



“Less is more”

4th Symposium on Health Services Research

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**Goals, priorities, limits –
what is appropriate care?**

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What is Appropriate Care ...?

Appropriate goals?

Appropriate priorities?

Appropriate outcomes?

Appropriate attitudes?



Appropriate limits?

And how do we know if they are appropriate or not?



What is Appropriate Care?

A literature review 2011 - 2014

Table 5: Frequency of appropriate care characteristics

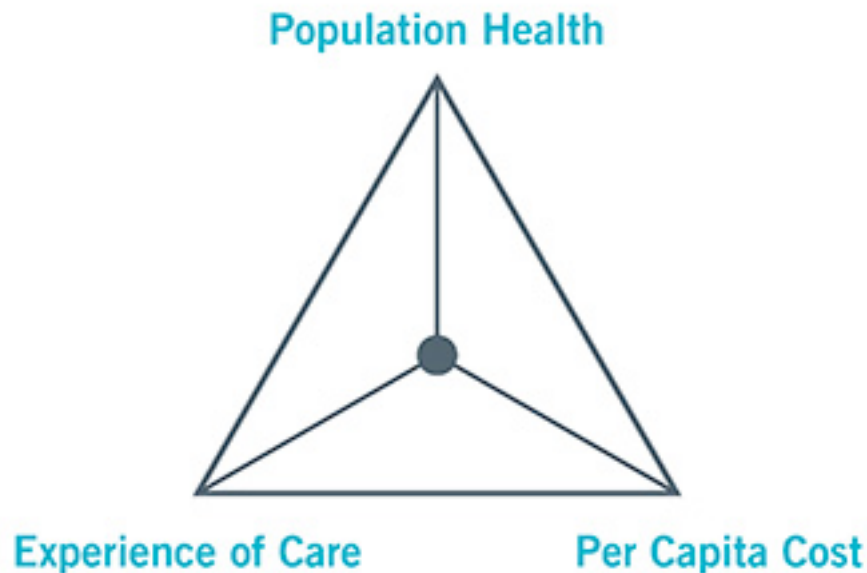
| Categorization domains | Total N=21 (%) | Empirical studies N=11 (%) | Reviews N=5 (%) | Commentaries N=5 (%) |
|-------------------------------|---------------------------|---------------------------------------|----------------------------|---------------------------------|
| <i>Determinants</i> | | | | |
| Clinical outcomes | 12 (54.5) | 6 (60.0) | 5 (71.4) | 1 (20.0) |
| Expert opinion | 7 (31.8) | 4 (40.0) | 3 (42.9) | 0 (0.0) |
| Professional discretion | 6 (27.3) | 2 (20.0) | 2 (28.6) | 2 (40.0) |
| Guideline/ protocol adherence | 10 (45.5) | 4 (40.0) | 4 (57.1) | 2 (40.0) |
| Observed variation | 7 (31.8) | 2 (20.0) | 3 (42.9) | 2 (40.0) |
| Patient acceptability | 5 (22.7) | 0 (0.0) | 4 (57.1) | 1 (20.0) |

Robertson-Preidler et al. Manuscript currently revision. Please do not cite or circulate!



The Triple Aim as an anchor

The IHI Triple Aim



A working definition:

Health care is appropriate when it manages to integrate the three angles of the Triple Aim reasonably well.



Pitfalls

Underuse: an intervention which has a proven net benefit and is cost-effective is not performed.

Overuse: an intervention which is of unproven net benefit or which is not cost-effective is performed.

Misuse: an intervention which has a negative net benefit is performed.

http://www.euro.who.int/_data/assets/pdf_file/0011/119936/E70446.pdf

➤ „WZW“: effective – appropriate – cost-effective



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Approaches to Determining Appropriateness of Care: An International Perspective

Matthew Anstey, Sir Charles Gairdner Hospital, Australia

Nikola Biller-Andorno, University of Zurich, Switzerland

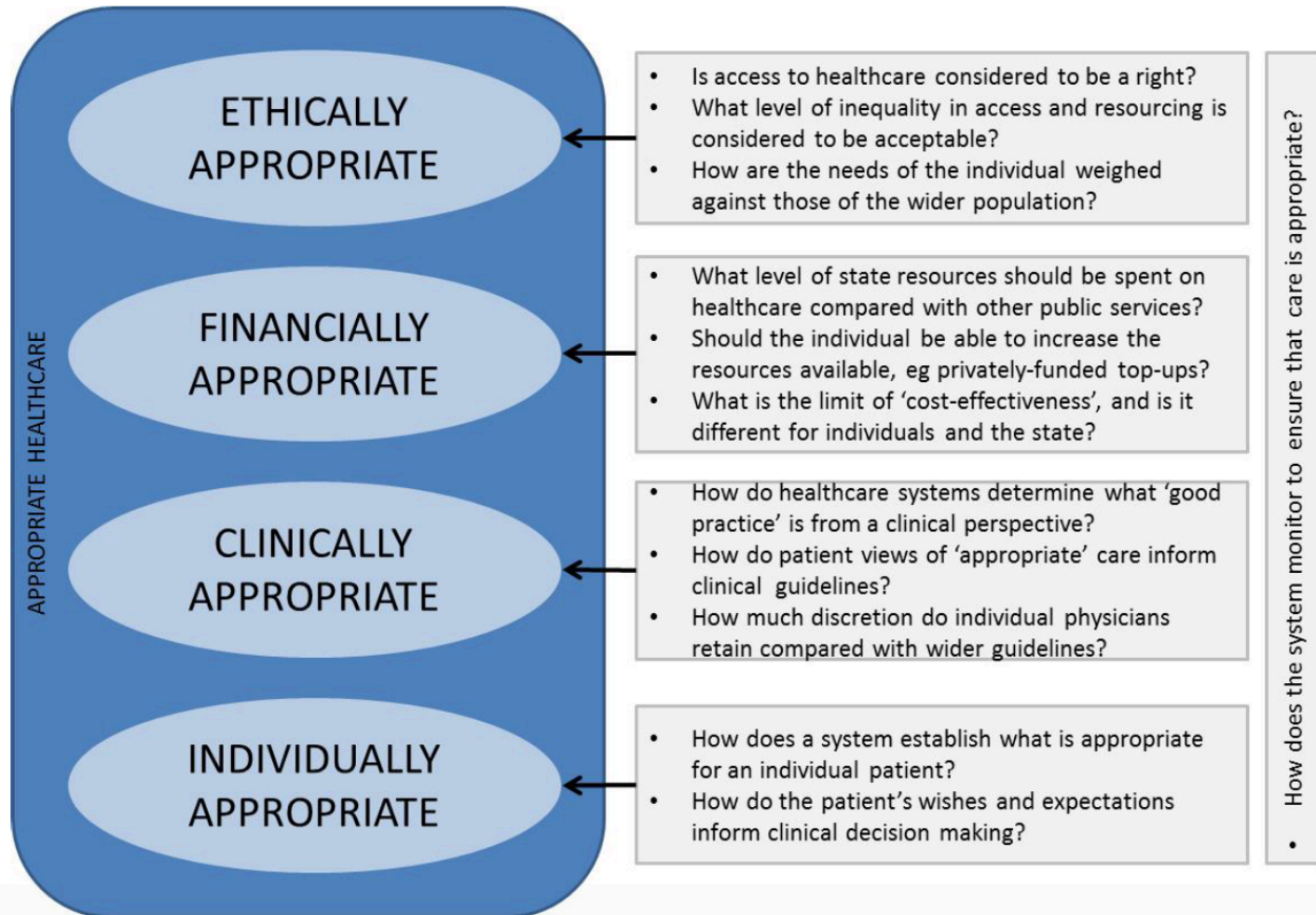
Alexandra Norrish, Department of Health, United Kingdom

With assistance from Joelle Robertson-Preidler, University of Zurich



Dimensions of Appropriate Care

Figure 2. Aspects of Appropriateness in Health Care





Appropriateness as a contextual concept

„... defining appropriateness is, to a large degree, a socio-political process, involving multiple players and preferences“

http://www.euro.who.int/_data/assets/pdf_file/0011/119936/E70446.pdf

A working definition:

Health care is appropriate when it manages to integrate the three angles of the Triple Aim *reasonably well*.

- Space for different national approaches and conclusions
- Evaluative element/normative judgment raises questions of legitimation and procedural fairness.



Who defines appropriateness?

Participative discourse:

- „stakeholders“ (healthcare payers and providers)
- (potential) patients/citizens

Cave:

- Public opinion can be manipulated (cf. marketing)
- Need for clear and unbiased, evidence-based information (e.g. „less is more“, „overtreatment hurts“ (not only financially))



A few communicative issues...

Research Letter | December 9/23, 2013

LESS IS MORE

Overdiagnosis and Overtreatment Evaluation of What Physicians Tell Their Patients About Screening Harms

Odette Wegwarth, PhD¹; Gerd Gigerenzer, PhD¹

[\[+\] Author Affiliations](#)

JAMA Intern Med. 2013;173(22):2086-2087. doi:10.1001/jamainternmed.2013.10363.

Text Size:

Are patients informed about overdiagnosis by their physicians when discussing cancer screening?

How much overdiagnosis would they tolerate when deciding to start or continue screening?



A few communicative issues...

Table. Demographics of Survey Respondents, Their Information Status, and Tolerance of Overtreatment

| Characteristic | No. (%) of Survey Respondents | 2008 US Census ^a | % | |
|--|-------------------------------|-----------------------------|---|---|
| | | | Informed of Overtreatment by Their Physicians | Would Not Start Cancer Screening If It Resulted in >1 Overtreated Person per 1 Life Saved |
| Overall | 317 (100.0) | 100 | 9.5 | 51.2 |
| Sex | | | | |
| Female | 166 (52.4) | 52 | 8.4 | 51.2 |
| Male | 151 (47.6) | 48 | 10.6 | 52.3 |
| Age, y | | | | |
| 50-59 | 192 (60.6) | 61 | 9.4 | 47.9 |
| 60-69 | 125 (39.4) | 39 | 9.6 | 55.2 |
| Educational level | | | | |
| Less than high school | 22 (6.9) | 13 | 9.1 | 45.4 |
| High school/some college | 203 (64.0) | 58 | 10.3 | 82.8 |
| College degree | 92 (29.0) | 29 | 7.6 | 50.0 |
| Ethnicity | | | | |
| White | 269 (84.9) | 85 | 8.9 | 52.0 |
| African American /Asian/other minority | 48 (15.1) | 15 | 12.5 | 39.6 |

Wegwarth O, Gigerenzer G in *JAMA Intern Med* 173(22): 2086-2087, 2013.



A few communicative issues...

Mammography as an example:

10.000 women screened annually at age 40 for 10 years:
200 cancers detected, 5 women saved (only 30 die instead of 35), 40 overdiagnosed)


<http://www.health.harvard.edu/blog/new-mammography-guidelines-call-for-starting-later-and-screening-less-often-201510218466>.

Mammograms are not perfect. They miss some cancers. And sometimes more tests will be needed to find out if something found on a mammogram is or is not cancer. There's also a small possibility of being diagnosed with a cancer that never would have caused any problems had it not been found during screening. It's important that women getting mammograms know what to expect and understand the benefits and limitations of screening.

<http://www.cancer.org/cancer/breastcancer/moreinformation/breastcancerearlydetection/breast-cancer-early-detection-acs-recs>



A few communicative issues...

Breast Cancer Early Detection  HARDING CENTER FOR RISK LITERACY

by mammography screening
Numbers for women aged 50 years or older who participated in screening for 10 years

| | 1,000 women without screening | 1,000 women with screening |
|--|-------------------------------------|----------------------------------|
| Benefits | | |
| How many women died from breast cancer? | 5 | 4 |
| How many women died from all types of cancer? | 21 | 21 |
| Harms | | |
| How many women without cancer experienced false alarms or biopsies? | – | 100 |
| How many women with non-progressive cancer had unnecessary partial or complete breast removal? | – | 5 |

Source: Gøtzsche, PC, Jørgensen, KJ (2013). *Cochrane Database of Systematic Reviews* (6): CD001877.
Numbers in the fact box are rounded. www.harding-center.de

Where no data for women above 50 years of age are available, numbers refer to women above 40 years of age.

Gigerenzer G: The Art of Risk Communication Breast cancer screening pamphlets mislead women. BMJ 2014;348:g2636.



A few communicative issues...



Max-Planck-Institut für Bildungsforschung
Max Planck Institute for Human Development



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Deutsch

Fact Boxes

Information from the Harding Center

Helpful Questions

Technical Terms

Risk Quiz

RiskLiteracy.org

Fact Boxes

Medical questions often have no black-and-white answers. For this reason, transparent information is crucial – as is the courage to make informed decisions for oneself.

We have prepared fact boxes with unbiased and easy-to-understand information about different subjects:

- [Benefits and harms of antibiotics](#)
- [General health check](#)
- [Treatment for osteoarthritis of the knee](#)
- [Tonsil surgery in children](#)





Accountability: a (at least) two pronged-approach

- Strengthen not only patient/citizen engagement but also health care professionalism (individual responsibility, good stewardship for limited public health resources)
- Accountability (broader set of indicators for learning health systems, benchmarks, accreditation)
- **Role for health services research** (analysis of geographic variation, perverse incentives etc.)

<http://www.samw.ch/de/Projekte/Oekonomisierung-der-Medizin.html>

Appropriate Health Care



Universität Zürich



The IHI Triple Aim

Population Health



Experience of Care

Per Capita Cost



Appropriate goals

Appropriate priorities

Appropriate outcomes

Appropriate attitudes

Appropriate limits



CH Efforts Towards Appropriate Care

- Federal Commission for General Health Insurance Benefits (Federal Office of Public Health)
- Federal Health Insurance Law, cost-effectiveness audits through insurances
- (Federal Supreme) Court decisions
- Health Technology Assessment (Swiss Medical Board)
- Guidelines (i.a. Smarter Medicine)
- DRGs, Managed Care
- Swiss Health Observatory
- National Research Priority Program „Smarter Health Care“
- Project Swiss Academies Sustainable Health Care System
- ...



Thank you very much for your attention!



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"This *is* a second opinion. At first, I thought you had something else."