

# **Essencial Project: Adding value to clinical primary care practice**

Online Marketplace of good practices in Primary Care

**Agència de Qualitat i Avaluació Sanitàries de Catalunya  
(AQuAS)**

**1st-2nd June 2021**



- AQuAS (Agency for Health Quality and Assessment of Catalonia) is a **public agency of the Catalan Ministry of Health**.
- **Data assessment and analysis** are carried out in AQuAS, where relevant and reliable information is generated to be used in decision-making processes.
- The mission is to transfer the **scientific evidence into the practice**.



# Outline

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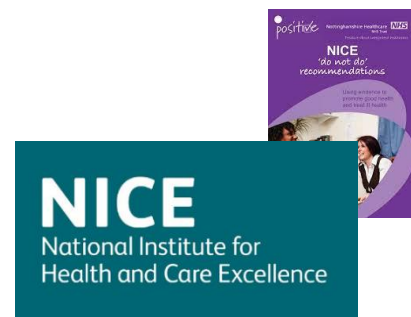
# Overview and objectives of Essencial project

Afegint valor a la pràctica clínica

# Essencial

Public policy initiative to identify **low-value clinical practices** and to elaborate recommendations to avoid them.

# International initiatives



# Catalan healthcare context



7.7<sup>MM</sup>

Population

83,45 years

Life expectancy

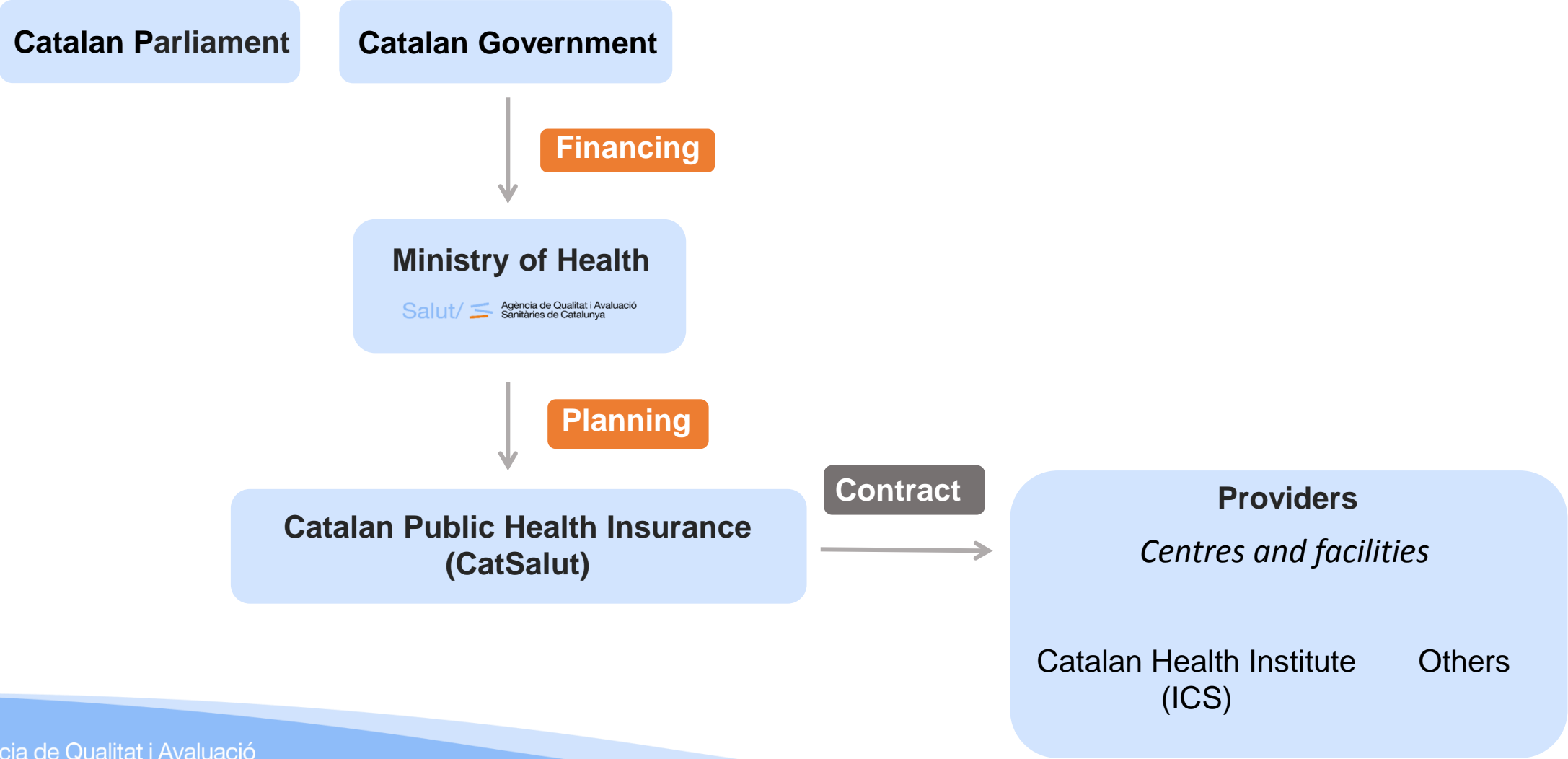
2,5/1.000

Infant mortality rate

- National Health Service
- Universal coverage, free at the point of use
- Funded by taxes
- Approx. 370 primary care teams
- Spending 7.8% of Catalan GDP



# Catalan healthcare context





# The Essencial Project

## Why was Essencial launched?

- Ethical imperative to act on low-value clinical practices
- To promote change and improve quality of care
- To maximise the value on the resources allocated to health services (opportunity cost)

**Objective:** To identify low-value clinical practices and to elaborate recommendations to avoid them.

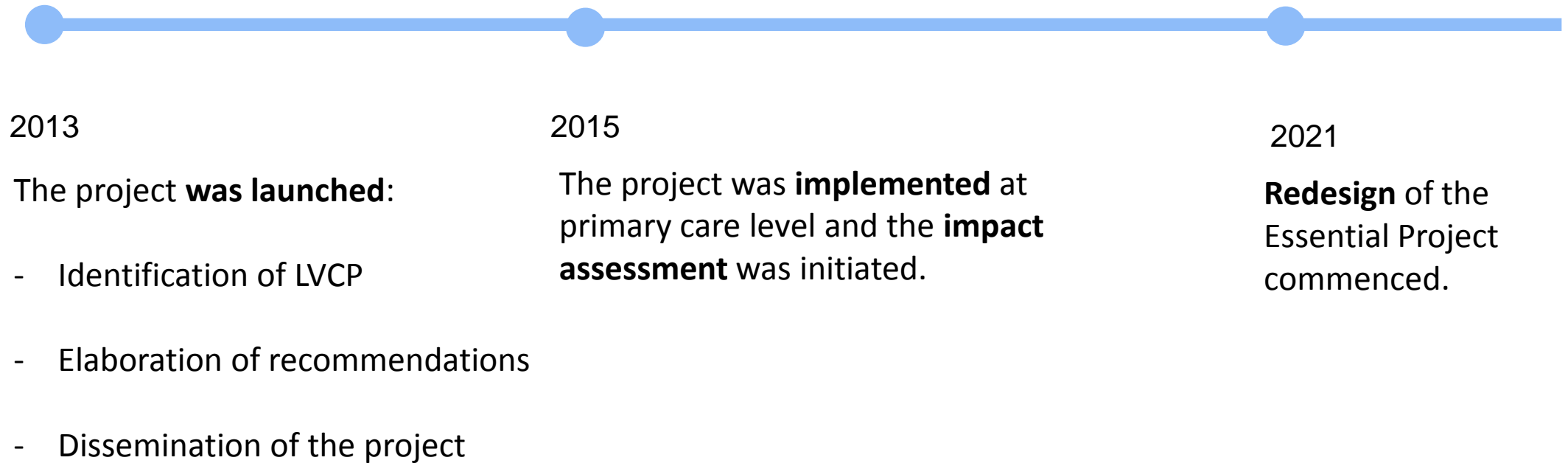
## What is a Low-Value Clinical Practice?

- There is insufficient evidence (efficacy/effectiveness/unproven diagnostic validity).
- It is not effective (there is evidence that the intervention does not add value).
- The risks outweigh the benefits.



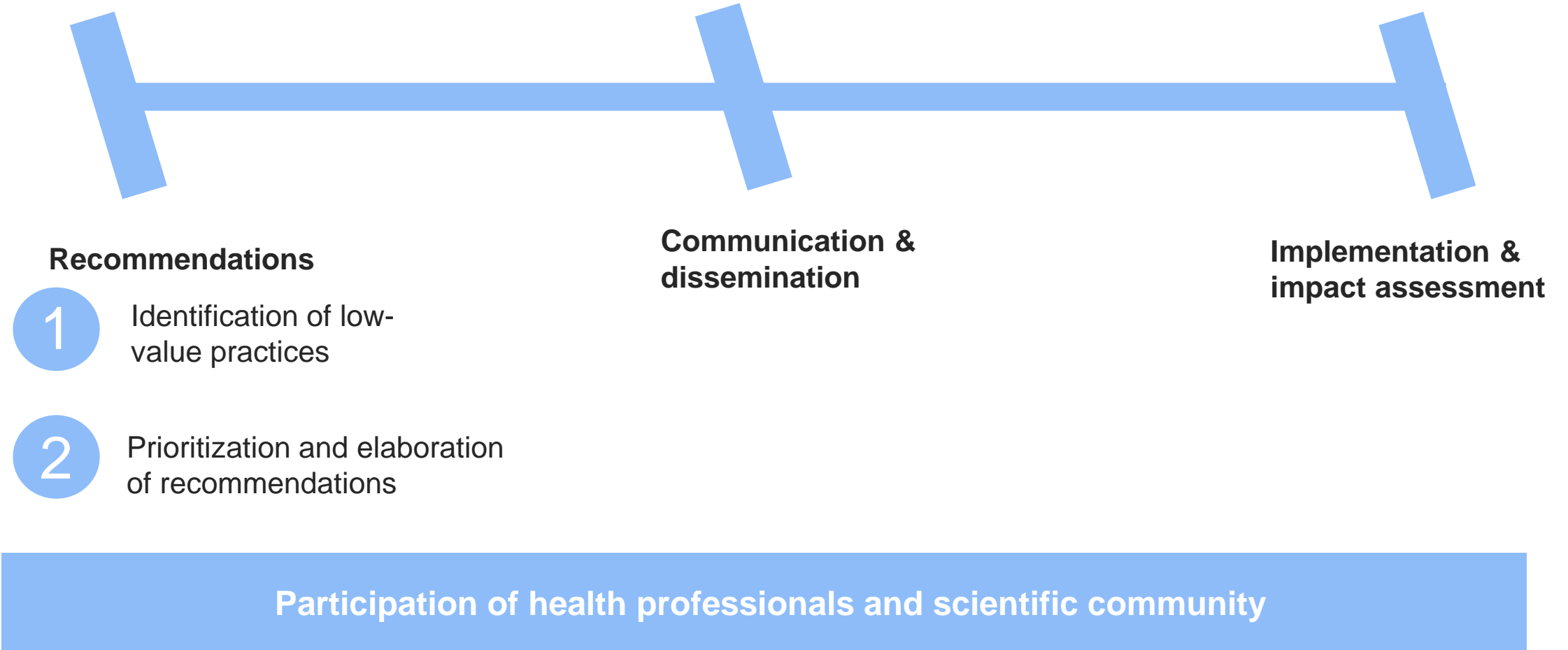
# Essencial timeline

## Special timings:



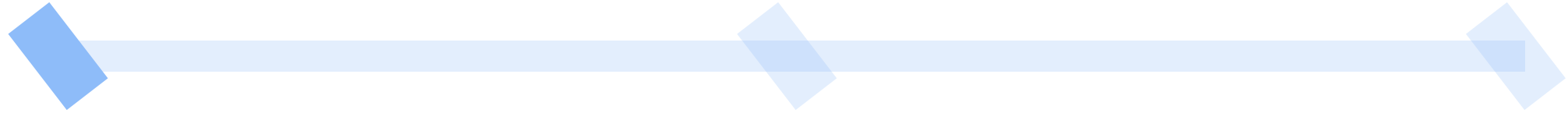


# Project steps





# Recommendations



1

Identification of low-value practices

## Health professionals' involvement

- Best positioned to identify LVCP
- Selection and prioritization of LVCP
- Responsible for the elaboration of the recommendation

## Examples of recommendations

- Use of antibiotics in patients with upper respiratory infections
- Imaging for nonspecific low back pain
- Screening panels for food allergies in children

# Recommendations

2

## Prioritization and elaboration of recommendations

### Criteria:

- Frequency of use, routine
- Scientific evidence
- Public implications
- Potential resource release
- Acceptability
- Feasibility and viability

**Essencial**  
Alegant valor a la pràctica clínica

**Febrer 2017**

**Radiografia de sins paranasals en la rinosinusitis en adults**

En persones adultes amb rinosinusitis aguda no complicada, la radiografia de sins no aporta valor al maneig del pacient.

**Resum**

- El diagnòstic de la rinosinusitis aguda (RSA) es basa en la història clínica i en una exploració física adequades.
- La radiografia de sins no millora l'adequació diagnòstica de l'RSA de l'adult, no permet diferenciar entre l'etiologia vírica o bacteriana i no modifica la conducta terapèutica.
- No estaria indicat sol·licitar una RX de sins en RSA no complicada de l'adult ja que no aporta cap valor en l'abordatge d'aquesta patologia i, en canvi, pot suposar un risc per al pacient i una despesa innecessària.

**Més informació**

La rinosinusitis aguda es defineix com la inflamació simptomàtica de la mucosa dels sins paranasals i de la cavitat nasal que té una durada màxima de 12 setmanes, segons el consens de gúies clíniques més recents. Tenint en compte que, en gairebé tots els casos, l'abundància dels sins paranasals s'acompanya d'inflamació de la mucosa nasal contigua, les darreres guies han optat per adoptar el terme rinosinusitis, en comptes de sinusitis, per parlar d'aquesta patologia.

Tot i que la seva etiologia pot ser diversa, la majoria de casos són produïts per una infecció viral del tracte respiratori superior i, en menor freqüència, per una infecció bacteriana. D'estima que el 0,5-2% de les infeccions víriques de les vies respiratòries superiors es compiquen amb una infecció bacteriana secundària i que, durant un episodi de rinosinusitis aguda (RSA), la prevalença d'infecció bacteriana és del 2-10% i d'infecció vírica del 90-98%.

La prevalença de RSA en la població general oscil·la entre el 5 i el 15% segons els estudis i el seu impacte en termes econòmics i de salut és elevat, ja que afecta la qualitat de vida i la productivitat laboral. És un motiu de consulta molt freqüent, sobretot a l'atenció primària i als serveis d'urgències, i genera un elevat consum de fàrmacs.

La majoria de guies clíniques consideren que és necessària la presència d'almenys 2 símptomes per establir el diagnòstic d'RSA, principalment la descàrrega nasal anterior o posterior, la congestió o obstrucció nasal, la pressió o dolor facial i la disminució de l'olfacte. Altres símptomes que reconeixen el diagnòstic són la febre, la odinòia, el dolor dental, la tos, el dolor o pressió a l'orella, la fatiga i l'halitòs. Se sospita que l'etiologia és bacteriana quan els símptomes persisteixen més enllà dels 7-10 dies o quan, després d'una millora inicial, aquests tornen a empitjorar i duren més de 7-10 dies.

Tot i que el diagnòstic de RSA es basa en la història clínica i en una exploració física adequades, a la pràctica clínica no és infreqüent la realització d'alguna exploració complementària per confirmar-lo. Tradicionalment la més utilitzada ha estat la radiografia (RX) de sins.

Diversos estudis han posat de manifest que l'RX de sins no millora l'adequació diagnòstica de l'RSA de l'adult, no permet diferenciar entre etiologia vírica o bacteriana i, en resum, no modifica la conducta terapèutica. Per tant, la no realització de l'RX evita retards diagnòstics, irradiació innecessària per al pacient i despeses evitables per al sistema sanitari. Les últimes

**La implementació de les recomanacions de l'Agència de Qualitat i Avaluació Sanitàries de Catalunya**

La implementació de les recomanacions de l'Agència de Qualitat i Avaluació Sanitàries de Catalunya es realitza mitjançant la creació de materials de difusió i la realització de sessions de treball amb els professionals de la salut.

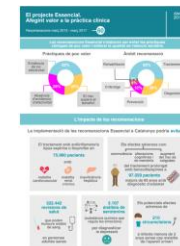
**Agència de Qualitat i Avaluació Sanitàries de Catalunya**

**Departament de Salut**

**Agència de Qualitat i Avaluació Sanitàries de Catalunya**

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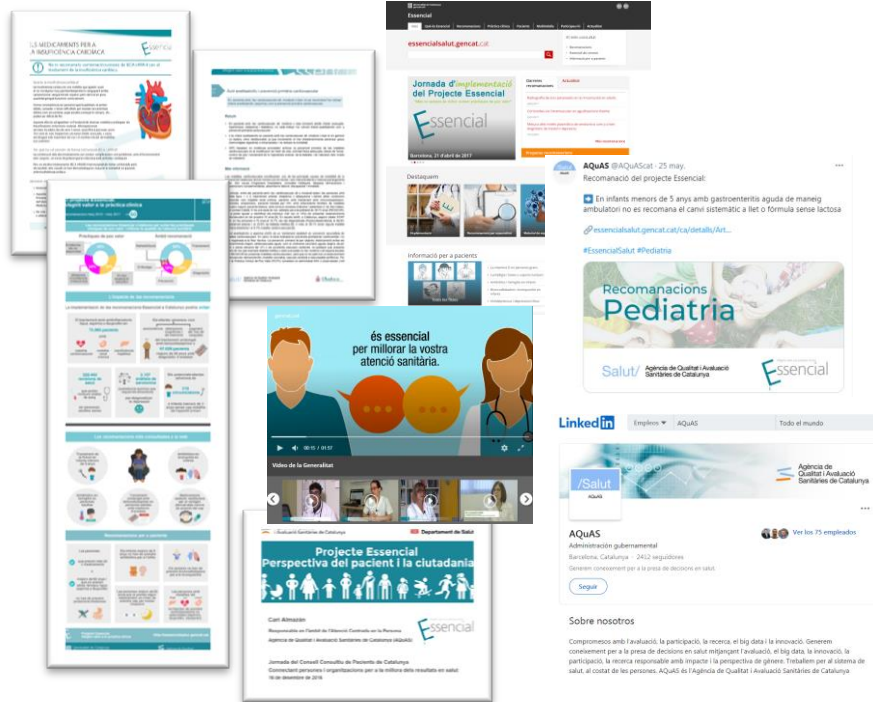
Agència de Qualitat i Avaluació Sanitàries de Catalunya





# Communication & dissemination

## Essencial Project Website and Newsletter strategy & Social Media



## Presentation and meetings throughout the region of Catalonia



## Scientific forums

National:



International:





How was the project designed  
and implemented?

# Implementation & impact assessment



## Objective of implementation

To **promote a change in clinical practice** among healthcare professionals to avoid LVCP and to **evaluate the impact of the implementation** of recommendations in clinical practice.



**Assessing the impact of recommendations**



# Framework of implementation

Implementation activities were based on **Change management Model** including training, clinical decision support system, provider specific and performance measures.

**Communication**

**Opinion leaders**

**Incentives and  
processes**

**Training and skills**

Essencial project started with a **bottom-up approach** from HCP and then included a **top-down approach** from service providers and in the context of a person-centred healthcare system.

**Multilevel complex intervention**, involving all levels of the health system.

# Principles of implementation

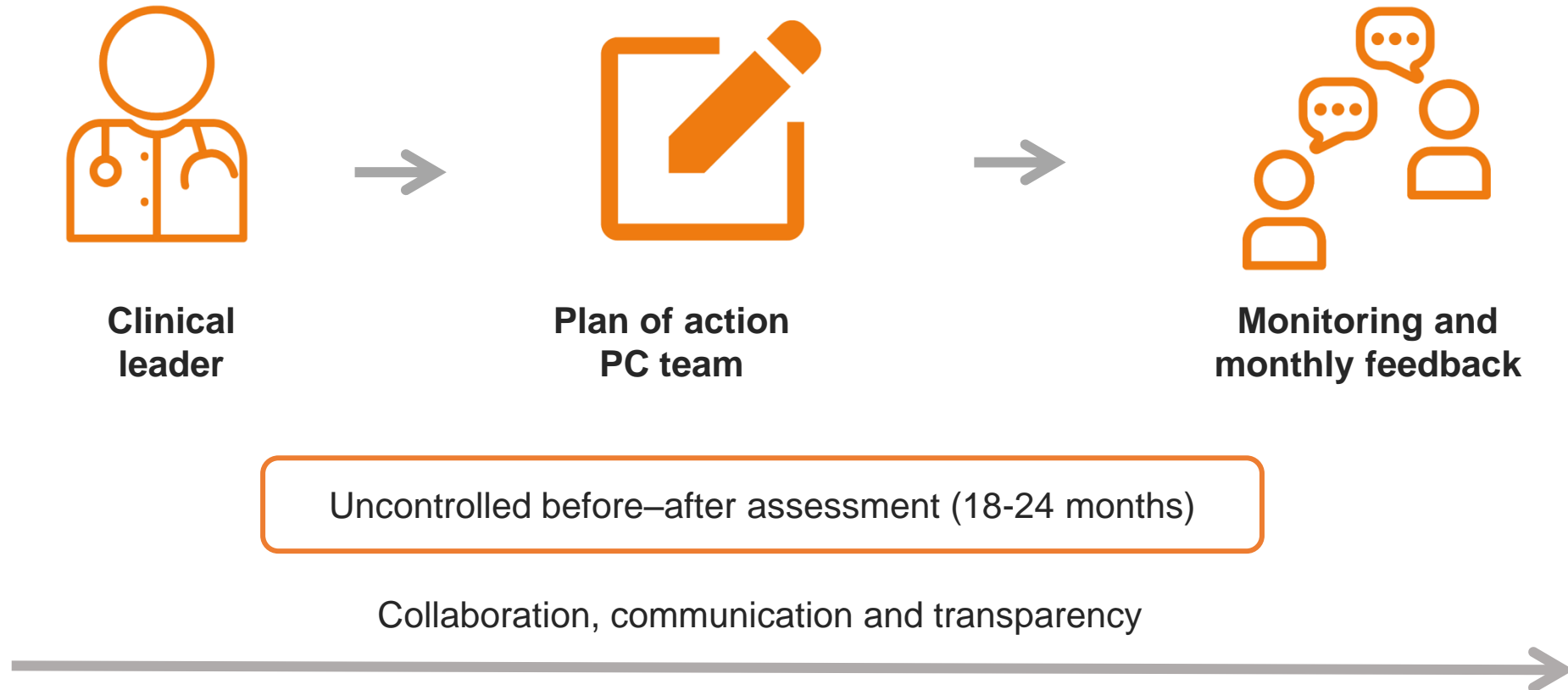
Healthcare professionals are **key leaders** in the change of clinical practice

**Commitment** of all members of PC teams

Implementation should be **adapted to the needs** of each organization

**Provider organisations** should help physicians and patients to overcome any implementation barriers

# Process of implementation

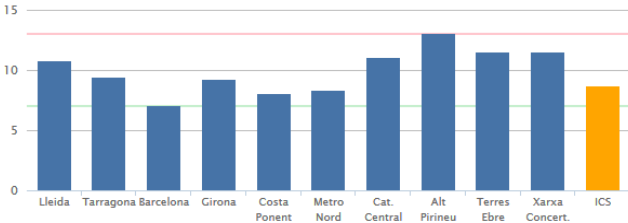




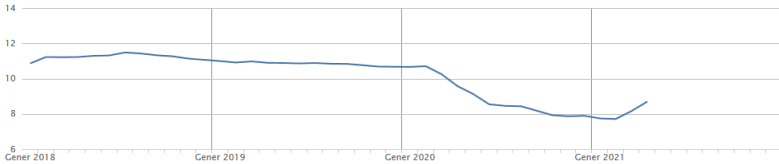
# Interventions – Monthly feedback

Territori: Total ICS (EAPs) Tria una opció:

Tria un tipus de població: No institucionalitzats i Atesos Tria una edat: Totes les edats Tria el sexe: Tots els sexes



Indicador	Resultat	Numerador	Denominador	Detall
ESSENCIAL - Indicadors ESSENCIAL				
CLINICS - Indicadors Clínics				
ES01 - ES01 - Tractament mal indicat en l'osteoporosi amb baix risc de fractura	1,91	48.627	2.551.959	+
ES02 - ES02 - Inadequació de la prevenció de la gastropatia amb IBP	48,33	104.239	215.693	+
ES03 - ES03 - RCV baix amb hipolipemians mal indicats	5,10	99.566	1.951.553	+
ES04 - ES04 - Criteri clínic en mamografies fora del programa de cribratge	100	2	2	+
ES05 - ES05 - Ús incorrecte PSA	8,70	52.517	603.328	+
ES06 - ES06 - Tractament inadequat d'otitis mitjana aguda no supurativa (2 a 14 anys)	55,30	2.983	5.394	+
ES07 - ES07 - Tractament mal indicat amb IECA i ARA-II en pacients amb insuficiència cardíaca	0,07	43	58.814	+
ES08 - ES08 - Tractament mal indicat amb antibiòtics en pacients amb bacteriúria asimptomàtica	0	0	0	+
ES09 - ES09 - Radiografia de tòrax no indicat en el diagnòstic de la bronquiolitis en població pediàtrica	0,87	18	2.059	+
ES10 - ES10 - Prova de imatge no indicat en la sinusitis en l'edat pediàtrica	2,29	3	131	+
ES11 - ES11 - Tractament mal indicat amb antidepressius pel episodi depressiu major lleu	54,36	145.651	267.931	+
ES14 - ES14 - Tractament inadequat amb benzodiazepines per l'insomni en gent gran	6,36	11.027	173.504	+
ES15 - ES15 - Densitometria mineral òssia en persones sense tractament farmacològic per prevenir fractures	5,03	1.878	37.304	+
ES16 - ES16 - Vitamina D en persones grans en la comunitat	23,91	232.143	970.998	+
ES17 - ES17 - AINE en malaltia cardiovascular, renal crònica o insuficiència hepàtica	4,54	48.057	1.059.196	+

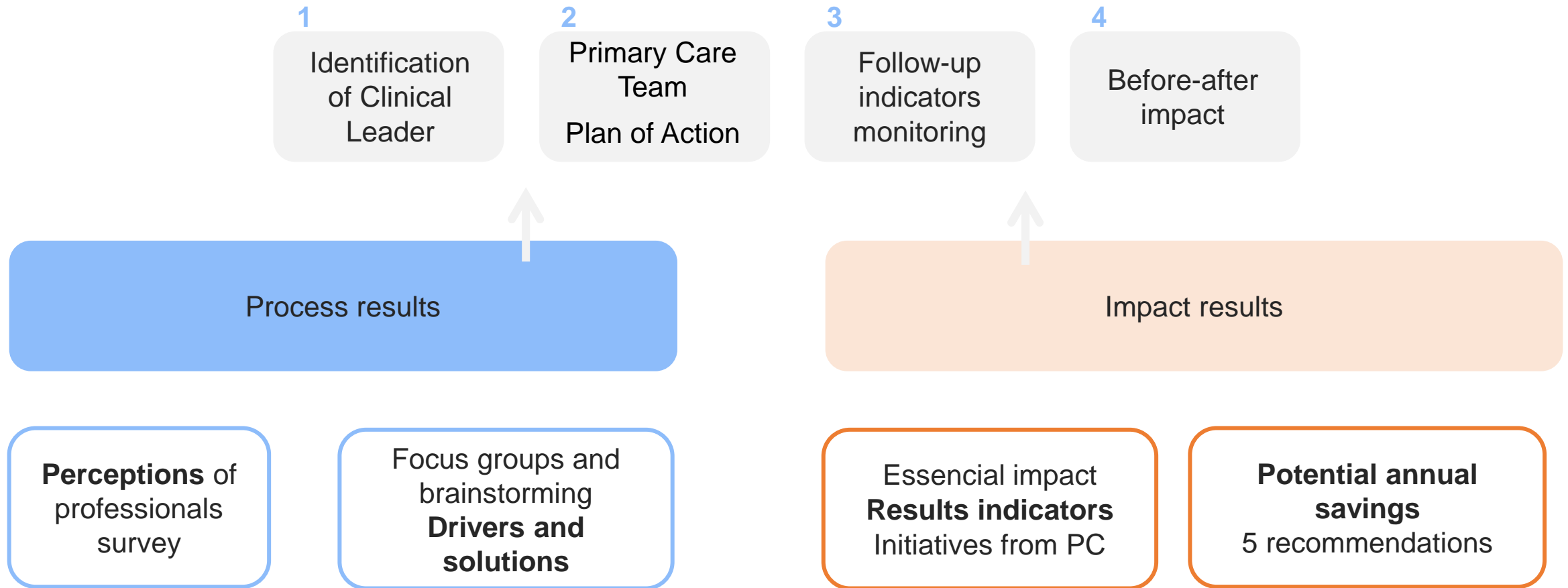




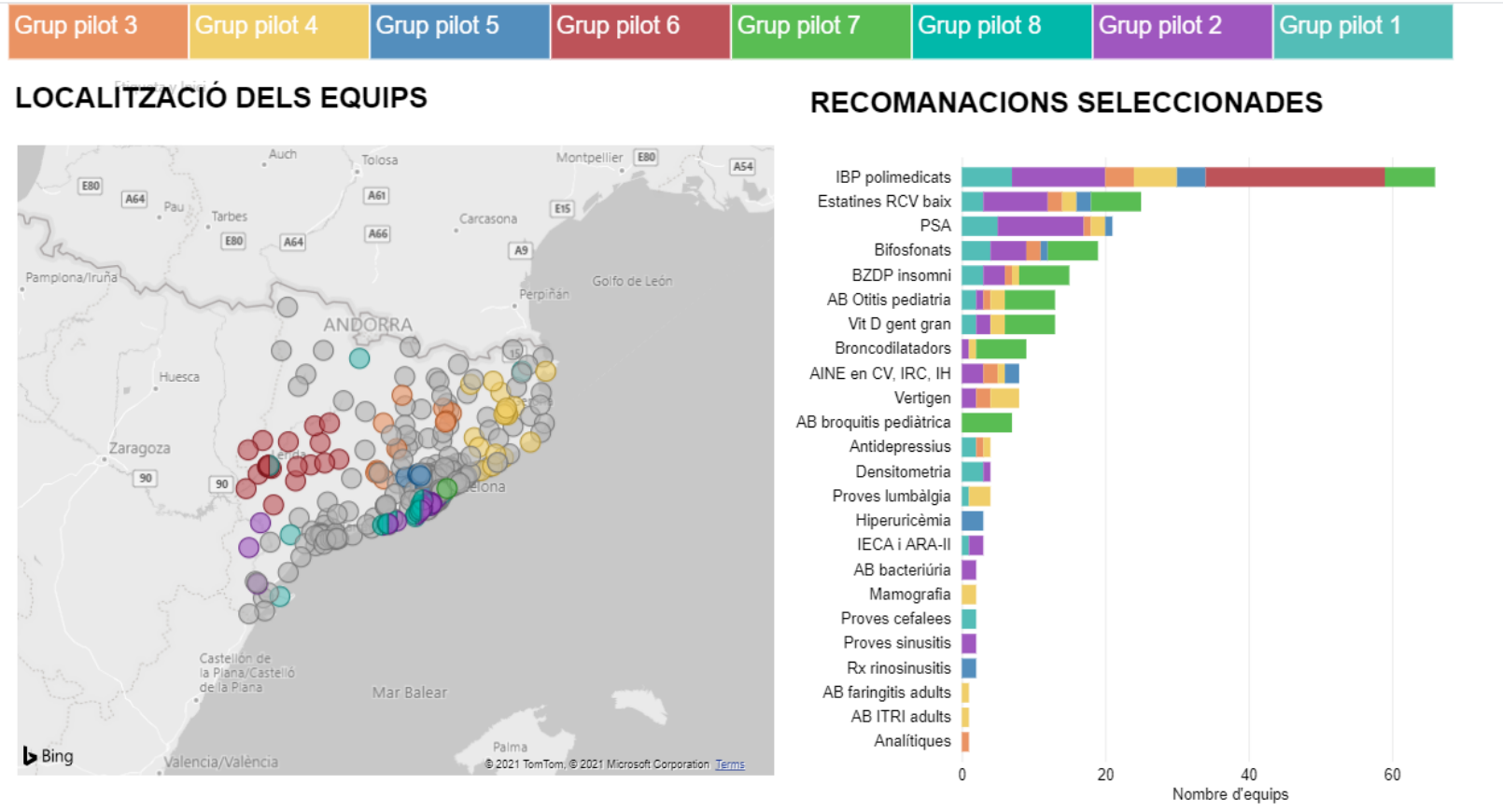
What results were achieved?



# Results



# Results



**169 (45%)**  
**PC teams:** multidisciplinary team providing primary care services

## PC teams proposals:

25 selected recommendations  
 (follow-up of indicators)

## Results – Top 5 selected recommendations

**Proton-pump inhibitors** in patients over 65 or polypharmacy



**Statins** in population with low coronary risk



**PSA** screening



**Biphosphonates** postmenopausal women with low risk of fractures



**Benzodiazepines** for insomnia in elderly patients





# Process Results: Survey

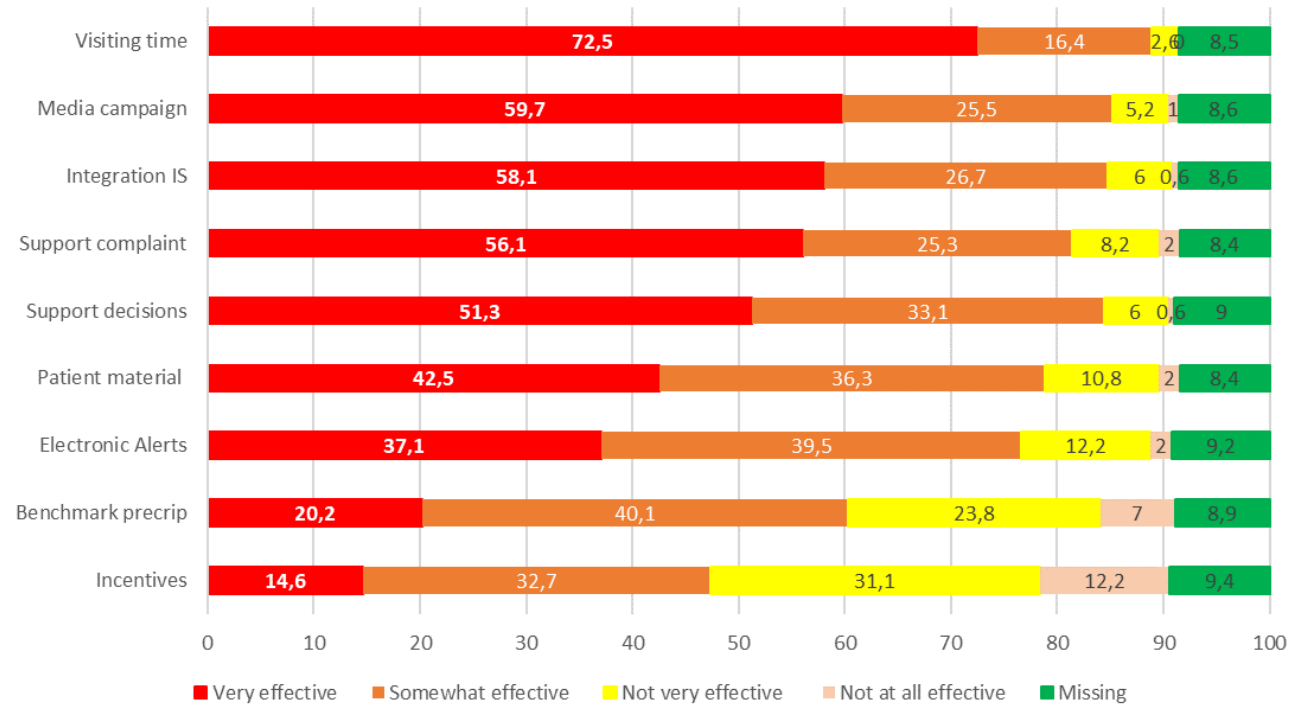
Survey: What are HCP opinions and perceptions of LVCP?

Healthcare professionals are in the best position to deal with low-value practices

Low-value practices are frequent in 67% of healthcare professionals

Make a decision on low-value practices > 1 time/week: 64% healthcare professionals

## Best tools for reducing unnecessary care

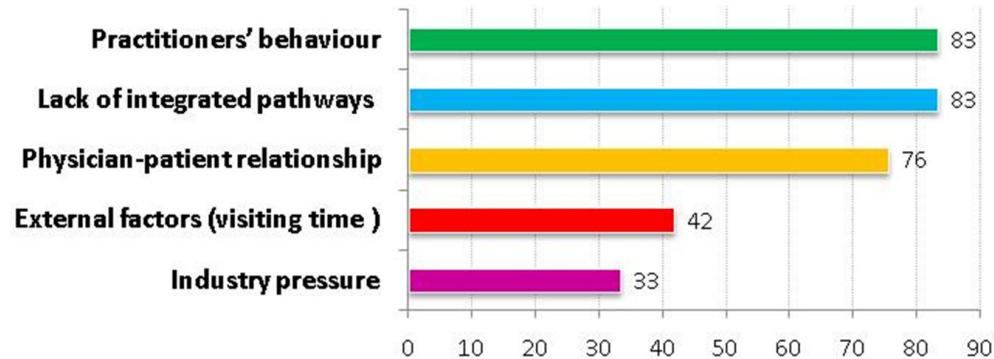


# Process Results: Drivers and solutions

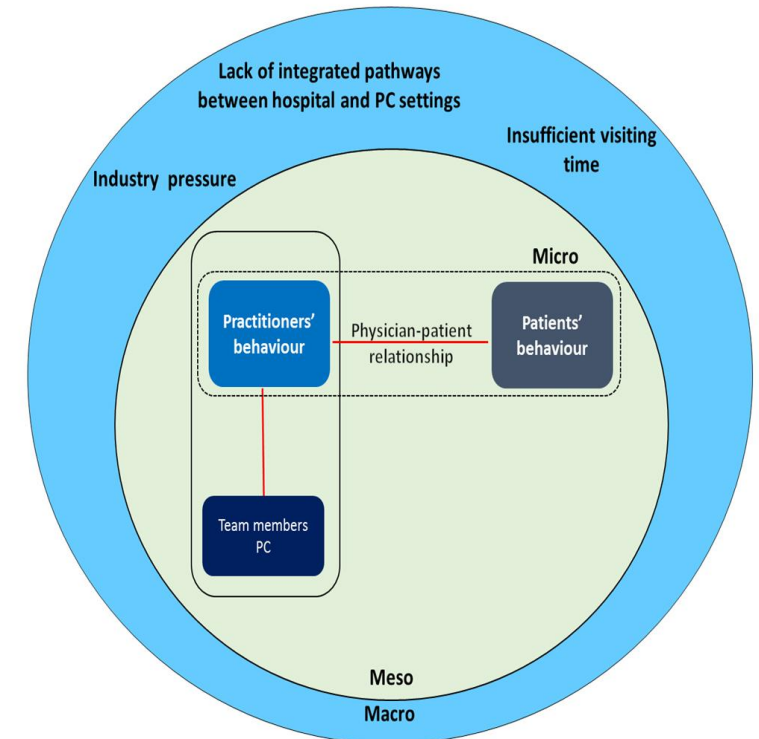
## Five groups of barriers:

1. Practitioners' behaviour
2. Physician-patient relationship
3. Lack of integrated pathways between hospital and PC settings
4. Industry pressure
5. External factors

% of participants who mentioned in the discussion:



## Interactions between barriers micro-meso and macro levels



## Process Results: Drivers and solutions

Patient empowerment



HCP training



Organizational change



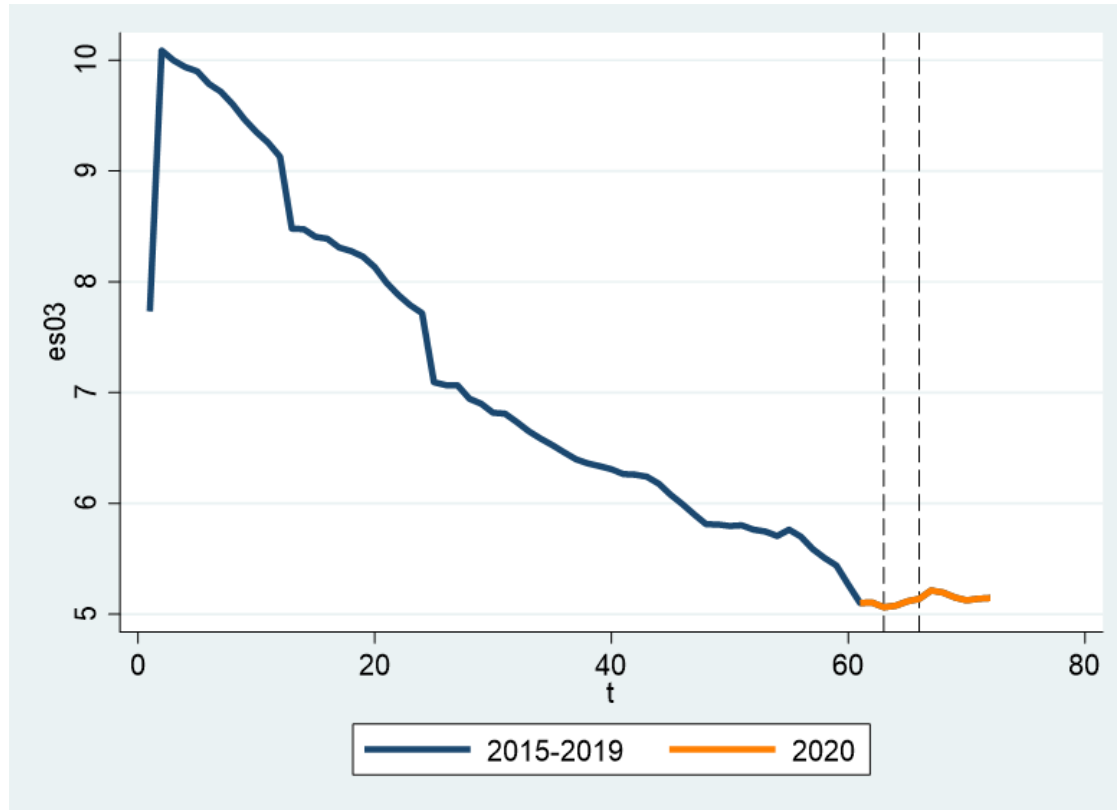
Integrated pathways



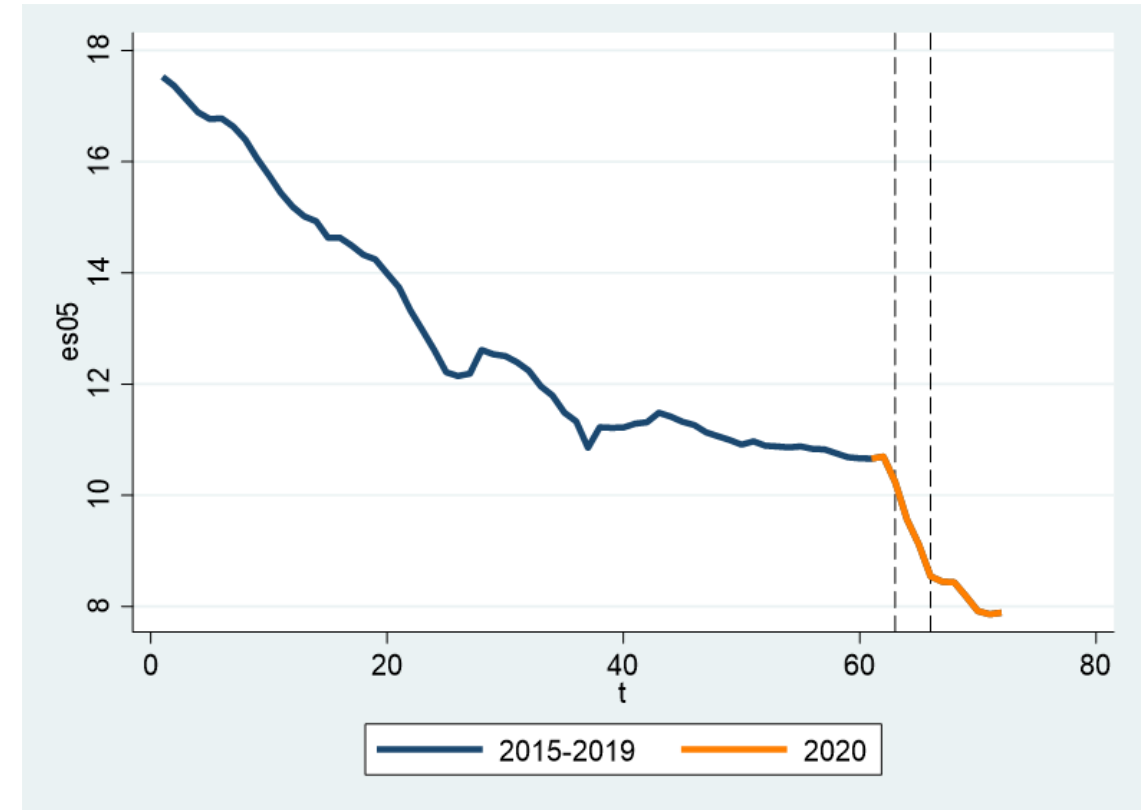
# Results: impact indicators — Include primary care teams of all Catalonia: Essencial project and other initiatives



## Statins in low coronary risk



## PSA screening

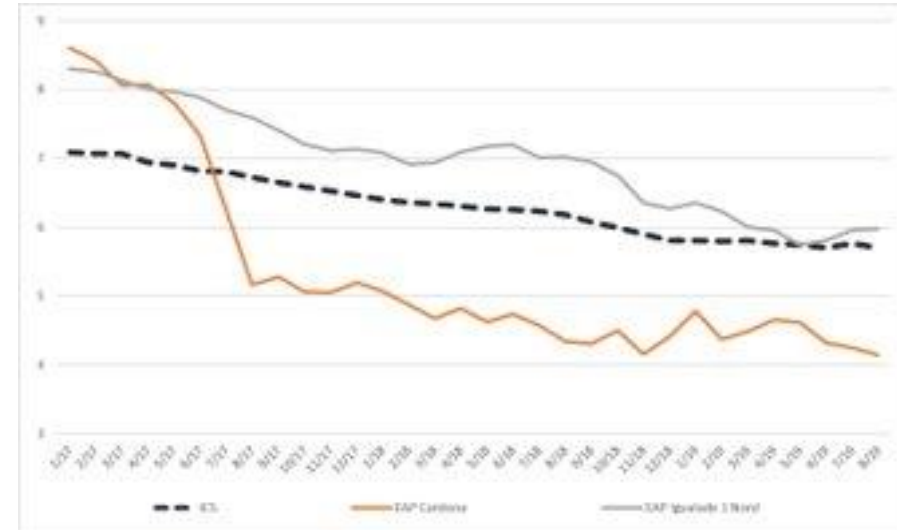


Reduction from year 2015 in recommendations, for example:

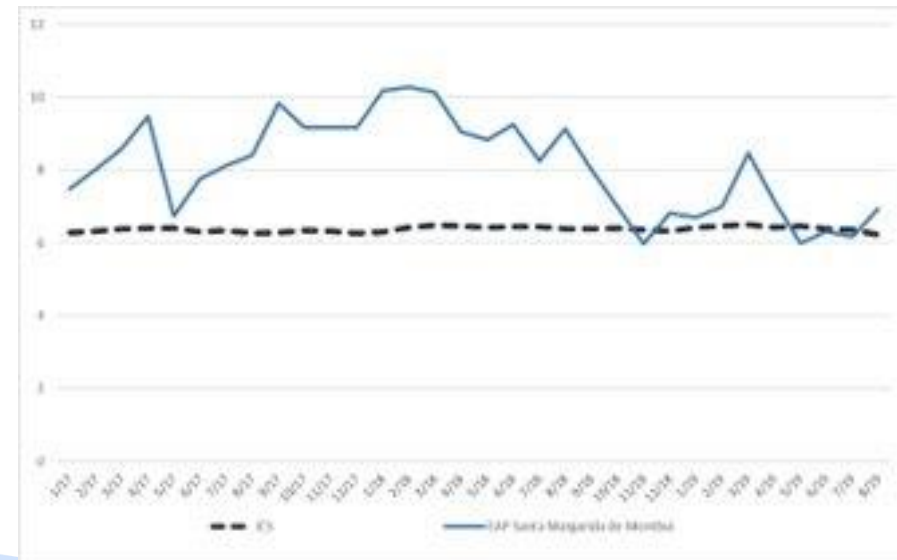
**Statins for primary prevention of cardiovascular disease (42%) and PSA screening (33% of reduction) (2015-2017)**

# Impact Results: impact indicators – 4 pilots preliminary first analysis

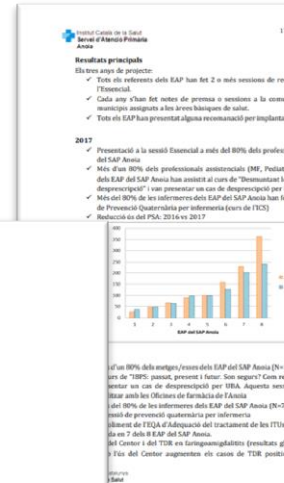
Proton-pump inhibitors  
**Statins in low coronary risk**  
 PSA screening  
 NSAIDs heart, kidney, liver disease  
 Antidepressants for mild depression  
 AB otitis  
 AB pharyngitis



Bisphosphonates  
**Benzodiazepines for insomnia**  
 Vitamin D use for elderly patients  
 Bone densitometry  
 Sedative drugs and benign paroxysmal  
 positional vertigo  
 Imaging in low back pain



# Impact Results: interventions from PC teams



<http://essencialsalut.gencat.cat/ca/implementacio/material-suport/professionals-eap/>



# Impact Results: Budget impact of five low-value evidence-based recommendations

The **total potential annual saving** for the Catalan public health system of the **five recommendations** was estimated on **7,931,282 euros** (estimated year 2018)

Recommendations	Catalan population potentially at risk of overmedicalisation per year	Potential annual saving or Potential annual reallocation
Vitamin D overtesting	91,572 adults	1,831,440 euros
Proton-pump inhibitors overprescription	104,621 adults	4,394,082 euros
Statins overprescription	104,478 adults	835,824 euros
Paranasal sinuses X-ray overtesting	79,632 adults	716,688 euros
(Semi-long life) Benzodiazepines overprescription	9,578 older people (≥ 65 years old)	153,248 euros



How were implementation obstacles or difficulties overcome?



# How were implementation obstacles or difficulties overcome?

## General level

- The initiative was well received, but HCP organizations thought that Essencial was involved in "budget cuts" (LVCP were related to waste, opportunity cost). To modulate EP message and to stress the objective to improve the patient's safety and quality of healthcare.
- The strategy was bottom-up: HCP are key leaders in the change of clinical practice but there are multilevel drivers of LVCP, **including providers and involving managers at macro and meso levels.**
- Lack of integrated pathways between hospital and PC setting: **alignment between 2 levels of attention unifying protocols and standard procedures and recommendations.**

# How were implementation obstacles or difficulties overcome?

## Healthcare professional individual level



To identify the needs of healthcare professionals to avoid LVCP and to promote a program on communication skills, conversation protocols, and training on LVCP.



Disagreement among team members or resistance to change HCP: training by peers and close follow-up to get commitment of all members of PC teams.



What elements/factors contributed to its success?

# What elements/factors contributed to its success?



**Local context** of the Catalan healthcare system when the Essencial initiative started. The momentum of some initiatives like "Choosing Wisely", "Less is more" or "Too much medicine".



The Essencial project also counted on **structural support from the Catalan Health Ministry**, the national health insurer (CatSalut), and the Catalan Health Institute. The accompanying role of AQuAS was positively perceived.



An **intensive communication strategy** of Essencial from the beginning.



Recommendations and feedback to avoid LVCP are **published every month**.



# What elements/factors contributed to its success?

## Regarding implementation:

- Participation in the de-implementation of LVCP was **not mandatory**.
- Recommendations for de-implementation were **identified by professionals at the local level**.
- Essencial adopted a collaborative approach with actors on the field and involved **local champions**.
- There are **more initiatives at Primary Care level** aligned with EP in terms of reducing overdiagnosis and overtreatment.
- At the Primary Care level there is a very good **quality indicator information system** that allows to share and monitor information at individual and team levels.



# Conclusions



# Conclusions

- The de-implementation of clinical practices is more difficult than the implementation. The idea of "**more is better**" has more followers than "**less is more**".
- **Cultural change** takes time, and the participation of **key actors** (healthcare professionals and patients) in the project, alongside other stakeholders, is crucial to promote the change.
- There is a need of involvement from healthcare professionals, patients and citizens in communication strategies to find a better way to adapt the message to the main stakeholders.

# Conclusions



- Active participation of **healthcare professionals should be encouraged** in the de-implementation of LVCP, via capability programs on communication skills and training with credits.
- In the near future, the idea of **opportunity cost** in regards to LVCP should be reintroduced, also by promoting incentives, in order to contribute to the sustainability of the health care system.
- These conclusions are some of the proposals resulting from the assessment of the implementation. For the assessment, a “**design thinking**” **methodology plus co-creating techniques** were used, which also included participation of key actors.
- The conclusions from this assessment will be developed and will serve as a **roadmap over the next four years.**





# Thank you very much!

Salut/



Agència de Qualitat i Avaluació  
Sanitàries de Catalunya



Generalitat de Catalunya  
**Departament de Salut**

Afegint valor a la pràctica clínica  
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