THE CHOOSING WISELY® CAMPAIGN

The Role of Minority-Serving Physicians in Creating Sustainable Healthy Communities
April 24, 2017

Daniel Wolfson, MHSA
Executive Vice President and COO
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.
Fundamental Principles
• Primacy of patient welfare
• Patient autonomy
• Social justice

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
Lessons Learned

- Power of messaging and framing
- Simple rules
- Engagement and partnership
- Bottom up with support
- Need for system and performance improvement approaches
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. As CT scans expose patients to ionizing radiation, increasing patients’ lifelong risk of cancer, they should only be performed on patients at risk for significant injuries. Physicians can safely discontinue patients with minor head injury in whom it is safe to perform an immediate head CT by performing a thorough history and physical examination following evidence-based guidelines. This approach has been proven safe and effective in reducing the use of CT scans in large clinical trials. In children, clinical observation in the emergency department is recommended for 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 and staff convenience.

Indwelling urinary catheters are placed in patients in the emergency department to assist when patients cannot urinate, to monitor urine output, or for patient comfort. Catheter-associated urinary tract infection (CAUTI) is the most common hospital-acquired infection in the U.S. 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/or their caregivers, as sometimes such catheters can be avoided. Emergency physicians can reduce the use of indwelling urinary catheters by following the Centers for Disease Control and Prevention’s evidence-based guidelines for the use of urinary catheters. Indicators for a catheter may include output monitoring for critically ill patients, relief of urinary obstruction, at the time of surgery and end-of-life care. When possible, alternatives to indwelling urinary catheters should be used.

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

Palliative care is medical care that provides comfort and relief of symptoms for patients who have chronic and/or incurable disease. Palliative care is palliative care for those patients in the final months of life. Emergency physicians should refer these patients to a palliative care service. Palliative care may benefit selected patients, resulting in improved 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, become walled off and form pus under the skin. Opening and draining an abscess is the appropriate treatment; antibiotics offer no benefit. Early 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 self-functioning immune system. Additionally, routine culture of the drain does not readily 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. Giving a medication for nausea may allow patients with nausea and vomiting to accept fluid replacement orally. 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 Physician 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 fees for doctors, services, and facilities. A CT scan can add over $2,600 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.”
Specialty Controlled
Frequently Used or Costly
Transparent Process
Evidence-Based
Engagement and Partnership

- Payers
- Delivery System
- Patient and Clinician Conversations
- Consumer Groups/Employers
- Government
Consumer Reports works with more than 50 consumer partners to spread the word about Choosing Wisely by disseminating over 110 patient-friendly brochures to 100 million consumers annually.

More than 70 medical society partners have joined the campaign and collectively published over 470 recommendations of unnecessary tests and treatments they should be discussed.

Empowering Patients
Consumer Reports works with more than 50 consumer partners to spread the word about Choosing Wisely by disseminating over 110 patient-friendly brochures to 100 million consumers annually.
Top tip for a healthy 2017? Remembering to ask the 5 questions when you see your doctor! #choosingwisely bddy.me/2r4pTg

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?
“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.
Question 1

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

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.
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
• Programmed 180 Choosing Wisely recommendations into 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

Scott Weingarten, MD
Senior Vice President
Chief Clinical Transformation Officer
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

Interventions include:

• Establishing new clinical guidelines
• Changing workflows and surgery requirements
• Physician champions
• Clinical education
Interventions include:

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

Results to date:

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

- Clinician feedback/peer comparisons
- Clinical decision support
- Clinical champions
- Changes in order sets, guidelines and workflows
THANK YOU

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

@ABIMFoundation and @WolfsonD