How to avoid unnecessary care

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Agency for Health Quality and Assessment of Catalonia (AQuAS)

Institut Català de la Salut (ICS)

Consorci Castelldefels Agents de Salut (CASAP)

Preventing Overdiagnosis Conference
20th -22th of September
Outline

Overview and objectives of Essencial project

Implementation in primary care teams

Next steps and conclusions
Context in 2013

NICE National Institute for Health and Care Excellence

Essencial

Choosing Wisely

Overdiagnosed

Overmedicated

Overtreated

To Err is Human

Tracking Medicine
ESSENCIAL is a public policy project to promote the identification of low-value clinical practices and elaborate recommendations to avoid unnecessary care.

- **March 2013**: Identification of Low Value Practices & recommendation
- **April 2015**: Pilot 1
- **January 2016**: Pilot 2

54 recommendations
Unnecessary care

Low-value clinical practices

- ineffective or lack evidence on their effectiveness
- negative risk-benefit balance
- more cost-effective alternatives exist

- diagnostic-therapeutic cascade
- complications, adverse effects
- wasteful of resources
Systematic prescription of statins for primary prevention cardiovascular disease is not recommended in patients who present low coronary risk.

- **Adverse effects:**
  - Adverse muscle events
  - Diabetes mellitus
  - Hepatic dysfunction (3 months)

- **Primary care 2015**
  - 9% of people with statins treatment have low risk of CVD
  - 3.5 million €
54 recommendations

Pla Director
Ictus

Pla Director
Malalties
reumàtiques

Pla Director
Salut mental

MAPAC-
Cochrane
Collaboration

Agència de Qualitat
i Avaluació Sanitàries de Catalunya
Implementation in Primary Care
Objectives of implementation

To promote a change in clinical practice among healthcare professionals to avoid low-value practices, and to improve the quality of care and sustainability of the healthcare system.

Assessing the impact of recommendations.
Principles of implementation

- Healthcare professionals are key leaders in the changes of clinical practice
- Commitment of all members of PC teams
- Implementation should be adapted to the needs of each organization
- Provider organizations should help physicians and patients to overcome any implementation barriers
Process of implementation

Survey PC professionals perceptions
Focus group barriers

Clinical leader

Plan of action PC team

Monitoring & monthly feedback

Uncontrolled before - after assessment (18 months)

Collaboration, communication, transparency
Geographic distribution of PC teams

116 (40.7%) PC teams* ICS

2,256,927 million inhabitants

30% Catalan population

*PC team: multidisciplinary team providing primary care services in a catchment area without competitors
What are healthcare professional’s opinions and perceptions of low-value practices?

Anonymous, electronic survey. 499 respondents (32% response rate)

Low value practices are frequent 
67% healthcare professionals

Make a decision on low value practices > 3 times /week
67% healthcare professionals

Healthcare professionals are in the best position to deal with low-value practices

Best tools for reducing unnecessary care

What are physician’s opinion about causes of barriers to avoid low-value practices?

Focus group: 12 healthcare professionals
Pilot 1

- Relationship between patient & physician: 75.0%
- Lack of continuity of care: 83.3%
- Industry pressure & external factors: 33.3%
- Physicians' behaviours: 83.3%
- Causes of barriers to avoid low value-practices: 25.2%
- Lack of resources:

Joanna Caro Mendivelso. Drivers for low-value practices in primary care setting: a qualitative study. 3 minutes Elevator Pitches
Selected recommendations by PC teams

PC teams proposals

- BZDP in older people
- Health checkups for healthy people
- Screening of TSH in asymptomatic adults
Impact assessment

PPI in patients over 65 or subject to polypharmacy

Statins in population with low or moderate coronary risk

PSA in screening for prostate cancer

Preliminary results Pilot 1

Oral Presentation
Johanna Caro Mendivelso
Impact of ESSENCIAL recommendations in primary care
Next steps and conclusions
Next steps and conclusions

Consolidate the Essencial in primary care and to work together with providers organizations to overcome the barriers of implementation identified by the qualitative study

To contribute to the training of professionals regarding the recommendations as well as producing products aimed at patients to help them better understand the consequences of medicalization

To start promoting the implementation among healthcare professionals in hospitals
Next steps and conclusions

To improve our communication strategies as there are still many professionals who are unaware of the Essential project. In the near future we will need to focus on and promote the project among citizens.

The implementation has been well welcomed by primary care teams and physicians have started to propose recommendations, but the implementation process among PC team is moving slowly in some cases.

We are heading in the right direction but there is still a lot of work to do to avoid those clinical practices which are avoidable.
I wish to thanks the involvement of:

- Primary Care Teams
- Healthcare Providers Organizations
- Scientific Medical Societies
- Essencial Project Team
Thank you very much!

http://essencialsalut.gencat.cat

With the support of:

Contact: calmazan@gencat.cat
Communication and networking

- Preventing Overdiagnosis: Protecting the health of our patients
- Social networks
- Scientific events
- Regional meetings
- Central de Resultats
- Websites: Scientific societies, Healthcare providers
- 061 CatSalut Respon