

Case Study #2:

Policy Strategies for De-implementation: Challenges in the Setting of Overdiagnosis

Barry Kramer, MD, MPH

Director, Division of Cancer Prevention

National Cancer Institute

Disclosure Information

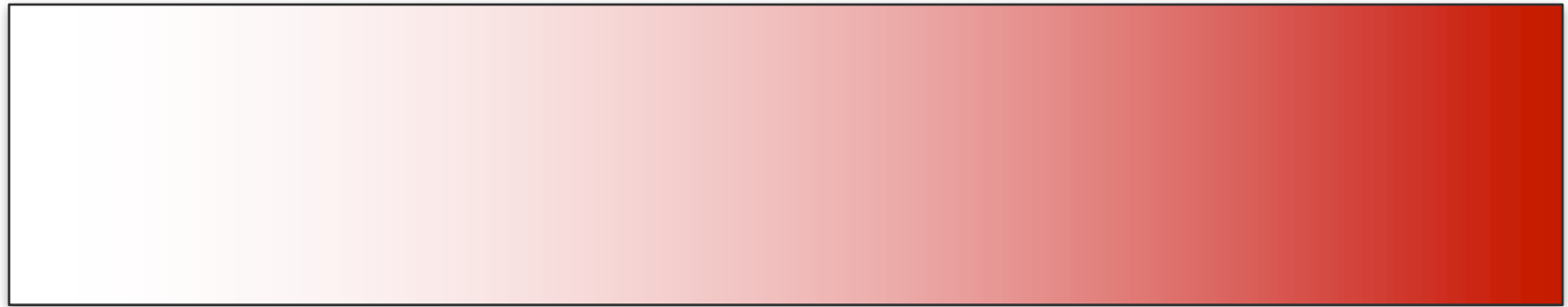
- I have no financial relationships to disclose.
- Opinions are mine, not official positions of the U.S. federal government or National Institutes of Health.

Spectrum of Policy Strategies for De-implementation

Moral Suasion

Shaming

Coercion



Continuing
Medical
Education



Formal
Curriculum
Changes



Report
Cards
“Grading”



Legislation;
**Payment
Policy**

Professional
Guidelines,
Choosing
Wisely

Comparisons
in Practice

Quality
Assessment

Advantages to Policy Strategies for De-Implementation

- Scope: affects large numbers
- Speed
- Can achieve a more uniform high-value practice
- May be the most effective
 - Especially at the far right of the spectrum, when \$ is involved

Case Study: Prostate Cancer Screening in the U.S.

“The U.S. Preventive Services Task Force (USPSTF) recommends against prostate-specific antigen (PSA)-based screening for prostate cancer.” (Grade D Recommendation: May 2012)

Timeline of US Preventive Services Task Force Prostate Cancer Screening Recommendations

Prior to 2008

Grade “I” at all ages (Insufficient Evidence)

2008

Age 50-74: Grade “I”

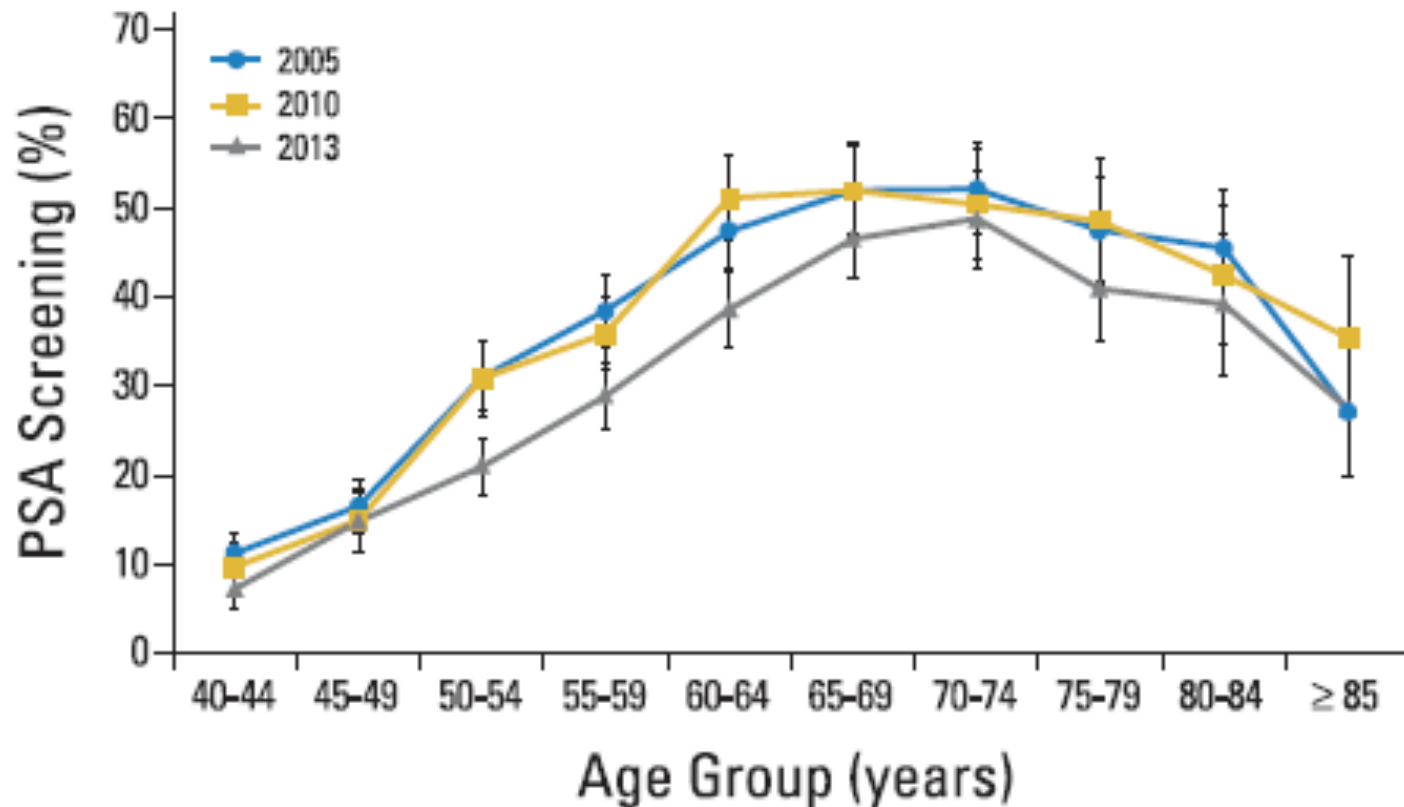
Age 75+: Grade D (Against Screening)

2012

Grade D at all ages

A Jemal, et al, *JAMA Oncology*,
18 August 2016

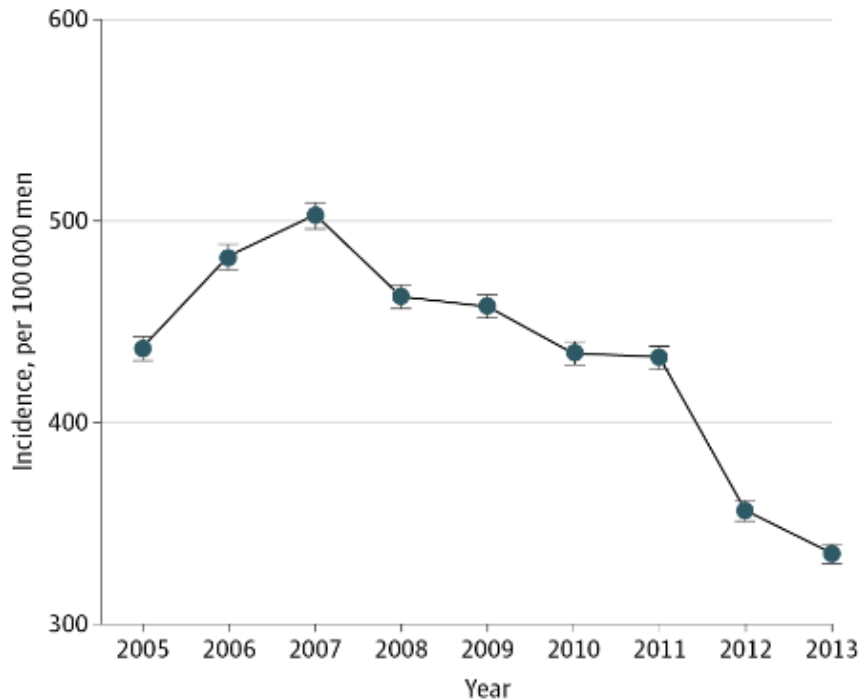
Proportion of Men Who Had a PSA Test for Screening Within a Year of a Physician Visit



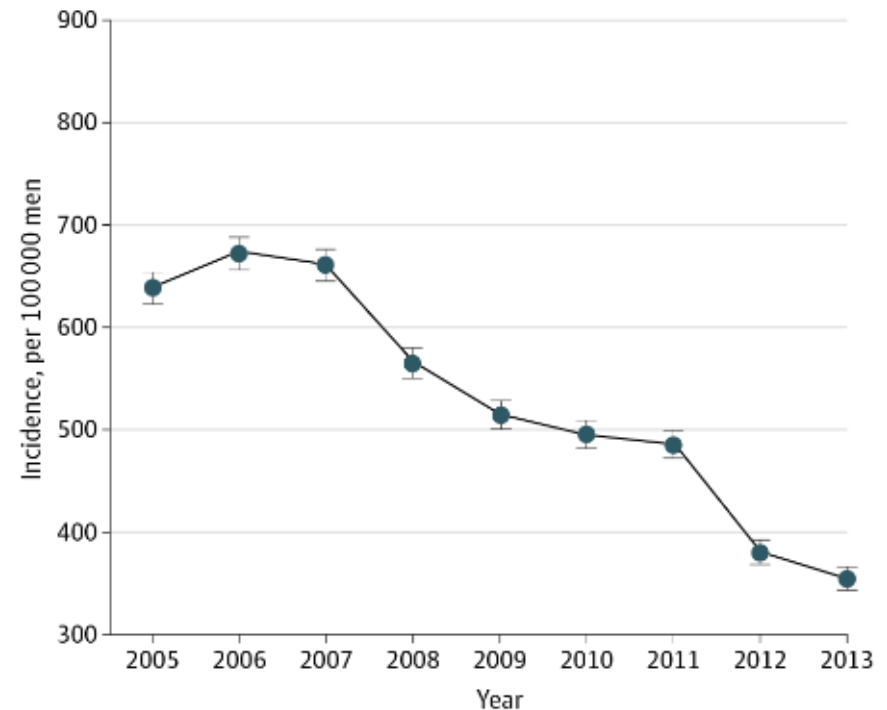
MW Drazer, et al, *J Clin Oncol*, 8 June 2015

Delay-adjusted Incidence (per 100,000 men) for Localized/Regional Prostate Cancer by Age Group SEER 2005-2013

A Delay-adjusted incidence, age 50-74 years



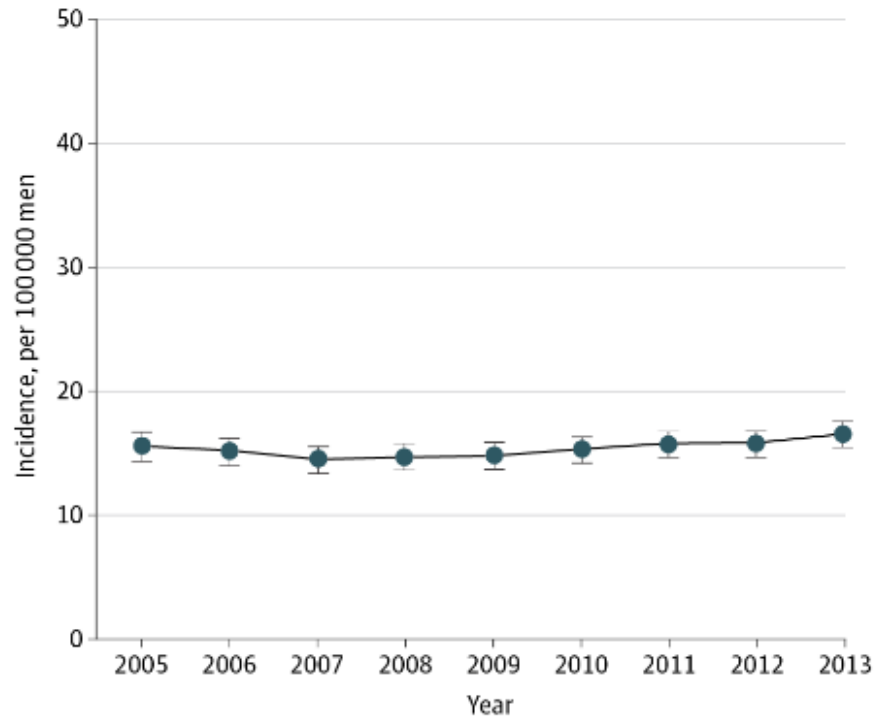
C Delay-adjusted incidence, age 75 years or older



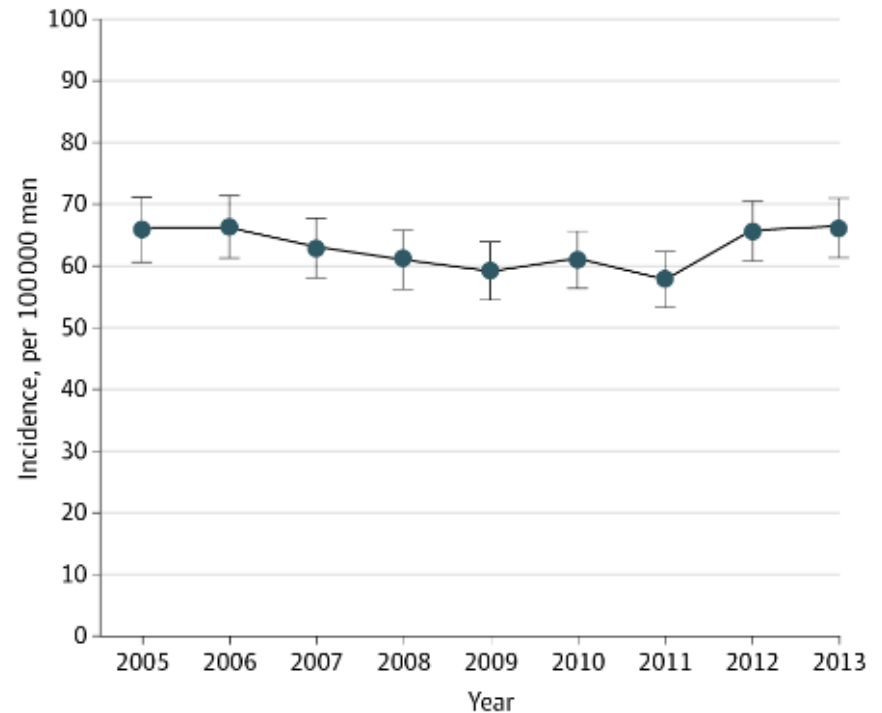
A Jemal, et al, *JAMA Oncology*,
18 August 2016

Delay-adjusted Incidence (per 100,000 Men) for Distant Prostate Cancer by Age Group SEER 2005-1013

A Delay-adjusted incidence, age 50-74 years



C Delay-adjusted incidence, age 75 years or older



A Jemal, et al, *JAMA Oncology*,
18 August 2016

Challenges to Policy Strategies for De-Implementation

- Outdated professional education
- Public resistance to “taking something away”
 - Suspicion of government conspiracy
- Cognitive dissonance (for health professionals, patients, policymakers)
 - Few negative feedback loops in screening
 - Lead time, length biases, overdiagnosis
 - Longer apparent survival
 - Higher “cure” rates
- Lobbying, “astroturf” groups
- Threatened income

"It is difficult to get a man to understand something, when his salary depends upon his not understanding it!"

(Upton Sinclair)