The evolution of Evolve: from guide to catalyst

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RACP CONGRESS 2020

- Choosing Wisely and Evolve
- NZRA evolve 5 recommendation development
- What came after…….

Choosing
Wisely®
An initiative of the ABIM Foundation

Choosing Wisely
Australia
An initiative of NPS MedicineWise

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EFIM Project

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UK

Choosing Wisely®

Promoting conversations between patients and clinicians

Our Mission

The mission of *Choosing Wisely* is to promote conversations between clinicians and patients by helping patients choose care that is:

- Supported by evidence
- Not duplicative of other tests or procedures already received
- Free from harm
- Truly necessary

https://www.choosingwisely.org/

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SEARCH

MORE ISN'T ALWAYS BETTER, SO LET'S TALK BETTER CARE.

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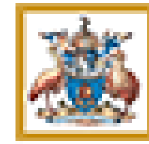
Evolve
Better care. Better decision-making. Better use of resources.



RACP
Specialists. Together

Evolve encourages physicians reflect and consider why a clinical practice will **not** be of benefit to a patient by asking:

- Are these low-value practices that **I do**?
- Are these low-value practices that **I see happening**?
- Are there systems, processes or expectations that encourage or drive these low-value practices in **my health service**?

https://evolve.edu.au/about

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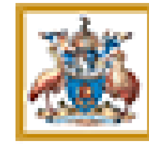

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Evolve encoura… why a clinical practice will **no**… ng:

Call to action

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Evolve asks physicians to ask these **'Top 5 questions before making a clinical decision'**:

1. Should I undertake this practice for this patient?
2. Do the risks to the patient outweigh the benefits?
3. Does the patient really need this test, treatment or procedure?
4. Are there simpler, safer options?
5. Does this Evolve recommendation make a difference to my clinical decision-making?

https://evolve.edu.au/about

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There are three steps involved in developing a specialty's Evolve Top 5 List:

1. **Development** of an initial list of low-value practices in your specialty;
2. **Refinement** of the initial list through research and data analysis, and seeking feedback from the specialty's membership; and
3. **Finalisation** of the Evolve Top 5 List using pre-determined criteria and membership feedback to identify the final Top 5 low-value practices.

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Adult medicine division – 33 Specialty societies

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All RACP specialty societies are invited to develop their Top 5 List of low-value practices. The Evolve Top 5 List development process is rigorous and robust. To develop an Evolve Top 5 List, a specialty requires a:

- **Lead Fellow:** Acting as an Evolve Clinical Champion and the primary point of contact with RACP
- **Working Party:** Small group of specialty members that drive the evidence review and Evolve Top 5 List development
- **Membership Body:** Provides feedback throughout the Evolve Top 5 List development process and actively engaged in implementation of the final Evolve Top 5 List.

https://evolve.edu.au/about

NZRA Top five list development: Working group

- Lead fellow – RG, executive member
- RACP - Jason Soon
  - Evidence summary - 0ther CW 5 lists
- 5 NZRA members
  - Volunteers
  - Aimed for representative of membership

NZRA Top five list development: Shortlisting

June 2017 – working group (WG) reviews list of 44 recommendations collated by RACP PAD staff

June 2017 – reduced to 26 ‘important’ and ‘relevant’

Aug 2017 – shortlisted to 15:

10 treatment, 5 testing

NZRA Top five list development: Membership input

Oct 2017 – Online survey of final 15 to NZRA members

Nov 2017 – survey closed (31 respondents)

Feb 2018 – top 5 approved by WG for consultation

NZRA Top five list development: Membership input - survey

1. Statement about a clinical practice which is either undertaken by or of relevance to and within the sphere of influence of rheumatologists
2. Assign a score from 1 to 5: 1 strong disagreement and 5 strong agreement
3. Identify who you think the recommendation is best targeted at

NZRA Top five list development: Membership input - survey

2. Assign a score from 1 to 5: 1 strong disagreement and 5 strong agreement.

- **The clinical practice being targeted by this recommendation is still being undertaken in significant numbers**
- **This recommendation is evidence-based**
- **This recommendation is important in terms of reducing harm to patients and/or costs to the healthcare system**
- **Progress in implementing this recommendation is potentially measurable**

NZRA Top five list development: Membership input - survey

3. Identify who you think the recommendation is best targeted at
   - Rheumatologists
   - General practitioners
   - Orthopaedic surgeons
   - Other (please specify)

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NZRA Top five list development: Membership input

Oct 2017 – Online survey of final 15 to NZRA members

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NZRA Top five list development: Top 5 preliminary list

1. Do not perform arthroscopy with lavage and/or debridement for symptomatic osteoarthritis of the knee nor partial meniscectomy for a degenerate meniscal tear ***4.14***
2. Do not prescribe more than the minimum effective individualised duration of glucocorticoid (GC) therapy in polymyalgia rheumatica (PMR) patients 4.04
3. Do not repeat dual energy X-ray absorptiometry (DEXA) scans more often than every 5 years in patients without advanced osteopenia ***4.02***
4. Do not order extractable nuclear antibodies (ENA) testing in patients with negative ANA or use serial ENA testing once a diagnosis is made ***3.95***
5. Do not order anti double stranded (ds) DNA antibodies in ANA negative patients unless the clinical suspicion of systemic lupus erythematosus (SLE) remains high ***3.93***

NZRA Top five list development: Top 5 preliminary list

1. **Do not perform arthroscopy with lavage and/or debridement for symptomatic osteoarthritis of the knee nor partial meniscectomy for a degenerate meniscal tear**

- *Best targeted orthopaedic surgeons - 90% cf rheumatologists -10%*
- *Highest score of 4 criteria 'This recommendation is evidence based'* ***4.27***

NZRA Top five list development: Consultation

INTERNAL

- New Zealand SE
- AFRM (Rehabilitation Medicine)
- AFOEM (Occupational med)
- ANZSGM (Geriatric Medicine)
- ANZBMS (Bone mineral)

EXTERNAL

- RANZCR (Radiology)
- RCPA (Pathology)
- RNZCGP (GP)
- RACS (Surgery)
- New Zealand Orthopaedic Association
- Council of Medical Colleges (CMC)

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NZRA Top five list development: AFTER Consultation

1. Do not perform arthroscopy with lavage and/or debridement or partial meniscectomy for patients with symptomatic osteoarthritis of the knee and/ or degenerative meniscal tear

2. Do not prescribe more than the minimum effective dose of glucocorticoid (GC) therapy (10-20 mg daily) for initial treatment of polymyalgia rheumatica (PMR)

3. Do not repeat dual-energy X-ray absorptiometry (DEXA) scans for diagnosis of osteoporosis more frequently than every 5 years in patients in good health, with no risk factors for accelerated bone loss or fracture and with T scores greater than -2.00

4. Do not order extractable nuclear antibodies (ENA) testing in patients with negative antinuclear antibodies (ANA)

5. Do not order anti-double stranded (ds) DNA antibodies in antinuclear antibody (ANA) negative patients unless clinical suspicion of systemic lupus erythematosus (SLE) remains high

NZRA Top five list development: AFTER Consultation

1. Do not perform arthroscopy with lavage and/or debridement or partial meniscectomy for patients with symptomatic osteoarthritis of the knee and/ or degenerative meniscal tear

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TOP-FIVE

RECOMMENDATIONS on low-value practices

Better care. **Better** decision-making. **Better** use of resources.

•

The New Zealand Rheumatology Association (NZRA) is the organisation that represents the rheumatologists of New Zealand.

Their main function is to promote and maintain the standards of rheumatology practised in New Zealand. This is done in a number of ways.

1. By working with the Royal Australasian College of Physicians to oversee the training of rheumatologists.
2. By providing continuing medical education to rheumatologists in the form of the NZRA Annual Scientific Meeting.
3. By lobbying to improve the access of rheumatology patients to rheumatology services and treatments.

1 Do not perform arthroscopy with lavage and/or debridement or partial meniscectomy for patients with symptomatic osteoarthritis of the knee and/or degenerative meniscal tear

2 Do not prescribe more than the minimum effective dose of glucocorticoid (GC) therapy (10-20 mg daily) for initial treatment of polymyalgia rheumatica (PMR)

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- Launched 30 August 2018 Council of Medical Colleges

- What came next……

Inappropriate testing avoided

4 Do not order extractable nuclear antibodies (ENA) testing in patients with negative antinuclear antibodies (ANA)

5 Do not order anti-double stranded (ds) DNA antibodies in antinuclear antibody (ANA) negative patients unless clinical suspicion of systemic lupus erythematosus (SLE) remains high

- ENA $43
- dsDNA ($32
- Savings of at least $25 000 per annum in Wellington alone.

Personal communication Paul Tustin

- Low value and clinically inappropriate test avoided

Disagreements…….

1 Do not perform arthroscopy with lavage and/or debridement or partial meniscectomy for patients with symptomatic osteoarthritis of the knee and/or degenerative meniscal tear

- NZRA president approached by senior clinician in her hospital – objecting to this recommendation
- Process explained, including consultation phase
- patients and health professionals have well-informed conversations around their treatment options,

NZRA Top five list development: Top 5 preliminary list

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- *Best targeted orthopaedic surgeons - 90% cf rheumatologists -10%*
- *Highest score of 4 criteria 'This recommendation is evidence based'* ***4.27***

1st February 2019

Dr Derek Sherwood
The Chair
Choosing Wisely
PO Box 25110
Featherston Street
Wellington 6146

Dear Dr Sherwood

Australian Rheumatology Association: Tests, Treatments and Procedures Clinicians and Consumers Should Question

Late in 2018, we raised our concerns with regarding the above identified Choosing Wisely recommendations released by the Australian Rheumatology Association.

Objections………

1. Outside specialty scope of practice
2. Consultation – no record
3. Governance concerns
4. Position statement from another society supporting alternative view
5. Resolution process to challenge ARA statement

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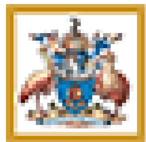

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Call to action

With thanks to

- **RACP** – Jason Soon
- **NZRA Evolve working party** – Drs John O'Donnell, Dr Katey Jenks, Dr Fredolin Lainis, Dr Dinar Jabin
- **NZRA President** – Professor Lisa Stamp