

FROM UNDERSTANDING TO TAKING ACTION: PHYSICIAN EDUCATION AND ENGAGEMENT IN QUÉBEC

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OBJECTIVES

Since 2013, the Québec Medical Association (QMA) has been working on various projects with the aim of optimizing clinical practice to improve the efficiency and performance of Québec's health care system.

In this context, the QMA has offered a 1.5 to 3-hour training workshop on the theme of overdiagnosis seeking to inform and engage physicians on this issue.

WHAT WAS DONE?

This training workshop explained overdiagnosis concepts and gave practical tools to tackle this issue in daily practice.

Afterward, a web survey was sent to each participant and eight respondents (convenience sample) were selected to take part in a brief interview to get a deeper understanding of the issues surrounding overdiagnosis in Québec.

CONCLUSIONS

This was one step in getting the issues surrounding overdiagnosis and overuse better known and understood.

Various activities addressing more concrete issues for practicing professionals are or will be offered by the QMA and its partners.

The QMA needs to continue to make alliances in order to be able to influence decision-makers on these issues.

RESULTS

We reached more than 600 physicians, 40 residents, and 60 other health professionals.

	Pre	Post
Capable of explaining overdiagnosis	79%	100%
Able to identify concrete actions	73%	98%
Have used decision aids in practice	51%	97%

WHAT ARE THE MAIN MESSAGES THEY RECALLED?

- The fact that using certain tests might not decrease mortality or help with our patients' quality of life
- The importance of shared decision-making
- The need for a more critical view of guidelines
- The fact that certain tests need to be done much less frequently

WHAT DID PHYSICIANS MENTION THEY WOULD DO?

LESS

Certain tests like lipids
Certain screenings
Repeat testing

MORE

Discussing this issue with colleagues
Validating sources of information
Deprescribing

DESCRIBE OVERDIAGNOSIS IN QUÉBEC?

- Using resources needlessly
- Going against the well-being of our patients
- No benefits, with possible harms

WHAT CHANGES WERE MADE?

- Choosing Wisely Canada posters in office
- More discussion, fewer recommendations
- Testing less frequently

WHAT ARE THE BARRIERS?

- Some patients not willing to do less
- Not enough time to learn to use decision aids appropriately
- Difficulty not doing what was recommended by specialists
- Fear of litigation
- Conflicting guidelines

WHAT WOULD HELP CHANGE PRACTICE?

- The CMDPs* and the DSPs* giving concrete support to foster changes in practice
- Case discussions to illustrate this problem
- Videos of shared decision-making in practice
- Continuing medical education free of overprescribing biases