



Choosing Wisely

Supporting conversations to reduce harm

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Choosing Wisely

An initiative of the ABIM Foundation

Goals of Choosing Wisely

- Promote better conversations between clinicians and patients to improve health care outcomes
 - Supported by evidence
 - Not duplicative of other tests or procedures already received
 - **Free from harm**
 - Truly necessary
- Provide patient-centered care that avoids unnecessary and even harmful interventions



Why Now? Stewardship

Approximately 30% of healthcare costs (>\$750 billion annually) are on wasted care.

- American College of Physicians

53% of physicians say they would ultimately order an unnecessary test or procedure when presented with an insistent patient

- Unnecessary Tests and Procedures in the Health Care System: What Physicians Say about the Problem, the Causes, and the Solutions—Results from a National Survey of Physicians (Healthcare and The Commonwealth Fund [Internet]. 2009; Apr 27)

Physician decisions account for 80% of all health care expenditures

- Crosson FJ. Change the microenvironment. Modern Healthcare and The Commonwealth Fund [Internet]. 2009; Apr 27

“Some of the common medical tests routinely taken by Americans do more harm than good, waste billions of health care dollars annually and could endanger your health or even your life.”

- 10 Medical Tests to Avoid. Elizabeth Agrvall. AARP Bulletin, March 2014



Guiding Principles

SOME MEDICAL CARE IS UNNECESSARY

There are too many medical tests and procedures being performed in America that may not be necessary.

PHYSICIANS AND PATIENTS SHARE RESPONSIBILITY

Physicians and patients share responsibility for determining what care is needed. That's why we've come together under the *Choosing Wisely* campaign.

CANDID CONVERSATIONS ARE NEEDED

Doctors and patients need to have candid conversations about what care is appropriate and needed.



“Five Things” Lists

ABIM partnered with medical specialty societies to develop evidence-based recommendations of the “Five Things Physicians and Patients Should Question” because they’re ineffective, unnecessary, or harmful.

70+

Participating
specialty
societies

350+

Tests and
procedures
identified



“Five Things” Lists



“Five Things” Lists

- 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 does increase costs. Low back pain is the 10th 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.

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American Academy of Family Physicians

Five Things Physicians and Patients Should Question

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- 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 effective in younger men and 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 annual or biennial electrocardiogram (ECG) screening in asymptomatic patients at low risk for coronary heart disease reduces health outcomes. Risk factors such as high blood pressure, high cholesterol, smoking, diabetes, and high-density lipoprotein cholesterol should be treated with lifestyle and drug therapy.
- 5** **Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.**

Most cervical dysplasias regress spontaneously. Pap smear frequency in this age group can be safely decreased, thereby reducing costs and time. Pap smears can be helpful in women after hysterectomy for non-cancer disease and there is little evidence for increased outcomes.

These lists are prepared for informational purposes and are intended as a guide for clinicians with a goal of reducing unnecessary care. They are not intended to be used as a substitute for clinical judgment or patient care. For more information, visit www.choosingwisely.org.





Choosing Wisely

in Washington state

Washington State Choosing Wisely Task Force's Goals

Members

22 physician leaders representing the largest healthcare organizations in Washington

Goals

Working together to advance Choosing Wisely in Washington state:

- Identify opportunities for improvement
- Accelerate implementation and integration
- Reduce the number of unnecessary tests and procedures

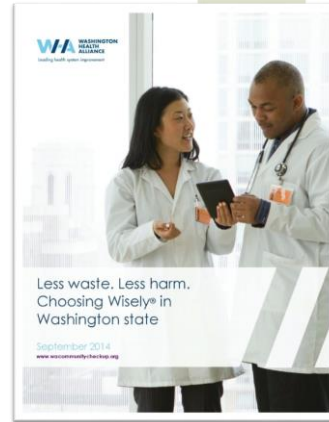
Less waste. Less harm. Choosing Wisely in Washington state

Data Report

- Used data from Alliance's multi-payer data base representing 3.3 million commercial and Medicaid enrollees
- Recognize the value and limitations of claims data
- Reported county-by-county

Measures

- Headache: Imaging for headache
- Sinusitis: CT scan for sinusitis
- Sinusitis: AB treatment
- Back Pain: Imaging for back pain
- Syncope: Imaging for simple syncope
- Adnexal Cysts: US follow up
- Appendicitis: US before CT
- Paps under 21 years
- Paps with hysterectomy
- Annual Pap tests
- Spirometry (underuse measure)



Less waste. Less harm. Choosing Wisely in Washington state

Key Findings

- Variation exists. Often the rates between the lowest and highest performing counties vary by more than twofold.
- Overuse is a common problem.
- Where you live may influence the treatment you get.
- Opportunities to reduce waste exist in every county.
- Patients may be getting unnecessary care that costs money and puts them at risk.
- Regional patterns may be affected by the availability of services and equipment or provider practice patterns.



Less waste. Less harm. Choosing Wisely in Washington state

Biggest opportunities for improvement

- Imaging for uncomplicated headaches: **25%**
- Antibiotics for sinus infections: **37%**

Success Stories

- CT scans for sinus infections: **<1%**
- Pap tests for young women under 21 years: **4%**

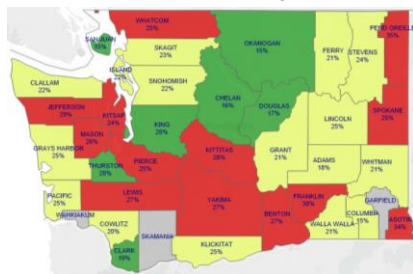


Less waste. Less harm. Choosing Wisely in Washington state

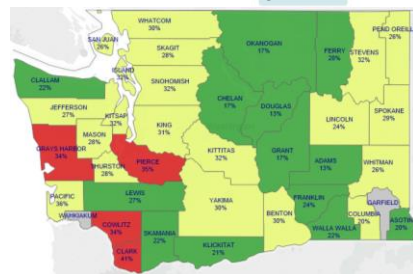
American College of Radiology's Choosing Wisely recommendation:

“Don't do imaging for uncomplicated headache”

Commercial average: 22%



Medicaid average: 30%

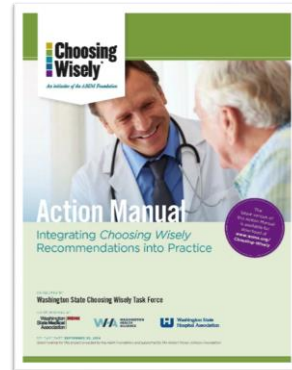


Choosing Wisely Action Manual

Kotter's 8-Step Process for Leading Change to Integrate Choosing Wisely

1. Establish a sense of urgency
2. Create a guiding coalition
3. Develop a change vision
4. Communicate the vision for buy-in
5. Empower a broad-based coalition
6. Generate short-term wins
7. Never let up
8. Incorporate changes into the culture

www.wsma.org/Choosing-Wisely



Step 3: Develop a change vision

BASIC	MODERATE	ADVANCED
<p>Educational Campaign:</p> <ul style="list-style-type: none"> • Hang the "5 Questions" poster in exam rooms • Distribute Consumer Reports' patient-friendly brochures • Provide communication skills training to physicians to improve the quality of the conversations they have with their patients about tests, procedures and therapies • Work with Communications to include information in regular communications with staff and patients 	<p>Measure Performance:</p> <ul style="list-style-type: none"> • Use <i>Choosing Wisely</i> recommendations to set quality goals for employed physicians • Develop data specifications to measure performance on selected recommendations • Establish utilization review process, committees and/or dashboards for the organization 	<p>Electronic Integration:</p> <ul style="list-style-type: none"> • Incorporate applicable <i>Choosing Wisely</i> recommendations into your EMR, creating an alert if an order doesn't align with a recommendation



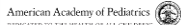
Washington State Choosing Wisely Task Force's Change Vision

Change Three Things:



Don't do imaging for uncomplicated headache.

Imaging headache patients absent specific risk factors for structural disease is not likely to change management or improve outcome. Those patients with a significant likelihood of structural disease requiring immediate attention are detected by clinical screens that have been validated in many settings. Many studies and clinical practice guidelines concur. Also, incidental findings lead to additional medical procedures and expense that do not improve patient well-being.



Antibiotics should not be used for apparent viral respiratory illnesses (sinusitis, pharyngitis, bronchitis).

Although overall antibiotic prescription rates for children have fallen, they still remain alarmingly high. Unnecessary medication use for viral respiratory illnesses can lead to antibiotic resistance and contributes to higher health care costs and the risks of adverse events.

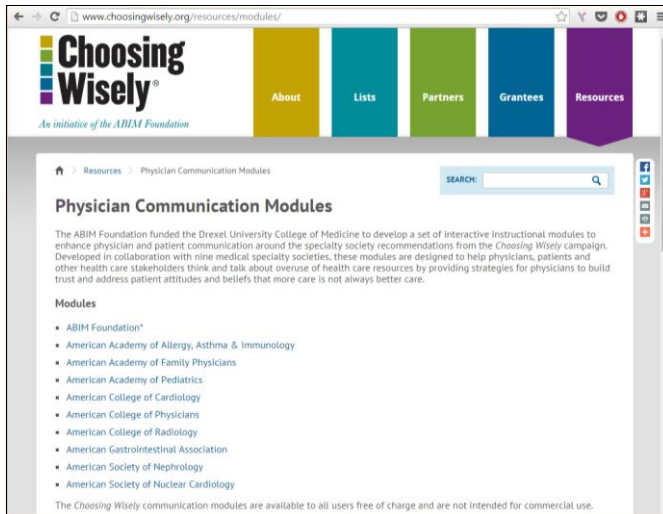


Don't perform routine annual cervical cytology screening (Pap tests) in women 30–65 years of age.


In average risk women, annual cervical cytology screening has been shown to offer no advantage over screening performed at 3-year intervals. However, a well-woman visit should occur annually for patients with their health care practitioner to discuss concerns and problems, and have appropriate screening with consideration of a pelvic examination.




Physician Communication Modules



Consumer Reports Health



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Consumer Reports Health
ACR
AMERICAN COLLEGE OF
RADIOLOGY
ABIM
FOUNDATION


Imaging tests for headaches

When you need a CT scan or MRI—and when you don't

CT scans and MRIs are called imaging tests because they take pictures, or images, of the inside of the body. Many people who have very painful headaches want a CT scan or an MRI. They want to find out if their headaches are caused by a serious problem, such as a brain tumor. But most of the time you don't need these tests. Here's why:

Imaging tests rarely help. Doctors see many patients for headaches. And most of them have migraines or headaches caused by tension. Both kinds of headaches can be very painful. But a CT scan or an MRI rarely shows why the headache occurs. And they do not help you ease the pain.

A doctor can diagnose most headaches during an office visit. The doctor asks you questions about your health and your symptoms. This is called a medical history. Then the doctor does a test of your reflexes, called a neurological exam. If your medical history and exam are normal, imaging tests usually will not show a serious problem.



CT scans have risks. A CT scan of the head uses a low radiation dose. This may slightly increase the risk of harmful effects. Risks from radiation exposure may add up, so it is best to avoid unnecessary radiation. The results of your test may also be unclear. This can lead to more tests and even treatment that you do not need.



Cómo Elegir Sabiamente
Una iniciativa de la Fundación ABIM



Consumer Reports Health
American Academy of Pediatrics
CONSEJO DE LOS NIÑOS DE LOS ESTADOS UNIDOS
ABIM
FOUNDATION

Antibióticos para garganta irritada, tos o nariz tapada

Cuándo los niños los necesitan y cuándo no

Si se irrita la garganta, se tose o si la nariz corre, usualmente se espera que el médico recete antibióticos. Pero la mayor parte del tiempo, los niños se necesitan antibióticos para tratar una enfermedad respiratoria. De hecho, los antibióticos pueden hacer más mal que bien. A continuación se da la razón:

Los antibióticos combaten bacterias, no virus. Es posible que los antibióticos ayuden si su hijo tiene una infección bacteriana. Pero si tiene un virus, los antibióticos no le ayudan a su hijo a sentirse mejor ni van a evitar que los demás se enfermen.

- La mayoría de las infecciones gripales son por virus.
- Por lo general, los virus también causan los resfriados de una respiratoria, como la bronquitis. La bronquitis es una tos con mucha flema o moco espeso y pegajoso. El flujo del resaca y las partículas en el aire también pueden causar la bronquitis. Pero usualmente, las bacterias no son la causa.
- La mayoría de las sinusitis también son de los virus. Los síntomas son mucho peor en la nariz y gónculo nasal. El moco con color no significa que su hijo tenga una infección bacteriana.

En la mayoría de los casos, los antibióticos no ayudan a su hijo. Normalmente, los antibióticos no ayudan con los resaca, tos, bronquitis o sinusitis porque son causados por virus. Algunas veces, las bacterias causan los sinusitis, pero incluso entonces, la infección casi siempre desaparece por sí sola en una semana más o menos. Muchos antibióticos causan el estómago sensible y diarrea por sí solos sin antibióticos.

Algunas infecciones de la garganta, como la faringitis estreptocócica (group A strep), son infecciones bacterianas. Los síntomas incluyen fiebre, enrojecimiento y dificultad al tragar. Sin embargo, la mayoría de los niños con esta afección no tienen faringitis. Deben hacerse una prueba de estreptococo a su hijo para confirmar que lo tiene, y luego, si es necesario, el médico le recetará antibióticos.




Resources

Washington State Choosing Wisely Task Force Reports:

- Choosing Wisely Action Manual: www.wsma.org/Choosing-Wisely
- Less Waste. Less Harm: Choosing Wisely in Washington State: wahealthalliance.org/alliance-reports-websites/choosing-wisely
- Choosing Wisely Claims-Based Technical Specifications: wahealthalliance.org/alliance-reports-websites/choosing-wisely

National Choosing Wisely Resources:

- ABIM Foundation's Choosing Wisely website: www.choosingwisely.org
- Consumer Reports Health's patient education: www.consumerhealthchoices.org/campaigns/choosing-wisely





Save the Date!

Choosing Wisely Summit

October 30, 2015
Seattle Airport Marriott