

# Perceptions and attitudes of primary care physicians toward low-value practices and unnecessary care

 **Essencial**  
Afegint valor a la pràctica clínica

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**ESSENCIAL Project** is a public policy initiative to identify **low-value clinical practices** and elaborate **recommendations** to avoid them

## **Low-value clinical practices include:**

- ✓ ineffective or lack evidence on their effectiveness
- ✓ negative risk-benefit balance
- ✓ more cost-effective alternatives exists



1. Identification of low-value practices –  
*Scientific Societies*

2. Implementation of recommendations in  
clinical practice –  
*Pilot experience*



# Background

## Implementation of recommendations



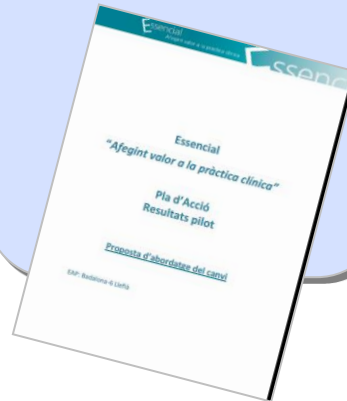
**Survey of GPs: for better targeted policy interventions of implementation and to reduce low-value practices**

1

**Identification of  
Clinical Leader**

2

**Primary Care  
Team  
Plan of Action**



3

**Follow-up  
Indicators  
monitoring**



4

**Impact  
Before-after**



To explore and describe **physicians' knowledge, attitudes and perceptions** towards low-value practices in primary care of Catalonia



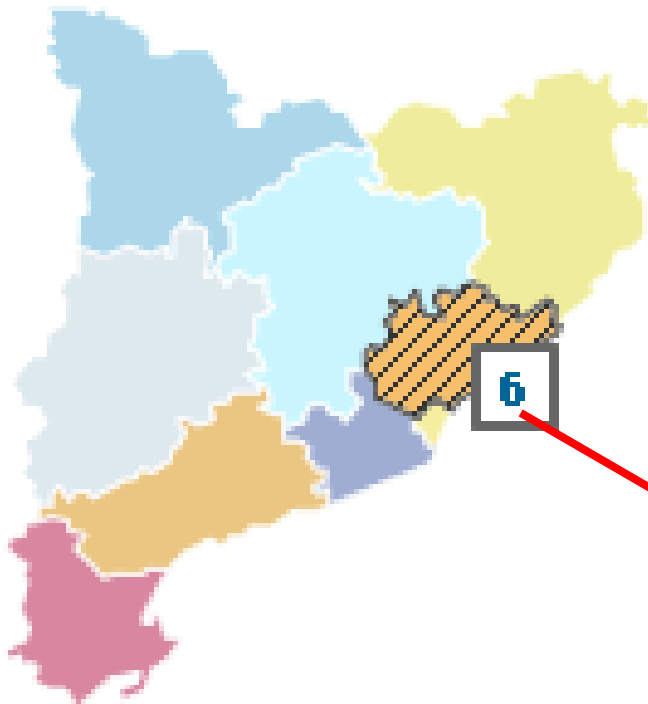
# Methods- Context



Autonomous Region  
Population: 7,611,711 inhabitants\*

**NHS based system**  
Universal coverage and free

**369 Primary Care Teams of ICS**  
98% of the population has a  
Primary Health Center closer than  
10km



**69 PC Teams**  
**735 total (GPs +  
paediatricians)**



# Methods



**Anonymous online survey** involving 735 GPs and paediatricians

Questionnaire included **25 questions**:

- Demographics
- **Low-value practices (views on the problem, drivers, solutions)**
- Essencial project (awareness, use resources of the project, **impact**)

A **pilot study** carried out to validate questionnaire

Survey period: **May 21 – July 21** with 2 reminders



## Demographics

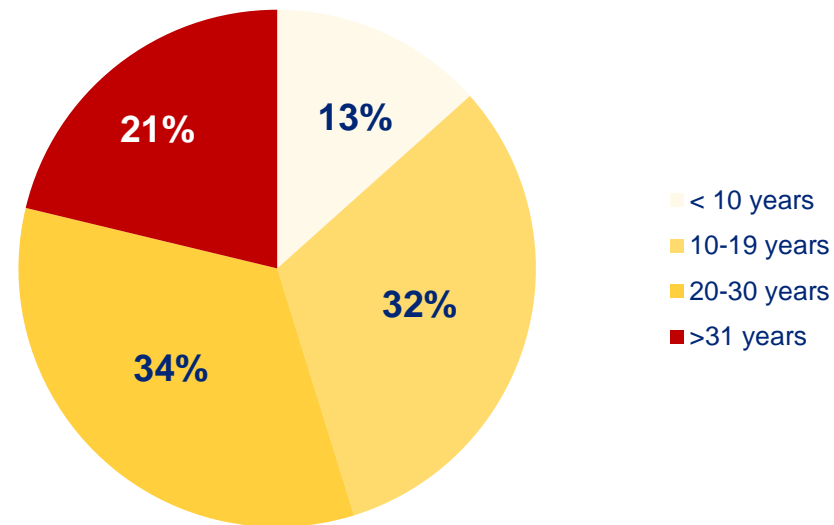
276 responded  
(37% response rate)

83% GP / 17% paediatrician

69% GP were women

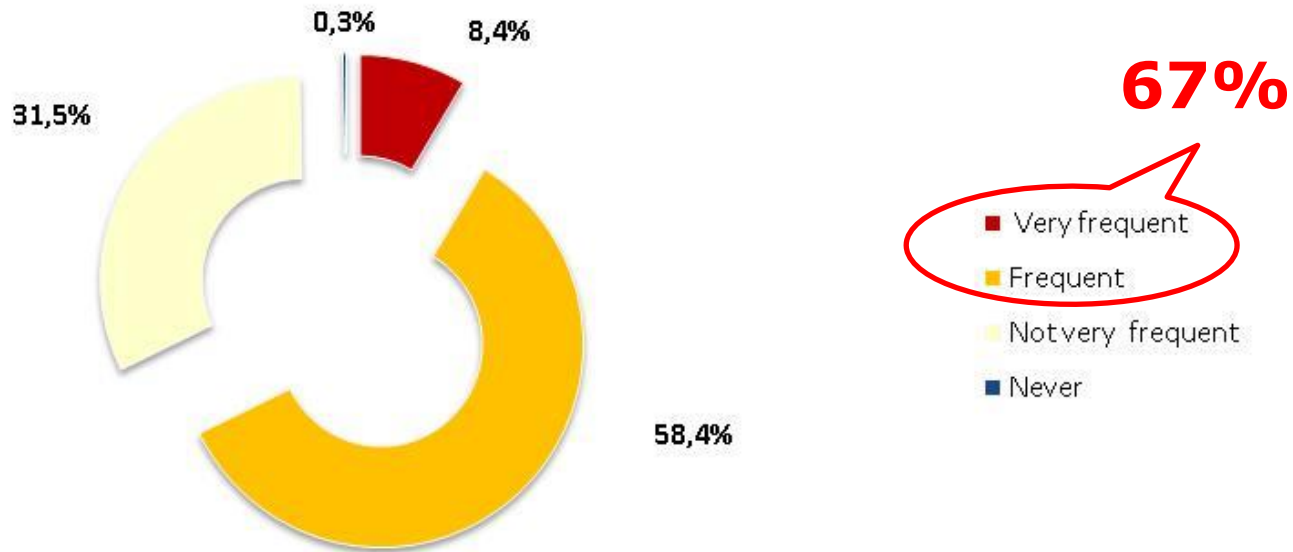
77% of GP  $\geq$  41 years old

### Years of experience in PC (n=274)





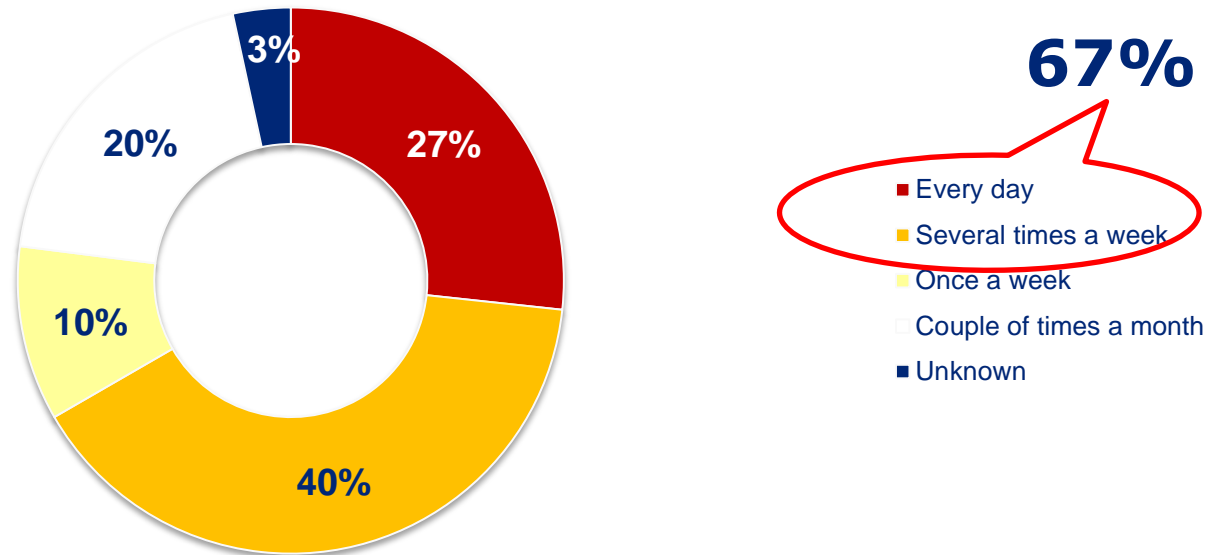
## In our healthcare context, prescription of low-value practices is considered:



n=261

....too frequent

## How often GPs face a decision related to low-value practices?



n = 261



## How often GPs talk with their patients about...



the **risk** of low-value practices

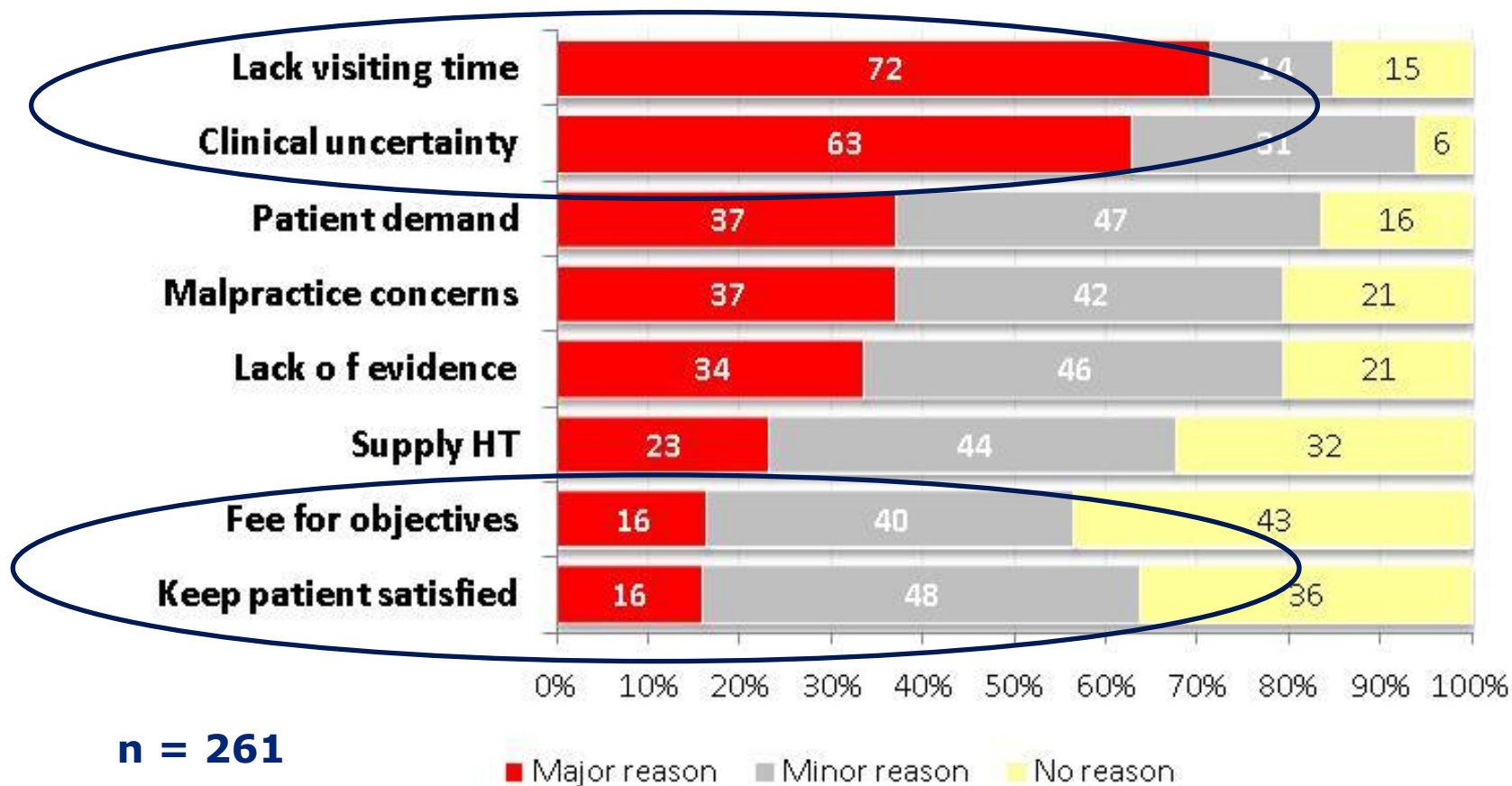
**73 %**  
frequent /very frequent

the **cost** of healthcare

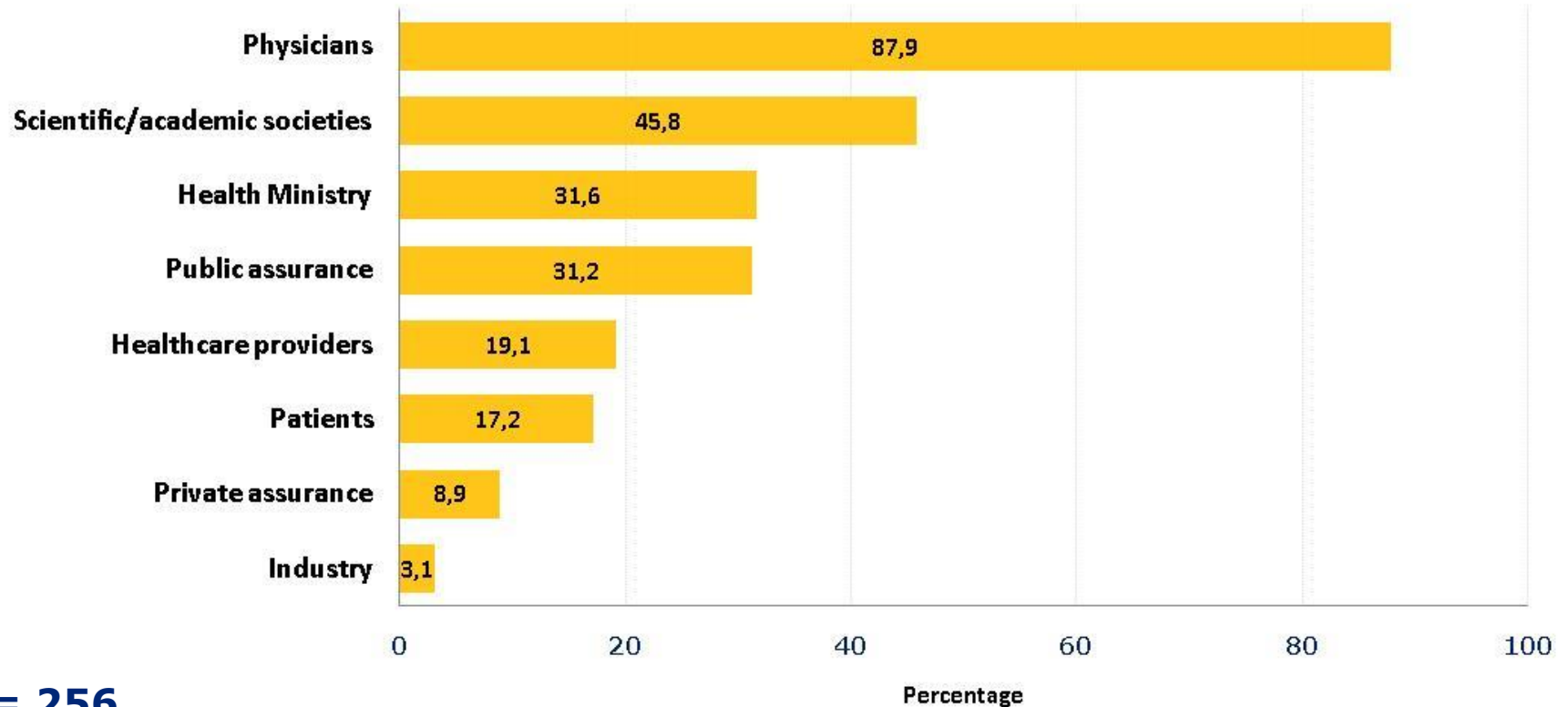
**24 %**  
frequent /very frequent

**66 %**  
not too often/ rarely/never

## Drivers to prescribe low-value practices were:



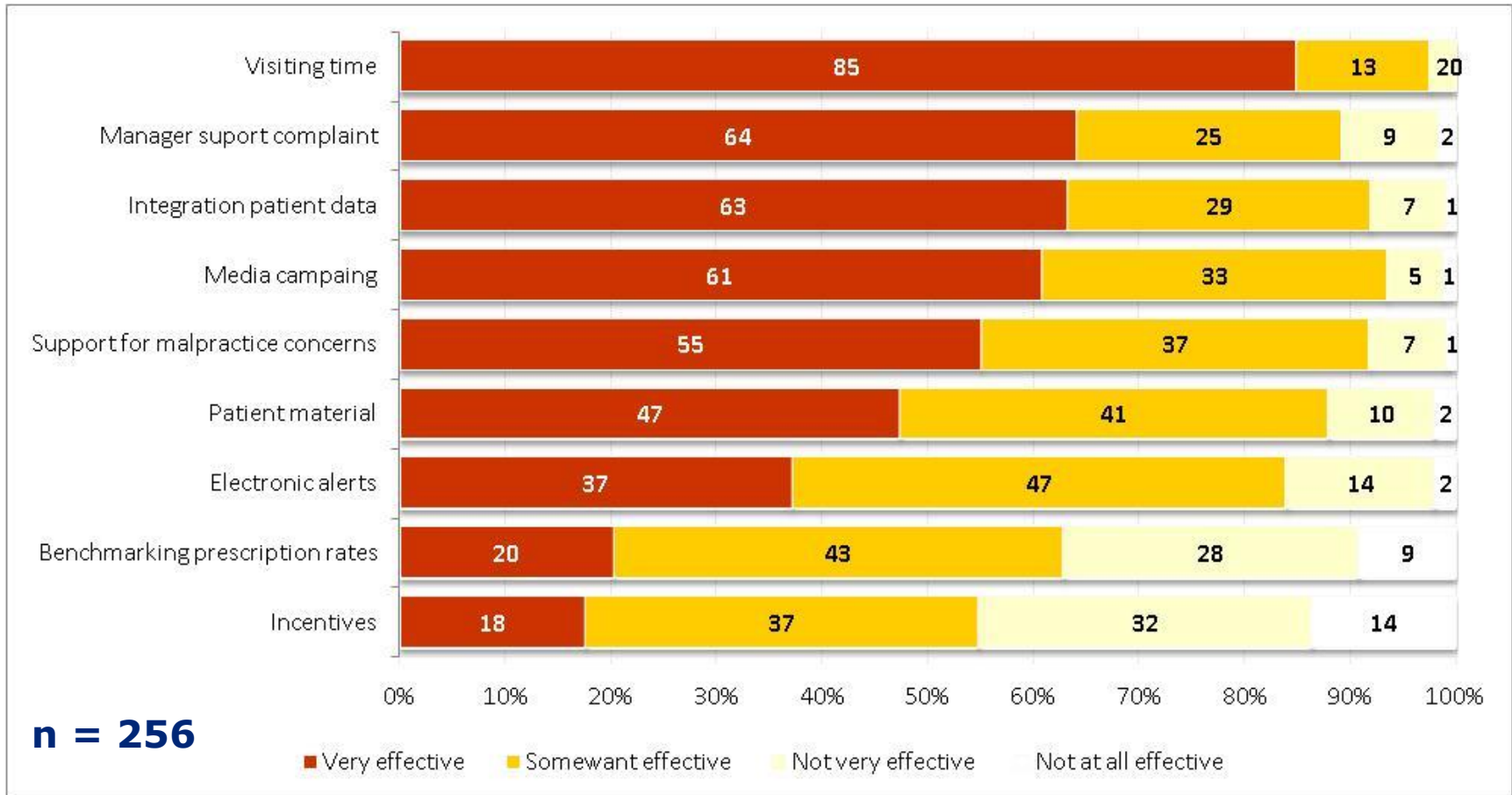
## Who is in the best position to approach the problem of unnecessary care?



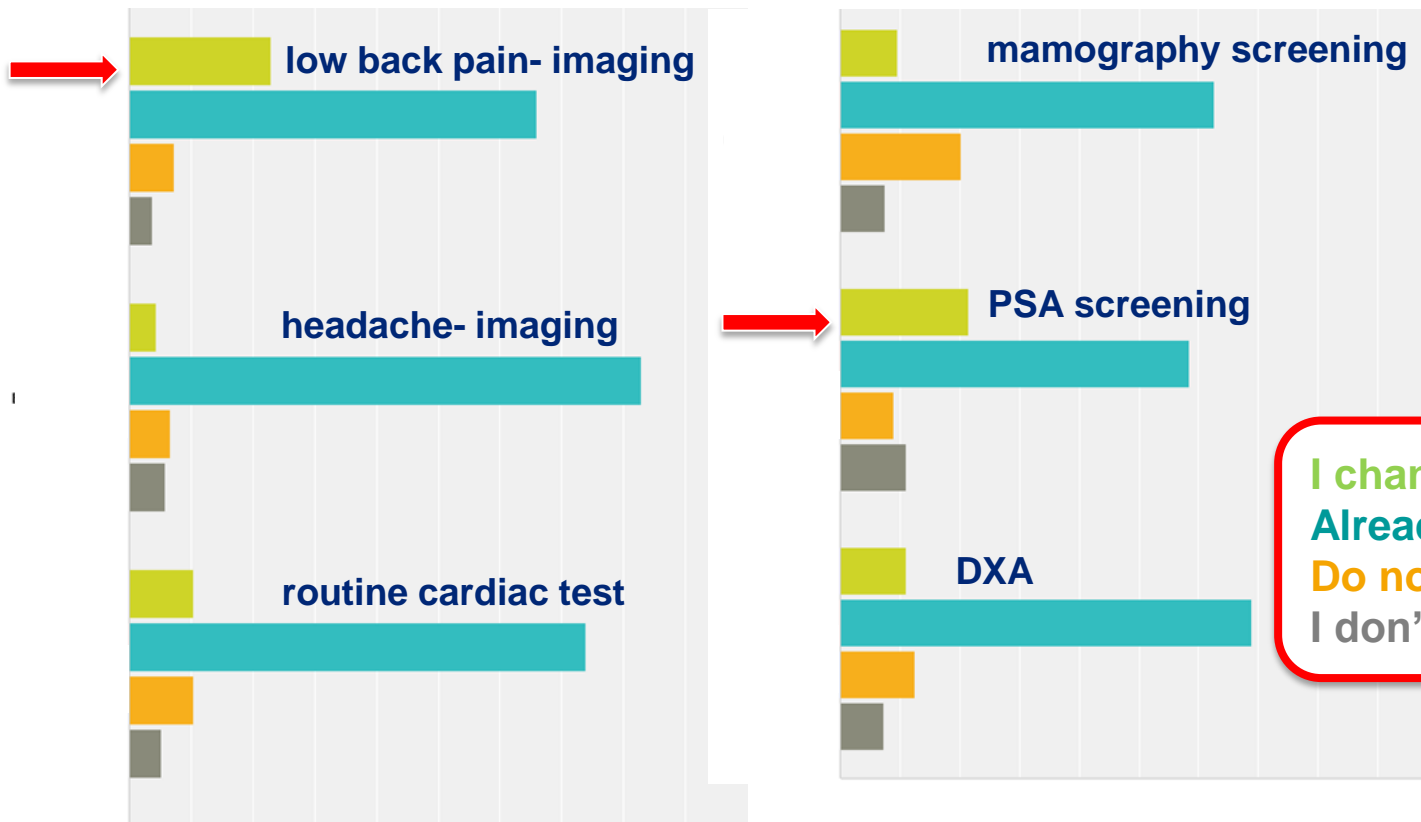
n = 256



## Which is the best tool to reduce low-value practices?



## Impact of Essencial recommendations in clinical practice. Diagnostic test (n=154)

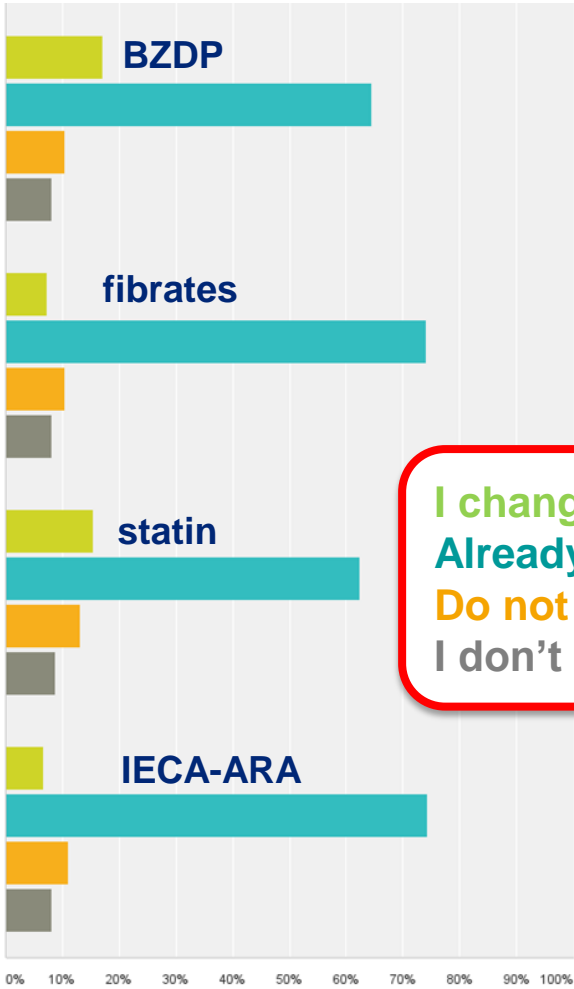
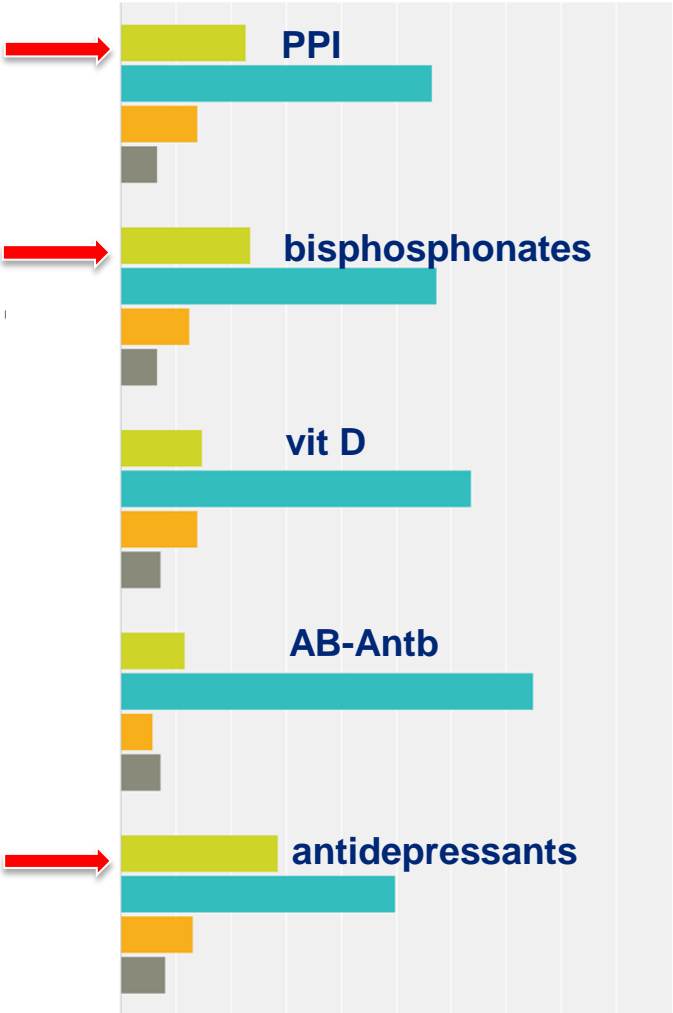


**I changed my CP**  
**Already applied in my CP**  
**Do not applied in CP**  
**I don't applied in CP**

# Results



## Treatment (n=154)



I changed my CP  
Already applied in my CP  
Do not applied in CP  
I don't applied in CP



# Conclusions / Lessons learned so far..



In Catalonia, this is the first survey about the knowledge and opinions of GPs regarding low-value practices. It's relevant that low-value practices are considered **too frequent clinical situations** in primary care.

Clearly, **GPs should be in charge of leading the reduction of low-value practices** but changes in the current organization of care are also needed.

Probably, due to the characteristics of our healthcare system (NHS), GPs are not aware of the consequences of low-value practices in **wasting resources and opportunity cost**.



# Conclusions /Lessons learned so far ..



Surprisingly, the **role of the patient** in lowering the frequency of low-value practices **is not considered as relevant** as it could be expected.

A multifactorial strategy is needed to reduce low-value practices, including: **1) organizational aspects, 2) information materials for patients and GPs and 3) use of ICT.**

**But benchmarking information or incentives currently used in primary care are not consider influential.**



# Thank you very much!

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