Physician Awareness and Use of Overtreatment Guidelines in Practice: a National Survey of US Internists

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Background

• Cost-conscious care is receiving increased attention from medical education experts and policy makers
• Overtreatment guidelines (e.g. Choosing Wisely) that recommend against the use of tests and procedures were introduced as a tool to reduce healthcare waste
• Physicians’ awareness and use of overtreatment guidelines and factors that influence those views are not well understood

Objectives

• Survey a national sample of internists on their views and practice of overtreatment guidelines, including factors that may influence their adoption, such as current practice and training characteristics

Table 1: Physician Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N (%)</th>
</tr>
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<tbody>
<tr>
<td>Time from graduation, mean (SD)</td>
<td>6.7 (3.0)</td>
</tr>
<tr>
<td>Compensation type</td>
<td></td>
</tr>
<tr>
<td>Billing only</td>
<td>120 (29)</td>
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<tr>
<td>Salary only</td>
<td>93 (21)</td>
</tr>
<tr>
<td>Salary+bonus</td>
<td>201 (45)</td>
</tr>
<tr>
<td>Other</td>
<td>33 (7)</td>
</tr>
<tr>
<td>Practice setting</td>
<td></td>
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<tr>
<td>Group private practice</td>
<td>143 (31)</td>
</tr>
<tr>
<td>Hospital-owned practice</td>
<td>136 (30)</td>
</tr>
<tr>
<td>Academic faculty practice</td>
<td>61 (13)</td>
</tr>
<tr>
<td>Group or staff model HMO</td>
<td>49 (11)</td>
</tr>
<tr>
<td>Solo practice</td>
<td>43 (9)</td>
</tr>
<tr>
<td>Other</td>
<td>34 (7)</td>
</tr>
</tbody>
</table>

Methods

• Cross-sectional survey
  • mailed July - September 2014
  • 908 internal medicine physicians
  • randomly selected from AMA Masterfile
  • completed residency < 10 years
• Questions about:
  • practice characteristics
  • training environment
  • overtreatment guidelines
• Using factor analysis we developed a 9-item scale of residency cost-consciousness from physicians’ perceptions of their residency training (Table 2)

Table 2: Residency cost-consciousness scale

During your residency training (5-point Likert scale):

How often did your attending physicians discuss costs of care when taking care of patients?

How often did your attending physicians question the necessity of a workup?

How often were you exposed to teaching about cost conscious care?

How often were you aware of costs of care for your patients?

How often were you expected to justify tests that you ordered?

How often did you prescribe generic medications when they were available?

At the completion of my training (4-point Likert scale):

I felt prepared to manage physician extenders (e.g., NPs or PAs)

I felt prepared to use overtreatment guidelines in my conversations with patients

I felt prepared to participate in shared decision making with patients

Results

• 459 (51%) returned the survey
  • 39% were in private practice
  • 66% were salaried
  • Yrs from completing residency 6.7 (SD 3.0)
  • 88% familiar with overtreatment guidelines
  • 81% reported guidelines useful in their practice

There was considerable variation in training experiences related to costs of care:
  • mean residency cost-consciousness score 27.1 (SD 5.3, range 10-41)
  • Compared to the bottom quintile, physicians who scored in the top quintile of residency cost-consciousness were more likely to bring up overtreatment guidelines in discussions with patients (OR=2.9, 95% CI 1.2-7.2, p=0.02)

Figure 1: Physician Awareness of Overtreatment Guidelines

Figure 2: Physician Use of Overtreatment Guidelines

Conclusions

• Overtreatment guidelines reported to be a useful tool in patient discussions
• The majority of US internists discuss costs of care with patients, but many receive scant training in this area during residency
• Physicians who received more training about costs during residency were more likely to use guidelines in practice