Five categories of factors influence the use and de-implementation of low-value care


What is the context of this review?

- The use of low-value care, which are healthcare practices with little or no benefit to patients, is a widespread problem both for individuals and health systems.
- Despite efforts like the Choosing Wisely campaign identifying practices that are considered low-value care, the problem persists.
- A review is necessary to understand the facilitators and challenges of de-implementing low-value care.

What questions are being addressed?

- What factors influence the use of low-value care?
- What factors influence the de-implementation of low-value care?

How was the review done?

- The authors conducted extensive searches in electronic databases and trial registries. A total of 6,570 documents were initially identify, 101 of which were included in the final review after assessing their eligibility.
- Of those, 92 studies focused on factors influencing the use of low-value care and 9 studies focused on factors influencing the de-implementation of low-value care.

How up to date is this review?

- The authors searched for studies published between January 2013 and June 2018.

What are the main results of the review?

- The authors identified a series of factors that influence both the use and de-implementation of low-value care.

Box 1: Coverage of OHT building blocks

This review addresses building block #8:
1) defined patient population
2) in-scope services
3) patient partnership and community engagement
4) patient care and experience
5) digital health
6) leadership, accountability and governance
7) funding and incentive structure
8) performance measurement, quality improvement, and continuous learning (domain 53 – performance measurement across the quadruple aim and across sectors)
low-value care. These factors were grouped into five categories: 1) the patients; 2) the professionals, 3) the outer and inner contexts, 4) the processes of managing low-value care, and 5) the evidence and practices related to low-value care (see table 1 below).

- Organizations must consider determinants at different levels when attempting to de-implement low-value care. Strategies only targeting on category of factors may not be sufficient.

**Table 1. Factors influencing the use and de-implementation of low-value care**

<table>
<thead>
<tr>
<th>Factors</th>
<th>How they determine the use of low-value care</th>
<th>How they affect de-implementing low-value care</th>
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</table>
| Patients                       | • Patients’ characteristics (age, gender, ethnicity, and socio-economic status), their health conditions (severity of illness), their expectations, and expectations from relatives can influence the use of low-value care | • Expectations from patients, requests for tests and treatment and their preferences were all barriers to de-implementing low-value care
• Patient knowledge can help or hinder de-implementation                                      |
| Professionals                   | • Age, gender, medical specialty, professional training, personality, knowledge (more knowledge protected against use of low-value care), expectations, attitudes, and behaviours (fear of malpractice and liability)    | • Expectations and behaviours of professionals can lead to resistance to change or lack of interest in saving money which hinders de-implementation
• A gap in knowledge about the use of low-value care or forgetting to re-assess patient’s eligibility for use can hinder the de-implementation of low-value care |
| Outer and inner contexts       | • Outer contexts refer to the geographical contexts of healthcare settings (location, economy, policy and political support) • Inner contexts refer to the structural and social environment of the healthcare settings (organizational structures) | • Policy and political support:
○ clear reason for change help de-implementation
○ a weak political willingness can hinder de-implementation
• Setting, culture, and care process either help or hinder de-implementation |
| Processes for managing low-value care | • Strategies used to limit the use of low-value care (for example, communication with patients and relatives) proved to be effective | • Strength of leadership, communication and resources can either hinder or help de-implementation |
| Evidence related to low-value care | • Conflicting guidelines and beliefs about the effectiveness of low-value care led to it being used more often | • A lack of alternative practices to low-value care, or a lack of reliable and available information on safety, effectiveness, and costs are barriers to de-implementation |

**How confident are we in the results?**

- This is a recent and moderate-quality review with an AMSTAR score of 5/9

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