IAMEV
Medizinische Universität Graz
Institut für Allgemeinmedizin und evidenzbasierte Versorgungsforschung

# Choosing Wisely goes to Austria

## GÖG-Colloquium

Gesundheit Österreich

Wien

26. Juni 2018

**PD Dr. Karl Horvath**

**Institut für Allgemeinmedizin und evidenzbasierte Versorgungsforschung**, Medizinische Universität Graz

- Wissenschaftlicher Mitarbeiter
- Leitung Bereich Evidenzbasierte Medizin

**Universitätsklinik für Innere Medizin, Klin.-Abt. für Endokrinologie und Diabetologie**, LKH Graz

- FA Innere Medizin, Endokrinologie und Diabetologie

# Potenzielle Interessenskonflikte

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2015 – 2018

| Organization | Relationships |
|---|---|
| Novo Nordisk | Participation in an Advisory Board (1x) |
| Novo Nordisk | EASD Annual Conference (1x) |
| Novo Nordisk | Remuneration for lecture Dialog Diabetesberatung (1x) |
| Astra Zeneca | EASD Annual Conference (1x) |
| Novartis | ÖDG Annual Conference (2x) |
| Novartis | Remuneration for lectures and workshops |
| ÄK Stmk. | Remuneration for professional training activity (5x) |
| GKK Stmk. | Remuneration for professional training activity (2x) |
| STAFAM | Remuneration for lectures and workshops (3x) |
| Uni Klinik Jena | Remuneration for lecture (1x) |

# Agenda

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- **Choosing Wisely Initiative**
  - Geschichte, Entstehung, Ziele, Kritik
- **Überversorgung in Österreich**
- **„gemeinsam gut entscheiden“**
  Choosing Wisely in Österreich

# CHOOSING WISELY INITIATIVE

# Choosing Wisely Initiative

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- **2008**
- Wahl von Barack Obama zum Präsidenten der USA
- Affordable Care Act – „Obama Care“
- **2010**
- Howard Brody
  - Top 5 Listen
- **2012**

# Top 5 Lists – Howard Brody



- „appropriate to question the ethics of organized medicine's public stance" [1]
  - In einem System mit limitierten Ressourcen ist die Vermeidung von unnötigen Leistungen eine Frage der ärztlichen Ethik, um für alle Menschen die notwendige Versorgung zu ermöglichen
- Jede medizinische Fachgesellschaft soll eine Top 5 List erstellen
- „The Top 5 list would consist of **five diagnostic tests or treatments** that are very **commonly ordered** by members of that specialty, that are among the most **expensive** services provided, and that have been shown by **currently available evidence not to provide meaningful benefit** to at least some major categories of patients for whom they are commonly ordered" [1]
- Frequenz, hoher finanzieller Aufwand, keine positive Evidenz

[1] Brody H. Medicine's responsibility for health care reform – the Top Five List. NEJM 2010;362:283-5

# Top 5 Lists – Howard Brody



- „… the most **money** … **be saved** most quickly **without depriving any patient of meaninful medical benefits**.“ [1]

- „… we are genuinely protecting patients‘ interests and not simply rationing health care, regardless of benefit, for cost-cutting purposes.“ [1]

[1] Brody H. Medicine‘s responsibility for health care reform – the Top Five List. NEJM 2010;362:283-5

# Choosing Wisely Initiative



- **2008**
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- **2010**
- Howard Brody
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- Archives of Internal Medicine
  - „Less is More“ Artikelserie
- **2012**

# Choosing Wisely Initiative



- **2008**
- Wahl von Barack Obama zum Präsidenten der USA
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- **2010**
- Howard Brody
  - Top 5 Listen
- Archives of Internal Medicine
  - „Less is More“ Artikelserie
- **2012**
- American Board of Internal Medicine (ABIM), Consumer Reports
  - Choosing Wisely Initiative (CWI)

# ABIM – Charter



American Board of Internal Medicine (ABIM) – 2002

- Vertrag der Medizin mit der Gesellschaft
  - Interessen der Patienten über die der Ärzte zu stellen
  - Standard der Kompetenz und Integrität zu setzen und zu wahren
  - Expertenrat in Gesundheitsfragen

- 10 professionelle Verantwortlichkeiten
  - „provide health care based on the **wise and cost-effective** management of limited clinical resources.“ [2]

[2] Medical Professionalism Project: Medical professionalism in the new millennium: a physicians charter. Lancet 2002;359: 520-2

# Choosing Wisely Initiative



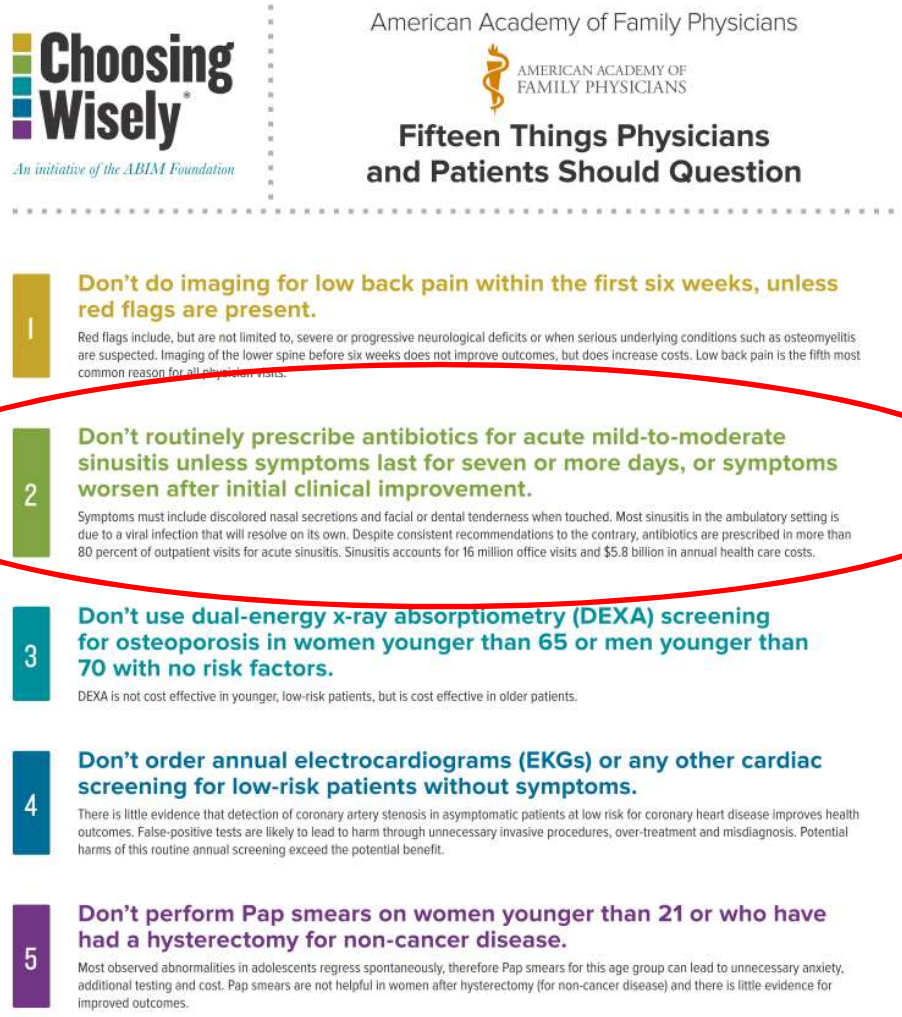
- „… call upon leading **medical specialty societies** and other organizations to **identify tests or procedures commonly used** in their field whose **necessity should be questioned and discussed** with patients.” [3]
- „… to **reduce waste** in health care ..“ [3]
- „… **avoid risks** associated with unnecessary treatment.“ [3]

- > 70 Fachgesellschaften [3]
- > 400 Top 5 Listen Empfehlungen [3]
- Rund 300 journal articles [3]
- > 10000 media articles [3]
- International (Canada, Australien, UK, Niederlande, Deutschland, Italien, Schweiz, Österreich, etc.)

[3] http: abimfoundation.org/what-we-do/choosing-wisely / 20.6.2018

# Choosing Wisely Initiative





Choosing Wisely
An initiative of the ABIM Foundation

American Academy of Family Physicians
AMERICAN ACADEMY OF FAMILY PHYSICIANS

**Fifteen Things Physicians and Patients Should Question**

1. **Don't do imaging for low back pain within the first six weeks, unless red flags are present.**
   Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs. Low back pain is the fifth most common reason for all physician visits.

2. **Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.**
   Symptoms must include discolored nasal secretions and facial or dental tenderness when touched. Most sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own. Despite consistent recommendations to the contrary, antibiotics are prescribed in more than 80 percent of outpatient visits for acute sinusitis. Sinusitis accounts for 16 million office visits and $5.8 billion in annual health care costs.

3. **Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.**
   DEXA is not cost effective in younger, low-risk patients, but is cost effective in older patients.

4. **Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.**
   There is little evidence that detection of coronary artery stenosis in asymptomatic patients at low risk for coronary heart disease improves health outcomes. False-positive tests are likely to lead to harm through unnecessary invasive procedures, over-treatment and misdiagnosis. Potential harms of this routine annual screening exceed the potential benefit.

5. **Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.**
   Most observed abnormalities in adolescents regress spontaneously, therefore Pap smears for this age group can lead to unnecessary anxiety, additional testing and cost. Pap smears are not helpful in women after hysterectomy (for non-cancer disease) and there is little evidence for improved outcomes.

[3] http: abimfoundation.org/choosing-wisely / 20.6.2018

# Choosing Wisely Initiative

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*An initiative of the ABIM Foundation*

ConsumerReportsHealth

AMERICAN ACADEMY OF FAMILY PHYSICIANS

ABIM FOUNDATION

## Treating sinus problems

### Don't rush to antibiotics

The sinuses are small, hollow spaces inside the head. They drain into the nose. The sinuses often cause problems after a cold. They can also cause problems if they get blocked up from hay fever and other allergies. The medical name for sinus problems is sinusitis.

Sinus problems can be very uncomfortable. You may feel stuffed up. You may have yellow, green, or gray mucus. And you may feel pain or pressure around your eyes, cheeks, forehead, or teeth.

Each year, millions of people use antibiotic drugs to treat sinus problems. However, they usually do not need antibiotics. Here's why:

**Antibiotics usually do not help sinus problems.**

- Antibiotics kill bacteria. They do not kill viruses or help allergies. Viruses or allergies cause most sinus problems.
- Sinus problems usually get better in a week or so without drugs, even when bacteria cause them.

**Antibiotics cost money.**

Most antibiotics do not cost very much. But why waste your money? Patients often ask for antibiotics, and doctors often give them. As a result, Americans spend an extra $31 million a year on health care costs.

**Antibiotics have risks.**

- About one out of every four people who take antibiotics has side effects, such as dizziness, stomach problems, and rashes.
- In rare cases, people have severe allergic reactions to antibiotics.
- Overuse of antibiotics has become a serious problem. When you use them too much, they stop working as well. Then, when you do need them, they may not help as much.

**When should you use antibiotics?**

You usually need an antibiotic when you have an infection that is caused by bacteria, and the infection is not going away on its own. This may be the case when:

- Your symptoms last longer than a week.
- Your symptoms start to get better, but then get worse again.
- Your symptoms are very severe. You should get immediate treatment if:
  - —You have severe pain and tenderness in the area around your nose and eyes.
  - —You have signs of a skin infection—such as a hot, red rash that spreads quickly.
  - —You have a fever over 102° F.

**When you need an antibiotic, which one should you use?**

When you need an antibiotic, ask your doctor if you can use generic amoxicillin. It is usually the best choice. It costs about $4 for a prescription. It works just as well as brand-name antibiotics, such as Augmentin, that cost much more.

**What about a CT scan?**

A CT scan is a series of X-rays. It gives your doctor a picture of your sinuses.

Some doctors recommend a CT scan when you have a sinus problem. But usually you do not need a CT scan. Generally, you only need a CT scan if you have sinus problems often, or if you are thinking about having sinus surgery.



Advice from Consumer Reports

## How should you treat sinus problems?

Most people get over a sinus infection in about a week. These tips may help you feel better sooner:

**Rest.** Your body needs rest to fight the infection. Try to rest as much as you can, especially in the first few days.

**Drink warm liquids.** Drinking warm water, tea, and other liquids helps thin and loosen mucus. This helps it drain away faster.

**Breathe warm, moist air.** The steam from a warm shower or bath, or from a kettle of boiling water helps to loosen mucus and soothe your throat.

**Keep your head up on a pillow when you lie down.** This helps keep postnasal drip from going into the back of your throat

**Gargle to soothe your throat.** Use half a teaspoon of salt stirred into a glass of warm water.

**Rinse your nose.** Saltwater sprays or nasal irrigation kits may make you feel better. Make sure you follow the directions.

**Be careful with over-the-counter remedies.** Some nasal drops or sprays contain oxymetazoline (Afrin, Neosynephrine Nighttime, and generic store brands). These may help for a few days. But they can make you more stuffed up if you use them longer than three days.

- If you still feel stuffed up after three days, try generic pseudoephedrine pills. They cost less than the brand-name (Sudafed) but work just as well. You need to ask the pharmacist for them because they are kept behind the counter. But check with your doctor first, since they can cause serious side effects.
- Avoid allergy medicines (antihistamines, like Benadryl or Claritin). They do not relieve cold symptoms very much. And they can cause unpleasant side effects, such as dizziness, dry mouth, headache, and sleepiness.

www.choosingwisely.org

# Choosing Wisely Initiative

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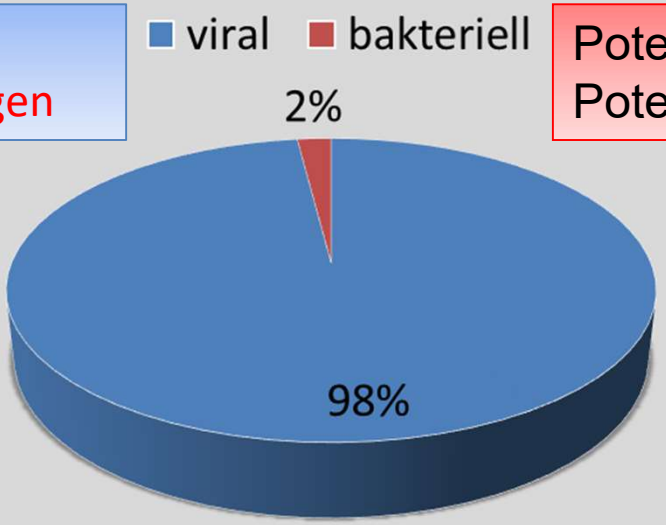
**1000 Personen mit unkomplizierter Entzündung des Mittelohrs oder der Nasennebenhöhlen**

Kein Nutzen
Potenziell Nebenwirkungen




Potenzieller Nutzen
Potenziell Nebenwirkungen

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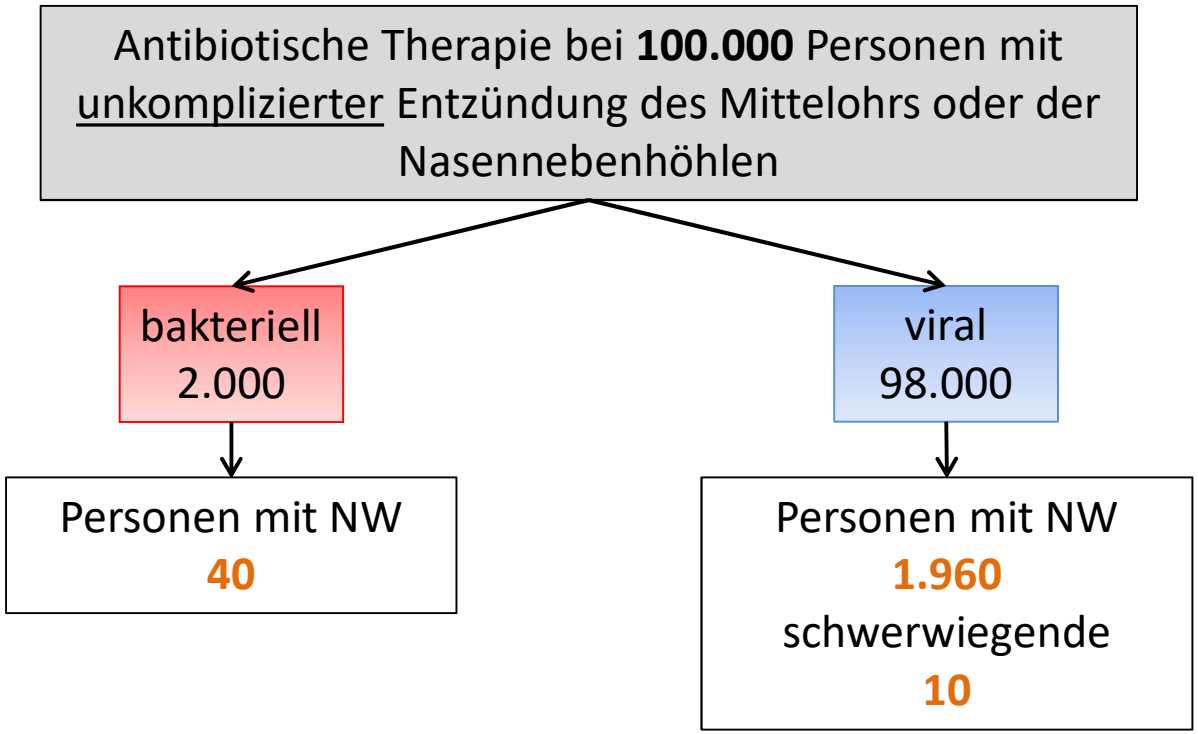
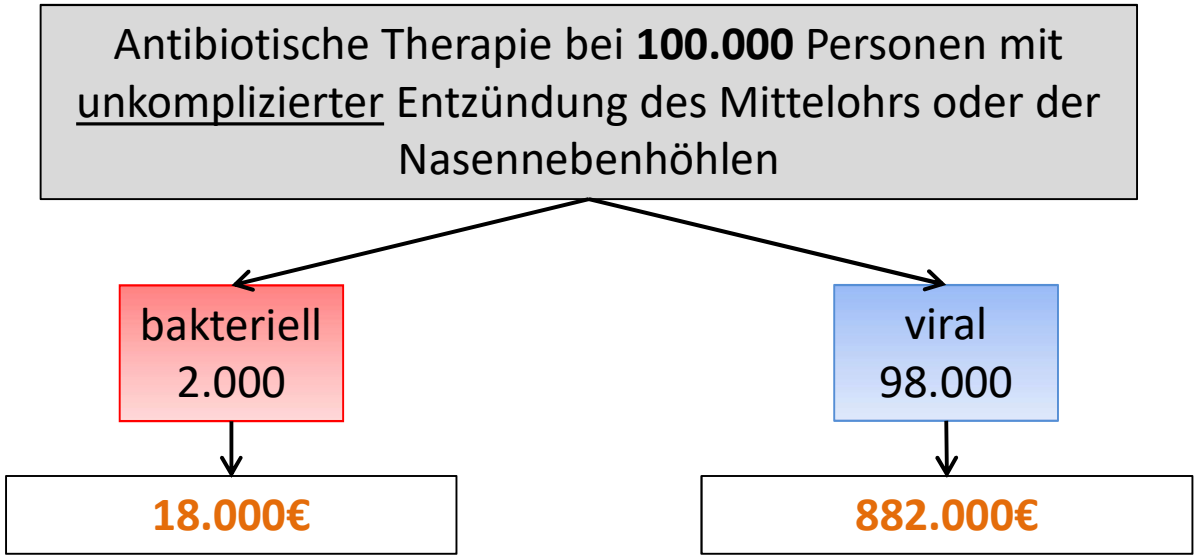
Nebenwirkungen:
Durchfall, Erbrechen, allergische Reaktionen
lt. Fachinformation häufig d.h. ≥ 1:10 ≤ 1:100 (1:50)
Allergischer Schock, schwere Arzneimittelreaktionen der Haut sehr selten < 1:10000



# Choosing Wisely Initiative



Kosten:
Lt. Fachinformation soll bei Erwachsenen, Jugendlichen die Therapie mit Penicillin V mit einer Tagesdosis von 3,0-4,5 M IE über 5 Tage erfolgen.
Die Kosten für eine solche Therapie betragen in Österreich rund 9 €



# Choosing Wisely Initiative



- Pragmatisch, wenige Vorgaben zur Methodik
  - Evidenzbasiert

- Fehlende methodische Stringenz

# Choosing Wisely Initiative



- 2013 Workshop Deutsches Netzwerk Evidenz basierte Medizin (DNEbM)
  - Wenige methodische Vorgaben für die Erstellung einer Top 5 Liste
  - Intransparenz in der Konsensus Findung und Priorisierung
  - Unklare Evidenzbasis der Empfehlungen [6]

[6] Strech D. When Choosing-Wisely meets clinical practice guidelines. ZEFQ 2014; 108 (10):601-3

# Choosing Wisely Initiative



- Pragmatisch, wenige Vorgaben zur Methodik
  - Evidenzbasiert

- Fehlende methodische Stringenz
- Finanzielle Interessenkonflikte, Low-hanging fruits

# Choosing Wisely Initiative



- Top 5 Empfehlungen umfassen v.a. Leistungen, die **ohnehin nur selten eingesetzt** werden, oder die finanziellen **Interessen anderer Fachgebiete** betreffen [4]
  - American Academy of Orthopedic Surgeons
    - Over-the-counter Nahrungsergänzungsmittel
    - Kleiner Eingriff, der im Jahr 2011 in Medicare nie abgerechnet wurde
  - American College of Cardiology
    - Elective percutaneous coronary interventions
  - American College of Radiology, American Society for Clinical Pathology: pos. Beispiele

[4] Morden NE. Choosing-Wisely – the politics and economics of labeling low-value services. NEJM 2014; 370(7):589-92

# Choosing Wisely Initiative



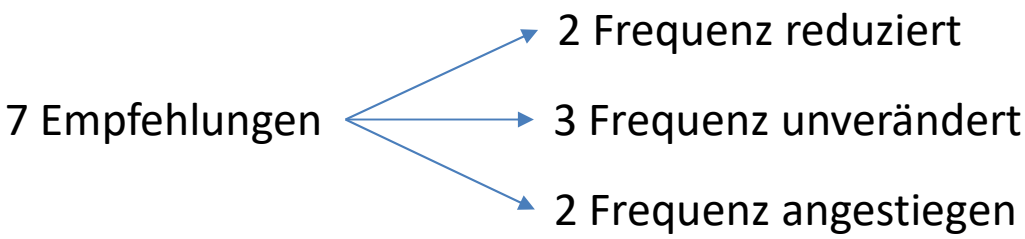
- Pragmatisch, wenige Vorgaben zur Methodik
  - Evidenzbasiert

- Fehlende methodische Stringenz
- Finanzielle Interessenkonflikte, Low-hanging fruits
- Fehlender Impact

# Choosing Wisely Initiative



- Population-level data, US-weite commercial health-plans [5]




[5] Rosenberg A. Early trends among seven recommendations from the Choosing Wisely Campaign. JAMA Int Med 2015; 175(12):1913-20

# Choosing Wisely Initiative



- Pragmatisch, wenige Vorgaben zur Methodik
  - Evidenzbasiert

- Fehlende methodische Stringenz
- Finanzielle Interessenkonflikte, Low-hanging fruits
- Fehlender Impact
- Kriterien für Patienten-Entscheidungshilfen nicht erfüllt
  - Legare et al. [6]

[6] Legare F. Do Choosing Wisely tools meet criteria for patient decision aids? A descriptive analysis of patient materials. BMJ Open 2016; 6(8):e011918.http://dx.doi.org/10.1136/bmjopen-2016-011918

# Choosing Wisely Initiative



- Pragmatisch, wenige Vorgaben zur Methodik
  - Evidenzbasiert

- Fehlende methodische Stringenz
- Finanzielle Interessenkonflikte, Low-hanging fruits
- Fehlender Impact
- Kriterien für Patienten-Entscheidungshilfen nicht erfüllt
- Vereinnahmung
- Fehlende Evidenz für Nutzen

**„Wie verlässlich sind CWI-Empfehlungen?“**

# Choosing Wisely Initiative

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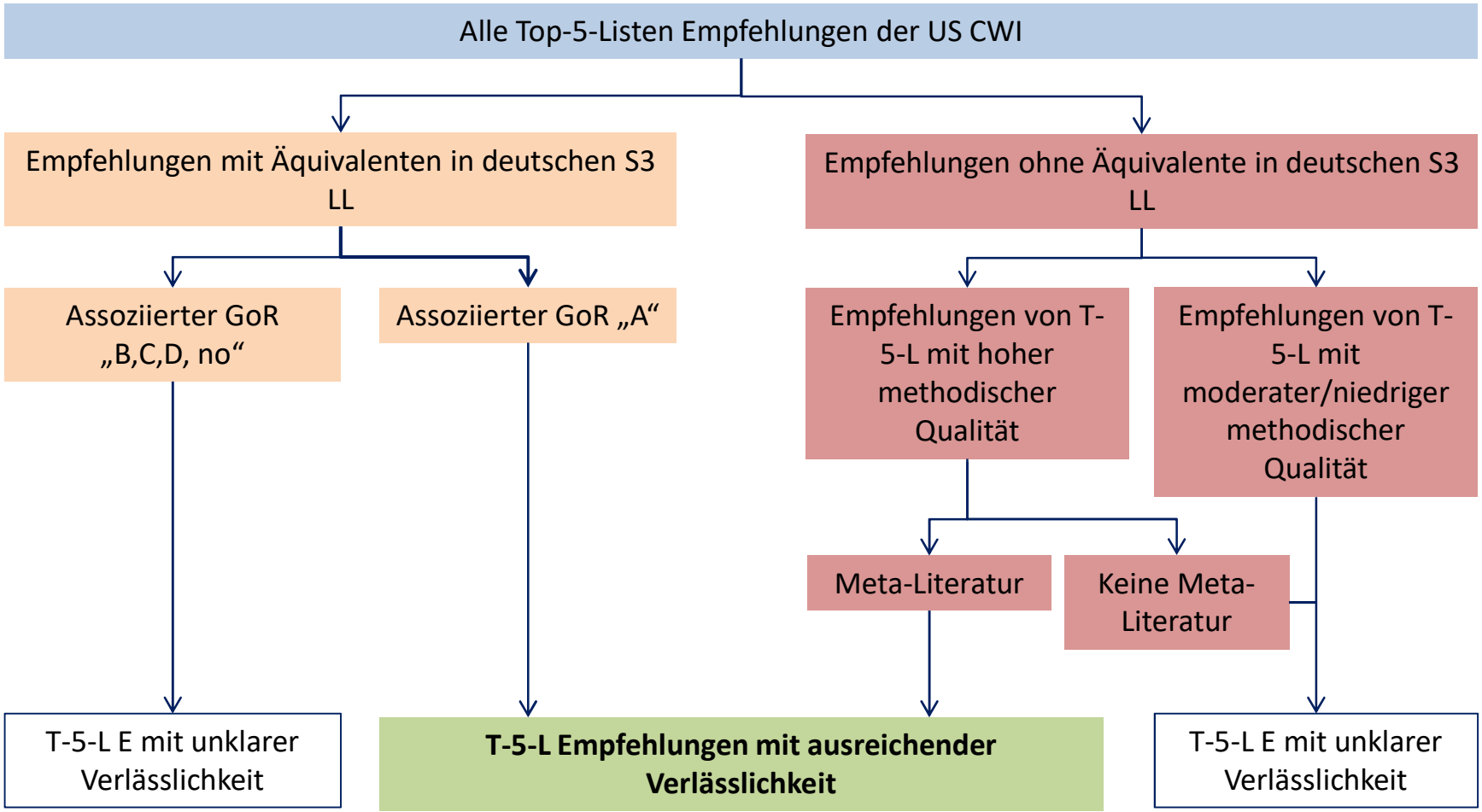


[7] Horvath K. Choosing Wisely: assessment of current US top five list recommendations' trustworthiness using a pragmatic approach. BMJ Open 2016; 6:e012366.doi:10.1136/bmjopen-2016-012366

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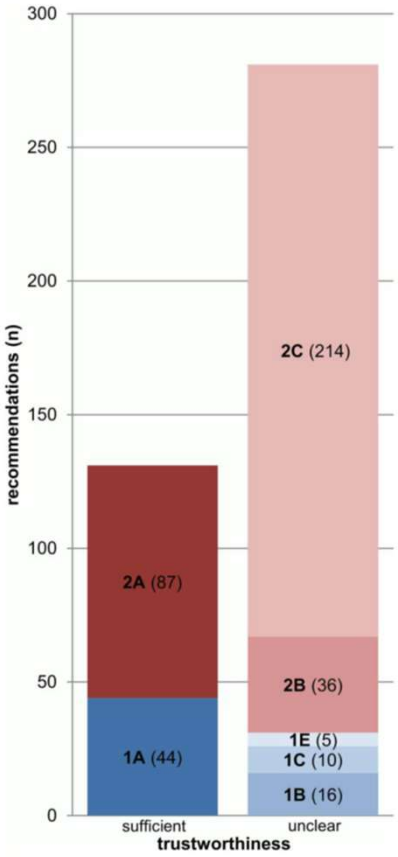


**Figure 2** Trustworthiness of top five list recommendations. Blue columns represent top five list recommendations with guideline equivalents, and red columns represent top five list recommendations without guideline equivalents. Numbers in parentheses and letters denote different categories of top five recommendations (see table 2).

[7] Horvath K. Choosing Wisely: assessment of current US top five list recommendations' trustworthiness using a pragmatic approach. BMJ Open 2016; 6:e012366.doi:10.1136/bmjopen-2016-012366

# Choosing Wisely Initiative

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Open Access Research

BMJ Open

## Choosing Wisely: assessment of current US top five list recommendations' trustworthiness using a pragmatic approach

Karl Horvath,[1,2] Thomas Semlitsch,[1] Klaus Jeitler,[1,3] Muna E Abuzahra,[1] Nicole Posch,[1] Andreas Domke,[1] Andrea Siebenhofer[1,4]

**To cite:** Horvath K, Semlitsch T, Jeitler K, *et al*. Choosing Wisely: assessment of current US top five list recommendations' trustworthiness using a pragmatic approach. *BMJ Open* 2016;**6**:e012366. doi:10.1136/bmjopen-2016-012366

► Prepublication history and additional material is available. To view please visit the journal (http://dx.doi.org/10.1136/bmjopen-2016-012366).

Received 21 April 2016
Revised 26 July 2016
Accepted 26 August 2016

**ABSTRACT**

**Objectives:** Identification of sufficiently trustworthy top 5 list recommendations from the US Choosing Wisely campaign.

**Setting:** Not applicable.

**Participants:** All top 5 list recommendations available from the American Board of Internal Medicine Foundation website.

**Main outcome measures/interventions:** Compilation of US top 5 lists and search for current German highly trustworthy (S3) guidelines. Extraction of guideline recommendations, including grade of recommendation (GoR), for suggestions comparable to top 5 list recommendations. For recommendations without guideline equivalents, the methodological quality of the top 5 list development process was assessed using criteria similar to that used to judge guidelines, and relevant meta-literature was identified in cited references. Judgement of sufficient trustworthiness of top 5 list recommendations was based either on an 'A' GoR of guideline equivalents or on high methodological quality and citation of relevant meta-literature.

**Results:** 412 top 5 list recommendations were identified. For 75 (18%), equivalents were found in current German S3 guidelines. 44 of these

**Strengths and limitations of this study**

- This is a systematic assessment of the trustworthiness of all current top five list recommendations from the US Choosing Wisely Initiative.
- Matching top five list recommendations with equivalents from trustworthy German S3 guidelines or assessing the methodological quality of the lists' development process together with quoted supporting meta-literature allowed for a safe identification of sufficiently trustworthy top five list recommendations.
- Only recommendations from the US campaign were considered.
- Underestimation of the trustworthiness of some recommendations might have occurred because recommendations were actually based on the best current evidence, but either no meta-literature was available or it was not quoted or no meta-literature but sufficient evidence from primary studies was available. Another source of possible misjudgement is that recommendations were actually developed in a structured way and based on evidence but the reporting on the methods used was insufficient.

[7] Horvath K. Choosing Wisely: assessment of current US top five list recommendations' trustworthiness using a pragmatic approach. BMJ Open 2016; 6:e012366.doi:10.1136/bmjopen-2016-012366

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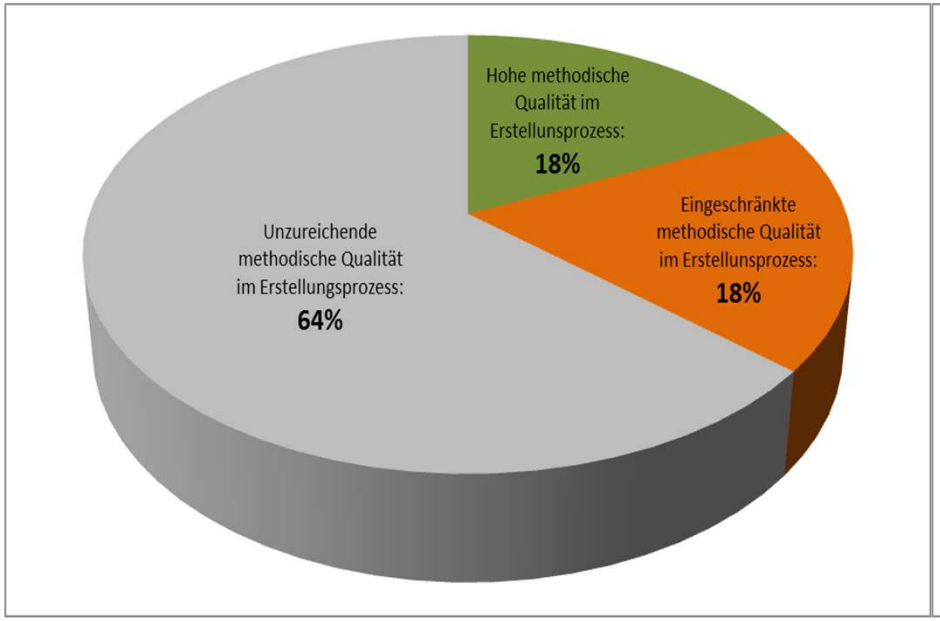


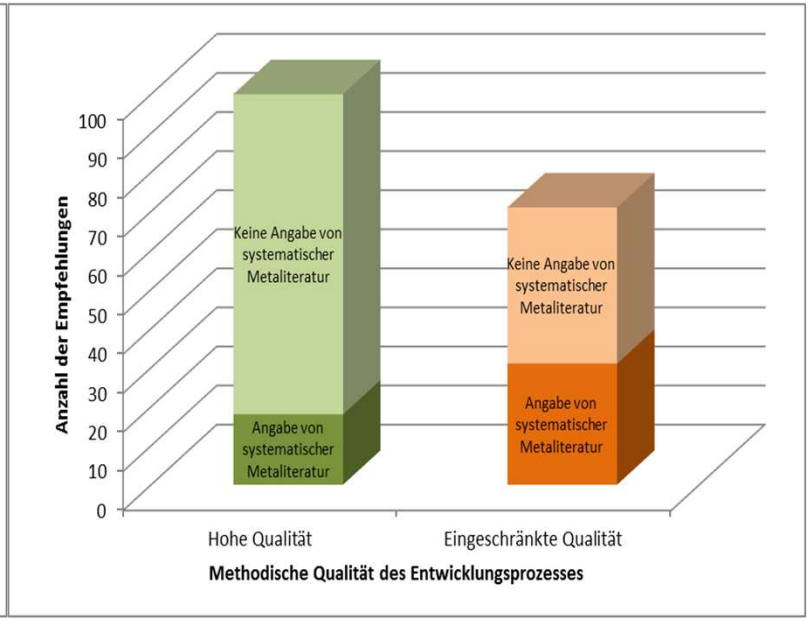


- 18% hohe methodische Qualität in der Entwicklung der CWI Top 5 Listen
  - Fehlen einer systematischen Recherche und
  - Evidenzanalyse
  - mangelnde Patientenbeteiligung
  - Fehlen eines strukturierten Konsensverfahrens
  - fehlende Angaben zur Gültigkeitsdauer der Empfehlungen.

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gemeinsam gut entscheiden

# GEMEINSAM GUT ENTSCHEIDEN – CHOOSING WISELY IN ÖSTERREICH

Medizinische Universität Graz, Auenbruggerplatz 2, A-8036 Graz, www.medunigraz.at

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# CWI goes Austria

25.-26. Jänner 2016,

1. April 2016, Graz

Univ.-Prof. Dr.in Andrea Siebenhofer-Kroitzsch, Dr. Thomas Frühwald, Univ. Prof. Dr. Gerald Gartlehner, MPH, Dr.in Anna Glechner, PD Dr. Karl Horvath, Dr. Klaus Jeitler, PD Dr.in Eva Mann, Dr.in Petra Schnell-Inderst, MPH, Dipl.-Biol.in, Mag. Thomas Semlitsch, Univ.-Prof. Dr. Uwe Siebert, MPH, MSc

# gemeinsam gut entscheiden

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- **Steigerung der Qualität und Effizienz** (Vermeidung von Über-, Unter- und Fehlversorgung) der medizinischen Versorgung von Patientinnen/Patienten durch rationalere Entscheidungsfindung
- Intensivierung und Systematisierung des **Dialogs zwischen Patientinnen/Patienten und Ärztinnen/Ärzten** zu verschiedenen medizinischen Serviceleistungen zur Stärkung einer partizipativen Entscheidungsfindung
- Einbindung **multidisziplinärer, berufsgruppenübergreifender Expertinnen/Experten und Patientinnen/Patienten** in die Erstellung der Empfehlungslisten (Top 5-Listen)
- **Vermeidung regionaler Sonderwege** durch Koordination durch österreichische Fachgesellschaften

## Pilotprojekt 2017

- **Operativ, Wissenschaftlich**
  - Institut für Allgemeinmedizin und evidenzbasierte Versorgungsforschung, Medizinische Universität Graz
  - Cochrane Österreich, Department für Evidenz-basierte-Medizin und Klinische Epidemiologie, Donau Universität Krems


- **Unterstützung**
  - NÖGUS, Gesundheitsfonds Steiermark
  - NÖ-GKK, Stmk-GKK

# gemeinsam gut entscheiden

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- Pool von vertrauenswürdigen Empfehlungen
- Top-5-Liste ÖGGG
- Top-5-Liste ÖGAM
- Evidenzsynthese zu den Empfehlungen als Grundlage für Patienteninformationen
- Erste Aktivitäten zur  Dissemination
- Überlegungen zur Begleitforschung

## Pool verlässlicher CW-Empfehlungen

- Sammlung von Empfehlungen der US- und  mitteleuropäischer CWI
- Beurteilung der Verlässlichkeit
- Thematische Kategorisierung

# gemeinsam gut entscheiden

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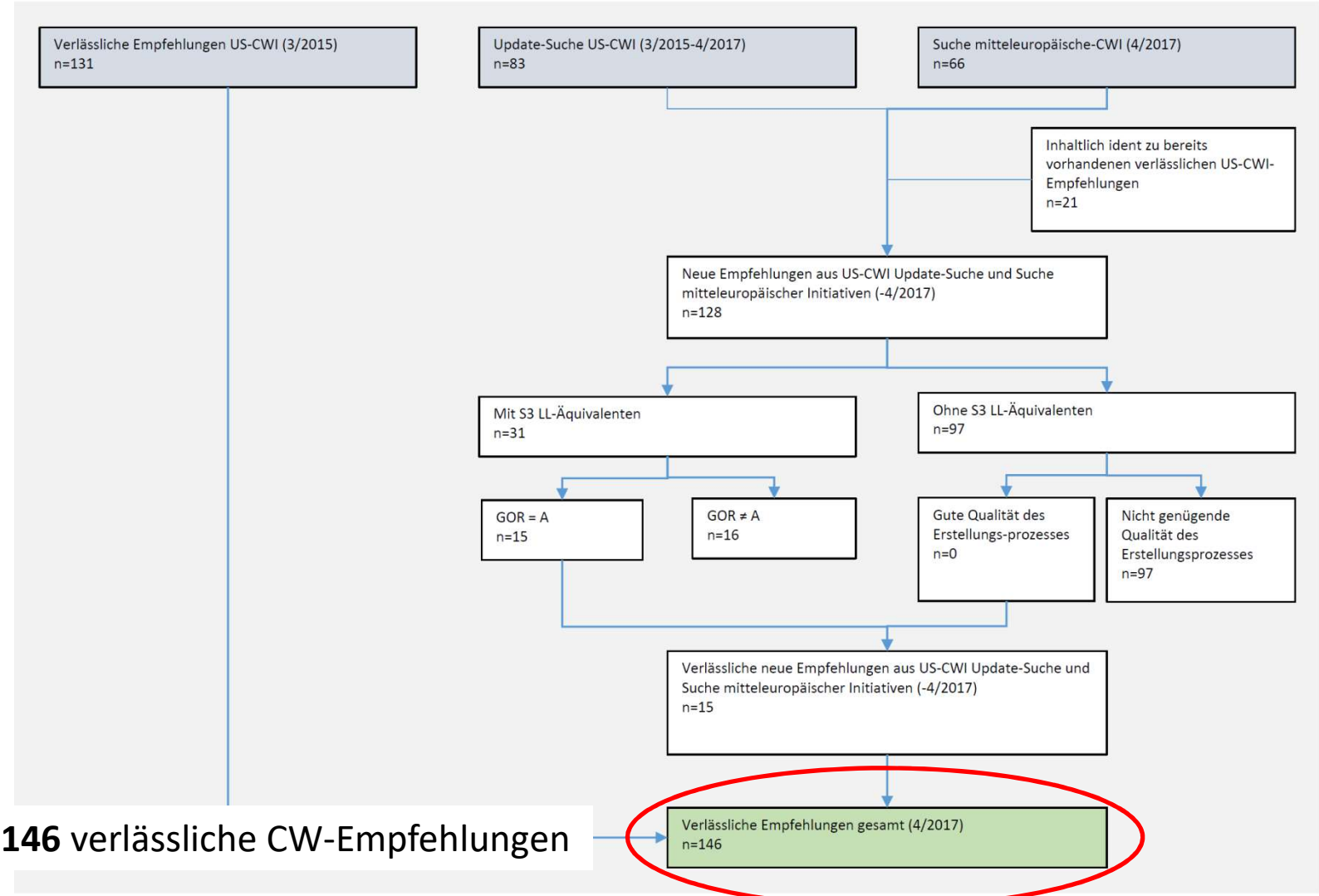


**146** verlässliche CW-Empfehlungen

- **Vorteile**
  - Ressourcenbelastung nieder durch Verwendung bereits vorhandener internationaler Empfehlungen
  - Geringerer Aufwand für Fachgesellschaften
  - Nur Empfehlungen mit ausreichender Verlässlichkeit
- **Nachteile**
  - Empfehlungen mit wesentlicher Bedeutung im Österreichischen Gesundheitssystem können fehlen

## Strukturierter Konsensus Prozess – Delphi Verfahren

Top 5 Listen

- Ausmaß des potenziellen Schadens
- Impact (Frequenz, Ressourcen)
- Veränderung einfach erreichbar
- etc.

**Schritt 1**
**Erste Auswahl**

**Schritt 2**
**Weitere Umfragen**

**Schritt 3**
**Diskussion**

**Schritt 4**
**Bewertung mit Ergebnissen der Diskussion**

**Schritt 5**
**Top-5-Liste**

# gemeinsam gut entscheiden

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März 2018

Publikation der ersten Top 5 Liste

**Österreichische Gesellschaft für Geriatrie und Gerontologie**

## Top 5 Liste

| # | Empfehlung | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | Ein Harnkatheter sollte nicht eingesetzt werden: bei inkontinenten PatientInnen, ohne angemessene Indikation (z.B.: nur aus Gründen der Pflegeerleichterung) oder als Monitoring der Harnproduktion bei nicht kritisch kranken PatientInnen. Eine Gewichtskontrolle kann alternativ als Monitoring der Diurese angewendet werden. | | | | | | |
| | Answer Choices | 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
| | Wichtigkeit | 0 | 0 | 0 | 2 | 10 | 12 | 4,83 |
| 2 | Bei Personen mit fortgeschrittener Demenz wird eine unterstützte orale Ernährung empfohlen. Bei Patienten mit fortgeschrittener Demenz soll keine Ernährung durch eine Perkutane Endoskopische Gastrostomie (PEG) erfolgen. | | | | | | |
| | Answer Choices | 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
| | Wichtigkeit | 0 | 0 | 2 | 1 | 9 | 12 | 4,58 |
| 3 | Eine Antipsychotika-Therapie als erste Wahl zur Behandlung von Verhaltens- und psychischen Symptomen der Demenz, ohne eine Beurteilung für eine zugrunde liegende Ursache des Verhaltens wird nicht empfohlen. | | | | | | |
| | Answer Choices | 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
| | Wichtigkeit | 1 | 0 | 1 | 2 | 8 | 12 | 4,33 |
| 4 | Bei Screening-Untersuchungen zur Früherkennung von Brust-, Kolorektal-, Prostata- oder Lungenkrebs, wird empfohlen die Lebenserwartung der PatientInnen und die Risiken dieser Tests wie Überdiagnose und Überbehandlung zu berücksichtigen. | | | | | | |
| | Answer Choices | 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
| | Wichtigkeit | 0 | 1 | 1 | 4 | 6 | 12 | 4,25 |
| 5 | Die Behandlung einer asymptomatischen Bakteriurie wird bei älteren Erwachsenen nicht empfohlen, außer wenn Symptome vorhanden sind die auf einen Harnwegsinfekt hinweisen | | | | | | |
| | Answer Choices | 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
| | Wichtigkeit | 0 | 1 | 2 | 3 | 6 | 12 | 4,17 |

- Darstellung der Evidenz für Empfehlungen für Patienteninformationen
  - Aus den Informationen der originalen Top 5 Listen (Rationale, Meta-Literatur)
  - S3 Leitlinien
  - International vorhanden Patienteninformationen

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| GGE-Empfehlung | CWI-Basisempfehlung(en) | Fachgesellschaft | CWI-Rationale | CWI-Referenzen |
|---|---|---|---|---|
| Ein Harnkatheter sollte nicht eingesetzt werden: bei inkontinenten PatientInnen, ohne angemessene Indikation (z.B.: nur aus Gründen der Pflegeerleichterung) oder als Monitoring der Harnproduktion bei nicht kritisch kranken PatientInnen. Eine Gewichtskontrolle kann alternativ als Monitoring der Diurese angewendet werden. | Don't place, or leave in place, urinary catheters for incontinence or convenience or monitoring of output for non-critically ill patients (acceptable indications: critical illness, obstruction, hospice, preoperatively for <2 days for urologic procedures; use weights instead to monitor diuresis). | Society of Hospital Medicine – Adult Hospital Medicine | Catheter Associated Urinary Tract Infections (CAUTIs) are the most frequently occurring health care acquired infection (HAI). Use of urinary catheters for incontinence or convenience without proper indication or specified optimal duration of use increases the likelihood of infection and is commonly associated with greater morbidity, mortality and health care costs. Published guidelines suggest that hospitals and long-term care facilities should develop, maintain and promulgate policies and procedures for recommended catheter insertion indications, insertion and maintenance techniques, discontinuation strategies and replacement indications. | Hooton TM, Bradley SF, Cardena DD, Colgan R, Geerlings SR, Rice JC, Saint S, Schaeffer AJ, Tambayh PA, Tenke P, Nicolle LE. Diagnosis, Prevention, and Treatment of Catheter-Associated Urinary Tract Infection in Adults: 2009 International Clinical Practice Guidelines from the Infectious Diseases Society of America Clin Infect Dis [Internet]. 2010 [cited 2012 Sep 4];50(5):625-663.<br><br>Saint S, Meddings JA, Calfee D, Kowalski CP, Krein SL. Catheter-associated Urinary Tract Infection and the Medicare Rule Changes. Ann Intern Med [Internet]. 2009 Jun 16 [cited 2012 Sep 4];150(12):877–884.<br><br>Centers for Medicare & Medicaid Services, Joint Commission. Standards for hospital care, surgical care improvement project (SCIP), SCIP-Inf-9; Performance Measure Name: Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero. 2013. 2013 Joint Commission National Hospital Inpatient Quality Measures Specification Manual, version 4.11. |
| | Don't place an indwelling urinary catheter to manage urinary incontinence. | AMDA – The Society for Post-Acute and Long-Term Care Medicine | The most common source of bacteremia in the post-acute and long-term care (PA/LTC) setting is the bladder when an indwelling urinary catheter is in use. The federal Healthcare Infection Control Practices Advisory Committee (HICPAC) recommends minimizing urinary catheter use and duration of use in all patients. Specifically, HICPAC recommends not using a catheter to manage urinary incontinence in the PA/LTC setting. Appropriate indications for indwelling urinary catheter placement include acute retention or outlet obstruction, to assist in healing of deep sacral or perineal wounds in patients with urinary incontinence, and to provide comfort at the end of life if needed. | CMS Manual System Pub. 100-07 State Operations Provider Certification. Transmittal 8. Revision of Appendix PP–Section 483.25(d)–Urinary Incontinence, Tags F315 and F316. Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services; 2005 Jun 28 [cited 2014 Dec 31]. Available from: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/r8som.pdf<br><br>Gould CV, Umscheid CA, Agarwal RK, Kuntz G, Pegues DA; Healthcare Infection Control Practices Advisory Committee. Guideline for prevention of catheter-associated urinary tract infections 2009. Infect Control Hosp Epidemiol. 2010 Apr;31(4):319-26.<br><br>Hooton TM, Bradley SF, Cardenas DD, Colgan R, Geerlings SE, Rice JC, Saint S, Schaeffer AJ, Tambayh PA, Tenke P, Nicolle LE; Infectious Diseases Society of America. Diagnosis, prevention, |
| | Avoid placing indwelling urinary catheters in the emergency department for either urine output monitoring in stable patients who can void, or for patient or staff convenience. | American College of Emergency Physicians | Indwelling u urine output infection in t should discu Emergency p evidence-ba patients, rel catheters sh | |
| | Don't place or maintain a urinary catheter in a patient unless there is a specific indication to do so. | American Academy of Nursing | Catheter-as States. Most catheters an more seriou | |

| GGE-Empfehlung | CWI-Basisempfehlung(en) | Fachgesellschaft | CWI-Rationale |
|---|---|---|---|
| Die Behandlung einer asymptomatischen Bakteriurie wird bei älteren Erwachsenen nicht empfohlen, außer wenn Symptome vorhanden sind die auf einen Harnwegsinfekt hinweisen. | Don't use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present | American Geriatrics Society | Cohort studies have found no adverse outcomes for older men or women associated with asymptomatic bacteriuria. Antimicrobial treatment studies for asymptomatic bacteriuria in older adults demonstrate no benefits and show increased adverse antimicrobial effects. Consensus criteria has been developed to characterize the specific clinical symptoms that, when associated with bacteriuria, define urinary tract infection. Screening for and treatment of asymptomatic bacteriuria is recommended before urologic procedures for which mucosal bleeding is anticipated. |

| | awmf.org | degam.de | gesundheitsinformationen.de | deximed.de | docplayer.org | consumerhealthchoices.org | patientenleitlinien.de | choosingwisely.org | decisionaid.ohri.ca | nps.org.au | choosingwiselycanada.org | optiongrid.org | harding-center.mpg.de | nhs.uk | igel-monitor.de | Gesamt |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Harnkatheter ohne Indikation | | | | | | | | 2 | | | | | | 1 | | 3 |
| 2. Keine PEG-Sonde bei Demenz | | | | | | 1 | | 1 | 1 | | 1 | | | 1 | | 5 |
| 3. Keine Therapie der asymptomatischen Bakteriurie | | 1 | 1 | 1 | 1 | 1 | 1 | 2 | | 1 | 1 | | | | | 10 |
| 4. Antipsychotika nicht 1. Wahl bei Demenz | | | 1 | 1 | | 1 | 1 | 1 | | 1 | 1 | | | | | 7 |
| 5. Bei Krebsscreening Lebenserwartung und Überdiagnose berücksichtigen | 1 | | 3 | | | 2 | | 1 | | | 1 | 1 | 2 | 3 | 1 | 15 |
| Gesamt | 1 | 1 | 5 | 2 | 1 | 5 | 2 | 7 | 1 | 2 | 4 | 1 | 2 | 5 | 1 | 40 |

| | |
|---|---|
| Informationen gesamt: | 40 |
| Ausgeschlossene Informationen: | 3 |
| **relevante Informationen:** | **37** |

| | |
|---|---|
| PatientInneninformationen | 36 |
| Entscheidungshilfen | 1 |

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- **Delphi-Prozess – Österreichische Gesellschaft für Allgemein- und Familienmedizin**

- 24 Empfehlungen wurden von 10 ExpertInnen der ÖGAM als relevant bewertet
- 14 ExpertInnen der ÖGAM

- Antibiotika bei Verkühlung, Nasenebenhöhlenentzündung, Mittelohrentzündung
- Prostatakrebs-Screening (PSA-Wert)
- Gebärmutterhals-Screening

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- **Wissenschaftliche Publikationen / Vorträge**
  - BMJ Open, European Geriatric Medicine, ZEFQ, DEGAM, Geriatriekongress, EBM Kongress 2017 und 2018, Choosing Wisely International 2017, Jahrestagung der "Politischen Kindermedizin“
- **Medienberichte**
  - Der Konsument 2018, Die Presse, Ö1, ÖKZ, Medical Tribune, Ärzte Woche, IMABE Bioethik aktuell, HTA Newsletter
- **Vorträge**
  - aks Initiative, Lingenau, Waidhofener Kreis, Hauptverband
- **Ärztliche Fortbildung**
  - STAFAM, DFP
- **Soziale Medien, Internet**
  - Twitter, Website

# www.gemeinsam-gut-entscheiden.at

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## Zukunft

- Abschluss des Pilotprojekts
- Österreichweite Plattform
- Unterstützung
- Strukturierter Prozess zur Gewinnung von Fachgesellschaften
- Prozess zur Sicherstellung, dass Empfehlungen verlässlich sind
- Strukturierter Prozess zur Dissemination
- Begleitforschung
- Internationale Vernetzung

# DANKE FÜR DIE AUFMERKSAMKEIT