Implementing Measures for Reduction of Overdiagnosis and Over Treatment in Clinical Guidelines - a Position Paper

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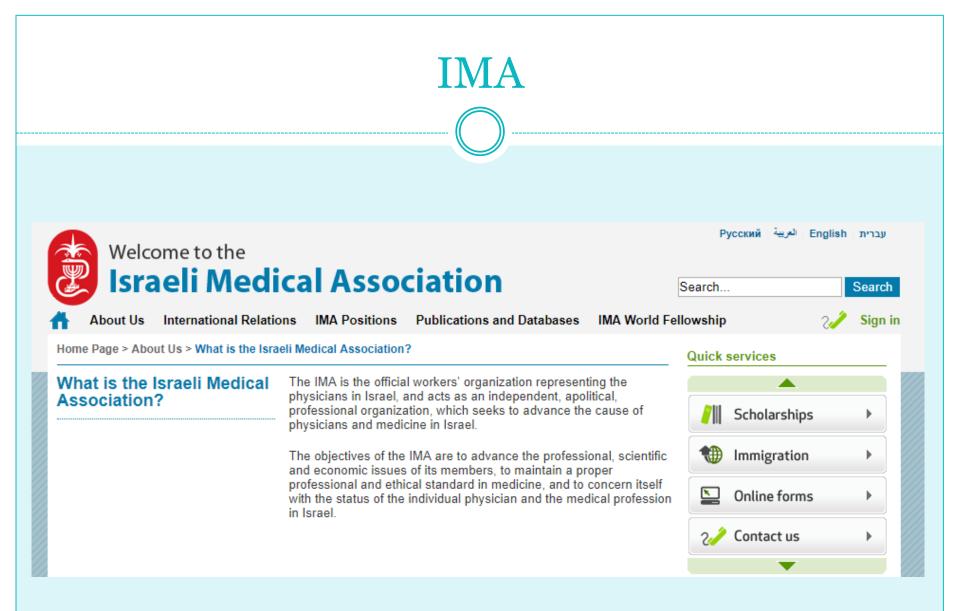
- Previous Episodes
 - 0 2015
 - ▼ Ground work

- 0 2016
 - × Establishment





- 2017
 - Position paper





Israeli Medical Association

The Institute for Quality in Medicine

Position Papers

Part of the curriculum for specialization qualification



Represent "common acceptable practice" in the court system.



Position paper- Purpose

A guideline for guidelines' producers



• "Tools for Reduction of Overdiagnosis and Over Treatment when Writing Clinical Guidelines"

Position paper- Process (1)

- Multi-disciplinary team
- Ten members
 - Family Medicine
 - Infectious Diseases
 - Urology
 - Geriatrics
 - Gastroenterology



Position paper- Process (2)

- Drafts emails
- Meeting
- Consensus



Position paper: two-level aims

Physicians

Guidelines writers

 Knowledge- raising awareness to OD & OT among physicians in Israel

 Tools for embedding reduction of OD & OT within clinical guidelines written by medical associations in Israel

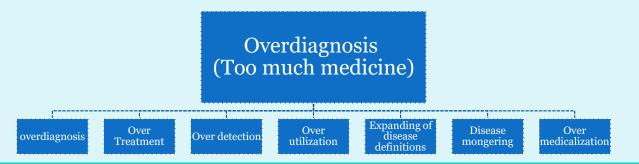


ISROD 1st Position Paper- definitions

Overdiagnosis- "Too Much Medicine"

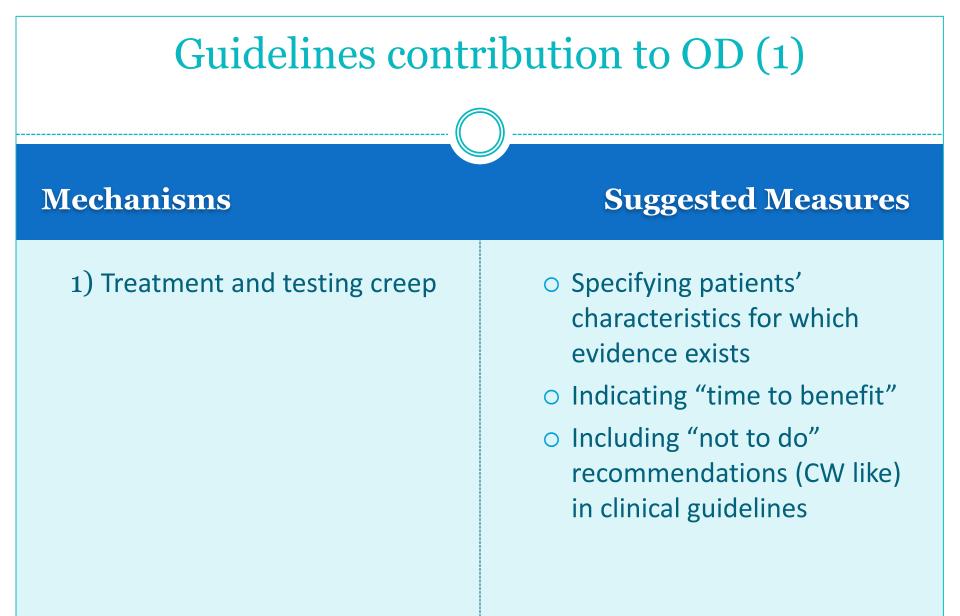
- overdiagnosis
- Over treatment
- Over detection
- Over Use
- Expanding of disease definitions
- Disease mongering
- Over medicalization





ISROD 1st Position paper- Content

- Mechanisms by which guidelines might contribute to OD
 - Treatment and testing creep
 - Cognitive biases and prevailing beliefs
 - General vs. personal recommendations
 - Technology
 - Lowering diagnosis and treatment thresholds
 - Lack of awareness to de-prescribing



Guidelines contribution to OD (2)

Mechanisms

2) Cognitive biases and prevailing beliefs

- Natural history
- Strength of the evidence (GRADE)
- ARR and NNH instead of RRR
- Characteristics of tests (specificity, sensitivity, PPV etc.)
- Visual aids
- Patient outcomes

Guidelines contribution to OD (3)

Mechanisms

3) General vs. personal recommendations

- Recommend shared decision making and include decision aid
- Patients' representatives in guidelines writing committees

Guidelines contribution to OD (4)

Mechanisms

4) Technology

- Recognize and quantify OD among risks in the proposed interventions
- Recognize and quantify incidental findings and downstream harms due to the proposed intervention

Guidelines contribution to OD (5)

Mechanisms

5) Lowering diagnosis and treatment thresholds

- Discuss implications for patients, society and health system.
- Ensure that benefit is greater than harm

Guidelines contribution to OD (6)

Mechanisms

6) Lack of awareness to deprescribing

Suggested Measures

 Recommending when to start treatment- but also when and for whom to stop. **Position paper**

מניעת אבחון יתר וטיפול יתר

כלים להפחתת אבחון יתר וטיפול יתר בכתיבת הנחיות קליניות

בשם:	נכתב על ידי:
החברה למניעת אבחון יתר וטיפול יתר	ד"ר רוגן ברקת
	ד"ר ענת גבר
נתמך ע"י: איגוד רופאי המשפחה בישראל האיגוד הישראלי לרפואת ילדים איגוד הכירורגים בישראל האיגוד הישראלי לרפואה פנימית	פרופ' אלכסנדר גרינשטיין ד"ר איתן לבון פרופ' אמנון להד ד"ר יאן מיסקין ד"ר יטלי סחר ד"ר גיר צבר פרופ' אליעזר קיטאי

ינואר 2017



ההסתדרות הרפואית בישראל המכון לאיכות ברפואה

• <u>https://www.ima.org.il/userfiles/image/Ne86_meniatIvhun.pdf</u>

Support and endorsement

The four largest medial associations

- **O Israel Association of Family Physicians**
- **O Israel Society of Internal Medicine**
- Israel Surgical Association
- Israel Pediatric Association



Dissemination

- ISROD members
- Members of the supporting professional societies
- IMA web site

 Now embedded in the instruction kit sent by the Quality Institute to all future guidelines producers

Position Paper Committee

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