



The Netherlands Choosing Wisely;
The Dutch way of evaluation

What are expectations of patients & society? Cooperation between Policy makers and MD's

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Leiden & The Hague, Holland

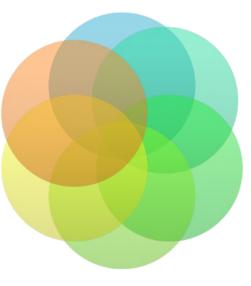


Conflict of interest

I work at a neurosurgical department

Medtronic, Paradigm & Braun sponsor studies (investigator Initiated

I am co-applicant on a trial on surgery vs conservative interventions for Odontoid fractures



My department receives funding from Insurance Companies for research

I am a spine surgeon

I received grants from ZonMW (Dutch heath care authorities) on several trials

Scientific Freedom







Neurosurgical Cooperation Holland, Leiden & The Hague

•LUMC

•HMC

• HAGA



6200 surgical interventions

3300 pts deg. spine (no instrumentation)

500 pts instrumented spine surgery

154 spinal tumor

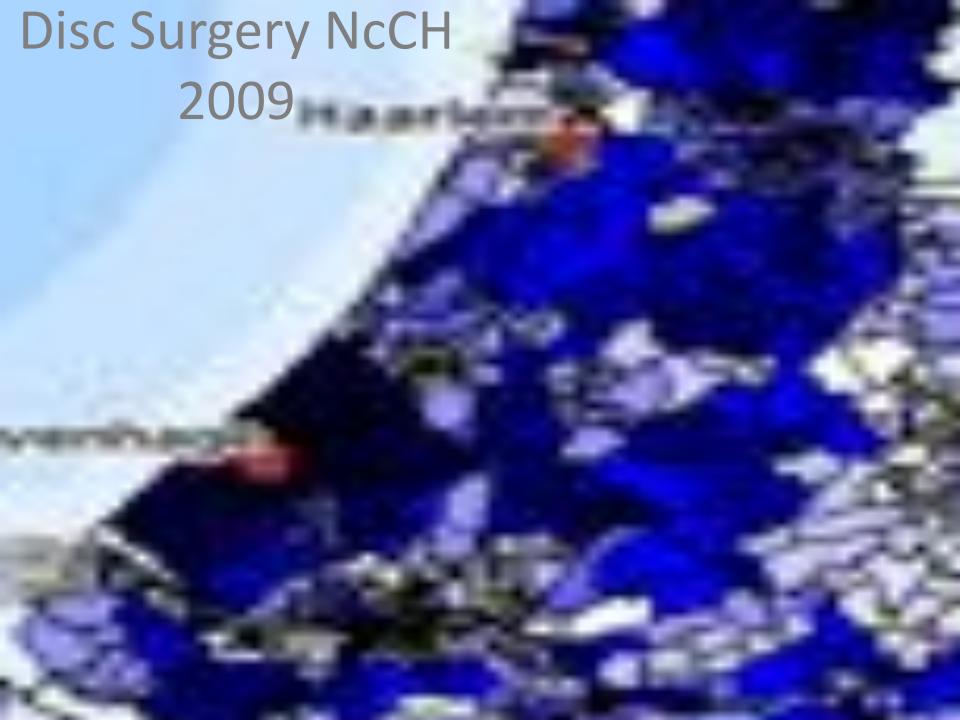
60 craniocervical deformity

42 degenerative scoliotic deformity

244 fusion for failed back (?)

Costs Spinal Implants 3.1 miljon euro Costs WBMV Neurosurgery 5.2 miljon euro









LADIES AND GENTLEMAN, "WE DO HAVE A PROBLEM TO SOLVE"

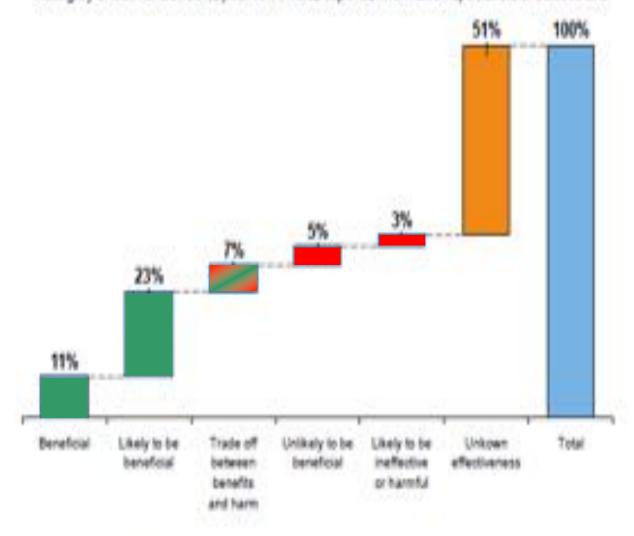






51% of ~ 3,000 commonly used treatments in the UK was of unknown effectiveness

Rating by a team of advisors, peer reviewers, experts, information specialists & statisticians



> 50 % Healthcare Costs Are we really that ineffective ?



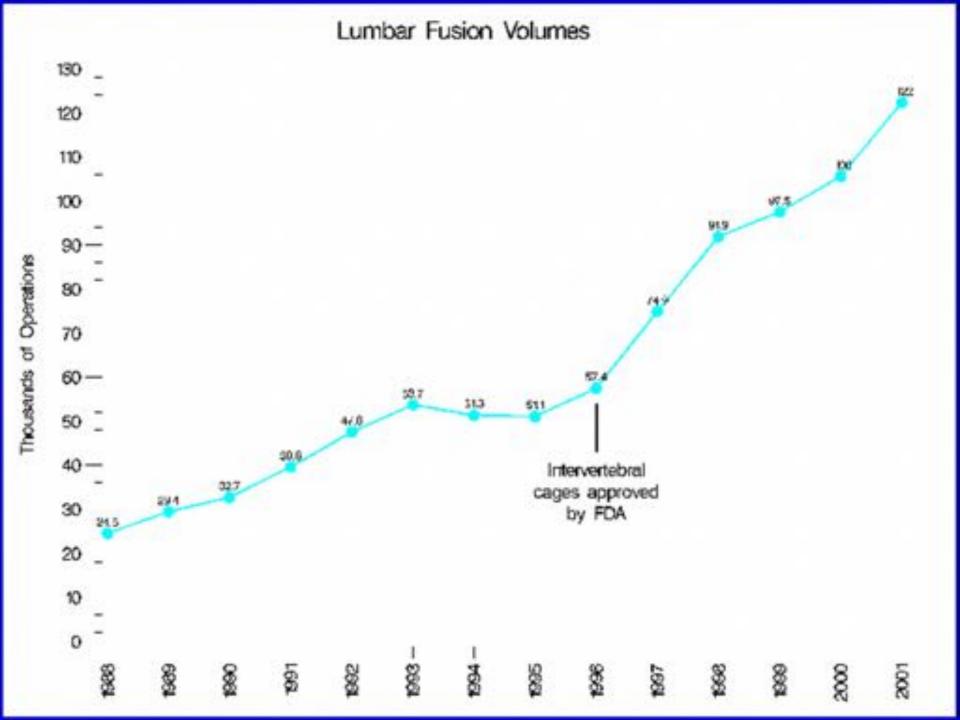


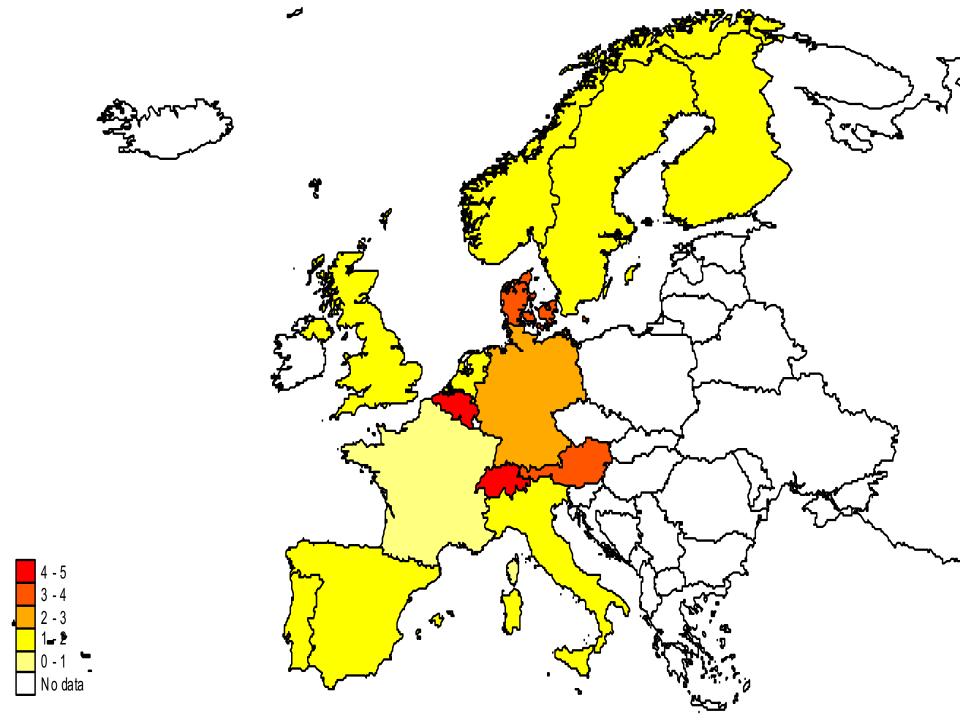
Thoracic tumor













Trends, Major Medical Complications, and Charges Associated With Surgery for Lumbar Spinal Stenosis in Older Adults

Richard A. Deyo; Sohail K. Mirza; Brook I. Martin; et al.

JAMA. 2010;303(13):1259-1265 (doi:10.1001/jama.2010.338)

http://iama.ama-assn.org/cgi/content/full/303/13/1259

Table 3. Complications and Health Care Use as a Function of Type of Surgical Procedure*

Odds Ratio (95% Confidence Interval) Simple Fusion Complex Fusion Outcome 2.98 (2.51-3.54) In-hospital cardiopulmonary or stroke 2.64 (2.24-3.11) complications Mortality within 30 days 1.93 (1.21-3.08) 2.56 (1.61-4.09) Either of the above, "life-threatening 2.95 (2.50-3.49) 2.60 (2.21-3.05) complications" 2.02 (1.54-2.64)b 1,59 (1,22-2,08) Wound complications 4.61 (3.96-5.59)^b Length of stay, adjusted mean, d^o 4.30 (3.62-5.24) 80 888 (78 256-87 422)b 58 511 (56 087-64 987) Hospital charges, adjusted mean, US \$0 2.70 (2.47-2.95) 2.83 (2.57-3.12) Nursing home discharge 1.94 (1.74-2.17) Rehospitalization, any cause, within 30 days 1.59 (1.44-1.77)

Significant difference between complex and simple fusion (P < .05).</p>

⁸Odds ratios and adjusted means for measures of complications and health care use are adjusted for age group, sex, race, comorbidity score, number of hospitalizations in the previous year, presence of spondylolisthesis, presence of scollosis, and previous lumbar surgery, and all odds ratios use decompression alone as the reference category. All differences from decompression are statistically significant. Length of stay and total mean charges are adjusted estimates based on least squares regressions; all others are presented as odds ratios using logistic regression.

^cReference group (decompression) mean for length of stay was 2.73 days (95 % confidence interval, 2.00-3.68); reference group (decompression) mean for hospital charges was US \$23.724 (95% confidence interval, \$21.745-\$29.656).

Do No Further Harm

You should not perform surgery for non correlating nerve root problems?

Beware of yellow flags!

Do not perform surgery without informing patients about worse outcome!

You should not believe in surgery for scar tissue!

Do not believe in low back surgery without structural abnormalities

Do not believe in new methods without Evidence Based Medicine.

I do believe in God, everybody else should bring data!

Diagnose







Genezing



The NEW ENGLAND JOURNAL of MEDICINE

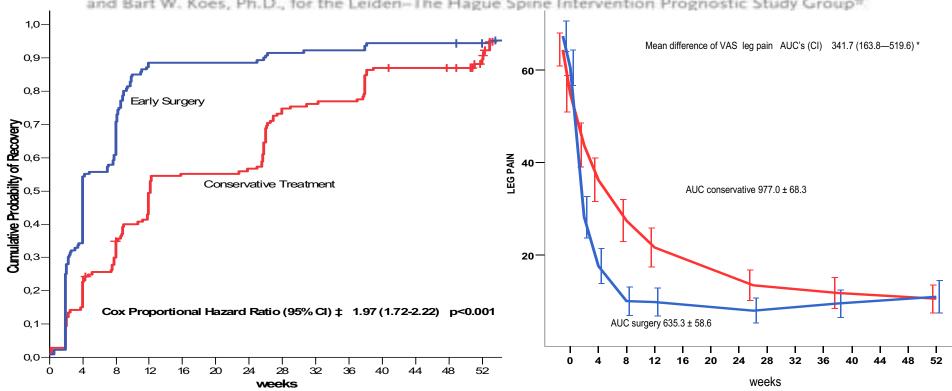
ESTABLISHED IN 1812

MAY 31, 2007

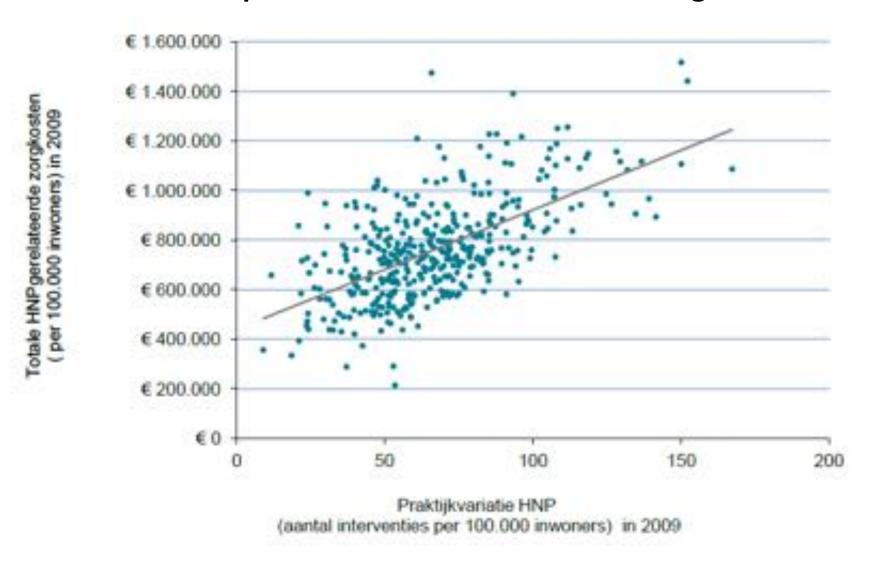
VOL. 356 NO. 22

Surgery versus Prolonged Conservative Treatment for Sciatica

Wilco C. Peul, M.D., Hans C. van Houwelingen, Ph.D., Wilbert B. van den Hout, Ph.D., Ronald Brand, Ph.D., Just A.H. Eekhof, M.D., Ph.D., Joseph T.J. Tans, M.D., Ph.D., Ralph T.W.M. Thomeer, M.D., Ph.D., and Bart W. Koes, Ph.D., for the Leiden-The Hague Spine Intervention Prognostic Study Group*



Relation between practice variation in herniated disc surgery and total disc problem related healthcosts at regionlevel 2009

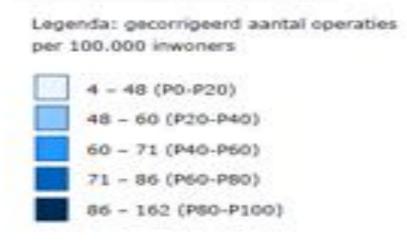


Practice variation due to disc surgery at cityprovincial region level 2010



	2009	2010
Gemiddelde	66	62
4in	9	4
25 (1° kwartiel)	49	51
50 (mediaan)	63	65
75 (3° kwartiel)	80	82
Max	167	162

Tabel 15. Score praktijkvariatie op gemeenteniveau

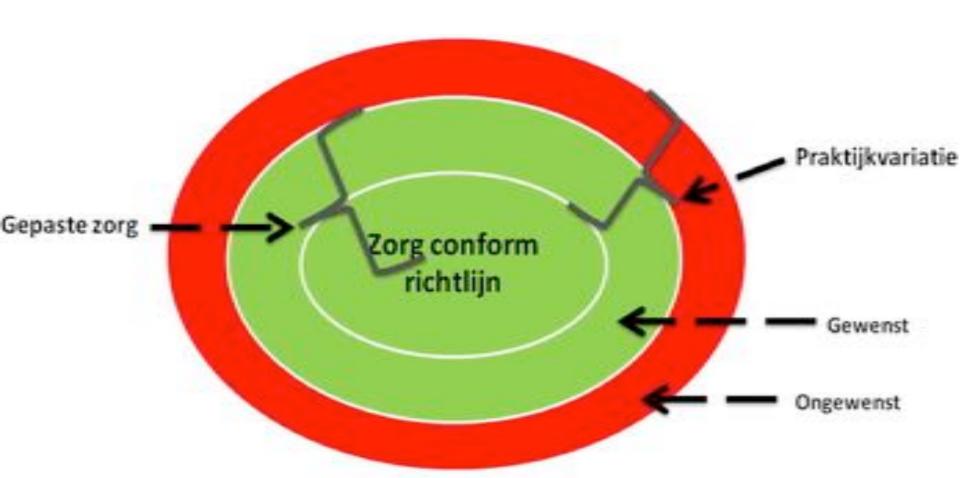


Figuur 30. Praktijkvariatie wervelkolomchii

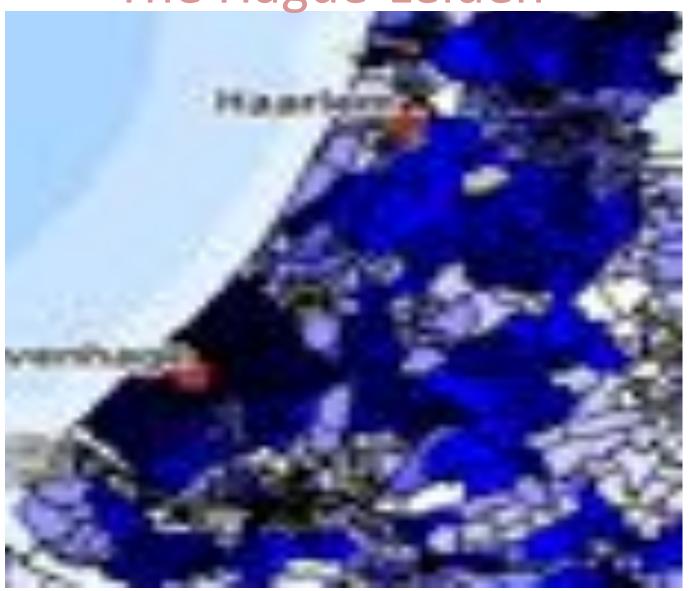
Precision Medicine

"Choosing Wisely"

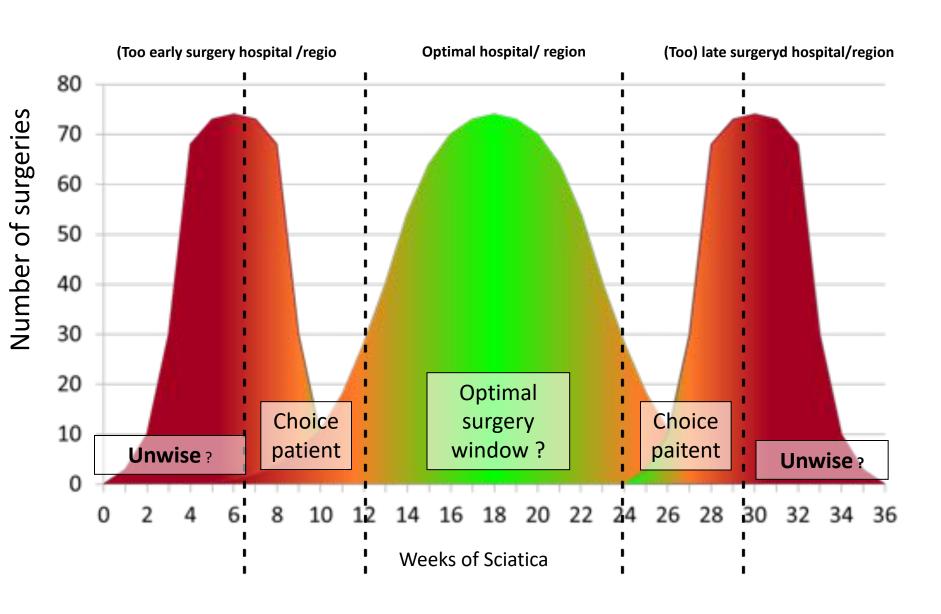
Bring Science to the Art of Spinal Surgery



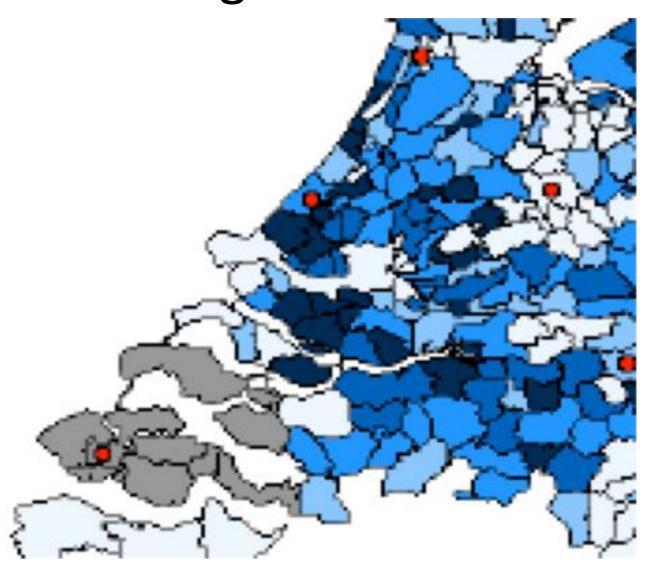
Disc Surgery 2009 region The Hague-Leiden



Wise Choices ---- DSS-R Hypothetical National Audit



This is my area, I do have something to declare!



Wise Choices

- Physician led program
- Campaign initiated by the Dutch Association of Medical Specialists (OMS) and Netherlands Organization for Health Research and Development (ZonMw)
- The Dutch Patient and Consumer Organization is partner (NPCF)



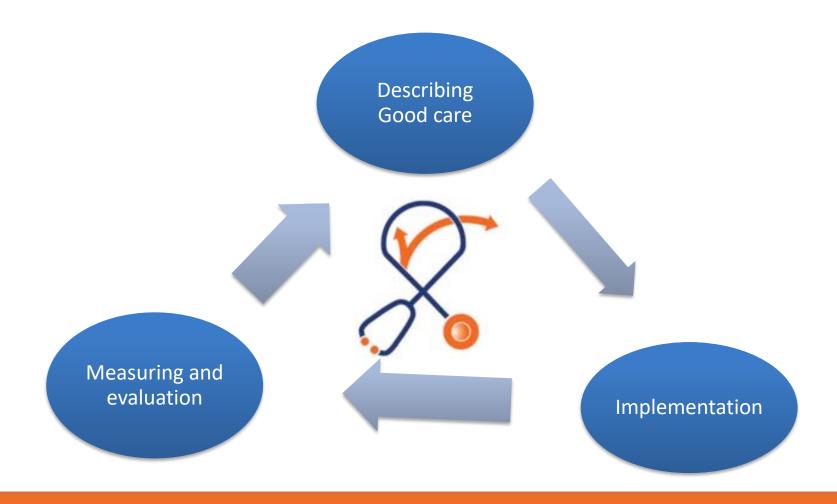


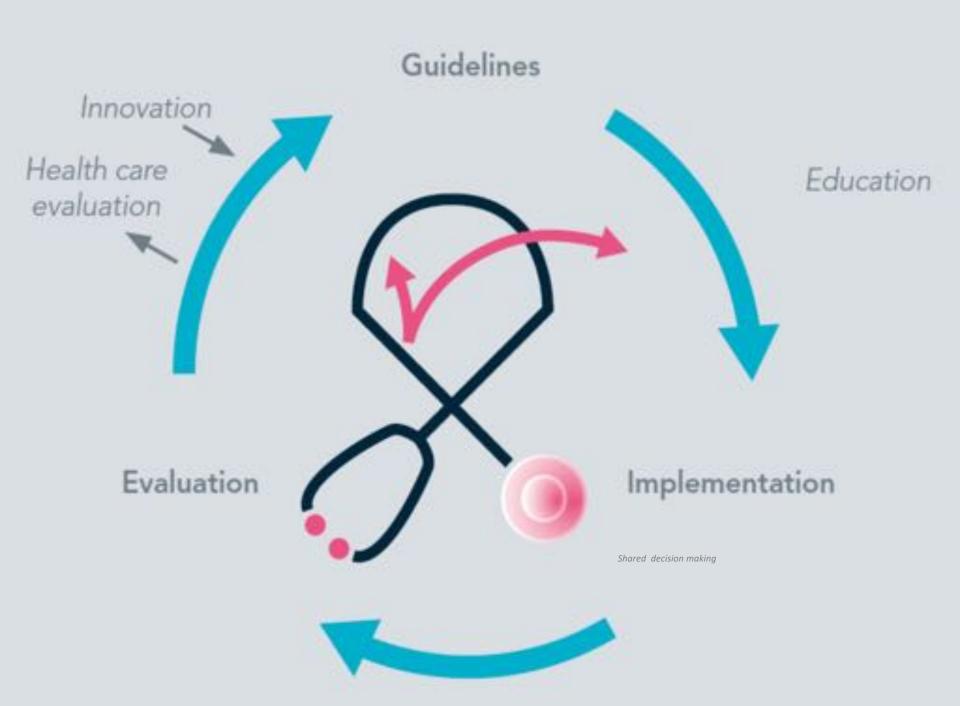


Choosing Wisely (Do Not's) LDH surgery

- 1. Low Back Pain only
- 2. Do not operate within a short period of sciatica (<6 weeks), ...but do not wait too long either while sciatica is persisting > 9 mnths
- 3. Early MRI while recovering
- 4. Non-dermatomal pain distribution
- 5. Innovative technique (or implant) without evidence by RCT

Improvement cycle Wise Choices





3 keypoints of interest

• 1) 4 pillars organization

• 2) structured methodology per society

3) multi-displinary board

(1) Four pillars Campaign

- Wise Choices (do's & do not's)
- Clinical Practice Variation
- Effectiveness Research
- Shared Decision Making

(2) Methodology

- Which topic per Medical Scientific Society (structured methodology)
- Research Knowledge Gaps (structured program)
- Guideline Development (specific attention wise choices)
- Practice Variation Research (pre- and post implementation)
- Process and performance Indicators (eg bandwidth treatment indication)
- Evaluation (impact analysis at macro and micro level)

(3) Multidisciplinary Board

- Medical Doctors Leading
- Epidemiologist-Director
- Medical Decision Making Expert
- NPCF Netherlands & specific patient organizations
- Netherlands society of health care research (ZonMw)



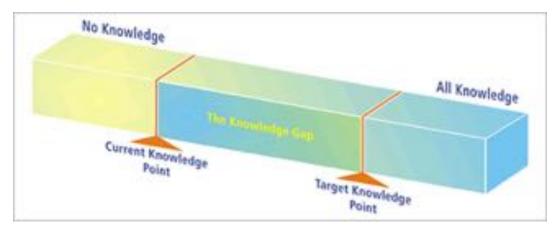




Knowledge Gap Evaluation is Priority

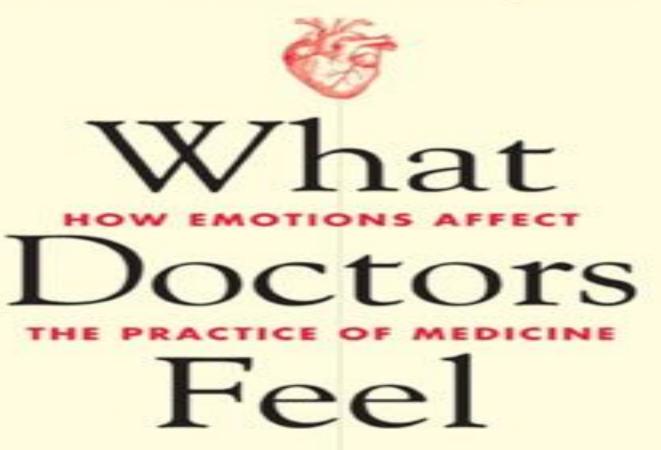








Danielle Ofri, MD





"Danielle Ofri brings us into that place where science and the soul meet.

Her vivid and moving prose enriches the mind and turns the heart."

—JEROME GROOPMAN, author of How Doctors Think

Leiden University Choosing Wisely

Science to the art of Medical Management & Training



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EDITORIAL



Fusion for Lumbar Spinal Stenosis — Safeguard or Superfluous Surgical Implant?