

Onnodige medische zorg

What can you do?



Affordable, quality health care. For everyone.

Symposium Doelmatigheid van Zorg

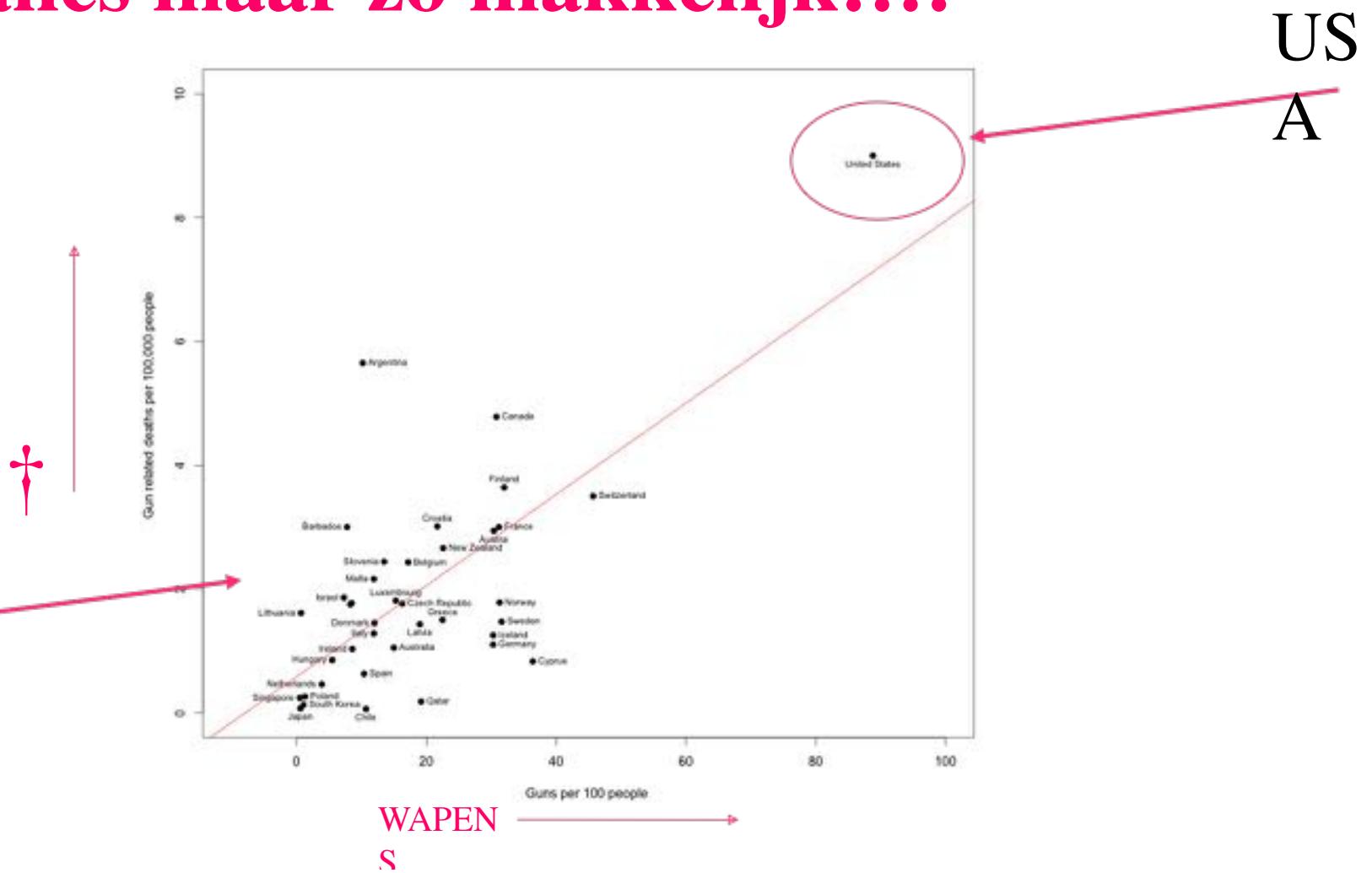
Margje H. Haverkamp, MD PhD

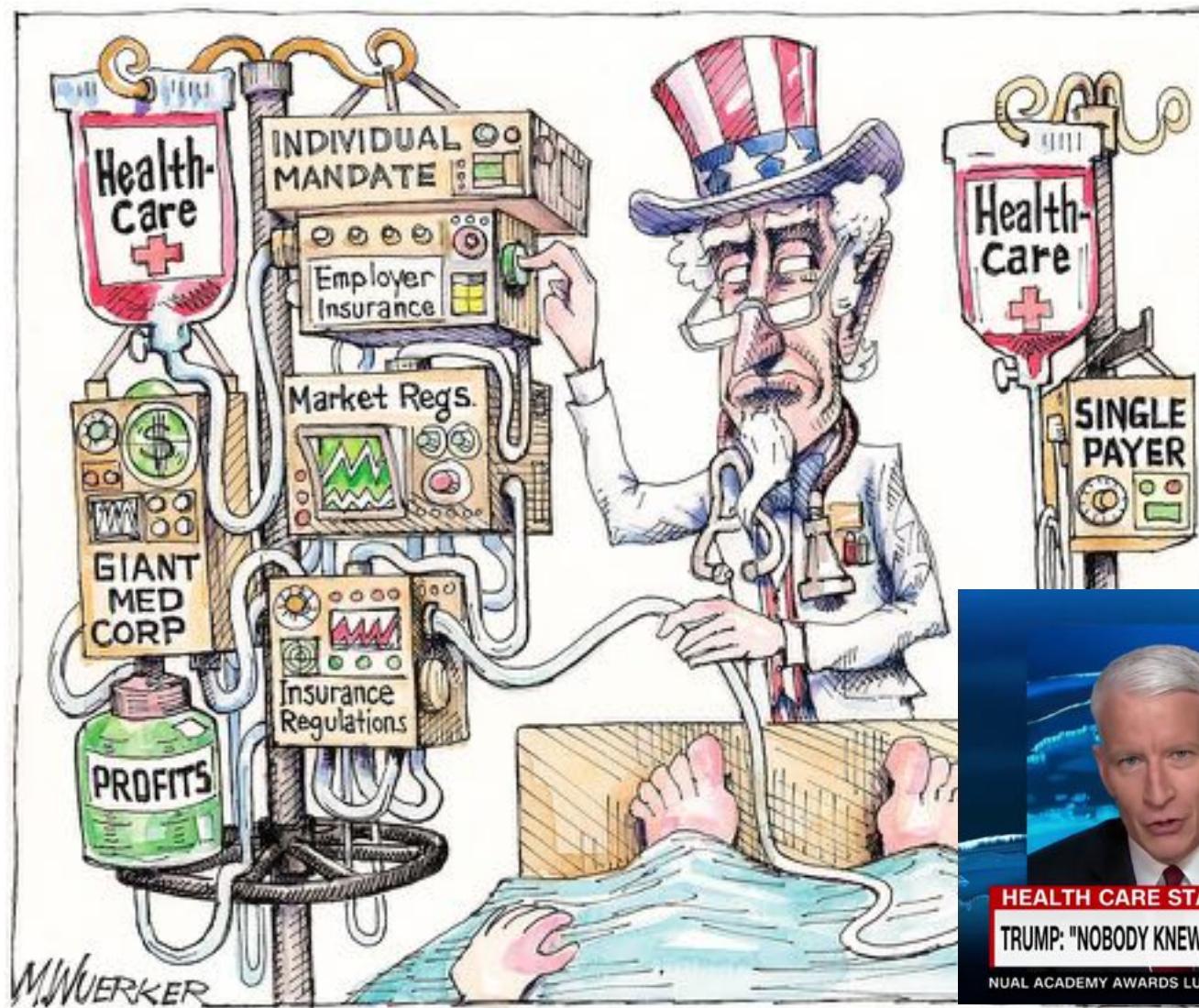
18 april 2018



Was alles maar zo makkelijk....

Rest van
de wereld





“It’s the prices, Stupid”

- 18% vs 11% BNP (\$10K ipv \$5K pp)
- Drivers dure gezondheidszorg in US:
 - Aantal diensten**
 - CT/MRI (245/118 per 1000 vs 81/52 in NL)
 - KnieOK's, hysterectomy, keizersnedes, cataract OK's

Prijzen van goederen en diensten

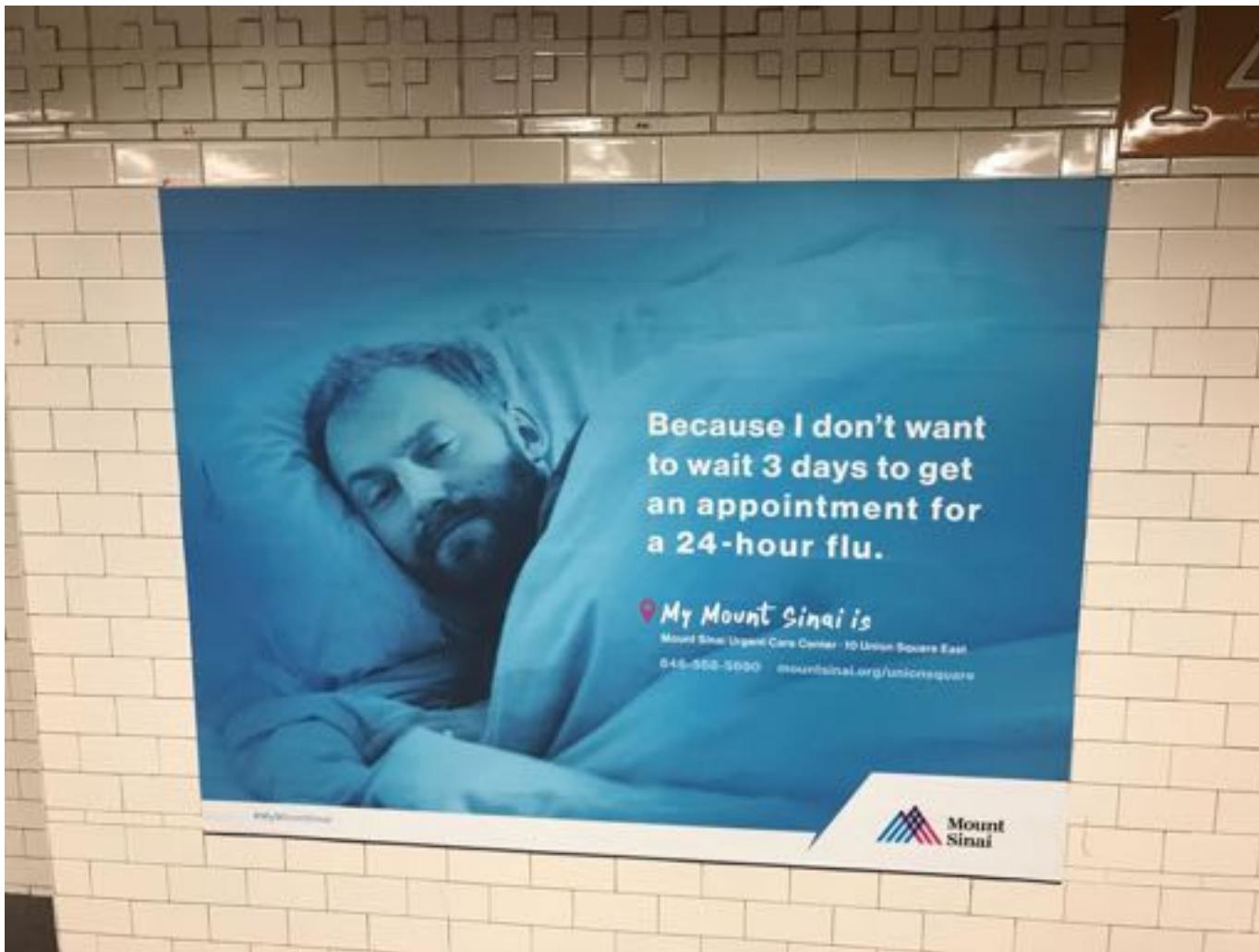
- Medical devices
- Diagnostiek
- Medicijngebruik (\$1500 VS vs \$500 per inwoner in NL)
- Administratie (8% ipv 3% BNP mean OECD)
- Salarissen dokters en verpleegkundigen



Irene Papanicolas, JAMA
2018



Uwe Reinhardt, Health Affairs
2003

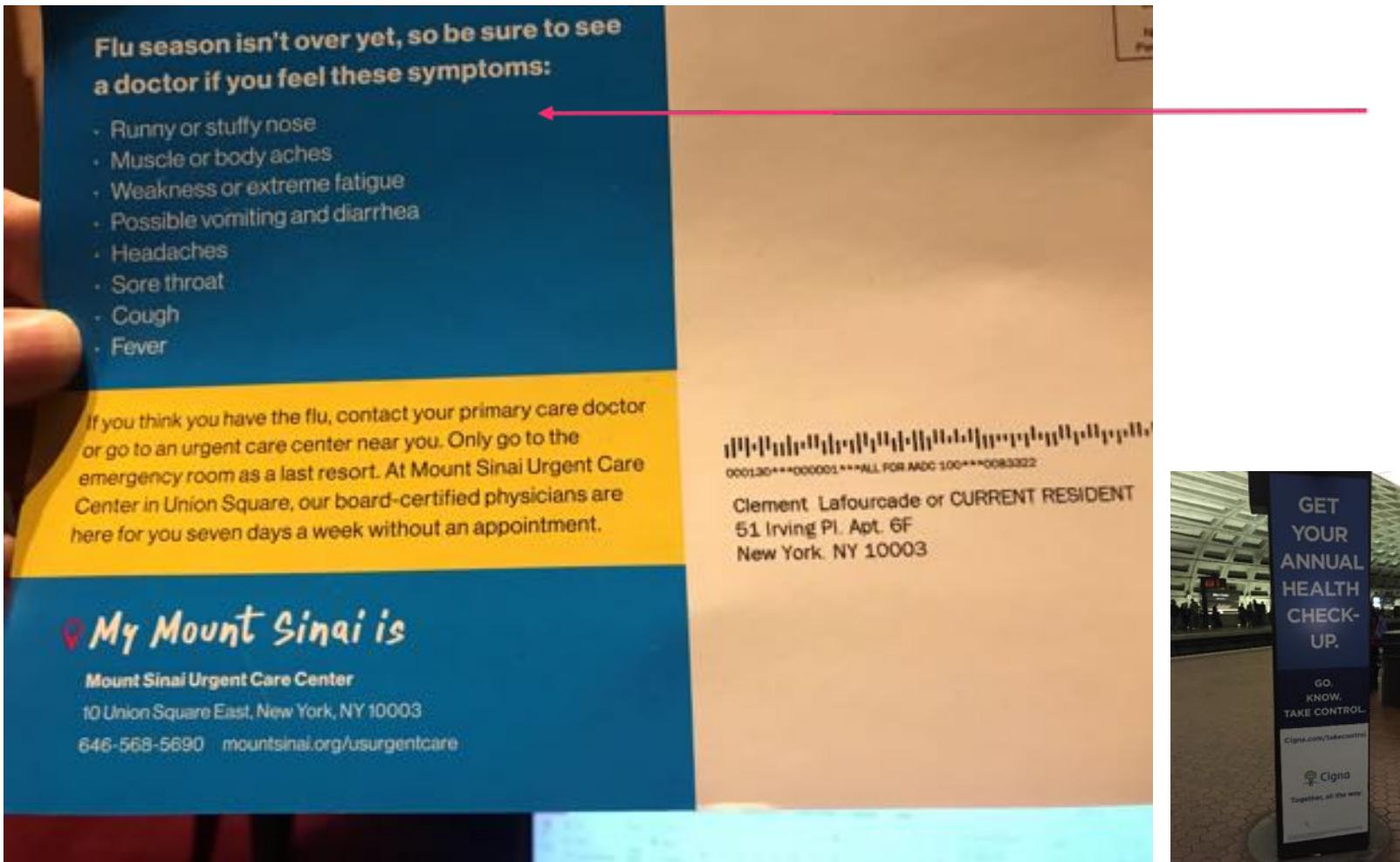


Because I don't want
to wait 3 days to get
an appointment for
a 24-hour flu.

My Mount Sinai is
Mount Sinai Urgent Care Center - 10 Union Square East
646-563-5690 mountsinai.org/unionsquare



Union Square Subway Station, December 2017



Deze maand in the mail....

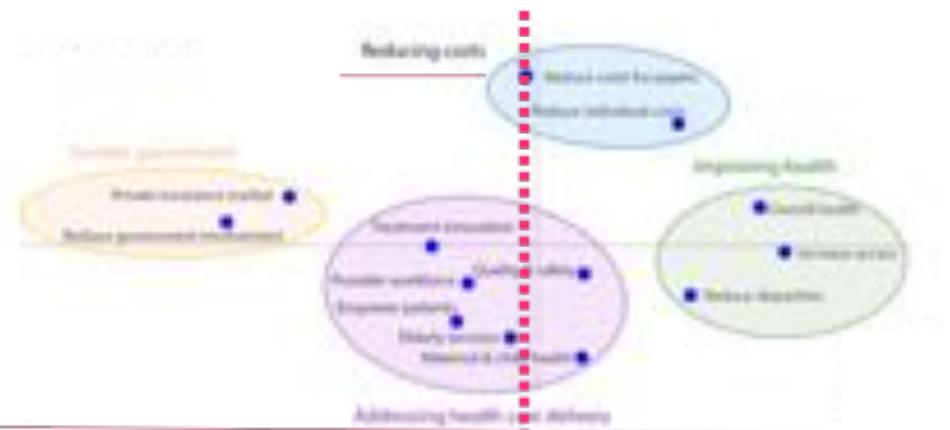
Ganguli et al.
Health Affairs
2018

\$\$\$ → innovation → \$\$\$\$\$

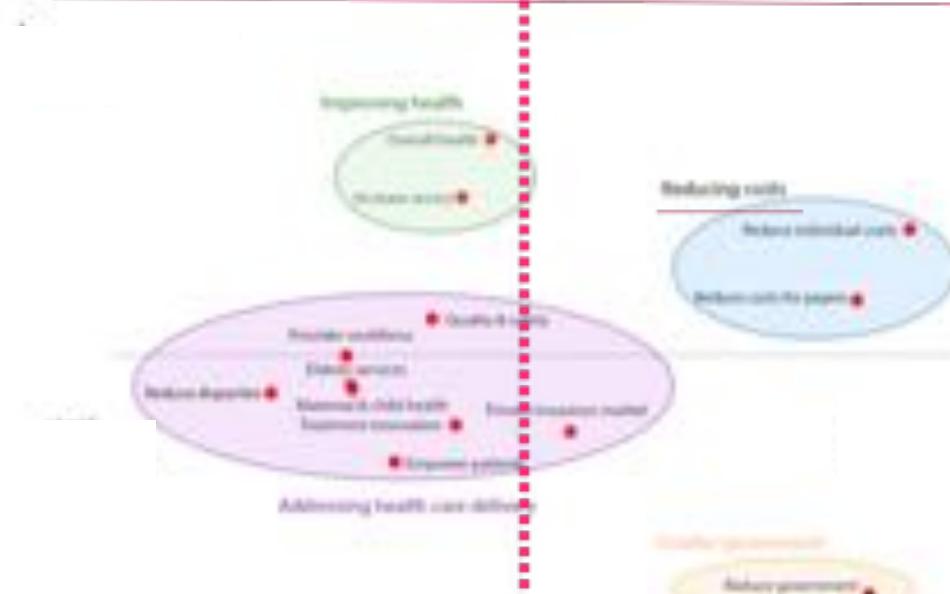


19 maart 2018: Bestuurloze Uber doodt voetganger, Tempe, Arizona

192 Democraten



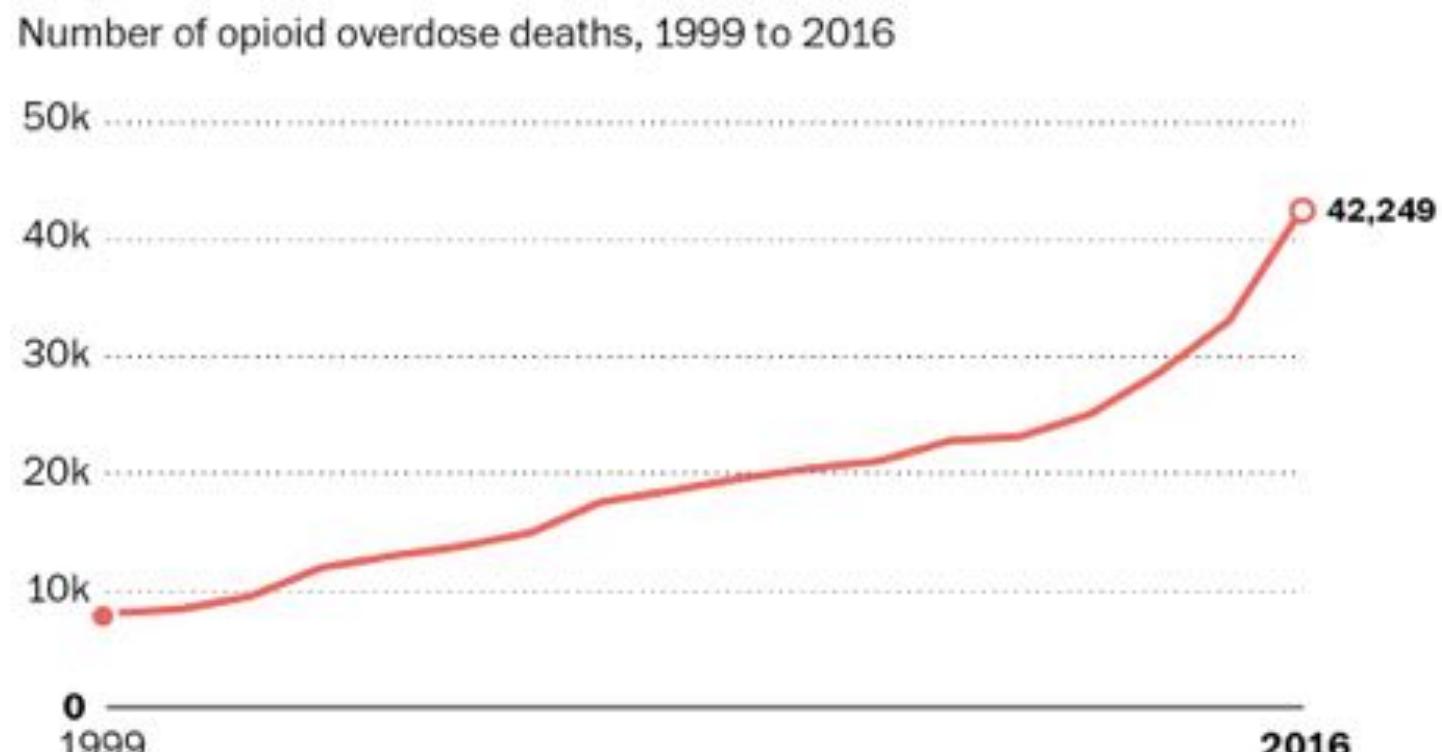
182 Republikeinen



minder belangrijk

belangrijker

2016: 42.000 † door opioiden, mn fentanyl



Harkness Fellowship in Healthcare, Policy & Practice 2015-2016



The
COMMONWEALTH
FUND

Affordable, quality health care. For everyone.

de Choosing Wisely campagne

- 2012
- American Board of Internal Medicine
- “To promote conversations clinicians & patients”
 - Evidence based
 - Truly necessary
 - No duplicates
 - Free from harm
- 75 wetenschappelijke verenigingen in de VS
- 5-10 “things we should question”

The image shows the logos for the Choosing Wisely campaign and the Infectious Diseases Society of America (IDSA). Below the logos is a graphic titled "Five Things Physicians and Patients Should Question". The graphic lists five numbered items, each with a colored box and a brief description:

- Don't treat asymptomatic bacteruria with antibiotics.**
Inappropriate use of antibiotics to treat asymptomatic bacteruria (ASB), or a significant number of bacteria in the urine that occurs without symptoms such as burning or frequent urination, is a major contributor to antibiotic overuse in patients. With the exception of pregnant patients, patients undergoing prostate surgery or other invasive urological surgery, and kidney or liver pancreas organ transplant patients within the first year of receiving the transplant, use of antibiotics to treat ASB is not clinically beneficial and does not improve mortality or mortality. The presence of a urinary catheter increases the risk of bacteremia, however, antibiotic use does not decrease the incidence of symptomatic catheter-associated urinary tract infection (CAUTI), and unless there are symptoms referable to the urinary tract or symptoms with no identifiable cause, catheter-associated asymptomatic bacteruria (CA-ASB) does not require screening and antibiotic therapy. The over-treatment of ASB with antibiotics is not only costly, but can lead to C. difficile infection and the emergence of resistant pathogens, raising issues of patient safety and quality.
- Avoid prescribing antibiotics for upper respiratory infections.**
The majority of acute upper respiratory infections (URIs) are viral in etiology and the use of antibiotic treatment is ineffective, unnecessary and potentially harmful. However, proven infection by Group A Streptococcal disease (Strep Throat) and pertussis (whooping cough) should be treated with antibiotic therapy. Symptomatic treatment for URIs should be directed to maximize relief of the most prominent symptoms. It is important that health care providers have a dialogue with their patients and provide education about the consequences of misusing antibiotics in viral infections, which may lead to increased costs, antimicrobial resistance and adverse effects.
- Don't use antibiotic therapy for stasis dermatitis of lower extremities.**
Stasis dermatitis is commonly treated with antibiotic therapy, which may be a result of misdiagnosis or lack of awareness of the pathophysiology of the disease. The standard of care for the treatment of stasis dermatitis affecting lower extremities is a combination of leg elevation and compression. Elevation of the affected area accelerates improvement by promoting gravity drainage of edema and inflammatory substances. The routine use of oral antibiotics does not improve healing times and may result in unnecessary hospitalization, increased health care costs and potential for patient harm.
- Avoid testing for a Clostridium difficile infection in the absence of diarrhea.**
Testing for C. difficile in fecal stools should be performed only on diarrheal (loose/moistened) stool, unless fever due to C. difficile is suspected. Because C. difficile carriage is increased in patients on antimicrobial therapy, and patients in the hospital, only diarrheal stools warrant testing. In the absence of diarrhea, the presence of C. difficile indicates carriage and should not be treated and therefore, not tested.
- Avoid prophylactic antibiotics for the treatment of mitral valve prolapse.**
Antibiotic prophylaxis is no longer indicated in patients with mitral valve prolapse for prevention of infective endocarditis. The risk of antibiotic-associated adverse effects exceeds the benefit (if any) from prophylactic antibiotic therapy. Limited use of prophylaxis will likely reduce the unwanted selection of antibiotic-resistant strains and their unintended consequences such as C. difficile-associated colitis.



Kwaliteit is ook doelmatigheid
Verstandig Kiezen

1.



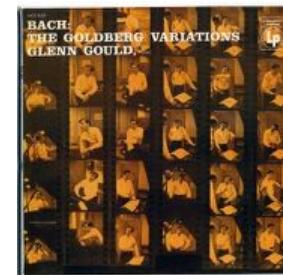
verstandige keuzen

2.



SDM

3.



praktijk variatie

4.

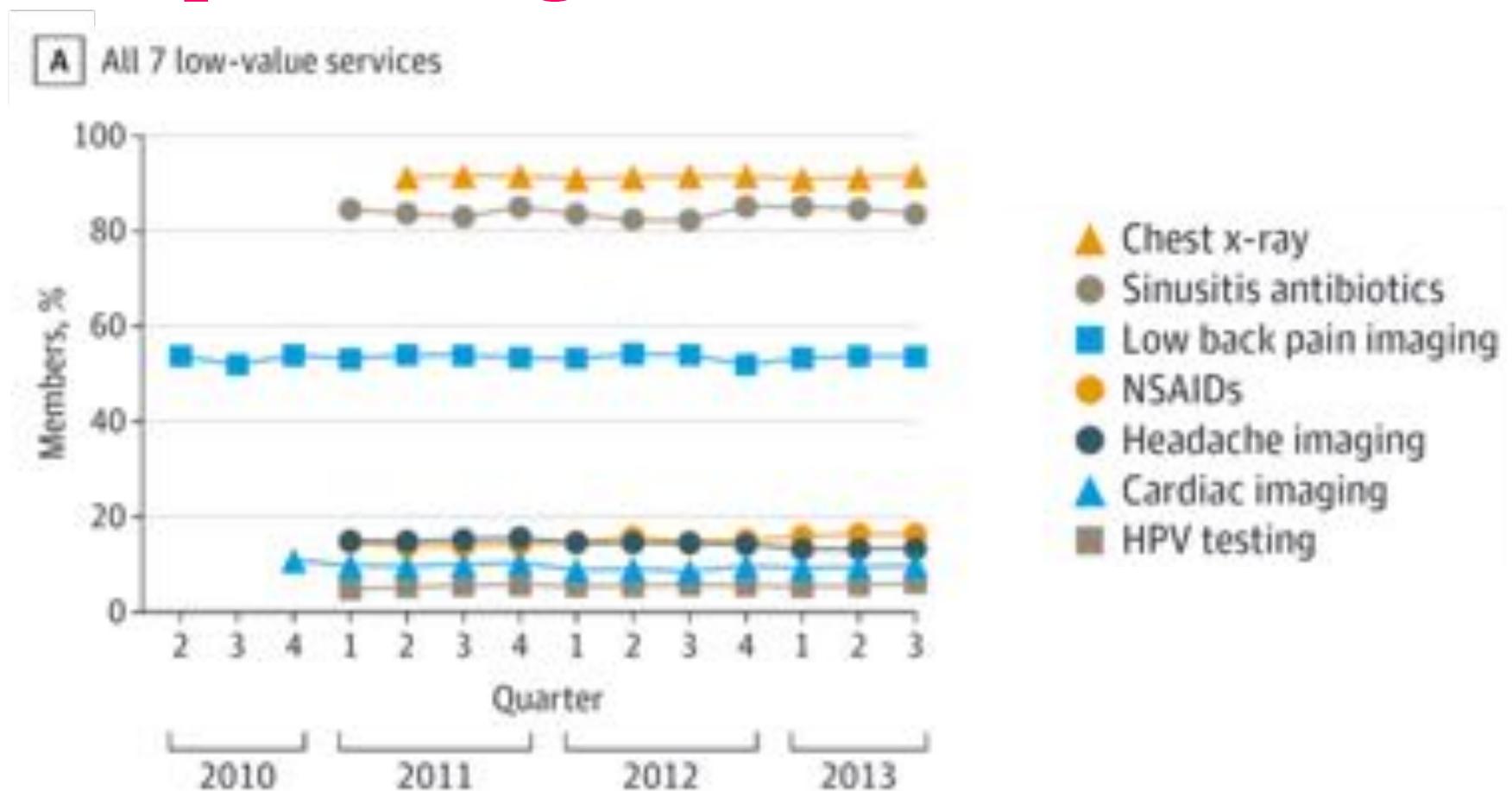


grijze gebieden



WE'RE CHOOSING WISELY

Impact matig, 25% awareness (2017)



Rosenberg et al. JAMA Intern Med 2015

Colla et al. Health Affairs 2017

“CW should bring costs back into the discussion”

2002: physician charter ABIM



2012: start Choosing Wisely campagne

2015: Choosing Wisely: “Focus on conversations, not on costs”

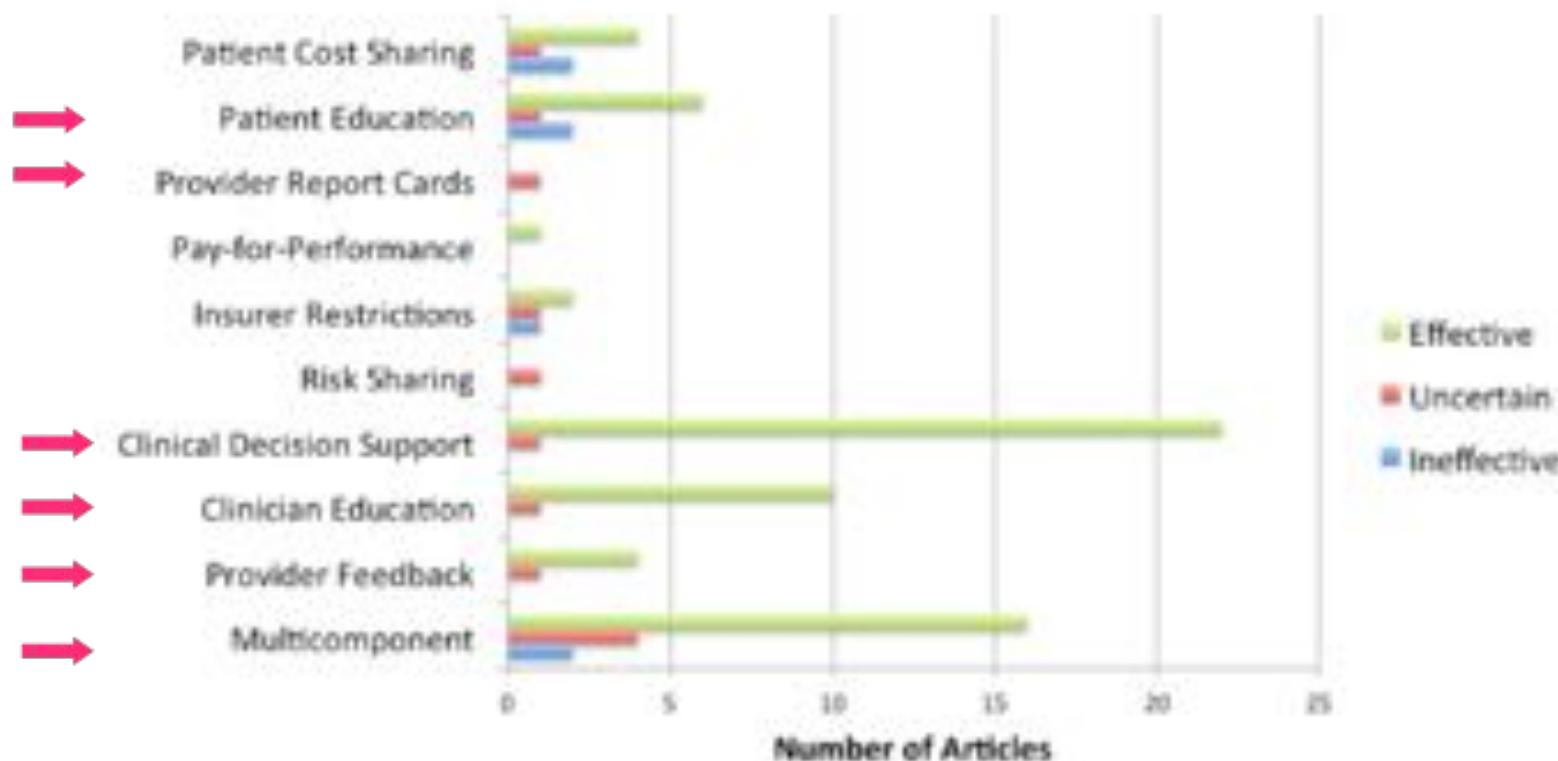
2017: value = outcome / costs (Haverkamp et al. BMJqs 2017)

Physicians have responsibility to control costs	92.2 %
Cost to society is important in my decisions	62.7 %

Colla et al. Am J Man Care 2016

What can you do?

Methode:





Wat doen Accountable Care Organizations (ACO) ?

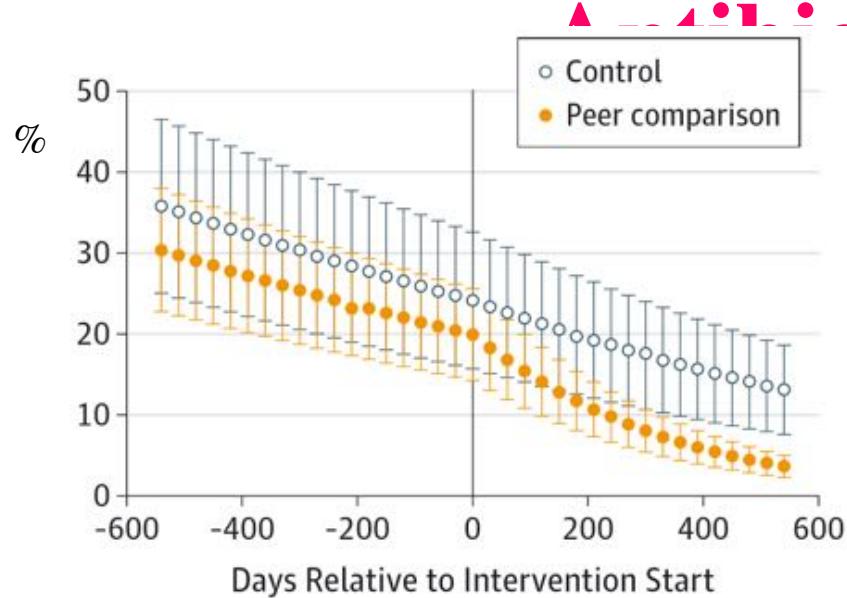
Choosing Wisely linked efforts		% ACOs
	<i>Onder embargo</i>	

Wat doen zorg-verzekeraars ?

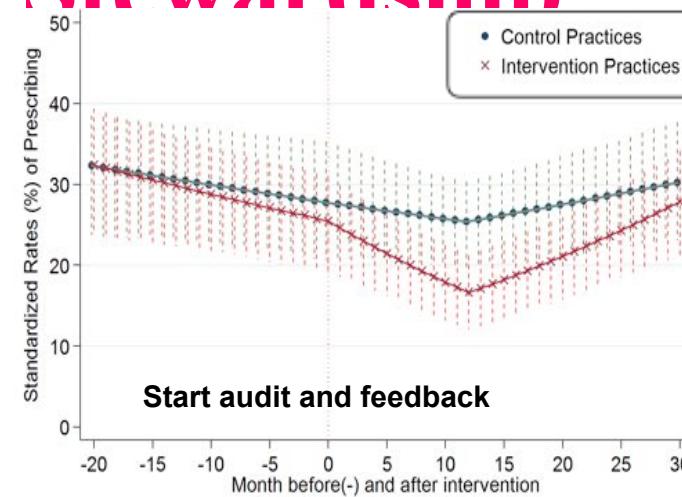
Strategies for waste reduction	1	2	3	4	5	6	7	8
<i>Onder embargo</i>								

Audit & feedback on individual physician performance

Antibiotic Stewardship

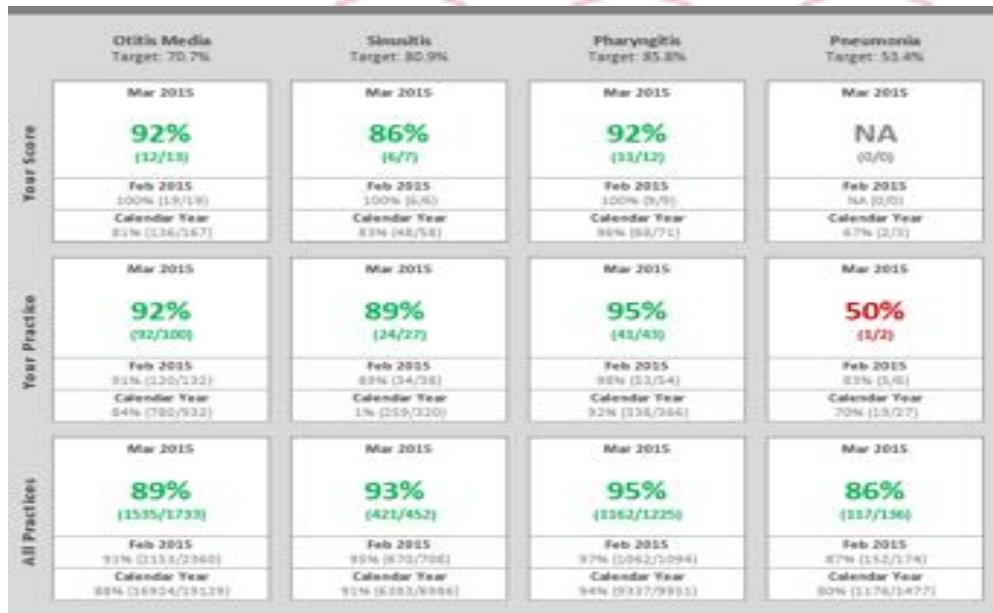


Meeker et al. JAMA
2016

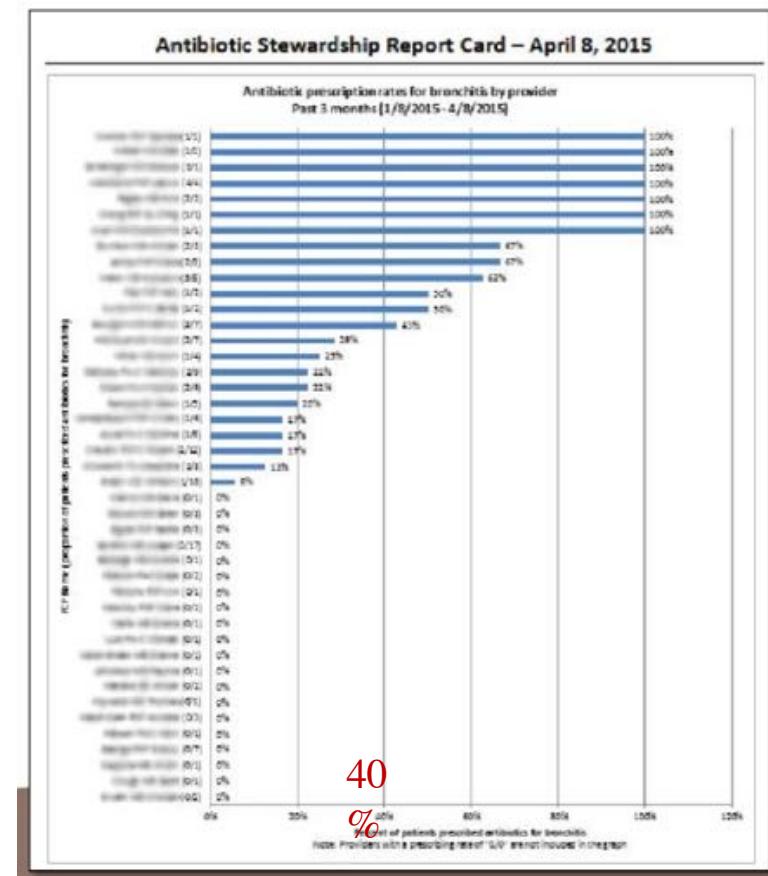


Gerber et al. JAMA
2013

Voorbeelden report cards: antibiotica



Gerber et al. JAMA
2013



Bangor,
Maine



17-minute school Walk-Out, 14 maart 2018, Manhattan