european IMPLEMENTATION EVENT

Symposium 3 - EIE2023

#106- Why is it so hard to de-implement low-value care practices in health care?

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Introduction to your symposium

Health care organizations must provide high-quality care and use their resources efficiently. Yet, practices with limited evidence or practices that are potentially harmful keep being utilized. This has led to an increased interest in de-implementation, i.e., the process of abandoning practices of low value. This symposium will synthesize current knowledge and practices concerning de-implementation in healthcare. We will demonstrate how frameworks used to study de-implementation differ from those applied in implementation science, and what are its unique barriers and facilitators. We will demonstrate challenges concerning measurement of low-value care and share experiences of interventions aimed at reducing it.

Symposium abstract Nr. 1

Background: Within implementation science numerous frameworks identify a wide range of factors that can influence implementation. However, it is not certain that the same factors influence the use and de-implementation of low-value care (LVC). We will share results from research we have conducted to find out what factors influence the use and de-implementation of LVC.

Methods: A qualitative evidence synthesis, a scoping review, two qualitative studies and a cross-sectional survey have been conducted to understand which factors influence the use and de-implementation of LVC.

Results: Factors have been found on several levels of the healthcare system that influence the use and de-implementation of LVC. Examples are factors in the outer context of the healthcare system, such as lack of national governance and financial incentives that inadvertently can lead to more LVC, factors in the inner context of the healthcare organization such as the organizational context, or processes with standardized orders of LVC, and factors related to the individual healthcare practitioner such as fear of malpractice and the patients, such as patient expectations, lack of time and insufficient patient information.

Conclusion: There are similar factors that influence the use and de-implementation of LVC as in implementation. Three factors seem to be different: the influence of the individual patients, professionals' fear of malpractice and the lack of clear responsibilities related to de-implementation.

Discussion points:

- How could national governance be designed to help the health care practitioners reduce their use of LVC?
- Who is responsible for de-implementation (individuals or system)?

Symposium abstract Nr. 2

Background: An essential first step in the de-implementation of low-value care is knowing its prevalence. Besides providing insight regarding the existence of this problem, it also creates awareness among healthcare professionals about the necessity of de-implementation. So far, most assessments of the prevalence of low-value care have been conducted in the US, Australia and Canada, and their outcomes greatly differ for a multitude of reasons. We therefore aim to share our knowledge regarding the opportunities and challenges of measuring low-value care.

Method: We conducted a systematic review regarding assessments of low-value (or overuse) diagnostic testing and performed several assessments using both administrative and medical record data.

Results: We observed large heterogeneity among the identified assessments of low-value care, even among assessments of similar diagnostic tests. We discerned several key-aspects that could explain the differences in assessment outcomes: differences in assessment lenses, used data sources, low-value care definitions and their operationalization. The use of different assessment lenses (e.g., a patient-population, patient-indication or service lens) has especially large impact on the assessment outcome, with median outcomes of each lens being 11.0%, 2.0% and 30.7%.

Conclusion: The assessment of low-value care is possible, and can be achieved through multiple methods, making the comparison of assessment highly intricate and should be done with care. The provision of clear interpretations and description of methods could aid in the comparison of findings.

Discussion points

- Could we standardize the methods of assessing low-value care?
- Do these challenges make the comparison of assessment outcomes between countries impossible?

Symposium abstract Nr. 3

Background: Low-value care and strategies to reduce it have received increasing attention. The best (combinations of) interventions to reduce low-value care are unclear. The goal of this presentation is to showcase what we have learnt about the best strategies for de-

implementation. We conducted a systematic review and and we will make the results concrete with 2 examples of implementation studies performed by our research groups.

Methods: We have performed a systematic review to describe and compare the effectiveness of de-implementation strategies. We analyzed 121 randomized controlled trials (1990-2019) evaluating a strategy to reduce low-value care. De-implementation strategies were described and associations between strategy characteristics and effectiveness explored.

Results: The systematic review findings demonstrated that of 109 trials comparing de-implementation to usual care, 75 (69%) reported a significant reduction of low-value healthcare practices. 73 trials included in a quantitative analysis showed a median relative reduction of 17% (IQR 7% - 42%). The effectiveness of de-implementation strategies was not associated with the number and types of strategies applied.

Discussion points:

- What are the best designs to evaluate de-implementation interventions?
- What are the best ways to map strategies to identified barriers?
- How to explain that multi-component interventions were not more effective than single components?

Key highlights of your symposium

This symposium will demonstrate the opportunities and challenges of de-implementing low-value care. This is a priority in many countries to keep the healthcare system sustainable.

This symposium aspires to help researchers, healthcare professionals, patients and policymakers to effectively de-implement LVC in their own country by giving practical tips and tricks.

Implications for research and practice

The findings presented in the symposium have implications for implementation science and practice concerning how de-implementation barriers and facilitators differ from implementation, and how measurement of low value care can be done. Furthermore, implications concern interventions to reduce low value care.

Overall discussion

- What are, in your opinion, the differences between implementation and de-implementation?
- Which influencing factors mentioned in the symposium are most relevant for your country?