

# Choosing Wisely in Australian Rheumatology

Dr Claire Barrett

Rheumatologist

Longreach, Mackay and Redcliffe

# Conflict of interest

- Outreach Clinics
  - Check up QLD
  - ARA, AbbVie, BMS, Janssen, MSD, Roche, UCB
- National Prescribing Service
- Pharmaceutical companies
  - BMS, UCB
    - conference support
    - advisory board
    - research grant

# Choosing Wisely

- Choosing Wisely began in USA in 2012
- Healthcare providers, consumers and healthcare stakeholders
  - tests, treatments and procedures
  - evidence no benefit/ harm
- Challenging notion 'more is always better' when it comes to healthcare

# Choosing Wisely

“It’s estimated that a third of all medical care is waste, meaning it doesn’t have value and can be harmful,”

“That’s highly relevant to doctors

we don’t get up in the morning to save money for the health care system,

but we do get up to deliver good quality care and prevent harm to our patients.”

# Choosing Wisely Australia

- Australian initiative 2015 lead by NPS MedicineWise in liaison on specialty colleges
- RACP founding partner of *Choosing Wisely Australia*
  - Set up EVOLVE March 2015



EVOLVE is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions.

# EVOLVE

- > 20 medical specialities developed 'top five' lists of low-value clinical practices in its field
- Aim to reduce low-value medical care (LVC):
  - tests, treatments or procedures
    - overused
    - inappropriate
    - limited effectiveness
    - and/or potentially harmful



EVOLVE is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions.

# Why health professionals request an unnecessary test, treatment or procedure: 2018 Survey

Reason	GPs	Specialists
Patient expectations	63%	42%
Potential for medical litigation	51%	37%
Uncertainty regarding the diagnosis	55%	43%
Difficulties accessing information from doctors in other settings including results	54%	61%
Patient referred specifically for the (unnecessary) test, treatment or procedure	33%	23%
The need to keep patients engaged	22%	8%
Taking the approach that it's better to test than not to test	7%	10%
The recommended test, treatment or procedure is unavailable	6%	10%

# EVOLVE Driving high-value care

## Criteria must be considered

- Evidence of overuse
- High cost
- Evidence that it is inappropriate

## Consider

- Something rheumatologists do or something that rheumatologists can influence others to stop doing



EVOLVE is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions.



# EVOLVE Driving high-value care

- Three ARA Board Members designated leaders
- Call for interested members for working party
  - 20 full members
  - 3 trainees
- Face-to-face meeting at ARA Annual Scientific Meeting 2015
- Decided on a 'long-list' by looking at other lists, discussion
- Broke into small 'teams' of 2-4



EVOLVE is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions.

# EVOLVE Driving high-value care

- Built on evidence provided by RACP
- By consensus list reduced to 12
- Survey of membership by email which included links to full evidence
- Choose top 5 items with most votes by full members



EVOLVE is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions.

		Fellow N=179 (50.3%)	Trainees N=19 (26.4%)
1	Arthroscopy	73.2	84.2
2	ANA testing	56.4	73.7
3	Imaging for low back pain	50.8	42.1
4	Ultrasound guidance to perform injections into the subacromial space	50.3	36.8
5	anti dsDNA antibodies in ANA negative patients	45.3	52.6
6	Do not repeat DEXA scans more often than every 2 years	44.1	31.6
7	Ultrasound guidance to perform injections into the trochanteric bursa	39.1	42.1
8	Shoulder ultrasound for diagnosis of non-specific shoulder pain	36.3	31.6
9	Ultrasonography to investigate lateral hip pain	31.3	21.1
10	ENA testing in patients with negative ANA	27.9	42.1
11	ANCA testing for diagnosis of vasculitis	24.6	26.3
12	Glucocorticoid injections for non-specific low back pain, facet joint arthritis or spinal canal stenosis	20.7	15.8

# Top 5

1. Do not perform arthroscopy with lavage and/or debridement in patients for symptomatic osteoarthritis of the knee nor partial meniscectomy in patients with a degenerate meniscal tear
2. Do not order ANA testing without symptoms and/or signs suggestive of a systemic rheumatic disease
3. Do not undertake imaging for low back pain in patients with no indications of an underlying serious condition
4. Do not use ultrasound guidance to perform injections into the subacromial space as it provides no additional benefit in comparison to non-image guided injection
5. Do not order anti dsDNA antibodies in ANA negative patients unless the clinical suspicion of SLE remains high

# Do not order ANA testing without symptoms +/- signs suggestive of a systemic rheumatic disease

## Clinical

- inflammatory arthritis
- photosensitive or discoid rash
- alopecia
- xerophthalmia and xerostomia
- mouth ulcers
- sclerodactyly
- Raynaud's phenomenon

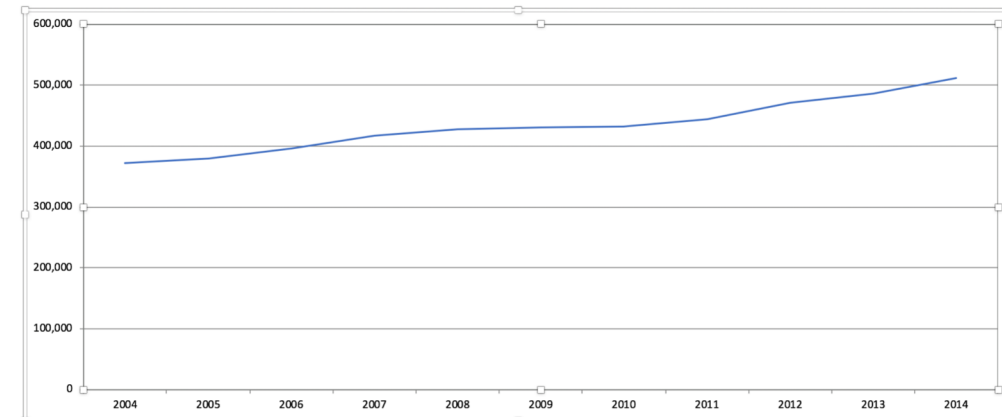
## Investigations

- haemolytic anaemia
- thrombocytopaenia
- lymphopaenia
- hypergammaglobulinaemia
- haematuria
- proteinuria

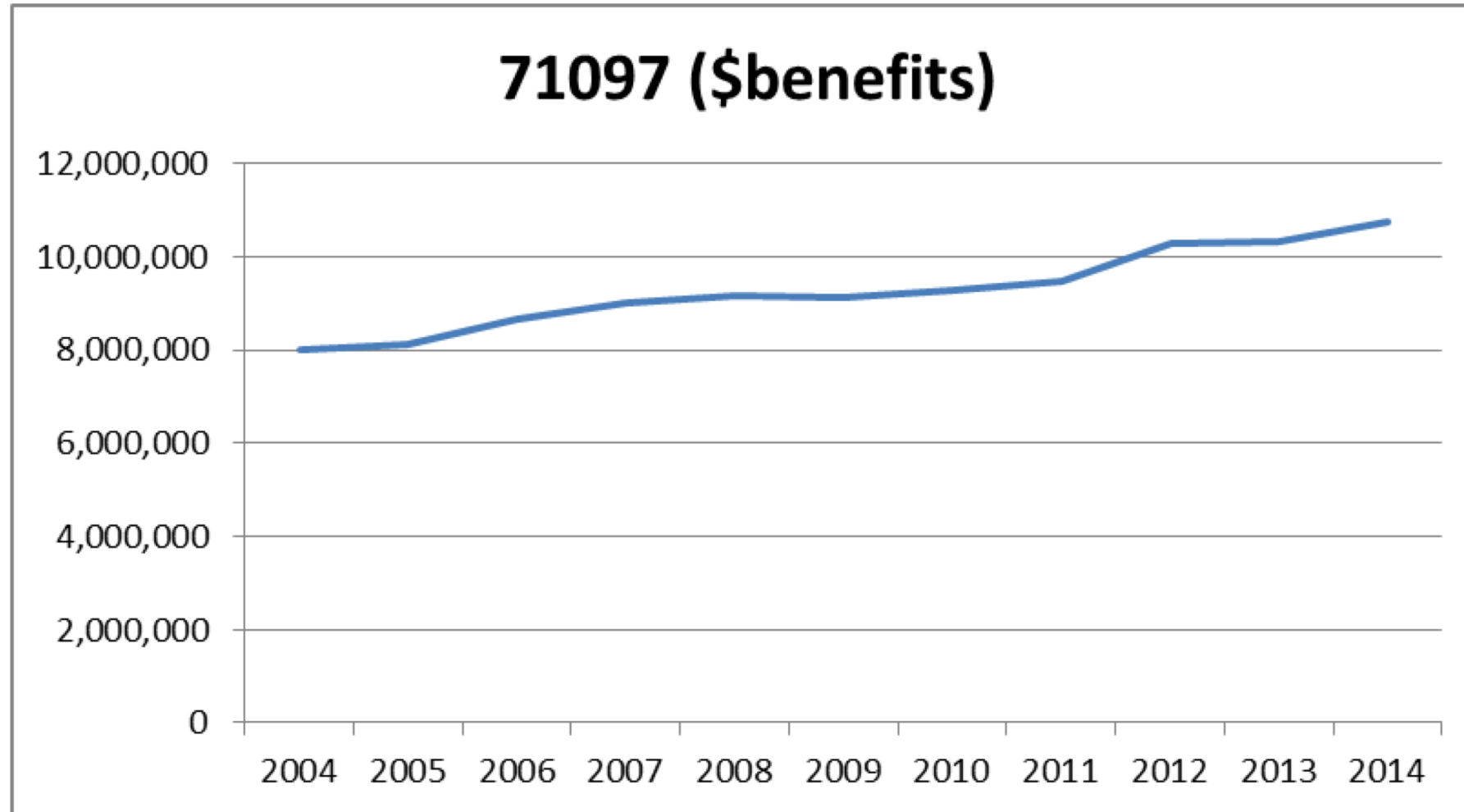
# Antinuclear Antibody

- Test over-used
  - User and lab dependent
  - can lead to unnecessary referrals and healthcare costs
- Medicare rebate
  - ANA \$24.45
  - Benefit: 75% = \$18.35 85% = \$20.80 ; (dsDNA \$26.50, ENA \$17.50 )
- Steady increase in MBS-funded ANA
  - \$7.76 million 2004
  - \$10.96 million 2015
    - Annual growth 3.2%

Services for ANA testing 2004-2014 as assessed by data from MBS item 71097

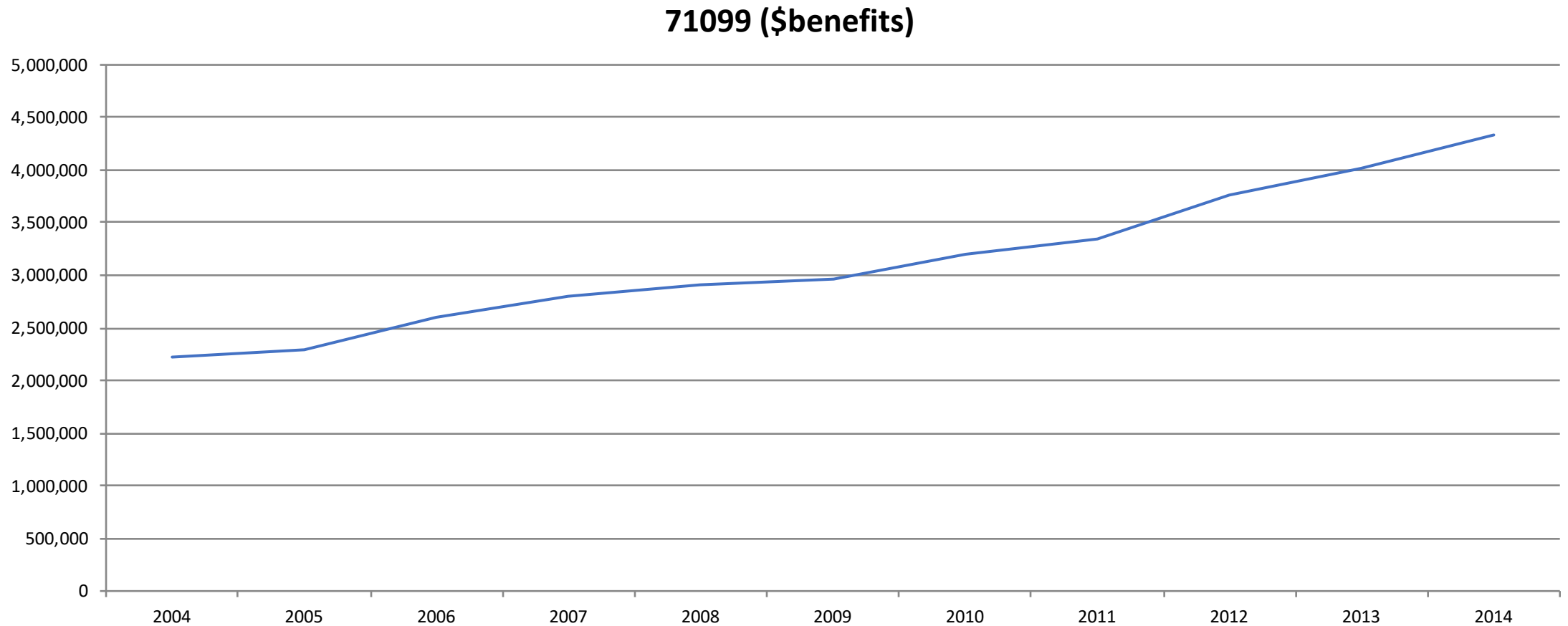


# Benefits paid (in AUD) for ANA tests 2004-2014 by MBS item number 71097



# Increased spending on anti dsDNA antibodies

## MBS benefit item 71099 2004-2014





Do not perform arthroscopy with lavage +/- or debridement in symptomatic knee OA nor partial meniscectomy in degenerate meniscal tear (74.2%)

- Consistent evidence **arthroscopic lavage** +/- or debridement for symptomatic knee OA, +/- or partial meniscectomy for patients with degenerate meniscal tear (+/- OA), **no more effective** than placebo surgery or non-operative alternatives
- High rate of conversion from knee arthroscopy to total knee arthroplasty
  - rises with age, arthroscopic surgery should be avoided > 50 years
- Arthroscopy
  - peri- and post-operative risks
  - considerable cost

# Do not undertake imaging for low back pain (50.8%)

- Most episodes of low back pain (~90%) do not require imaging
- Imaging may
  - identify irrelevant incidental findings
  - increase risk of exposure to unnecessary, invasive treatment
  - increase costs
- Low back pain **without** suggestion of serious underlying conditions
  - no significant differences in pain or disability outcomes between immediate imaging c/w usual care without imaging



EVOLVE is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions.

# Do not use US guidance to perform injections into subacromial space (50.3%)

- **No high-quality evidence to support superiority of US-guided subacromial injections c/w injections guided by landmarks**
- Cochrane review
  - 5 moderate quality evidence trials
  - no advantage US-guided injection v landmark-guided or IM injection
    - pain, function, range of motion, adverse events
  - results consistent with recent trial

# EVOLVE Driving high-value care

- Should I undertake this practice for this patient?
- Do the risks to the patient outweigh the benefits?
- Does the patient really need this test, treatment or procedure?
- Are there simpler, safer options?
- Does this Evolve recommendation make a difference to my clinical decision-making?



EVOLVE is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions.

# Key points

- ANA testing in patients with low probability of rheumatic disease is likely to result in high numbers of false positive results
  - **DO NOT DO IT**
- A positive ANA test is not diagnostic of autoimmune disease
  - seen in many non-rheumatic conditions as well as healthy individuals
  - **DO NOT TELL ANYONE THEY HAVE “LUPUS” – unless they really do**
- Change in ANA titre is rarely clinically useful as are not associated with autoimmune disease activity
  - **DO NOT repeat test**

# Key points

- Don't order back imaging
  - GET THEM TO EXERCISE AND LOOSE WEIGHT
- Don't send a patient to an orthopaedic surgeon for an arthroscopy for OA
  - GET THEM TO EXERCISE AND LOOSE WEIGHT
- **Don't order US guided shoulder injections**
  - **DO IT YOURSELF**



Has it made a difference?