



Italy's *"Doing more does not mean doing better – CHOOSING WISELY ITALY"* campaign

Slow Medicine^{1 2}, an Italian movement founded in 2011, opened to health professionals, patients and citizens and aiming to promote a Measured, Respectful and Equitable Medicine, launched the campaign **"Doing more does not mean doing better"**³ in Italy at the end of 2012, similar to Choosing Wisely^{4 5} in the USA.

The name of the Italian campaign was integrated in **"Doing more does not mean doing better - CHOOSING WISELY ITALY"** in February 2016, with the consent of the chair of Choosing Wisely International movement established in 2014.

The campaign "Doing more does not mean doing better - CHOOSING WISELY ITALY", promoted by Slow Medicine, aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices.

The campaign is based on the responsibility of physicians and other health professionals and on the participation of patients and citizens, and is implemented through:

- the recommendations of Italian professional societies and associations about tests, treatments and procedures that have been shown by the currently available evidence not to provide any meaningful benefit to most patients for whom they are commonly ordered but on the contrary may cause patient harm
- improvement of the dialogue and the relationship of physicians and other health professionals with patients and citizens, for wise and shared decision making
- information, education and training of physicians and other health professionals
- development of patient-friendly material about overused tests, treatments and procedures for patients and citizens
- communication campaigns to the patients and the public.

The project aims to disseminate the culture that "Doing more does not mean doing better" in Italy.

Overuse of medical resources is large in Italy too⁶, although Italy ranks below the OECD average in terms of health spending per capita.

Examples of overuse in Italy⁷ include the number of MRI units, only lower of that of Japan and United States and far above the OECD average in 2013, and MRI exams, rates of caesarean

delivery as a percentage of all live births, consumption of antibiotics, CRT (cardiac resynchronization therapy) implantations and implantable cardioverter-defibrillators.

The campaign “*Doing more does not mean doing better- CHOOSING WISELY ITALY*” involves physicians as well as other health professionals in the responsibility for the appropriate use of medical resources.

Main partners of the campaign, launched and promoted by Slow Medicine, are:

- The National Federation of Medical Doctors’ and Dentists’ Colleges (FNOMCeO)
- The Italian Federation of registered Nurses’ Colleges (IPASVI)
- Change Institut, a training agency in communication and systemic counseling in Turin
- Partecipa Salute, a project established by IRCCS-Mario Negri, Italian Cochrane Centre and Zadig srl. aimed at participation of patients and citizens in healthcare
- Altroconsumo, an Italian consumers’ association with more than 370.000 members

Also support the campaign:

- The Union of Radiologists (SNR)
- KEIRON Venetian association of family physicians
- The Committee of Italian regions and autonomous provinces for the safety of Healthcare
- Slow Food Italy

A steering group of the project with representatives of these associations was created in March 2013.

According to Brody⁸, each Italian specialty society engaged in the project develops a list of the top 5 tests and treatments in its field that are commonly ordered in Italy but whose necessity should be questioned and discussed because:

- they have been shown by the currently available evidence not to provide any meaningful benefit to at least some major categories of patients for whom they are commonly ordered
- they may cause harm to patients.

The cost of tests and treatments was not included among the criteria of choice.

The first seven Italian lists were released in March 2014.

The top 5 recommendations were released **in 2014** from:

1. The Italian Association of Dietetics and Clinical Nutrition – ADI
2. The Italian Association of Hospital Cardiologists– ANMCO
3. The Italian Association of Radiation Oncology – AIRO
4. The Italian Board of Medical Oncology Directors – CIPOMO
5. The Cochrane Neurosciences Field in Italy – CNF - 1st List (first review)
6. The Italian Society of Allergy, Asthma and Clinical Immunology – SIAAIC
7. The Italian Society of Pediatric Allergy and Immunology – SIAIP
8. The Italian College of General Practice and Primary Care (SIMG)
9. The Italian Society of Medical Radiology – SIRM
10. Italian Specialty Societies of Nurses of: Operating Theater, Stomacare, Skin Ulcers,

Hospital Medicine – AICO, AIOSS, AIUC, ANIMO

The top 5 recommendations were released **in 2015** from:

1. Associazione Culturale Pediatri – ACP
2. The Italian Association of Nuclear Medicine and Molecular Imaging - AIMN
3. The Italian Association of Medical Diabetologists – AMD
4. The Italian Association of Medical Endocrinologists - AME
5. The Italian Association of Doctors of the Hospital Directions – ANMDO
6. The Italian Association for the Promotion of appropriate care in Obstetrics, Gynaecology and Perinatal Medicine – ANDRIA
7. The Cochrane Neurosciences Field in Italy – CNF - 2nd list
8. The Italian College of Vascular Surgery Directors
9. The Scientific Society of Forensic Medicine of Italian NHS Hospitals – COMLAS
10. The Italian Association for Cardiovascular Prevention, Rehabilitation and Epidemiology - GICR-IACPR
11. The Italian Federation of Associations of Hospital Internal Medicine – FADOI - 1st list
12. The Italian Federation of Associations of Hospital Internal Medicine – FADOI - 2nd list
13. The Italian section of the International Society of Doctors for the Environment – ISDE
14. The Italian Society of Clinical Biochemistry and Clinical Molecular Biology – SIBIOC
15. The Italian Society of Palliative Care – SICP
16. The Italian Society of Clinical Pharmacy and Therapy – SIFACT
17. The Italian Society of Human Genetics – SIGU
18. The Italian Society of Nephrology – SIN
19. The Italian Society for Medical Education (SIPeM)

145 recommendations were released to date (April 2016)⁹: 135 from physician societies (27 top five lists) and 10 from other health professionals (2 top five lists):

- Tests (imaging, laboratory, cardiological, other): 63 recommendations
- Treatments (drugs, other): 60 recommendations
- Other procedures (healthcare): 14 recommendations
- Other procedures (medical education): 5 recommendations
- Primary prevention: 3 recommendations

Other professional societies and associations of physicians and other health professionals joined the project too and are creating their lists:

- The Italian Association of Physiotherapists - AIFI
- The Italian Association of Territorial Neurologists - AINAT
- The Italian Society of Surgery - SIC
- The Italian Society of Laboratory Medicine - SIPMeL

As in *Choosing Wisely*, physicians, other health professionals and patients should have conversations and discuss the use of these tests and treatments, in view of wise and shared choices taking into account patients' values, expectations and desires.

The societies and associations promoting the project or involved in the creation of the lists will play a key role for informing health professionals about the project and about the tests and the treatments whose necessity should be questioned and discussed in Italy.

They will also promote education and training of physicians and of other health professionals on Evidence Based Medicine, on Medical Humanities and on practices to improve the interaction and the relationship with patients.

Patients and citizens have an active role in the campaign. They collaborate with physicians and other health professionals for the development of patient-friendly material about overused tests and treatments as well as in widely disseminating the culture that “Doing more does not mean doing better” and that less healthcare can often result in better health.

11 brochures for citizens were created by the Italian consumers’ association Altroconsumo in collaboration with physicians about overused tests and treatments, and others will be released soon.

The project aims to promote links among the various medical professionals on the one hand, and between medical professionals and “citizen-patients” on the other, with the objective of building up joint or consensual actions and choices for the future: peculiarity of the Italian project “*Doing more does not mean doing better* - CHOOSING WISELY ITALY”, as well as of Slow Medicine, is the systemic approach.

Organizational changes will be necessary too, for example the radiologists should become more involved in decisions regarding the appropriate use of their services.

It is very important for everyone to understand that the goal of the campaign is to protect patients’ interests and not to “ration” healthcare for cost-cutting purposes. Treatments and diagnostic tests that are inappropriate for patients may not only be directly harmful but they may also produce false positive results and overdiagnosis, that in turn lead to more tests, treatments and complications¹⁰.

“*Primum non nocere*” becomes the strongest argument for eliminating non beneficial medicine, towards the Measured, Respectful and Equitable approach promoted by Slow Medicine.

A first practical application of the campaign, the project “**Choose with Care together**”, is carried out in Piedmont since 2014, with the collaboration of the local section of The Italian College of General Practice and Primary Care (SIMG)

Moving from the 5 recommendations chosen by the General Practitioners, other actions are following, namely:

- a specific training of physicians focusing on the acquisition of communication and of counseling skills
- the development of patient-friendly material about the overused tests and treatments identified
- a specific communication campaign to patients and citizens
- a quantitative and qualitative assessment of the impact of the initiative.

In its second phase, collaboration among the society of primary care and specialty ones, for example concerning allergy tests and imaging, is taking place.

In addition to the Italian specialty societies and associations, some hospitals also started to identify tests and treatments whose necessity should be questioned and discussed.

The first experience of a local implementation in an Italian hospital was in **S.Croce e Carle hospital in Cuneo**, a tertiary 450 bed hospital in the city of Cuneo - Piedmont. The CEO of the hospital invited a scientific committee composed of the youngest physicians in each department to identify three overused practices, frequently prescribed in their departments. Thirty-three departments identified 96 practices (63 tests and 33 treatments) in 2013 and worked to reduce their prescription. Some of them were monitored to evaluate the impact on prescriptions. A reduction of some identified laboratory tests was observed. Furthermore a second round of meetings was planned one year later to update practices and to involve nurses in identifying other ones. The local implementation was well accepted by physicians and by nurses, being involved in self evaluating their own inappropriateness.

As other Italian hospitals and health organizations are expected to plan similar projects in the next future, the first meeting of the network **“Slow Hospitals and Community Healthcare”** was organized in the hospital in Cuneo in October 2015 and was successful.

The Italian campaign **“Doing more does not mean doing better - CHOOSING WISELY ITALY”**¹¹ was among the worldwide initiatives at the first **International Roundtable on Choosing Wisely**¹² held in Amsterdam in June 2014 and is part of the International campaign on Choosing Wisely¹³.

After the second International Roundtable in London in 2015, the third International Roundtable on Choosing Wisely will be held in Rome in May 2016, with the referents of 17 countries and a referent of OECD.

Sandra Venero MD
Co-founder and Vice chair of Slow Medicine -
Coordinator of Italy's campaign **“Doing more does not mean doing better - Choosing Wisely Italy”**

April 2016

References

¹ www.slowmedicine.it

² Bonaldi A, Venero S. Slow Medicine: un nuovo paradigma in medicina. *Recenti Prog Med* 2015; 106: 85-91

³ Domenighetti G, Venero S. Fare di più non significa fare meglio. *Salute Internazionale*. info 8 maggio 2013
www.saluteinternazionale.info/2013/05/fare-di-piu-non-significa-fare-meglio/

⁴ <http://www.choosingwisely.org/>

⁵ Cassel CK, Guest JA. Choosing wisely: helping physicians and patients make smart decisions about their care. JAMA. 2012;307:1801-2.

⁶ Health at a Glance 2015 - OECD Indicators - http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance_19991312;jsessionid=c1kqtr25h88af.x-oecd-live-02

⁷ Domenighetti G, Venero S. Looking for waste and inappropriateness:if not now, when? Supplemento Jrnl Int Emerg Med 2014 (in press)

⁸ Brody H. Medicine's ethical responsibility for health care reform: the Top Five list. N Engl J Med. 2010;362(4):283-285

⁹ www.choosingwiselyitaly.org

¹⁰ Welch WG, Schwartz L, Woloshin S. Overdiagnosed: making people sick in the pursuit of health. Boston: Beacon Press 2011

¹¹ Venero S, Domenighetti G, Bonaldi A. Italy's "Doing more does not mean doing better" campaign. BMJ 2014;349:g4703

¹² Hurley R. Can doctors reduce harmful medical overuse worldwide? BMJ 2014;349:g4289.(3 July.)

¹³ Levinson W, Kallewaard M, Bhatia RS, Wolfson D, Shortt S, Kerr EA; On behalf of the Choosing Wisely International Working Group. 'Choosing Wisely': a growing international campaign. BMJ Qual Saf 2015;24:167-174.