Information for Doctors
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smartermedicine
In medicine, less sometimes means more

Top Five List for «Choosing Wisely» in the Inpatient Sector Published

Dear colleagues

In 2011, physicians in the United States launched an initiative entitled «Choosing Wisely». The goal of the initiative is to promote open discussion between physicians, patients and the general public on the topic of unnecessary treatments/tests. At the core of the campaign are Top Five lists for every clinical field.

For additional information about the campaign and to obtain documents for download, please visit **www.smartermedicine.ch**. As part of a joint effort involving SSGIM specialist committees, the SSGIM administrative office and other associations, the campaign will undergo ongoing development, and further information will be added to the website.

Each Top Five list contains five medical treatments/tests which are currently overused, and where there is therefore increased need to provide patients with information and to discuss and reach agreement with them regarding appropriate approaches. These Top Five lists are then made public in close cooperation with patient and consumer protection organizations and with the help of the media.

The Swiss Society of General Internal Medicine (SSGIM) took great interest in this discussion that originated in the US. A specialist commission prepared and evaluated its own Top Five list for the outpatient sector and in May 2014 published it under the overarching title «smarter medicine». The message, namely that in medicine less sometimes means more, was well received by doctors, patients and the media. There then followed lively debate about the overuse and underuse of treatments/tests, the concept of treatment quality, «informed decisions» for the patient's benefit, and potentially misplaced financial incentivization in the system. Eventually these issues reached the political arena, and this year were at the forefront of concerns at the Swiss Federal government's 3rd National Conference «Health 2020».

Now a specialist group headed by Prof. Dr. med. Christoph A. Meier has applied a broadly based set of methods in preparing a Top Five list for the inpatient sector. It includes recommendations for internists who are treating in some cases seriously ill, polymorbid patients. For such patients, the question of the relationship between overuse of treatments/tests and constraints on quality of life is particularly important. Moreover, in view of Switzerland's high life expectancy, the issue is of great significance not just from a medical standpoint but also for society as a whole.

The SSGIM intends to raise even broader awareness of this important issue and hope to motivate more physicians to apply the recommendations in their everyday work and thereby gather their own experiences. By using questionnaires and evaluating feedback, we will then be able to update the lists as necessary, develop targeted further training courses, and initiate suitable research projects. This will strengthen our campaign in a very concrete way.

«The issue is of great significance not just from a medical standpoint but also for society as a whole.»
Prof. Dr. med. Jean-Michel Gaspoz

Now is a suitable time to address the issue in an in-depth and comprehensive manner. Overuse of treatments/tests without adding any value for the patient does occur in all fields, both inpatient and outpatient. We also need to raise awareness among all other professional groups within the field of medicine, to ensure they are pursuing the same objectives as the physicians. By working together, we can make medicine «smarter» for the benefit of our patients.

Prof. Dr. med. Jean-Michel Gaspoz,
Joint President, Swiss Society of General Internal Medicine (SSGIM)

Top-5-list

The SSGIM's Top Five recommendations for treatments/tests to be avoided in ambulatory care are:

ambulatory care

1 Obtaining imaging studies during the first six weeks in patients with non-specific low back pain.

Non-specific low back pain excludes red flags such as severe or progressive neurological deficits, or when conditions such as malignancy or osteomyelitis are suspected. Imaging studies in non-specific low back pain do not improve outcomes, but do increase irradiation and costs.

Sources: Agency for Health Care Research and Quality, National Institute for Health and Care Excellence
Evidence level: Meta-analysis of randomized controlled trials

2 Performing the Prostate Specific Antigen (PSA) test to screen for prostate cancer without a discussion of the risks and benefits.

The benefits of PSA screening are unclear as there are conflicting results from randomized trials. Men should understand the risks of overdiagnosis and overtreatment before being tested. Screening should not be offered over age 75.

Sources: American College of Physicians, National Health Service, Swiss Society of Urology
Evidence level: Randomized controlled trials

3 Prescribing antibiotics for uncomplicated upper respiratory tract infections.

The majority of uncomplicated upper respiratory tract infection are viral infections, for which antibiotics have no impact.

Sources: Centers for Disease Control, American Academy of Family Physicians, National Institute for Health and Clinical Excellence
Evidence level: Multiple randomized controlled trials

4 Obtaining preoperative chest radiography in the absence of a clinical suspicion for intrathoracic pathology.

Provides no meaningful change in management or improvement in patient outcomes in asymptomatic patients.

Sources: American College of Radiology, Royal College of Radiologists
Evidence level: Multiple retrospective cohort studies

5 Continuing long-term treatment of gastrointestinal symptoms with proton pump inhibitors without titrating to the lowest effective dose needed.

The indication for treatment should be regularly reviewed with patients, as side-effects may outweigh benefits, particularly with long-term treatment. Also applies to histamine 2 receptor antagonists.

Sources: American Gastroenterological Association, National Institute for Health and Clinical Excellence
Evidence level: Randomized controlled trials and prospective cohort studies

«This Top Five list is based on collaborative input from experts and chief physicians from all over Switzerland. The Top Five recommendations cover a broad spectrum of common diagnostic (blood tests) and therapeutic (transfusions, sedatives, urinary catheters) measures in the inpatient sector. In our view, one of the most important recommendations for older and multimorbid patients is early mobilization during the hospital stay. This helps prevent rapid loss of muscle strength and loss of stability when walking. Moreover, it helps patients regain their independence as quickly as possible when they return to their familiar environment.»

Prof. Dr. med. Christoph A. Meier

Top-5-list

The Swiss Society of General Internal Medicine recommends this Top-5 interventions to be avoided in hospital care:

hospital

1 Don't order blood tests at regular intervals (such as every day) or routine extensive lab panels including X-rays without specific clinical questions.

Many diagnostic studies (including chest radiographs, arterial blood gases, blood chemistries and counts and electrocardiograms) are ordered at regular intervals (e.g., daily). Compared with a practice of ordering tests only to help answer clinical questions, or when doing so will affect management, the routine ordering of tests increases health care costs, does not benefit patients and may in fact harm them. Potential harms include anemia due to unnecessary phlebotomy, which may necessitate risky and costly transfusion, and the aggressive work-up of incidental and non-pathological results found on routine studies.

2 Don't place, or leave in place, urinary catheters for incontinence, convenience or monitoring of output for non-critically ill patients.

Catheter Associated Urinary Tract Infections (CAUTIs) are the most frequently occurring health care acquired infection (HAI). Use of urinary catheters for incontinence or convenience without proper indication or specified optimal duration of use increases the likelihood of infection and is commonly associated with greater morbidity, mortality and health care costs. Published guidelines suggest that hospitals and long-term care facilities should develop, maintain and promulgate policies and procedures for recommended catheter insertion indications, insertion and maintenance techniques, discontinuation strategies and replacement indications.

3 Don't transfuse more than the minimum number of red blood (RBC) units necessary to relieve symptoms of anemia or to return a patient to a safe haemoglobin range.

(7 g/dL in stable non-cardiac patients and 8 g/dL in stable patients with pre-existing cardiovascular disease)

Transfusion of the smallest effective dose of RBCs is recommended because liberal transfusion strategies do not improve outcomes when compared to restrictive strategies. Unnecessary transfusion generates costs and exposes patients to potential adverse effects without any likelihood of benefit. Clinicians are urged to avoid the routine administration of 2 units of RBCs if 1 unit is sufficient.

4 Don't let older adults lie in bed during their hospital stay. In addition, individual therapeutic goals should be established considering the patients' values and preferences.

Up to 65% of older adults who are independent in their ability to walk will lose their ability to walk during a hospital stay. Walking during the hospital stay is critical for maintaining functional ability in older adults. Loss of walking independence increases the length of hospital stay, the need for rehabilitation services, new nursing home placement, risk for falls both during and after discharge from the hospital and increases the risk of death for older adults. Bed rest or limited walking (only sitting up in a chair) during a hospital stay causes deconditioning and is one of the primary factors for loss of walking independence in hospitalized older adults. Older adults who walk during their hospital stay are able to walk farther by discharge, are discharged from the hospital sooner, have improvement in their ability to independently perform basic activities of daily living, and have a faster recovery rate after surgery.

5 Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium and avoid prescription at discharge.

Large-scale studies consistently show that the risk of motor vehicle accidents, falls, and hip fractures leading to hospitalization and death can more than double in older adults taking benzodiazepines and other sedative-hypnotics. Older patients, their caregivers, and their providers should recognize these potential harms when considering treatment strategies for insomnia, agitation, or delirium. Use of benzodiazepines should be reserved for alcohol withdrawal symptoms/delirium tremens or severe generalized anxiety disorder unresponsive to other therapies.

The SSGIM collaborates with the following partners in implementing the «smarter medicine» campaign:

Swiss Association of Patient Centres (DVSP)

The Patient Centre Zurich is Switzerland's oldest patient centre. The regional Patient Centres are members of the Swiss Association of Patient Centres (DVSP). The Patient Centres offer individual support in potential cases of breach of duty of care and cases where the social insurance system refuses to pay; they also act as a mediator when there are communication problems between providers and recipients of treatment, and provide advice on any healthcare-related issue. The Patient Centres help promote quality and transparency in healthcare, and ensure that the individuals involved and their families benefit from improved legal status. In addition, they represents the interests of patients and insurers in legislative work and on political committees.

www.patientenstelle.ch

«Krank und nicht mehr ausgeliefert.»

Dachverband Schweizerischer Patientenstellen

Swiss Academy of Medical Sciences (SAMS)

The Swiss Academy of Medical Sciences (German acronym: SAMW) was founded in 1943 by the five Swiss medical faculties, the two veterinary medical faculties and the Swiss Medical Association (Foederatio Medicorum Helveticorum – FMH).
With its two main programs «Medicine and Society» and «Medical Science and Practice», the Swiss Academy of Medical Sciences focusses on a variety of different areas. Inter alia it initiates in-depth dialogue concerning the future of medicine, and helps create close ties between medical science and medical practice.

www.samw.ch

SAMW Schweizerische Akademie der Medizinischen Wissenschaften

The Swiss Society of General Internal Medicine (SSGIM)

With around 8,000 members, the Swiss Society of General Internal Medicine (German acronym: SGAIM)* is the largest medical society in Switzerland. Its members are physicians of general internal medicine (outpatient and inpatient).

For these physicians of general internal medicine, the common denominator is the idea of treating patients in all their complexity, whether in a hospital, university or general practice setting. SSGIM members share a vision of providing comprehensive, ongoing, coordinated medical care with a human face.
The SSGIM also positions itself as a powerful, competent representative of general internal medicine vis-à-vis the various entities and authorities in the field of healthcare.
Another of its important objectives is to raise awareness and provide information on general internal medicine issues for physicians and the general public.

The SSGIM also helps promote and drive development in general internal medicine, and provides financial and non-material support for scientific projects.
A further key goal is to provide support for the next generation of physicians, as it will be vital to quickly find concrete ways to solve the problem of Switzerland's huge shortage of general practitioners.
The SSGIM offers a wide range of advanced training programs, organizes specialist examinations, and carries out accreditation of further training programs with core further training credits. It thus plays a major part in guaranteeing high standards of medical care in Switzerland. By organizing conferences and events, the SSGIM creates attractive platforms for networking and professional interaction.
Last but not least, the SSGIM focuses on the issue of quality, and acts as representative in issues relating to the SwissDRG (Swiss Diagnosis Related Groups) tariff system.

www.sgaim.ch

***The Swiss Society of General Internal Medicine (SGAIM/SSGIM) was established at the end of 2015 from the merger of two long-standing organizations, the SGIM (Swiss Society of General Internal Medicine) and the SGAM (Swiss Society of General Medicine).**

SGAIM SSMIG SSGIM
Schweizerische Gesellschaft für Allgemeine Innere Medizin
Société Suisse de Médecine Interne Générale
Società Svizzera di Medicina Interna Generale
Swiss Society of General Internal Medicine

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