



# SURVEY OF DOCTORS' PRACTICE REGARDING UNNECESSARY TESTS, TREATMENTS AND PROCEDURES IN NEW ZEALAND

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## BACKGROUND

Choosing Wisely is a global initiative that has been implemented in a number of countries, including USA, Canada, the UK, Australia and some of Europe.

The campaign aims to promote a culture where low-value and inappropriate clinical interventions are avoided, and patients and health professionals have well-informed conversations around their treatment options, leading to better decisions and outcomes<sup>1</sup>.

The Council of Medical Colleges (CMC) is facilitating this initiative in New Zealand as part of its commitment to improving the quality of care for all patients. It is running this campaign in partnership with the Health Quality & Safety Commission and Consumer New Zealand. It is supported by many health sector groups.

Many medical colleges and specialist societies working in New Zealand are engaged in Choosing Wisely and have developed a list of recommendations in relation to unnecessary tests, treatments and procedures for their area of practice. Several more are developing recommendations. To do this Choosing Wisely in New Zealand worked closely with Choosing Wisely in Australia as many Colleges are Australasian and also worked with RACP and their Evolve campaign.

Choosing Wisely involves a number of professions including doctors, nurses, midwives, pharmacists. It also has strong consumer involvement, with two members of the Health Quality Safety Commission's consumer panel on its steering group.

In order to gather information on doctors' attitudes to prescribing unnecessary tests, procedures and treatments in New Zealand, CMC has worked with the Association of Salaried Medical Specialists (ASMS)<sup>2</sup> and the New Zealand Medical Association (NZMA)<sup>3</sup> to undertake surveys of their memberships.

The surveys, conducted in late 2016, also sought to determine how much of an issue doctors considered the provision of unnecessary tests and procedures was, both in their areas of practice and in the New Zealand health sector more generally.

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<sup>1</sup> The principles of the Choosing Wisely campaign are that the campaign must be health professional -led (as opposed to payer/government-led). The campaign must be patient and consumer focused and involve efforts to engage patients in the development and implementation process. The campaign should be multi professional and include doctors, nurses, pharmacists and other health care professionals. The recommendations issued by the campaign must be evidence-based, and must be reviewed on an ongoing basis to ensure credibility. And transparent where processes used to create the recommendations must be public and any conflicts of interest must be declared.

<sup>2</sup> ASMS is the professional association and union covering doctors and dentists in New Zealand. About 90 percent of all specialists and other senior medical and dental officers working in the public hospital system are members of ASMS.

<sup>3</sup> NZMA is a pan-professional medical organisation in New Zealand representing the collective interests of all doctors. Its members come from all disciplines within the medical profession, and include specialists, general practitioners, doctors-in-training and medical students.



The Choosing Wisely campaign is targeted at patients as well as practitioners. It encourages the patient to ask the following four questions:

- Do I really need to have this test treatment or procedure?
- What are the risks?
- Are there simpler, safer options?
- What happens if I do nothing?

In addition to the surveys of doctors at the same time CMC worked with Consumer New Zealand to survey consumers about their views as to whether or not their doctors prescribed tests or treatments that were unnecessary.

The results of the surveys are intended to provide a baseline against which knowledge of the campaign can be measured in the future.

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## THE PRACTITIONER SURVEYS

The ASMS survey covered senior medical officers across a range of specialties working in hospitals. By contrast, the overwhelming proportion (71.3%) of respondents to the NZMA survey worked in general practice – a further 2.2% were in the General Practitioner Education Programme (GPEP), while 20.5% were Resident Medical Officers.

A total of 898 responses were received for the ASMS survey – out of a possible number of replies of 4,097 or 21%. In the case of the NZMA survey, about 420 replies were received out of a possible 1,770 members, a response rate of 23.7%.

Respondents were asked to indicate whether they had heard of the Choosing Wisely campaign.

The surveys included questions on age, gender and specialty and three questions on the issue of unnecessary tests, treatments and procedures in New Zealand. These three questions were accompanied by specific response options for respondents to indicate. However, participants were also invited to provide free text comment to these questions. The volume of comments returned was significant and provided valuable insights into doctors' views and approaches to this issue.

While both surveys asked the same survey questions, there were differences in the depth of data they returned. In particular, the results of ASMS survey were accompanied by a breakdown of responses to each question by gender, age and specialty. For the most part, these profiles returned only a limited degree of statistically significant data for age and gender. Moreover, in terms of responses on the basis of specialties, the value of the data was limited as many specialties were represented by only five or less respondents.

Below we set out the three survey questions on the issue of unnecessary tests, treatments and procedures, along with the respective response options. We also provide some analysis of both the quantitative and qualitative data generated.



**If a patient came to you requesting a specific test, procedure or treatment that you deemed to be unnecessary, what would be your most likely course of action?**

Answer options were as follows:

- Advise against and not provide test, procedure or treatment
- Advise against but provide test, procedure or treatment
- Provide required test, procedure or treatment
- Not sure
- Not applicable

A total of 81.6% of ASMS respondents said they would 'advise against and not provide test, procedure or treatment'. This compares to 66.7% for NZMA respondents, and a combined figure of 77.1%.

A total of 9.7% of ASMS respondents said they would 'advise against but still provide a test, procedure or treatment' compared 22.5% for NZMA respondents. This amounts to a combined total of 13.3%

Amongst ASMS survey respondents, no specific association was found for age or gender (ASMS).

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## COMMENTS

The overriding theme that emerged from respondents' comments was that the decision whether or not to provide an unnecessary test, procedure or treatment is not a clear-cut issue. Rather, it would depend on the broader context and situation. Indeed, comments beginning with formulations on the lines of 'depends on', 'depending on' featured prominently in responses from surveys.

Respondents highlighted a number of factors that need to be considered, including the cost of the tests, procedures and treatments, the extent to which they might be harmful, whether the patient was paying for them, the nature of the doctor-patient relationship and the level of patient anxiety associated with not having the test. A number of respondents considered that the answer options did not reflect the complex and nuanced reality which practitioners faced. Many highlighted that there was a process of shared decision-making and negotiation between doctor and patient. Fear of being subject to a complaint was also mentioned.

*It depends upon the risks and benefits of the test, the reasons the patient is requesting it, etc.  
This is not a cut and dried issue.*

*. . . usually I would not do a test but I have made exceptions in circumstances where patient anxiety is excessive . . .*

*It really depends on the situation, though if the procedure/treatment only carries a small risk I might provide it, but would be unlikely if carried a greater risk.*



*Simplistic question which leaves out the essential business of discussion with patient & coming to a jointly acceptable way of providing information or addressing concerns, other than the unnecessary testing.*

*The problem is that these categorical responses don't quite capture the real world of uncertainties and complicating factors. How reasonable and persuadable is the patient/parent? How likely to complain, seek another opinion etc. How certain am I? It is always a dynamic process.*

*Come to a decision after discussion about pros and cons and try and find out why the patient was requesting this in the first place.*

*I would have a discussion with the patient and use shared decision making.*

*Depends on the test. In most situations if you discuss the test with the patient they will follow your advice. Sometimes you discover the reason they want the test is quite valid. It is quite rare for you and your patient not to come to an agreement over what to do. I like to think that 99% of the time, with these conflicts, the patient is comfortable to follow my information and advice.*

Many of these responses highlight some of the drivers to perform tests, namely patient anxiety or likelihood to complain, which in turn highlights the need to provide patients with information of the harm of the unnecessary tests outweighing the possible benefit of doing them.

### **Do you think that the provision of unnecessary tests, procedures or treatments is an issue in your current area of practice?**

Respondents were invited to indicate answers from the following options:

- Not an issue
- Not too serious an issue
- Unsure
- A somewhat serious issue
- A very serious issue
- N/A

A total of 46.4% of ASMS respondents considered that the provision of unnecessary tests, procedures or treatments was either a 'serious' or 'very serious' issue in their current area of practice. This compared with 56.6% of NZMA respondents. **Overall, this amounted to a combined figure of 49.7% for all respondents.**

A total of 11.3% of ASMS thought that it was 'not an issue', compared to only 3.6% of NZMA respondents.

In terms of gender, a higher proportion of male respondents ASMS (50.6%) considered the issue to be serious or very serious compared to 41.0% of females.

In terms of age, the data suggested that the older (60-69) and younger (30-39) ASMS respondents considered the issue to be less serious than those in the 40-49 age bracket.

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## COMMENTS

One of the predominant themes that emerged in comments from ASMS respondents was that the issue is linked more to requests for specific tests, procedures or treatment coming from other members of the healthcare team than from patients. These include requests from junior doctors, GPs, other specialists and nursing staff.

The comments provide little in the way of evidence as to which medical specialties are particularly affected by the issue, with the noticeable exceptions of radiology – and to a lesser extent cancer care and emergency care. A few respondents identified areas of practice where they considered the issue to be less prevalent, most notably anaesthesia, palliative medicine and geriatrics.

Several respondents indicated that they requested tests they deemed unnecessary because of the need to comply with the testing protocols of other specialties.

Respondents also expressed concern that reliance on testing was emerging at the expense of clinical judgment.

Among NZMA respondents, there were frequent references to the general practice context, reflecting the preponderance of GPs among NZMA members. However, there were little in the way of clear-cut themes. A few respondents suggested that this was less of an issue in general practice because GPs were restricted in terms of the tests and procedures they could perform. By contrast, others suggested that the prevalence of testing reflected the ‘uncertainties’ associated with general practice or having to deal with specific issues, such as cardiovascular risk assessment and prostate cancer screening.

Responses also suggested that the issue was in part driven by patient expectation, not least by those from higher socio-economic backgrounds. A number of NZMA respondents considered that unreasonable expectations were held by patients who had consulted other registered or ‘alternative’ health practitioners, such as physiotherapists and naturopaths. Expectations shaped by patients having sought information via the internet were also mentioned.

*Not driven by patient request however, but by over investigation by clinicians. Often relatively junior doctors ordering investigations, including complex radiology.*

*Unnecessary tests are often ordered by admitting teams before specialist review. Usually these are routine blood tests*

*I have an issue with RMOs requesting unnecessary tests due to either lack of experience/confidence or not thinking about what they hope to gain from the results.*

*I work in radiology where unnecessary testing for a variety of reasons is almost the norm*

*In ED, we massively over investigate. Often is the juniors who choose to do XRs etc.*

*[In] Emergency medicine, patient expectation of tests sometimes precipitated by primary care referrer who tells the patient they need to go to the hospital for urgent tests which may not be urgently required, or required at all.*

*a contentious area in cancer - standard of care now is multi-disciplinary & different specialties require different kinds of information.*

*Scans are a way of life in cancer care.*

*I am a Pathologist and we are sometimes directed to do further testing, or elect to do further testing which may not be relevant to the management of the particular patient, often because of diagnostic protocols from Oncology*

*I am a geneticist. A major area of concern for our specialty relates to non-geneticists requesting tests that are inappropriate or unnecessary. We see examples of this almost on a weekly basis. The cost to the health system is considerable.*

*I work in anaesthesia, where pre-op testing is now carefully protocol-based, to avoid unnecessary investigations (such as the CXR) being done. I don't think unnecessary procedures or treatments are a major problem, though very occasionally patients come along listed for things which I think are not*

*In geriatric medicine, we have a pretty strong focus on avoiding unnecessary intervention, being focused on the patient's priorities, and avoiding harms,*

*Lots of "routine" tests are being done just to check/confirm/follow protocol. Clinicians are losing confidence in clinical skills and making decisions based on indication/need.*

*I think our juniors tend to over investigate and rely less often on clinical judgement. I try to teach junior staff the idea of thinking for every test: will the result change my management? I am not sure of the practice of my colleagues.*

*Patient expectation increasing of what is available and what can be provided*

*Highly opinionated and educated city practice. Access to health insurance giving them a sense of entitlement to over investigation and referral.*

*Internet causing more problems than the well-meaning neighbour or family member*

*In general practice, we often get patients coming from the naturopath, physio, chiropractor etc. with a list of tests they suggest to patients*

**Do you think that the provision of unnecessary tests, procedures or treatments is currently an issue for the New Zealand health care system in general?**

Respondents were given the same answer options as for the previous question.

A total of 60.1% of ASMS respondents and 65.3% of NZMA members thought this was a serious or somewhat serious issue. Overall, this amounted to 61.6% of respondents to both surveys.

Both ASMS and NZMA respondents considered that the provision of unnecessary tests, procedures or treatments was significantly more of an issue for the New Zealand healthcare system in general than for their own area of practice.

For ASMS respondents, there was no significant association in terms of gender. However, in terms of age there was a similar pattern of responses to the previous question, with those in older (60-69) and younger (30-39) age groups considering the issue to be less serious than those in the 40-49 age bracket.

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## COMMENTS

This question elicited a range of responses with few clear themes. A number of ASMS respondents considered this was less of an issue in New Zealand than some countries, such as the UK and the USA. Others were of the view that this was more of an issue in the private than the public sector, while some said they were not in a position to make a judgement.

There were also comments to the effect that unnecessary testing across the New Zealand healthcare system wasted resources, and diverted them from where they were more urgently needed.

Some respondents took the opportunity to comment on why this was an issue for the New Zealand healthcare system, mentioning for example that it was driven by increasing patient demand, or reflected a degree of defensiveness or lack of confidence on the part of doctors.

There was also little in the way of clear themes that emerged in comments from NZMA survey respondents. Some considered that the issue was more prevalent in emergency departments and in hospitals than in general practice. Unnecessary duplication between primary and secondary care was also mentioned.

*Certainly, not to the extent I saw in the UK prior to emigration here.*

*. . . this is far less of an issue with this here in NZ than in the USA*

*It is still a less serious issues than barriers to access to care for the disadvantaged. But by diverting resources away it compounds those problems.*

*There is an element of doubling up on tests & possibly unnecessary tests at the primary / secondary interface*

*over diagnosis and overtreatment are hugely expensive, and the worst cases usually take place in hospitals and EDs*

*Even more than in general practice I think tests are unnecessarily performed in hospitals.*

*Not an issue in GP as good relationship between Dr and patient. Hospitals seem to order lots of test which may be inappropriate, especially 'routine' blood tests and multiple imaging.*

### Have you heard of the Choosing Wisely campaign?

A total of 48.4% of ASMS respondents said they had heard of the campaign compared to 23.4% for NZMA respondents. This amounted to a combined figure of 40.9% of all ASMS and NZMA respondents.

The higher level of awareness of the campaign among ASMS respondents is consistent with the campaign work to date. The Choosing Wisely campaign was launched in Australia earlier than in New Zealand. Consequently, the mainly bi-national Australasian specialist colleges had already informed and consulted their New Zealand members as part of the process of developing recommendations. In the case of general practice, the RNZCGP is supporting the Choosing Wisely campaign, but will not at this stage be developing a list of recommendations.

In terms of gender the ASMS survey found no significant difference between males and females as regards their awareness of the campaign.



## Patient survey

CMC has worked with Consumer New Zealand to survey consumers about their views as to whether or not their doctors prescribed tests or treatments that were unnecessary. The survey, completed in late 2016, was of a nationally representative sample of 1024 people. A total of 49% of respondents agreed some tests or treatments that are done don't benefit the patient in any meaningful way. Just under 30% disagreed.

Nearly one in five respondents felt their doctor had recommended a test or treatment that wasn't necessary. Of this group:

- 42% asked their doctor further questions about the test or treatment
- 29% followed the doctor's advice even they though they thought the test or treatment wasn't necessary
- 20% ignored the advice but didn't discuss it with their doctor.

Overall, 39% of respondents were very comfortable asking their doctor whether a test or treatment was necessary:

- 29% were "somewhat comfortable"
- 10% weren't comfortable
- 20% were neutral.

When they visited a doctor, 56% of respondents generally expected the doctor to provide a prescription or send them for a test, 31% didn't and 13% were unsure.

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## CONCLUSION

Since the formal launch of the Choosing Wisely campaign in New Zealand, a total of 20 Australasian and New Zealand colleges and specialist societies have endorsed over a 100 recommendations that healthcare professionals and patients and consumers should question<sup>4</sup>. Each recommendation is based on the best available evidence.

The key message accompanying the Choosing Wisely recommendations is that they are not prescriptive but intended as guidance to start a conversation about what is appropriate and necessary. The campaign highlights that each situation is unique, and healthcare professionals and patients should use the recommendations to collaboratively formulate their own appropriate healthcare plan together.

It is clear from the survey results and comments that many New Zealand doctors are indeed already taking a nuanced approach to determine whether certain tests, treatments and procedures are appropriate for their patients. Moreover, they are typically doing so using a process of discussion, negotiation or shared decision-making.

One of the underlying principles of the Choosing Wisely approach is that it should be multi-professional and, where possible, include doctors, nurses, pharmacists and other health care professionals. The survey results underline the importance of this approach, with one of the key themes emerging from comments is that smart choices are not just an issue for the doctor-patient relationship, but one that also that needs to be addressed across the whole healthcare team.

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<sup>4</sup> <http://choosingwisely.org.nz/health-professionals/>





In New Zealand, the CMC currently has the support of the New Zealand College of Midwives and Pharmaceutical Society of New Zealand. CMC is also working with Health Pathways<sup>5</sup> and other groups to improve referral from other health practitioners. The New Zealand Medical Students' Association (NZMSA) has agreed to promote Choosing Wisely to its members. It is following the Canadian students in developing a list of recommendations for medical students and working to get the principles of the Choosing Wisely campaign integrated into medical education.

The surveys found that a significant majority of doctors (61.6%) think that unnecessary testing, procedures and treatments is a serious or very serious issue in the New Zealand health sector. There is as yet little clear data to show how New Zealand compares internationally in this regard. However, a similar survey in the USA<sup>6</sup> found that 73% of physicians indicated that the frequency of unnecessary tests and procedures is a very or somewhat serious problem in the health sector.

There were, however, notable differences in patterns of responses from ASMS and NZMA members. Thus, the degree to which NZMA respondents considered that provision of unnecessary testing, procedures or treatments was either a 'serious' or 'very serious' issue in their current area of practice was considerably higher than indicated by ASMS respondents (56.6% vs. 46.4%)

Moreover, NZMA members indicated that were more likely than their ASMS counterparts to advise against and still provide a test, procedure or treatment they deemed to be unnecessary (22.5% vs 9.7%).

The reasons for these differences are not clearly apparent from the surveys. However, it is notable that NZMA respondents, drawn overwhelmingly from the primary sector, were more likely to mention patient expectation as a factor than their specialist ASMS counterparts.

This is consistent with the finding of a study in the US, which found that primary care physicians feel more pressure from patients for tests and procedures. The study concluded 'that future interventions may need to be specifically oriented toward primary care physicians to equip them with strategies for resisting patient pressure and helping patients to understand that more is not necessarily better'.

While Choosing Wisely has faced criticisms that it is about saving money, one of the core principles of the campaign is that it must be health professional-led (as opposed to payer/government led), about rationalising, not rationing. It emphasises that campaigns are focused on quality of care and harm reduction, rather than cost reduction.

The survey results appear to confirm that it is quality of care rather than cost reduction that is the predominant factor in New Zealand doctors' decision-making as to whether a test, process or treatment is appropriate. While they are conscious of cost, time and resources, this is a secondary factor in their considerations. Thus, a number of respondents indicated they were more likely to agree to a test, procedure or treatment they deemed to be unnecessary if it was harmless and low-cost, than if it was risky - and expensive.

The surveys were completed in November 2016 just prior to the formal launch of the Choosing Wisely campaign in December. They will therefore provide a useful baseline against which we can measure changes in the level of awareness of the campaigning when the next survey is undertaken<sup>7</sup>. They also point to possible areas of the future work for CMC, for instance specifically targeting other health practitioners, junior doctors and the primary care sector.

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<sup>5</sup> HealthPathways is an online manual used by clinicians to help make assessment, management, and specialist request decisions for over 550 conditions. <http://www.healthpathwayscommunity.org/Home.aspx>

<sup>6</sup> National Physician Survey for the American Board of Internal Medicine Foundation, February 12 through March 21, 2014 March 25, 2014. <http://www.choosingwisely.org/wp-content/uploads/2015/04/Final-Topline-Results.pdf>

<sup>7</sup> This is expected to be completed in 2018