# The Choosing Wisely® Campaign

Daniel Wolfson
March 3, 2015
10th National Pay for Performance Summit
San Francisco, CA

No disclosures to report

# Stand-up if you have witnessed unnecessary care harming patients

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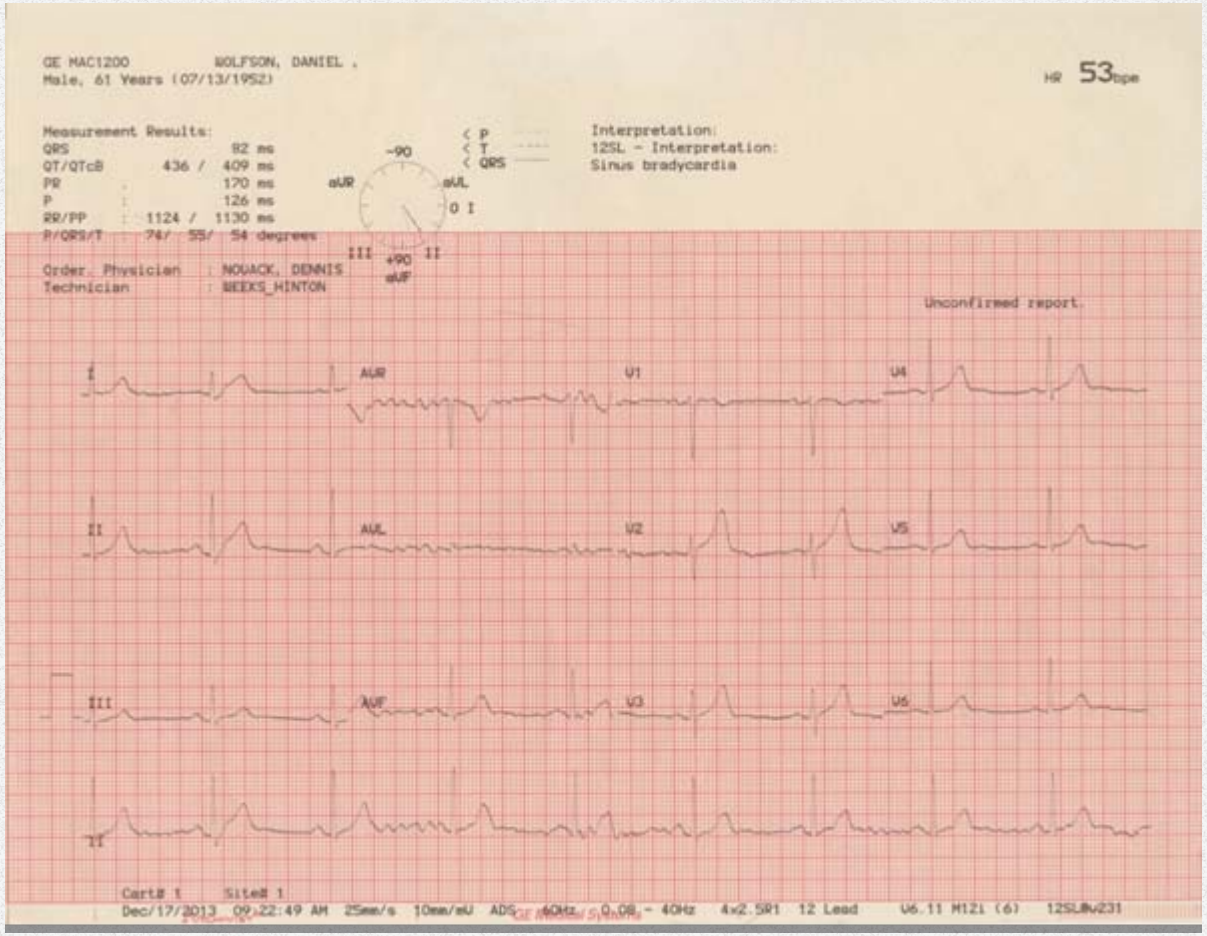
# Stories

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## Overall Spending

1. United States
2. Norway
3. Switzerland
4. Netherlands
5. Canada
6. Germany
7. France
8. Sweden
9. Australia
10. United Kingdom
11. New Zealand

## Overall Performance

1. United Kingdom
2. Switzerland
3. Sweden
4. Australia
5. Germany
5. Netherlands
7. New Zealand
7. Norway
9. France
10. Canada
11. United States

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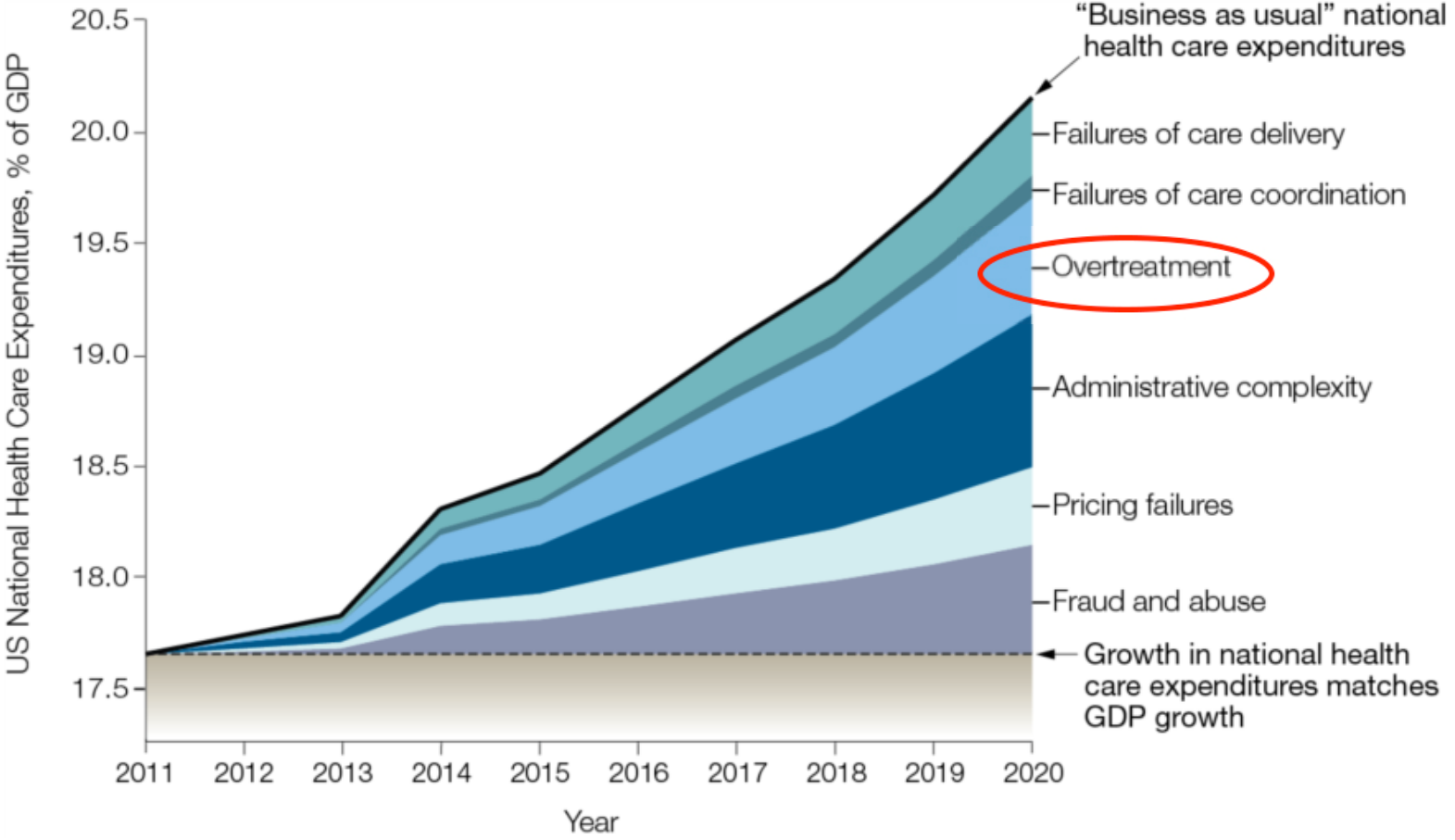
# Where Is the Waste?

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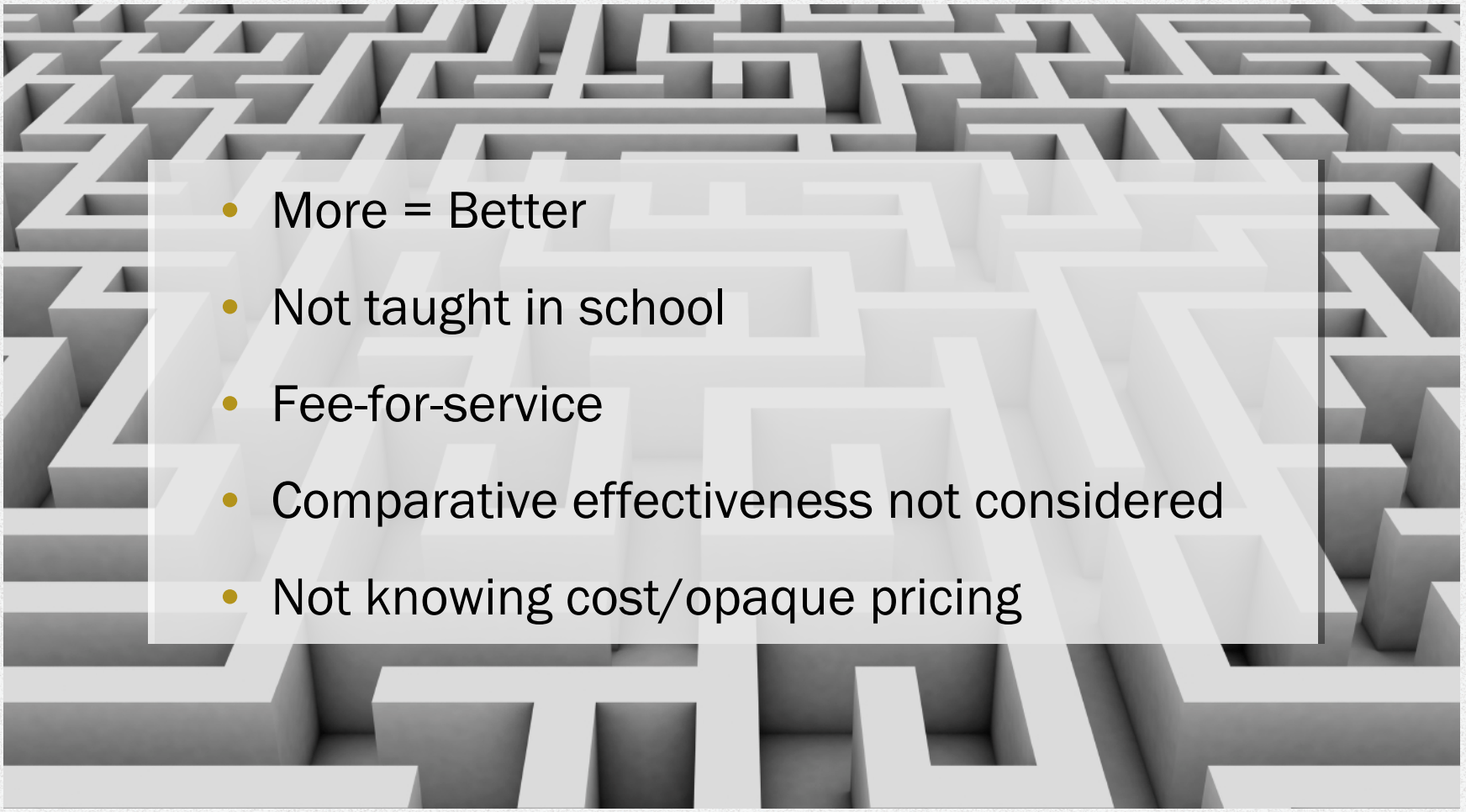
# How Did We Get Lost?



- More = Better
- Not taught in school
- Fee-for-service
- Comparative effectiveness not considered
- Not knowing cost/opaque pricing

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# What do Physicians Think of Overuse?

- 72%: Say docs do it **at least once a week**
- 73%: Say **somewhat or very serious** problem
- 66%: Feel **responsibility** for avoiding overuse
- 58%: Say docs in **best position** to address problem

Source: *Unnecessary Tests and Procedures In the Health Care System*. Conducted for The ABIM Foundation by PerryUndem Research/Communication. (2014).

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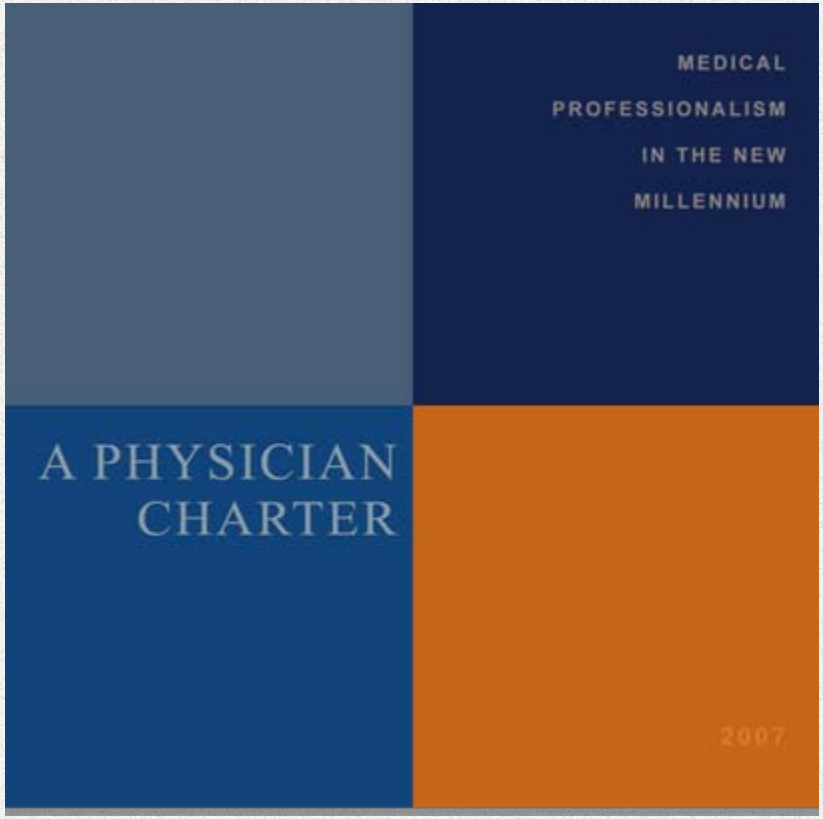
# The *Choosing Wisely*® Campaign

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.




## 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

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NATIONAL PHYSICIANS ALLIANCE

## The "Top 5" Lists in Primary Care

*Meeting the Responsibility of Professionalism*

The Good Stewardship Working Group

## Medicine's Ethical Responsibility for Healthcare Reform – The Top 5 List

Howard Brody, MD PhD

The NEW ENGLAND JOURNAL of MEDICINE

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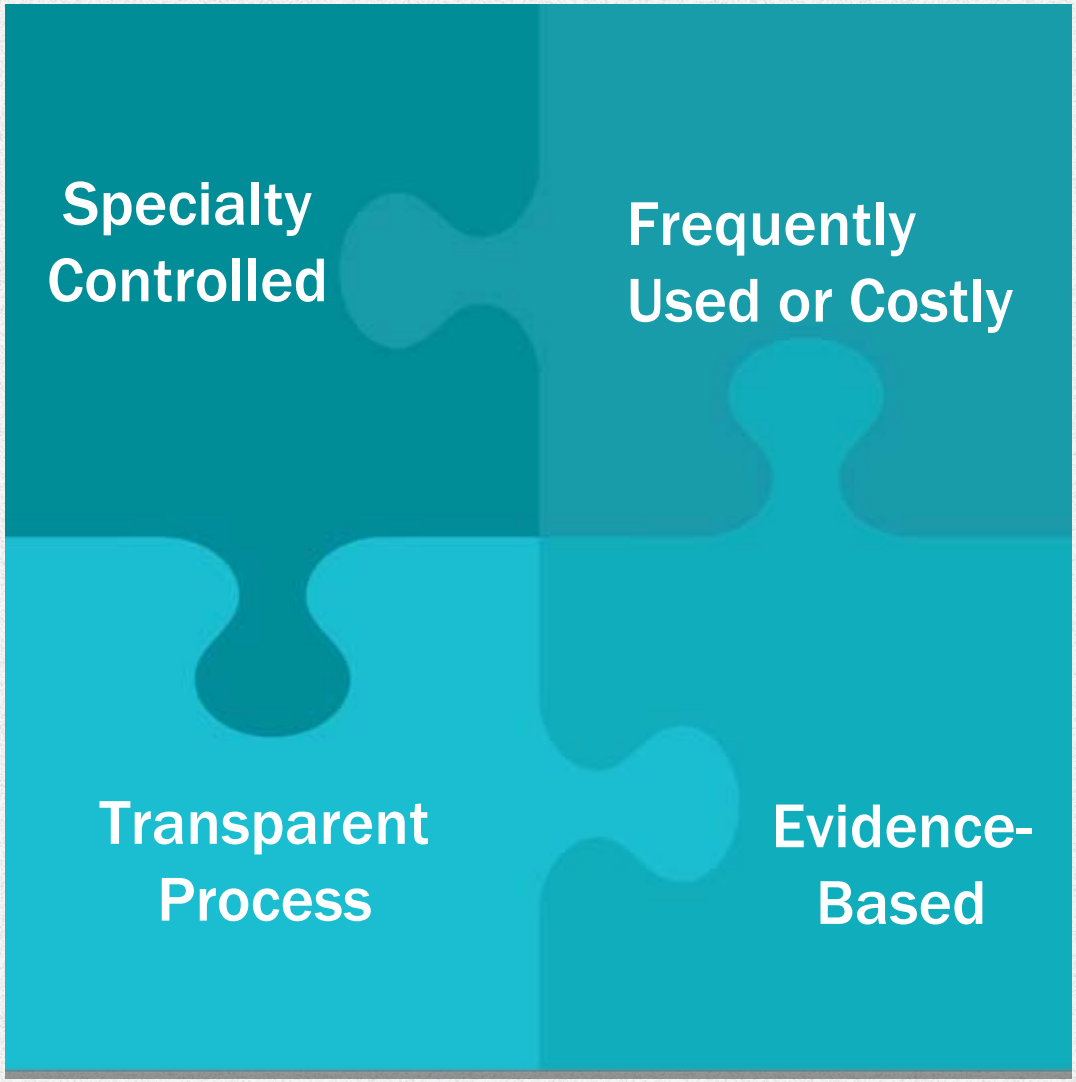
# “5 Things” Lists

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# Society Partners

- 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
- 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
- AMDA – Dedicated to Long Term Care Medicine
- American Academy of Clinical Toxicology
- American Academy of Dermatology
- American Academy of Nursing
- American Academy of Orthopaedic Surgeons
- American Association for Pediatric Ophthalmology and Strabismus
- American Association for the Study of Liver Diseases
- American Association of Blood Banks
- American Association of Clinical Endocrinologists
- American Association of Neurological Surgeons
- American College of Chest Physicians
- American College of Emergency Physicians
- American College of Medical Genetics and Genomics
- American College of Medical Toxicology
- American College of Occupational and Environmental Medicine
- American College of Preventive Medicine
- American College of Surgeons
- American Dental Association
- American Headache Society
- American Medical Society for Sports Medicine
- American Physical Therapy Association
- American Psychiatric Association
- American Society for Radiation Oncology
- American Society for Reproductive Medicine
- American Society of Anesthesiologists
- American Society of Colon & Rectal Surgeons
- American Society of Hematology
- American Thoracic Society
- Commission on Cancer
- Heart Rhythm Society
- North American Spine Society
- Society for Cardiovascular Angiography and Interventions
- Society for Cardiovascular Magnetic Resonance
- Society for Maternal-Fetal Medicine
- Society of Critical Care Medicine
- Society of General Internal Medicine
- Society of Gynecologic Oncology
- The American Academy of Physical Medicine and Rehabilitation
- The Endocrine Society

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# What Is On The 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 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.

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An initiative of the ABIM Foundation

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 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, over-treatment 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.

These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their physician.

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AMERICAN ACADEMY OF FAMILY PHYSICIANS

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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

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# Strategic Partners

ConsumerReports® Health → 18 Consumer Partners

Robert Wood Johnson Foundation → 21 State & Regional Grantees

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# Consumer Partners

## Founding Partners

- AARP
- Alliance Health Networks
- Midwest Business Group on Health
- National Business Coalition on Health
- National Business Group on Health
- National Center for Farmworker Health
- National Partnership for Women & Families
- Pacific Business Group on Health
- SEIU
- The Leapfrog Group
- Wikipedia

## National Partners and Specialty Societies

- National Hospice and Palliative Care Organization
- Society for Participatory Medicine
- Union Plus

## Regional Partners

- The Alliance
- Baby Boomers for Balanced Health Care
- California Grower Foundation
- Connecticut Choosing Wisely Collaborative
- Covered California
- Detroit Regional Chamber
- Greater Detroit Area Health Council
- Healthcare Collaborative of Greater Columbus
- Minnesota Health Action Group
- Oregon Health Care Quality Corporation
- Pittsburgh Regional Health Initiative
- Rhode Island Business Group on Health
- VNA Community Healthcare
- Washington Health Alliance
- Washington State Hospital Association
- Washington State Medical Association
- West Virginians for Affordable Health Care

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# Spreading the Message


USA TODAY

THE WALL STREET JOURNAL.

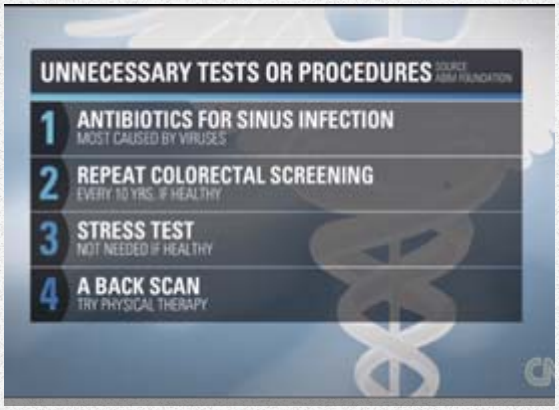
AP

Forbes

The New York Times







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Choosing Wisely

The New York Times

The New Old Age
Caring and Coping

HEALTH CARE

# For the Elderly, Medical Procedures to Avoid

By PAULA SPAN FEBRUARY 28, 2013 6:54 AM 42 Comments

The Choosing Wisely campaign, an initiative by the American Board of Internal Medicine Foundation in partnership with Consumer Reports, kicked off last spring. It is an attempt to alert both doctors and patients to problematic and commonly overused medical tests, procedures and treatments.

It took an elegantly simple approach: By working through professional organizations representing medical specialties, Choosing Wisely asked doctors to identify "Five Things Physicians and Patients Should Question."

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from geriatricians and palliative care specialists, which may be of particular interest to New Old Age readers. I've previously written about a number of these warnings, but it's helpful to have them in single, strongly worded documents.

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JAMA The Journal of the American Medical Association

# The Value of Low-Value Lists

Adam G. Elshaug, PhD, MPH
J. Michael McWilliams, MD, PhD
Bruce E. Landon, MD, MBA

AN INTERNATIONAL GROUNDSWELL OF ACTIVITY IS seeking to identify and reduce the use of health care services that provide little or no benefit—whether through overuse or misuse. There are strong imperatives for identifying such waste: (1) an ethical imperative to ensure patient safety and thus avoid tests and treatments that cause harm directly or indirectly with-

mic heart disease. The main challenge is that interventions proven to be effective for specific clinical populations are often inappropriately applied to patients for whom benefit has never been demonstrated (indication or scope creep). In the United States in particular, extrapolation of evidence is encouraged by financial incentives embedded in physician payment systems and coverage designs with limited cost sharing for patients.

Just as the development of low-value lists is beset with clinical complexity, so too is their implementation. Although evidence-based assessments of individual health services often focus on use in specific populations and indications, the presumption of detailed clinical data is often at

The most recent initiative garnering attention is Choosing Wisely, a US campaign led by the ABIM Foundation.[2] Other countries are implementing similar approaches.[3] A major challenge faced by these initiatives has been how to identify and prioritize candidate services for consideration in a reasoned and transparent manner. Today, several lists compiled by

sicians and hospitals is to develop and implement strategies to reduce the use of services that are identified in these lists, many of which are discretionary, if not potentially harmful.

The intent of the evidence-informed lists is to provide sets of specific services used in defined clinical scenarios that payers and health care professionals can target directly in rewarding value and limiting inappropriate care. As suggested by the lists, services that are ineffective, unsafe, or both for all patients and indications are rare. Typically, a service demonstrates safety and effectiveness profiles that depend on the characteristics of the population to whom it is provided. In essence, a service that is low value in some clinical circumstances might be high value in others. This clinical heterogeneity makes it difficult to develop simple approaches for identifying low-value services.[4] For instance, although routine stress testing in asymp-

to discourage use of low-value services is likely to be limited in scope. Similarly, value-based insurance design and related supply-side strategies (eg, not paying for never events) are fraught with measurement and data issues when applied to services of heterogeneous value. For example, developing benefit-based co-payments for automatic implantable cardiac defibrillators or for coronary revascularization procedures (higher co-payments for lower-value uses) would require the incorporation of complex and evolving guide-

**Author Affiliations:** Department of Health Care Policy, Harvard Medical School (Drs Elshaug, McWilliams, and Landon), Division of General Internal Medicine and Primary Care, Department of Medicine, Brigham and Women's Hospital (Dr McWilliams), and Division of General Medicine and Primary Care, Beth Israel Deaconess Medical Center (Dr Landon), Boston, Massachusetts; The Commonwealth Fund, New York, New York, and School of Population Health, The University of Adelaide, Adelaide, South Australia (Dr Elshaug).

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# Health System Adoption

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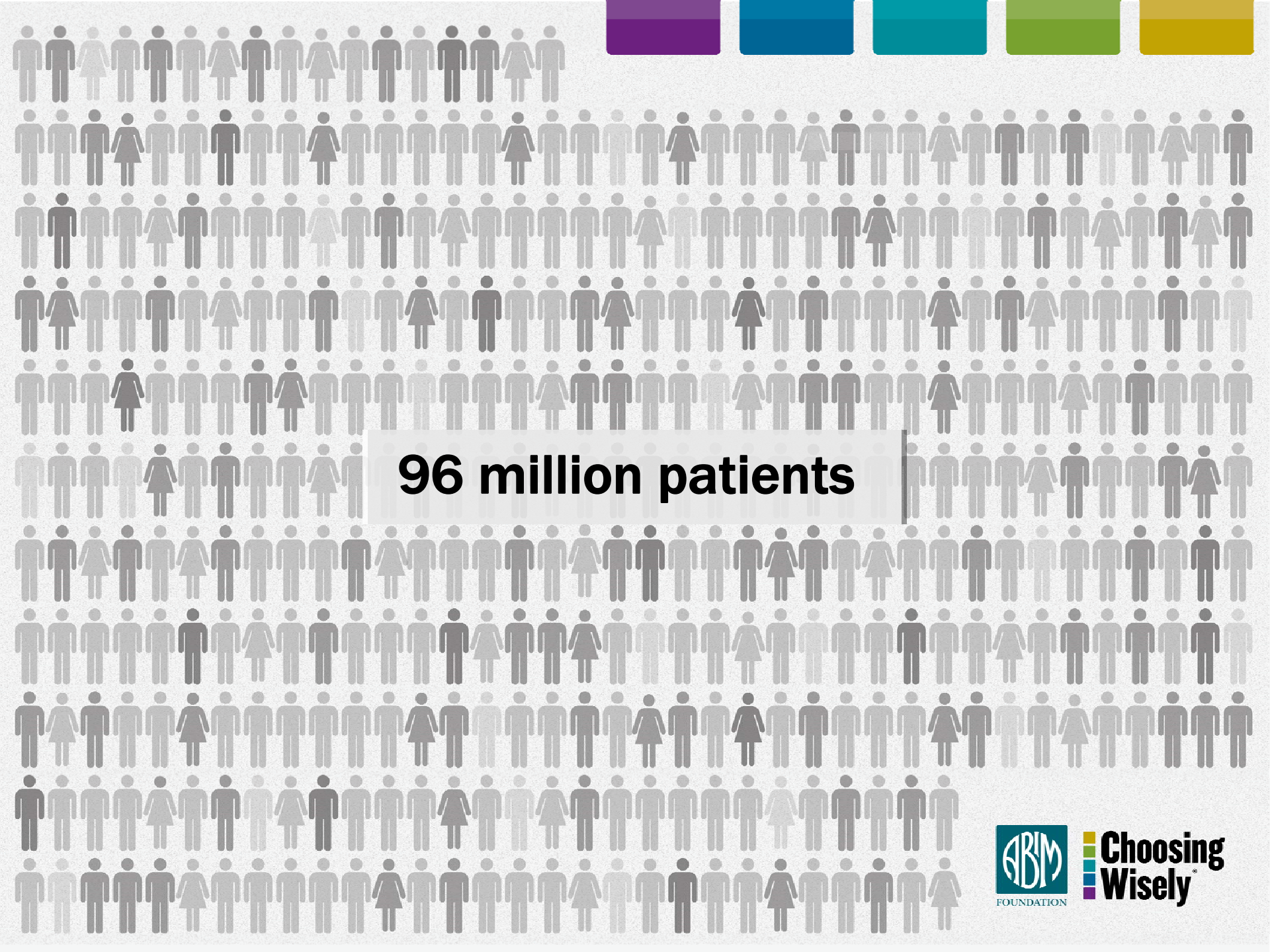
96 million patients

# Teaching Future Physicians

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AACH
American Academy on Communication in Healthcare

DOC COM

DREXEL UNIVERSITY College of Medicine


- Elicit Patients Concerns
- Empathy with legitimation
- Reassurance using health infomation
- Provide Clear Recommendations
- Unecessary Testing Causing Harm
- Provide Written Information
- Treatment Plan
- Confirm Agreement

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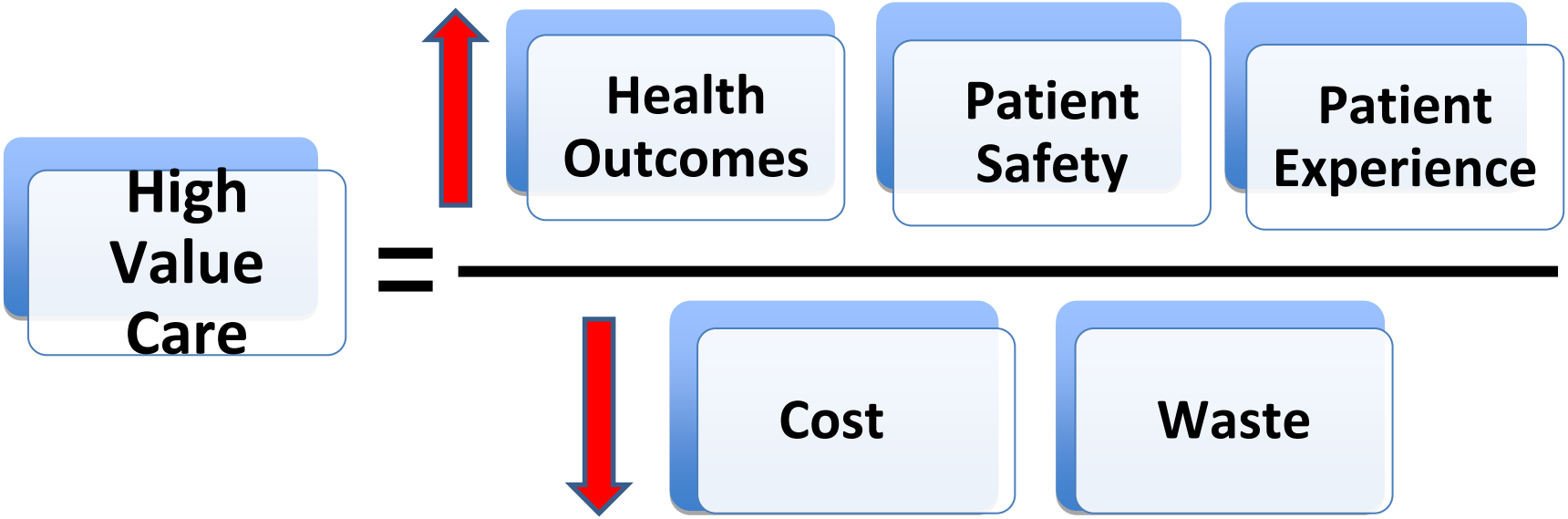


UCSF University of California, San Francisco
Division of Hospital Medicine

Source: Wachter's World
http://community.the-hospitalist.org/2013/05/27/how-ucsf-is-solving-the-quality-cost-value-jigsaw-puzzle/

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# Choose (your words) Wisely

| | Stop | Start |
|---|---|---|
| **High-value equation** | Denominator (cost) alone | Numerator & denominator |
| **Stories** | Incidental “pick-ups” | Incidentalomas |
| **Commentary** | Glorify thoroughness | Praise restraint |
| **Resources** | “Just a (CBC, x-ray)” | Waste management |
| **Uncertainty** | Loathe | Normalize |

Source: Gurpeet Dhaliwal, MD
Professor of Medicine, UCSF
Site Director, Internal Medicine Clerkships
San Francisco, VA Medical Center

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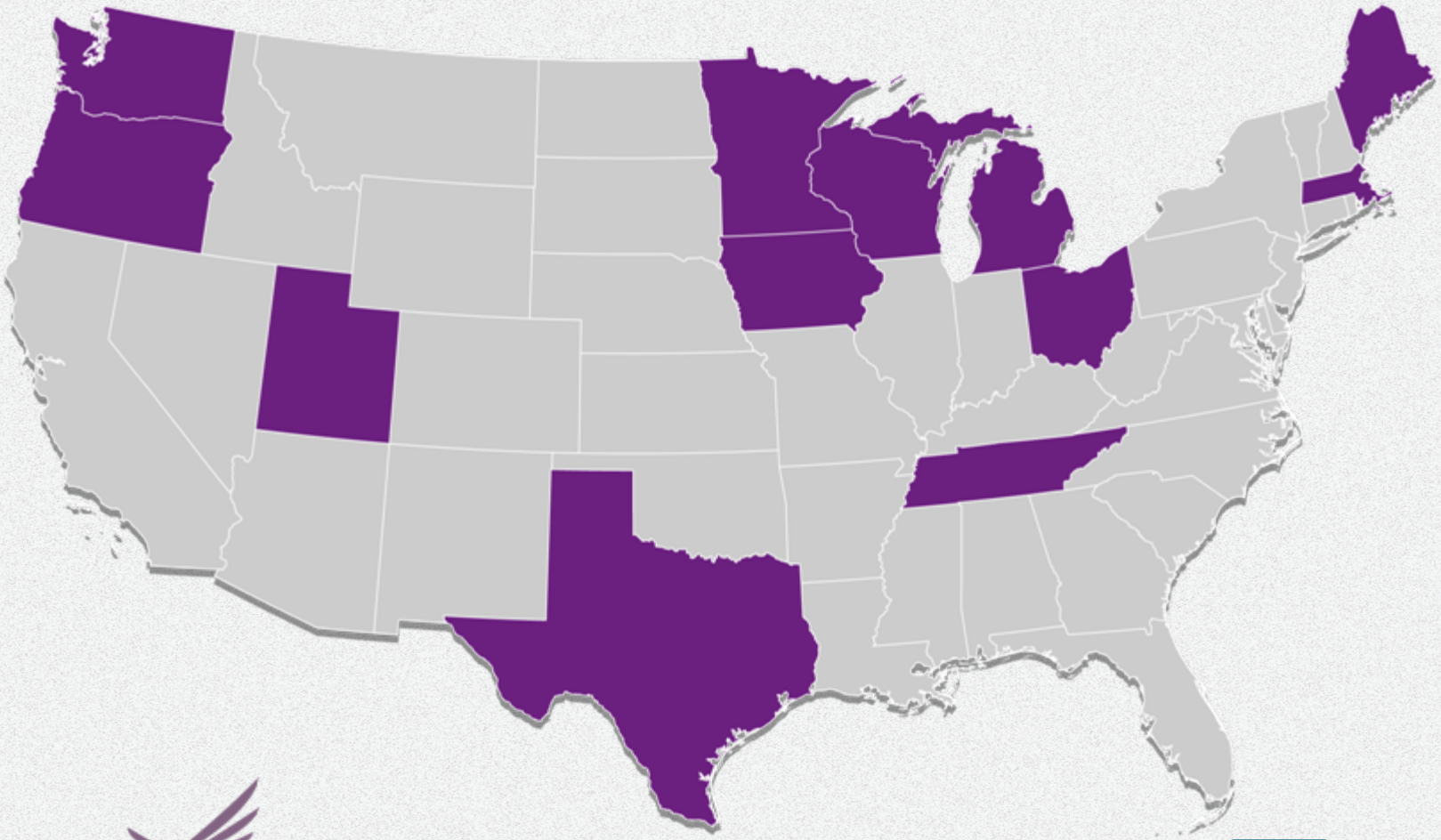
# Regional Transformation



Robert Wood Johnson Foundation

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# Perspective

## Swimming against the Current — What Might Work to Reduce Low-Value Care?

Carrie H. Colla, Ph.D.

N Engl J Med 2014; 371:1280-1283 | October 2, 2014 | DOI: 10.1056/NEJMp1404503

"Much work remains, but the combination of shared risk and efforts such as Choosing Wisely may prove catalytic. The combination of labeling low-value care and beginning to align incentives with value may present the most promising near-term opportunity to accelerate the reduction of use of low-value care."

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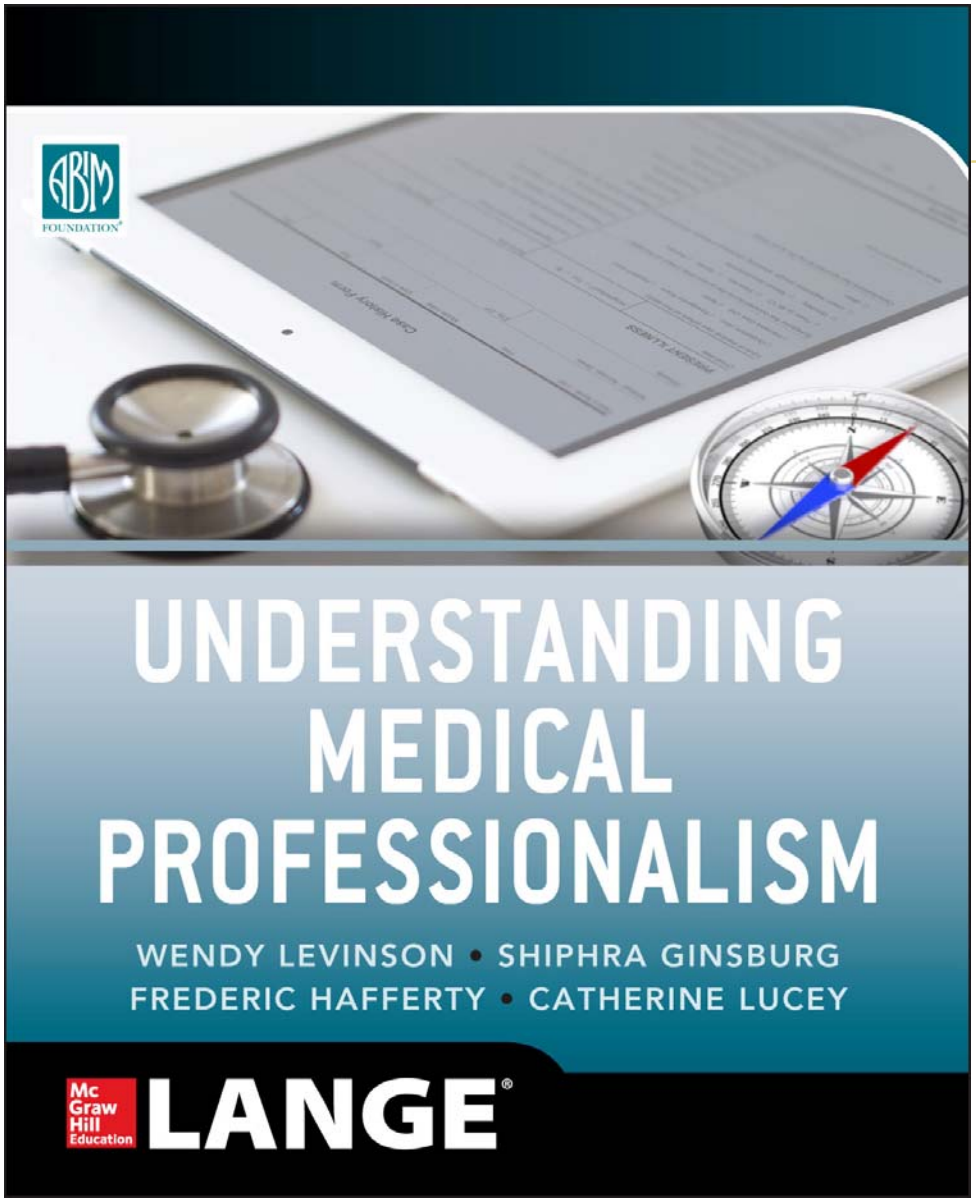
# For More Information

*Choosing Wisely* website: www.choosingwisely.org

The Medical Professionalism Blog: blog.abimfoundation.org

Twitter: @ABIMFoundation & @WolfsonD




"Understanding Medical Professionalism *is a 'must-have' for all involved in the healing arts. The book demystifies professionalism, bringing it from a philosophical, mystical concept to a practical, everyday set of behaviors*."
**–Carlos A. Pellegrini, MD, FACS, FRCSI (Hon.)**

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