

How can we effectively reduce low-value care?

Challenges and opportunities

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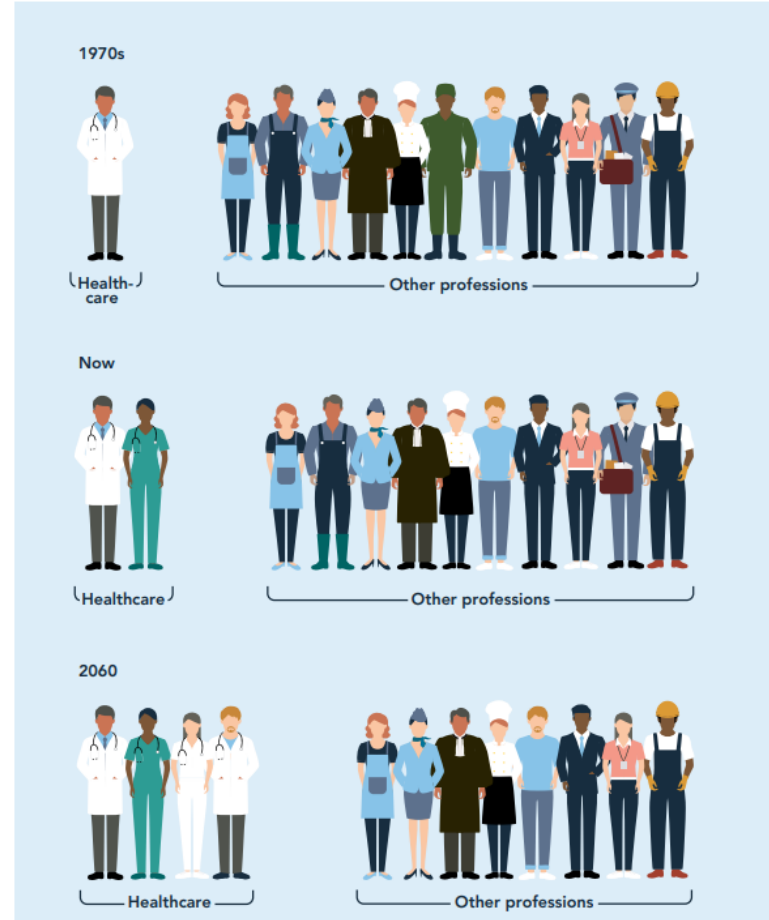
The Dutch healthcare system

- Health insurance mandatory
- Strong primary care
- 70 hospitals for 17.9 million inhabitants



	Germany	The Netherlands
Population	11,763,650	17,879,000
Area	30.689 km ²	41,543 km ²
Hospital beds per 1000 inh	5.6	3.17
Physicians per 1000 inh	3.2	3.51
Number of GPs	13.837	13.500

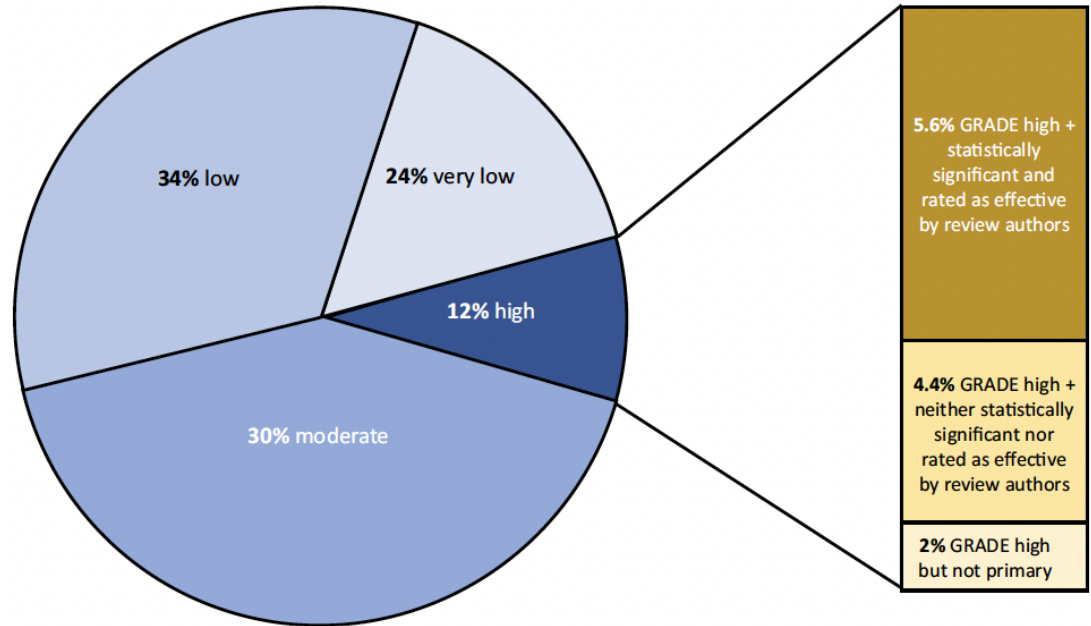
Sustainability under pressure



The value of care

Estimates:

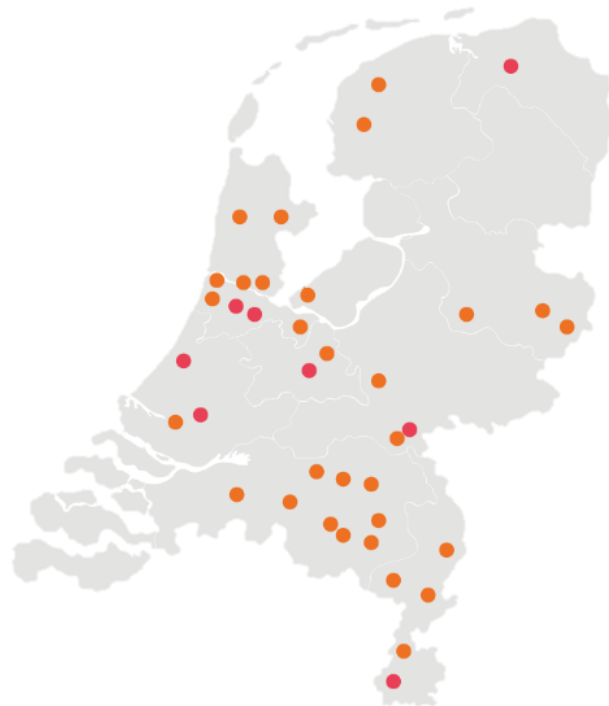
- 15-40% is beneficial
- Up to 30% of care is of low-value
- Individual low-value services up to 89%



. Proportion of interventions according to their highest GRADE outcome (high, moderate, low, very low)

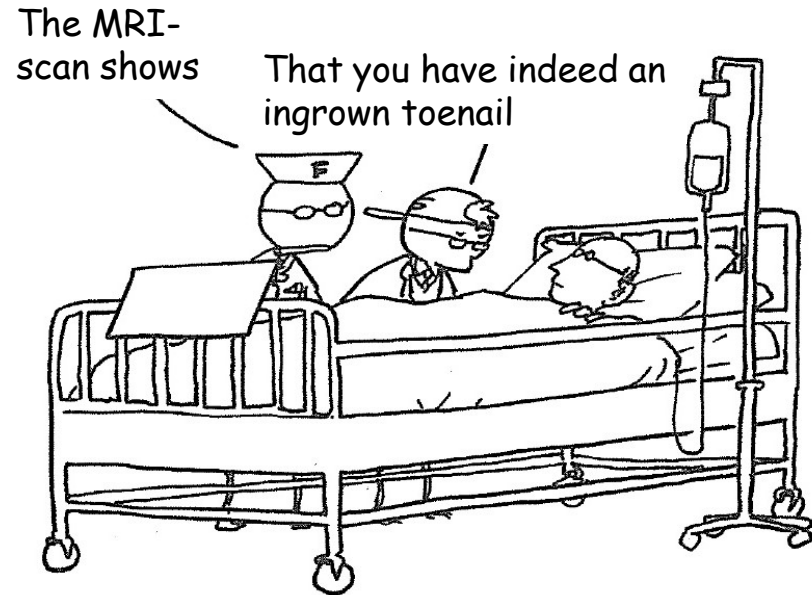
Program To do or not to do? 2015-2023

- **Aims:**
 1. **Identifying** and **measuring** low-value care
 2. **Reducing** low-value care
 3. **Preserving** the results and **spreading** the interventions



What is low-value care/de-implementation?

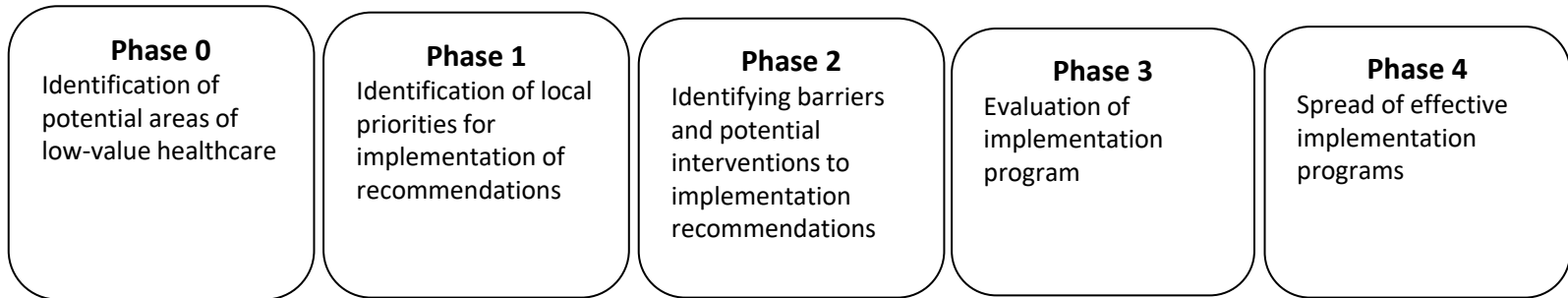
- Care with evidence that there is no added value for patients and even can harm them.
- No value regarding:
 - effectivity
 - costs
 - alternatives
 - side effects
 - patient preferences
- De-implementation is reducing low-value care



Differences implementation – de-implementation

Implementation: A planned process and systematic introduction of innovations and/or changes of proven value (Grol, Wensink, 2015)

De-implementation: When the use of low-value care is stopped on a structural basis in a planned process (Van Bodegom-Vos, 2017)



De-implementing wisely: developing the evidence base to reduce low-value care

Aim 1. Identifying and measuring low-value care

- Do not do lists for medical specialists, GPs and nurses
- Choosing Wisely Recommendations
- Using (administrative) databases for measurements
- Call for proposals

Research article | [Open Access](#) | Published: 25 November 2016

Identifying and prioritizing lower value services from Dutch specialist guidelines and a comparison with the UK do-not-do list

[Joost Johan Godert Wammes](#) , [M. Elske van den Akker-van Marle](#), [Eva W. Verkerk](#), [Simone A. van Dulmen](#), [Gert P. Westert](#), [Antoinette D. I. van Asselt](#) & [R. B. Kool](#)

BMC Medicine **14**, Article number: 196 (2016) | [Cite this article](#)

6156 Accesses | **21** Citations | **21** Altmetric | [Metrics](#)



BMC Prim Care, 2022; 23: 141.

Published online 2022 Jun 3. doi: [10.1186/s12875-022-01713-y](https://doi.org/10.1186/s12875-022-01713-y)

PMCID: PMC9164383

PMID: [35658832](https://pubmed.ncbi.nlm.nih.gov/35658832/)

Identifying and prioritizing do-not-do recommendations in Dutch primary care

[Simone A. van Dulmen](#)¹, [Ngoc Hue Tran](#)¹, [Tjerk Wiersma](#)², [Eva W. Verkerk](#)¹, [Jasmine CL Messaoudi](#)¹, [Jako S. Burgers](#)^{2,3} and [Rudolf B. Kool](#)¹

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International Journal of Nursing Studies

Volume 87, November 2018, Pages 34-39



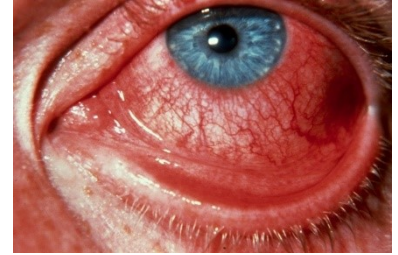
Low-value care in nursing: A systematic assessment of clinical practice guidelines

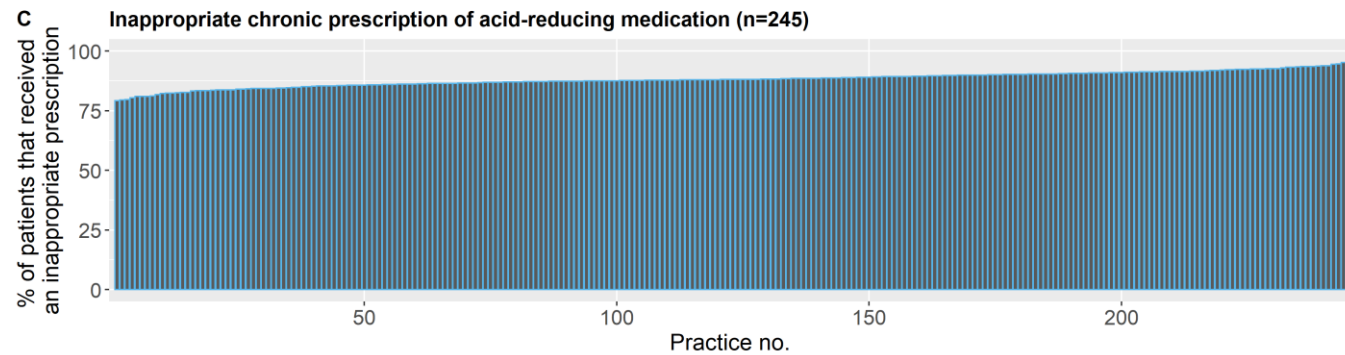
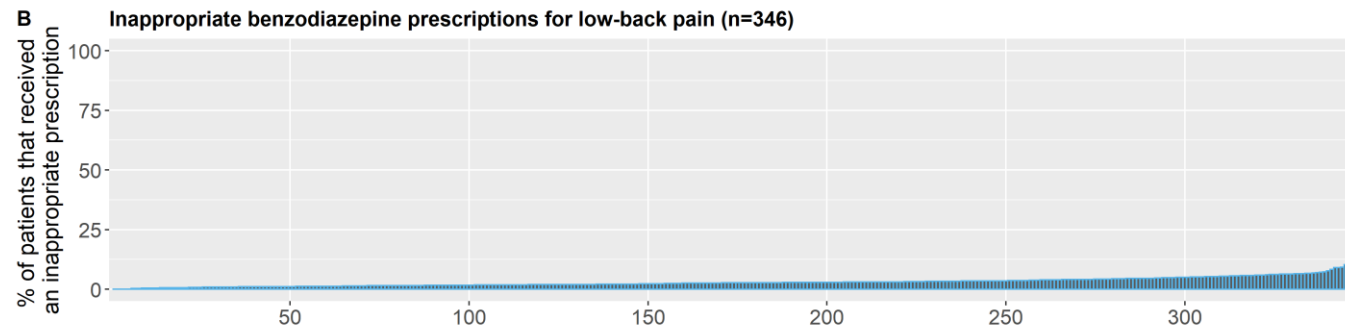
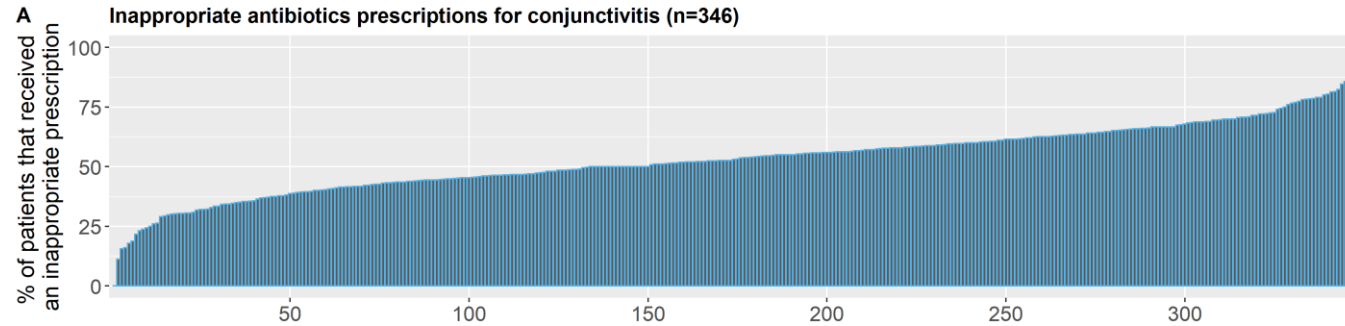
[Eva W. Verkerk](#) , [Getty Huisman-de Waal](#) , [Hester Vermeulen](#) , [Gert P. Westert](#) , [Rudolf B. Kool](#) , [Simone A. van Dulmen](#) 

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Low-value care selection

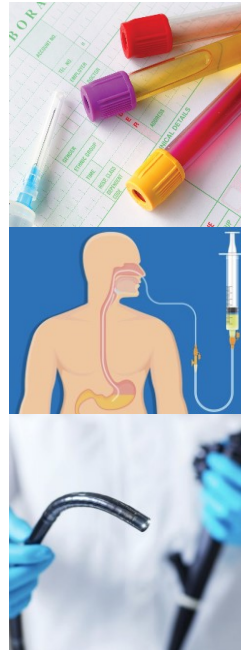
1. The prescription of local antibiotics for an infectious conjunctivitis
2. The prescription of benzodiazepines in the treatment of non-specific lower back pain (LBP)
3. The chronic prescription or continuation of acid-reducing medication (ARM) without indication





Aim 2. Reducing low-value care: 23 regional projects

- 5 GP projects: e.g. reducing vitamin assessments
- 3 nurse projects: e.g. reducing auscultation for checking the position of a gastric tube
- 15 medical specialist projects: e.g. reducing gastric endoscopies for dyspeptic complaints
- Main principles:
 - Healthcare professional lead
 - Patients involved
 - Tailormade strategy
 - Facilitated and coordinated by our team



Aim 3. Spreading of effective interventions

- SPREAD Framework
- Learning collaboratives e.g.:
 - Reducing low-value laboratory tests
 - Reducing unnecessary urinary and intravasal catheters
- Two national campaigns

Dissemination strategy

Coordination
Reach of adopters
Resources

External context

Incentives for use
Demand and interest

De-implementation intervention

Relative advantage
Feasibility

Adopters

Adaptability
Project management

Health services research
Original research

Development of the SPREAD framework to support the scaling of de-implementation strategies: a mixed-methods study 

 Daniëlle Kroon ,  Simone A van Dulmen , Gert P Westert ,  Patrick P T Jeurissen ,  Rudolf B Kool

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Supplementary Material

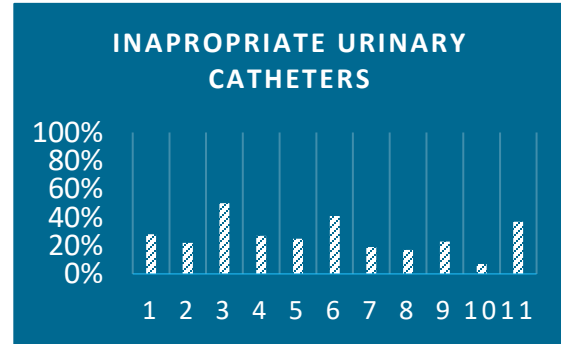
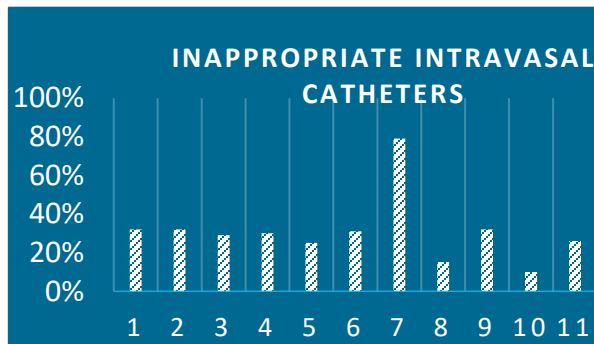
Abstract

Objective We aimed to increase the understanding of the scaling of de-implementation strategies by identifying the determinants of the process and developing a determinant framework.

Design and methods This study has a mixed-methods design. First, we performed an integrative review to build a literature-based framework describing the determinants of the scaling of healthcare innovations and interventions. PubMed and EMBASE were searched for relevant studies from 1995 to December 2020. We systematically extracted the determinants of the scaling of interventions and developed a literature-based framework. Subsequently, this framework was discussed in four focus groups with national and international de-implementation experts. The literature-based framework was complemented by the findings of the focus group meetings and adapted for the scaling of de-implementation strategies.

It takes a crowd to spread: learning collaboratives

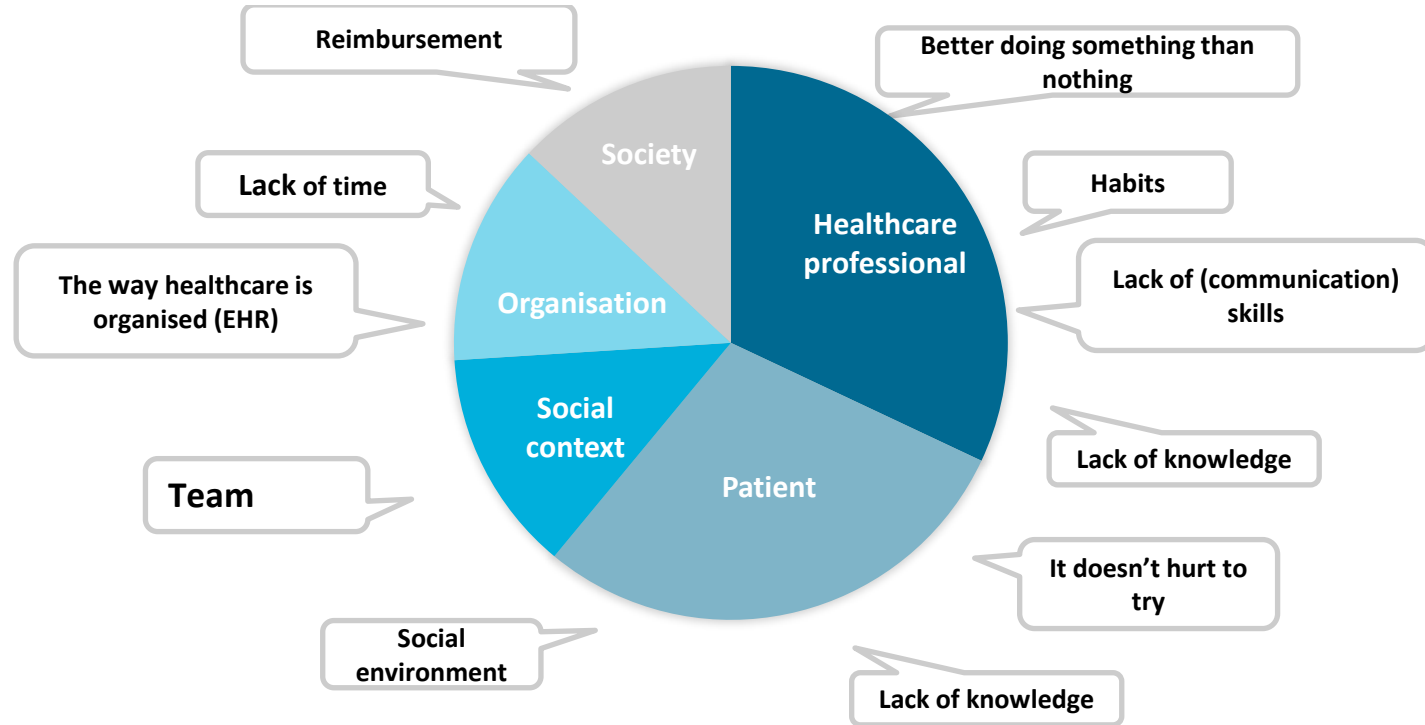
- (Digital) Contact with peers 3-6x a year:
 - Stimulating: how to start
 - Motivating: it is realistic
- Peer to peer: safe environment
- Central coordination
- Sharing experiences, challenges, successes and data



Lesson 1: Healthcare professionals are motivated to reduce low-value care; they should be in the lead and need to be facilitated

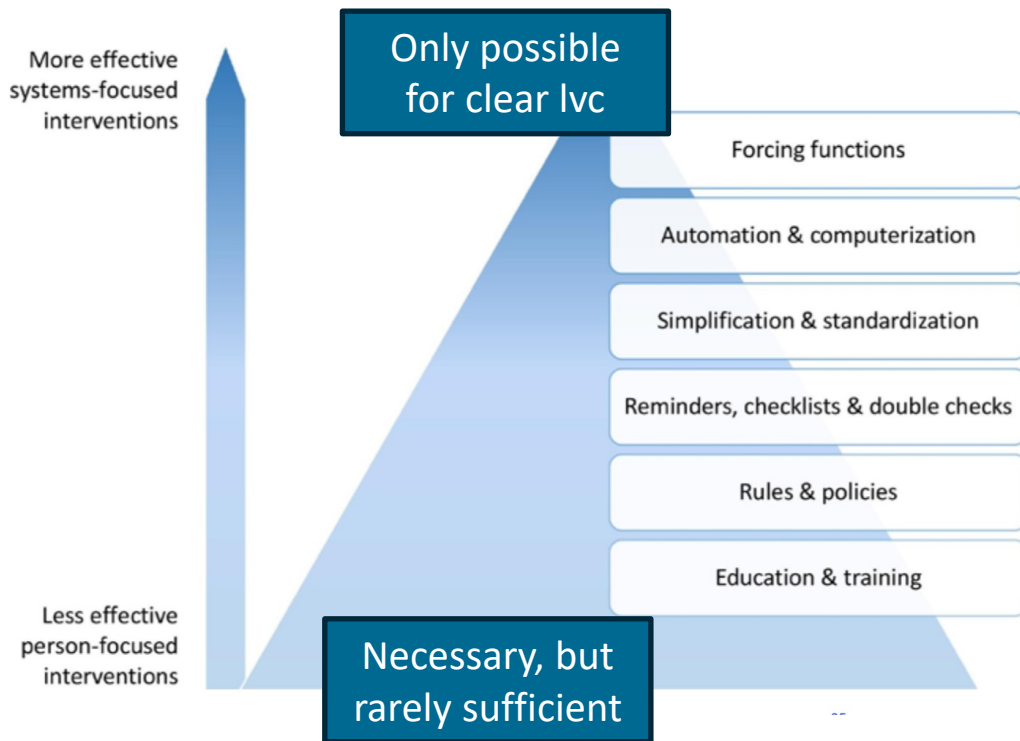


Lesson 2: There is no magic bullet: design a tailormade strategy based on barriers and facilitators



When to choose what strategy?

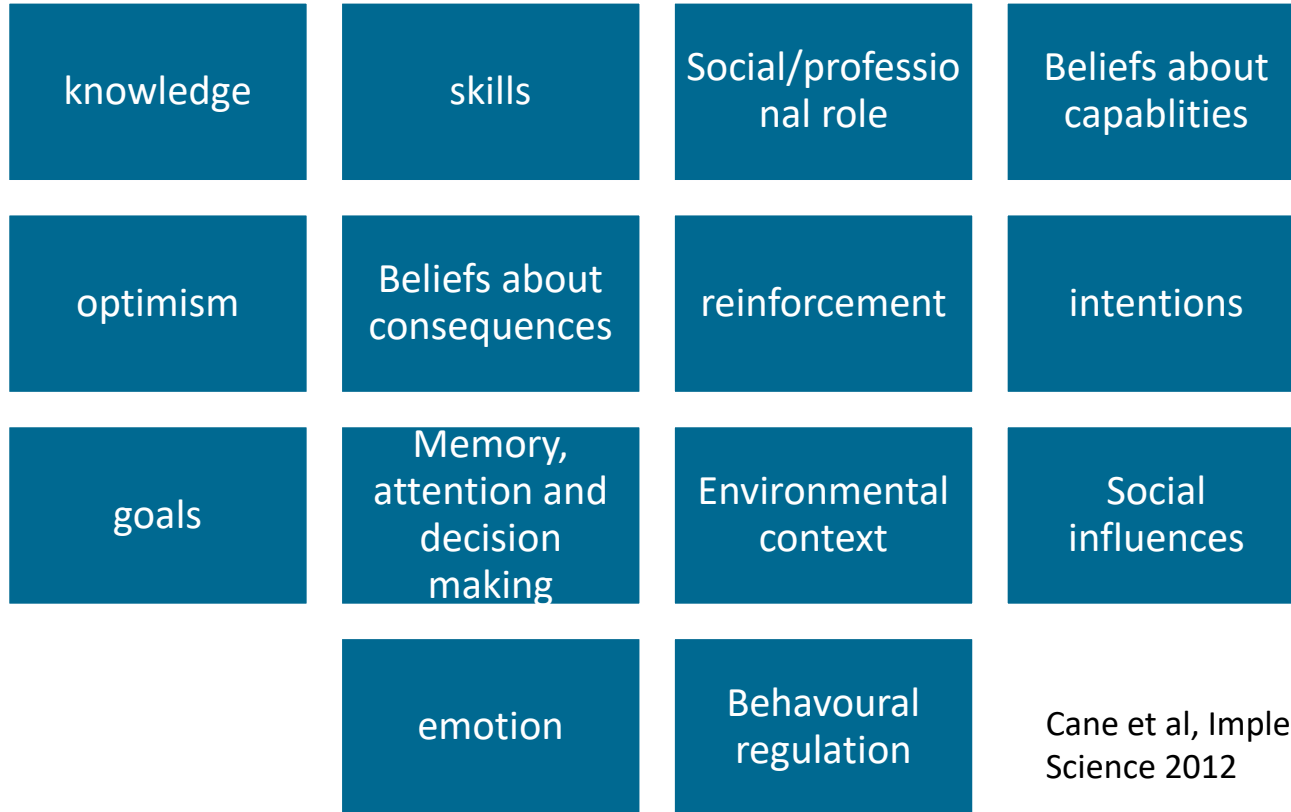
- Active de-implementation is effective overall (median reduction of 17% in lvc)
- But **high variation** and **no clear trends** as to what is most effective in what situation



Changing behaviour is a challenge



Theoretical Domains Framework (TDF)



Cane et al, Implementation Science 2012



The Theory and Techniques Tool

Explore the links between 74 Behaviour Change Techniques (BCTs)
and 26 Mechanisms of Action (MoAs) by selecting a cell

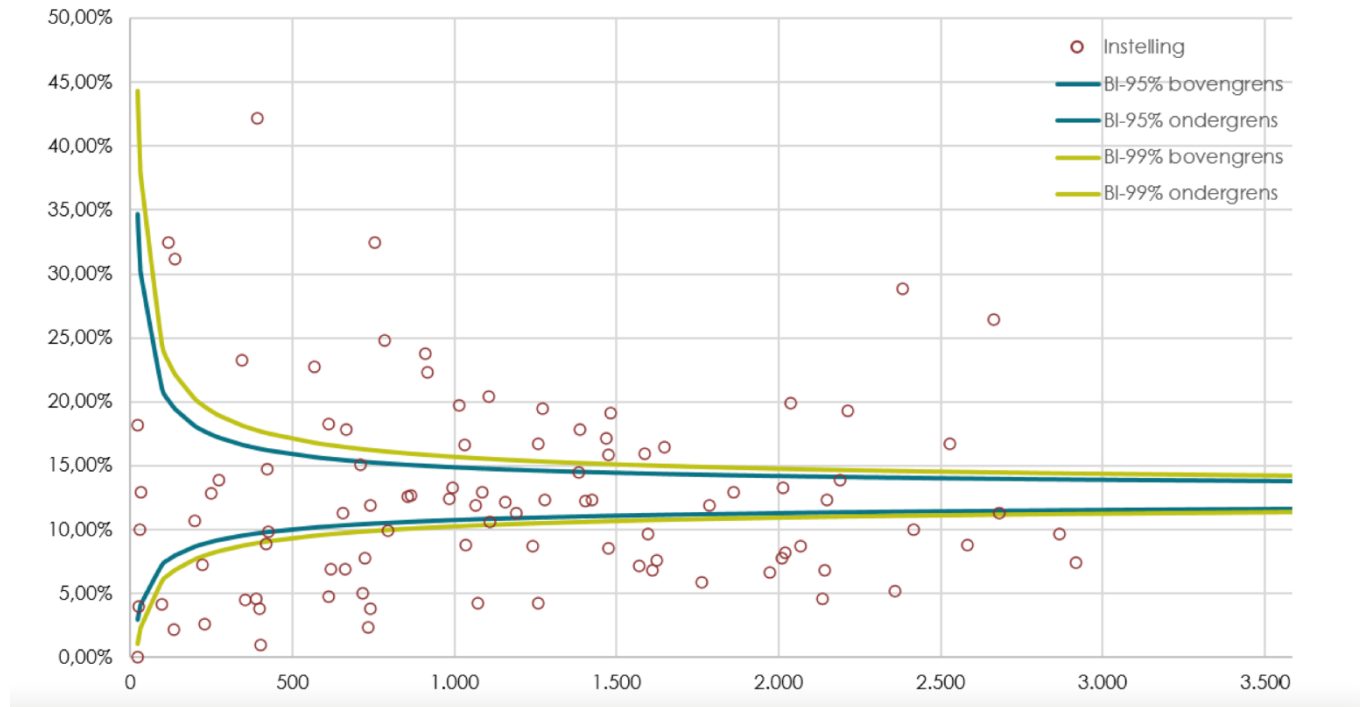


Select one cell you're interested in or make your own custom heat map by selecting '+' on the columns and rows of interest

		MoAs																					
		+ Kn	+ Sk	+ SPRI	+ BaCa	+ Op	+ BaCo	+ Re	+ In	+ Go	+ MADP	+ ECR	+ SI	+ Em	+ BR	+ No	+ SN	+ Attb	+ Mo	+ Si	+ Ne	+ V	
+	1.1. Goal setting (behaviour)	2																					
+	1.2. Problem solving																						
+	1.3. Goal setting (outcome)																						
+	1.4. Action planning																						
+	1.5. Review behaviour goal(s)																						
+	1.6. Discrepancy between current behaviour ...																						
+	1.7. Review outcome goal(s)																						

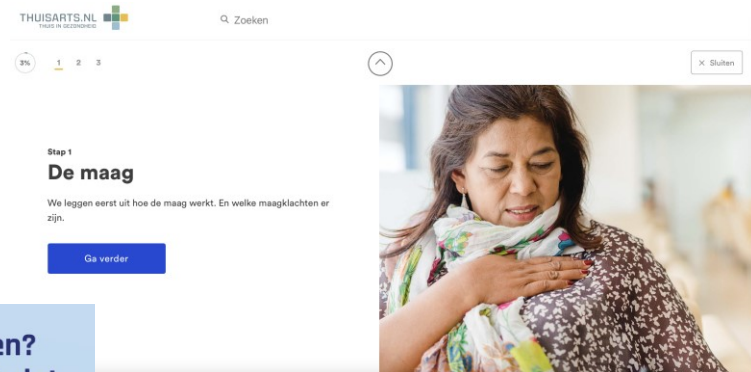
Lesson 3: Clinical leaders are crucial to motivate and inspire colleagues and deal with resistance

Lesson 4: Benchmark information is essential; it confronts, stimulates and motivates



% patients older than 50 years with knee complaints, receiving an MRI

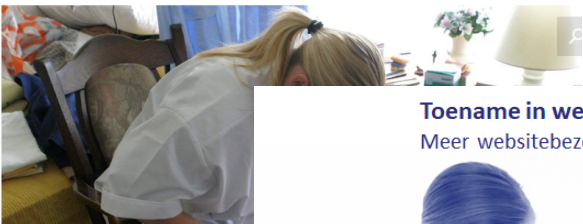
Lesson 5: Reliable patient information is key



Lesson 6: Use publicity to inform the public

NOS NIEUWS • BINNENLAND • 29-06-2017, 13:28 • AANGEPAST 29-06-2017, 13:28

Verpleegkundige handelt vaak onnodig en soms zelfs gevaarlijk



de Volkskrant

Topverhalen vandaag

Opinie

Podcasts

Beter Leven

NIEUWS

Lijst met 'zinloze handelingen': dit gaat huisarts niet meer doen

Meestal geen doorverwijzing voor een kind: niet ingrijpen bij een tenniselleboog, geen antibioticazalfje bij een rood oog. Nederlandse huisartsen hebben een lijst opgesteld van dertig handelingen die volgens de laatste wetenschappelijke kennis zouden kunnen laten.

de Volkskrant

Artsen brengen zinloze behandelingen in kaart

Elien de Visser
Amsterdam

Artsen hebben een beter-niet-doen-lijst laten opstellen van behandelingen die niet effectief zijn. De lijst bevat ruim dertienhonderd verrichtingen die arts beter kunnen nalaten omdat er geen wetenschappelijk bewijs voor bestaat. Minister Schippers van Volksgezondheid neemt de lijst vandaag in ontvangst.

Slechts de helft van wat artsen in ziekenhuizen doen, is gebaseerd op wetenschappelijk bewijs, zo blijkt uit internationale onderzoeken. De andere helft stoelt op gezond verstand, empathie, risicomijding, eerbied en bedrijfsconomie, schreef de NfU, koepel van de acht academische ziekenhuizen, een paar jaar geleden in een rapport. Er viel, zo concludeerden de onderzoekers, een wereld te winnen. De NfU wil de komende jaren de hoeveelheid onzinnige zorg terugdringen. Artsen en onderzoekers gaan daarom eerst uitzoeken hoe vaak overbodige behandelingen worden gedaan en waarom artsen die blijven uitvoeren. Tijn Kool, onderzoeker bij IQHealthcare (onderdeel van het Radboudumc) nam de afgelopen jaren samen met collega's alle medische richtlijnen door en kwam tot een lijst van 1.366 niet-doen-

1.366 medische verrichtingen tot de beter-niet-doen-lijst

verrichtingen. Eenderde daarvan gaat over diagnostiek, 40 procent over medicatie. Zo is een kijkonderzoek lang niet bij alle knielichamen zinvol en krijgen patiënten met de longziekte opsd veel te vaak zware medicijnen die niet werken. Sinds deze week zijn in de databank van de richtlijnen voor medisch specialisten waarschuwingen opgenomen dat terughoudendheid soms de beste optie is. Artsen worden opgeleid om te han-

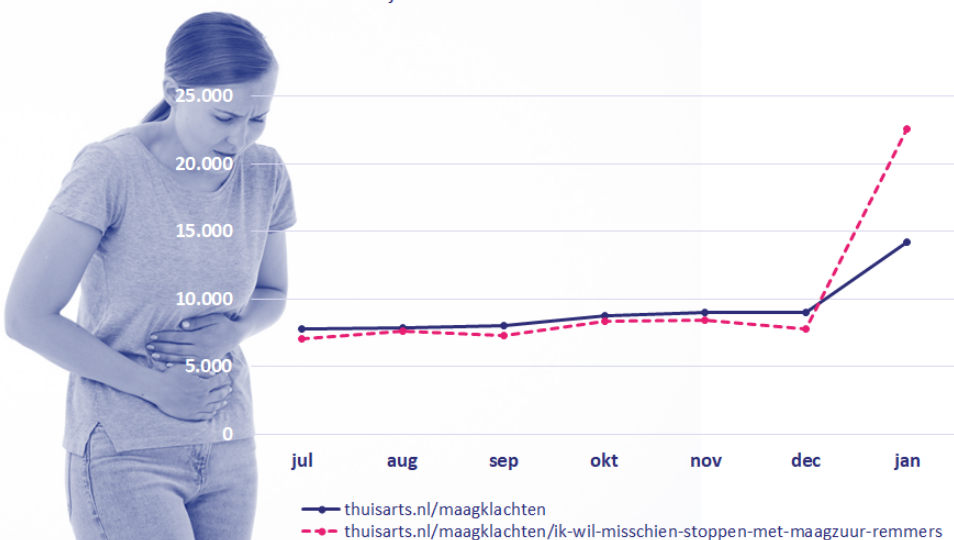
euro, 40 procent meer dan tien jaar geleden. Minister Schippers vroeg partijen in de zorg daarom drie jaar geleden mee te denken hoe de gezondheidszorg betaalbaar kan blijven. De NfU begon daarop met het project Doen of Laten? Om uit te zoeken waarom artsen doorgaan met zinloze behandelingen en diagnostiek, worden de komende tijd acht voorbeelden onder de loep genomen. Waarom worden infecties en latheters, bronnen van infectie, niet sneller verwijderd? Waarom vraaien inter-

nisten zo veel nutte aan? Tal van zieken werken mee aan de afgeleverde jaren voor komende de beha terugverdrongen to rig toevoegen. Zo kiezen niet meer pri is de haljaarlijkse p ies verwijderen en j kinderen met een king niet meer stan omdat pijnstilling Kool: "Bij die voorbe kan en dat we arte die vooroplopen en vloeden."

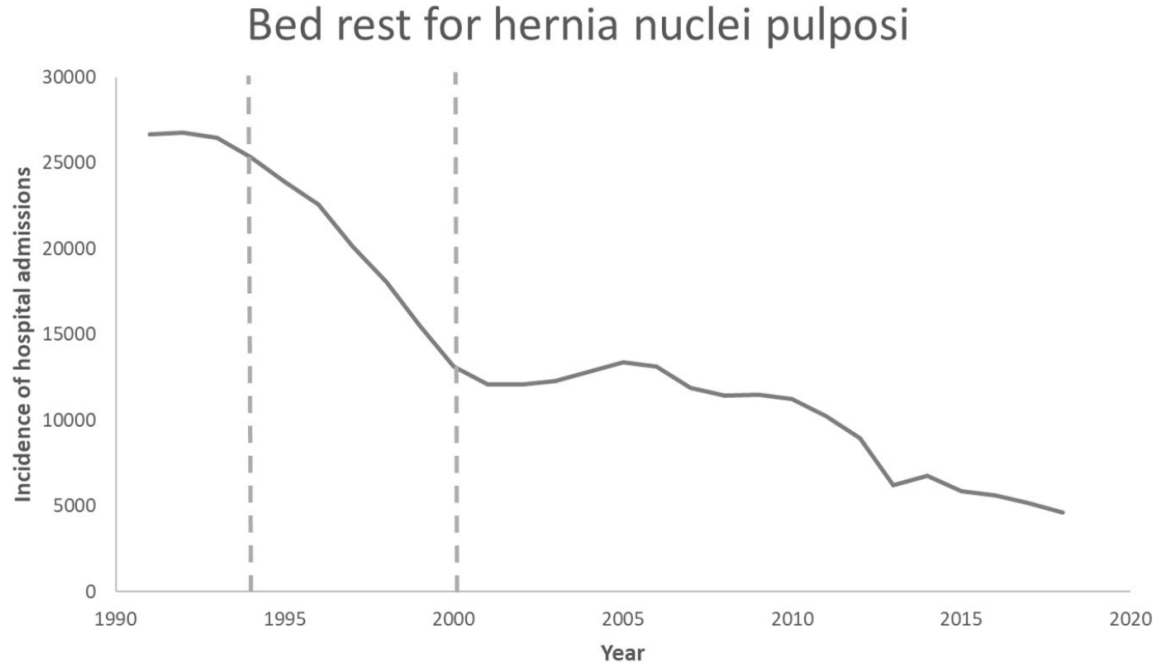
INGENAS
Drie voorbeelden v behandelingen en

Onnodige maagzuurremmers, scans en pleisters: waarom stoppen met zinloze zorg zo moeilijk is

Toename in websitebezoek op de Maagklachten-pagina's op Thuisarts.nl
Meer websitebezoek in januari 2023 dan in de laatste ze maanden van 2022



Les 7: Reducing low-value care requires patience

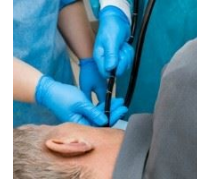


Coenen, 2022;
Eur J Pain

Lesson 8: Reducing low-value care is possible but don't expect miracles



11 % less lab diagnostics
department Internal
Medicine



61% of the patients with
stomach complaints did
not chose for a gastric
endoscopy



13% less follow-up
after treatment for
basalcell carcinoma



25% less urinary
catheters and 33% less
intravasal catheters



20-30% less orders for
vitamine B12 or D by
the GP

Lesson 9: Pay attention to sustainable results right from the start otherwise the effects will disappear



EDITED BY

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ANDREA PATEY | SIMONE VAN DULMEN

HOW TO REDUCE OVERUSE IN HEALTHCARE

A PRACTICAL GUIDE



WILEY Blackwell

Lessons learned

- Low value care differs per healthcare professional and service
- Decreasing the amount of low-value care is challenging because it requires a change of behaviour of professional and patient
- Healthcare improvement by de-implementation needs a tailor-made strategy, clinical leaders, enhancing communication skills of physicians, feedback for participating healthcare professionals and reliable patient information

A close-up photograph of a person's hands holding a white rectangular card. The card is held horizontally and is the central focus of the image. The word 'THANKS' is printed on the card in a bold, brown, sans-serif font. Below it, an email address is printed in a blue, sans-serif font. The person's hands are visible, with fingers gripping the edges of the card. The background is out of focus, showing a light-colored, possibly white, garment.

THANKS

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