Putting it All Together: The Critical Role of Patients

John Santa MD MPH
Director, Health Ratings Center
Consumer Reports
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Disclosures

• Employed by Consumers Reports:
  – Independent of industry, non profit, non partisan, consumer advocacy organization.
  – Multimedia company, publisher of Consumer Reports, ConsumerReports.org

• 20 million readers a month, older, affluent, well educated, “savvy buyers”

• Focused for 76 years on providing an alternative perspective to advertising and promotion
12. Consumer Reports employee
“If I don’t think it’s going to work, will it still work?”
Systems are perfectly designed to get the results they achieve.
Shared Priorities??

- Stimulate/Facilitate a culture of improvement....in practice....and in consumer understanding and participation.
- Support professionalism
  - Altruism (putting patients’ needs first)
  - Self Regulation
  - Transparency (to peers, patients and the public)
Consumer Reports Approach

- Trust…Independence…Transparency
- Confrontation…Collaboration
- Partnerships….that push and pull
- If you break it…..you need to fix it.
- Market tools
  - Overuse strategies
  - Comparisons
OVERUSE
Choosing Wisely is an initiative of the **ABIM Foundation** 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.
Components of the Campaign

- **Messengers and Collaborators**
  - 30+ specialty societies, Consumer Reports, multiple consumer organizations—and growing

- **Communicate Messages**
  - Specialty societies, Consumer Reports, and ABIM Foundation

- **Activate**
  - Concrete action around unnecessary tests and procedures
Why stewardship? Why now?

- Health care expenditures are increasing at unsustainable rates
  - Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011

- There is waste in the health care system—some say as much as 30%
  - Jack Wennberg, Dartmouth Center for the Evaluative Clinical Sciences.

- One third of all physicians acquiesce to patient requests for tests and procedures—even when they know they are not necessary

- Physician decisions account for 80% of all health care expenditures
  - Crosson FJ. Change the microenvironment. Modern Healthcare and The Commonwealth Fund [Internet]. 2009; Apr 27
A Commitment to

- Professional competence
- Honesty with patients
- Patient confidentiality
- Maintaining appropriate relations with patients
- Improving quality of care
- Improving access to care
- A just distribution of finite resources

Fundamental Principles

- Primacy of patient welfare
- Patient autonomy
- Social justice

ACP Foundation/ABIM Foundation/EFIM
Physician Charter

Choosing Wisely®
An initiative of the ABIM Foundation
What is the Physician’s Role in Choosing Wisely?

The Charter’s commitment to a just distribution of finite resources specifically calls on physicians to be responsible for the appropriate allocation of resources and to scrupulously avoid superfluous tests and procedures.
“A Top 5 list also has the advantage that if we restrict ourselves to the most egregious causes of waste, we can demonstrate to a skeptical public that we are genuinely protecting patients’ interests and not simply ‘rationing’ health care, regardless of the benefit, for cost-cutting purposes.”

Howard Brody, MD, PhD
New England Journal of Medicine
Deficit pressures are making cost control inevitable. It will only be successful if physicians stop looking to others to find solutions and focus on approaches that improve the care for patients with chronic illnesses.

-Ezekiel J. Emanuel, MD, PhD
How the Lists Were Created

• Societies were free to determine the process for creating their lists
• Each item was within the specialty’s purview and control
• Procedures should be used frequently and/or carry a significant cost
• Should be generally-accepted evidence to support each recommendation
• Process should be thoroughly documented and publicly available upon request
Actions

Don’t do imaging for uncomplicated headache.

Imaging headache patients absent specific risk factors for structural disease is not likely to change management or improve outcomes. These patients with a history of recurrent headache are not detected by clinical criteria that have been validated in many settings. Many studies and clinical practice guidelines recommend that imaging and additional medical procedures and expense that do not improve patient well-being.

Don’t image for suspected pulmonary embolism (PE) without moderate or high pre-test probability of PE.

While deep vein thrombosis (DVT) and PE are relatively common clinically, they are rare in the absence of elevated D-dimer levels and certain specific risk factors. Imaging, particularly computed tomography (CT) pulmonary angiography in a rapid, accurate, and widely available test, but has limited value in patients who are very unlikely, based on serum and clinical criteria, to have significant value. Imaging is helpful to confirm or exclude PE only for such patients, not for patients with low pre-test probability of PE.

Avoid admission or preoperative chest x-rays for ambulatory patients with unremarkable history and physical exam.

Performing routine admission or preoperative chest x-rays is not recommended for ambulatory patients without specific reasons suggested by the history and/or physical examination findings. Only 2 percent of such images lead to a change in management. Obtaining a chest radiograph is reasonable if the patient has a history of chronic obstructive pulmonary disease in a patient older than 65 who has not had chest radiography within six months.

Don’t do computed tomography (CT) for the evaluation of suspected appendicitis in children until after ultrasound has been considered as an option.

Although CT is accurate in the evaluation of suspected appendicitis in the pediatric population, ultrasound is nearly as good in experienced hands. Since ultrasound will reduce radiation exposure, ultrasound is the preferred initial consideration for imaging examination in children. If the results of the ultrasound exam are equivocal, it may be followed by CT. This approach is cost-effective, reduces potential radiation risks, and has excellent accuracy, with reported sensitivity and specificity of 94 percent.

Don’t recommend follow-up imaging for clinically inconsequential adnexal cysts.

Simple cyst and luteinized cysts in women of reproductive age are almost always physiologic. Small simple cysts in premenopausal women are common and clinically inconsequential. ovarian cancer, while typically cystic, does not arise from these benign-appearing cysts. Although a good-quality ultrasound in women of reproductive age, can recommend follow-up for a classic corpus luteum or simple cyst ≤ 3 cm in greatest diameter. Use 3 cm as a threshold for simple cyst in premenopausal women.

These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situations should consult their physician.
Choosing Wisely Lists Announced
April 4, 2012
Choosing Wisely Partners

Societies Released Lists in April 2012
• American Academy of Allergy Asthma & Immunology
• American Academy of Family Physicians
• American College of Cardiology
• American College of Physicians
• American College of Radiology
• American Gastroenterological Association
• American Society of Nephrology
• American Society of Nuclear Cardiology
• American Society of Clinical Oncology

Consumer Groups
Through Partnership with Consumer Reports
• AARP
• Alliance Health Networks
• Leapfrog Group
• Midwest Business Group on Health
• Minnesota Health Action Network
• National Business Coalition on Health
• National Business Group on Health
• National Center for Farmworker Health
• National Hospice and Palliative Care Organization
• National Partnership for Women & Families
• Pacific Business Group on Health
• SEIU
• Union Plus
• Wikipedia

Societies Releasing Lists in Fall 2012
• American Academy of Hospice and Palliative Medicine
• American Academy of Neurology
• American Academy of Ophthalmology
• American Academy of Otolaryngology-Head and Neck Surgery
• American Academy of Pediatrics
• American College of Obstetricians and Gynecologists
• American College of Rheumatology
• American Geriatrics Society
• American Society for Clinical Pathology
• American Society of Echocardiography
• American Urological Association
• Society of Cardiovascular Computed Tomography
• Society of Hospital Medicine
• Society of Nuclear Medicine and Molecular Imaging
• Society of Thoracic Surgeons
• Society of Vascular Medicine

Societies Releasing Lists in 2013
• American College of Surgeons
• American Headache Society
What’s Next?

• Next scheduled announcement in Feb 2013 of Five Things Physicians and Patients Should Question
• Continue the conversations among physicians and between physicians and patients
• Continued rollout of Consumer Reports patient-oriented descriptions of Choosing Wisely lists
Consumer Reports is a partner in Choosing Wisely and will support the effort by creating patient-friendly materials based on the society recommendations and engaging a coalition of consumer communication partners to disseminate content and messages about appropriate use to the communities they serve.
Robust Topic Themes

• Screening tests
  – EKG
  – Exercise test
  – Pap smear
  – Bone density
  – Heart imaging
  – Colon cancer

• Diagnosis of common symptoms
  – Low back pain
  – Headache
  – Allergy
  – Fainting

• Preoperative evaluations
  – Chest Xray
  – Heart imaging

• Common treatments
  – Antibiotics
  – Heartburn meds
  – Anti-inflammatories

• Disease approach
  – Cancer
  – Chronic kidney failure/dialysis
Impact of Topics

• Large volume of unnecessary screening tests being performed
• Many of the most common symptoms targeted—back pain, URI, headache, allergy, heartburn
• Three of the most common drug classes selected
• Overall---millions of decisions, billions of dollars
Choosing Wisely
Consumer Content

• 2 page consumer friendly translations of consumer oriented topics
• Low literacy English versions of selected topics
• Longer “stories” about more complex topics: dialysis, cancer
  – Cancer (ASCO) “Even in cancer more may not be better”
• Spanish translations of selected topics
• Videos of selected topics
Our Approach

• Cobrand information to build trust
• Develop content with professional societies using a mutual consent process
• Provide alternatives to the overused service/product
• Develop plain language versions
• Disseminate via a large consumer network
EKGs and exercise stress tests
When you need them for heart disease—and when you don’t

If you have chest pain or other symptoms of heart disease, an electrocardiogram (EKG) or exercise stress test can be lifesaving. The name is true if you have a history of heart disease or are at very high risk for it. But in other cases, you should think twice. Here’s why.

The tests usually aren’t necessary for people without symptoms. With an EKG, electrodes attached to your chest record your heart’s electrical activity. When an EKG is done as you walk or jog on a treadmill, it’s called an exercise stress test. If you have symptoms of heart disease or are at high risk for it, both can help determine your chances of having a heart attack and help you and your doctor decide how to treat the problem.

But the tests are less accurate for lower-risk people and often have misleading results. Yet many patients with symptoms of heart disease get the tests as part of their routine checkup. For example, in a 2011 Consumer Reports survey of nearly 2,400 people between the ages of 50 to 79 with a history of heart disease or heart disease symptoms, 30 percent said they had undergone an EKG during the previous five years and 12 percent said they had an exercise stress test.

They can pose risks. EKGs and exercise stress tests won’t harm you directly. But both can produce inaccurate results that trigger follow-up tests that can pose risks. These include CT angiography, which can expose you to a radiation dose equal to 60 to 90 chest X-rays, and standard coronary angiography, an invasive procedure that exposes you to a higher risk of complications.

You might not need a PPI. A PPI can help if you have heartburn more than twice a week or if you have heartburn on a daily basis. But studies suggest that up to 90 percent of people taking a PPI were never diagnosed with GERD. Instead, they might have been prescribed the wrong medicine, which can often be used with dietary and other lifestyle changes and, if necessary, antacids like famotidine and doms or another class of medication, known as H2 blockers, such as Pepcid AC and Zantac.

The drugs can pose risks. High doses of PPIs, and taking them for a year or longer, has been linked to an increased risk of bone fractures. Long-term use might also deplete magnesium blood levels, which, in turn, can trigger muscle spasms, irregular heartbeats, and convulsions. Another complication of long-term use is an intestinal infection called Clostridium difficile that can lead to severe diarrhea, fever, and, in rare cases, death. PPIs can also interact with other medications. For example, omeprazole (Prilosec) can reduce the blood-thinning effect of the drug, which increases the risk of stroke, heart attack, or death.

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, 10 to 30 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 nose, 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, diarrhea, and rashes. These problems clear up 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.
Tools and resources

Detailed resources can be found at: www.consumerhealthchoices.org.
Consumer Initiatives

• Change the physician/consumer culture
  – “Culture beats strategy”
  – Long term
  – Must start with trusted sources
    • Physician and consumer brands together

• Identify effective strategies
  – For Employers
  – For Unions
Culture Initiatives

• Large scale information campaign focused on doctors and patients and their interaction
• Use trusted brands---Consumer Reports, Physician specialty societies
• Consider community consortiums willing to take on overuse
• Use all appropriate distribution channels including carriers but focus on culture change that prepares for strategies.
Welcome to the
Health Article Review Project
Improves the quality of a health-related article on Wikipedia in 20 minutes!

Contents
1. What is this?  
2. Read this in 2 minutes; finish everything within 20!  
3. Create an account and login, then return to this page  
4. Put your name on the below list  
5. Find a reference  
6. Copy this, then paste it on the bottom of an article's talk page  
7. Go to an article to add your fact  
8. Support  
9. About  
10. Follow up  
11. References

What is this?  
If you have never edited Wikipedia, and you are an expert in a field of health, then in 20 minutes, this guide will help you post a proposal to add missing content to a Wikipedia article.
Health Actions Not to Do: Lessons for Consumer Decision-Making

• People tend to continue acting in ways they have acted in the past.
• Focusing people’s attention on different aspects of the same information can alter people’s ultimate decisions.
• People tend to choose positively described options when they perceive options as safe, and people tend to choose negatively described options when they perceive options as risky.
• People process information both analytically and experientially, and as such the emotional content of messages must be considered.
• Decision aids can help
COMPARISONS
Ratings

• Hospital Errors/Safety
  – 3rd leading cause of death in US=Errors/Safety (Pronovost August 2012)
  – Safety composite with novel elements

• Physician performance
  – Society of Thoracic Surgeons
  – Regional Health Improvement Collaboratives

• Health Plans
• Drugs
• Prevention Tests
# 2012 STS data—one heart surgery market

<table>
<thead>
<tr>
<th>Group</th>
<th>Composite</th>
<th>Survival</th>
<th>Complications</th>
<th>Meds</th>
<th>LIMA</th>
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<tr>
<td>1</td>
<td>2 Star</td>
<td>98%</td>
<td>83%</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>2</td>
<td>2 Star</td>
<td>98%</td>
<td>83%</td>
<td>82%</td>
<td>95%</td>
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<tr>
<td>3</td>
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<td>99%</td>
<td>83%</td>
<td>95%</td>
<td>98%</td>
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<td>4</td>
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<td>98%</td>
<td>76% 1 star</td>
<td>75%</td>
<td>96%</td>
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<tr>
<td>5</td>
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<td>88%</td>
<td>97%</td>
<td>99%</td>
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<td>6</td>
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<td>87%</td>
<td>90%</td>
<td>95%</td>
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<tr>
<td>7</td>
<td>3 star</td>
<td>99%</td>
<td>90%</td>
<td>94%</td>
<td>95%</td>
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</table>
Special Report for Massachusetts residents

How Does Your Doctor Compare?

- Exclusive: Patients rate 487 adult, family & pediatric practices
- How to get the best care
- Quiz: Does your physician measure up?

GUIDE TO PRIMARY CARE PHYSICIANS IN MASSACHUSETTS PAGE 10
Comparing quality and cost

The highest-quality care isn’t necessarily the most expensive, as this chart shows. Under “Quality” and “Cost,” higher scores (3 or 4) indicate higher quality and lower cost, respectively. A bullet under “Good value” identifies groups that scored well on both measures.

<table>
<thead>
<tr>
<th>Group name</th>
<th>Quality</th>
<th>Cost</th>
<th>Good value</th>
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<tbody>
<tr>
<td>Northwest Family Physicians</td>
<td>4</td>
<td>4</td>
<td></td>
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<tr>
<td>Entira Family Clinics</td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HealthPartners Clinics</td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Park Nicollet Clinics</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Allina Medical Clinics</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Aspen Medical Group</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Quello Clinic</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Stillwater Medical Group</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Blaine/Fridley/Rosedale Medical Centers</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>North Memorial Clinics</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Lakeview Clinics</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Buffalo Clinic</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Apple Valley Medical Clinic</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Ridgeview Clinics</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Edina Family Physicians</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HealthEast Clinics</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>North Clinic</td>
<td>2</td>
<td>3</td>
<td></td>
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Source for cost and quality data: HealthPartners, 2012 (www.healthpartners.com/costandquality).
<table>
<thead>
<tr>
<th>Heart Test</th>
<th>Rating</th>
<th>Benefits</th>
<th>Risks</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Blood Pressure</td>
<td>●</td>
<td>Substantial</td>
<td>Minimal</td>
<td>Minimal</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>●</td>
<td>Substantial</td>
<td>Minimal</td>
<td>Minimal</td>
</tr>
<tr>
<td>Blood glucose (diabetes)</td>
<td>○</td>
<td>Minimal</td>
<td>Minimal</td>
<td>Minimal</td>
</tr>
<tr>
<td>C-reactive protein</td>
<td>○</td>
<td>Minimal</td>
<td>Minimal</td>
<td>Minimal</td>
</tr>
<tr>
<td>Clogged peripheral arteries</td>
<td>•</td>
<td>Minimal</td>
<td>Moderate</td>
<td>Substantial</td>
</tr>
<tr>
<td>Clogged carotid arteries</td>
<td>●</td>
<td>None</td>
<td>Moderate</td>
<td>Substantial</td>
</tr>
<tr>
<td>Abdominal aortic aneurysm</td>
<td>●</td>
<td>None</td>
<td>Moderate</td>
<td>Substantial</td>
</tr>
<tr>
<td>Electrocardiogram (EKG or ECG)</td>
<td>●</td>
<td>None</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Stress test (EKG)</td>
<td>•</td>
<td>None</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
</tbody>
</table>
Cardiovascular Screening Tests in Healthy 40-60 year olds

- 44% had a low rated screening test
- Most common was EKG, followed by stress test and ultrasound
- Significant overestimation of risk
- High levels of promotion especially focused on imaging

2010 Survey of Consumer Reports Subscribers
Cardiovascular Screening Tests in Healthy 40-60 year olds

- 11% had a MD conversation about FU if test abnormal
- 9% discussed accuracy of test
- 4% knew about potential complications
- 1% discussed with MD whether test saved lives

2010 Survey of Consumer Reports Subscribers
Opportunities on the Horizon

• Imaging
  – Image Gently
• Devices
• Cost
• Transparency
  – Open Notes
What price an MRI: $504 or $2,520?

These are actual prices paid by large employers nationwide, as collected by the Healthcare Blue Book. The low prices represent the 10th percentile, and the high prices the 90th percentile. The “fair” price is based on Healthcare Blue Book’s own evaluation.

<table>
<thead>
<tr>
<th>Test or treatment</th>
<th>Low</th>
<th>Fair</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain MRI</td>
<td>$504</td>
<td>$560</td>
<td>$2,520</td>
</tr>
<tr>
<td>Chest X-ray</td>
<td>40</td>
<td>44</td>
<td>255</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>800</td>
<td>1,110</td>
<td>3,160</td>
</tr>
<tr>
<td>Complete blood count</td>
<td>15</td>
<td>23</td>
<td>105</td>
</tr>
<tr>
<td>Hip replacement</td>
<td>19,500</td>
<td>21,148</td>
<td>43,875</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>8,000</td>
<td>8,546</td>
<td>16,480</td>
</tr>
<tr>
<td>Knee replacement</td>
<td>17,800</td>
<td>19,791</td>
<td>42,750</td>
</tr>
<tr>
<td>Knee arthroscopy</td>
<td>3,000</td>
<td>3,675</td>
<td>7,350</td>
</tr>
<tr>
<td>Laminectomy (spine surgery)</td>
<td>8,150</td>
<td>11,744</td>
<td>25,760</td>
</tr>
<tr>
<td>Laparoscopic gallbladder removal</td>
<td>5,000</td>
<td>6,459</td>
<td>12,480</td>
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<tr>
<td>Tubal ligation</td>
<td>2,865</td>
<td>3,183</td>
<td>5,729</td>
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<tr>
<td>Transurethral prostate removal</td>
<td>4,000</td>
<td>4,409</td>
<td>8,875</td>
</tr>
<tr>
<td>Ultrasound, fetal</td>
<td>120</td>
<td>169</td>
<td>480</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>700</td>
<td>1,003</td>
<td>2,100</td>
</tr>
</tbody>
</table>
Results: 11,797 of 13,564 patients with visit notes available opened at least 1 note (84% at BIDMC, 92% at GHS, and 47% at HMC). Of 5,391 patients who opened at least 1 note and completed a postintervention survey, 77% to 87% across the 3 sites reported that open notes helped them feel more in control of their care; 60% to 78% of those taking medications reported increased medication adherence; 26% to 36% had privacy concerns; 1% to 8% reported that the notes caused confusion, worry, or offense; and 20% to 42% reported sharing notes with others. Volume of electronic messages from patients did not change. After the intervention, few doctors reported longer visits (0% to 5%) or more time addressing patients’ questions outside of visits (0% to 8%), with practice size having little effect; 3% to 36% of doctors reported changing documentation content; and 0% to 21% reported taking more time writing notes. Looking ahead, 59% to 62% of patients believed that they should be able to add comments to a doctor’s note. One out of 3 patients believed that they should be able to approve the notes’ contents, but 85% to 96% of doctors did not agree. At the end of the experimental period, 99% of patients wanted open notes to continue and no doctor elected to stop.
“When you’re through learning, you’re through.”

John Wooden
Former UCLA basketball coach