LOW-VALUE CARE IN AUSTRALIAN PUBLIC HOSPITALS: PREVALENCE AND TRENDS OVER TIME

Badgery-Parker T et al. BMJ Qual Saf 2018. doi:10.1136/bmjqs-2018-008338

SUPPLEMENTARY MATERIAL

Supplementary Box 1: Example of narrower and broader operational definitions of lowvalue care

Recommendations

Don't routinely recommend surgery for a narrowed carotid artery (> 50% stenosis) that has not caused symptoms.

— EVOLVE. Australian and New Zealand Association of Neurologists (2016)
 — Choosing Wisely Australia. Australian and New Zealand Association of Neurologists (2016)

Don't perform carotid endarterectomies or stenting in most asymptomatic high risk patients with limited life expectancy.

- Choosing Wisely Canada. Canadian Society for Vascular Surgery (2015)

Operational definitions

Narrower: Carotid endarterectomy with no excluding diagnosis in the episode and American Society of Anesthesiologists (ASA) code 4–5 or (age \geq 75 and ASA 3), or with any palliative care codes or flags present. Minimum age: 18. Sex: both. Exclude emergency admissions and admissions from the emergency department.

Broader: Carotid endarterectomy with no excluding diagnoses in the episode and ASA code 4–5 or age \geq 75, or with any palliative care codes or flags present. Minimum age: 18. Sex: both.

"Excluding diagnoses" cover transient cerebral ischaemic attacks, vertebro-basilar artery syndrome, cerebral infarction, hemiplegia, stroke not specified as haemorrhagic or infarction, sequelae of cerebrovascular disease, and retinal artery occlusions.

Rationale

Excluding diagnoses: The recommendations refer to asymptomatic patients, but symptoms (or lack of symptoms) are not recorded in the data. Only diagnoses coded from the medical record after the care has finished are recorded. The excluding diagnoses are intended to create a proxy for

"asymptomatic" and include conditions that, if present, likely indicate the patient had symptoms at admission. The list of diagnoses was derived from Schwartz et al (*JAMA Intern Med* 2014;**174**:1067–76) and then refined during the clinical review process. Patients with these diagnoses recorded are regarded as symptomatic, and the procedure is not counted as low value.

ASA code 4-5: The ASA code is an indicator of surgical (anaesthetic) risk, and was used as a proxy for "high-risk" patients. We used the two highest codes (4, severe systemic disease that is a constant threat to life; 5, moribund patient who is not expected to survive without surgery) as indicators of high-risk patients at any age.

Age \geq 75 and ASA 3: The Canadian recommendation refers to "limited life expectancy", and the notes to the Australian recommendation suggest an age limit of 75 years. Clinicians advised that a strict age limit is not appropriate as some older patients would benefit. Thus, for the narrower definition, we combined ASA 3 (severe systemic disease) with the age limit to allow for healthy older patients to receive the procedure. For the broader definition, we expanded the definition to count all carotid endarterectomies in patients over 75 as low value.

Palliative care: Patients with diagnoses of palliative care or waiting for palliative care are assumed to have "limited life expectancy".

Emergency admissions: Patients admitted as an emergency are less likely to be asymptomatic, so carotid endarterectomy in these patients was not counted as low value in the narrower definition.

Supplementary Box 2: Medical specialties involved in clinical review of the low-value

care measures

Aged care

Anaesthesia

- Emergency medicine
- General practice
- Gynaecological oncology
- Gynaecology

Haematology

Internal medicine

Nephrology

Occupational therapy

Orthoptics

- Paediatrics
- Physiotherapy
- Rehabilitation medicine
- Respiratory medicine

Sleep medicine

Procedure (recommendation	Narrower low-value care definition	Broader low-value care definition	Denominator
source)			
Abdominal hysterectomy for benign	Women having hysterectomy with abdominal	Women having hysterectomy with abdominal	Episodes involving hysterectomy
disease (vs laparoscopic or vaginal)	approach, and not associated with caesarean or	approach and not associated with caesarean or	(any technique) in women 18 and
(Committee on Gynecologic	cancer, or endometriosis or female pelvic peritoneal	cancer. Minimum age: 18. Sex: female.	older.
Practice, 2009 [1])	adhesions. Minimum age: 18. Sex: female.		
Arthroscopic lavage and debridement	Knee arthroscopy in patients with diagnosis of	Knee arthroscopy in patients with diagnosis of	Episodes involving knee
of knee for osteoarthritis or	gonarthrosis or meniscal derangements and no	gonarthrosis or meniscal derangements and no	arthroscopy (excluding
degenerative meniscal tears (CWA,	diagnosis of ligament strain or damage and no	diagnosis of ligament strain or damage and no	reconstructions and ligament
EVOLVE, CWUS, NICE)	diagnosis of septic (pyogenic) arthritis. Minimum	diagnosis of septic (pyogenic) arthritis. Minimum	repair) in people 18 and older.
	age: 55. Sex: both.	age: 18. Sex: both.	
Carotid endarterectomy for	Carotid endarterectomy with no stroke or focal	Carotid endarterectomy with no stroke or focal	Episodes involving carotid
asymptomatic high-risk patients with	neurological symptoms recorded in the episode,	neurological symptoms recorded in the episode,	endarterectomy in people age 18
limited life expectancy (CWA,	and American Society of Anesthesiologists (ASA)	and ASA code 4–5 or age \geq 75, or with any	and older.
EVOLVE, CWC, CWUS)	code 4–5 or (age \geq 75 and ASA 3), or with any	palliative care codes or flags present. Minimum	
	palliative care codes or flags present. Minimum	age: 18. Sex: both.	
	age: 18. Sex: both. Exclude emergency admissions		
	and admissions from the emergency department.		

Supplementary Table 1: Operational definitions of low-value care for each procedure

Procedure (recommendation	Narrower low-value care definition	Broader low-value care definition	Denominator
source)			
Colonoscopy for constipation in	Colonoscopy in a person < 50 with diagnosis of	Colonoscopy in a person < 50 with diagnosis of	Episodes involving colonoscopy
people < 50 years (CWC)	constipation, and no diagnoses of anaemia, weight	constipation and no diagnoses of anaemia, weight	in people aged 18 to 49.
	loss, family or personal history of cancer of	loss, family or personal history of cancer of	
	digestive system, or personal history of other	digestive system, or personal history of other	
	diseases of the digestive system in previous 12	diseases of the digestive system in the episode.	
	months. Minimum age: 18. Maximum age: 49. Sex:	Minimum age: 18. Maximum age: 49. Sex: both.	
	both.		
Electroconvulsive therapy in children	ECT with diagnosis of depression. Minimum age:	ECT with any diagnosis. Minimum age: 5.	Episodes involving ECT in
(NICE)	5. Maximum age: 11. Sex: both.	Maximum age: 11. Sex: both.	children aged 5 to 11.
Electrotherapy for pressure ulcers	Electrotherapy with diagnosis of pressure ulcer.	Electrotherapy with any diagnosis. Sex: both.	Episodes involving
(NICE)	Sex: both.		electrotherapy.
Endometrial biopsy for investigation	Endometrial biopsy with infertility diagnosis given	Endometrial biopsy with infertility diagnosis, and	Episodes involving endometrial
of female infertility (CWUS)	as primary diagnosis, and no cancer diagnosis	no cancer diagnosis codes. Minimum age: 18.	biopsy in women aged 18 and
	codes. Minimum age: 18. Sex: female.	Sex: female.	older.
Endoscopic retrograde	ERCP with diagnosis of calculus of bile duct or	ERCP with diagnosis of calculus of bile duct or	Episodes involving ERCP in
cholangiopancreatography (ERCP)	biliary acute pancreatitis, and cholangitis and	biliary acute pancreatitis, and cholangitis and	people aged 18 and older.
without cholangitis (Tenner et al,	obstruction are not recorded. Minimum age: 18.	obstruction not recorded. Minimum age: 18. Sex:	
2013;[2] Working Group IAP/APA	Sex: both. Exclude emergency admissions and	both.	
Acute Pancreatitis Guidelines,	admissions from the emergency department.		
2013;[3] Nesvaderani et al, 2015 [4])			

Procedure (recommendation	Narrower low-value care definition	Broader low-value care definition	Denominator
source)			
Endoscopy for dyspepsia for people	Endoscopy in person < 55 with diagnosis of	Endoscopy in person < 55 with diagnosis of	Episodes involving endoscopy in
< 55 years (CWC)	dyspepsia, and no diagnoses of dysphagia, iron	dyspepsia and no diagnoses of dysphagia, iron	people aged 18 to 54.
	deficiency anaemia, other nutritional anaemia,	deficiency anaemia, other nutritional anaemia,	
	abnormal weight loss, personal or family history of	abnormal weight loss, personal or family history	
	cancer of digestive system, or personal history of	of cancer of digestive system, or personal history	
	peptic ulcer disease in the previous 12 months.	of peptic ulcer disease in the episode. Minimum	
	Minimum age: 18. Maximum age: 54. Sex: both.	age: 18. Maximum age: 54. Sex: both.	
Endovascular repair of infrarenal	Endovascular repair of aneurysm, with diagnosis of	Endovascular repair of aneurysm, with diagnosis	Episodes involving endovascular
abdominal aortic aneurysm (CWC)	abdominal aortic aneurysm in the episode, and ASA	of abdominal aortic aneurysm in the episode, and	repair of aneurysm in people
	score 4–5 or (age \geq 75 and ASA 3), or with any	ASA score 4–5 or age \geq 75, or with any palliative	aged 18 and older with diagnosis
	palliative care codes or flags present. Minimum	care codes or flags present. Minimum age: 18.	of abdominal aortic aneurysm in
	age: 18. Sex: both. Exclude emergency admissions	Sex: both.	the episode.
	and admissions from the emergency department.		
Epidural steroid injection for low	Epidural steroid injection with diagnosis of low	Epidural steroid injection with diagnosis of low	Episodes involving epidural
back pain (CWA)	back pain with no mention of leg pain or	back pain with no mention of leg pain or	steroid injection in people aged
	radiculopathy in previous 12 months. Minimum	radiculopathy in the episode. Minimum age: 18.	18 and older.
	age: 18. Sex: both.	Sex: both.	

Procedure (recommendation	Narrower low-value care definition	Broader low-value care definition	Denominator
source)			
Hyperbaric oxygen for various conditions (NICE, MSAC [5-8])	Hyperbaric oxygen to treat foot ulcers or decubitus ulcers, and no diagnosis of diabetes, necrosis, inflammation of genital organs, air embolism, or effects of radiation in the episode. Sex: both.	Hyperbaric oxygen to treat foot ulcers, decubitus ulcers, carbon monoxide or carbon dioxide poisoning, Crohn's disease, cancer, open wounds, soft tissue injuries, or sudden deafness, and diagnosis of diabetes, necrosis, inflammation of genital organs, air embolism, or effects of radiation in the episode. Sex: both.	Episodes involving hyperbaric oxygen.
Laparoscopic uterine nerve ablation (LUNA) (NICE)	LUNA in woman with diagnosis of pelvic pain or other chronic or intractable pain. Minimum age: 18. Sex: female.	LUNA in woman. Minimum age: 18. Sex: female.	Episodes involving LUNA in women aged 18 and older.
Open bariatric surgery (vs laparoscopic) (CWUS)	 Bariatric procedure (including sleeve gastrectomy, gastric bypass, gastroplasty, gastric banding, biliopancreatic diversion, gastric reduction) and no previous bariatric procedure recorded within 12 months. No codes indicating revision or reversal procedure. No laparoscopic procedure codes in admission. Minimum age: 18. Sex: both. 	_	Episodes involving bariatric surgery (open or laparoscopic) in people aged 18 or older.
Pelvic lymphadenectomy for the management of endometrial cancer (Frost et al 2015 [9])	Women with diagnosis of early endometrial cancer (morphology suffix /0 to /2) who receive pelvic lymphadenectomy. No other cancer diagnoses in the episode. Minimum age: 18. Sex: female.	Women with diagnosis of endometrial cancer who receive pelvic lymphadenectomy. Minimum age: 18. Sex: female.	Episodes involving pelvic lymphadenectomy in women aged 18 and older.

Procedure (recommendation	Narrower low-value care definition	Broader low-value care definition	Denominator
source)			
Percutaneous coronary intervention (PCI) with balloon angioplasty or stent placement for stable coronary disease (CWUS)	PCI with diagnosis of coronary disease except angina in any episode between 6 and 18 months and not less than 6 months before PCI. Minimum age: 18. Sex: both. Exclude emergency admissions and admissions from the emergency department.	PCI with diagnosis of coronary disease excluding unstable angina in any episode between 6 and 18 months and not less than 6 months before PCI. Minimum age: 18. Sex: both.	Episodes involving PCI in people aged 18 and older.
Postoperative radiotherapy after radical prostatectomy (NICE)	Men with diagnosis code for prostate cancer who have had radical prostatectomy. Radiotherapy procedure in same or later episode (within 6 weeks), or later episode (within 6 weeks) with radiotherapy as principal diagnosis. Minimum age: 18. Sex: male.	Men who have had radical prostatectomy (with or without prostate cancer coded). Radiotherapy procedure in same or later episode (within 6 weeks), or later episode (within 6 weeks) with radiotherapy as principal diagnosis. Minimum age: 18. Sex: male.	Episodes involving radiotherapy in men aged 18 and older.
Removal of gallbladder during bariatric surgery (CWUS)	Bariatric procedure with cholecystectomy in admission. No gallbladder disease in previous 12 months. Minimum age: 18. Sex: both.	_	Episodes involving bariatric surgery in people aged 18 and older.

Procedure (recommendation	Narrower low-value care definition	Broader low-value care definition	Denominator
source)			
Renal artery angioplasty or stenting	Angioplasty/stenting with diagnosis of renovascular	_	Episodes involving angioplasty
(Health Policy Advisory Committee	hypertension, atherosclerosis of renal artery, or		or stenting (not specified as
on Technology, 2016 [10])	hypertensive kidney disease or hypertensive heart		coronary or cerebral) in people
	and kidney disease in the episode, and no diagnosis		aged 18 and older with diagnosis
	of fibromuscular dysplasia or pulmonary oedema.		of renovascular hypertension,
	Minimum age: 18. Sex: both.		atherosclerosis of renal artery,
			hypertensive kidney disease or
			hypertensive heart and kidney
			disease.
Retinal laser or cryotherapy for	Retinal laser or cryotherapy procedure and lattice	Retinal laser or cryotherapy procedure and lattice	Episodes involving retinal laser
lattice degeneration (CWA)	degeneration diagnosis, with no procedure code	degeneration diagnosis, with no procedure code	or cryotherapy in people aged 18
	indicating repair of retinal detachment, or history of	indicating repair of retinal detachment, or history	and older.
	diagnosis of retinal detachment in previous 12	of diagnosis of retinal detachment in the episode.	
	months. Minimum age: 18. Sex: both.	Minimum age: 18. Sex: both.	
Sentinel lymph node biopsy for	Sentinel lymph node biopsy for melanoma in situ	Sentinel lymph node biopsy for melanoma in situ	Episodes involving sentinel
melanoma in situ or T1a melanoma	(morphology code M872–M879 /0–2). No other	or melanoma (morphology code M872–M879 /0–	lymph node biopsy in people
(EVOLVE, CWUS)	cancer code in the episode. Minimum age: 18. Sex:	3). No other cancer code in the episode. Minimum	aged 18 and older.
	both.	age: 18. Sex: both.	
Spinal fusion for low back pain	Spinal fusion with diagnosis of low back pain with	Spinal fusion with diagnosis of low back pain or	Episodes involving spinal fusior
(CWA, EVOLVE, CWC)	no mention of sciatica, spondylolisthesis, spinal	spinal stenosis with no mention of sciatica,	in people aged 18 and older.
	abnormality, or pain in legs in previous 12 months.	spondylolisthesis, spinal abnormality, or pain in	
	Minimum age: 18. Sex: both.	legs in episode. Minimum age: 18. Sex: both.	

Procedure (recommendation	Narrower low-value care definition	Broader low-value care definition	Denominator
source)			
Surgery for vesicoureteric reflux (NICE)	Repair surgery on ureter, with diagnosis of vesicoureteral-reflux-associated uropathy. Maximum age: 11. Sex: both.	_	Episodes involving repair or reimplantation of ureter in people aged 0 to 11.
Unblocking nasolacrimal duct in	Probing of nasolacrimal duct in infant with	Probing of nasolacrimal duct in infant. Maximum	Episodes involving probing of
infants (CWUK)	diagnosis of inflammation, stenosis, insufficiency, or stricture of lacrimal passages, or other congenital malformation of lacrimal apparatus. Maximum age: 12 months. Sex: both.	age: 12 months. Sex: both.	nasolacrimal duct in infants aged < 12 months.
Vena cava filters for pulmonary	Inferior vena cava filter insertion with no history of	Any insertion of inferior vena cava filter, with no	Episodes involving insertion of
embolism prevention (CWUS)	or current pulmonary embolism diagnosis or deep vein thrombosis in previous 12 months, no current acute venous thromboembolism, and no diagnosis of adverse effects of anticoagulant or antithrombotic drugs in the episode. Minimum age: 18. Sex: both.	diagnosis of adverse effects of anticoagulant or antithrombotic drugs in the episode. Minimum age: 18. Sex: both.	inferior cava filters in people aged 18 and older.
Vertebral biopsy for vertebral fracture (Griffith and Guglielmi, 2010;[11] Griffith, 2015 [12])	Needle biopsy of vertebra with diagnosis of vertebral fracture or collapsed vertebra. Minimum age: 18. Sex: both.	Any needle biopsy of vertebra. Minimum age: 18. Sex: both.	Episodes involving needle biopsy of vertebra in people aged 18 and older.

Procedure (recommendation	Narrower low-value care definition	Broader low-value care definition	Denominator
source)			
Vertebroplasty for osteoporotic	Procedure of vertebroplasty with a diagnosis of	Procedure of vertebroplasty. Minimum age: 18.	Episodes involving
vertebral fracture (American	osteoporotic vertebral fracture in the episode, and	Sex: both.	vertebroplasty in people aged 18
Academy of Orthopaedic Surgeons,	no evidence of bone cancer, myeloma or		and older.
2010 [13])	hemangioma in the previous 12 months. Minimum		
	age: 18. Sex: both.		

Recommendation sources: CWA, Choosing Wisely Australia; CWC, Choosing Wisely Canada; CWUK, Choosing Wisely United Kingdom; CWUS, Choosing Wisely United States; EVOLVE, Royal Australasian College of Physicians EVOLVE initiative; MSAC, Medicare Services Advisory Committee. Further details of the indicators (including specific procedure and diagnosis codes used) are available from the authors on reasonable request.

References

1 American College of Obstetricians and Gynecologists Committee on Gynecologic Practice. Choosing the route of hysterectomy for benign disease. *Obstet Gynecol* 2009;**114**:1156–8.

2 Tenner S, Baillie J, Dewitt J, *et al.* American College of Gastroenterology Guideline: Management of acute pancreatitis. *Am J Gastroenterol* 2013;**108**:1400–15. doi:10.1038/ajg.2013.218

3 Working Group IAP/APA Acute Pancreatitis Guidelines. IAP/APA evidence-based guidelines for the management of acute pancreatitis. *Pancreatology* 2013;**13**:e1-15. doi:10.1016/j.pan.2013.07.063

- 4 Nesvaderani M, Eslick GD, Cox MR. Acute pancreatitis: Update on management. *Med J Aust* 2015;**202**:420–3. doi:10.5694/mja14.01333
- 5 Medical Services Advisory Committee. *Hyperbaric Oxygen Therapy*. Canberra: MSAC 2000.

6 Medical Services Advisory Committee. 1054 — Hyperbaric Oxygen Therapy for the Treatment of Non-Healing, Refractory Wounds in Non-Diabetic Patients and Refractory Soft Tissue Radiation Injuries. Canberra: MSAC 2003. 7 Medical Services Advisory Committee. *Reconsideration of Application 2054.1: Hyperbaric Oxygen Treatment (HBOT) for Non-Diabetic Chronic Wounds*. Canberra: MSAC 2012.

8 Duckett SJ, Breadon P, Romanes D, *et al.* Questionable care: Avoiding ineffective treatment. Melbourne: 2015. http://grattan.edu.au/report/questionable-care-avoiding-ineffective-treatment (accessed 29 Mar 2017).

9 Frost JA, Webster KE, Bryant A, *et al.* Lymphadenectomy for the management of endometrial cancer (Review). *Cochrane Database Syst Rev* 2015;CD007585. doi:10.1002/14651858.CD007585.pub3.www.cochranelibrary.com

10 Health Policy Advisory Committee on Technology. Stenting versus medical therapy for atherosclerotic renal artery stenosis. Brisbane: 2016.

11 Griffith JF, Guglielmi G. Vertebral fracture. *Radiol Clin North Am* 2010;**48**:519–29. doi:10.1016/j.rcl.2010.02.012

12 Griffith JF. Identifying osteoporotic vertebral fracture. Quant Imaging Med Surg 2015;5:592–602. doi:10.3978/j.issn.2223-4292.2015.08.01

13 American Academy of Orthopaedic Surgeons. *The treatment of symptomatic osteoporotic spinal compression fractures. Guideline and evidence report.* Rosemont IL: AAOS 2010.