What Does it Mean When Patients Choose Wisely?

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Consumer Reports

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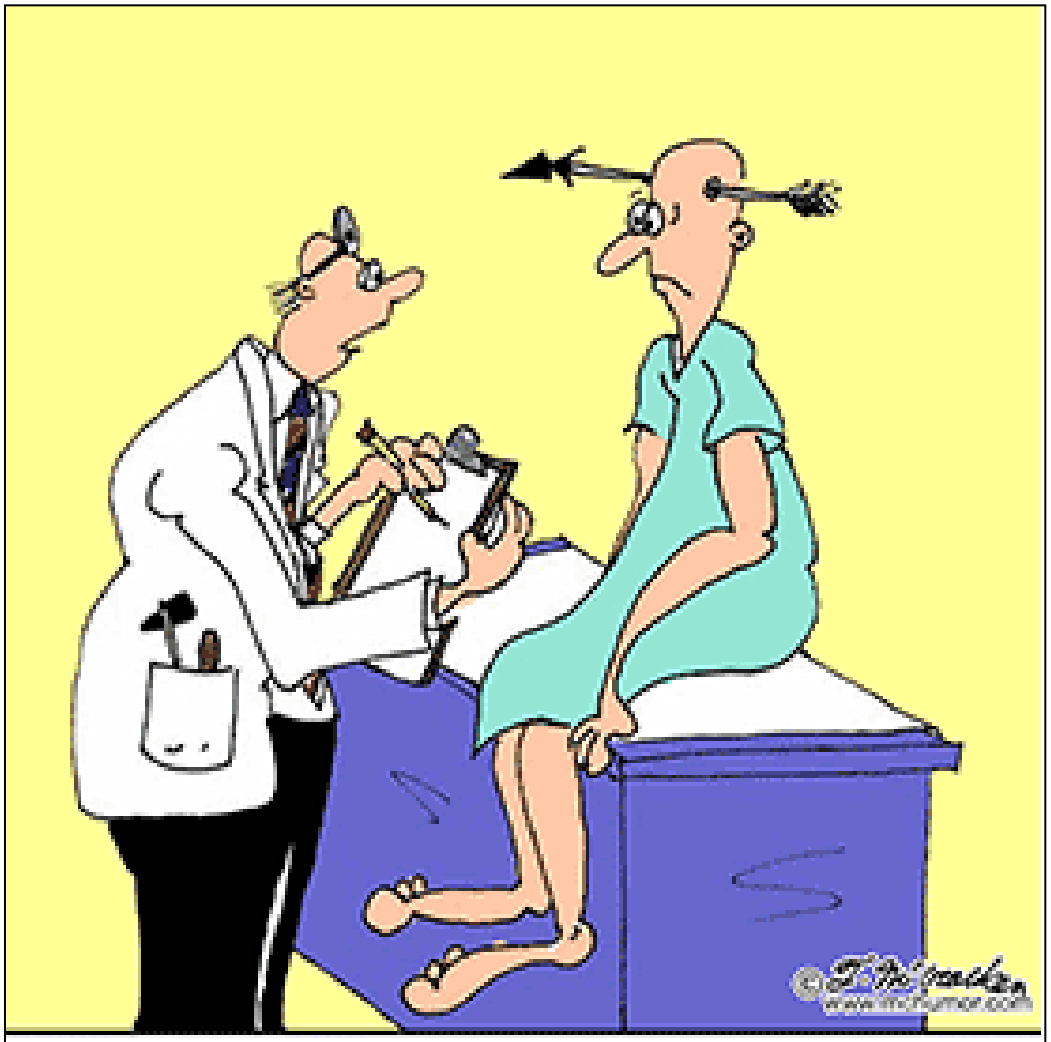
People are realizing that
more medicine is not necessarily better.
And that we're all paying for it.
So expect patients to ask about need, cost and harms of the services you offer.



"Off hand, I'd say you're suffering from an arrow through your head, but just to play it safe, I'm ordering a bunch of tests."

Approximately 30% of healthcare costs

(more than $750 billion annually)

are spent on wasted care.

-- American College of Physicians

Advancing Medical Professionalism to Improve Health Care

An initiative 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.

Lists of Five Things Physicians and Patients Should Question

… because they're
- ineffective
- unnecessary
- or harmful

Choosing Wisely physician partners, 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

Choosing Wisely physician partners, Feb 2013

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American College of Radiology
American Gastroenterological Association
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American Society of Nephrology
American Society of Nuclear Cardiology
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 Geriatrics Society
American Society for Clinical Pathology
American Society of Echocardiography
American Urological Association
Society for Vascular Medicine
Society of Cardiovascular Computed Tomography
Society of Hospital Medicine
Society of Nuclear Medicine and Molecular Imaging
Society of Thoracic Surgeons

Choosing Wisely physician partners, Sep 2013

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American Society of Nephrology
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American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngology— Head and Neck Surgery
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American Society of Echocardiography
American Urological Association
Society for Vascular Medicine
Society of Cardiovascular Computed Tomography
Society of Hospital Medicine
Society of Nuclear Medicine and Molecular Imaging
Society of Thoracic Surgeons
AMDA – Dedicated to Long Term Care Medicine
American College of Surgeons
Commission on Cancer
American Academy of Orthopaedic Surgeons
Society of General Internal Medicine
American Psychiatric Association
American Society for Radiation Oncology
American College of Medical Toxicology and the American Academy of Clinical Toxicology
American Association for Pediatric Ophthalmology and Strabismus
North American Spine Society
American College of Emergency Physicians
American Association of Clinical Endocrinologists/The Endocrine Society
American College of Chest Physicians/American Thoracic Society (Pulmonary)
American Academy of Dermatology
Society of Gynecologic Oncology
American Headache Society
American Society of Hematology
Critical Care Collaborative
Society for Cardiovascular Magnetic Resonance
Society for Maternal-Fetal Medicine
Heart Rhythm Society
American College of Occupational and Environmental Medicine
American Association of Neurological Surgeons
American Society of Anesthesiologists
American Society of Colon and Rectal Surgeons

Choosing Wisely physician partners, Jan 2014

American Academy of Allergy, Asthma & Immunology
American Academy of Clinical Toxicology
American Academy of Dermatology
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Neurology
American Academy of Ophthalmology
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American Academy of Otolaryngology–Head and Neck Surgery
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The American Academy of Physical Medicine and Rehabilitation
American Association of Blood Banks
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American Association for the Study of Liver Diseases
American Association for Pediatric Ophthalmology and Strabismus
American College of Cardiology
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American College of Obstetricians and Gynecologists
American College of Occupational and Environmental Medicine
American College of Physicians
American College of Radiology
American College of Rheumatology
American College of Surgeons
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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 for Clinical Pathology
American Society of Colon and Rectal Surgeons
American Society of Echocardiography
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American Society of Nephrology
American Society of Nuclear Cardiology
American Society of Plastic Surgeons
American Society for Radiation Oncology
American Society for Reproductive Medicine
American Thoracic Society
American Urological Association
Commission on Cancer
Endocrine Society
Heart Rhythm Society
National Physicians Alliance
North American Spine Society
Society for Cardiovascular Angiography and Interventions
Society of Cardiovascular Computed Tomography
Society for Cardiovascular Magnetic Resonance
Society of Critical Care Medicine
Society of General Internal Medicine
Society of Gynecologic Oncology
Society of Hospital Medicine
Society for Maternal-Fetal Medicine
Society of Nuclear Medicine and Molecular Imaging
Society of Thoracic Surgeons
Society for Vascular Medicine

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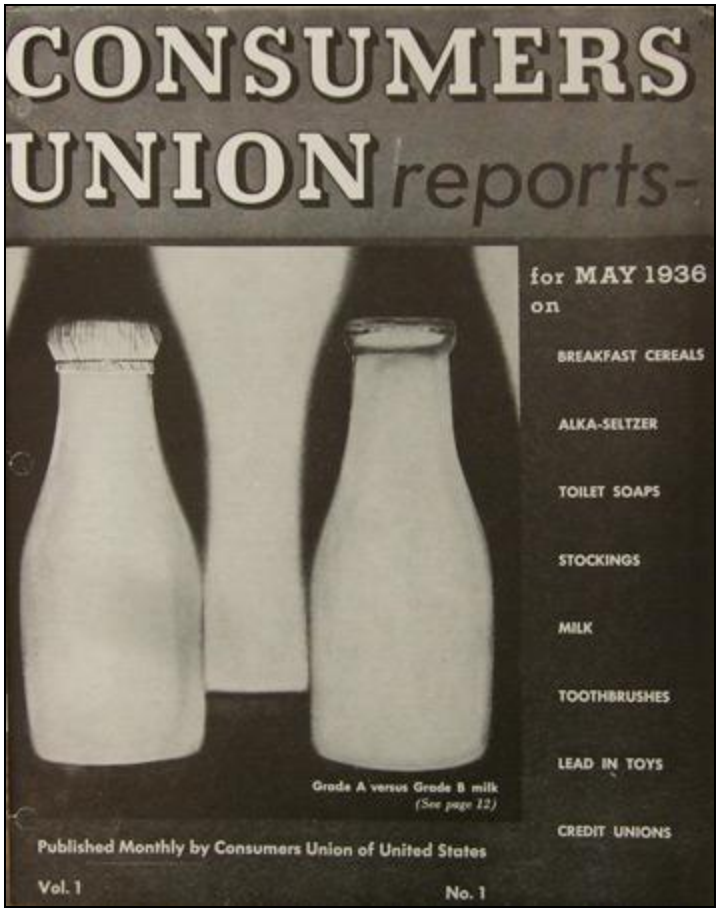
Consumer Reports and Health

1936:
Alka-Seltzer

Today:
Best Buy Drugs
Cancer Screening Tests
Health Insurance Rankings
Physician Rankings
Hospital Safety

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Regional Collaboratives

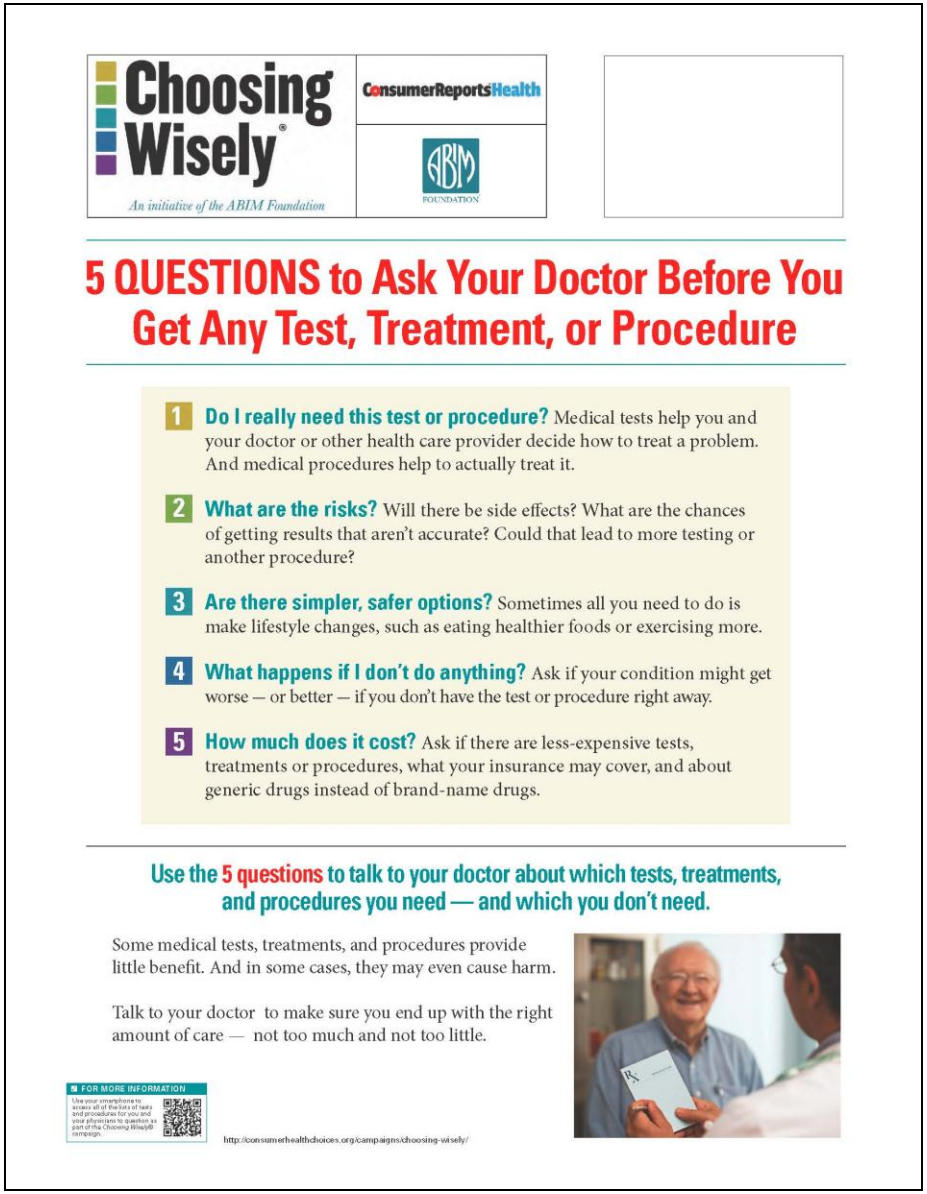
Better Health Greater **Cleveland**
HealthInsight **Utah**
Institute for Clinical Systems Improvement
Minnesota Health Action Group
Iowa Healthcare Collaborative
Maine Quality Counts
Massachusetts Health Quality Partners
Michigan Health Information Alliance, Inc.
Washington Health Alliance
Wisconsin Collaborative
for Healthcare Quality

Societies/State Medical Associations

American Academy of Hospice and Palliative Medicine
American Academy of Ophthalmology
American College of Physicians
American Society for Clinical Pathology
American Society of Echocardiography
American Society of Nuclear Cardiology
Minnesota Medical Association
Oregon Medical Association
Society of Hospital Medicine
Tennessee Medical Association
Texas Medical Association
Washington State Medical Association

5 Questions to Ask Your Doctor

1. Do I really need this test or procedure?
2. What are the risks?
3. Are there simpler, safer options?
4. What happens if I don't do anything?
5. How much does it cost?



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5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure

1. **Do I really need this test or procedure?** Medical tests help you and your doctor or other health care provider decide how to treat a problem. And medical procedures help to actually treat it.
2. **What are the risks?** Will there be side effects? What are the chances of getting results that aren't accurate? Could that lead to more testing or another procedure?
3. **Are there simpler, safer options?** Sometimes all you need to do is make lifestyle changes, such as eating healthier foods or exercising more.
4. **What happens if I don't do anything?** Ask if your condition might get worse — or better — if you don't have the test or procedure right away.
5. **How much does it cost?** Ask if there are less-expensive tests, treatments or procedures, what your insurance may cover, and about generic drugs instead of brand-name drugs.

Use the 5 questions to talk to your doctor about which tests, treatments, and procedures you need — and which you don't need.

Some medical tests, treatments, and procedures provide little benefit. And in some cases, they may even cause harm.

Talk to your doctor to make sure you end up with the right amount of care — not too much and not too little.

FOR MORE INFORMATION

Use your smartphone to access all of the lists of tests and procedures for you and your physicians to question as part of the Choosing Wisely® campaign.

http://consumerhealthchoices.org/campaigns/choosing-wisely/

Choosing Wisely: Drugs

Antibiotics for sinusitis
Antipsychotics for dementia
Opioids for migraines
Painkillers in kidney disease
Sleeping pills in the elderly
Testosterone for erections
PPIs for heartburn

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AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

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Oral antibiotics for ear infections

When you need them—and when you don't

Antibiotics are strong medicines that can kill bacteria. For ear infections, doctors often prescribe oral antibiotics that you swallow in pill or liquid form.

However, eardrops can sometimes be safer and more effective than oral medicines. Here's why:

Oral antibiotics have risks.

- Oral antibiotics are more likely to cause resistant bacteria outside the ear. Then, in the future, the drugs will not work as well. Illnesses will be harder to cure and more costly to treat.
- Antibiotic eardrops kill the bacteria faster and more completely than oral antibiotics. Drops don't go into the bloodstream, so more medicine reaches the infection.

Oral antibiotics have more side effects.

Oral antibiotics can cause more side effects than antibiotic eardrops. Side effects include diarrhea, nausea and vomiting, stomach pain, rash, headache, and dangerous allergic reactions.

Who should use antibiotic eardrops?

Antibiotic eardrops can be more effective and safer for:

- People with Swimmer's Ear, an infection caused by water in the ear.
- Children who have tubes in their ears. The tubes prevent most infections behind the eardrum—an area known as the middle ear. If there is an infection, antibiotic eardrops can be given right through the tube.

Choosing Wisely: Imaging

Bone density tests
Cardiac imaging
Chest X-rays
Echocardiograms
Imaging in early breast cancer
Imaging in prostate cancer
Imaging for headaches
Imaging for ovarian cysts

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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

Choosing Wisely: Procedures

Carotid artery surgery
Colonoscopy
Feeding tubes
Implanting an ICD
Kidney dialysis
Treating blocked arteries

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The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

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Delivering your baby

Why scheduling early delivery is not a good idea

Sometimes there are medical reasons for a woman to deliver her baby before naturally going into labor. For example, if a week or more passes after the due date and the baby does not come, doctors may need to start, or induce, labor. Or if the woman or her baby is at risk, doctors may need to deliver the baby by Cesarean delivery, or C-section.

These types of deliveries can save lives. But to hurry a baby's birth—just to make it convenient for you or your doctor—can increase the risk of serious problems for both you and your baby. Here's why:

Full term is better.
A full-term pregnancy lasts at least 39 weeks. Of course, some babies naturally arrive sooner. And complications during pregnancy can make an early delivery the safest choice. But most babies need 39 weeks to develop fully. Induced or planned delivery before that time—without valid medical reason—is not in the best interest of the baby or the mother.

Between 1990 and 2007, there were fewer full-term births, and almost twice as many babies born at 37 and 38 weeks. One reason for this is that it became more common for women to be scheduled for a C-section or to have labor induced before their due

date. Some hospitals have taken recent steps to reduce unnecessary early deliveries, but too many births are still being scheduled for convenience.

Carrying an infant the full 39 weeks has important health benefits for the baby and the mother. For example, during weeks 37 and 38, the baby's lungs and brain are still developing. The baby's body also gains fat during this time, which helps the baby keep a healthy body temperature.

Choosing Wisely: Tests

Allergy tests
Alzheimer's Disease tests
Lab tests before surgery
Lyme Disease tests
Pap tests

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American College of Rheumatology — Education • Treatment • Research
ABIM Foundation

Tests for Lyme disease

When you need them—and when you don't

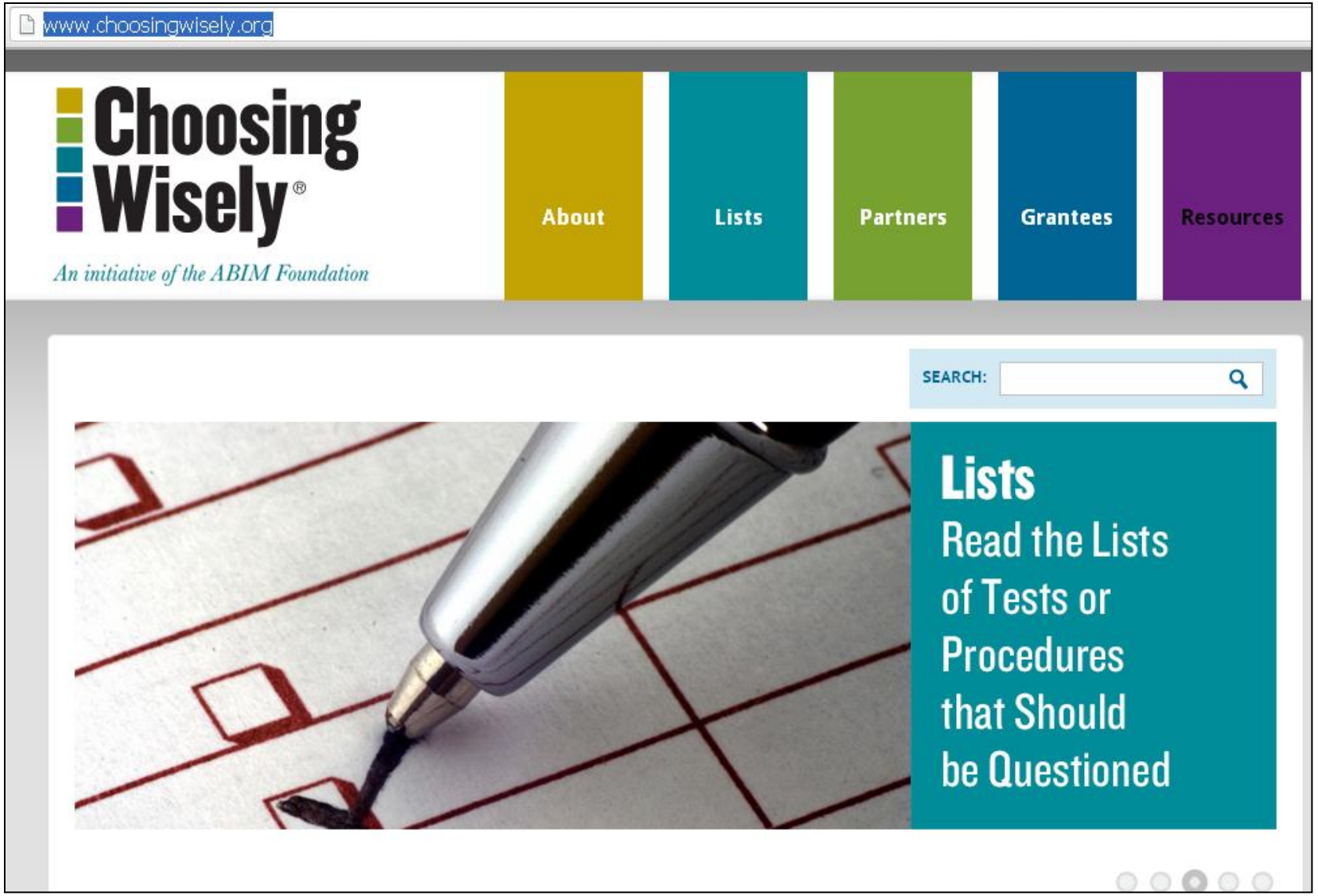
Lyme disease is usually caused by a bite from a deer tick. The disease can cause joint pain, aching muscles, and a tired feeling. There are two blood tests for Lyme disease, but usually you do not need them. Here's why:

You do not usually need tests to show that you have Lyme disease.
In most cases, there's a clear sign of Lyme disease—a painless, spreading rash that often grows to look like a bull's eye. If you have this rash, and you recently had a tick bite or were in an area known for Lyme disease, you don't need a test. Instead, your doctor can just start treating you with antibiotics, as appropriate.

You do not usually need tests if you have vague aches and pains.
Some people get the blood tests for Lyme disease because they feel achy and tired. These symptoms are very common and often come from arthritis, depression, the flu, or other causes. If you only have these vague symptoms, Lyme disease is not usually the cause.

The blood tests can have false positives.
The blood tests can trigger false positives, suggesting that you have the disease when you really don't. This can happen in up to one out of four tests.

This can lead to unnecessary treatment with antibiotics. These drugs are usually safe, but they sometimes cause side effects, such as nausea, vomiting, diarrhea, and increased sensitivity of the skin to sunlight. In rare cases, they can even cause dangerous allergic reactions.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American Society for Clinical Pathology

ASCP American Society for Clinical Pathology

Five Things Physicians and Patients Should Question

1 Don't perform population based screening for 25-OH-Vitamin D deficiency.

Vitamin D deficiency is common in many populations, particularly in patients at higher latitudes, during winter months and in those with limited sun exposure. Over the counter Vitamin D supplements and increased summer sun exposure are sufficient for most otherwise healthy patients. Laboratory testing is appropriate in higher risk patients when results will be used to institute more aggressive therapy (e.g., osteoporosis, chronic kidney disease, malabsorption, some infections, obese individuals).

2 Don't perform low risk HPV testing.

National guidelines provide for HPV testing in patients with certain abnormal Pap smears and in other select clinical indications. The presence of high risk HPV leads to more frequent examination or more aggressive investigation (e.g., colposcopy and biopsy). There is no medical indication for low risk HPV testing (HPV types that cause genital warts or very minor cell changes on the cervix) because the infection is not associated with disease progression and there is no treatment or therapy change indicated when low risk HPV is identified.

3 Avoid routine preoperative testing for low risk surgeries without a clinical indication.

Most preoperative tests (typically a complete blood count, Prothrombin Time and Partial Prothomboplastin Time, basic metabolic panel and urinalysis) performed on elective surgical patients are normal. Findings influence management in under 3% of patients tested. In almost all cases, no adverse outcomes are observed when clinically stable patients undergo elective surgery, irrespective of whether an abnormal test is identified. Preoperative testing is appropriate in symptomatic patients and those with risks factors for which diagnostic testing can provide clarification of patient surgical risk.

4 Only order Methylated Septin 9 (SEPT9) to screen for colon cancer on patients for whom conventional diagnostics are not possible.

Methylated Septin 9 (SEPT9) is a plasma test to screen patients for colorectal cancer. Its sensitivity and specificity are similar to commonly ordered stool guaiac or fecal immune tests. It offers an advantage over no testing in patients that refuse these tests or who, despite aggressive counseling, decline to have recommended colonoscopy. The test should not be considered as an alternative to standard diagnostic procedures when those procedures are possible.

5 Don't use bleeding time test to guide patient care.

The bleeding time test is an older assay that has been replaced by alternative coagulation tests. The relationship between the bleeding time test and the risk of a patient's actually bleeding has not been established. Further, the test leaves a scar on the forearm. There are other reliable tests of coagulation available to evaluate the risks of bleeding in appropriate patient populations.

Choosing Wisely guidelines are appearing:

- In medical schools
- In nursing schools
- In electronic medical systems
- In practice guidelines
- In public service announcements
- In examining rooms

“This is no longer a campaign. It’s a movement.”

-- John Santa, MD, MPH, Consumer Reports

Thank you

ConsumerHealthChoices.org

@ConsumerDavid

David Ansley

Senior Analyst, Health Product Development

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