THE CHOOSING WISELY® CAMPAIGN

Advancing Choosing Wisely Conversations
ABMS Conference
September 25, 2017

Daniel Wolfson, MHSA
Executive Vice President and COO
ABIM Foundation
Disclosure

- Salaried employee of the ABIM Foundation
“I would propose that each specialty society commit itself immediately to appointing a blue-ribbon study panel to report, as soon as possible, that specialty's ‘Top Five’ list.”

Howard Brody, MD
Medicine's Ethical Responsibility for Health Care Reform — The Top Five List
The New England Journal of Medicine, 2009
Fast Forward to 2017

• 75 specialty society partners
• 490 recommendations
• 29 current and former grantees
• 40+ Choosing Wisely Champions
• 70+ Consumer Reports partners and distributors
• 120 patient-friendly brochures
• 19 countries
Choosing Wisely is an initiative of the ABIM Foundation and Consumer Reports to help physicians and patients engage in conversations about the overuse of tests and procedures and support physician efforts to help patients make smart and effective care choices.
A Commitment to

- Professional competence
- Honesty with patients
- Patient confidentiality
- Maintaining appropriate relations with patients
- Improving quality of care
- Improving access to care
- A just distribution of finite resources
- Scientific knowledge
- Maintaining trust by managing conflicts of interest
- Professional responsibilities

Fundamental Principles

- Primacy of patient welfare
- Patient autonomy
- Social justice
Lessons Learned

• Power of messaging and framing
• Simple rules
• Engagement and partnership
• Bottom up with support
• Need for system and performance improvement approaches
Power of Messaging and Framing

- Focus on quality, safety and doing no harm
- Evidence based
- Within control of specialty
- Physician and patient lead
- Transparent process
Choosing Wisely

American College of Emergency Physicians

Five Things Physicians and Patients Should Question

Avoid computed tomography (CT) scans of the head in emergency department patients with minor head injury who are at low risk based on validated decision rules.

Minor head injury is a common reason for visiting an emergency department. The majority of minor head injuries do not lead to injuries such as skull fractures or bleeding in the brain that need to be diagnosed by a CT scan. CT scans expose patients to ionizing radiation, increasing patients lifetime risk of cancer. They should only be performed on patients at risk for significant injuries. Physicians can safely identify patients with minor head injury by using either the Revised Trauma Score (RTS) or the Glasgow Coma Scale (GCS). These approaches have been proven safe and effective at reducing the use of CT scans in large clinical trials. In certain clinical situations in the emergency department, it is recommended to perform some patients with minor head injury prior to deciding whether to perform a CT scan.

Avoid placing indwelling urinary catheters in the emergency department for either urine output monitoring in stable patients who can void, or for patient or staff convenience.

Indwelling urinary catheters are placed in patients in the emergency department to monitor urine output in patients who cannot urinate. However, they are unnecessary and harmful in many situations. Non-invasive monitoring devices are now available that can accurately measure urine output. Also, catheter-associated urinary tract infections (CAUTIs) are the most common healthcare-associated infections in U.S. hospitals, and can be prevented by reducing the use of indwelling urinary catheters. Emergency physicians and nurses should discuss the need for a urinary catheter with a patient and their caregivers, as sometimes such catheters can be avoided. Indwelling urinary catheters may increase the risk of bloodstream infections, urine infections, and catheter-related urinary tract infections. Regular bladder irrigation with saline may be indicated in certain situations where a urinary catheter is placed, but this should be avoided in patients with an indwelling urinary catheter who do not require it.

Don’t delay engaging available palliative and hospice care services in the emergency department for patients likely to benefit.

Palliative care is a medical specialty that provides comfort and relief of symptoms for patients who have chronic and/or incurable diseases. Hospice care is palliative care for those patients in the last few months of life. Emergency physicians should introduce patients to the palliative care team in the emergency department with chronic or terminal illnesses, and their families, in conversations about palliative care, and hospice care. Early referral from the emergency department to hospice and palliative care services can benefit patients and families by improving the quality and quantity of life.

Avoid antibiotics and wound cultures in emergency department patients with uncomplicated skin and soft tissue abscesses after successful incision and drainage and with adequate medical follow-up.

Skin and soft tissue infections are a frequent reason for visiting an emergency department. Some infections, such as abscesses, should be aspirated and sent for culture under the skin. Opening and draining an abscess is the appropriate treatment; antibiotics offer no benefit. Skin cultures in abscesses caused by Methicillin-resistant Staphylococcus aureus (MRSA), appropriately selected antibiotics offer no benefit. If the abscess has been adequately drained and the patient has a well-functioning Immune system, antibiotics are not necessary. Additionally, culture of the drainage is not needed as a result will not change treatment.

Avoid instituting intravenous (IV) fluids before doing a trial of oral rehydration therapy in uncomplicated emergency department cases of mild to moderate dehydration in children.

Many children who come to the emergency department with dehydration require fluid replacement. To avoid the pain and potential complications of an IV catheter, it is preferable to give these fluids by mouth. Oral rehydration solutions are safe and effective in treating mild to moderate dehydration. Oral rehydration solutions can be easily prepared at home using water and salt. This strategy can eliminate the need for an IV. It is best to give these medications early during the ED visit, rather than later, in order to allow time for them to work optimally.

Avoid unnecessary treatments in the ER

A discussion with the doctor can help you make the best decision.

It can be hard to say “No” in the emergency department. But talking with your emergency room (ER) doctor may help you avoid costly testing. That’s why the American College of Emergency Physicians lists three common procedures you should know about:

- CT scans of the head for minor injury
- Urinary catheters
- Antibiotics and cultures for abscesses

CT scans of the head for minor injury.

A CT scan uses X-rays to create a picture of the brain. If your head injury is not serious, a CT scan does not give useful information to the doctor. A medical history and physical exam help the doctor determine if your injury is minor. This can help you avoid a CT scan.

CT scans have risks and cost a lot.

CT scans use radiation, which can increase the risk of cancer. Children, especially infants, have greater risks because their brains are still developing. Services in the ER cost a lot, because of fees for doctors, services, and facilities. A CT scan can add over $2,000 to your costs.

You may need a CT scan if you have dangerous symptoms, such as:

- An injury your doctor can see or feel
- Becoming unconscious
- Changes in mental state or alertness
- Ongoing vomiting or a bad headache

If you take a blood thinner, such as warfarin (Coumadin), you are more likely to bleed. So you may need a CT scan, even for a minor injury.
“An implication of Complexity Theory is called Minimum Specifications or ‘Simple Rules.’ An alternative to central planning and control, this approach engages the participants in a system in determining for themselves what actions to take, so long as they work within a set of basic standards.”
Engagement and Partnership

Payers

Delivery System

Patient and Clinician Conversations

Consumer Groups/Employers

Government
Top tip for a healthy 2017? Remembering to ask the 5 questions when you see your doctor! #choosingwisely bddy.me/2rAtpTG

1. Do I really need this test or procedure?
2. What are the risks and side effects?
3. Are there simpler, safer options?
4. What happens if I don’t do anything?
5. How much does it cost, and will my insurance pay for it?

© 2016 Consumer Reports
“Three-fourths (75.1%) of primary care physicians reported they agreed or somewhat agreed that Choosing Wisely empowered them to reduce use of unnecessary tests and procedures compared with 64.4% of medical specialists and 54% of surgical specialists.”
As a result of the Choosing Wisely campaign:

- Most respondents (64.5%) felt more comfortable discussing low-value services with patients;
- 54.5% reported reducing utilization; and
- 52.5% were aware of local efforts to promote the campaign.
- A majority (62.9%) of respondents were able to identify at least 4 out of 5 recommendations.
“The number of articles on overuse nearly doubled from 2014 to 2015, indicating that awareness of overuse is increasing...”

Inspiring Research

More than 400 articles about the campaign and society recommendations have been published in medical journals around the world, helping educate clinicians about what care is best for their patients.
Informing Conversations

Nearly 1.5 million clinicians, patients and caregivers visit www.choosingwisely.org annually to find information about what tests and treatments are right for them.
A Growing Global Movement

Australia, Austria, Brazil, Canada, Denmark, England, France, Germany, India, Israel, Italy, Japan, Netherlands, New Zealand, South Korea, Switzerland, United States, Wales
Step 2: Select the Choosing Wisely Topic

All topics are related to outpatient and emergent care. Choose what topic you want to base your project upon on the topics page. You won’t need to register your topic until you’ve logged in to the dashboard.

Tip: Select a topic with a strong potential for ordering improvement.
Michelle Barrow is a 59-year-old woman who underwent laparoscopic cholecystectomy 3 days ago. She was recovering well and discharge was planned for today. Earlier today, however, while ambulating during physical therapy, she became acutely short of breath and lightheaded, coughed up a small amount of blood, and complained of right shoulder pain.

On physical examination, the patient is diaphoretic. Temperature is normal, blood pressure is 110/78 mm Hg, pulse rate is 115/min, and respiration rate is 20/min. Oxygen saturation is 82% on ambient air and improves to 94% on 5 L/min of oxygen by nasal prongs. Lungs are clear bilaterally. Cardiac examination demonstrates tachycardia without murmurs or gallops. The abdomen is soft and nontender, with incision sites that are clean. The extremity examination is normal. A portable chest radiograph shows an area of plate-like atelectasis in the right lung.

You think that she might have had a pulmonary embolism (PE), and you calculate her pretest probability using the Wells score. Her score is 7, which means she has a 16% to 20% chance of having a PE.
JOIN THE TWITTER CHAT

#JHMChat: Bringing Hospital Medicine Research to Twitter and the Bedside

ARE YOU CHOOSING WISELY?

Learn more about SHM’s Choosing Wisely® recommendations here.

DOWNLOAD
Choosing Wisely® Adult Hospital Medicine Recommendations

DOWNLOAD
Choosing Wisely® Pediatric Hospital Medicine Recommendations

LEARN MORE
About the Choosing Wisely® Case Study Competition

CHOOSING WISELY®: THINGS WE DO FOR NO REASON
Five New Recommendations Added to List of Testing No-Nos

Neil Osterweil
September 16, 2016

29 comments
Print Email

ASCP Choosing Wisely Recommendations

Do not test for amylase in cases of suspected acute pancreatitis. Instead, test for lipase.

Do not request serology for *H pylori*. Use the stool antigen or breath tests instead.

Do not routinely perform sentinel lymph node biopsy or other diagnostic tests for the evaluation of early, thin melanoma.

Do not routinely order expanded lipid panels (particle sizing, nuclear magnetic resonance) as screening tests for cardiovascular disease.

Do not perform FISH for MDS-related abnormalities on bone marrow samples obtained for cytopenias when an adequate conventional karyotype is obtained.

Tool Kit

Act Quick ways to lead and influence

If you have a little more time to explore, check out our collection of videos, articles, and interviews about the Choosing Wisely campaign.

Watch Short videos online

Listen Interviews and podcasts

Read blogs, issue briefs, and more

Read Articles online

Install Echo AUC app for Android and Apple devices

Download PDF guides, posters, and handouts

Explore Other Choosing Wisely websites & social media
“This program was different because all of the ideas, which the Choosing Wisely campaign seeded, were generated by physicians in direct patient care.”

Justin Stinnett-Donnelly, MD
University of Vermont Medical Center
Teaching Value in Health Care

Costs of Care is bringing educators and system leaders together from across the county to advance stewardship in training and practice.

Check out this month's Hangout with Drs. Cheryl O'Malley and Steve Brown discussing how Banner has incorporated high-value care into its major strategic objectives, including creation of a local Choosing Wisely® competition:

https://www.youtube.com/watch?v=lddbTBoqALc&list=PLY4idV4eg7bdnfwfElkzT2wlbdaT-vnsm

Teaching Value in Healthcare Hangout with Drs. Br...
Need for System and Performance Improvement Approaches

- EMR alerts
- Clinician performance feedback
- 16% reduction in too frequent Pap tests
- 36% reduction in inappropriate antibiotic use

Matt Handley, MD
Medical Director for Quality
Group Health
• Programmed 180 Choosing Wisely recommendations in to EMR
• Alerts physicians who attempt to order test or treatment referenced by Choosing Wisely
• Physicians can override alerts
• Links to society recommendation and Consumer Reports materials
• $6 million in annual cost savings in aggregate from implementing Choosing Wisely recommendations across system
Interventions include:
- Establishing new clinical guidelines
- Changing workflows and surgery requirements
- Physician champions
- Clinical education

Results to date:
- 6.92% reduction in inappropriate antibiotic prescribing
- Prior to cataract surgery:
  - 25.5% reduction in x-rays
  - 73.69% decrease in visits
  - 20.12% decrease in EKG testing
  - 41.94% decrease in lab tests
Results to date:

- 54.6% reduction in inappropriate antibiotic prescribing
- 20.26% reduction of low back imaging
- 9.89% reduction in Vitamin D testing

Interventions include:

- Physician champions
- Paper-based clinical decision support
- Clinician education
- Patient materials
Effective Interventions

• Clinician feedback/peer comparisons
• Clinical decision support
• Clinical champions
• Changes in order sets, guidelines and workflows
Choosing Wisely iPhone App

**FOR CLINICIANS**
Specialty society lists of things clinicians and patients should question.

**FOR PATIENTS**
Patient-friendly resources from specialty societies and Consumer Reports.

Clear | Filter Results | Done
--- | --- | ---
510 Recommendations Found

- Topic Area
- Society
- Age
- Setting
- Service

Avoid elective, non-urgent C-sections without medical indications.

Sources

View All Recommendations From This Society

Patient-Friendly Resources

Share Patient Resources

Share Clinician Recommendation

Cancel
Resources available on the Choosing Wisely website
www.ChoosingWisely.org/Resources

Where Should I Start?
Information on the origins of the campaign, accounts from early adopters, and anecdotes from patients on the effects of overtreatment

Am I Choosing Wisely?
Learning modules for clinicians that help them hone communication skills, avoid unnecessary testing and overcome barriers to delivering high-value care

How Can I Implement Choosing Wisely in My Practice or Health System?
Information for clinicians or health system leaders looking to start a program at their organization

How Can I Implement Choosing Wisely in My Community?
Information for community organizations and employers looking to engage patients in the campaign
The Choosing Wisely Team

Richard Baron, MD  
CEO

Daniel Wolfson, MHSA  
EVP and COO

Pamela Browner White  
SVP, Communications

Tim Lynch, JD  
Senior Director, Programs

John Held  
Director, Communications

Lisa Miller  
Senior Online Content Manager

Kelly Rand, MA  
Program Manager

Erin Frantz  
Communications Specialist

Helen Egner  
Executive Administrator
THANK YOU

For More Information:
www.choosingwisely.org | www.abimfoundation.org

@ABIMFoundation and @WolfsonD