



## Original Research

## Academic physicians' views on low-value services and the choosing wisely campaign: A qualitative study



Tara F. Bishop<sup>a,b,\*</sup>, Meagan Cea<sup>a</sup>, Yesenia Miranda<sup>a</sup>, Robert Kim<sup>c</sup>, Meredith Lash-Dardia<sup>d</sup>, Jennifer I. Lee<sup>e</sup>, Peter Steel<sup>f</sup>, Jordan Goldberg<sup>g</sup>, Elaine Mechanic<sup>g</sup>, Victoria Fener<sup>g</sup>, Linda M. Gerber<sup>h</sup>

<sup>a</sup> Division of Health Economics and Policy, Department of Healthcare Policy and Research, Weill Cornell Medical College, New York, NY, United States

<sup>b</sup> Division of General Internal Medicine, Department of Medicine, Weill Cornell Medical College, New York, NY, United States

<sup>c</sup> Division of Cardiology, Department of Medicine, Weill Cornell Medical College, New York, NY, United States

<sup>d</sup> Division of Primary Care, Department of Medicine, Weill Cornell Medical College, New York, NY, United States

<sup>e</sup> Division of Hospital Medicine, Department of Medicine, Weill Cornell Medical College, New York, NY, United States

<sup>f</sup> Division of Emergency Medicine, Department of Medicine, Weill Cornell Medical College, New York, NY, United States

<sup>g</sup> stickK, LLC, New York, NY, United States

<sup>h</sup> Division of Biostatistics and Epidemiology, Department of Healthcare Policy and Research, Weill Cornell Medical College, New York, NY, United States

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## ABSTRACT

**Background:** In 2012, the American Board of Internal Medicine (ABIM) Foundation launched a campaign called Choosing Wisely which was intended to start a national dialogue on services that are not medically necessary. More research is needed on the in-depth reasons why doctors overuse low-value services, their views on Choosing Wisely specifically, and ways to help them change their practice patterns. **Methods:** We performed a qualitative study of focus groups with physicians to explore their views on the problem of overuse of low-value services, the reasons why they overuse, and ways that they think could be effective at curbing overuse. Participants were attendings in the fields of emergency medicine, internal medicine, hospital medicine, and cardiology.

**Results:** All physicians felt that overuse of low-value services was a significant problem. Physicians frequently cited that patient expectations drove the use of low-value services and lack of time was the most cited reason why behavior change was difficult. Facilitators that could promote behavior change included decision support through the electronic medical record, motivation to maintain their reputation among their colleagues, internal motivation to be a good doctor, objective data showing their rates of overuse, alignment of institutional goals, and forums to discuss evidence and new research.

**Conclusions and implications:** In focus groups with physicians, we found that physicians perceived that overuse of low-value services was a problem. Participants cited many barriers to behavior change. Methods that help address patient expectations, physician time, and social norms may help physicians reduce their use of low-value services.

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Overuse of low-value healthcare services (i.e., services that provide no benefit or services where the risks outweigh the benefits) is poor quality care and contributes to rising healthcare costs.<sup>1–6</sup> The Institute of Medicine and others estimate that over \$200 billion is spent annually on services that are not medically necessary.<sup>7</sup> Overuse may also have clinical effects on patients such as increased inherent risks of tests and procedures that may not be medically necessary and downstream risks of tests and procedures

that are ordered as the result of an unnecessary test.<sup>1–4</sup> In addition, new models of care, such as Accountable Care Organizations (ACOs), incentivize healthcare organizations seeking ways to reduce overuse of low-value services and healthcare spending.<sup>8–10</sup>

In 2012, the American Board of Internal Medicine (ABIM) Foundation launched a campaign called Choosing Wisely which was intended to “advance a national dialogue on avoiding wasteful or unnecessary medical tests, treatments and procedures.”<sup>11–16</sup> Seventy specialty medical societies contributed to the campaign, the cornerstone of which is top-five lists of medical services that are generally medically unnecessary.<sup>11–13</sup> However, a recent study of the early trends in use of seven Choosing Wisely items found

\* Correspondence to: Department of Public Health, Weill Cornell Medical College, 402 E. 67th St., Room LA-215, New York, NY 10065, United States.

E-mail address: [tfernan@med.cornell.edu](mailto:tfernan@med.cornell.edu) (T.F. Bishop).

only modest declines in their use.<sup>17</sup>

According to several studies, there are a myriad of reasons why physicians overuse low-value services.<sup>18–21</sup> For example, an ABIM Foundation survey found that the majority of physicians felt that overuse was a problem in the U.S. healthcare system and reported that they ordered an unnecessary medical service weekly.<sup>21</sup> In that survey, the most highly cited driver of overuse was malpractice concerns. In contrast, in another study, many cardiologists who performed percutaneous coronary intervention (PCI) felt there was a clinical benefit of the procedure even in low-risk patients despite compelling evidence against its use.<sup>20</sup> Ginsburg et al. explored the issue of why physicians may do something against their values or clinical knowledge, particularly around low-value care, and found that physicians often rationalize their actions.<sup>22</sup>

These studies shed light on physician attitudes on overuse and the perceived drivers of overuse but have limitations. The ABIM survey, for example, does not give in-depth reasons why doctors overuse, their views on Choosing Wisely specifically, and ways to help them change their practice patterns. The existing qualitative studies that explore this problem more deeply have focused on narrow groups of specialists and narrow sets of services.

Given the major effort by the ABIM Foundation, medical societies, and many other stakeholders to develop and disseminate the Choosing Wisely program, it is important to continue to explore physician attitudes about overuse and Choosing Wisely using multiple methods.<sup>14</sup> To investigate these issues, we performed a qualitative study of academic physicians in four specialties to explore their views on the problem of overuse of low-value service, the reasons why they overuse, and ways that they think could be effective at curbing overuse. In addition, we asked them their views of the Choosing Wisely campaign for their specialty.

## 1. Methods

### 1.1. Design and sample

We conducted a qualitative study with focus groups of physicians. We drew our sample of physicians from the Weill Cornell Medical College Physician Organization (WCMC PO) which is a multi-specialty academic practice affiliated with Weill Cornell Medical College and the New York Presbyterian Hospital in New York City. Physicians in the WCMC PO are attending physicians who are on the faculty of Weill Cornell Medical College.

We invited all physicians from General Internal Medicine, Emergency Medicine, Cardiology (non-interventional), and Hospital Medicine to participate in focus groups. We recruited

participants through co-investigators in each specialty using convenience sampling. We held five focus groups with a total of 31 participants: 7 physicians from General Internal Medicine, 7 physicians from Emergency Medicine (two focus groups), 7 physicians from Cardiology, and 10 physicians from Hospital Medicine.

### 1.2. Data collection

We used a semi-structured interview tool (Fig. 1) to explore several domains including (1) the low-value services physicians believe are frequently performed, (2) whether these services were consistent with their specialty's Choosing Wisely top-five lists (Table 1), (3) the reasons they believe low-value services are being performed, and (4) the mechanisms they believe might be most effective at reducing overuse by physicians. Each focus group had one moderator (T.F.B.) with two to four observers. The moderator was a member of the faculty and a practicing internist. The moderator guided the discussion to ensure that all the domains were discussed and probed participants when necessary to obtain deeper information. All focus groups were audio recorded and transcribed.

### 1.3. Analysis

We used the grounded theory approach to code each focus group transcripts. In this approach, we began coding along the four domains described above and developed themes within each of these domains as they emerged from the transcripts.<sup>23</sup> Four investigators (T.F.B., M.C., Y.M., and L.B.) read through all of the transcripts and met in person to discuss possible themes. Then two investigators (M.C. and Y.M.) conducted in-depth analyses of the transcripts using the constant comparison method of iterative development of codes. Then two investigators (T.B. and L.G.) reviewed the coded transcripts. The four investigators met in person to discuss discrepancies in coding to find consensus and approve the final coding rubric. We used Atlas.ti version 7 to code the transcripts. This study was approved by the Institutional Review Board of Weill Cornell Medical College.

## 2. Findings

### 2.1. Overuse is a substantial problem

Participants in all of the focus groups felt that overuse was a significant problem. The specific services that were most overused varied by specialty. In emergency medicine, participants said that

1. Do you think overuse is a problem for your own clinical practice or for your division as a whole?
  - Probes*
    - How significant is the problem?
2. What specific services do you think are overused by you individually or the practice as a whole?
  - Probes*
    - a. Can you recall any specific examples?
    - b. Are these similar to the Choosing Wisely top five lists?
    - c. Have you seen negative consequences from overuse?
3. How does the problem of overuse compare with quality issues – such patient safety or patient satisfaction?
4. Have you ever tried to reduce your use of unnecessary services?
  - a. What barriers have you faces?
  - b. What had worked?
5. Have any of you made explicit goals to reduce overuse?
  - a. Is yes, what are some specific examples of goals that you have made.
  - b. For those of you have made a goal to reduce the use of unnecessary services, how have you motivated yourself to reach that goal?
6. What do you think may motivate doctors, in general, to reduce the use of some of these services?

Fig 1. Interview tool.

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