The Choosing Wisely® Campaign

www.choosingwisely.org
Learning Objectives

• Cite the research and rationale behind the Choosing Wisely campaign’s approach to the conversation around a challenging issues

• Examine the campaign’s strategies to start, manage and sustain the conversation in media, academic and consumer worlds by working with national medical specialty societies

• Discuss how the lists of Five Things Physicians and Patients Should Question can help lead to concrete action and improvement in the way care is delivered
Waste in US Health Care

US National Health Care Expenditures, % of GDP

Year

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<tbody>
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<td>Waste</td>
<td>17.5</td>
<td>18.0</td>
<td>18.5</td>
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“Business as usual” national health care expenditures

- Failures of care delivery
- Failures of care coordination
- Overtreatment
- Administrative complexity
- Pricing failures
- Fraud and abuse
- Growth in national health care expenditures matches GDP growth

Donald M. Berwick, MD, MPP; Andrew D. Hackbarth, MPhil
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

ACP Foundation/ABIM Foundation/EFIM
Physician Charter
Choosing Wisely is an initiative of the ABIM Foundation 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.
The “Top 5 Lists”

- Funded by an ABIM Foundation grant, the National Physicians Alliance conceived and piloted the concept through its Good Stewardship Working Group.
- Developed lists of top five activities in family medicine, internal medicine, and pediatrics where the quality of care could be improved.
- Published in *Archives of Internal Medicine*.
- Subsequent research published in *Archives* found a cost savings of more than $5 billion could be realized if the recommendations were put in to practice.
“A Top 5 list also has the advantage that if we restrict ourselves to the most egregious causes of waste, we can demonstrate to a skeptical public that we are genuinely protecting patients’ interests and not simply ‘rationing’ health care, regardless of the benefit, for cost-cutting purposes.”

Howard Brody, MD, PhD
New England Journal of Medicine
Components of the Campaign

Made to Stick by Dan and Chip Heath

- Simplicity
- Unexpectedness
- Concreteness
- Credibility
- Emotions
- Stories
For pharmacological treatment of patients with gastroesophageal reflux disease (GERD), long-term acid suppression therapy (proton pump inhibitors or histamine2 receptor antagonists) should be titrated to the lowest effective dose needed to achieve therapeutic goals.

The main identifiable risk associated with reducing or discontinuing acid suppression therapy is an increased symptom burden. It follows that the decision regarding the need for (and dosage of) maintenance therapy is driven by the impact of those residual symptoms on the patient's quality of life rather than as a disease control measure.

Do not repeat colorectal cancer screening (by any method) for 10 years after a high-quality colonoscopy is negative in average-risk individuals.

A screening colonoscopy every 10 years is the recommended interval for adults with no increased risk for colorectal cancer, beginning at age 50 years. Published studies indicate the risk of cancer is low for 10 years after a high-quality colonoscopy fails to detect neoplasia in this population. Therefore, following a high-quality colonoscopy with normal results, the next interval for any colorectal screening should be 10 years following that normal colonoscopy.

Do not repeat colonoscopy for at least five years for patients who have one or two small (< 1 cm) adenomatous polyps, without high-grade dysplasia, completely removed via a high-quality colonoscopy.

The timing of a follow-up surveillance colonoscopy should be determined based on the results of a previous high-quality colonoscopy. Evidence-based guidelines provide recommendations that patients with one or two small tubular adenomas with low-grade dysplasia have surveillance colonoscopy due to 10 years after initial polypectomy. The precise timing within this interval should be based on other clinical factors such as prior colonoscopy findings, family history, and the preferences of the patient and judgment of the physician.

For a patient who is diagnosed with Barrett’s esophagus, who has undergone a second endoscopy that confirms the absence of dysplasia on biopsy, a follow-up surveillance examination should not be performed in less than three years as per published guidelines.

In patients with Barrett’s esophagus without dysplasia (cellular changes) the risk of cancer is very low. In these patients, it is appropriate and safe to examine the esophagus and check for dysplasia no more often than every three years because if these cellular changes occur, they do so very slowly.

For a patient with functional abdominal pain syndrome (as per ROME III criteria) computed tomography (CT) scans should not be repeated unless there is a major change in clinical findings or symptoms.

There is a small, but measurable increase in esophagus cancer risk from CT exposure. An abdominal CT scan is one of the higher radiation exposure scans — equivalent to three years of natural background radiation. Due to the risk and the high costs of this procedure, CT scans should be performed only when they are likely to provide useful information that changes patient management.

These summaries are provided only for informational purposes and are not intended as a substitute to consultation with a medical professional. Patients with specific questions about the items on this list or their individual situations should consult their physicians.
Consumer Reports

- Consumer Reports is a partner in Choosing Wisely and will support the effort by creating patient-friendly materials based on the society recommendations and engaging a coalition of consumer communication partners to disseminate content and messages about appropriate use to the communities they serve.

Tools and resources can be found at: www.consumerhealthchoices.org.

Chest X-rays before surgery
When you need them—and when you don’t

If you’re scheduled for surgery, a pre-operative chest X-ray can sometimes help make it safer by identifying medical problems that might make it a good idea to delay or even cancel the procedure. But if you don’t have signs or symptoms of heart or lung disease, you should think twice about having the X-ray. Here’s why.

The test usually isn’t helpful for low-risk people without symptoms.
Many people automatically receive a chest X-ray to “clear” them before surgery, and some hospitals even require the test for almost all patients who are admitted. But serious abnormalities found through chest X-rays are uncommon in low-risk people, so most of the time all that’s needed is a careful medical history and physical examination. A chest X-ray doesn’t add much useful information for people without risk factors for heart or lung problems and rarely changes their treatment or helps the anesthesiologist and surgeon manage their care. In fact, in those people the test can produce false alarms that require follow-up tests that usually aren’t necessary and can add needless risk and expense.

It can pose risks.
A chest X-ray exposes you to a small amount of radiation. While the risk from any single exposure is uncertain, the harmful effects of radiation might be cumulative, so it’s best to avoid exposure whenever you can. Also, most abnormal test results from the X-ray must be followed up with additional tests to rule out a serious prob-
Welcome to our collaboration with Consumer Reports

The Leapfrog Group is proud to join in the Choosing Wisely campaign to help our members and their employees get better, safer healthcare and avoid unnecessary care.

Healthcare consumers can utilize the resources available on this website – as well as those available at www.LeapfrogGroup.org and www.HospitalSafetyScore.org – to make better choices in regards to the care they receive at their physician’s office and in the hospital.

Most importantly, patients should talk to their doctor. Ask questions like, “What are you doing to keep me safe?” and, “Is that test really necessary?” to make sure you are
Choosing Wisely Partners

**Societies Developed Lists**
- American Academy of Allergy Asthma & Immunology
- American Academy of Family Physicians
- American College of Cardiology
- American College of Physicians
- American College of Radiology
- American Gastroenterological Association
- American Society of Nephrology
- American Society of Nuclear Cardiology
- American Society of Clinical Oncology
- National Physicians Alliance

**Consumer Groups**

Through Partnership with Consumer Reports
- AARP
- Alliance Health Networks
- Leapfrog Group
- Midwest Business Group on Health
- Minnesota Health Action Group
- National Business Coalition on Health
- National Business Group on Health
- National Center for Farmworker Health
- National Hospice and Palliative Care Organization
- National Partnership for Women & Families
- Pacific Business Group on Health
- SEIU
- Union Plus
- Wikipedia

**Societies Developing Lists**
- American Academy of Hospice and Palliative Medicine
- American Academy of Neurology
- American Academy of Ophthalmology
- American Academy of Orthopaedic Surgeons
- American Academy of Otolaryngology-Head and Neck Surgery
- American Academy of Pediatrics
- American College of Chest Physicians
- American College of Obstetricians and Gynecologists
- American College of Rheumatology
- American College of Surgeons
- American Geriatrics Society
- American Headache Society
- AMDA
- American Society for Clinical Pathology
- American Society of Echocardiography
- American Society of Hematology
- American Society for Radiation Oncology
- American Urological Association
- North American Spine Society
- Society of Cardiovascular Computed Tomography
- Society of General Internal Medicine
- Society of Hospital Medicine
- Society of Nuclear Medicine and Molecular Imaging
- Society of Thoracic Surgeons
- Society of Vascular Medicine
Measures of Success

- Featured in Medscape's “The Year in Medicine 2012: News That Made a Difference”
- 14 Medscape articles reaching 87,171 physicians
- More than 420,400 physicians reached through specialty society communications
- 55 journal articles reaching nearly 4 million
- 18 patient-friendly translations of materials
- More than 57 million reached through Consumer Reports partnerships with consumer/employer groups
The Overuse of Diagnostic Imaging and the Choosing Wisely Initiative

Vijay M. Rao, MD, and David C. Levin, MD

Health care in America costs too much. There are many reasons for this, but an important one is the overuse of diagnostic tests—including but not limited to imaging studies.

A report by Iglehart (1) indicated that, between 2000 and 2007, use of imaging studies grew faster than that of any other physician service in the Medicare population. Another report by the influential group America's Health Insurance Plans (2) claimed that 20% to 50% of all “high-tech” imaging provides no useful information and may be unnecessary. Reports like these have led to cost concerns among key federal agencies like the Congressional Budget Office.

Common screening and diagnostic tests that they believed were overused. The final list contained 37 tests, 18 of which were imaging studies—13 commonly performed by radiologists and 5 commonly performed by cardiologists. In an accompanying editorial, Laine (10) cited an estimate that up to 5% of the country's gross national product is spent on tests and procedures that do not improve patient outcomes. Considerable overlap exists between the ACP's 18 imaging tests and the 16 in the Table.

This suggests a widespread perception among many branches of medicine that imaging is overused. We agree that all 16 of the tests shown in the Table are overused.
Choosing Wisely in Local Communities:
Washington State Medical Association

*Know Your Choices - Ask Your Doctor* is a patient-centered initiative that will promote important health messages. To kick off the initiative, the WSMA will lead a statewide campaign promoting Choosing Wisely®.

Choosing Wisely is a national effort launched by the American Board of Internal Medicine (ABIM) Foundation and Consumer Reports to encourage conversations between physicians and patients about the necessity of certain tests and procedures.

Participating specialty societies have each identified five tests/procedures commonly used in their fields whose necessity should be questioned and discussed between physician and patient.

Working with the Puget Sound Health Alliance, Washington State Hospital Association, and other interested parties, we will educate patients about the lists of procedures to discuss with their doctor.

Stay tuned!
What’s Next?

• Scheduled announcement February 21, 2013 of lists from 17 specialties
• Nine additional specialties have joined the campaign and will release lists in mid-2013
• Continue the conversations among physicians and between physicians and patients
• Rollout of Consumer Reports patient-focused materials
What’s Next?

• Fostering projects focused on physician communication skills related to appropriate care (Drexel, National Physicians Alliance and others)

• Catalyze others to advance the campaign
  – Office practices
  – Health systems
  – Residency and medical training programs
  – State and local medical societies
  – Additional specialty societies
For more information

- Choosing Wisely: www.choosingwisely.org
- ABIM Foundation: www.abimfoundation.org
- The Medical Professionalism Blog: blog.abimfoundation.org
- Twitter: @ABIMFoundation
- Facebook: ABIM Foundation
Thank you.

Please fill out your evaluation