Italy’s Slow Medicine and the campaign “Doing more does not mean doing better – Choosing Wisely Italy”

Sandra Vernero  MD
Vice chair of Italy’s Slow Medicine - Coordinator of the campaign “Doing more does not mean doing better- CHOOSING WISELY ITALY“

www.slowmedicine.it
www.choosingwiselyitaly.org
Italy’s Slow Medicine

Measured
*Doing more does not mean doing better*

Respectful
*People’s values, expectations and desires are different and inviolable*

Equitable
*Appropriate and good quality care for all*

“I have little doubt that Slow Medicine ... is the best kind of medicine for the 21st century”
*Bologna, December 14 2012*
Doing more does not mean doing better

The dissemination and use of new treatments and new diagnostic procedures is not always accompanied by greater benefits for patients. Economic interests, as well as cultural and social pressures, encourage both an excessive use of health services and an expansion of people's expectations beyond what is realistic, what the health system is able to deliver. Not enough attention is paid to the environment or the integrity of the ecosystem.

A measured medicine involves the ability to act with moderation, gradually, and essentially, and uses the resources available appropriately and without waste. A measured medicine respects the environment and protects the ecosystem.

Slow Medicine recognizes that doing more does not mean doing better.

People's values, expectations and desires are different and inviolable

Everyone has the right to be what he/she is, and to express what he/she thinks. A respectful medicine is able to acknowledge and take into consideration the values, preferences and orientations of a person in every moment of life.

Health professionals act with care, balance and empathy.

Slow Medicine recognizes that people's values, expectations and desires are different and inviolable.

Appropriate and good quality care for all

An equitable medicine promotes appropriate care, which is both adequate to the person and circumstances, and proven to be effective and acceptable for both patients and health professionals.

An equitable medicine opposes inequality and facilitates access to health and social services. It overcomes the fragmentation of care, and encourages the exchange of information and knowledge among professionals.

Slow Medicine promotes appropriate and good quality care for all.
Fast and Slow medicine: the 7 poisons (mental models)
A. Bonaldi – president of Slow Medicine – 2011

1. New is always better
2. All tests and treatments used in clinical practice are effective and safe
3. Technologies will solve every health problem
4. Doing more helps recover and improves the quality of life
5. Early identification of a disease is always better
6. The “risk factors” have to be treated with drugs
7. Emotions and moods can be controlled with medical treatments
Slow Medicine in Italy

Measured

Respectful

Equitable

Prudent Healthcare in Wales

Do only what is needed, no more, no less; and do no harm

Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production

Reduce inappropriate variation using evidence based practices consistently and transparently

Care for those with the greatest health need first, making the most effective use of all skills and resources

Prudent Healthcare 2015

International Prudent Healthcare Summit

In partnership with the BMJ

We are making it happen  9 July

Cardiff City Hall
### MRI units, 2013 (or nearest year)

<table>
<thead>
<tr>
<th>Country</th>
<th>MRI units (per million population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>46.9</td>
</tr>
<tr>
<td>United States</td>
<td>35.5</td>
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<td>Italy</td>
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<td>Korea</td>
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<td>Greece</td>
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<tr>
<td>Finland</td>
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<td>Switzerland</td>
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<td>Denmark</td>
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<td>Spain</td>
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<td><strong>OECD32</strong></td>
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<tr>
<td>Australia</td>
<td>13.4</td>
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<td>Ireland</td>
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<td>Luxembourg</td>
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<td>Netherlands</td>
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<tr>
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<td>Israel</td>
<td>3.1</td>
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<td>Hungary</td>
<td>3.0</td>
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<tr>
<td>Mexico</td>
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### CT scanners, 2013 (or nearest year)

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<th>Country</th>
<th>CT scanners (per million population)</th>
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<tbody>
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<td>53.7</td>
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Health at a Glance 2015: OECD Indicators

Overall volume of antibiotics prescribed, 2013 (or nearest year)

Source: OECD Health at a Glance 2015
Resistance to third generation cephalosporins

2003

2013

E. coli

Klebsiella pneumoniae

Sandra GOMEZ – Meeting on Choosing Wisely Rome 2016
4.8.1. Caesarean section rates, 2011 (or nearest year)

“Doing more does not mean doing better”

Each Italian professional society engaged in the project develops a list of top 5 tests and treatments whose necessity should be questioned and discussed as:

• they are commonly used in Italy

• they have been shown by the currently available evidence not to provide any meaningful benefit to at least some major categories of patients for whom they are commonly ordered

• they may cause patient harm

Physician and patient should have conversations and discuss the use of these tests and treatments, in view of wise and shared choices.

PARTNERSHIP between physicians and other health professionals & patients and citizens.

December 2012
OVERUSE of TESTS and TREATMENTS

• WASTE of RESOURCES

• CLINICAL ERROR

- **direct damage** from inappropriate tests and treatments (Xrays and contrast media, side effects of drugs, interactions among drugs...)

- damage by **false positives and overdiagnosis** from inappropriate tests >> anxiety and stress, further tests also invasive, inappropriate interventional and surgical treatments (**overtreatment**)
The campaign “Doing more does not mean doing better - CHOOSING WISELY ITALY”, promoted by Slow Medicine, aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices.

The campaign is based on the responsibility of physicians and other health professionals and the participation of patients and citizens.

www.choosingwiselyitaly.org
5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure

1. Do I really need this test or procedure? Medical tests help you and your doctor or other health care provider decide how to treat a problem. And medical procedures help to actually treat it.

2. What are the risks? Will there be side effects? What are the chances of getting results that aren’t accurate? Could that lead to more testing or another procedure?

3. Are there simpler, safer options? Sometimes all you need to do is make lifestyle changes, such as eating healthier foods or exercising more.

4. What happens if I don’t do anything? Ask if your condition might get worse — or better — if you don’t have the test or procedure right away.

5. How much does it cost? Ask if there are less-expensive tests, treatments or procedures, what your insurance may cover, and about generic drugs instead of brand-name drugs.

Use the 5 questions to talk to your doctor about which tests, treatments, and procedures you need — and which you don’t need.

Some medical tests, treatments, and procedures provide little benefit. And in some cases, they may even cause harm.
SLOW MEDICINE is the PROMOTER of the campaign

MAIN PARTNERS:

• The National Federation of Medical Doctors’ and Dentists’ Colleges (FNOMCeO)

• The Italian Federation of Registered Nurses’ Colleges (IPASVI)

• Change Institut in Turin

• Partecipa Salute, established by IRCCS-Mario Negri, Italian Cochrane Centre and Zadig srl.

• Altroconsumo, a consumers’ association

• The Federation of Social and Health Care of the Autonomous Province of Bolzano
The top 5 recommendations were released in 2014 from:

1. The Italian Association of **Dietetics and Clinical Nutrition** – ADI
2. The Italian Association of **Hospital Cardiologists** – ANMCO
3. The Italian Association of **Radiation Oncology** – AIRO
4. The Italian Board of Medical **Oncology** Directors – CIPOMO
5. The **Cochrane Neurosciences Field** in Italy – CNF - 1st List (first review)
6. The Italian Society of **Allergy, Asthma and Clinical Immunology** – SIAAIC
7. The Italian Society of **Pediatric Allergy and Immunology** – SIAIP
8. The Italian College of **General Practice and Primary Care** (SIMG)
9. The Italian Society of **Medical Radiology** – SIRM
10. Italian Specialty Societies of **Nurses** of: Operating Theater, Stomacare, Skin Ulcers, Hospital Medicine – AICO, AIOSS, AIUC, ANIMO
1. Don’t routinely prescribe imaging for low back pain without warning signs or symptoms (Red Flags)

2. Don’t routinely prescribe antibiotics for acute upper airway infections. Assess the opportunity in patients at risk of lower respiratory tract infection or in case of clinical worsening after a few days.

3. Don’t routinely prescribe Proton Pump Inhibitors (PPI) in patients without risk factors for ulcer disease. In gastroesophageal reflux disease prescribe the lowest dose that can control symptoms and educate the patient to desirable withdrawal periods.

4. Don’t prescribe therapies with anti-inflammatory drugs (NSAIDs) without initial and periodical assessment in each patient of the actual clinical indications and of the side effects risk at that time.

5. Don’t routinely prescribe benzodiazepines or Z-drugs in elderly patients in case of insomnia as first choice treatment. Physicians should always recommend intermittent use of these drugs. In case of chronic use, evaluate both the indications and the possible occurrence of side effects.
The top 5 recommendations were released in 2015 from:

1. Associazione Culturale **Pediatri** – ACP
2. The Italian Association of **Nuclear Medicine and Molecular Imaging** - AIMN
3. The Italian Association of **Medical Diabetologists** – AMD
4. The Italian Association of **Medical Endocrinologists** - AME
5. The Italian Association of **Doctors of the Hospital Directions** – ANMDO
6. The Italian Association for the Promotion of appropriate care in **Obstetrics, Gynaecology and Perinatal Medicine** – ANDRIA
7. The **Cochrane Neurosciences Field** in Italy – CNF - 2nd list
8. The Italian College of **Vascular Surgery** Directors
9. The Scientific Society of **Forensic Medicine** of Italian NHS Hospitals – COMLAS
10. The Italian Association for **Cardiovascular Prevention, Rehabilitation and Epidemiology** - GICR-IACPR
11. The Italian Federation of Associations of **Hospital Internal Medicine** – FADOI - 1st list
12. The Italian Federation of Associations of **Hospital Internal Medicine** – FADOI - 2nd list
13. The Italian section of the International Society of **Doctors for the Environment** – ISDE
14. The Italian Society of **Clinical Biochemistry and Clinical Molecular Biology** – SIBIOC
15. The Italian Society of **Palliative Care** – SICP
16. The Italian Society of **Clinical Pharmacy and Therapy** – SIFACT
17. The Italian Society of **Human Genetics** – SIGU
18. The Italian Society of **Nephrology** – SIN
19. The Italian Society for **Medical Education** (SIPeM)
1. **Air:** don’t consume energy derived from fossil fuels (coal, petrol, gas). When possible, use renewable energy sources; these can be provided by solar power, photovoltaic systems, wind power, geothermic sources and buildings constructed using materials which save energy. The use of private cars should be reduced preferring the use of bicycles, public transport, car pooling and walking.

2. **Water:** don’t drink bottled water, choosing, if possible, water from the tap which often has better organoleptic characteristics and is submitted to rigorous quality control.

3. **Biodiversity:** use antibiotics only when absolutely necessary and only under medical supervision.

4. **Ionizing Radiation:** X-rays should not be carried out unless a specific clinical indication.

5. **Nutrition:** don’t purchase or consume foods which are produced by industry or come from a distant geographical location preferring fresh foods: fruit, vegetables, whole wheat cereals and milk from your local area.
The first 145 recommendations in Italy

www.choosingwiselyitaly.org

Primary prevention 3
Tests (imaging, laboratory, cardiological, other) 63
Treatments (drugs, other) 60
Other procedures (healthcare) 14
Other procedures (medical education) 5

Total 145
1. Imaging in low back pain
2. Antibiotics for infections of upper airway
3. Proton pump inhibitors
4. Non Steroid Anti-inflammatory Drugs
5. Benzodiazepines in the elderly
6. Preoperatory chest x-rays
7. MRI of the knee
8. Allergy tests for drugs or food
9. Food intolerance tests
10. Formula supplement in the first days of life
11. Inhaled corticosteroids in upper respiratory tract illness in children
The project “Choose with Care together” is a first practical application of the campaign “Doing more does not mean doing better- CHOOSING WISELY ITALY “.

It is carried out in Piedmont since 2014, with the collaboration of the local section of The Italian College of General Practice and Primary Care (SIMG).

Moving from the 5 recommendations chosen by the General Practitioners, other actions are following, namely:

• a specific **training of physicians** focusing on the acquisition of **communication and of counseling skills**
• the development of **patient-friendly material** about the overused tests and treatments identified
• a specific **communication campaign to patients and citizens**
• a **quantitative and qualitative assessment** of the impact of the initiative.
The Italian network “Slow Hospitals and Community Healthcare”

Spontaneous Local Networks with:
- Professional societies
- Professional colleges
- Hospital trusts and Local Health Authorities
- Patients and citizens
Dr Kate Granger  #hellomynameis
### Table 3  Principles of a choosing Wisely campaign

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
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</table>
| Physician led        | ▶ As opposed to payor/government/health system led  
▶ Important for trust of physicians and patients                                                                                           |
| Patient focused      | ▶ Communication between the clinician and patient is key  
▶ Process of shared decision making to tailor best care and prevent harm for individual patient                                           |
| Evidence based       | ▶ Up-to-date evidence demonstrates lack of benefit or net harm  
▶ Important for physician and patient trust                                                                                             |
| Multiprofessional    | ▶ Nurses, pharmacists also key to campaign                                                                                                 |
| Transparent          | ▶ Processes used to create list is public  
▶ Conflicts of interest declared                                                                                                          |

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**‘Choosing Wisely’: a growing international campaign**

Wendy Levinson,1 Marjon Kallewaard,2 R Sacha Bhatia,1 Daniel Wolfson,3 Sam Shortt,4 Eve A Kerr,5 On behalf of the Choosing Wisely International Working Group

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ABSTRACT

Much attention has been paid to the inappropriate underuse of tests and treatments but until recently little attention has focused on the overuse that does not add value for patients and may even cause harm. Choosing Wisely is a campaign to engage physicians and patients in conversations about unnecessary tests, treatments and procedures. The campaign began in the United States in 2012, in Canada in 2014 even clinically indicated, the fundamental quality improvement target becomes unnecessary care itself.

Eliminating unnecessary medical care and optimising value has received increasing attention from health systems in the past decade. Critical evidence shows that in some countries, particularly the USA, an estimated 30% of all medical spending is unnecessary and does not add value in

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2nd International Roundtable on Choosing Wisely
Thursday, May 28 – Friday, May 29, 2015
London, UK

Australia
Austria
Brazil
Canada
Denmark
England
France
Germany
Italy
Japan
New Zealand
South Corea
Switzerland
The Netherlands
UK
US
Wales
Choosing Wisely International

During their 3rd International Roundtable, held in Rome, on May 2016, 16 Countries have founded Choosing Wisely International, with the aim of working together to share strategies and tools, disseminate best practices and define public policy approaches.

1. Australia
2. Austria
3. Brazil
4. Canada
5. South Korea
6. Denmark
7. France
8. Germany
9. Japan
10. Italy
11. New Zealand
12. Netherlands
13. England
14. Switzerland
15. USA
16. Wales

Rome: May 11-13, 2016
MAIN STRENGTHS

- **Bottom up** campaign: enhancement of professionalism of physicians and of nurses – responsibility for the health of their patients – do not harm (not a rationing campaign)
- **Systemic view and complexity theory**: shared vision – leverage effect – network – collaboration and co-creation
- **Partnership** between HC professionals and patients/citizens
- Part of **Slow Medicine**: change of culture and of paradigm

MAIN CHALLENGES

- many physicians prescribe unnecessary tests and treatments as they are concerned about complaints and litigations (**defensive medicine**)
- **lack of training on communication** with patients and families and on decision sharing both in medical schools and in subsequent education of physicians
- **financial rewards** more focused on quantitative and financial results than on health outcomes
- **conflicting interests** between public and private sector
- the common **message from the media** to citizens is that new is always better as well as doing more
What Italy’s physicians think about overtesting and overtreatment

- **93%** of physicians think that prescribing unnecessary tests and treatments is a serious problem.

- **44%** say that in their practice, patients request an unnecessary test or treatment at least once a week.

- **79%** feel that physicians are in the best position to address the problem.

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**FNOMCeO and Slow Medicine survey**

On line survey on [FNOMCeO](https://www.fnomceo.it) (National Federation of Medical’s Colleges) website

Nov - Dec 2015, **3,700** responders

I suspect you’re getting older. Let’s run an MRI to confirm my suspicions.
www.slowmedicine.it
www.choosingwiselyitaly.org
s.vernero@slowmedicine.it

Facebook: Group (closed) of nearly 5,000 members
Slow Medicine Italia

Twitter: @Slow Medicine

THANK YOU