by then, ask your pharmacist for pseudoephedrine pills ( Sudafed and generic), which are available without a prescription but keep “behind the counter.” But check with your doctor first, since it can cause serious side effects. It’s best to skip antihistamines since they don’t ease cold symptoms very much and can cause intolerable side effects.
Choosing Wisely next steps

- Learning networks emerging
- Many media interviews and over 50 references in peer-review articles
- AMCs developing strategies
- Impact on patient care and outcomes not known
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<td>Fair and ethical use of resources</td>
<td>Learn communication skills to discuss value</td>
<td>• Coordinate care to avoid redundancy in care and testing</td>
<td>• Implement Choosing Wisely • Implement QI to decrease practice variation</td>
<td>• Choosing Wisely • Evaluate variation in quality and resource use • Embed stewardship in CME</td>
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Department of Medicine, UofT

Undergraduate
- Embed in PBL
- Transition to internship

Postgraduate
- Co-teaching residents and faculty about quality
- Academic half day

Divisions
- Pick one issue and focus on it citywide
Thinking Twice

A campaign to spotlight tests and treatments Ontario physicians and patients should think twice about.
Questions

1. What would be needed to help residents develop competency in stewardship of finite resources?

3. What would be needed to help faculty develop competency in stewardship of finite resources?

4. What could you do in your Division or Department?