CHOOSE WISELY

A COUNCIL OF MEDICAL COLLEGES IN NEW ZEALAND CAMPAIGN
and part of Choosing Wisely work internationally.

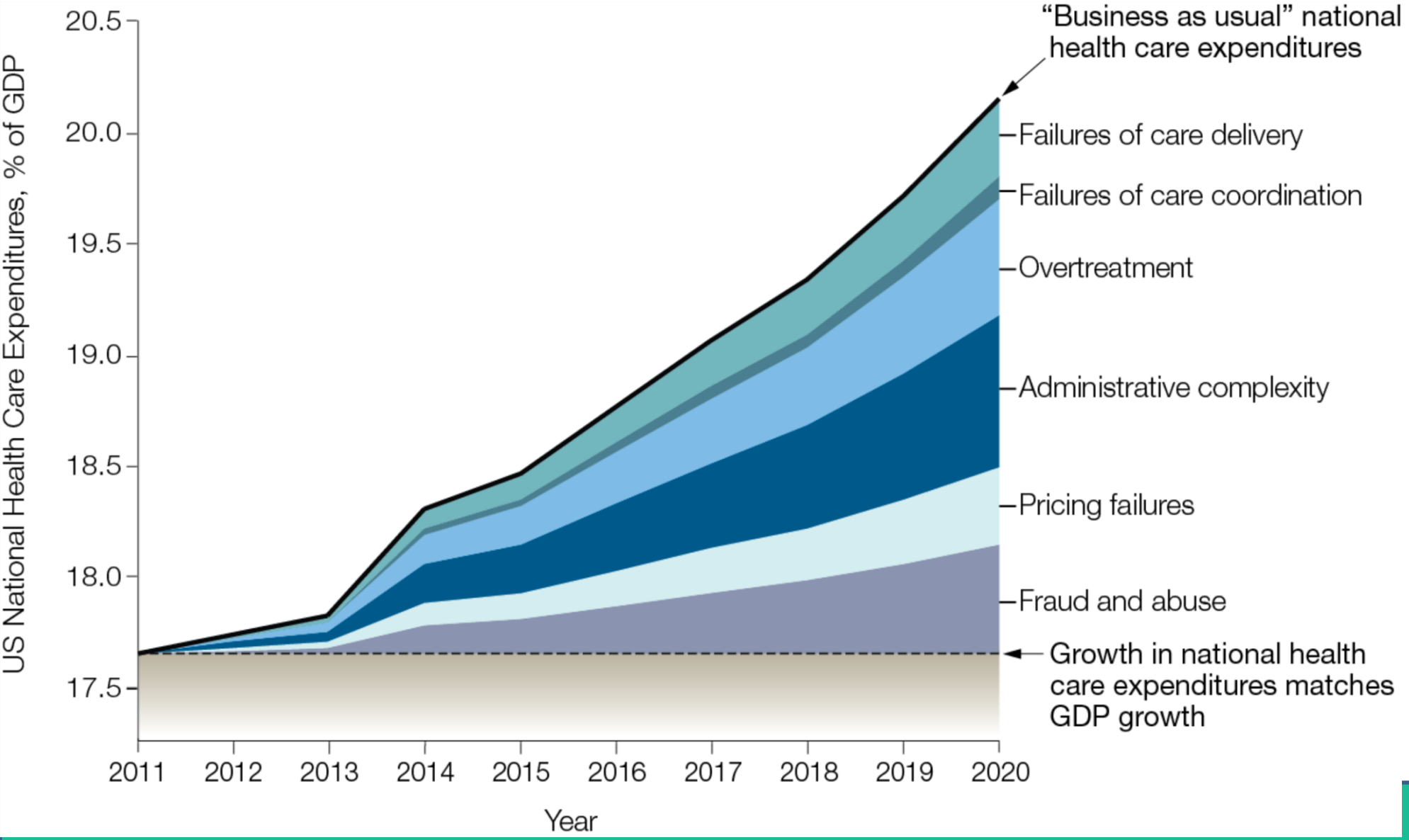
Patient deterioration New Zealand: Current state and future development

Hosted by HQSC and CICM

Choosing Wisely when patients deteriorate

Dr Ben Barry

Tackling the wedges of waste



Berwick D. *JAMA.* 2012.

What care are we talking about?

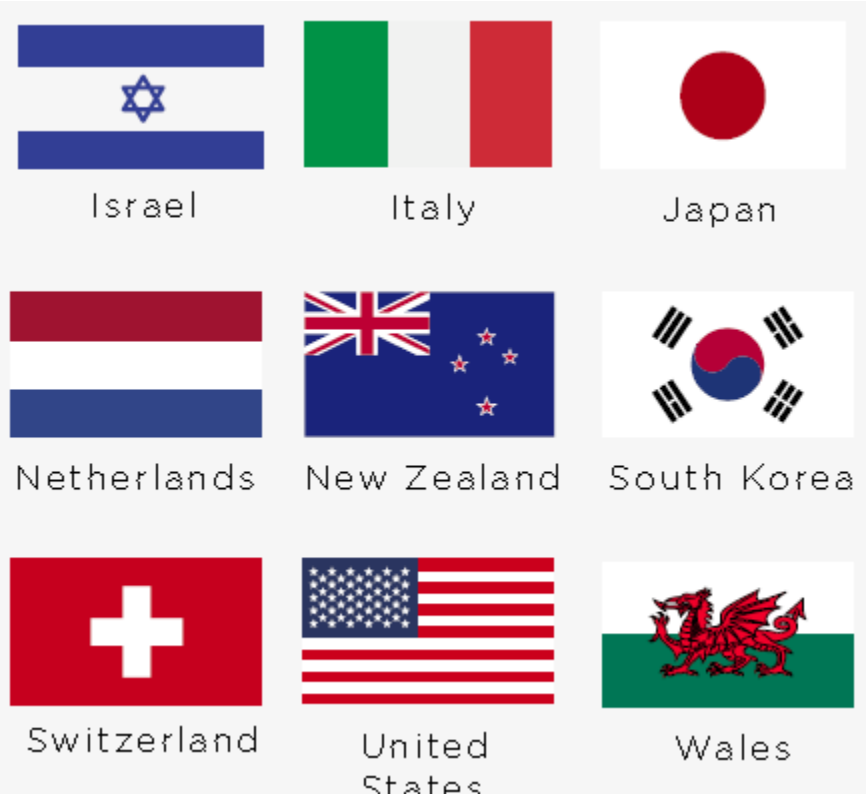
- Care that gives little or no benefit to patients.
- Care where the risk of harm exceeds likely benefit.
- Care where the costs do not provide proportional benefit.

Our ability to help the sick/injured

is soon to be outstripped by our propensity to harm the healthy.

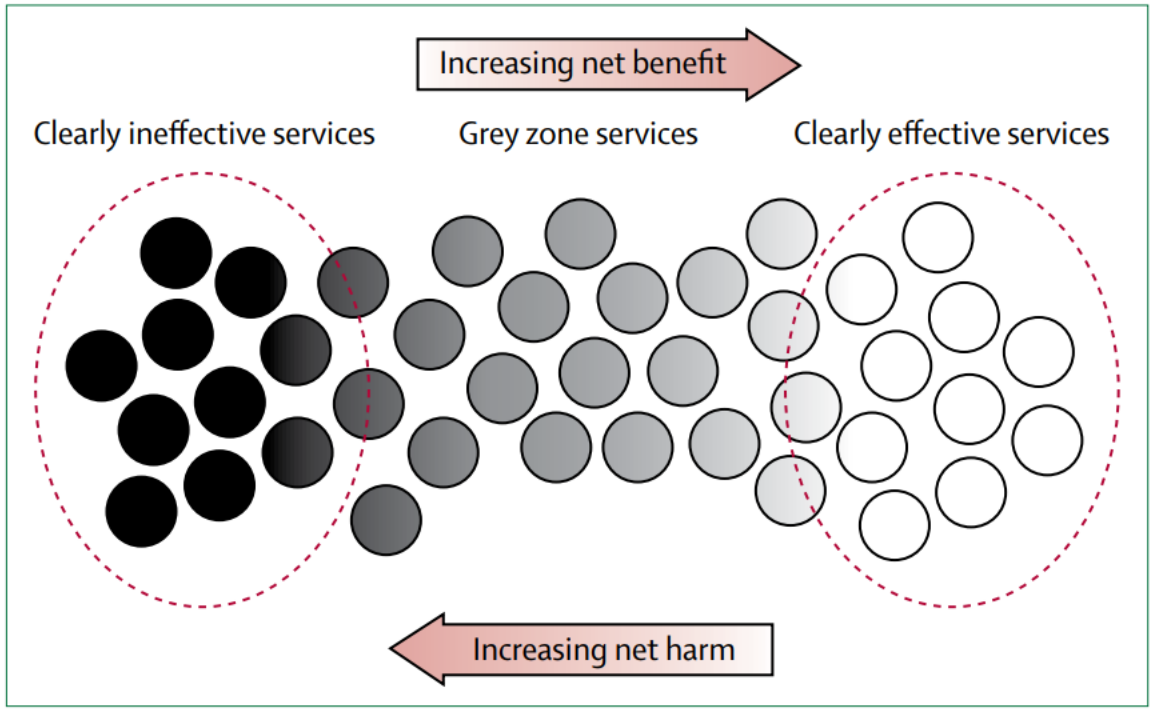
Dr Ray Moynihan, BMJ

Part of an international campaign



Growing evidence on the problem of overuse

- 50% of antibiotic prescriptions in OECD are unnecessary
- USA: Rate of inappropriate total knee replacement 34%
- Europe: 13-33% endoscopies unnecessary
- Italy: 22% of PCI 22% & 30% of coronary angiography inappropriate
- Huge regional variation
- Problems with definition & measurement



Source: Brownlee S et al The Lancet 390;156-168 July 08 2017

Overtreatment and the end of life

"Dying today typically involves a period of protracted illness, disability, and intense involvement of medical professionals"

Atul Gawande

In New Zealand:

- Around 25% of healthcare costs were incurred in the last year of life of a 70-year-old [1]
- People use more health services in their last year of life than those of the same age who are not in their last year of life.[2]
- As they advance in age, especially >90yrs, this difference diminishes for most measures, except for inpatient days, and for pharmaceutical dispensings.[2]

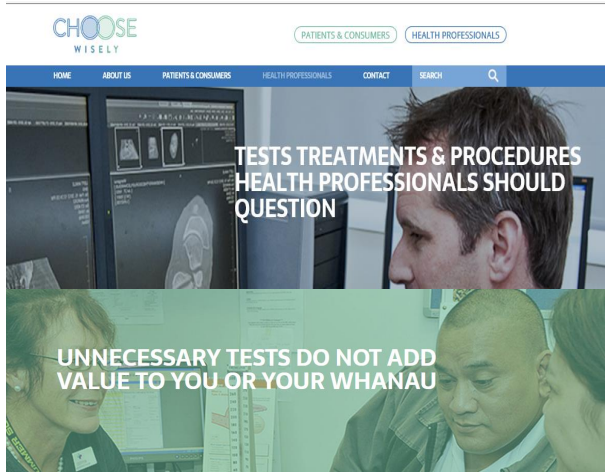
[1] Blakely T et al. NZMJ 2015;128:13–23.

[2] Hamblin R et al Health Policy. 2018 Jul;122(7):783-790.

Council of Medical Colleges' role in the campaign

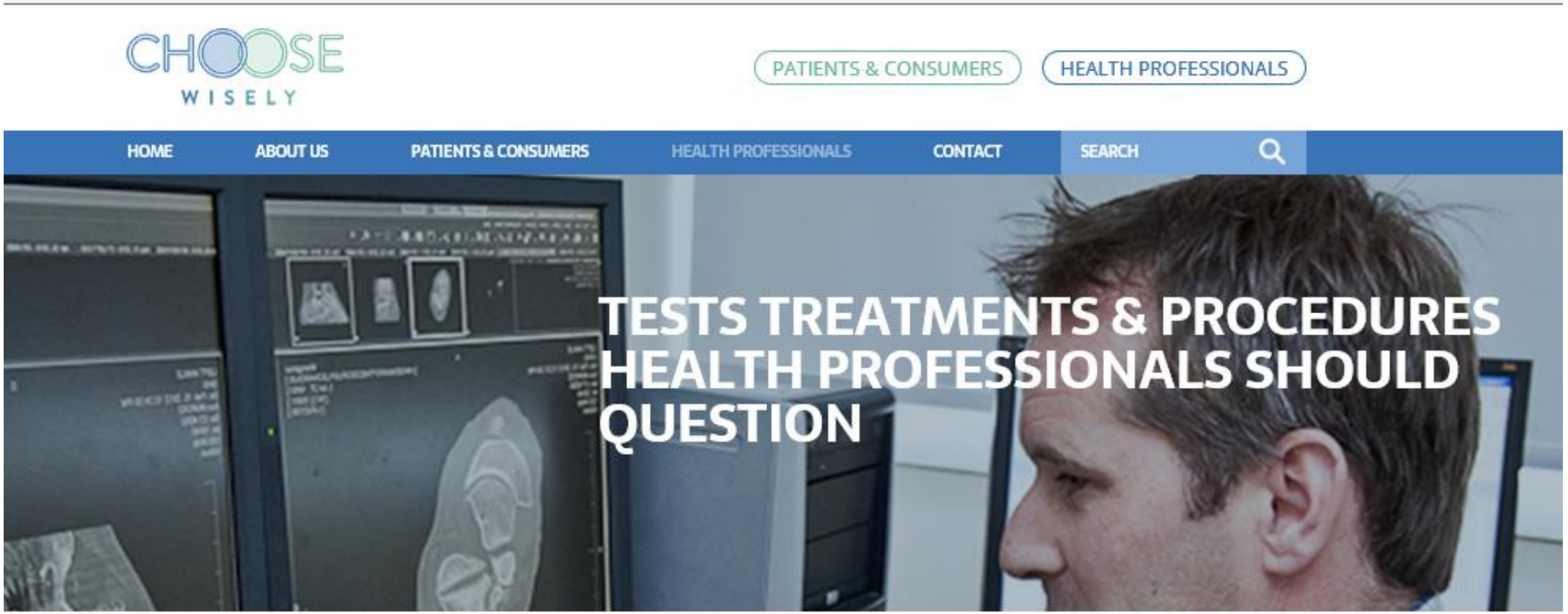
CMC is facilitating the campaign in NZ

- Working with Health Professional organisations to identify areas of over investigation or over treatment based on evidence
- Working with the community to change attitudes to over investigation or over treatment
- Working on three main strands of work:
  - Working with health professionals
  - Working with consumers
  - Working with educators and students



Choosing Wisely Principles

Recommendations from NZ professional bodies



AUSTRALASIAN COLLEGE OF EMERGENCY MEDICINE

- For emergency department patients approaching end-of-life, ensure clinicians, patients and families have a common understanding of the goals of care.

AUSTRALIAN AND NEW ZEALAND SOCIETY OF PALLIATIVE MEDICINE

- Do not delay discussion of and referral to palliative care for a patient with serious illness just because they are pursuing disease-directed treatment.
- Do not delay conversations around prognosis, wishes, values and end of life planning (including advance care planning) in patients with advanced disease
- Do not use oxygen therapy to treat non-hypoxic dyspnoea in the absence of anxiety or routinely use oxygen therapy at the end of life
- To avoid adverse medication interactions and adverse drug events in cases of polypharmacy, do not prescribe medication without conducting a drug regime review

THE COLLEGE OF INTENSIVE CARE MEDICINE and THE AUSTRALIAN & NZ INTENSIVE CARE SOCIETY

- For patients with limited life expectancy (such as advanced cardiac, renal or respiratory failure, metastatic malignancy, third line chemotherapy):
  - ensure patients have a ‘goals of care’ discussion at or prior to admission to ICU, and
  - for patients in ICU who are at high risk for death or severely impaired functional recovery, ensure that alternative care focused predominantly on comfort and dignity is offered to patients and their families

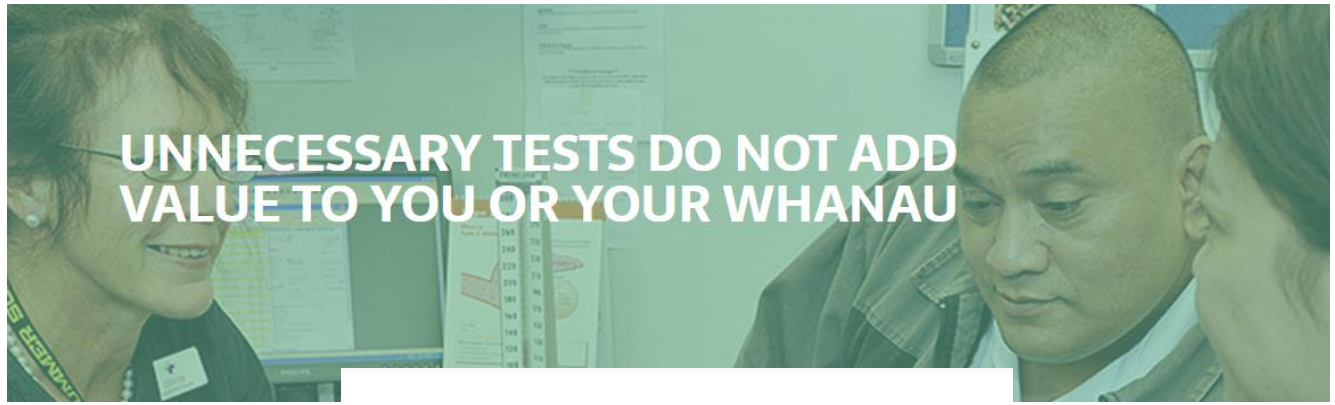
AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

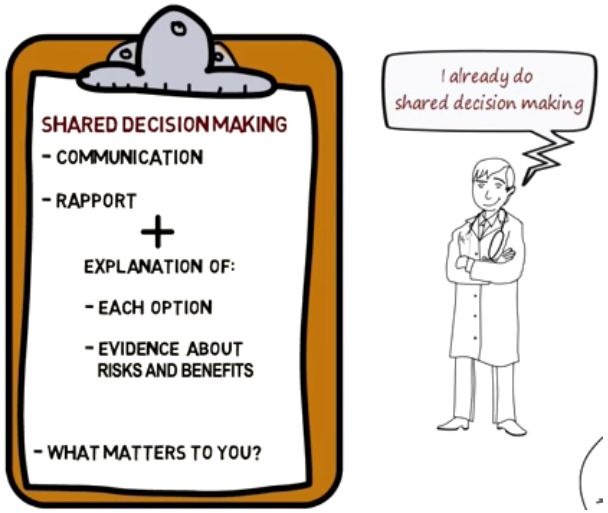
- Avoid initiating anaesthesia for patients with limited life expectancy, at high risk of death or severely impaired functional recovery, without discussing expected outcomes and goals of care.

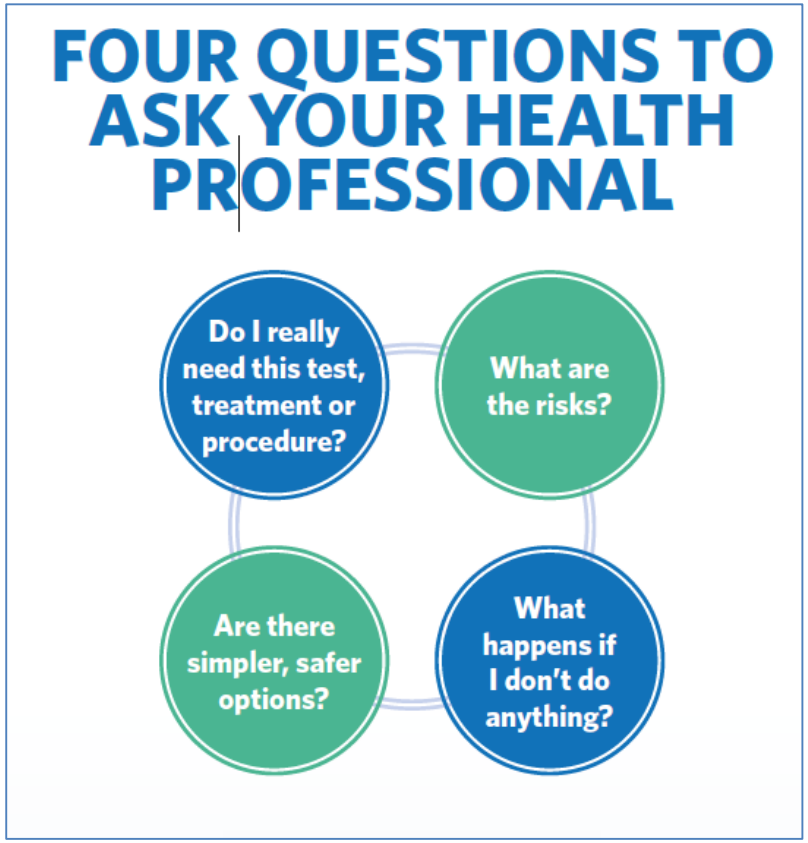
THE AUSTRALASIAN SOCIETY OF CLINICAL AND EXPERIMENTAL PHARMACOLOGISTS AND TOXICOLOGISTS

- Stop medicines when no further benefit will be achieved or the potential harms outweigh the potential benefits for the individual patient

Engaging with consumers & supporting shared decision making







Shared Decision Making

- Health Professional
  - Diagnosis
  - Aetiology
  - Prognosis
  - Investigation options and risks
  - Treatment options and risks
  - Outcome probabilities
- Patient/Family
  - Experience of illness
  - Social Circumstances
  - Attitude to risk
  - Goals, values and preferences
  - Support needs

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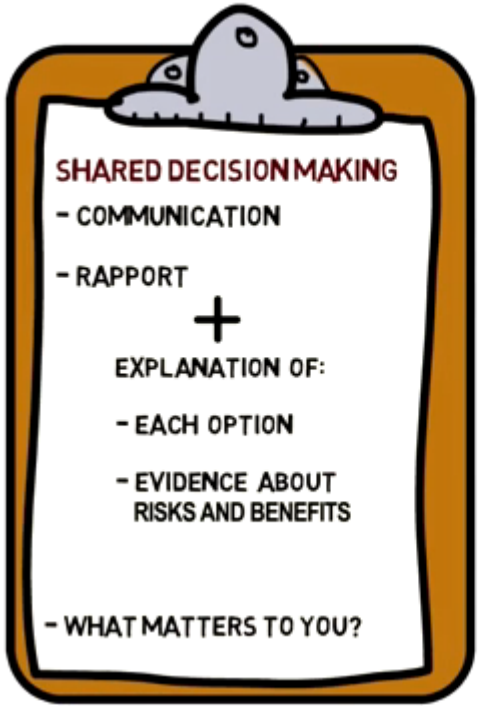
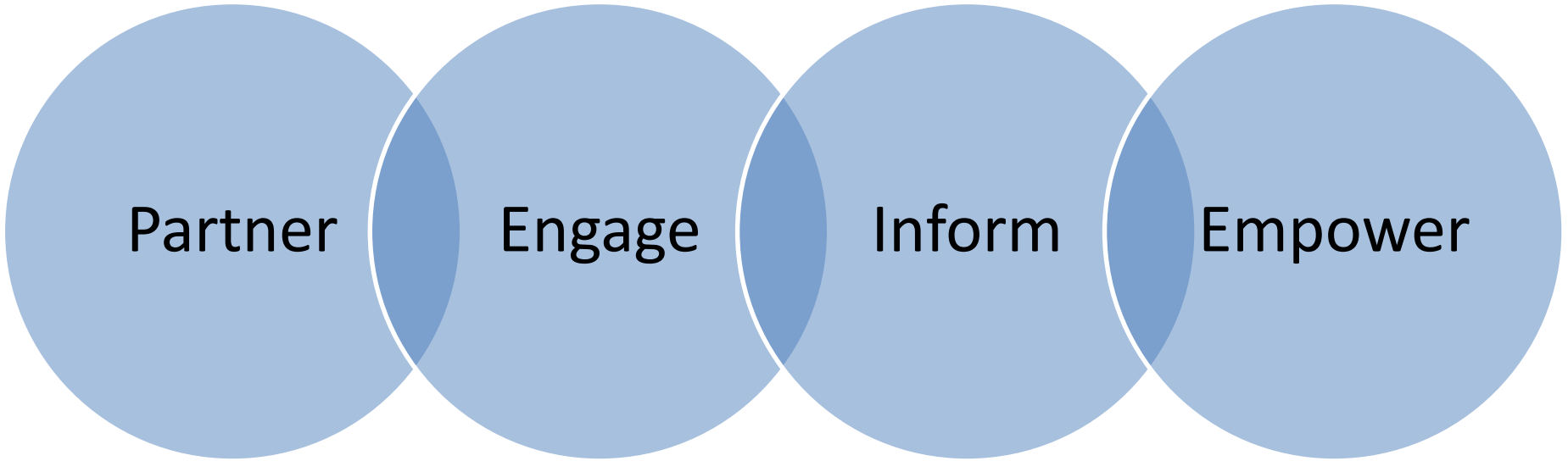
Supporting patients with shared decision making

- Myths about shared decision-making
  - Takes more time
  - Patients feel abandoned
  - Patients don't want to make decisions
  - Information too complex
  - I already do it
- Shared decision-making is more than just having a discussion



How to engage better with consumers?

- While clinicians have demonstrated interest, Choosing Wiseley's impact will be limited if patients & public are not receptive to the messages.
- Multiple approaches can be used simultaneously:



Born KB et al. Engaging patients and the public in Choosing Wisely. BMJ Quality & Safety 13 June 2017

CHOOSE

As at August 2018

MORE, ISN'T ALWAYS BETTER.
SO LET'S TALK BETTER CARE

Choosing Wisely promotes a culture where low-value and inappropriate clinical interventions are avoided, and where patients and health professionals have well-informed conversations around treatment options – leading to better decisions and outcomes.

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4 PUBLIC and PROFESSIONAL EVENTS

CHOOSINGWISELY.ORG.NZ

A COUNCIL OF MEDICAL COLLEGES IN NEW ZEALAND CAMPAIGN
and part of Choosing Wisely internationally.

- For more information – www.choosingwisely.org.nz
- Or contact CMC – enquiries@cmc.org.nz