Choosing Wisely for Medical Laboratory Professionals in Canada

Outline

Welcome & Introductions What is Choosing Wisely? Project Overview Accomplishments to date Student Project Expert Panel Interactivity







Helo! Welcome!



Canadian Society for Medical Laboratory Science Société canadienne de science de laboratoire médical



What/Who is Choosing Wisely Canada?

Choosing Wisely [...] seeks to advance a national 66 dialogue on avoiding unnecessary medical tests, treatments, and procedures.

The issue

~30% of tests, treatments, & procedures are potentially not necessary

- Patient harm could result from: unwarranted stress, unnecessary follow-up testing, misleading results, etc
- System harm results from: misdirected clinical effort, wasted time & resources

Factors contributing to overutilization

Clinician factors
Patient factors
System factors



Professional Societies create the CW Items

Originally = physician groups (i.e. Internal Medicine, Gastroenterology, General Surgery, etc)

 Recently = Nursing, Nurse Practitioners, Pharmacy, Physical Therapy, Occupational Therapy, Midwife, Radiation Therapy

Choosing Wisely Item Development

- 1. Items must start with the word "don't"
- 2. Items must be within the membership's scope of practice (i.e. what the members <u>do</u>)
- 3. Items should be generated in a systematic, transparent way
- 4. Evidence should support each item
- 5. Importance of item is considered: potential for harm, waste, low-value information

Examples of Profession-Specific CW Items

Critical Care

"Don't routinely transfuse red blood cells in hemodynamically stable ICU patients with a hemoglobin concentration greater than 70 g/L"

Pharmacy

"Don't prescribe or dispense benzodiazepines without building a discontinuation strategy into the patient's treatment plan"

Nurse

"Don't add extra layers of bedding beneath patients on therapeutic surfaces"

2. Project Overview

Birdseye View: by Research Question

How many current CWC items are relevant to the laboratory? What are they, and how can we support their implementation?

Are medical laboratory professionals aware of the CWC initiative, and do they think that it is important? What does a CWC item list look like for medical laboratory professionals? How much evidence surrounds MIP procedures and processes?

Birds-eye View: by Project Activities

Inventory & Categorize Current CWC List Items & Initiatives Membership Survey for Behaviours, Awareness, Engagement Form Expert Panel to Develop MLP-specific CWC List

Accomplishments to Date: Current CWC Items & Activities

Inventory & Categorize Current CWC List Items & Initiatives

- . Development of Relevance Scale
- 2. Environmental Scan



 There are 327 total recommendations published by CWC. How many are relevant to the laboratory?

What does 'relevance' mean?

It mentions laboratory test ordering? It involves direct consultation with MLPs? If certain conditions were met, it might impact the work of MLPs in the future?

First Version – 5 – point scale

- . Definitely not relevant
- 2. Content is remotely related
- 3. Content is possibly related
- 4. Content is applicable to a single laboratory discipline
- 5. Content is applicable to multiple laboratory disciplines

Scale Development – First Version: Points of Contention - Examples

Don't make medical decisions based on results of direct-to-order genetic testing without a clear understanding of the limitations and validity of the test Don't order investigations that will not change your patient's management plan

Don't routinely prescribe intravenous forms of highly bioavailable antimicrobial agents for patients who can reliably take and absorb oral medications

Feedback

- Difference between 3 & 4 and 2 & 3 are not very clear
- Differentiating between 1 & 2 are difficult
- Difficult to know how 'hypothetical' one needs to be versus focusing on day-to-day

Determining Relevance – Final Scale

Score	Definition
	Recommendation is relevant to the work
3	conducted by MLPs
	Recommendation is possibly relevant to the
2	work conducted by MLPs
	Recommendation is not relevant to the work
1	conducted by MLPs

MLPs = Medical Laboratory Technologists/Assistants, Cytotechnologists, and Genetic Technologists



Figure 1: Proportions of Choosing Wisely Canada Recommendations that were Laboratory-Relevant using the 3-point Scale. 107/327 recommendations were considered laboratory-relevant. 80 were relevant, 27 were possibly relevant, 220 were irrelevant to the work of an MLP.



Results



Figure 2: Canadian Laboratory Initiatives Targeting Choosing Wisely Canada Related-Topics.



combination of 2 or more methods. Administrative methods were used most for single and combined methods.

Summary

- Roughly one-third of CWC-recommendations are laboratory-relevant
- Pattern of Initiatives reflects typical test volumes
- Success in Repetitive Testing and Transfusion Medicine
- Areas of Low-Attention are potential targets
- Different Strategies

Accomplishments to Date: Expert Panel & New CWC List items

Develop a set of MLP-specific CWC List items

Form Expert Panel

2. Brainstorm, Prioritize, Propose, Finalize

Ways that recommendations are created

Gather Ideas

Multiple sources of information are encouraged: task force, expert panel, interviews, membership surveys, conference sessions, etc

<u>Assess Importance</u>

Consider what makes the item relevant: harm avoidance, level of evidence, cost, frequency, impact, etc

<u>Consensus &</u> <u>Validation</u>

Move from long list to short list, compile evidence, gain approval, disseminate results

Forming the Expert Panel

Call for Volunteers – December 2018 35 complete applications

- Selected by a 3-person panel based on:
 - Geographical coverage
 - Breadth of experience
 - Research, CWC, position
 - Discipline coverage
- 2 new roles added: Consultant (5) and Emerging Professional (2)

Final Panel

- 15 MLTs (3 with MLA experience) + 2 MLAs
- ✓ 40% >15 years experience
- 40% <10 years experience
- All disciplines represented
- Bench to supervisor to out-of-scope
- Current place of work
 - All provinces
 - < Nunavut

Responsibilities of Expert Panel

PRIMARY:

Participate in activities to create a Choosing Wisely list for the Medical Laboratory Profession

- a. Brainstorm ideas
- b. Prioritize & reach consensus
- c. Systematic evidence-gathering *SECONDARY*:
- Advise on survey findings & overall project
 Help generate next steps

BRAINSTORM

Identify 2-5 processes or procedures that might be redundant, low-value, or might contribute to patient harm

- <u>Expectation:</u> Perform local consultation
- <u>Timeline:</u> February May



PRIORITIZE

Determine ranking system for relevance <u>Timeline:</u> May



REACH CONSENSUS

Agree on the shortlist of most relevant Choosing Wisely items
 <u>Timeline:</u> June - September



COMPILE EVIDENCE

Gather evidence that supports each list item

- <u>Expectation</u>: Break into small working groups.
 Each group works on 1 item
- <u>Timeline</u>: September December


Summary - 2019



Summary - 2020

Review & Validation

Publication & Dissemination



Challenges & Progress

Choosing Wisely Item Development: Rules

1. Items must start with the word "don't"

2. Items must be within the membership's scope of practice (i.e. what the members <u>do</u>)

The MLP Scope of Practice

From Health Professions Regulatory Advisory Council 2008 "Scope of Practice Review: Medical Laboratory Technology"

- Varies little across Canadian jurisdictions and often includes the following aspects:
 - "Performance of laboratory investigations"
 - Including "perform quality control procedures and communicate results that have been critically evaluated to ensure accuracy and reliability"

"Collection and handling of laboratory specimens"

The MLP Scope of Practice

From Health Professions Regulatory Advisory Council 2008 "Scope of Practice Review: Medical Laboratory Technology"

- From New Brunswick: "promoting the development and application of knowledge" and "collaboration with other health care professionals".
 - Standards of Practice: "suggests additional assays that could clarify or amplify the physician's diagnosis"
- A minority of jurisdictions permit MLTs to decide on their own whether or not to perform follow-up procedures previously ordered on the basis that these are unnecessary.

Ethics, Standards of Practice, & Codes of Conduct

From Health Professions Regulatory Advisory Council 2008 "Scope of Practice Review: Medical Laboratory Technology"

- "...shall promote learning by facilitating the sharing of knowledge, skills, and judgement processes with colleagues, students, other healthcare professionals, and the public"
- Saskatchewan defines professional incompetence: "disregard for the welfare of members of the public served by the profession"

Food for thought

We are not expected to perform tasks blindly

- Where more information is needed to fulfill our ethical and professional mandate, do we have a right to ask for it? (i.e. clinical history)
- Choosing Wisely: things providers and patients should *question*

What are the tests, processes, and procedures that medical laboratory professionals are performing that might contribute to overuse, misdirected effort, or even patient harm?

Example Suggestions - Are these "Out of Scope"?

- 1. Don't order lymphoma markers when CBC results are within normal reference ranges.
- 2. Don't **process** amylase as a preferred indicator of acute pancreatitis. Use lipase instead.
- 3. Don't **run** daily CBC or electrolytes on in-patients that are not receiving any treatment.
- 4. Don't offer RBC folate testing. Offer serum folate instead.
- 5. Don't **collect** blood daily on frail but stable inpatients.
- 6. Don't wait until after venipuncture to cancel a test due to existing test cancellation guidelines.
- 7. Don't **provide** susceptibility results for normal flora.

Some Big Questions

1. How do we contribute to tackling overuse within our scope of practise?

- i.e. daily CBCs
- 2. How do we contribute to tackling low value ordering within our scope of practise?
 - i.e. CRP instead of ESR
- 3. What internal practises are directly related to potential for patient harm?

66 There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things -Machiavelli

Questions & Discussion