

**Barcelona
9 October
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**Choosing Wisely International Roundtable 2024
#RAPIDFIRESESSION**



Regional Health Agency low-value care de-implementation project

Tuscany Region, Italy

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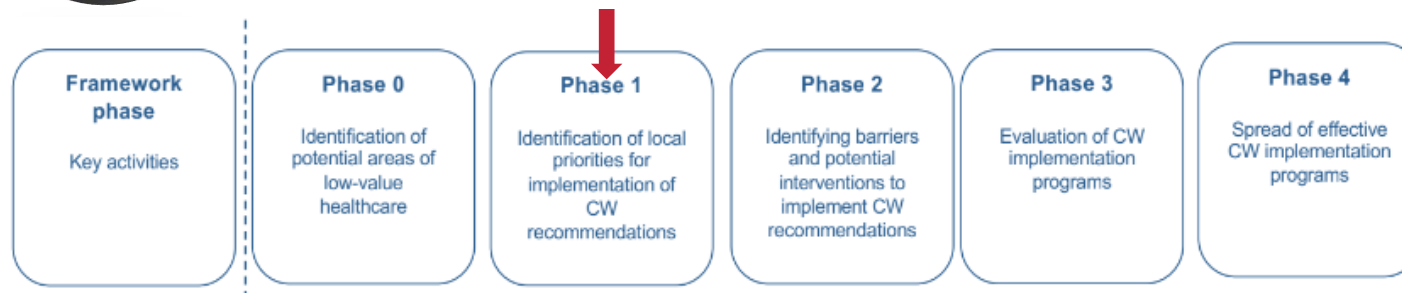
Implementing the recommendations of Choosing Wisely - Italy



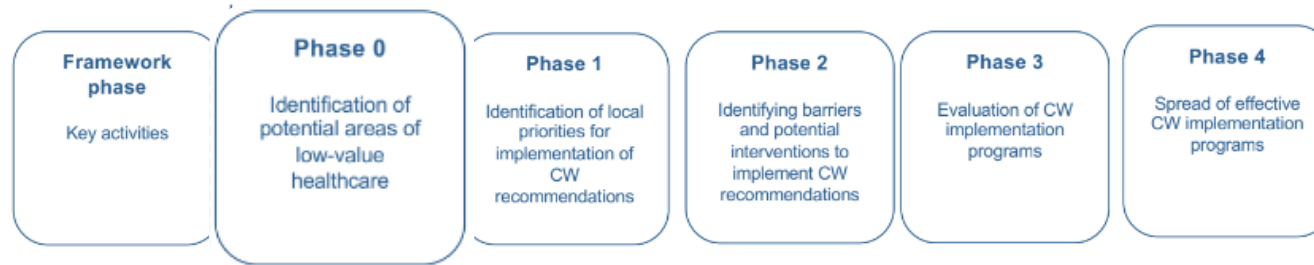
General practitioners (GPs) of the Tuscany Region
(involvement on a voluntary basis)




Choosing Wisely De-implementation Framework



Grimshaw, J.M., Patey, A.M., Kirkham, K.R. et al. (2020). *De-implementing wisely: developing the evidence base to reduce low-value care*. *BMJ Quality and Safety* <https://doi.org/10.1136/bmjqs-2019-010060>



R E C O M M E N D A T I O N S



Group 1
Imaging and instrumental diagnostics
Total: 20



Group 2
Laboratory tests
Total: 20



Group 3
Drug treatments
Total: 20

The selection process was:



Focus on low-value care practices that can be prescribed by **General Practitioners**



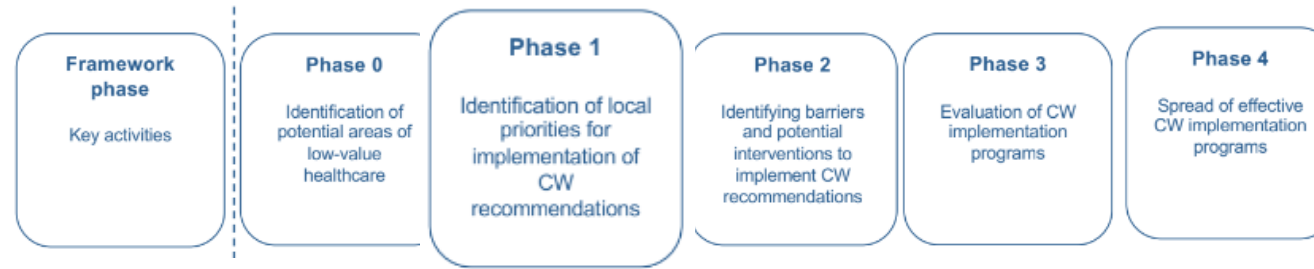
Elimination in case of:

- **Duplicates**
- **Generic inappropriateness**
- **Presence of only economic implication**

Total: 201

Total: 115

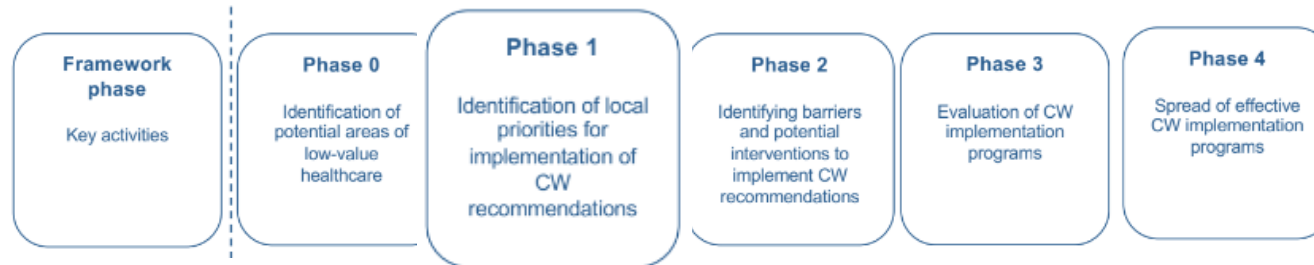
Total: 60



SURVEY ONLINE

Objective: to identify one to three low-value care practices to prioritize for de-implementation, focusing on the areas that emerge as most relevant locally

	The poll questions for each low-value care is:	Answering options				
1	Frequency of request from patients «How often do your patients ask you to prescribe this prescription?»	less than once a month (1)	At least once a month (2)	At least once a week (3)	At least once a day (4)	
2	Frequency of request from specialist «How often does a specialist suggest you prescribe this prescription?»	less than once a month (1)	At least once a month (2)	At least once a week (3)	At least once a day (4)	
3	Frequency of prescription «How often do you find yourself prescribing this prescription?»	less than once a month (1)	At least once a month (2)	At least once a week (3)	At least once a day (4)	
4	Potential harm to the patient «How much harm can this prescription cause to the patient? (e.g. complications, side effects, invasiveness,...)»	None (1)	Small (2)	Mild (3)	Major (4)	
5	Potential benefit to the patient «How much benefit can this prescription cause to the patient?»	None (4)	Small (3)	Mild (2)	Major (1)	
6	Relevance of de-implementation «How relevant do you think it is to decrease this prescription?»	Not at all (0)	Slightly (1)	Moderately (2)	Very (3)	Extremely (4)
7	Feasibility of de-implementation «How feasible do you think it is to decrease this prescription?»	Not at all (0)	Slightly (1)	Moderately (2)	Very (3)	Extremely (4)



INITIAL RESULTS (N. GPs: 12)

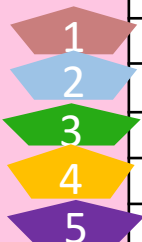
Median Age: 65,5 [M=7 (58,3%); F=5 (41,7%)]

Group 1:
2 GPs, 16,70%

Group 2:
3 GPs, 25,00%

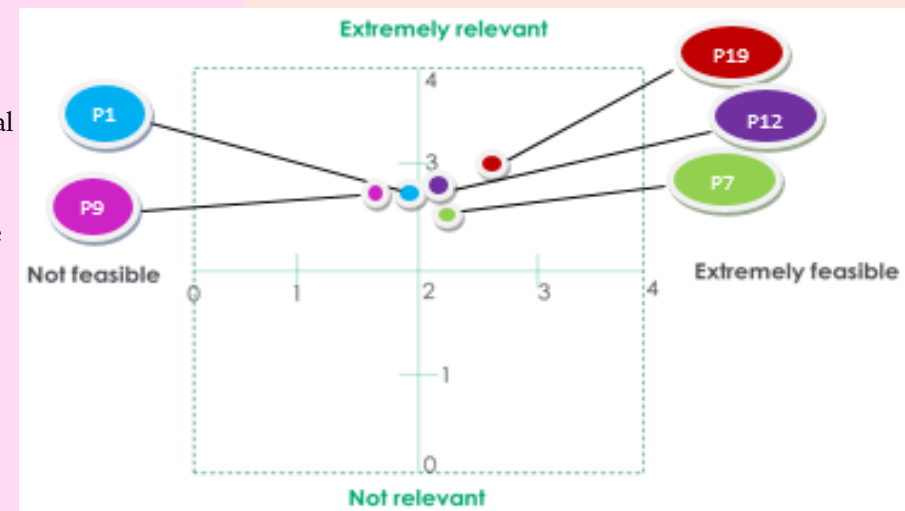
Group 3:
7 GPs, 58,30%

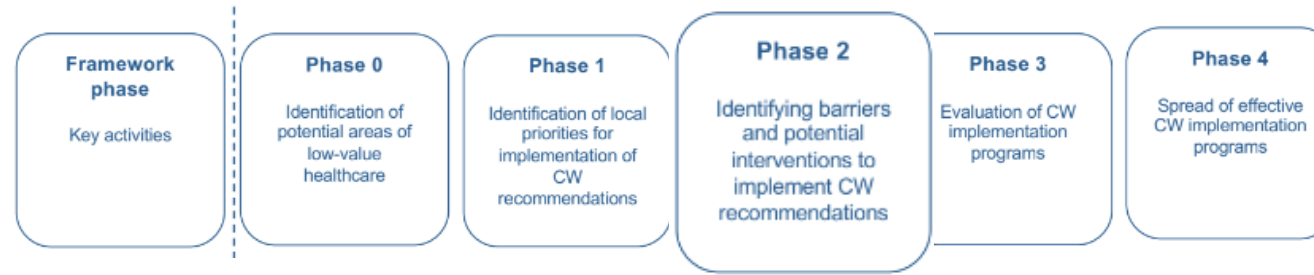
Group 3	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	P14	P15	P16	P17	P18	P19	P20
Q1 - average	2,86	2,29	1,43	1,00	1,00	1,86	2,86	2,00	2,29	1,57	1,14	2,71	1,57	1,57	1,14	1,43	1,29	1,57	3,00	1,71
Q2- average	2	1,86	1,43	1,43	1,00	2,14	2,14	1,71	2,57	1,71	1,00	1,86	1,43	1,71	1,29	1,29	1,57	2,14	2,14	1,14
Q3 - average	2,14	1,57	1,71	1,29	1,14	1,71	2,00	1,43	2,43	1,29	1,14	2,14	1,43	1,57	1,14	1,43	1,29	1,86	1,71	1,57
Q4- average	2,86	2,43	2,43	2,86	2,57	2,43	2,86	2,86	2,43	2,57	3,29	3,29	3,14	3,00	2,86	3,00	2,43	3,00	3,57	1,86
Q5- average	3,29	3,00	2,71	2,86	3,29	3,00	3,00	3,29	2,57	3,14	3,00	2,71	3,00	2,43	2,71	3,43	3,14	3,14	2,86	2,86
Total average score	2,63	2,23	1,94	1,89	1,80	2,23	2,57	2,26	2,46	2,06	1,91	2,54	2,11	2,06	1,83	2,11	1,94	2,34	2,66	1,83



The first 5 low-value care practices with the highest average score:

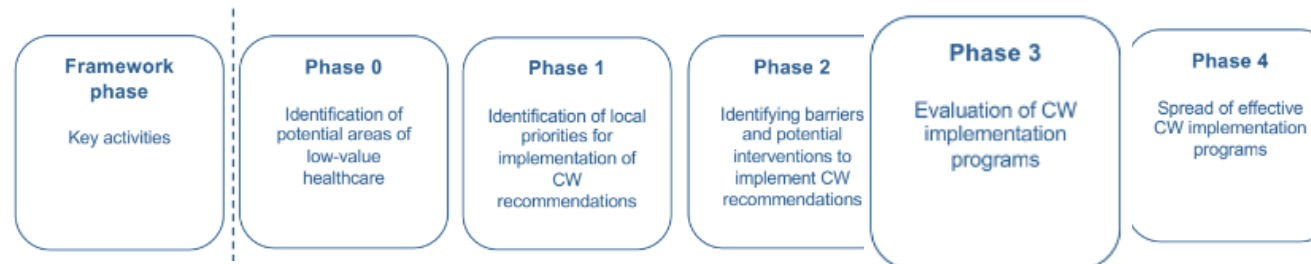
- P19:** Non steroidal anti-inflammatory drugs (NSAIDs) in patients with hypertension, heart failure, chronic kidney disease (CKD) / renal insufficiency from any cause, including diabetic patients
- P1:** Antibiotics in patients with acute upper respiratory tract infections (common cold, rhinosinusitis, cough/bronchitis, or influenza-like symptoms)
- P7:** Proton pump inhibitors (PPIs) as long-term therapy in patients with dyspeptic symptoms
- P12:** Benzodiazepines, Z-drugs or other hypnotic drugs as first-line treatment for insomnia in elderly patients
- P9:** Proton pump inhibitors in combination with single antiplatelet therapy, in the absence of bleeding risk factors





from 1 to 3
low-value care identified

Use of **Theoretical Domain Framework (TDF)** to identify *barriers* and *facilitators* of the behaviours to de-implement
Quantitative AND/OR Qualitative Methods



Analysis

The purpose of this phase will be:
assess frequency of low-value care practices pre-post intervention



Our Team



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Thanks for your attention

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Visit website of ARS Toscana...



and

*come to visit Tuscany
Region and Florence*