

De-implementation of ineffective cancer treatment strategies

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Conventional
wisdom: medicine is
slow to dis-adopt

Why American doctors keep doing expensive procedures that don't work

The proportion of medical procedures unsupported by evidence may be nearly half.

By Eric Patashnik | Dec 28, 2017, 9:10am EST

 **TheUpshot**

PUBLIC HEALTH

Why 'Useless' Surgery Is Still



By GINA KOLATA
AUGUST 3, 2016

Before a drug can be marketed, it has to be proven safe and effective. Surgery, though, is not regulated the same way. Surgery, though, is not regulated the same way. Surgery, though, is not regulated the same way.

The Atlantic When Evidence Says No, but Doctors Say Yes

Long after research contradicts common medical practices, patients continue to demand them and physicians continue to deliver. The result is an epidemic of unnecessary and unhelpful treatments.



Factors that explain reluctance to part with ineffective or harmful treatments

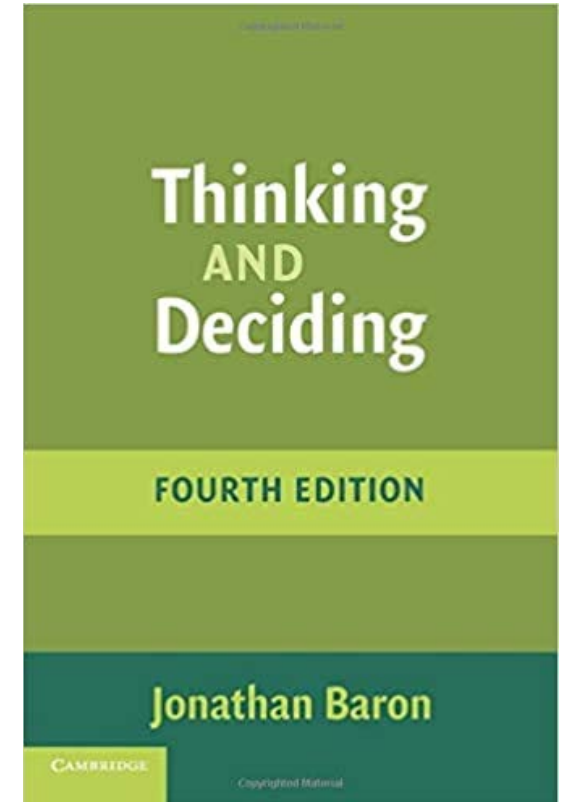
- Fee for service reimbursement
- Professional identify (If you have a hammer...)
- “Do more” bias
- Patient demand
- Cognitive inertia



Cognitive inertia

Cognitive inertia (aka belief persistence) describes the human inclination to rely on familiar assumptions and exhibit a reluctance and/or inability to revise those assumptions, even when the evidence supporting them no longer exists or when other evidence would question their accuracy.

The irrational persistence of beliefs is one of the major sources of human folly...



Response to cognitive inertia

As we have shown, a variety of psychological and social forces lead people toward biased positions from which they often do not move even in the face of scientific evidence.

The answer is not to perform more trials but to constructively overcome the psychological preconceptions that limit the value of those trials.

Ubel and Asch, Health Affairs, 2015

The Z0011 trial

Lymph Node Study Shakes Pillar of Breast Cancer Care

By Denise Grady

Feb. 8, 2011

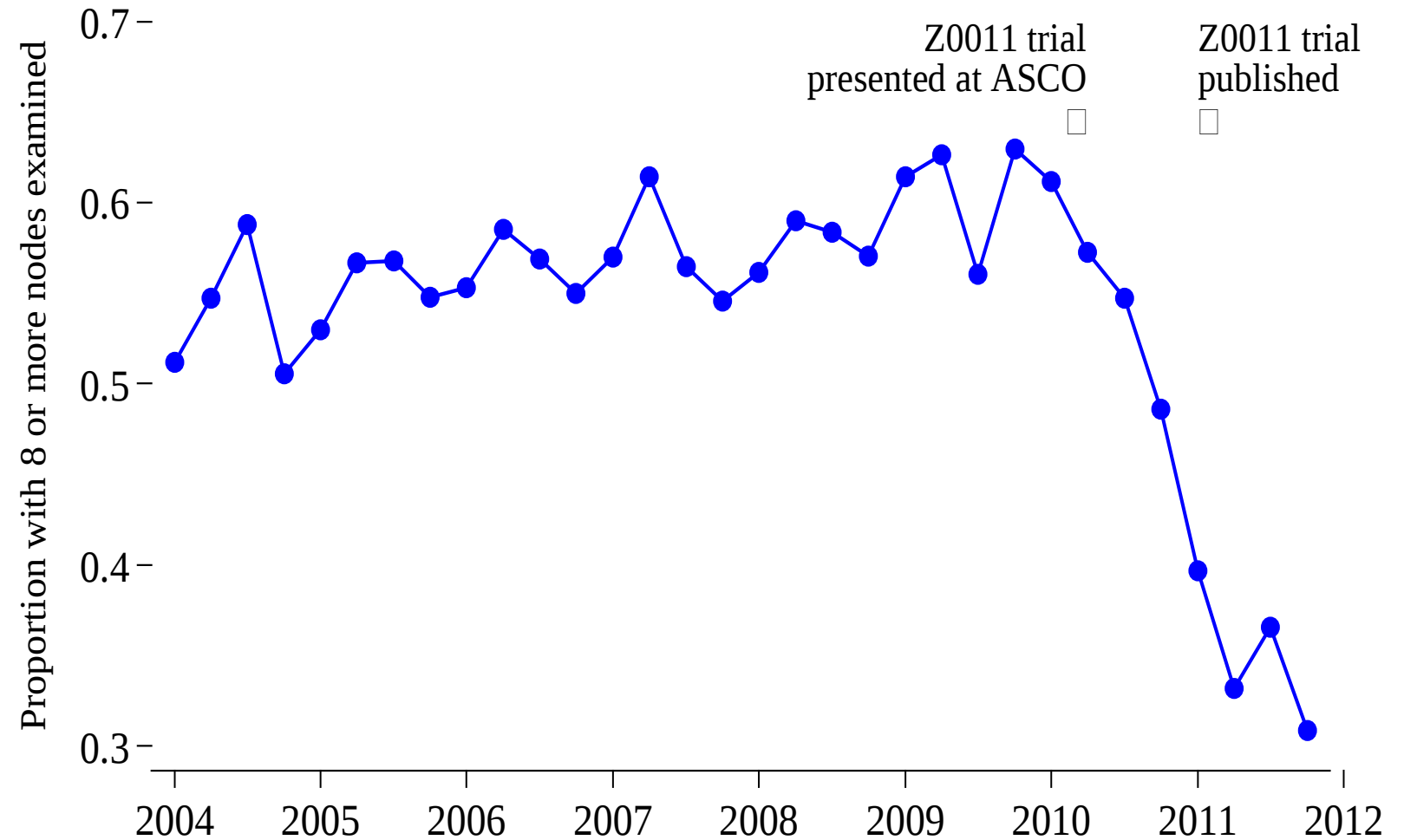


A new study finds that many women with early breast cancer do not need a painful procedure that has long been routine: removal of cancerous lymph nodes from the armpit.

The discovery turns standard medical practice on its head.

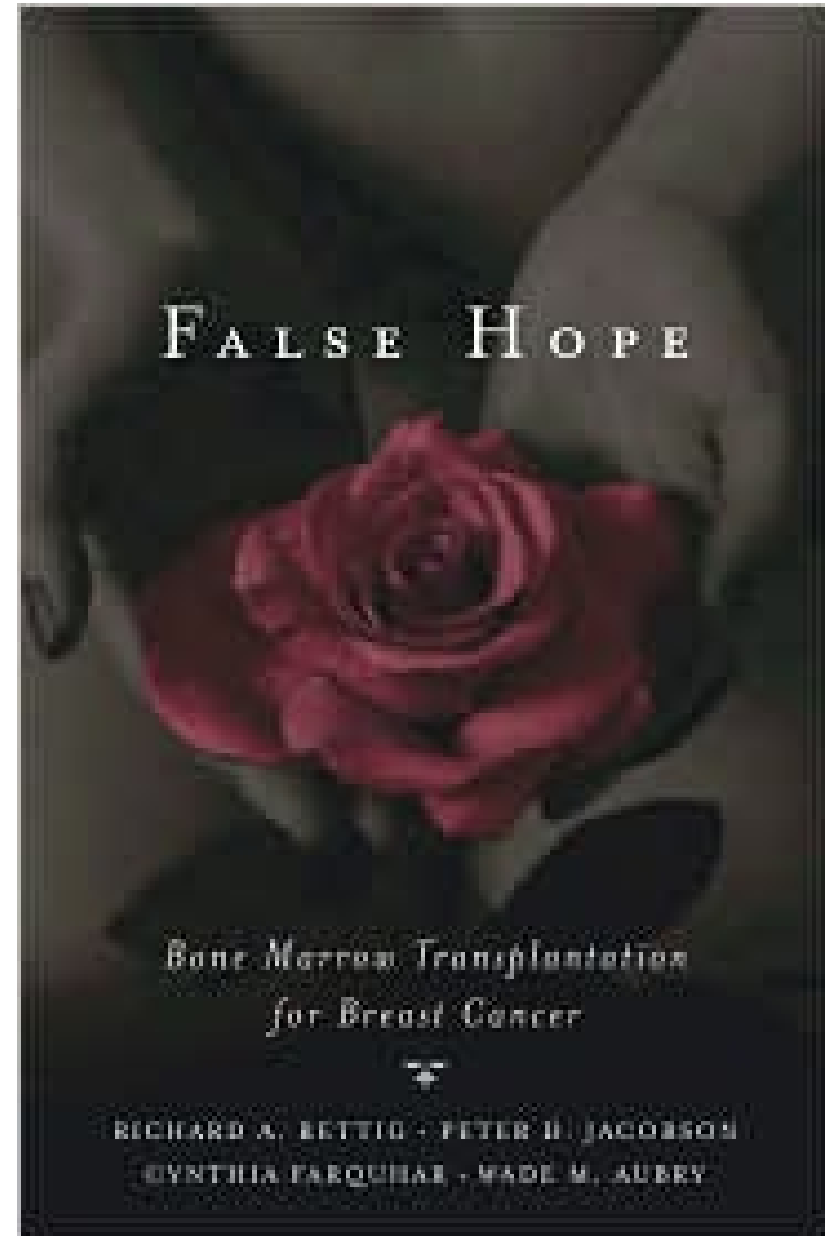
Surgeons have been removing lymph nodes from under the arms of breast cancer patients for 100 years, believing it would prolong women's lives by keeping the cancer from spreading or coming back.

Trends in use of axillary dissection among women undergoing breast conserving surgery

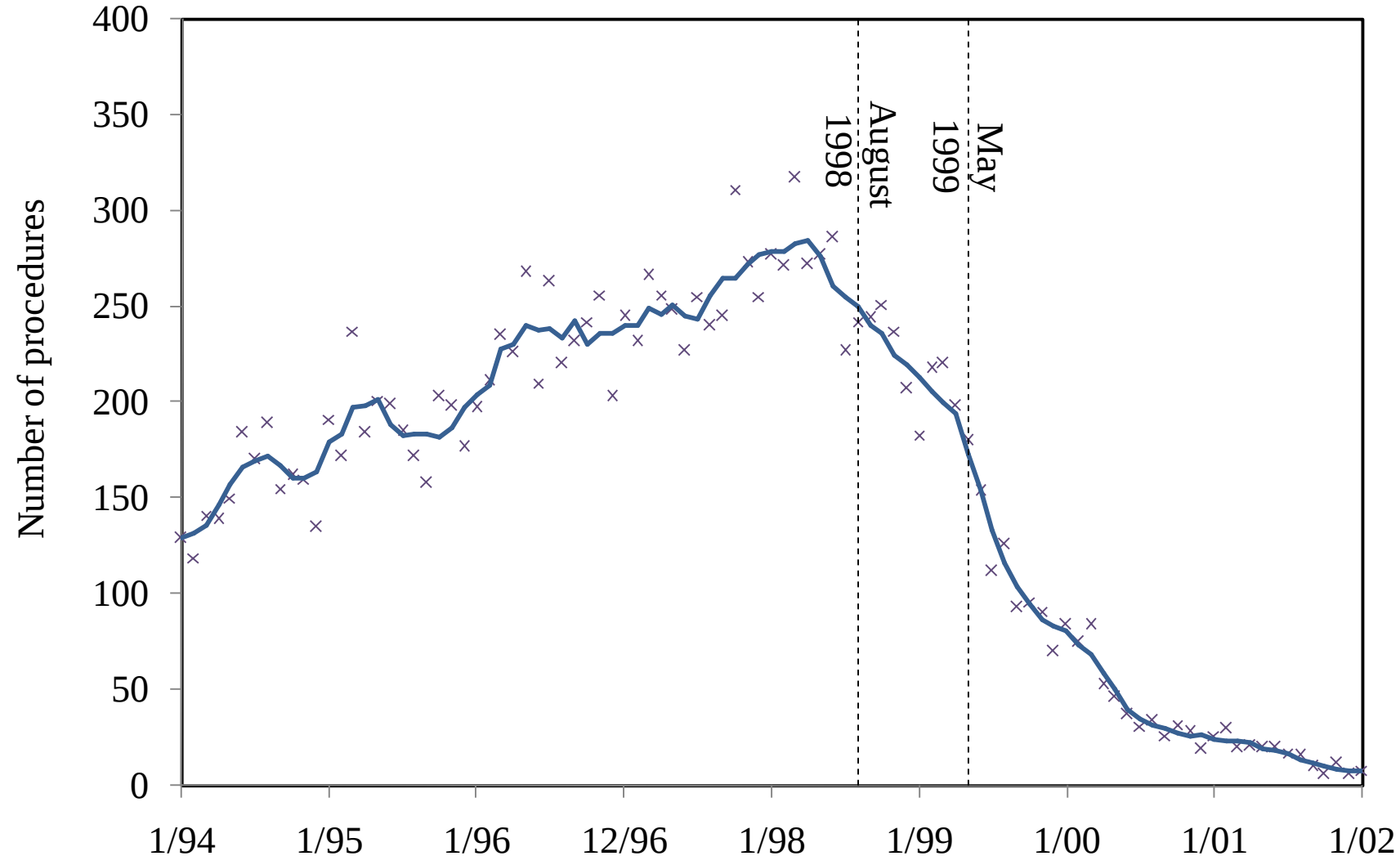


SOURCE: SEER 18 registries.

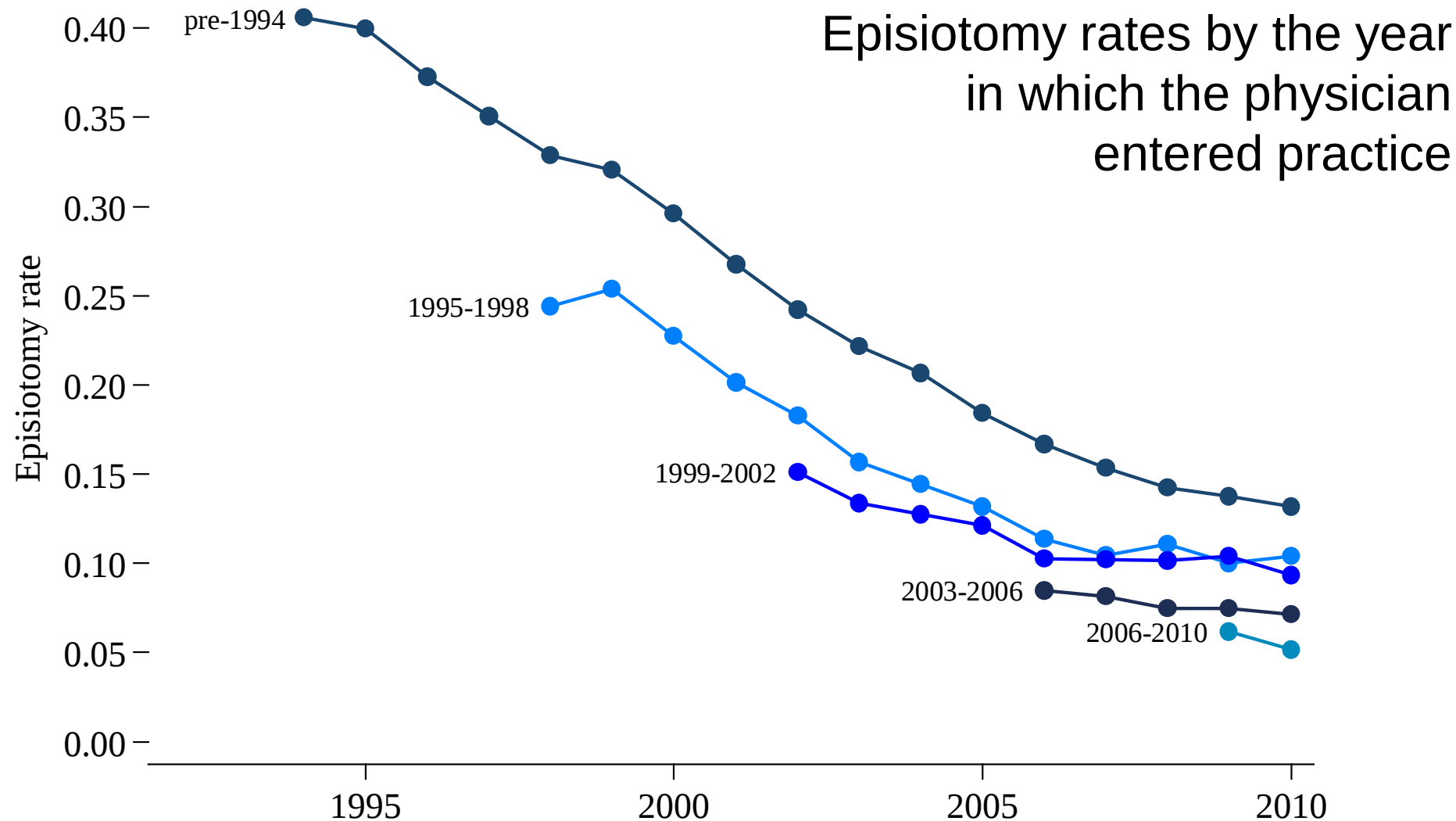
High dose
chemotherapy/hematopoietic
stem cell transplantation for
breast cancer



Number of high dose chemotherapy/stem cell transplantations in breast cancer patients



Older physicians were slower to stop performing routine episiotomy



Policies to promote de-implementation

Alternative payment models

Misvalued code initiative (i.e., payment cuts)

Require shared decision making

Allow prior authorization/utilization review

Aggressive False Claims Act enforcement

Education

Fund RCTs of treatments of uncertain value



Howard DH, McCarthy I. Deterrence effects of antifraud and abuse enforcement in health care. *Journal of Health Economics* Forthcoming.

Howard DH. False Claims Act liability for overtreatment. *Journal of Health Politics, Policy and Law* 2020;45(3):419-437.

Torres MA, Gogineni K, Howard DH. Intensity-modulated radiation therapy in breast cancer patients following the release of a Choosing Wisely recommendation. *Journal of the National Cancer Institute* 2020;112(3):314-317.

Merchant F, Dikert N, Howard DH. Mandatory shared decision making by CMS for cardiovascular procedures and other tests. *Journal of the American Medical Association* 2018;320(7):641-642.

Howard DH, Gross CP. Producing evidence to reduce low value care. *JAMA: Internal Medicine* 175(12):1893-1894.

Howard DH, Torres M. Alternative payment for radiation oncology. *Journal of the American Medical Association* 2019;322(19):1859-1860.