

# EHMA 2024

Shaping and managing  
innovative health ecosystems

# Care that should not be done

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**Adherence to national guidelines recommendations**

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#EHMA2024

# Why national guidelines?

- Unjustified differences in practice
- Great potential for improvement
- Support for governance and management
- Concerns huge costs for society



**Types of recommendations**

- Priority 1-10
- Research & Development
- “Avoid” = “do not do”

# Why “do not do” in national guidelines?

- Examinations and treatments without clinical effect
- ...whose risks outweigh the benefits or for which there is insufficient evidence supporting their use
- Some of the measures in question does not need to be replaced, but in many cases there are other measures that are important to offer instead

# Framework

- This study includes 11 national guideline areas containing measures that should not be done.
- The guidelines in this report cover large patient groups, many of whom suffer of chronic diseases.

## Challenges

There are very limited data available for care that should not be carried out, and most registries follow only the care that should be carried out.

### Data sources

- National Board of Health and Welfare's registries
- National quality registries
- Data from surveys (regional administrations, national programme groups, and organisations).

- ADHD and autism
- Asthma and COPD
- Dementia
- Depression and anxiety disorders
- Diabetes
- Substance abuse and dependence
- MS and Parkinson's disease
- End-of-life palliative care
- Diseases of the musculoskeletal system and connective tissue (osteoarthritis, rheumatoid arthritis and osteoporosis),
- Stroke
- Dental care

# Main results

Several procedures are still in use in several guideline areas.

Difficulty to phase out these measures even though the recommendation has been in place for many years.



The benefit for the patient is considered to exceed the risks of the measure



Problematic to discontinue existing long-term treatments



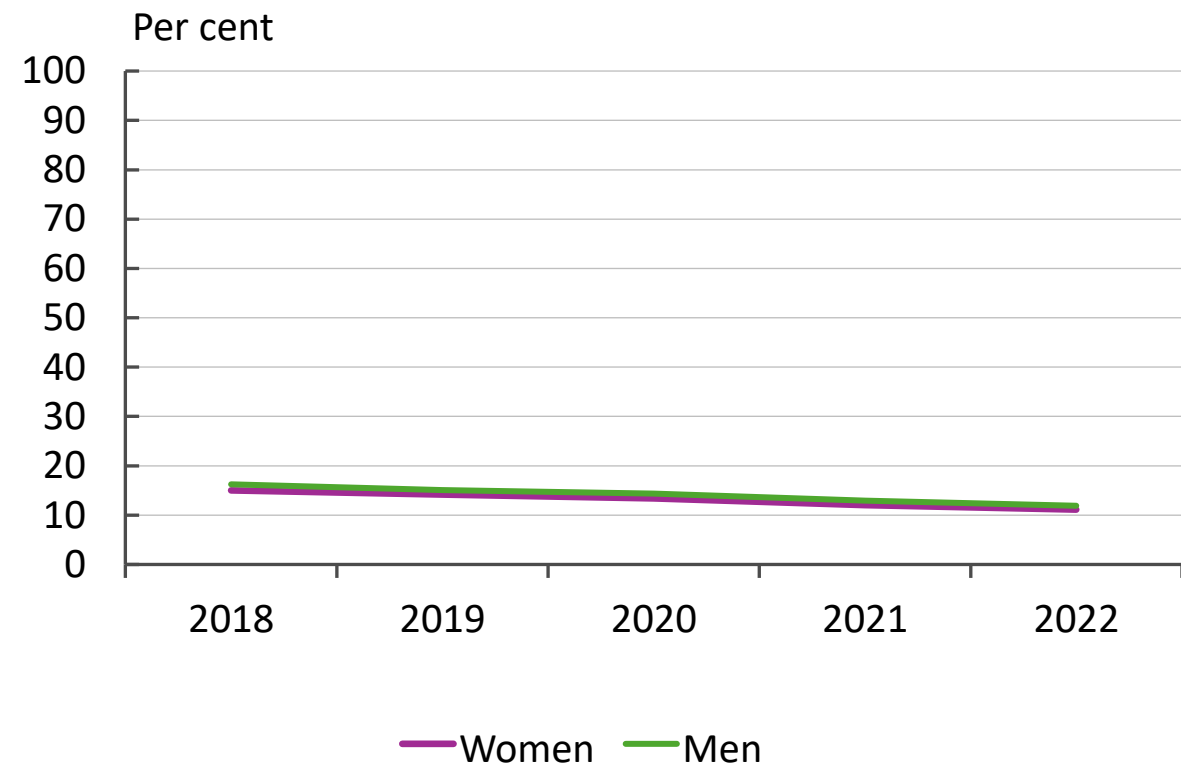
The patient's own wishes



# Diabetes care

## Treatment with aspirin for primary prevention of cardiovascular disease

- People with diabetes have a higher risk than non-diabetic people of developing cardiovascular disease.
- A key factor in the recommendation for primary prevention is that there is scientific evidence that the measure has no effect on cardiovascular disease and death.



# Care for depression and anxiety disorders

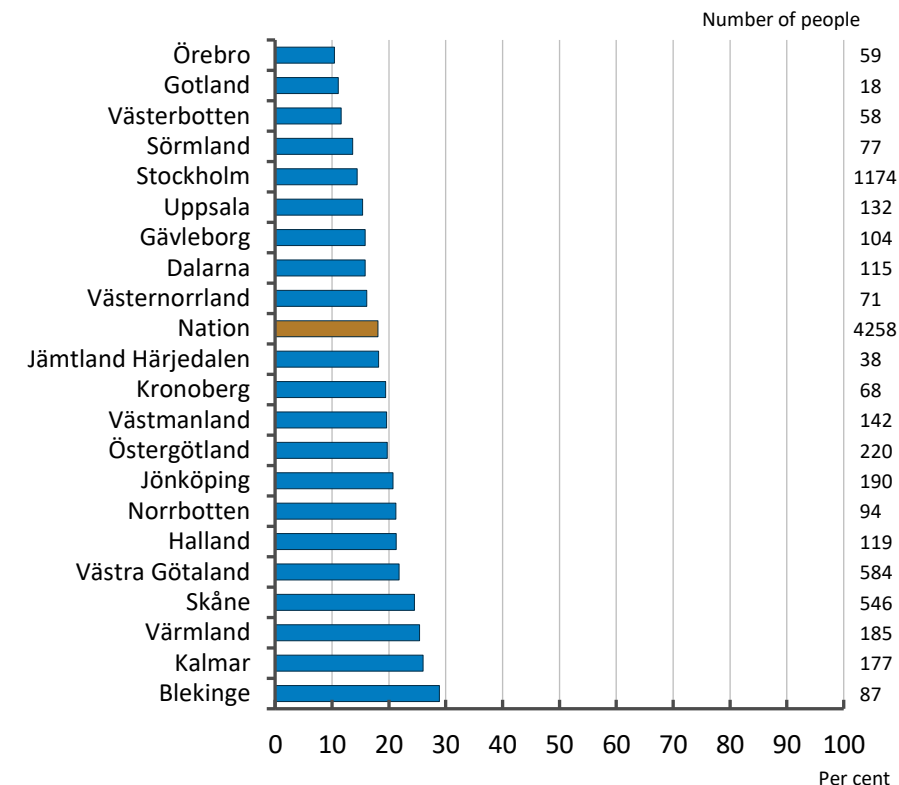
## Pharmacotherapy with benzodiazepines

Temporary treatment with benzodiazepines often has a good effect on the symptoms of anxiety disorders, but there is also a risk of significant side effects.

- the number of people still being prescribed benzodiazepines for long term use is high given the “do not do” priority. However, prescribing has decreased since the introduction of the guidelines, which is a positive development.

**Figure 2. Pharmacotherapy with benzodiazepines for anxiety disorders**

Proportion of people with anxiety disorders who received pharmacotherapy with benzodiazepines (prescription filled at least twice), 2021. Relates to people aged 18 and older.



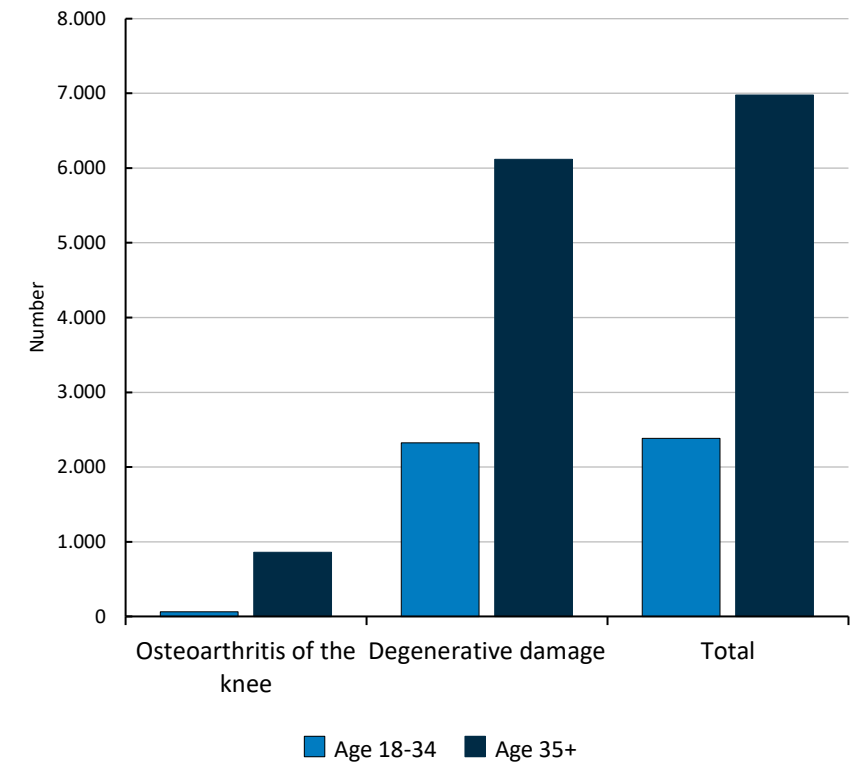
Source: National Patient Register and National Prescribed Drug Register, National Board of Health and Welfare.

# Arthroscopic surgery

- According to the guidelines, healthcare providers should not perform arthroscopic surgery for osteoarthritis or suspected degenerative meniscus damage and knee pain
- The procedures does not have a better effect on pain, function and health-related quality of life compared to placebo.
- The procedure is expensive and carries some risk of complications

## Arthroscopic surgery for osteoarthritis or degenerative damage in the knee

Total number of arthroscopic procedures for osteoarthritis or suspected degenerative meniscus damage in the knee, with or without osteoarthritis, 2022, by



Source: National Patient Register, National Board of Health and Welfare.

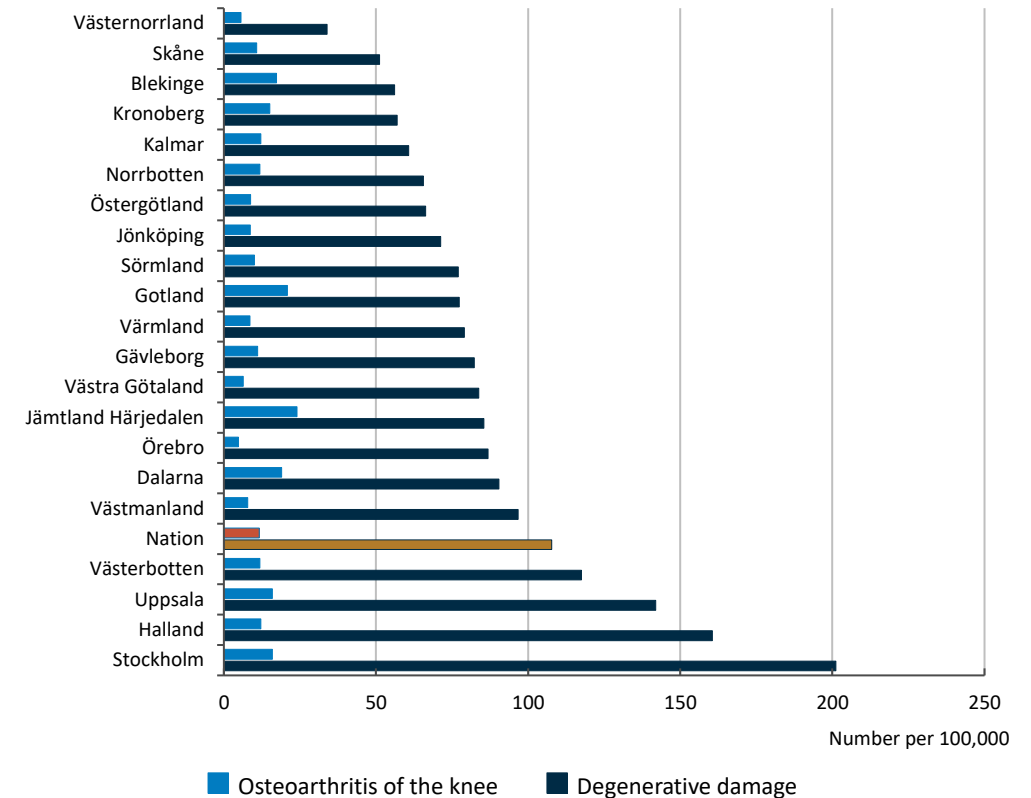


# Arthroscopic surgery

- Arthroscopic procedures for osteoarthritis have decreased by 76 per cent from 2012 to 2023.
- The regional variation in the number of arthroscopies per 100,000 inhabitants is very large, suggesting that there are unjustified differences.

## Arthroscopic surgery for osteoarthritis of the knee or degenerative damage in the knee.

Number of knee arthroscopies for osteoarthritis and number of arthroscopies in the knee joint for suspected degenerative meniscus damage without osteoarthritis per 100,000 inhabitants,



Source: National Patient Register, National Board of Health and Welfare.

# Further planning

- The evaluation provides a basis for continued planning, both nationally and locally for the regions.
- Procedures that, for various reasons, are still being in use consume resources and can lead to displacement effects that need to be managed within the healthcare and dental care sectors.
- It takes active work and follow-up to phase out these procedures. In some cases, more than communication and education is needed, such as adapting compensation systems and assignment descriptions.
- Financial incentives are also important in the phase-out, although financial savings should not drive priorities according to the national prioritization

# Summary

- Good and equal care
- Care that should not be done affects the limited resources of the healthcare system
- Implementation is important





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