

Qualitative analysis of key Informant perspectives on “Choosing Wisely Canada” as an approach to reduce unnecessary medical care

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Background

As the cost of health systems continue to grow, it has become increasingly important to find ways to improve value for resources spent.

- In 2009, IOM estimated that 30% of health care costs is spent on services that lack evidence of clinical benefit.
- Analysis of US healthcare demonstrates regional variations between historically similar areas.
- Health status, access to new technology, and individual physician behaviour are considered to have a substantial role in the provision of unnecessary care (Fisher et al., 2009).
- In 2010, the medical community was called on to take action by developing “do not do” lists (Brody, 2010).

Background

Choosing Wisely, United States

- April 2012, ABIM and Consumer Reports announced the Choosing Wisely (CW) campaign
- CW is designed to encourage discussions between physician and patient about necessity of care by promoting Top 5 “do not do” lists
- “Do not do” lists are expected to focus on tests and procedures within specialties that have good clinical evidence of overuse, high costs, or potential for harm (Levinson et al., 2015).
- Each society is free to develop their own list in an explicit manner of their choosing (Blumenthal-Barby, 2013).

Background

Choosing Wisely Canada

- April 2014, “Choosing Wisely Canada” (CWC) was announced
 - 70+ societies and growing, 25+ with ‘do not do’ lists
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- Same design as CW
- Similar examples of CW campaigns have grown throughout the world in as many as 12 different countries including Australia, Denmark, England, Germany, Italy, Japan, and New Zealand (Levinson et al., 2015).

Research Objectives

We obtained the perspectives of key informants regarding CWC as an example of a nongovernment approach to resource withdrawal from reduce unnecessary services in order to achieve the following objectives:

- (1) Explain the rationale for CWC campaign's approach design to reducing unnecessary care; and
- (2) Analyze stakeholder perceptions regarding the features of CWC, aimed to reduce unnecessary care

Methods

Recruitment

- Key members of the different groups associated with CWC.
 - All membership organizations were contacted
 - Ex. College of Family Physicians of Canada, OMA, Canadian Association of General Surgeons,

Data collection

- Semi-structured interviews (in person, phone) between May and September 2015.

Data analysis

- Procedures of grounded theory data collection and analysis suited for smaller scale research studies aimed to develop grounded explanations that address the explanatory objectives of the research (Corbin & Strauss, 2014; McCallin, 2003)

Results

Twenty-one key informant interviews

- 17 medical professionals
- Two patients
- Two government decision makers

Participants

- Mostly society leaders, CWC representatives
- Healthcare professionals throughout care pathway

Theme 1: Three external pressures that medical community needed to address

Patients are more informed and more demanding

“There is a demand from patients for testing or medication or imaging that they’ve read about or they feel that they should get in order to be satisfied that they’ve been adequately cared for.”

“It is easier to argue with the patient, saying... my Choosing Wisely says I should not.”

Public perception of a patriarchal physician

“There has been a history of patronizing or patriarchal physician behaviour that hasn’t really helped doctors’ cause.”

“I think that there's a lot of goodwill from physicians generally across Canada.”

Governments steering policy direction

“There’s been certainly a lot of pressure on government to simply deny care...I think the government's role has somewhat shifted, particularly in Ontario, around being more involved and has kind of moved towards steering not rowing.”

Theme 2: Reasons why CWC has gained traction

Increased patient role

“I think patients have a really important role; they should question physicians more frequently more about the test that are being done.”

Physician led initiative

“I think there is an inherent distrust from the physician community to government and its ability to do things.”

“[Physicians] believe most of the decision makers in [government] agencies are so far removed from patient care, that they are untrustworthy.”

Easier access to evidence for shared decision making

“Choosing Wisely’s materials are very easy on the eye. It’s focused. This is what you need to know; this is how you are going to help explain it to your patient. It’s easy; it’s kind of sexy.”

Theme 3: Why CWC does not address drivers of unnecessary care

Time pressures in the clinical encounter

“If I'm really busy and I have ten people in the waiting room and if I feel pressured and overwhelmed, I can say, ‘Yep, here is a requisition for the MRI let's get it done and move along.’”

Uncertainty in care pathway/pre-emptive ordering

“The surest way to not worry about an abnormal test derailing your day is to do them.”

Fear of litigation

“I think litigation is a problem; you miss one neck or neck fracture or bleed in the brain you are going to court.”

“Concerns about ruling everything out and covering all their bases, concerns about litigation are missing [from CWC].”

Discussion

Agreement among participants that CWC does not truly address many reasons why unnecessary services are provided

Lack of implementation

- Only one of the participants had experience practicing the campaign in clinical practice

The findings from the present study reflect findings from recent surveys of Canadian and the U.S. physicians (Tyssen, Palmer, Solberg, Voltmer, & Frank, 2013)

Implications

Clinical encounter is the key target for CWC: however it doesn't address pressures from patients or time.

- Physicians are disincentivized to take time with their patients and are incentivized to provide care (particularly low risk care).

Physician participants did not identify their behaviour as major contributors to unnecessary care, however unwarranted regional variation suggests that this is a problem

- Many physicians identify pharmaceutical companies, insurers, and lawyers as the most responsible groups for rising healthcare costs (Admon & Cooke, 2014; Tilburt et al., 2013).

Thank You

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