THE CHOOSING WISELY® CAMPAIGN

9th Annual MiHIA Conference:
The Region’s Health and Health Care Systems
“Communities Achieving Excellence and Accountability”
January 26, 2018

Daniel Wolfson, MHSA
Executive Vice President and COO
ABIM Foundation
The Guide Star of Professionalism

3 Fundamental Principles
- Primacy of patient welfare
- Patient autonomy
- Social justice

10 Commitments
- Professional competence
- Honesty, confidentiality and appropriate patient relations
- Improving quality of care
- Improving access to care
- **Just distribution of resources**
- Scientific knowledge
- Avoiding conflict of interest
- Professional code of conduct
“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, 2010
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-led efforts to provide high-value care and help patients make smart, effective choices.
On the front lines, witnesses to harm
One Story of Harm – Dr. Eric Wei
Our Success To Date

- 80 specialty society partners
- 535+ recommendations
- 29 current and former grantees
- 45+ Choosing Wisely Champions
- 70+ consumer and employer groups
- 1,330 journal article mentions in 2016*
- 19 other countries
A Growing Global Movement

Australia, Austria, Brazil, Canada, Denmark, England, France, Germany, India, Israel, Italy, Japan, Netherlands, New Zealand, Norway, Portugal, South Korea, Switzerland, United States, Wales
Lessons Learned

• Power of messaging and framing
• Simple rules
• Engagement and partnership
• Bottom-up approach with support
• Need for system and performance improvement approaches
Power of Messaging

- Focus on quality, safety and “do no harm”
- Evidence based
- Within control of specialty
- Physician and patient lead
- Transparent process
**Clinical Recommendations**

1. 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. CT scans expose patients to ionizing radiation, increasing patients' lifetime risk of cancer; they should only be performed on patients at risk for significant injuries. Physicians can safely identify patients with minor head injury in whom it is safe to perform an immediate CT by performing a thorough history and physical examination following evidence-based guidelines. This approach has been proven safe and effective at reducing the use of CT scans in large clinical trials. In contrast, clinical observation in the emergency department is recommended for some patients with mild head injury prior to deciding whether to perform a CT scan.

2. Avoid placing indwelling urinary catheters in the emergency department for either urine output monitoring in stable patients who can void or for patient or staff convenience.

   Indwelling urinary catheters are placed in patients in the emergency department to monitor when patients cannot urinate, to monitor urine output for patient comfort. Catheter-associated urinary tract infection (CAUTI) is a 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 need for 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, or the time of surgery and endovascular care. When possible, alternatives to indwelling urinary catheters should be used.

3. 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 or incurable illnesses. Hospice care is palliative care for those patients in the final few months of life. Emergency physicians should address the management of these patients in the emergency department with chronic or terminal illnesses, and their families, in conversations about palliative care and hospice services. Early referral from the emergency department to hospice and palliative care services can benefit selected patients resulting in improved quality and quantity of life.

4. 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 seeking emergency department care. Some infections, called abscesses, become walled off and form pus under the skin. Opening and draining an abscess is the appropriate treatment; antibiotics offer no benefit. Even 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 well-functioning immune system, antibiotics are not needed. Additionally, culture of the drainage is not needed as the result will not change antibiotic treatment.

5. 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 nasogastric patients may allow patients and nurses to accept fluid replacement early. 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.

**Consumer Translations**

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 Emergency Physicians 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, and because of fees for doctors, services, and facilities. A CT scan can add over $2,000 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
Explored statewide models

Enhanced patient-clinician communication

2 point-of-care pilot projects, in English and Spanish
“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
- 52.5% were aware of local efforts to promote the campaign
- 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.
Problem of Adverse Events – Dr. Jay Bhatt
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.
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.
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.
Bottom-Up Approach

“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.

Check out this month’s Hangout with Drs. Cheryl O’Malley and Steve Brown discussing how Banner has incorporated high-value care into its major strategic objectives, including the creation of a local Choosing Wisely® competition:

https://www.youtube.com/watch?v=lddbTBcqALc&list=PLY4idV4eg7bdnfwfElkzT2wIIbdaTvnsm
Our Newest Initiative in U.S.:

Choosing Wisely STARS

STARS aims to catalyze grassroots, student-led initiatives to advance health care value in medical education.

2 first-year medical students from each of 25 medical schools across the US.
Need for System and Performance Improvement

• Programmed 180 Choosing Wisely recommendations into EMR
• Alerts physicians who attempt to order test or treatment referenced by Choosing Wisely
• Links to society recommendation and Consumer Reports materials
• $6 million in annual cost savings in aggregate from implementing Choosing Wisely recommendations across system
Interventions

- EMR alerts
- Clinician performance feedback
- Compensation tied to appropriate prescribing
- Peer comparisons

Results

- 31% reduction in annual paps
- 33% reduction in inappropriate antibiotic use
Interventions
• Established new clinical guidelines
• Changed workflows, surgery requirements
• Physician champions
• Clinical education

Results
• 57% reduction in inappropriate antibiotic prescribing

Pre-cataract surgery:
• 37% drop in chest x-rays
• 83% decrease in EKG testing
• 87% decrease in lab tests
Results

- 70% reduction DEXA scans
- 67% reduction too frequent Pap tests
- 14% reduction in antibiotic prescribing for URIs; down to 26% of patients

Interventions

- Clinical pathways in EMR
- Peer-to-peer training
- Changes to order sets
- Provider feedback
- Patient materials
Altering overuse of cardiac telemetry in non-invasive care unit settings by hardwiring the use of American Heart Association Guidelines. (2014)

Interventions
• Changed all telemetry orders to include clinical indication
• Most orders automatically expired at 24 or 48 hours

Results
• 70% reduction in the daily number of patients monitored
• Daily cost saving of $13,199
Interventions

- Dissemination of institutional guidelines
- Changed computerized order entry

Results

- Increased adherence to guideline ordering - 57.1% to 95.5%
- 66% reduction in tests ordered
- $1.25 million saved in year 1
Effective Interventions

- Clinician feedback/peer comparisons
- Clinical decision support
- Clinical champions
- Changes in order sets, guidelines and workflows
Choosing Wisely App

FOR CLINICIANS
Specialty society lists of things clinicians and patients should question.

FOR PATIENTS
Patient-friendly resources from specialty societies and Consumer Reports.

About

Clear Filter Results Done

510 Recommendations Found

Topic Area
Society
Age
Setting
Service

Avoid elective, n... Share
discuss the risks and benefits with their patients before considering inductions of labor without medical indications.

Sources

View All Recommendations From This Society

Patient-Friendly Resources

Share Patient Resources
Share Clinician Recommendation

Cancel
Resources available on the Choosing Wisely website
www.ChoosingWisely.org/Resources

Where Should I Start?
Information on the origins of the campaign, accounts from early adopters, and anecdotes from patients on the effects of overtreatment

Am I Choosing Wisely?
Learning modules for clinicians that help them hone communication skills, avoid unnecessary testing and overcome barriers to delivering high-value care

How Can I Implement Choosing Wisely in My Practice or Health System?
Information for clinicians or health system leaders looking to start a program at their organization

How Can I Implement Choosing Wisely in My Community?
Information for community organizations and employers looking to engage patients in the campaign
THANK YOU

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

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