

Summer 2015

Healthnet News v.30:no.3 Summer 2015

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Recommended Citation

Urciuoli, Wendy, "Healthnet News v.30:no.3 Summer 2015" (2015). *Articles - Patient Care*. 96.
https://opencommons.uconn.edu/pcare_articles/96

HEALTHNET NEWS

Volume XXX Number 3

Summer 2015

Too Much of a Good Thing?

"Champagne Girls" Allison Marchant

How many of you have dived into a bag of potato chips or a box of chocolates or whatever your guilty food pleasure is, only to find yourself later that day bemoaning the ill effects of your binging? Although we could argue that **dark** chocolate has health benefits, sadly too much is still too much. In this issue we make the leap from consuming too many treats to receiving too much healthcare. An odd comparison? Not really. Just because something is supposed to be good for us, whether kale or diagnostic tests or prescription drugs, too much can be disastrous.

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When is too much of a good thing bad for us? Mae West is famously quoted as saying "too much of a good thing is wonderful."¹ This may be true for romance, diamonds or even potato chips. When it comes to medicine however, more is not always better. New technologies have vastly improved the ability of physicians to diagnose and treat illness. Drug manufacturers market new products directly to patients creating the expectation that newer is better and encourage patients to ask for these new treatments. When it comes to our health more information provided by additional tests is good...right? CT scans may seem harmless, but in some cases emit powerful radiation doses equal to about 200 chest X-rays. Roughly one-third of these scans are unnecessary.

According to Atul Gawande's *New Yorker* article, "Overkill," virtually everyone in the United States has been subjected to over-testing and overtreatment. These "toxicities of inappropriate care" come in the form of drugs, operations, scans, and tests that take thousands of dollars from our paychecks, but more importantly, do not make us better, and are often harmful.² Over-testing can result in false positives, additional testing, unnecessary treatment, patient anxiety, and higher costs. Testing also identifies slow-moving conditions that might be better served with a watchful waiting approach. A new "less is more" movement is gaining traction in medicine. Physicians, policy-makers, government agencies, and health insurers are working to bring down healthcare costs **while** ensuring all patients receive the **right amount** of care as well as the **best** care. Librarians can help support this movement.

Just how much does too much healthcare cost? How about \$765 billion! This was the figure put forth in the Institute of Medicine's workshop "The Healthcare Imperative: Lowering Costs and Improving Outcomes".³ Excess costs fell into six categories: unnecessary services, services inefficiently delivered, prices that are too high, excess administrative costs, missed prevention opportunities, and medical fraud. The largest excess cost was unnecessary services. It accounted for \$210 billion of that total. Dan Munro, a contributing writer for *Forbes* notes U.S. spending on healthcare is "an economic unit larger than the GDP of Germany, (which is itself the 4th or 5th largest GDP on the Planet)."⁴ If GDPs are a little hard to relate to, a colorful series of infographics on the Institute of Medicine website (<http://resources.iom.edu/widgets/vsrt/healthcare-waste.html>) informs you that if other prices had grown as quickly as healthcare costs since 1945, a gallon of milk would cost \$48 and a dozen eggs would cost whopping \$55 (Hold that side of bacon, please!).⁵

Too much medicine is costly, and sadly, does not equate to improved care. Researchers at Harvard and Dartmouth measured the one year survival and total costs for 3,804 U.S. hospitals for Medicare beneficiaries with acute heart attack, hip fracture, and colon cancer. They found that the lowest performing hospitals had both the highest death rates for these procedures and spent the most on patient care. Clearly, higher prices do not equal better care.⁵

In 2014 the American Board of Internal Medicine (ABIM) Foundation conducted a national survey of physicians about the problem of unnecessary tests and procedures.⁶ The survey sought to measure

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physician attitudes towards the unnecessary care, views on its causes, and their perspectives on various solutions. Nearly 3 out of 4 physicians felt unnecessary tests and procedures represented a serious problem. In their own practices, almost half of respondents said patients request an unnecessary test or procedure at least once a week. Although 87 percent of respondents said they always or almost always counsel patients about reasons to avoid a test or procedure, over half of physicians said they would likely order an unnecessary test or procedure if their patient insisted on it. The top four physician-recommended solutions are: malpractice reform; having evidence-based recommendations in a format designed for patient-physician discussion; having more time with patients to discuss alternatives; and changing the system of financial rewards for ordering tests and procedures.

Two years prior to the ABIM Foundation Survey, the organization launched its “Choosing Wisely” campaign. The campaign asked specialty groups to identify a top-5 list of tests and procedures that physicians and patients should question because they offer little or no benefit and may cause harm. To date, more than 70 specialty societies have joined the campaign by offering their top-5 list. Consumer groups, including the Consumers Union have agreed to join the cause by helping to educate patients about how more medicine may be harmful. Additionally, major medical journals are highlighting research to help identify areas of medical care in which harm outweighs benefit. Included in this movement are *JAMA Internal Medicine*’s “Less-is-More” series and *BMJ*’s “Too Much Medicine” annual conferences.

Now what about those pesky patients who insist upon the new drug advertised on TV, which may not be more effective than what they are currently taking and which may have a higher risk profile? Or what about the patient who blindly follows her/his physician’s recommendation for an unnecessary test believing the physician “knows what is best for me?” This is where the process of shared decision making and the use of “decision aids” can be very helpful.

Patients may not realize there are several reasonable treatment options available. And often when all of the options are presented, identifying and making a decision about which is best can be difficult. Decisions regarding testing and treatment should be based on an exploration of what matters most to patients as individuals. Shared decision making is the process whereby the physician and patient engage in a discussion of the risks, benefits, and likely outcomes associated with each treatment option. Also part of the discussion is a consideration of what is most important to the patient.

A 2011 Cochrane review of 86 randomized trials supports the value of shared decision making. The review shows when patients learn about the options available they are more confident in making decisions about their care, and are more active in the decision making process. Their review also concludes in many situations, informed patients elect more conservative treatment options.⁷

Decision aids can take many forms. There are pamphlets, videos, and web-based tools. Decision aids may include the personal stories of real patients faced with the same decisions. These personal accounts help patients decide what risks they are willing to accept to obtain the outcomes they value most. For example, is the risk of gastrointestinal bleeding associated with antiplatelet medications more important to the patient than the medication’s ability to prevent a stroke?

“Option Grids” are a newer entry into the decision aids field. Supported by the Dartmouth Center for Health Care Delivery Science, Option Grids are brief, easy-to-read, interactive, web-based tools designed to help patients and their physicians compare alternative treatment options. The grids allow patients to make notes on them to bring to their appointment. Option Grids are based on scientific evidence. They are developed with patients and intended to be free of “competing financial interests.”

Here are some shared decision making resources that librarians can point their patrons to:

- Informed Medical Decisions Foundation (<http://www.informedmedicaldecisions.org>)
Organization offers a collection of resources including videos, Power Point presentations, publications, and website links aimed at providing an understanding of shared decision making and patient decision aids.
- Agency for Health Care Research and Quality (<http://effectivehealthcare.ahrq.gov/index.cfm/tools-and-resources/patient-decision-aids/>)
Patient decision aids for non-surgical approaches to treating urinary incontinence, bone health after menopause, and treatment options for men with clinically localized prostate cancer.

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Decision aids, continued:

- Mayo Clinic Shared Decision Making National Resource Center (<http://shareddecisions.mayoclinic.org/decision-aid-information/decision-aids-for-chronic-disease/pci-choice/>)
Site includes decision aids for: primary prevention of coronary artery events, depression medications, diabetes medications, osteoporosis treatments, smoking cessation, and percutaneous coronary intervention.
 - Dartmouth Center for Health Care Delivery Science: Option Grid (<http://optiongrid.org>)
Site offers many decision aids in many categories: Babies and children; bones and joints; cancer; diabetes; digestive health; ear, nose, and throat; gynecology; hearing and vision; heart, lungs, and blood; mental health; pregnancy and birth; skin; and tests and scans.
1. Mae West Quotes (Author of "Goodness Had Nothing To Do With It"). <http://www.goodreads.com/author/quotes/259666.Mae_West>
 2. America's Epidemic of Unnecessary Care - The New Yorker. <<http://www.newyorker.com/magazine/2015/05/11/overkill-atul-gawande>>
 3. Medicine, I. of M. (US) R. on E.-B., Yong, P. L., Saunders, R. S. & Olsen, L. Unnecessary Services. (2010). <<http://www.ncbi.nlm.nih.gov/books/NBK53937/>>
 4. Annual U.S. Healthcare Spending Hits \$3.8 Trillion. <<http://www.forbes.com/sites/danmunro/2014/02/02/annual-u-s-healthcare-spending-hits-3-8-trillion/>>
 5. The Healthcare Imperative: Lowering Costs and Improving Outcomes - Workshop Series Summary - Institute of Medicine. <<http://iom.nationalacademies.org/Reports/2011/The-Healthcare-Imperative-Lowering-Costs-and-Improving-Outcomes.aspx>>

Dollars for Docs

Has your physician accepted money or services from pharmaceutical companies or medical device manufacturers? Investigative journalists at the non-profit news group ProPublica have been looking into financial ties between the medical community and the drug and device industries. ProPublica has built a database of payments made to physicians as well as dentists, optometrists, podiatrists, and chiropractors from information submitted to the Centers for Medicare and Medicaid Services (CMS).

The data collection is required by a new law, "The Physician Payments Sunshine Act" (also known as section 6002 of the Affordable Care Act [ACA] of 2010). The law requires manufacturers of drugs, medical devices and biologicals that participate in U.S. federal health care programs to report certain payments and items of value given to physicians and teaching hospitals. It also requires certain manufacturers and group purchasing organizations to disclose any physician ownership or investment interests held in those companies. Payments are broken down into the following categories: Royalty or license; Promotional speaking; Consulting fees; Food/beverage; Travel and lodging; Grants; Education; Ownership or investment interest; Gifts; and Non-accredited training. The data currently available reflects payments made from August 2013 to December 2014. (http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=127) ; <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>)

A review of the data may help consumers make an informed decision about whether their healthcare provider's treatment recommendations might be influenced by connections to medical products companies. Here is a link to ProPublica's "Dollars for Docs" database: <https://projects.propublica.org/docdollars/>.

Comparing Hospital Charges

Do you know what a chargemaster is? Contrary to what you may think, a chargemaster (also known as a pricemaster) is not a tool to charge your mobile devices. It is actually a detailed schedule of what hospitals charge for the resources and services provided during your hospital stay. Connecticut's Office of Health Care Access (OCHA) requires all acute care hospitals to file their current schedule of charges with them (Regulations of Connecticut State Agencies. Sec. 19a-643-203(a); <http://tinyurl.com/q6x8r8m>). OCHA uses the chargemaster to answer consumer questions and concerns about services provided during a patient's hospital stay. The agency can verify that amounts charged by hospitals are the same as amounts listed on their current chargemaster. Providing public access to hospital chargemasters is just a first step in Connecticut's efforts to make healthcare pricing more transparent.

The Health Care Incentives Improvement Institute, a nonprofit group promoting transparency in healthcare pricing, publishes an annual "Report Card on State Price Transparency Laws." The Report Card awards each state a grade on how well they are doing in making healthcare pricing information accessible to consumers. Connecticut currently has an "F." States awarded an "A" enable consumers to easily compare prices for inpatient and outpatient services for facilities and physicians. According to the Report Card, Connecticut is currently assembling an all-payer's claims database and is developing a consumer friendly website. You can see the Report Card at: <http://www.hci3.org/content/2015-report-price-transparency-laws>.

Affordable Dental Care for Older Consumers

Toothwisdom is an online resource for educating older adults and their caregivers about the importance of regular dental care. According to the website by 2030 there will be over 72 million older adults most of whom will have not access to affordable dental care. Barriers to adults receiving dental care include lack of dental insurance, understanding the need for routine dental care, inability to pay for care, access to dental services. Toothwisdom is sponsored by the national non-profit Oral Health America. The site offers dental health education tools and links to resources to help older adults find affordable dental care.

The site's dental health locator lists hospital-based dental clinics by city; dental care referral agencies; community health centers with dental clinics; and dental schools and dental hygiene schools. A "Financing Care" tab lists health insurance options for individuals, and benefits available through the state's Department of Social Services programs. There are also links to programs which provide older consumers with rides to appointments, local offices for social services, and caregiver support groups.

You can visit Toothwisdom at: <http://www.toothwisdom.org>.

New Guidelines for Health and Medical Reference

Would you like to evaluate your library's handling of consumer health questions? Then check out the just published health and medical reference guidelines from the American Library Association's Reference and User Services Association (RUSA). The guidelines represent a major revision of the health and medical content of the 2001 "Guidelines for Medical Legal, and Business Responses." They cover: the role of the information services staff, reference transaction professional behavior, and Ethics. Follow this link to learn more about RUSA's guidelines:

<http://www.ala.org/rusa/resources/guidelines/guidelinesmedical>

How Can We Help?

HEALTHNET offers a variety of services to Connecticut libraries and the communities they support. We offer FREE, customized research on health topics for state residents. We also conduct health literacy training for library staff and the public; consult with libraries about health information resources and services; and provide article delivery service to residents and health professionals in the state.

Is your community planning a health event? If so, you can invite a **HEALTHNET** librarian to be part of your event. We can provide you with brochures, bookmarks, or other resources to use at these events, to display at your reference desk or post on your community bulletin board.

Thank you to those librarians who have shared their comments about past newsletter articles. Please keep those comments and suggestions coming! Are there health topics you would like to learn more about? Email or call us. We would love to hear from you.

Cheers!
Wendy

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