Assessing When to Scale Back or Stop Unnecessary Routine Medical Services


Study Objective
To develop a systematic approach for identifying and validating recommendations for stopping or scaling back (de-intensifying) routine tests or treatments.

Background
- Providing appropriate health care means ensuring that patients get the care they need while avoiding care that is unnecessary or harmful
- Recommendations in current guidelines primarily focus on intensifying medical services
- Recommendations focusing on de-intensifying are needed to complement the many recommendations focusing on intensifying medical services

Methods

Step 1
- Conduct an environmental scan of high-quality guidelines (from selected specialty societies and USPSTF) & Choosing Wisely recommendations to identify candidate de-intensification recommendations
- No. of recs retained
  - Initial extraction
  - Review phase 1
  - Review phase 2
  - Grouping phase
  - Prioritization phase
  - Total

Step 2
- Redraft de-intensification recommendations
- De-intensification Recommendation from Step 1 (example)
  - Don’t use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors
- Redrafted De-intensification Recommendation (example)
  - Action (numerator): Screening using DEXA
  - Population (denominator): Women younger than 65 or men younger than 70
  - Exclusions [example risk factors]: osteopenia, kidney disease

Step 3
- Appropriate Use Criteria (AUC) is a rapid evidence synthesis method for assessing and prioritizing recommendations

Step 4
- Rapid Evidence Synthesis (RES)
- A RES was completed to assess the benefits and harms of osteoporosis screening in the above age groups

Step 5
- De-intensification Recommendations: No. rated highly by the expert panel

Results

De-intensification Recommendations: No. rated highly by the expert panel

<table>
<thead>
<tr>
<th>Recommendation Examples</th>
<th>CVD</th>
<th>Diabetes</th>
<th>Screening*</th>
<th>Med Use*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease aspirin dose in patients with DAPT and a daily aspirin dose &gt;100mg</td>
<td>10</td>
<td>4</td>
<td>13</td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td>Reduce diabetes medications in patients at high-risk for hypoglycemia</td>
<td>10</td>
<td>4</td>
<td>12</td>
<td>6</td>
<td>32</td>
</tr>
<tr>
<td>Don’t screen for breast cancer in women with limited life expectancy</td>
<td>12</td>
<td>4</td>
<td>13</td>
<td>7</td>
<td>36</td>
</tr>
</tbody>
</table>

- Excludes CVD and Diabetes related screenings or medications

Conclusions
- We identified 44 high-priority recommendations and 37 were found to be valid through the RAM process