The Choosing Wisely® Campaign

www.choosingwisely.org
Stand-up if you have witnessed unnecessary care harming patients
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.
Perspective

Medicine’s Ethical Responsibility for Health Care Reform — The Top Five List

Howard Brody, M.D., Ph.D.

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Online First | Less Is More
The “Top 5” Lists in Primary Care
Meeting the Responsibility of Professionalism
The Good Stewardship Working Group

Choosing Wisely
An initiative of the ABIM Foundation
ABIM Foundation/ACP Foundation/EFIM
Physician Charter

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
Motivating behavior change: Self-Determination Theory

**Autonomy**

“One form of autonomous motivation is **identified regulation**, in evidence when one personally endorses or identifies with the value or importance of a behaviour or health practice.”

**Competence**

“...support for competence is afforded when practitioners provide effectance relevant inputs and feedback.”

**Relatedness**

“In this process a sense of being respected, understood, and cared for is essential to forming the experiences of connection and trust that allow for internalization to occur.”

Activating Professionalism

Societies were free to determine the process for creating their lists with the following requirements:

- Each item was within the specialty’s purview and control
- Procedures should be used frequently and/or carry a significant cost
- Should be generally-accepted evidence to support each recommendation
- Process should be thoroughly documented and publicly available upon request
Choosing Wisely By The Numbers

- 60 specialty society partners
- 230 recommendations to date (will exceed 300 by mid 2014)
- 23 grantees (funded by Robert Wood Johnson Foundation)
- 163+ journal articles discussing CW
- 36 participants in CW Health System Leaders Network
Dr. med. Elmar Gieseke @Medaktuell · Mar 17
Kinderheilkunde: 10 Dinge, die Eltern und Pädiater vermeiden sollten
#ChoosingWisely bit.ly/OoOY5W

Le Collège royal @College_royal · Oct 18
Nous sommes fiers d’appuyer l’initiative cd #ChoosingWisely bit.ly/18s8BR1
Aidez les patients à faire les bons choix en soins

SIMEU @SIMEU_EM · Oct 26
Si può migliorare l’appropriatezza di accertamenti e terapie in P.S.? #SIMEU
#ChoosingWisely @SlowMedicine goo.gl/Kvajhe

Pediamécum @pediamecum · Mar 23
#SelPDM RT @rincondesisifo: (Sin Estetoscopio) Top 10 de las conductas a evitar en Pediatría sinestetoscopio.com/top-10-de-cond… #choosingwisely
From: Eliminating Waste in US Health Care

Donald M. Berwick, MD, MPP; Andrew D. Hackbarth, MPhil
A majority of physicians (66%) feel they have a great deal of responsibility to make sure their patients avoid unnecessary tests and procedures.

Most physicians (58%) say they, as physicians, are in the best position to address the problem of unnecessary tests and procedures.
• Four in five physicians (81%) are very comfortable talking to their patients about why a test or procedure should be avoided.

• Physicians with exposure to Choosing Wisely are more likely to have reduced the number of times they recommended a test or procedure because they learned it was unnecessary (62% vs. 45%).
According to the results of a survey of more than 2,400 physicians, when asked who has a “major responsibility” for controlling health care costs,

60% of surveyed physicians believe that trial lawyers do;  
59% believe that health insurance companies do;  
56% believe hospitals and health systems do;  
56% also believe pharmaceutical and device manufacturers do;  
52% believe patients do; and,  
44% believe government does.

36% reported that practicing physicians have “major responsibility.”
Deficit pressures are making cost control inevitable. It will only be successful if physicians stop looking to others to find solutions and focus on approaches that improve the care for patients with chronic illnesses.

-Ezekiel J. Emanuel, MD, PhD
How do we reduce health care costs?

• Reduce waste
  – Initiatives such as Choosing Wisely that identify areas of potential waste (unnecessary tests and procedures) and encourage physicians to openly discuss options with patients

• Physician decisions account for 80% of all health care expenditures
  ▪ Crosson FJ. Change the microenvironment. Modern Healthcare and The Commonwealth Fund [Internet]. 27 Apr 2009

• One-third of all physicians acquiesce to patient requests for tests and procedures—even when they know they are not necessary
Choosing Wisely Partners

Societies That Announced Lists April 2012
• 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 Clinical Oncology
• American Society of Nephrology
• American Society of Nuclear Cardiology

Societies That Announced Lists February 2013
• American Academy of Family Physicians
• American Academy of Hospice and Palliative Medicine
• American Academy of Neurology
• American Academy of Ophthalmology
• American Academy of Otolaryngology-Head and Neck Surgery
• American Academy of Pediatrics
• American College of Obstetricians and Gynecologists
• American College of Rheumatology
• American College of Radiology
• American Gastroenterological Association
• American Society of Clinical Oncology
• American Society of Nephrology
• American Society of Nuclear Cardiology
• American Geriatrics Society
• American Society for Clinical Pathology
• American Society of Echocardiography
• American Urological Association
• Society of Cardiovascular Computed Tomography
• Society of Hospital Medicine
• Society of Nuclear Medicine and Molecular Imaging
• Society of Thoracic Surgeons
• Society of Vascular Medicine
Societies Announcing Lists in Late in 2013 and Early 2014

- American Academy of Clinical Toxicology
- American Academy of Dermatology
- American Academy of Family Physicians
- American Academy of Neurosurgery
- American Academy of Orthopaedic Surgeons
- American Association of Blood Banks
- American Association of Clinical Endocrinologists
- American Association for Pediatric Ophthalmology and Strabismus
- American College of Chest Physicians
- American College of Emergency Physicians
- American College of Medical Toxicology
- American College of Occupational and Environmental Medicine
- American College of Medical Genetics and Genomics
- American College of Preventive Medicine
- American College of Rheumatology
- American College of Surgeons
- American Geriatrics Society
- American Headache Society
- AMDA—Dedicated to Long Term Care Medicine
- American Medical Society for Sports Medicine
- American Psychiatric Association
- American Society of Anesthesiologists
- American Society of Clinical Oncology
- American Society of Colon and Rectal Surgeons
- American Society of Hematology
- American Society of Plastic Surgeons
- American Society for Radiation Oncology
- American Society for Reproductive Medicine
- American Thoracic Society
- Commission on Cancer
- The Endocrine Society
- Heart Rhythm Society
- North American Spine Society
- Society for Cardiovascular Angiography and Interventions
- Society of Cardiovascular Magnetic Resonance
- Society of Critical Care Medicine
- Society of General Internal Medicine
- Society of Gynecologic Oncology
- Society for Maternal-Fetal Medicine

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An initiative of the ABIM Foundation
Consumer Groups
Through Partnership with Consumer Reports

- AARP
- Alliance Health Networks
- Covered California
- 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
- Puget Sound Health Alliance
- SEIU
- Union Plus
- Univision (with HolaDoctor)
- Washington State Medical Association
- The Wikipedia Community
1. Don’t do imaging for low back pain within the first six weeks, unless red flags are present.
   Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the lower spine before six weeks does not improve outcomes, but may increase costs. Low back pain is the fifth most common reason for all physician visits.

2. Don’t routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.
   Symptoms must include discolored nasal secretions and facial or dental tenderness when touched. Most sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own. Despite consistent recommendations to the contrary, antibiotics are prescribed in more than 80 percent of outpatient visits for acute sinusitis. Sinusitis accounts for 16 million office visits and $5.8 billion in annual health care costs.

3. Don’t use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.
   DEXA is not cost effective in younger, low-risk patients, but is cost effective in older patients.

4. Don’t order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.
   There is little evidence that detection of coronary artery stenosis in asymptomatic patients at low risk for coronary heart disease improves health outcomes. False-positive tests are likely to lead to harm through unnecessary invasive procedures, overtreatment and misdiagnosis. Potential harms of this routine annual screening exceed the potential benefit.

5. Don’t perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.
   Most observed abnormalities in adolescents regress spontaneously, therefore Pap smears for this age group can lead to unnecessary anxiety, additional testing and cost. Pap smears are not helpful in women after hysterectomy (for non-cancer disease) and there is little evidence for improved outcomes.
Imaging tests for lower-back pain
When you need them—and when you don’t

Back pain can be excruciating. So it seems that getting an X-ray, CT scan, or MRI to find the cause would be a good idea. But that’s usually not the case, at least at first. Here’s why.

They don’t help you get better faster. Most people with lower back pain feel better in about a month whether they get an imaging test or not. In fact, those tests can lead to additional procedures that complicate recovery. For example, a study that looked at 1,800 people with back pain found that those who had imaging tests soon after reporting the problem fared no better and sometimes did worse than people who took simple steps like applying heat, staying active, and taking an OTC pain reliever. Another study found that back-pain sufferers who had an MRI in the first month were eight times more likely to have surgery, and had a five-fold increase in medical expenses—but didn’t recover faster.

They can pose risks. X-rays and CT scans expose you to radiation, which can increase cancer risk. One study projected 1,200 new cancers based on the 2.2 million CT scans of the lower back performed in the U.S. in 2007. While back X-rays deliver less radiation, they’re still 75 times stronger than a chest X-ray. That’s especially worrisome to men and women of childbearing age, because X-rays and CT scans of the lower back can expose testicles and ovaries to radiation. And the tests often reveal spinal abnormalities that could be completely unrelated to the pain. For example, one study found that 90 percent of older people who reported no back pain still had spinal abnormalities that showed up on MRIs. Those findings can cause needless worry and lead to
For more information

- Choosing Wisely: [www.choosingwisely.org](http://www.choosingwisely.org)
- ABIM Foundation: [www.abimfoundation.org](http://www.abimfoundation.org)
- The Medical Professionalism Blog: [blog.abimfoundation.org](http://blog.abimfoundation.org)
- Twitter: @ABIMFoundation @wolfsond @richardbaron17
- Facebook: [www.facebook.com/theabimfoundation](http://www.facebook.com/theabimfoundation)
Thank you