

Avoiding Avoidable Care: What are the Knowledge Gaps?

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PROFESSOR OF MEDICINE

Avoiding Avoidable Care Conference

Cambridge, April 25, 2012



Dartmouth



Watchful Waiting vs Immediate Transurethral Resection for Symptomatic Prostatism

The Importance of Patients' Preferences

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The rate of resection for benign prostatic hypertrophy shows considerable variability among small geographic areas. To help inform the decision to recommend prostatectomy to men with prostatism without signs of chronic retention, we performed a decision analysis to compare the expected outcomes with immediate transurethral resection and watchful waiting. Data used in the model originated from the medical literature, Medicare claims data, and patient interview studies. In our base-case analysis for 70-year-old men, immediate surgery resulted in the loss of 1.01 months of life expectancy, but when adjustments were made for quality of life, immediate surgery was favored with a net utility benefit of 2.94 quality-adjusted life-months. However, the analysis was particularly sensitive to the degree of disability attributed to the index symptoms of prostatism. We conclude that patient preferences should be the dominant factor in the decision whether to recommend prostatectomy.

JAMA 1988;259:3010-3017

See also pp 3018 and 3027.

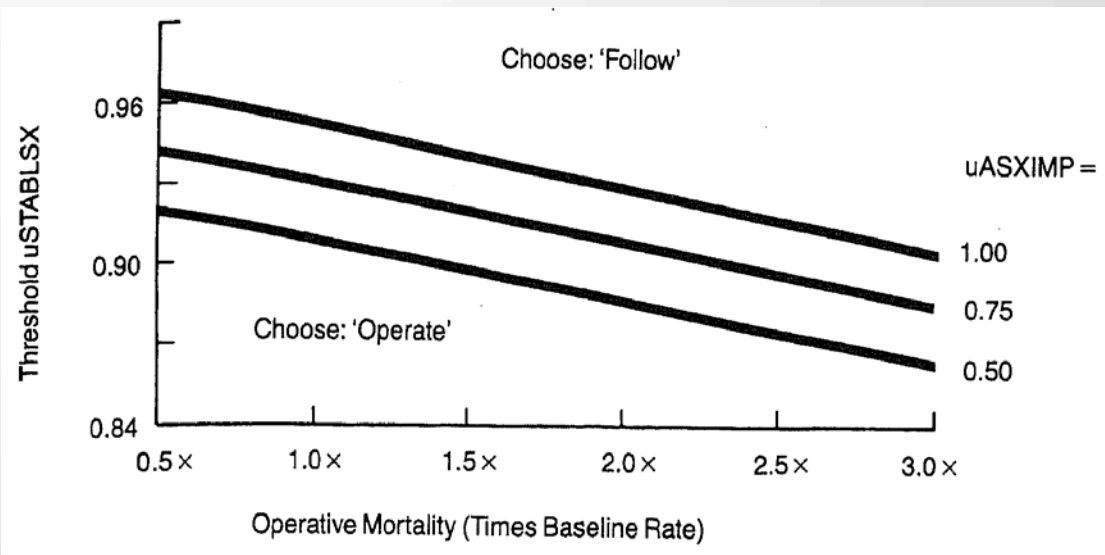
WIDESPREAD variations in rates of surgical procedures among geographical areas have been interpreted as evidence for professional uncertainty concerning indications for these procedures.¹ Prostatectomy is one of the more common procedures for which such variation has been documented.²⁻⁴

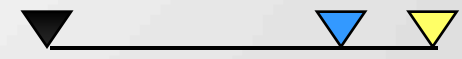
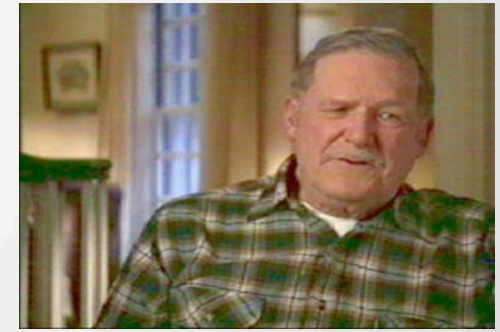
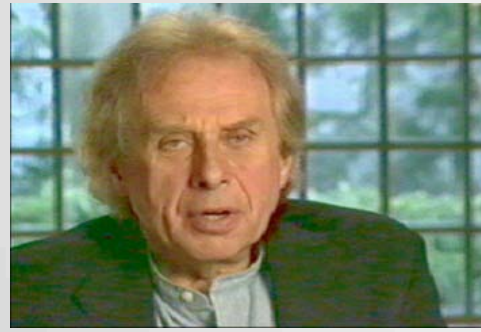
Prostatectomy is performed both to

prevent future morbidity and mortality and to reduce symptoms. Review of the literature and discussion with practicing urologists participating in the Maine Medical Assessment Program indicate little professional disagreement on the need to operate on patients with chronic urinary retention and large residual volumes or evidence of hydronephrosis or hydrocephalus, which poses a threat of uremia or renal failure. There is, however, considerable disagreement with the theory that prostatectomy extends life expectancy among patients without chronic retention by averting potentially fatal complications of prostate disease or by avoiding the need for surgery when the patient is older and at

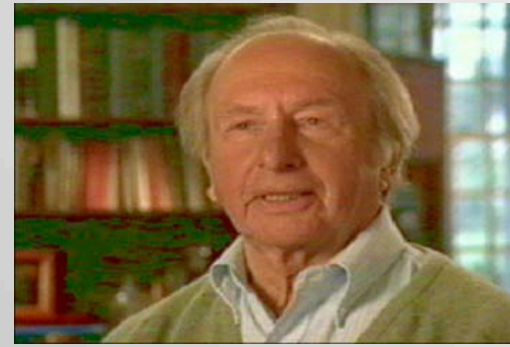
higher operative risk. This controversy has important implications for understanding and dealing with geographic variations in medical practice. If the only function of prostatectomy were to prevent outcomes such as uremia, renal failure, or death, which everyone agrees are necessary to avoid, a single "right" threshold for recommending prostatectomy might be based on clinical or urodynamic predictors of these complications. However, when the primary purpose of prostatectomy is to relieve symptoms and improve the quality of life, the decision to operate should depend heavily on the particular patient's relative preferences for different outcomes, including various levels of urologic symptoms and potential operative and nonoperative complications. Indications for prostatectomy cannot, therefore, be simply defined as appropriate or not; a "right" rate for prostatectomy in a community cannot be established without examining the individual decisions that contribute to the rate. We developed a decision-analysis model to understand more fully the preventive and quality-of-life indications for prostatectomy and to define the most important probabilities and util-

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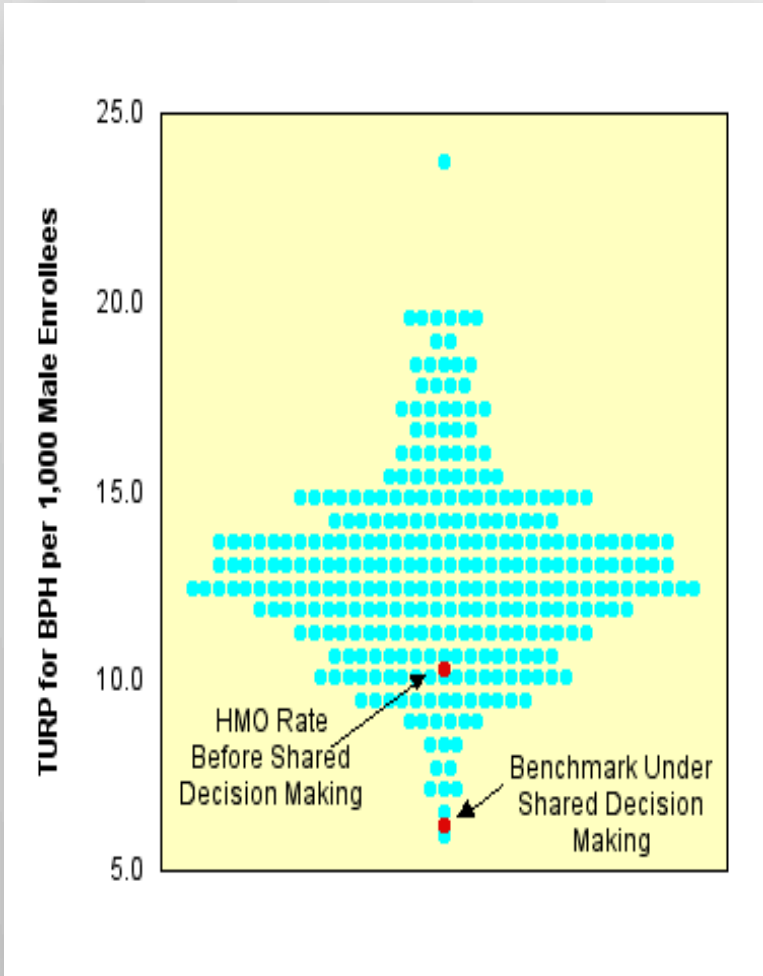




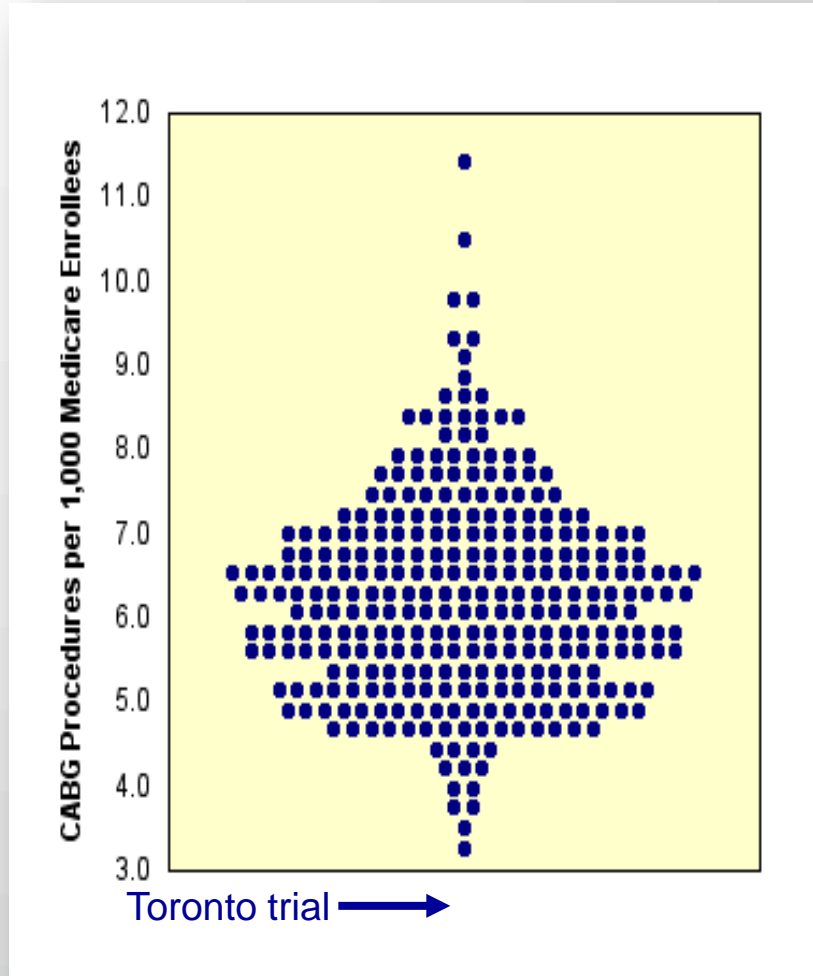
How bothersome is urinary dysfunction?



How bothersome will sexual dysfunction be?

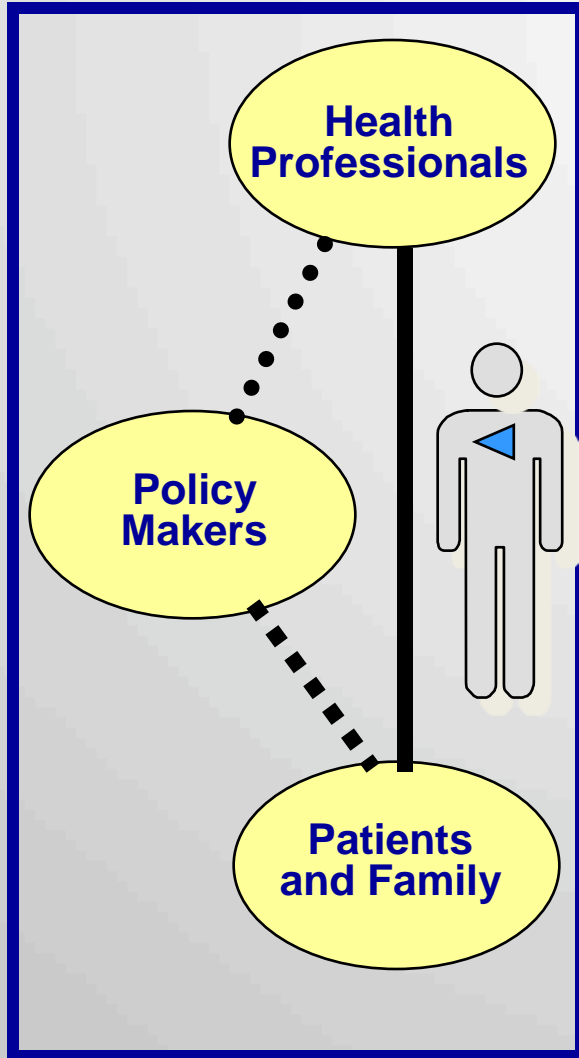


Prostatectomy rates decreased 40% to a rate lower than all but one of 306

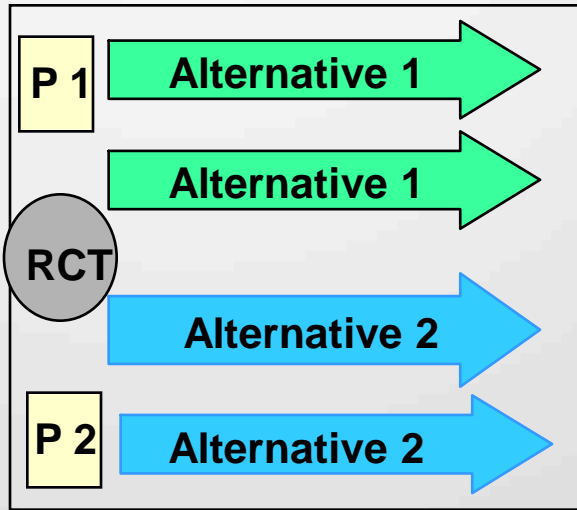


CABG rates decreased 26% to a rate lower than all 306 regions

A Systems Approach to Closing the Gaps



Knowledge-Based



Patient-Centered

