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Agenda

- Didactic: Behavior Change
- Topic: AS interventions
- Cases

URL: http://rwpoll.com

Code: uwecho



Behavior Change

Thanks for Nick Meo, MD for slides and inspiration!

John Lynch, MD, MPH
Harborview Medical Center &
The University of Washington

April 4, 2017

URL: http://rwpoll.com

Code: uwecho

12 oz

8 oz







16 oz

12 oz







The Challenge

"Despite clear evidence, guidelines, quality measures and more than 15 years of educational efforts stating the antibiotic prescribing rate should be zero, the antibiotic prescribing rate for acute bronchitis is around 70%" Barnett, JAMA, 2014



Barriers to Change

- Lack of guidelines
- Poor familiarity of guidelines
- Time pressure (emphasis on shorter LOS or productivity)
- Explaining to patients why tests/tx not indicated takes time
- Discomfort with diagnostic uncertainty
- Lack of appreciation of harms

- Patient Expectations
 - Lack of knowledge of cost including impact of setting on cost
- Lack of centrally available information on prior tests
- Local Standards of care
- Defensive Medicine (i.e. fear of litigation)
- Local Standards
- Misaligned financial incentives

Barriers to Change – "Wisdom"

- Lack of guidelines
- Poor familiarity of guidelines
- Lack of knowledge of cost including impact of setting on cost
- Lack of centrally available information on prior tests

Barriers to Change – "Choice"

- Time pressure
 (emphasis on shorter
 LOS or productivity)
- Explaining to patients why tests/tx not indicated takes time
- Discomfort with diagnostic uncertainty
- Lack of appreciation of harms

- Patient Expectations
- Local Standards of care
- Defensive Medicine (i.e. fear of litigation)
- Local Standards
- Misaligned financial incentives

Illusions

Illusion of control

We tend to overestimate the benefits of the actions we take

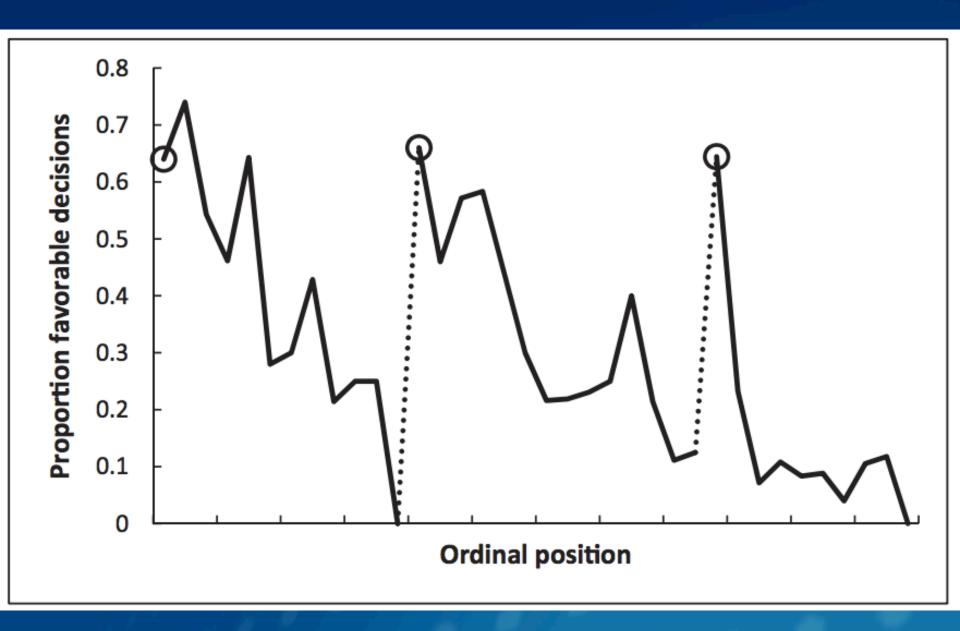
Illusion of superiority

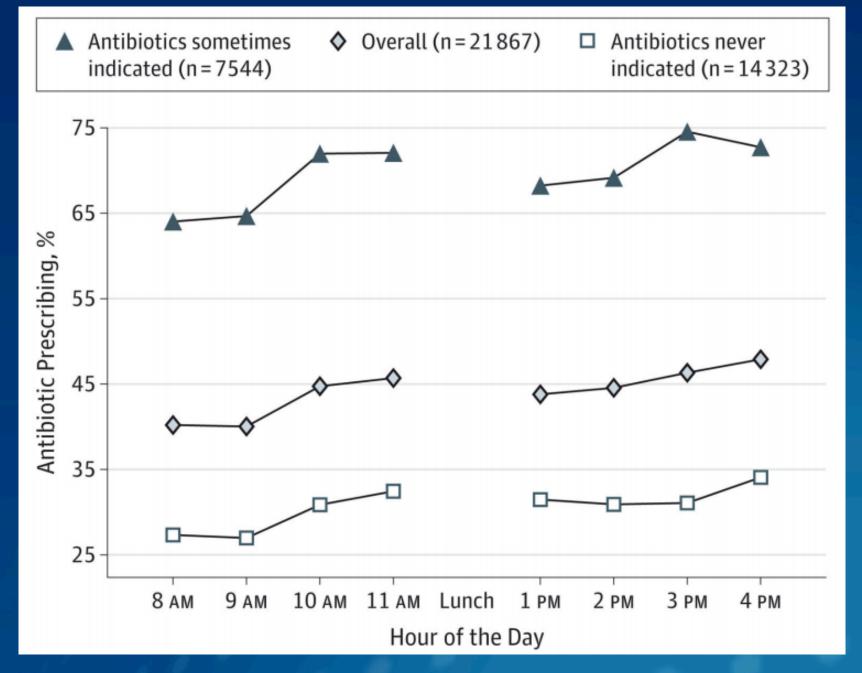
We tend to think we do perform better than we actually do

Illusion of individuality

"But my patients are different"







Context and Decision Making

- Work Compression (Vidyarthi, JGIM 2007,)
- Fatigue (Landrigan NEJM 2004)
- Burnout (Welp, Front Psychol 2015)
- Time of the day(Lee, American JGastroenterology, 2011)
- Friday Afternoons(Brown, JHealth Econ, 1996)
- Holidays (Smith, Emerg Med Journal 2012)
- Treatment availability (Scherr, Health Commun 2017)



Limits of Willpower

"Relying on provider vigilance to achieve optimal performance is unlikely to produce sustained improvement"

- Ezekiel Emanuel Ann Int Med 2016

We have to make the right thing to do, the easy thing to do



The Nudge

- A nudge is any aspect of decision making that alters people's behavior in a predictable way without forbidding any options.
- "Nudges are not mandates. Putting fruit at eye level counts as a nudge. Banning junk food does not."



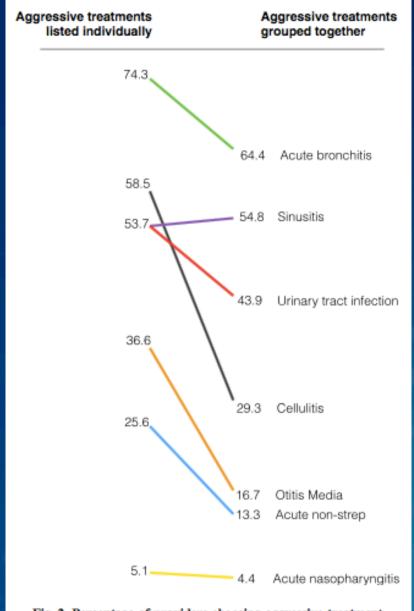


Fig. 2. Percentage of providers choosing aggressive treatment options (i.e., prescription drugs for antibiotic-inappropriate vignettes and broad-spectrum antibiotics for antibiotic-appropriate vignettes) as a function of menu partition



BEARI Trial – Meeker JAMA 2016

- Cluster randomized trial of primary care clinics
- Suggested Alternatives vs
 Accountable Justification vs Peer
 Comparison



"You are a Top Performer"

You are in the top 10% of clinicians. You wrote 0 prescriptions out of 21 acute respiratory infection cases that did not warrant antibiotics.

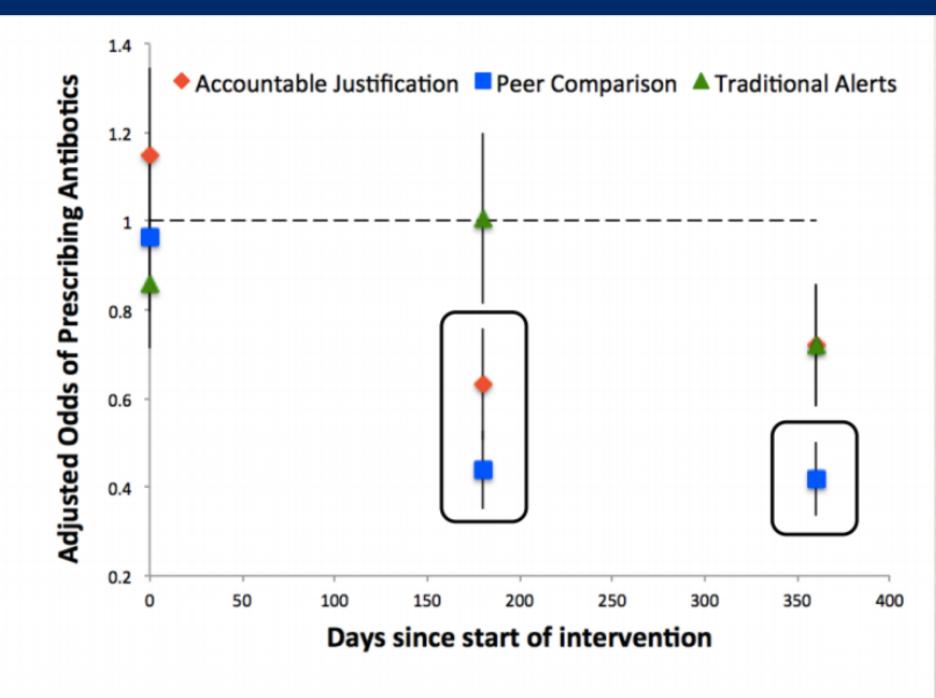
"You are not a Top Performer"

Your inappropriate antibiotic prescribing rate is 15%. Top performers' rate is 0%. You wrote 3 prescriptions out of 20 acute respiratory infection cases that did not warrant antibiotics.



20567913 (BWH)		01/01/1960 (54 yrs.) F					BIMA	BIMA					
	Home	Select	Desktop	Pt Chart: Medications	Custom	Reports	Admin	Sign	Results	?	Resource	Popup	
					Warni	ng							
	You are ordering: AMOXICILLIN												
	Alert Message:										_		
	Antibiotics are not generally indicated for non-specific upper respiratory infections. Please consider the following alternative prescriptions, treatments, and materials to help your patient.											L	
	Alt	Alternatives Over-the-counter medications								7			
	Ov												
	De	Decongestants											
		Oxymetazoline HCL (0.05 % SPRAY) 2 SPRAY (0.05 % SPRAY) NAS BID or PRN but no more frequently than every 6 hours. Do not use more that 3 days. Dispense: 1 Bottle(s) Refills: 0								se more tha	n		
			80 MG TABI	(30 MG TABLET) LET Take 2) PO Q6H PRI	N as need	ed for nasa	l conges	tion. Di	spense: 5	0 Ta	iblet(s)		
	An	Antihistamines											
			5 MG TABI	DRAL (25 MG TABLET) LET Take 1) PO Q6H PRI	N not to ex	ceed 6 dos	es in 24	hours.	Dispense:	24	Tablet(s)		
			ine (10 MG 10 MG TABI	TABLET) LET Take 1) PO QD PRN	Dispense	: 30 Tablet	(s) Refills	s: 0					





Reading

- Daniel Kahneman "Thinking Fast and Slow"
- Chip Heath "Switch"
- Dan Ariely "Predictably Irrational"
- Richard Thaler "Nudge"
- Amy Sutherland "What Shamu taught me about life, love and marriage"





Thank you!

Next session: Tuesday May 2nd, 2017

This presentation is intended for educational use only, and does not in any way constitute medical consultation or advice related to any specific patient.