

Quality Improvement in Overuse Tip Sheet

What is the issue?

People familiar with quality improvement (QI) typically have experience with improvements that require adding services or processes to usual practice. When addressing overuse, the improvements involve doing less in terms of services or processes. Although quality improvement approaches, in general, do not change when addressing overuse, there are some important differences in overcoming QI challenges that can help improvers be more successful.

Who is this tip sheet for?

This tip sheet is for people familiar with QI but not necessarily familiar with overuse who are designing or leading improvement efforts. If you want to learn more about QI principles in general, there are many sources for additional information such as www.ihl.org, local Quality Improvement Organizations and state or regional primary care associations.

What do we mean by overuse?

Overuse can be defined as “a health care service [that] is provided under circumstances in which its potential for harm exceeds the possible benefit.” (Chassin et al 1998). This can include overtesting, overdiagnosis and overtreatment. The harms to the patient may be physical, financial or emotional. This work has also been called “Right Care,” “avoiding unnecessary care” and “low-value care.” Reducing overuse is sometimes called “de-implementation.”

Where are these tips from?

The tips in this document are based on learnings from [Taking Action on Overuse](#) (TAO), a RWJF-sponsored project. The TAO framework was applied by three organizations who all received QI coaching. This tip sheet was derived from the experiences of the three organizations, experiences of the QI coaches who worked with them and the experiences shared by other organizations at the project’s Capstone event in June 2018.

Tips

Concern	Tip
Communication from leaders about overuse requires nuance.	<ul style="list-style-type: none"> • Help leaders to share data in ways that motivate improvement and minimize blame. • Craft messages to match concerns of the audience.
Overuse may be harder to identify than underuse.	<ul style="list-style-type: none"> • Use national campaigns such as <i>Choosing Wisely</i>® local adverse event data and stories, patient complaints, variation in services and cost outliers to identify potential issues. • Use data to thoroughly investigate the variation and be certain of the evidence supporting the need to decrease use. • Overuse may be low across a system and not seem to be a problem but high overuse rates in certain clinics or regions may need to be addressed.
Concerns about lost revenue due to decreased tests and procedures exist.	<ul style="list-style-type: none"> • Look for opportunities where low-value care is hampering access to high-value care. Counter the loss of revenue in one area with increases in another. <i>Example: Stop doing low-value upper endoscopies and start doing more necessary colonoscopies.</i>
Clinicians are skeptical that overuse is an issue.	<ul style="list-style-type: none"> • Use safety as an opening to discuss overuse. • Provide local, de-identified data coupled with evidence about harms to patients.

Clinicians are afraid of “missing something.”	<ul style="list-style-type: none"> • Review data regarding diagnostic and laboratory testing sensitivity and specificity. • Review guidelines for care. • Share stories of appropriate use and potential harms. • Be clear about safety issues and legal concerns.
Teams need to process emotional impact of potential harm.	<ul style="list-style-type: none"> • Allow time and space for team members to discuss the meaning of overuse work and stories of harm. • Provide a safe environment for sharing.
Some overuse harms to patients are invisible.	<ul style="list-style-type: none"> • Use patient and family stories to engage and motivate change. For example, some of the patient harms include financial and opportunity costs. An unnecessary imaging study may expose the patient to unnecessary radiation, but may also lead to lost time from work, transportation, and child or elder care costs. • Involve patients and families in clinician training to tell stories to provide motivation and to endorse changes. • Involve patients and families in QI activities.
The language of overuse is confusing.	<ul style="list-style-type: none"> • Provide clear messages and agree on terminology that fits the culture of the organization, clinicians and patients.
The language of overuse seems to carry more blame.	<ul style="list-style-type: none"> • Consider carefully how to discuss potential for harm and the difference between doing everything and doing the right thing. • Terms such as “variation reduction” may be a helpful emphasis.
“I’ve always done it this way.”	<ul style="list-style-type: none"> • Create information and supports to convey “evolving evidence” about overuse topics. • Use data to demonstrate potential for patient harm and variation among clinicians and outcomes. • Include patient stories with data. • Test new workflows and demonstrate value.
“More is better.”	<ul style="list-style-type: none"> • Emphasize value over quantity. • Align incentive programs with value.
Relinquishing an overused service requires Loss of a habit in how care is delivered or gaps in a workflow for staff and clinicians	<ul style="list-style-type: none"> • Provide a replacement activity. • Reinforce that patient centered care requires the use of informed decision-making and self-management support strategies. • For some overuse topics, other accepted and effective therapies may be substituted, such as descriptions of effective symptom control for viral illness.
There are malpractice concerns as a result of decreasing delivery of an overused service.	<ul style="list-style-type: none"> • Provide facts about factors associated with malpractice specific to the topic and the local community.
“It will take more time.”	<ul style="list-style-type: none"> • Encourage testing the changes. • Acknowledge the need to invest time early on, with the result being time savings or a neutral impact once the change becomes usual care. • Emphasize improved outcomes.

Patients demand services.	<ul style="list-style-type: none">• Test messaging with patients to explain unnecessary testing or procedures. Provide scripts to staff based on successful tests• Use educational campaigns featuring other patients who have adopted a new way of thinking.
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Reference

Chassin MR, Galvin RW. The urgent need to improve health care quality. Institute of Medicine National Roundtable on Health Care Quality. JAMA. 1998 Sep 16; 280(11):1000–100.