



NEWS RELEASE

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Two Leading Health Care Quality Organizations Recommend Strategies to Minimize Overuse of Five Treatments

*Appropriate Use Will Improve Quality and Safety of Patient Care; Extend Finite Health Care
Resources*

(OAKBROOK TERRACE, Ill. – JULY 10, 2013) – America’s top health care experts are recommending a series of specific strategies to reduce five medical interventions or treatments that are commonly used but not always necessary.

In a paper released today by The Joint Commission and the American Medical Association-Convened Physician Consortium for Performance Improvement® (PCPI®), advisory panel work groups offer approaches to address the overuse of antibiotics for viral upper respiratory infections (URIs), over-transfusion of red blood cells (called appropriate blood management for purposes of the summit), tympanostomy tubes for middle ear effusion of brief duration, early-term non-medically indicated elective delivery, and elective percutaneous coronary intervention (PCI). Overuse has been described as the provision of medical interventions or treatments that provide zero or negligible benefit to patients, potentially exposing them to the risk of harm. Sometimes overlooked or neglected as a leading contributor to problems with quality and patient safety, overuse of these medical treatments and interventions affects millions of patients. Overuse also drives up health care costs, with an estimated \$1 billion spent annually on unnecessary antibiotics for adults with viral upper respiratory infections alone.

The paper “Proceedings from the National Summit on Overuse,” provides detailed recommendations on curbing overuse of the five identified medical interventions or treatments, as well as an overview of the 2012 National Summit on Overuse that brought together representatives from 112 professional organizations and associations. The five advisory panel work groups that tackled the five areas of overuse are suggesting common strategies to inspire physician leadership, support a culture of safety and mindfulness, promote further patient education, remove incentives that encourage overuse, encourage further study and spur other professional organizations to collaboratively address overuse.

The advisory panel work groups are also recommending steps specific to each of the five areas targeted for reduction. Among the recommendations are:

- Antibiotic use for viral upper respiratory infections – develop clinical definitions for viral and bacterial upper respiratory infections, align current national guidelines that are contradictory, partner with the U.S. Centers for Disease Control and Prevention (CDC), and initiate a national education campaign on overuse of antibiotics for viral upper respiratory infections.
- Appropriate blood management – develop a tool kit of clinical education materials for doctors, expand education on transfusion avoidance and appropriate alternatives to transfusion, and develop a separate informed consent process for transfusion that communicates the risks and benefits.
- Tympanostomy tubes for middle ear effusion of brief duration – develop performance measures for appropriate use of tympanostomy tubes, determine the frequency with which tympanostomy tubes are performed for inappropriate indications in otherwise healthy children, and focus national research on issues related to tympanostomy tubes, including the role of shared decision making with parents and other caregivers.
- Early-term non-medically indicated elective delivery – standardize how gestational age is calculated, make the early elective deliveries indications and exclusion list as comprehensive as possible to improve clinical practice, and, educate patients and doctors about the risks of non-medically indicated early elective deliveries.
- Elective percutaneous coronary intervention – encourage standardized reporting in the catheterization and interventional procedures report, encourage standardized analysis/interpretation of non-invasive testing for ischemia, focus on informed consent and promote patient knowledge/understanding of the benefits/risks of PCI, and provide public and professional education.

“Overuse is a serious problem that involves many complex decisions between doctors and patients,” said Mark R. Chassin, M.D., FACP, M.P.P., M.P.H., president and CEO, The Joint Commission. “The recommendations from the summit will raise awareness that will help both doctors and patients make better decisions going forward, and ultimately improve quality and patient safety.”

“The AMA is committed to improving health outcomes; this important work will help health care professionals ensure that the right patient gets the right treatment at the right time,” said AMA President Ardis D. Hoven, M.D. “As part of our strategic focus on improving health outcomes, one of our goals is to contribute to the appropriate use of finite health care resources and this will help us achieve that goal.”

“Proceedings from the National Summit on Overuse” is available at http://www.jointcommission.org/overuse_summit.

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About The Joint Commission

Founded in 1951, The Joint Commission seeks to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. The Joint Commission evaluates and accredits more than 20,000 health care organizations and programs in the United States, including more than 10,600 hospitals and home care organizations, and more than 6,600 other health care organizations that provide long term care, behavioral health care, laboratory and ambulatory care services. The Joint Commission also certifies more than 2,400 disease-specific care programs such as stroke, heart failure, joint replacement and stroke rehabilitation, and 400 health care staffing services. An independent, not-for-profit organization, The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care. Learn more about The Joint Commission at www.jointcommission.org.

About the American Medical Association (AMA)

The American Medical Association helps doctors help patients by uniting physicians nationwide to work on the most important professional, public health and health policy issues. The nation's largest physician organization plays a leading role in shaping the future of medicine. For more information on the AMA, please visit www.ama-assn.org. The AMA-convened Physician Consortium for Performance Improvement (PCPI) convenes over 190 organizations and is dedicated to aligning patient-centered care, performance measurement and quality improvement. For more information on the AMA-convened PCPI, please visit www.physicianconsortium.org.