How the Overuse of Medical Care is Wrecking Your Health and Your State’s Budget

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Two Questions For You

- Have you or someone you know had medical care that you/they thought was unnecessary?

- Have you or someone you know declined treatment recommendations because they were too invasive, and found a medically appropriate, less intensive alternative?
Overview of Presentation

- What is overuse of medical care?
- What the medical evidence, what are medical leaders saying and doing about it?
- What can you do in your state?
Three Overarching Quality Challenges

- Underuse
- Misuse
- Overuse

Source: Institute of Medicine, National Roundtable on Quality, 1998
What is Underuse?

- Underuse is when people don’t get care that would help them.

- Example: missing a childhood immunization for polio

Source: Institute of Medicine, National Roundtable on Quality, 1998
What is Misuse?

- Misuse: when an appropriate service has been provided but a preventable complication has occurred.

- Example: a patient receives the wrong drug

Source: Institute of Medicine, National Roundtable on Quality, 1998
The Impact of Misuse

- Up to 98,000 deaths from medical mistakes every year: National Academy of Sciences, Institute of Medicine

- 99,000 deaths a year from hospital-acquired infections: The Centers for Disease Control and Prevention
WALL OF SILENCE
The Untold Story of the Medical Mistakes That Kill and Injure Millions of Americans

ROSEMARY GIBSON and JANARDAN PRASAD SINGH
Overuse Defined

- Overuse: “the waste that comes from subjecting patients to care that according to sound science and the patients’ own preferences, cannot possibly help them…

32% of people surveyed for a Commonwealth Fund report said they have had medical care they thought was unnecessary.

“I’ve been getting an EKG at my annual physical exam since I was 27. I’m 41 now. I don’t know why. I have no heart disease. My husband gets one, too.”
“My knees were hurting and I went to a well-known orthopedic surgeon. He said he could do surgery. He didn’t talk about me or my situation. I left and found a personal trainer who helped me strengthen my muscles. I’m much better now.”
“My 83-year old mother-in-law was having problems with her shoulder. She went to a doctor who said he could operate. I went with her to get a second opinion. With physical therapy and time for healing, she was fine.”
Two Questions For You

- Have you or someone you know had medical care that you/they thought was unnecessary?

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For the first time, a subset of the population is saying “no” to medical care, not cavalierly but in an informed and thoughtful way.
Where to begin to curb overuse?
In 2008, leading doctors identified surgeries and tests that are overused.

Procedures that are overused include:

* heart bypass surgery
* hysterectomy
* spine surgery
* prostatectomy
National Priorities Partnership: Areas to Reduce Overuse

- Medication use especially antibiotics and multiple drugs prescribed for a patient
- Lab tests
- C-sections
- Diagnostic imaging, CT scans, x-rays
National Priorities Partnership: Areas to Reduce Overuse

- Non-palliative services at the end of life
- Unnecessary doctor office visits
- Preventable ED visits/hospitalizations
- Potentially harmful preventive services
What are examples of the literature on which the identification of overused tests, surgeries and other services is based?
“I was troubled to read that the President's physical examination included an electron beam computed tomographic (CT) scan for coronary calcium. This screening test likely exposed Mr. Obama to significant radiation unnecessarily, increasing his risk of future cancer...

...A single electron beam CT scan is estimated to result in a lifetime excess cancer risk of 9 additional cancers per 100,000 persons for men.

Dr. Rita Redberg, Editor
Archives of Internal Medicine
March 8, 2010
http://archinte.ama-assn.org/cgi/content/full/2010.81?home
National Cancer Institute
Study of CT scans

- 70 million CT scans performed in 2007 will cause 29,000 cancers in Americans and 15,000 deaths.

- Two thirds of the projected cancers will occur in women.

Source: Archives of Internal Medicine, 2009
Research on Heart Bypass Surgery

- An expert panel of physicians convened by Rand and the Harvard School of Public Health reviewed the angiograms of patients who were recommended for heart bypass surgery.

- One-third of the patients who were recommended for heart bypass surgery did not need it.

**Overuse of Ear Tube Surgery in Children**

- Nearly 70% of ear tube surgeries studied at a five hospital cohort were found to have been performed on children whose condition did not meet criteria for surgery set by the American Academy of Pediatrics.

Outcomes from Back Surgery Among Workers’ Compensation Patients

- 725 patients with low back pain had pain mgmt and physical therapy
- Return-to-work status at 2 years: 67%
- Days off of work: 316

- 725 patients with low back pain who had spine surgery
- Return to work status at 2 years: 26%
- Days off of work: 1140
- 27% re-operation rate

New Study Findings on End-of-Life Care

- New England Journal of Medicine published a landmark study of patients with metastatic lung cancer

- Patients who received early palliative care and less aggressive treatment lived 2.7 months longer than patients who received usual oncology care.

The Radiological Society of N. America has called for a national plan to reduce diagnostic imaging.

Source: http://radiology.rsna.org/content/early/2010/08/05/radiol.10100063.abstract
Recent Events cont’d

- Hospital Compare is now reporting 4 measures of appropriate use of diagnostic imaging
- 2 measures address overuse of abdominal and chest CT scans
The “Top Five” in Primary Care

- Physician panels in internal medicine, family medicine and pediatrics identified five common practices where less can be more that were published in the Archives of IM*

- The process was undertaken by the Good Stewardship Group funded by the American Board of Internal Medicine Foundation

Internal medicine “Top 5” includes the following:

1. Don’t do imaging for low back pain within the first 6 weeks unless red flags are present
2. Don’t obtain blood chemistry panels or urinalyses for screening in asymptomatic, healthy adults
3. Don’t order annual ECGs or any other cardiac screening for asymptomatic low-risk patients
4. Use only generic statins when initiating lipid-lowering drug therapy.
5. Don’t use DEXA screening for osteoporosis in women under age 65 or men under 70 with no risk factors.
Primary Care Physician Perception of Overuse

- 42% of U.S. primary-care doctors think patients they see receive too much care

- More than 25% believe they themselves provide too much care to some patients

- About 75% of those surveyed said they're interested in learning how their practice compares to other doctors’ practices

Source: B. Sirovich, “Too Little, Too Much? Primary Care Physicians Views on US Health Care,” Arch Internal Medicine, September 26, 2011
“Health insurance used to be about giving patients access to providers. Now it’s about giving providers access to patients.”

Dean of a Midwest nursing school.
One way to communicate to patients and the public about overuse:
What is Overuse?
Green Light

- Treatment you absolutely want to get
Mammograms for women in their 40s

Should I or shouldn’t I?

Reasonable people will weigh the risks and benefits differently based on medical history, tolerance for risk, etc.
Red Light

- Treatment you don’t want to get because the possibility of harm exceeds the potential benefit.

- “Red light” care is wrecking your health and your states’ budgets.
What Can You Do?

- What practical, feasible steps can you take to curb this problem, provide better care and reduce costs?
“Elective deliveries with no medical indication from 37 to 39 weeks is unacceptable medical practice.”

What’s the Harm?

- Infants being delivered at early term gestation (37-38 weeks), up from 19% in 1992 to 29% in 2003).

- This has caused a drop in average birth weights which places infants at greater risk for mortality and are linked to some chronic conditions in adulthood.
The Leapfrog Group publicly reported for 773 hospitals the % of births that are elective induction or C-section without a medical indication between the 37th completed week and the 39th completed week of gestation.
<table>
<thead>
<tr>
<th>Name of hospital</th>
<th>Location</th>
<th>% births that are elective induction or C-section w/out a medical indication between 37&lt;sup&gt;th&lt;/sup&gt; and 39&lt;sup&gt;th&lt;/sup&gt; completed week: 2010 and 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharon Hospital</td>
<td>Sharon, CT</td>
<td>&gt;40% (2010) 21.7% (2011)</td>
</tr>
<tr>
<td>Hackensack University Med Ctr</td>
<td>Hackensack, NJ</td>
<td>36.0% 26%</td>
</tr>
<tr>
<td>Putnam Hospital</td>
<td>Carmel, NY</td>
<td>94.3% no report</td>
</tr>
<tr>
<td>Mercy Medical Center</td>
<td>Springfield, MA</td>
<td>35.0% 27.0%</td>
</tr>
<tr>
<td>Eastern Maine Medical Center</td>
<td>Bangor, ME</td>
<td>28.5% 27.7%</td>
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What Can Be Done to Reduce the Harm?

Physicians in the 20 largest hospitals in Ohio were asked to *document a medical reason* every time a woman was scheduled to deliver before 39 weeks.

In less than 15 months the % of early deliveries without medical necessity declined from 15 percent to under 5 percent.

The number of babies admitted to neonatal intensive care also decreased.
**Improvement Steps**

At the University of Chicago, the Women’s Care Center implemented a “hard stop”

An induction or Cesarean delivery prior to 39 weeks was prohibited without written approval from the medical director or testing for fetal lung maturity.

Early elective deliveries from 37-39 weeks declined from 14% to 4%
What Can You Do?

1. Find out the rate of early elective deliveries in the hospitals in your state by checking on the Leapfrog website.

2. Require mandatory reporting in your state.

3. Find out how many early elective deliveries are paid for by Medicaid. Set a performance standard for a gradual reduction.

4. Is there a way to find out how many state employees are having early elective deliveries?
Case Example #2: Overuse of Double Chest CT-Scans

- What is a double chest CT scan?
- National Cancer Institute researchers estimated that the 70 million CT scans performed in 2007 will cause 29,000 cancers in Americans and 14,500 deaths

Check Your Hospital: Interactive Map

NY Times June 17, 2011
Antibiotic Overuse
Next Steps?

- Webinar with more detailed information on these 2 areas of overuse and state action steps
The Treatment Trap

“A wake-up call for Americans.”
—Dr. Christine Cassel,
President, American Board of Internal Medicine

HOW THE OVERUSE OF MEDICAL CARE IS WRECKING YOUR HEALTH AND WHAT YOU CAN DO TO PREVENT IT

Rosemary Gibson and Janardan Prasad Singh
With a Foreword by Jim Guest, President, Consumers Union
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