Overuse of tests and treatments in Italy: physicians’ and citizens’ opinions and first data from the campaign “Doing more does not mean doing better - Choosing Wisely Italy”

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Italy’s survey of physicians

The survey – realized during the last months of the year 2015 thanks to the collaboration between Slow Medicine and the National Federation of Medical Doctors’ and Dentists’ Colleges— is based on the questionnaire given to the US physicians by the ABIM Foundation in 2014. The Italian survey results cannot be compared with the US one because different approaches were used. The Italian survey did not have any sponsorship.

Mean age: 53.36
median age: 57

Total n= 4236
38% females
62% males
34% Hospitals
66% Community healthcare

26% free professionals
33% general practitioners
40% specialists
1) Do you think the frequency of unnecessary tests, treatments and procedures in the health care system is a...

93% of physicians say the frequency of unnecessary tests, treatments and procedures is a very or somewhat serious problem.
2) In your own practice, how often do patients ask for a test, treatment or procedure that you think is unnecessary?

44% of physicians say patients in their practice request an unnecessary test, treatment or procedure at least several times a week.
3) How often do patients follow your advice and avoid the unnecessary test, treatment or procedure?

66% of physicians say their patients always or often follow their advice and avoid the unnecessary test, treatment or procedure.
4) If a patient comes to you convinced he or she needs a specific test, treatment or procedure you know it is unnecessary, and the patient is quite insistent, would you:

- **36%** of physicians say that even if they know a medical test is unnecessary, they order it if a patient insists. **20%** are not sure
5) In your own practice, is this a reason you sometimes end up ordering an unnecessary test, treatment or procedure? IF YES: Is this a major reason?

**Major reason**

- Just to be safe: 35%
- Malpractice concerns: 33%
- Want more information to reassure myself: 16%
- Patients insisting on test: 15%
- If it is negative I show to the patient that it was useless: 12%
- New technology in practice: 11%
- Wanting to keep patients happy: 8%
- It can be done through insurance: 7%
- The system rewards the amount: 6%
- Not enough time with patients: 6%
- Feel patients should make final decision: 5%
- It is free for the patient: 4%
77% of physicians say they always or almost always talk to their patients about avoiding an unnecessary test or procedure when their patients ask for one.
11) How effective would ______ be in reducing unnecessary tests, treatments and procedures? (Very effective, somewhat effective, not too effective, or not at all effective?)

- **Having more time with patients to discuss alternatives**
  - Very: 52%
  - Somewhat: 36%
  - Total: 88%

- **Having specific, evidence-based recommendations in a format designed for patients that MDs could use for...**
  - Very: 47%
  - Somewhat: 38%
  - Total: 84%

- **Malpractice reform**
  - Very: 57%
  - Somewhat: 26%
  - Total: 83%

- **Changing the system of financial rewards for ordering tests/procedures**
  - Very: 31%
  - Somewhat: 29%
  - Total: 60%

*Total n= 3.706*
TESTS, DRUGS AND PRESCRIPTIONS: let's say your opinion!

ALTROCONSUMO Online survey, VoceAttiva panel (6.304), not-members of Altoconsumo
March 2016, 1,006 respondents, sample weighted in order to respect the distribution of the national population by gender (49% female), age (30-74) and geographical area

PARTECIPASALUTE Open online survey on the PartecipaSalute website disseminated through e-mail lists, articles published on websites, lay journals, bulletins, and facebook.
February-May 2016, 970 responders: 70% female, 19-85 age, 54% high level education, 63% North, and 36% (355) in the past two years did activities as volunteer in groups of patients or health protection of citizens
We often hear about unnecessary drugs, tests or surgery used in medical practice with no proven utility or benefit for the patients.

Do you think this is a problem for the health service?

- I've never heard of it: 10% (4%)
- No: 10% (10%)
- YES: 80% (86%)

IF YES: What is the main reason why you consider this a problem?

- It is a waste of money: 55% (41%)
- It can be a risk for patients: 18% (25%)
- It makes the waiting lists longer: 25% (21%)
- Other: 2% (13%)
In the last 12 months after you asked a doctor to prescribe you a test or a drug, *has the doctor ever told you s/he did not consider it necessary?*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>N. 878</th>
<th>N. 314</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>39%</td>
<td>43%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>60%</td>
<td>55%</td>
</tr>
<tr>
<td>Most times/always</td>
<td>1%</td>
<td>2%</td>
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**IF SOMETIMES OR MOST TIMES: What was your reaction?**

<table>
<thead>
<tr>
<th>Reaction</th>
<th>N. 878</th>
<th>N. 314</th>
</tr>
</thead>
<tbody>
<tr>
<td>I insisted until the doctor prescribed</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>I went to another doctor</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>I gave up the drug / exam</td>
<td>75%</td>
<td>73%</td>
</tr>
</tbody>
</table>

**IF SOMETIMES OR MOST TIMES: Did the doctor explain why s/he thought the prescription was not necessary?**

| Yes | 91% | 88% |
### Italy’s survey of the public

In the last 12 months, has a doctor ever prescribed a test or a drug that you felt you did not need?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>N. 950</th>
<th>N. 338</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>73%</td>
<td>70%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>25%</td>
<td>28%</td>
</tr>
<tr>
<td>Most times/always</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

What was your reaction?

- I still followed the doctor’s indication  
  - 45%  
  - 33%
- I did not follow the doctor’s advice and I have not asked for a second opinion  
  - 38%  
  - 32%
- I went to another doctor for a second opinion  
  - 17%  
  - 35%
“Doing more does not mean doing better – Choosing Wisely Italy”

Launched by Italy’s Slow Medicine - December 2012

Each Italian professional society engaged in the project develops a list of top 5 tests and treatments whose necessity should be questioned and discussed as:

• they are commonly used in Italy

• they have been shown by the currently available evidence not to provide any meaningful benefit to at least some major categories of patients for whom they are commonly ordered

• they may cause patient harm

Physician and patient should have conversations and discuss the use of these tests and treatments, in view of wise and shared choices.

PARTNERSHIP between physicians and other health professionals & patients and citizens.

www.choosingwiselyitaly.org
SLOW MEDICINE is the PROMOTER of the campaign

MAIN PARTNERS:

• The National Federation of Medical Doctors’ and Dentists’ Colleges (FNOMCeO)

• The Italian Federation of Registered Nurses’ Colleges (IPASVI)

• Change Institute in Turin

• Partecipa Salute, established by IRCCS-Mario Negri, Italian Cochrane Centre and Zadig srl.

• Altroconsumo, a National Consumers’ association

• The Federation of Social and Health Care of the Autonomous Province of Bolzano

• Regional Health Agency Tuscany Region
The top 5 recommendations were released in 2014 from:

1. The Italian Association of **Dietetics and Clinical Nutrition** – ADI
2. The Italian Association of **Hospital Cardiologists**– ANMCO
3. The Italian Association of **Radiation Oncology** – AIRO
4. The Italian Board of Medical **Oncology** Directors – CIPOMO (first review)
5. The **Cochrane Neurosciences Field** in Italy – CNF - 1st List (first review)
6. The Italian Society of **Allergy, Asthma and Clinical Immunology** – SIAAIC
7. The Italian Society of **Pediatric Allergy and Immunology** – SIAIP
8. The Italian College of **General Practice and Primary Care** (SIMG)
9. The Italian Society of **Medical Radiology** – SIRM
10. The Italian Federation of **Registered Nurses' Colleges** - IPASVI with Italian Specialty Societies of **Nurses** of: Operating Theater, Stomacare, Skin Ulcers, Hospital Medicine – AICO, AIOSS, AIUC, ANIMO
The top 5 recommendations were released in 2015 from:

1. Associazione Culturale Pediatri – ACP
2. The Italian Association of Nuclear Medicine and Molecular Imaging - AIMN
3. The Italian Association of Medical Diabetologists – AMD
4. The Italian Association of Medical Endocrinologists - AME
5. The Italian Association of Doctors of the Hospital Directions – ANMDO
6. The Italian Association for the Promotion of appropriate care in Obstetrics, Gynaecology and Perinatal Medicine – ANDRIA
7. The Cochrane Neurosciences Field in Italy – CNF - 2nd list
8. The Italian College of Vascular Surgery Directors
9. The Scientific Society of Forensic Medicine of Italian NHS Hospitals – COMLAS
10. The Italian Association for Cardiovascular Prevention, Rehabilitation and Epidemiology - GICR-IACPR
11. The Italian Federation of Associations of Hospital Internal Medicine – FADOI - 1st list
12. The Italian Federation of Associations of Hospital Internal Medicine – FADOI - 2nd list
13. The Italian section of the International Society of Doctors for the Environment – ISDE
14. The Italian Society of Clinical Biochemistry and Clinical Molecular Biology – SIBIOC
15. The Italian Society of Palliative Care – SICP
16. The Italian Society of Clinical Pharmacy and Therapy – SIFACT
17. The Italian Society of Human Genetics – SIGU
18. The Italian Society of Nephrology – SIN
19. The Italian Society for Medical Education (SIPeM)
The top 5 recommendations were released in 2016 from:
1. the College of Italian Rheumatologists - CReI
2. The Italian Society of Pediatric Nephrology – SINePe
3. The Italian Society of Clinical Pathology and Laboratory Medicine – SIPMeL (1st list)
4. The Italian Association of Physiotherapists – AIFI
5. The Italian Association of Urology Nurses - AIURO
6. The Italian Association of Critical Care Nurses - ANIARTI
7. The Italian Association of Hospital Medicine Nurses – ANIMO
8. The Italian Federation of Registered Nurses' Colleges - IPASVI - Pediatric Nursing Area

The top 5 recommendations were released in 2017 from:
1. The Italian Association of Hospital Gastroenterologists and Digestive Endoscopists – AIGO
2. The Italian Society for Infant Respiratory Diseases – SIMRI
3. The Italian Society of Clinical Pathology and Laboratory Medicine – SIPMeL (2nd list)
4. The Italian Society for Preventive and Social Pediatrics – SIPPS
5. National Association of Nurses for the Prevention of Hospital Infections - ANIPIO

Other professional societies who have joined the campaign:
• The Italian Association of Territorial Outpatient Neurologists- AINAT
• The Italian Federation of Pediatric Physicians- FIMP
• The Italian Society of Surgery– SIC
Brochures for citizens

1. Imaging in low back pain
2. Antibiotics for infections of upper airway
3. Proton pump inhibitors
4. Non Steroid Anti-inflammatory Drugs
5. Benzodiazepines in the elderly
6. Preoperative chest x-rays
7. MRI of the knee
8. Allergy tests for drugs or food
9. Food intolerance tests
10. Formula supplement in the first days of life
11. Inhaled corticosteroids in upper respiratory tract illness in children
12. Blood glucose monitoring in diabetic patients
13. X-rays in children with pneumonia
14. Five actions for us and the environment
15. Thyroid ultrasound
16. Equivalent Drugs
The network “Slow Hospitals and Community Healthcare” is committed to actively participate in the Choosing Wisely campaign and in other Slow Medicine projects.
First Results

CUNEO Hospital

- 4.7% overall of antibiotics iv consumption in the departments involved - second vs first semester 2016
- of PPI consumption in 6 of 8 departments (12% overall) and of PPI iv in all departments (34% overall) - second vs first semester 2016
- of Chest radiographs before discharge in all departments involved (28% overall) - second vs first semester 2016
- of preop laboratory tests for low risk surgery
- Nurses: of urinary catheter duration, of the number of gloves and overshoes (53% daily consumption in 2016 vs 2014)

AREZZO Hospital

- 22% overall of Laboratory tests in 5 departments of Medicine in 2016 vs 2015

ALESSANDRIA Hospital

- 4% of Laboratory tests per day of hospitalization in 2016 vs 2015

REGGIO EMILIA Community Healthcare

- 8.4% of antibiotics prescription from family physicians in 2016 vs 2015
MAIN STRENGTHS

- **Bottom up** campaign: enhancement of professionalism of physicians and of nurses – responsibility for the health of their patients – do not harm (not a rationing campaign)
- **Systemic view and complexity theory**: shared vision – leverage effect – network – collaboration and co-creation
- **Partnership** between HC professionals and patients/citizens
- part of **Slow Medicine**: change of culture and of paradigm

MAIN CHALLENGES

- need for a joint National plan for **implementation of the recommendations and evaluation of results**
- **lack of training on communication** with patients and families and on decision sharing both in medical schools and in subsequent education of physicians
- **financial rewards** more focused on quantitative and financial results than on health outcomes
- **conflicting interests** between public and private sector
- necessity of **communication to the public** about the damage from unnecessary tests and treatments
www.slowmedicine.it
www.choosingwiselyitaly.org

info@slowmedicine.it

Facebook: Group (closed) of more than 5,000 members
Slow Medicine Italia

Twitter: @Slow Medicine

THANK YOU