



Ente Ospedaliero Cantonale

**smarter**medicine

Choosing Wisely Switzerland

# *"The difficult path from top 5 lists to change"*

Non sempre fare di più  
significa fare meglio.

La stessa cosa vale per le  
prescrizioni di terapie ed  
esami diagnostici.

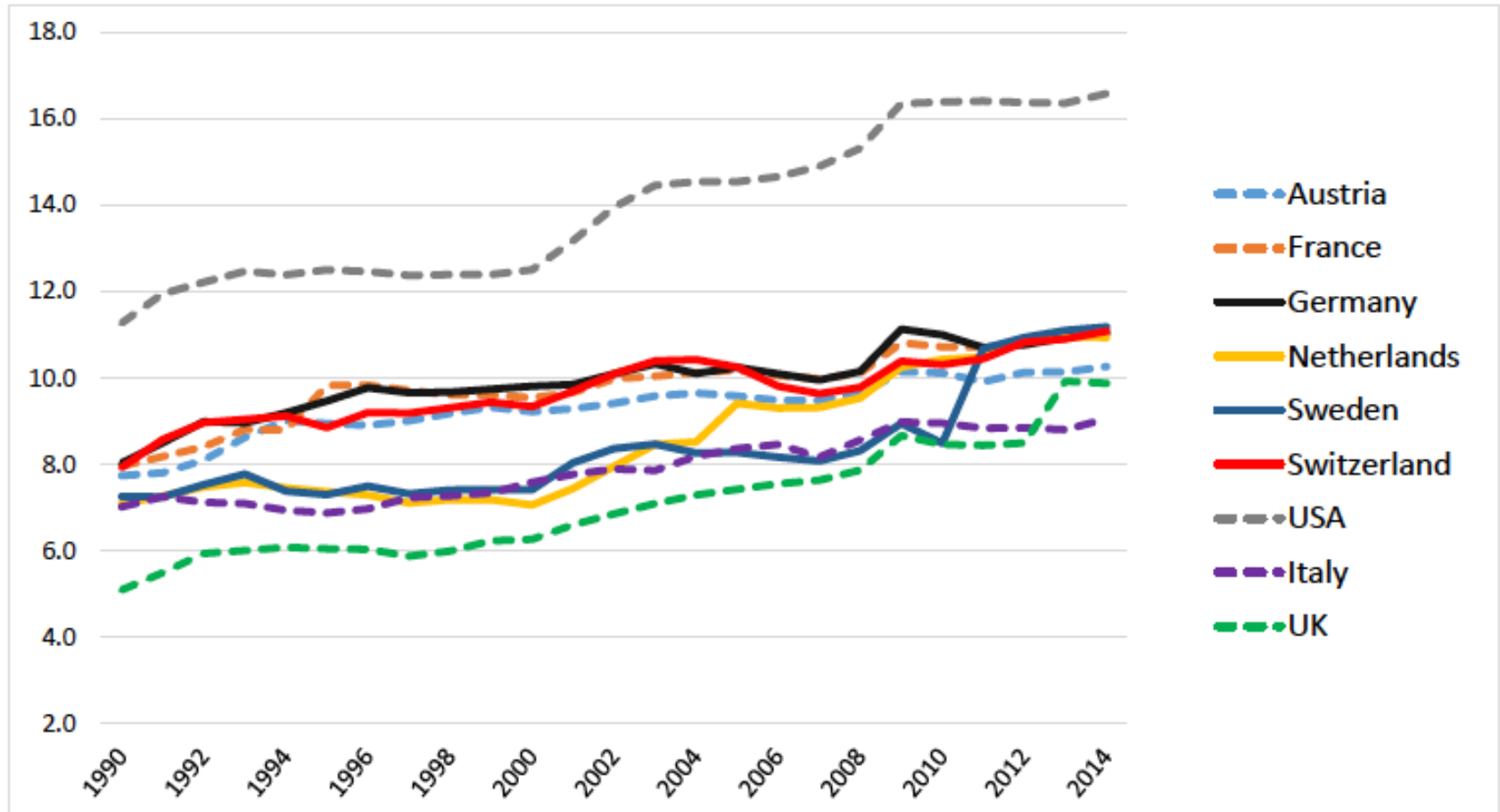


CHOOSING  
wisely

# Subjects

- The Helvetic health context
- Choosing Wisely, vision and reality
- Choosing Wisely in Switzerland and in Ticino
- Subjects of interest for the campaign and strategy
- Successes and failures
- What we learned

**Figure 1: Healthcare expenditure in an international comparison (in GDP %)**



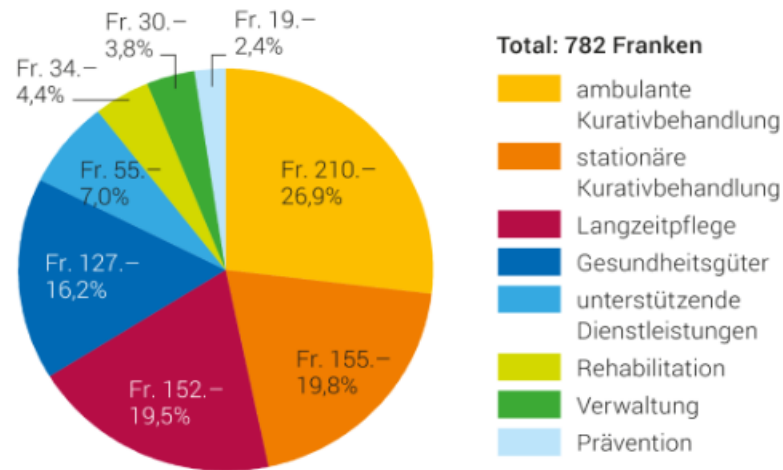
Source: OECD and FSO.

# Health Expenditure Switzerland, 2015: 77.8 billion (35% directly paid by citizens via mandatory health insurance)

Gesundheitsausgaben pro Einwohner, 2015

**Gesundheitsausgaben pro Einwohner, 2015**

In Franken pro Monat



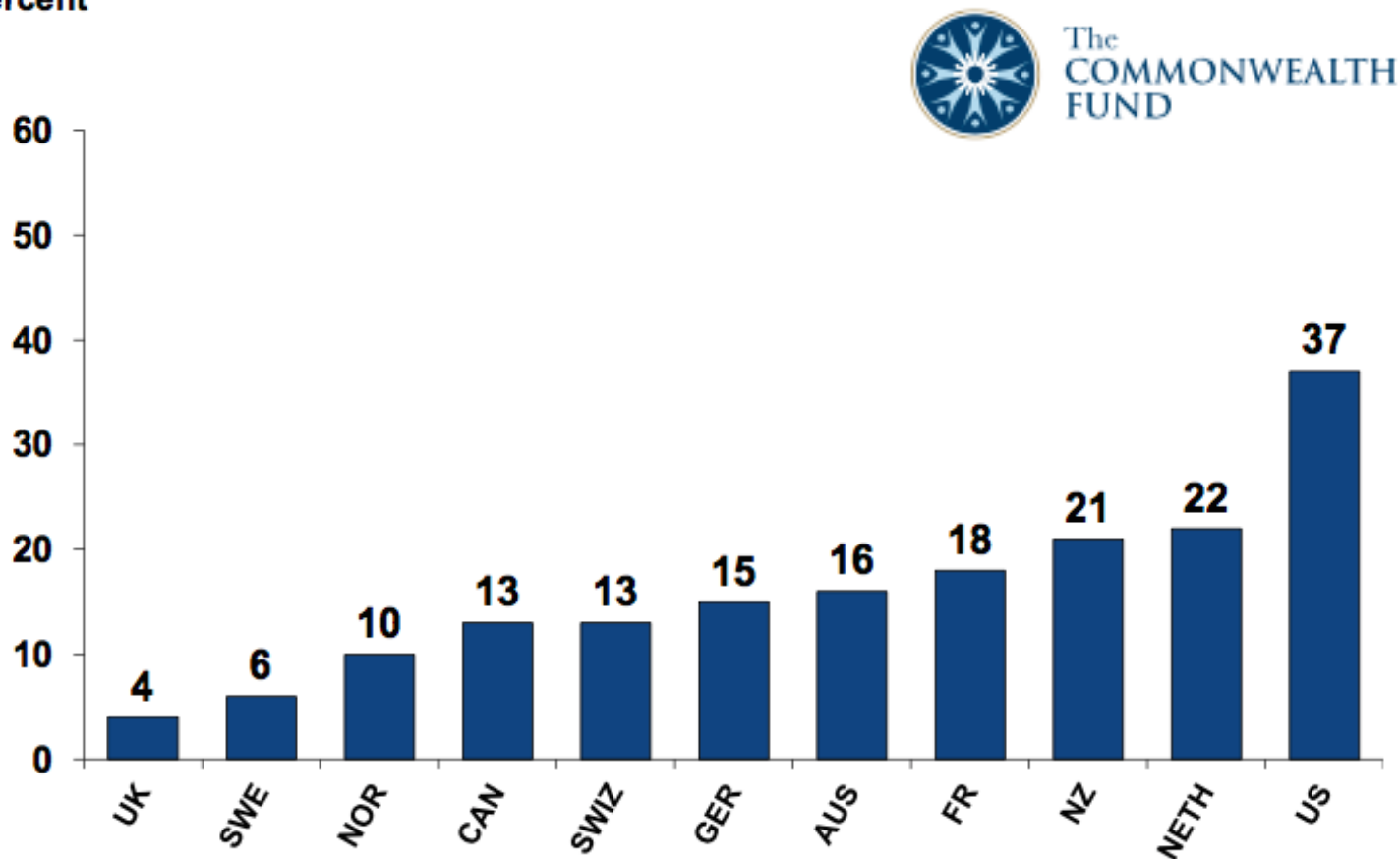
Quelle: BFS – Kosten und Finanzierung des Gesundheitswesens (COU) revidiertes Modell 2017

© BFS 2017

8250 Euro/year per person; 2900 Euro/year per person directly paid by citizens

# Cost related health care access barriers by countries in 2013

Percent



2013 Commonwealth Fund International Health Policy Survey in Eleven Countries

# Regional variability in some medical procedures in Switzerland

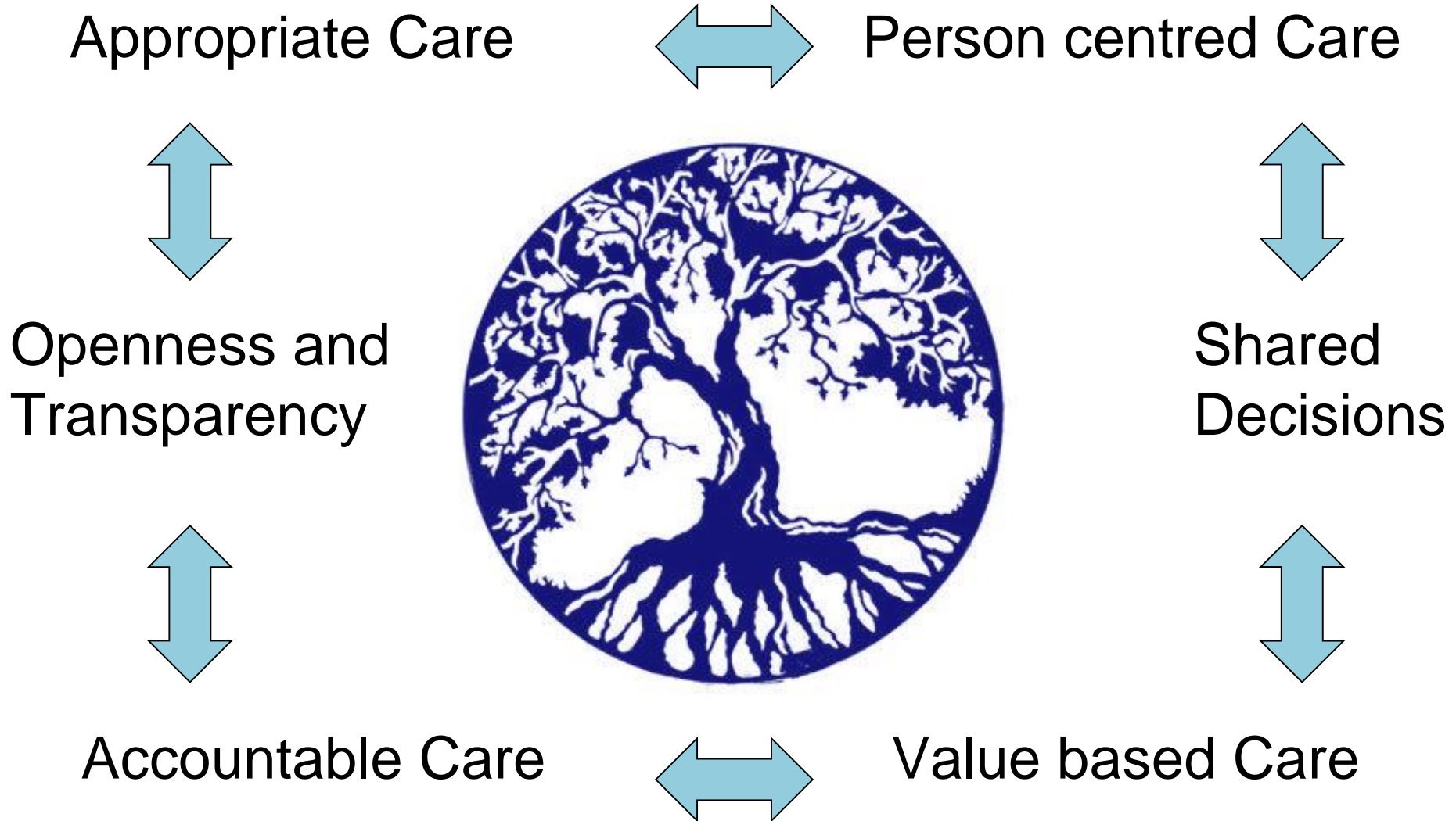
**Table 1. Summary of standardised rates and statistics across cantons, Switzerland, 2011**

	Hospital medical admissions	CABG	PTCA	Cardiac catheterisation	Hip fracture	Knee replacement	Knee arthroscopy	Caesarean (rates per 1 000 live births)
Average standardised rates	7 044	39	188	340	163	218	243	323
Q10	6 014	24	138	208	121	165	12	265
Q90	8 715	50	231	447	214	265	416	380
Coefficient of variation	0.14	0.26	0.17	0.27	0.2	0.17	0.49	0.15
Systematic variation (2005-2011)	1.7	3.9	4.9	7.7	1.8	2.8	20	1.8

Note: Unless otherwise indicated, the rates are standardised annually by age and gender and expressed per 100 000 inhabitants.

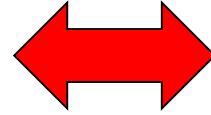
Source: Pellegrini and Kohler (2014). Chapter 13 Switzerland: Geographic variations in health care in *Geographic Variations in Health Care: What do we know and what can be done to improve health system performance?* OECD Health Policy Studies, OECD Publishing.

# Our dream



# The reality we face

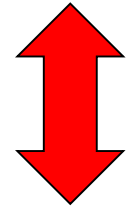
More is better



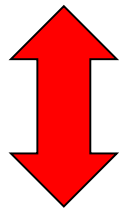
Less is risky



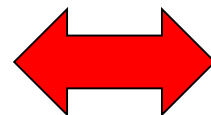
Illiteracy is common



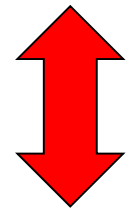
The decision is mine



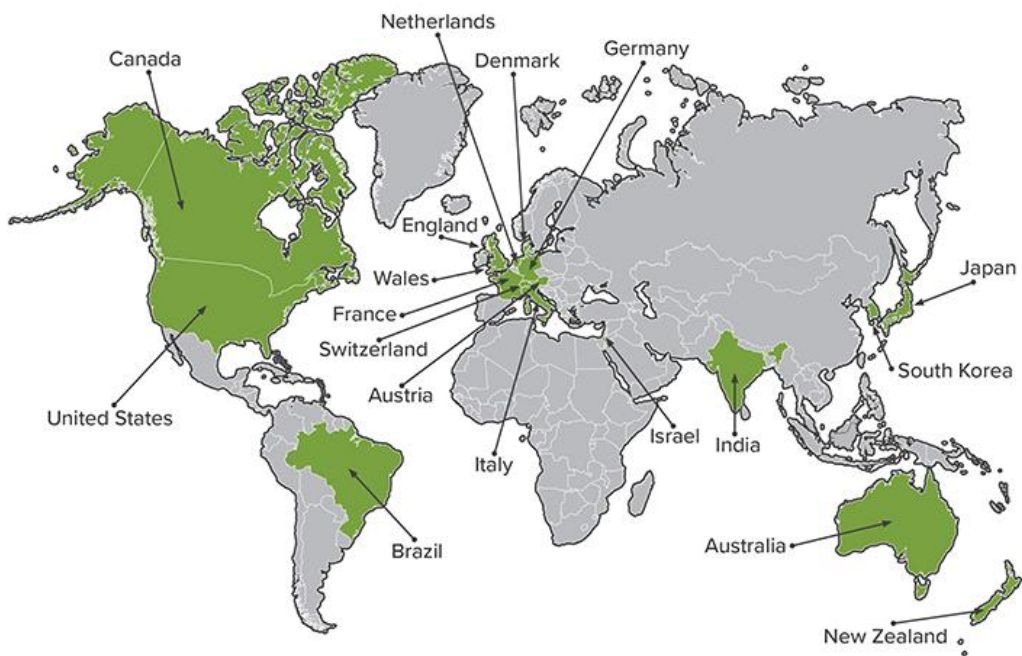
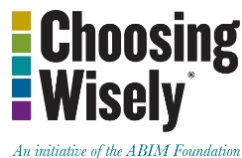
Pride and Interests



New is better



# Active Choosing Wisely Campaigns:



Source: [www.choosingwisely.org](http://www.choosingwisely.org)

# smartermedicine

Choosing Wisely Switzerland



Home | Trägerverein | Kontakt | Deutsch | 

Top-5-Listen 

Infos für Fachpersonen

Häufige Fragen (FAQ)

News | Archiv

Choosing Wisely international

Ambulante Allgemeine  
Innere Medizin

Stationäre Allgemeine  
Innere Medizin

Geriatric

Intensivmedizin

Gastroenterologie

Chirurgie



## «smarte» Listen für mehr Lebensqualität

<http://www.smartermedicine.ch>

Non sempre fare di più significa fare meglio.

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La stessa cosa vale per le prescrizioni di terapie ed esami diagnostici.



In evidenza

Il nostro team



Area professionisti



Area pazienti



La campagna EOC



La campagna svizzera



Choosing Wisely nel mondo



Le raccomandazioni



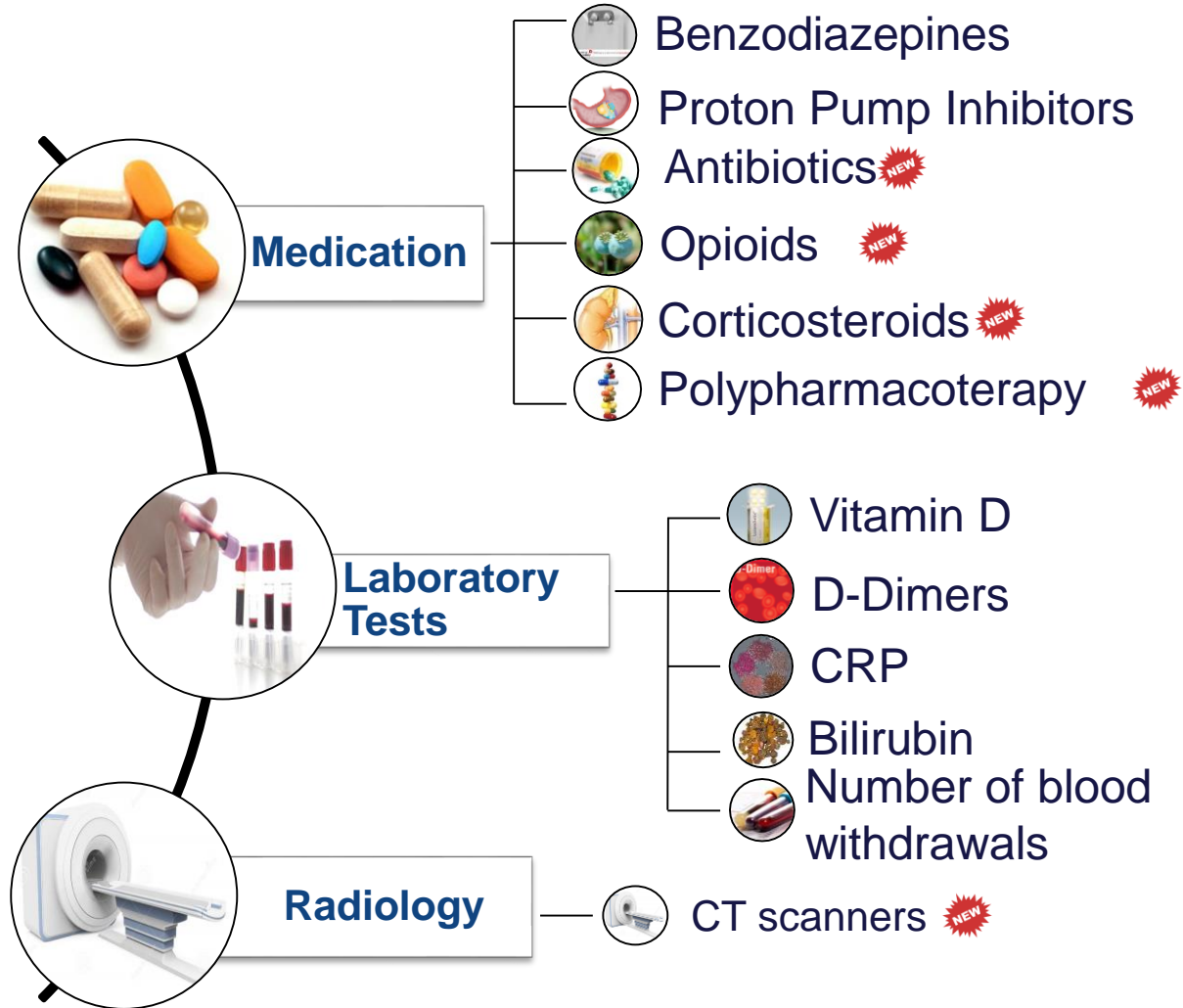
Rassegna stampa



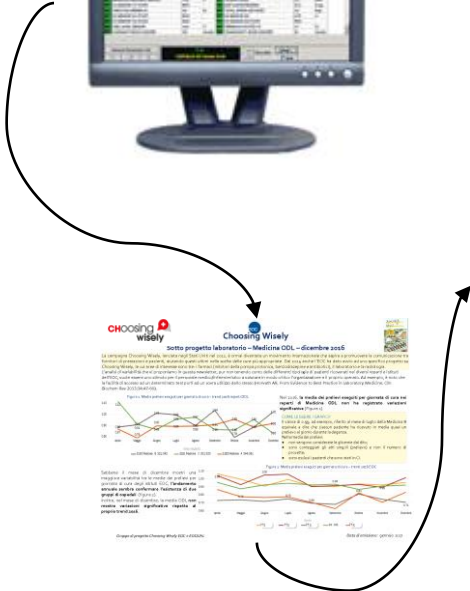
Eventi e formazioni



# Choosing Wisely campaign in Ticino's public hospitals: subjects of interest



# Continuous Monitoring /benchmarking



**EOC Business Intelligence** DHB0024\_PP\_Choosing\_Wisely\_LAB

Cerca in questo sito

Raccolte

- Documenti condivisi
- Documenti interni
- Pivot
- HOW TO
- Report
- Report (user)
- Report PowerView
- UFSP-IBA
- Rakole
- CSI stipendi
- ST-REHA
- ANQ-REHA
- Pankreas
- PWC
- Watson
- Chiavi di ripartizione
- Masterplan
- Sale operative
- Ingengerizzazione del processo di gestione indicatori
- Gestione infermieristica

**W3\_CW\_Laboratorio**  
Autore ultima modifica: Zasa Anna, Data: 20.02.2017  
Creato da: De Gottardi Simone

**W5\_CW\_Laboratorio\_Dettaglio\_prestazioni**  
Autore ultima modifica: Zasa Anna, Data: 20.02.2017  
Creato da: De Gottardi Simone

# Did we obtain results 3 years after the kick off?



# Médecine Interne Générale hospitalière



Société Suisse de Médecine Interne  
Générale  
[www.ssmig.ch](http://www.ssmig.ch)

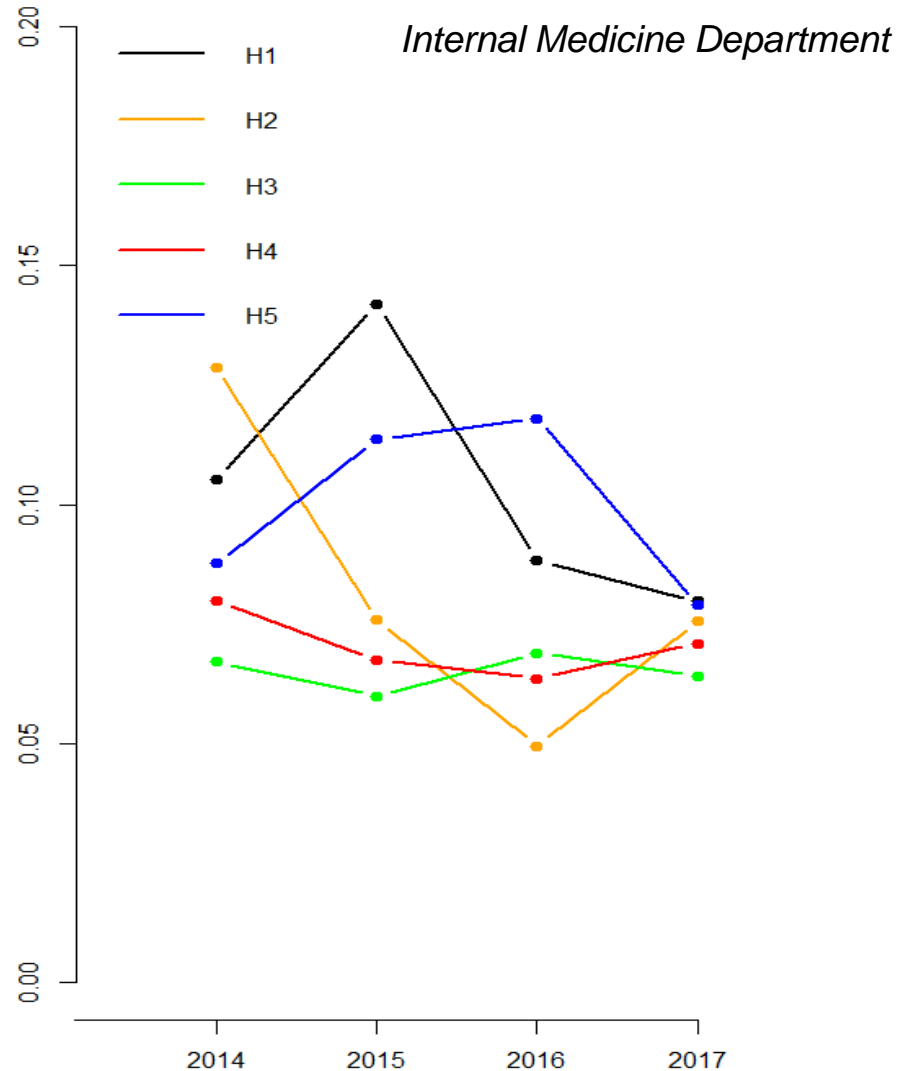
Top 5 list; May 2016

**5. Non utilizzare benzodiazepine o altri sedativi-ipnotici negli anziani per il trattamento dell'insonnia, dell'agitazione o dello stato confusionale acuto e evitare le prescrizioni alla dimissione**

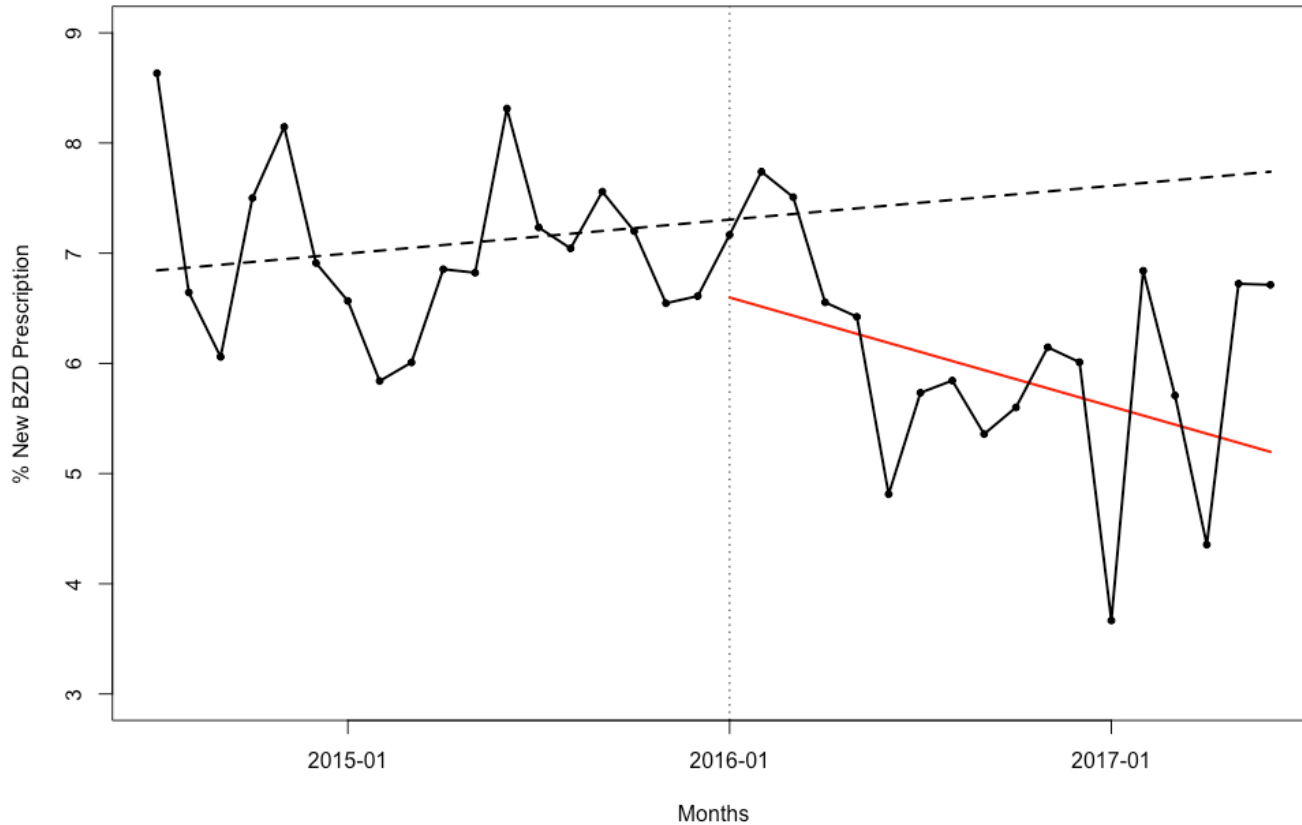


# Variability among public hospitals in Ticino

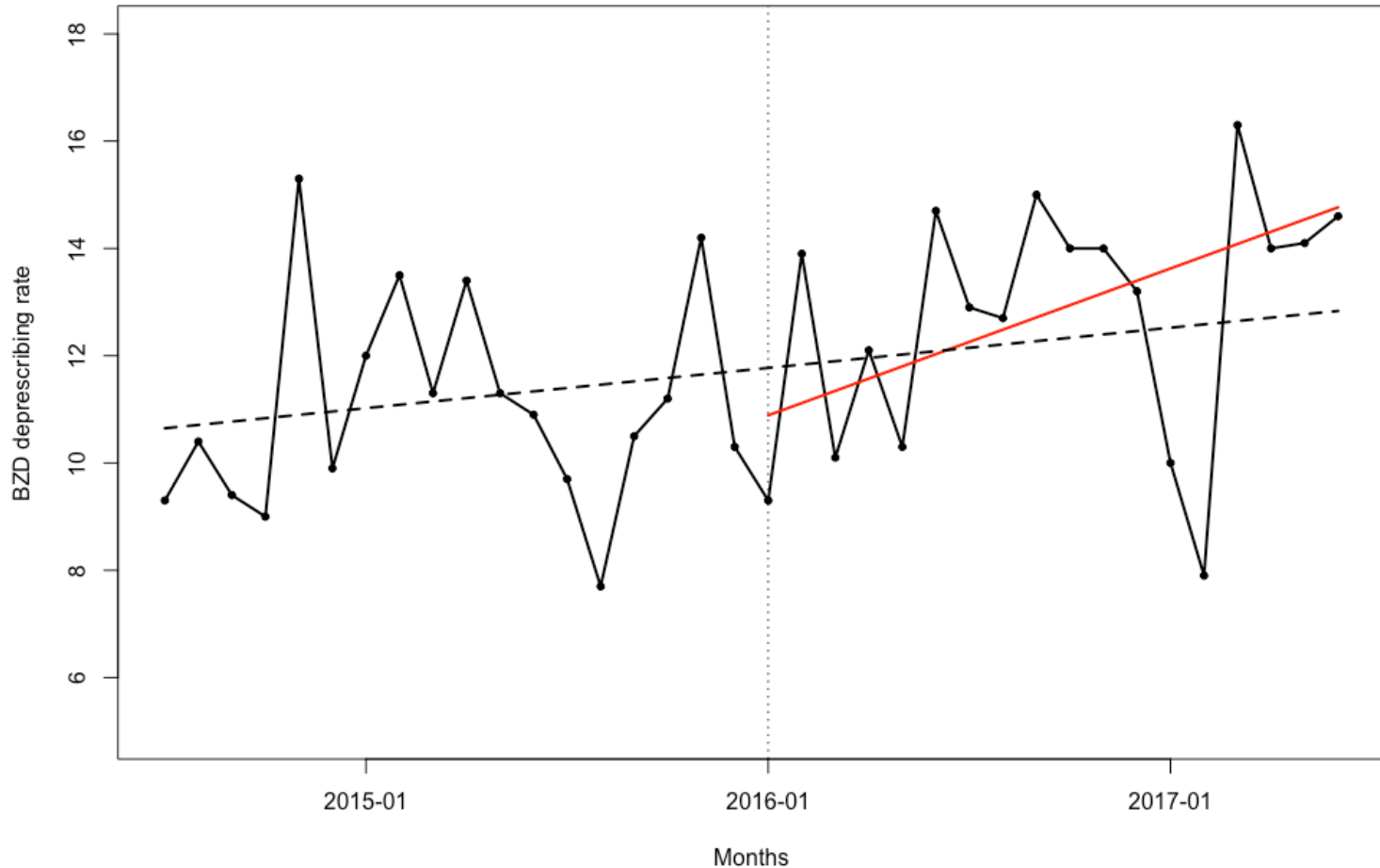
trend adjusted for age and casemix



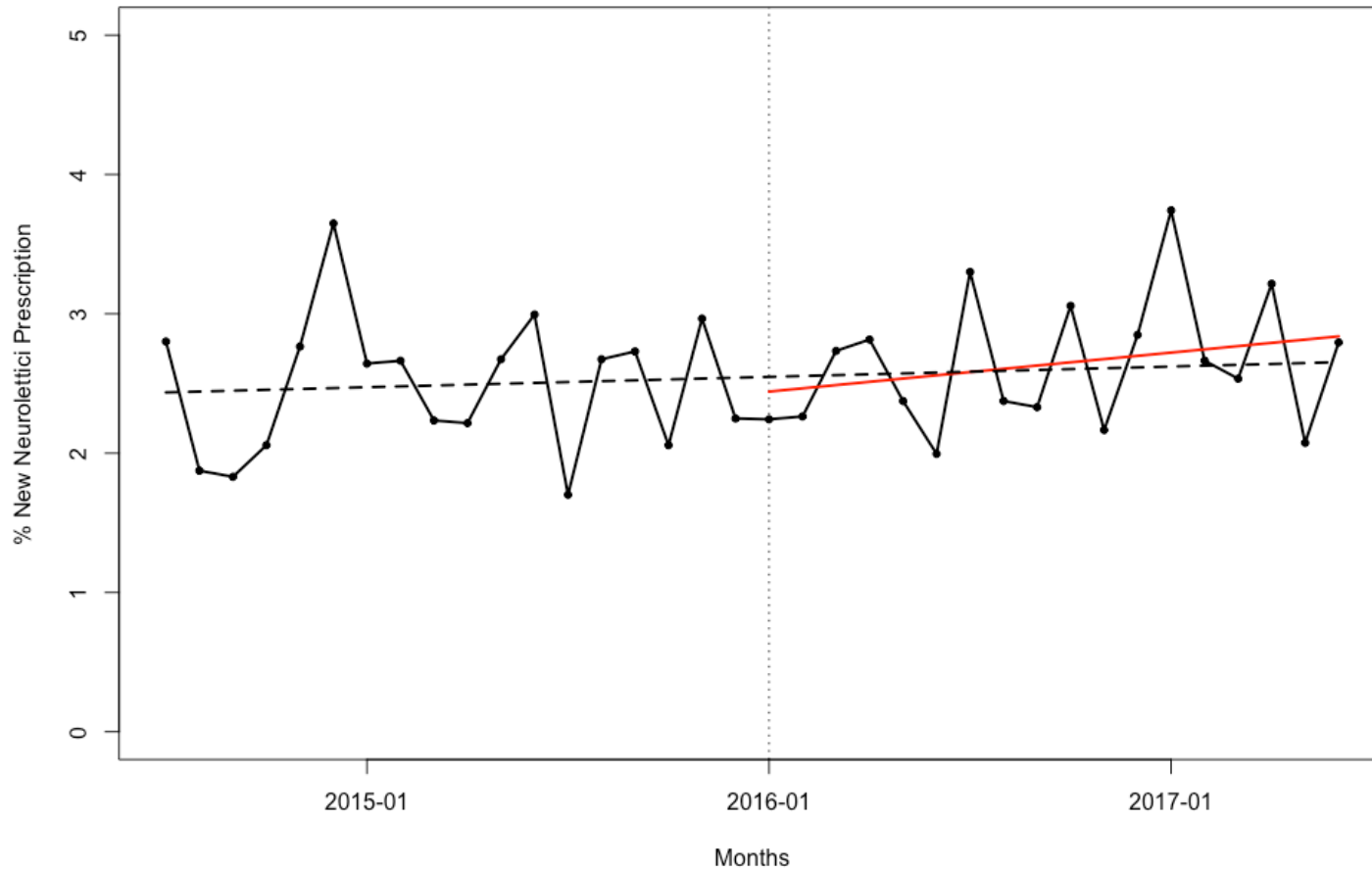
# New BZD prescriptions in Ticino's public hospitals (Internal Medicine)



# BZD de-prescription in Ticino's public hospitals (Internal Medicine)



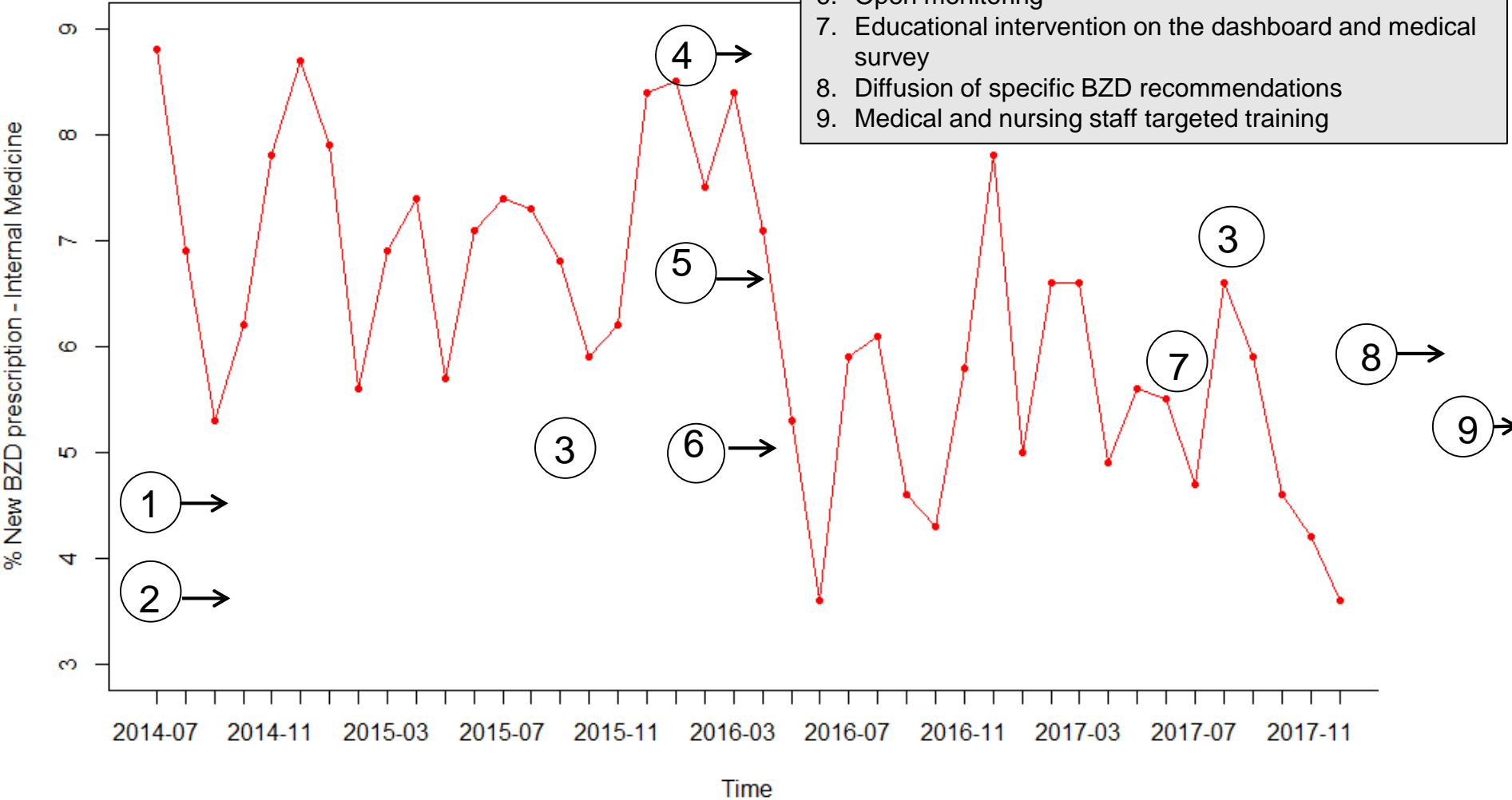
# New neuroleptic prescriptions in Ticino's public hospitals (Internal Medicine)



# Which interventions have been implemented?

From July 2014 to December 2017

1. Choosing Wisely recommendations
2. «Blind» monitoring
3. Choosing Wisely Symposium in Lugano
4. BZD expert groups
5. Before & After study
6. Open monitoring
7. Educational intervention on the dashboard and medical survey
8. Diffusion of specific BZD recommendations
9. Medical and nursing staff targeted training



# Médecine Interne Générale ambulatoire

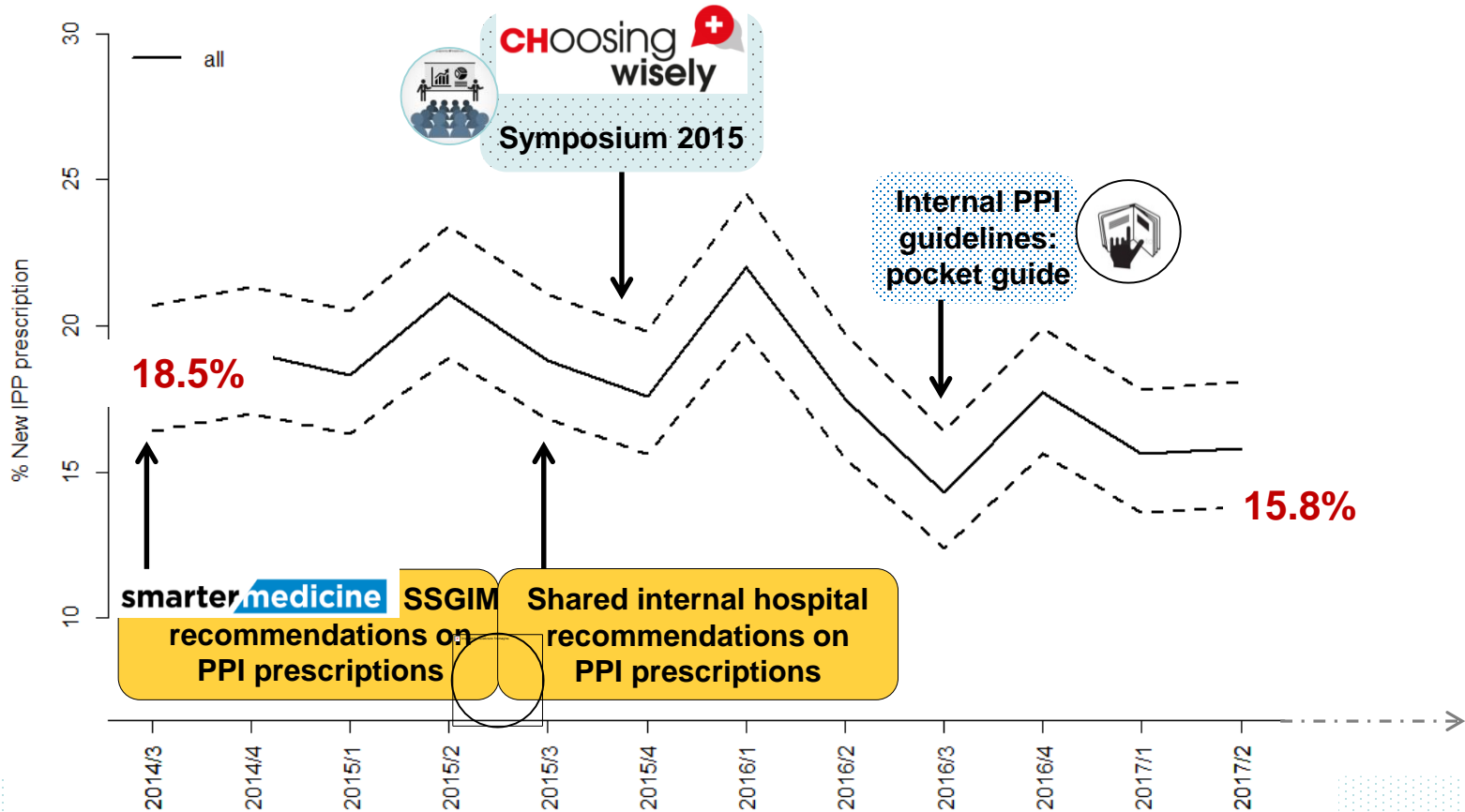


Société Suisse de Médecine Interne  
Générale  
[www.ssmig.ch](http://www.ssmig.ch)

Top 5 list; May 2014

**5.** *Evitare di proseguire nel lungo termine un trattamento con inibitori della pompa protonica per sintomi gastrointestinali senza utilizzare la dose più bassa efficace*





Blind monitoring

Monitoring/ benchmarking

Transparent monitoring and Newsletter

New PPI prescriptions 2014-2017  
Internal Medicine Department

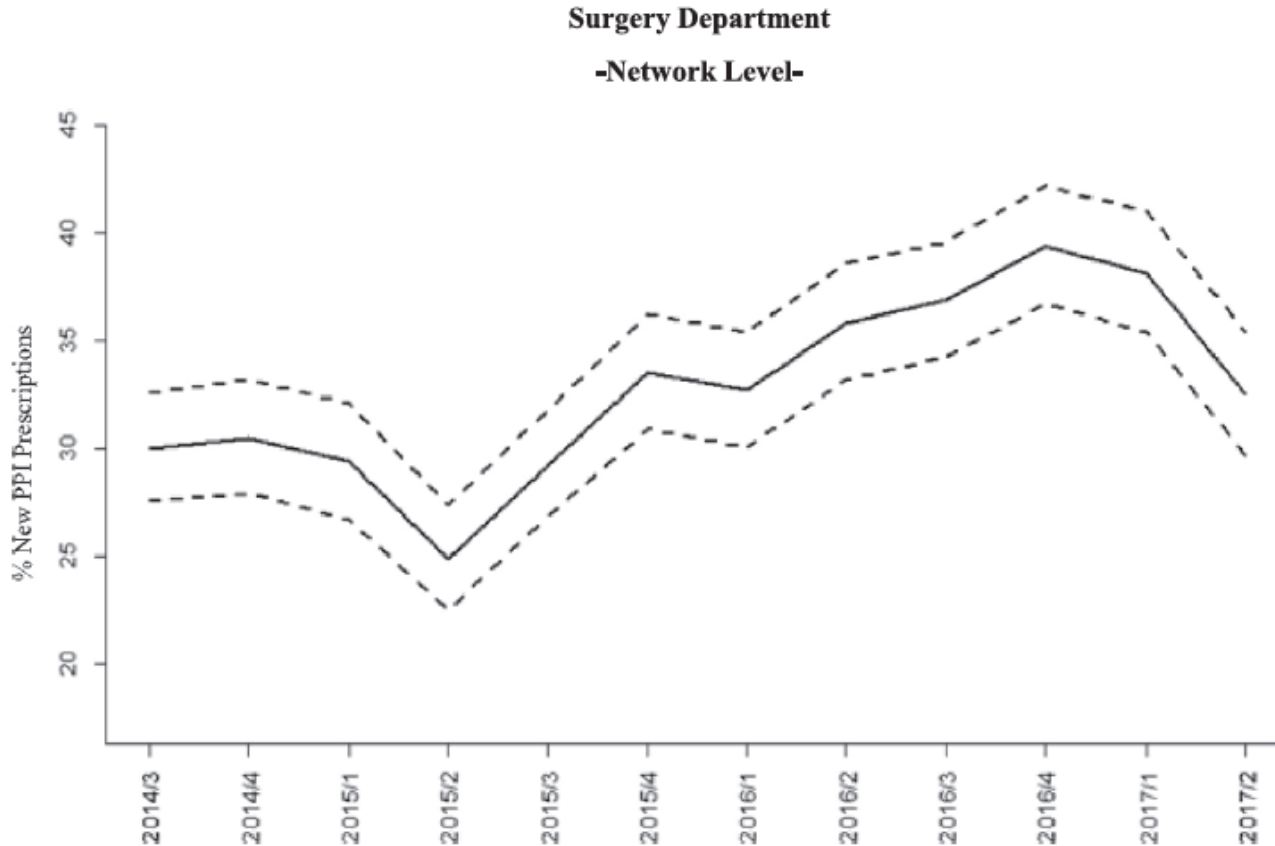


Creation of PPI working group

Educational intervention in the hospital network



# Meanwhile in the surgical services...



*Multifaceted intervention to curb in-hospital over-prescription of proton pump inhibitors: A longitudinal multicenter quasi-experimental before-and-after study*

*Del Giorno R, Ceschi A, Pironi M, Zasa A, Greco A, Gabutti L. European J Intern Med 2017*

# Médecine Interne Générale hospitalière



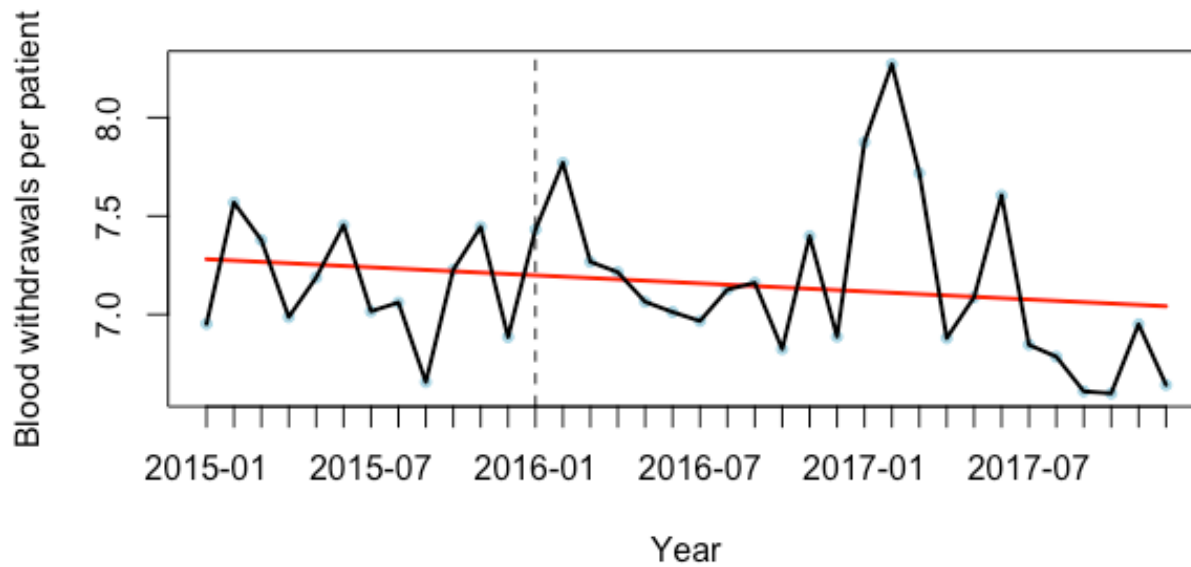
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Top 5 list; May 2016

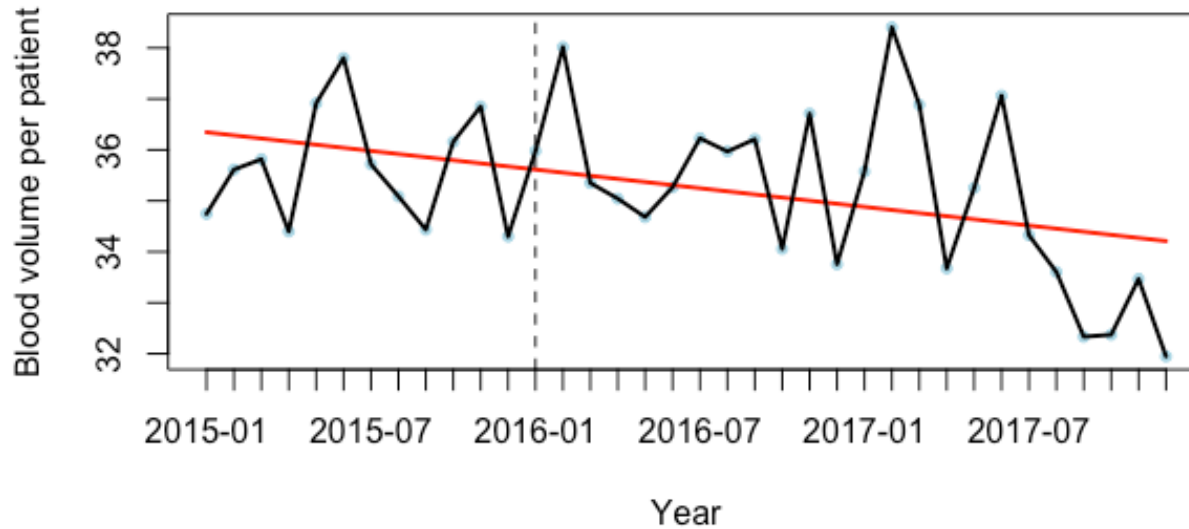
**1. Non fare prelievi di sangue a intervalli regolari (ad esempio giornalieri) o pianificare batterie d'esami, anche radiologici, senza rispondere ad un quesito clinico specifico**



# Blood withdrawals per patient



# Blood volume per patient



	Knowledge of best practice	Knowledge of Choosing Wisely principles (high-value care and shared decisions)	Awareness of own prescription strategies	Awareness of the prescription strategy of others	Change
Media					
Conferences					
Guidelines/No-to-do Recommendations					
Working Groups					
Pocket guides					
Education					
Monitoring					
B&A studies					

*What they helped us with*

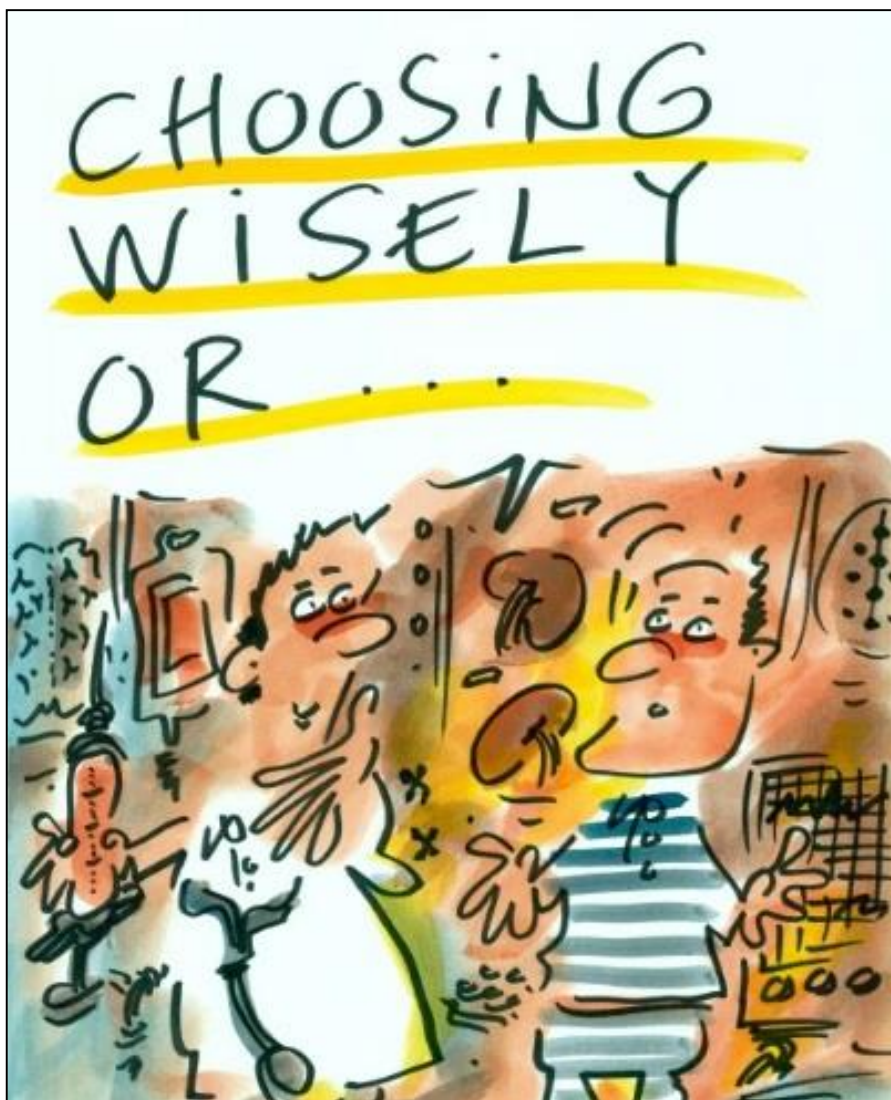
	Confusion between useless care and low-value care	Confusion between “appropriate” and “economically favourable”	Confusion between good for one (patient) and good for all	Building the culture «MORE IS BETTER»	Concern about the possible consequences of inadequate data usage	Internal Costs (EOC)
Media						
Conferences						
Guidelines/Not-to-do Recommendation						
Working Groups						
Pocket guides						
Education						
Monitoring						
B&A studies						

*What difficulties they created*

# What did we learn from the campaign?

1. Showing the path is not enough
2. To promote change:
  - **Many sided approach**
  - **Training and education**
  - **Monitoring & benchmarking**
  - **Interprofessional involvement (patients too...)**





# Many thanks!

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