Variation in Practice: Why and How to Respond

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Need for Benchmarks

- The CHCF/Stanford study should be seen as a valuable asset to doctors in practice
- Many physicians don’t have access to rigorous comparative measurement and never know how their practice compares to their peers
- This study provides one important basis for comparison and allows critical self-examination

Impact of Business Model

- Many of the geographies that appear to have outlier results are predominantly fee-for-service (FFS)
- Urban areas have a mix of business models including both HMO (prepaid or salaried) as well as PPO or FFS
- Many studies have shown that FFS practice drives higher volumes of care than prepaid practice
- Raises question of whether part of what we are seeing is a reflection of the way care is financed

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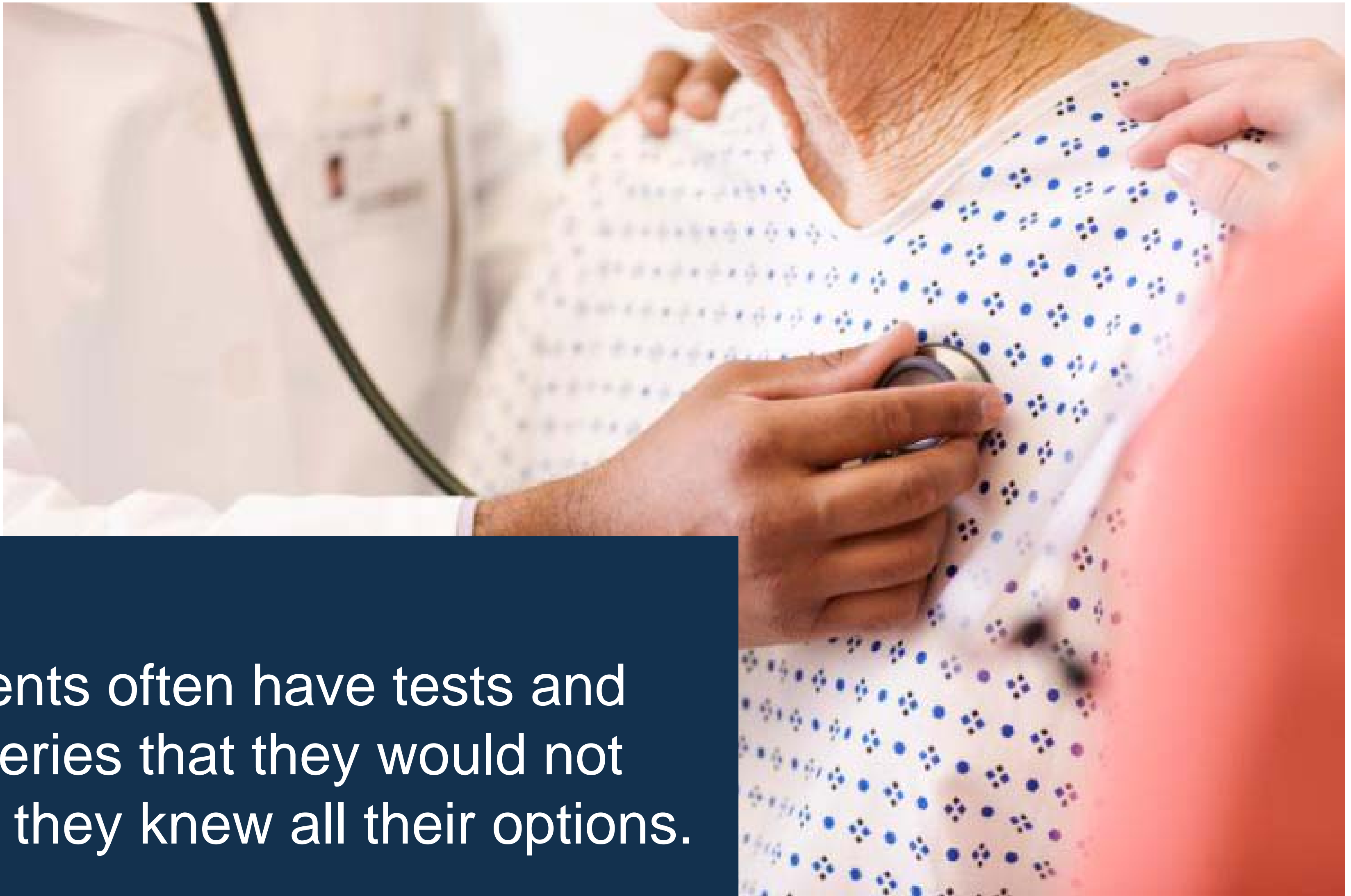

Patients often have tests and surgeries that they would not want if they knew all their options.

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Patients Don’t Know What They Don’t Know

- Patients make a surprisingly large number of medical decisions each year:

- 82% of adults over the age of 40 have made a medical decision in the past two years.

- 54% of these adults have faced two or more of these types of decisions.

“The National Survey of Medical Decisions (the DECISIONS Study)”. Brian Zikmund Fisher, PhD, University of Michigan; Funded by the Foundation for Informed Medical Decision Making

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Patients Don’t Know What They Don’t Know (2)

When asked about 9 major medical decisions:

- Patients on average knew less than 1/2 of the critical information

Why does this matter?

- **1/3 of medical decisions have two or more treatment options.**
- **There is no ‘right’ course of action.**
- **The patient must be fully informed and decide with their physician.**

The National Survey of Medical Decisions (the DECISIONS Study)”. Brian Zikmund Fisher, PhD, University of Michigan; Funded by the Foundation for Informed Medical Decision Making
“Preference-Sensitive Care”, Dartmouth Atlas Project Topic Brief, Dartmouth Medical School, January 15, 2007.

Example: Early Stage Breast Cancer

NIH Consensus Conference of 1990 concluded:

"Breast conservation treatment…is preferable because it provides survival equivalent to total mastectomy…while preserving the breast."

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Provider and NIH Perspective: Key Facts

Mastectomy

Survival same

Lose breast

Lumpectomy

Survival same

Keep breast

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But There is More to Consider:

Mastectomy		Lumpectomy
Same	Survival	Same
Lose breast	Cosmetics	Keep breast
Low (1-5%)	Recurrence	Slightly higher (5-15%)
Not common	Radiation	6+ weeks
Rare	Additional surgery	Common 20-50%

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Patients & Physicians View Trade-offs Differently

Decision: Goal	% Top 3 Patient	% Top 3 Provider
Surgery: Keep your breast	**7%**	**71%**
Reconstruction: Look natural without clothes	**59%**	**80%**
Chemotherapy: Live as long as possible	**33%**	**96%**
Reconstruction: Avoid using prosthesis	**33%**	**0%**

Sepucha K, et al. *Patient Education and Counseling* 2008 and Lee et al. 30th Annual Society for Medical Decision Making Conference, Philadelphia, 2008.

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What Happens When Shared Decision Making is Used in Practice

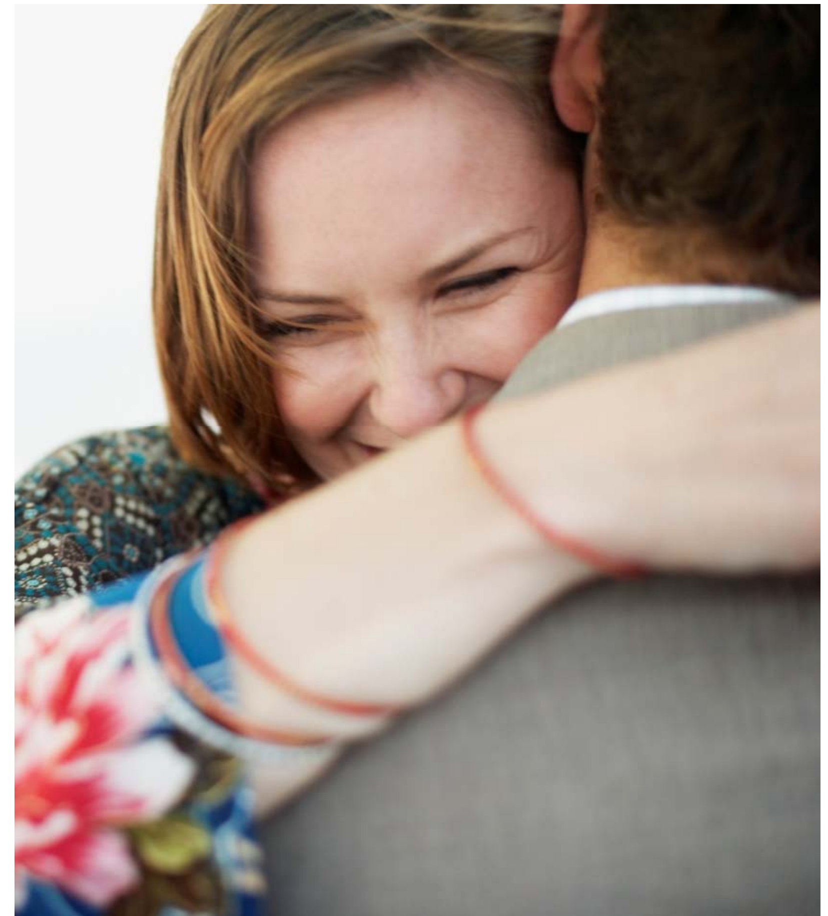
Review of 55 randomized clinical trials in use of decision aids

- Greater knowledge of options, benefits, and harms
- More realistic expectations
- Lower decisional conflict related to feeling uninformed
- Less uncertainty related to lack of clarity on personal values
- 40% fewer people who were passive in decision

Decisions differ from usual care:

- **25% reduction** in elective invasive surgery
- **30% reduction** in use of menopausal hormones
- **20% reduction** in PSA testing for prostate cancer
- **14% increase** in screening for colon cancer

O'Connor, Cochrane Review, 2006



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