

# THE CHOOSING WISELY® CAMPAIGN

NJ Healthcare Quality Institute Innovation Showcase:

*“Technology Tools for the Medical Neighborhood”*

March 15, 2018



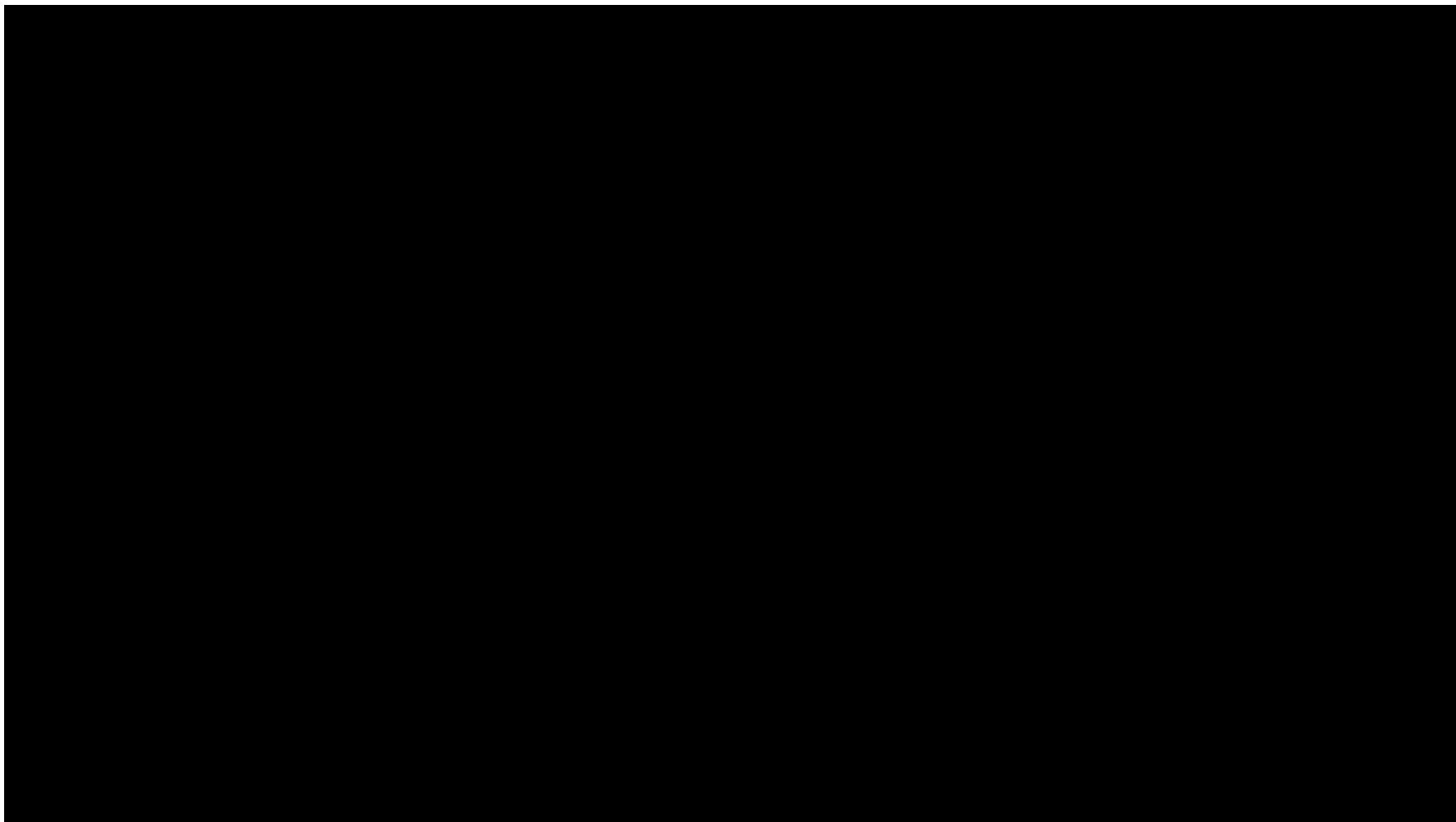
Richard J. Baron, MD  
President & CEO  
ABIM / ABIM Foundation

*Approximately 30% of healthcare costs (more than \$750 billion annually) attributed to overuse & waste*

What on earth can be the cause?



# One Story of Harm – Dr. Eric Wei



# 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



The NEW ENGLAND  
JOURNAL of MEDICINE

“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®

*An initiative of the ABIM Foundation*

[www.ChoosingWisely.org](http://www.ChoosingWisely.org)

Choosing  
Wisely®

Mr. Guest

Dr. Kohn

Dr. Kohn

Dr. Schnipper

April 4, 2012



*An initiative of the ABIM Foundation*



*Choosing Wisely* is an initiative of the ABIM Foundation to help clinicians and patients engage in **conversations** about the **overuse of tests and procedures** and support physician efforts to provide **high-value care** that helps patients make **smart, effective choices**.



# Choosing Wisely®

An initiative of the ABIM Foundation

American College of Emergency Physicians



## Five Things Physicians and Patients Should Question

### 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. As 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 not 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 at 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.

### 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 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. Indications 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.

### 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 and/or incurable diseases. Hospice care is palliative care for those patients in the final few months of life. Emergency physicians should engage patients who present to 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 select patients resulting in both 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 visiting an emergency department. 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. Additionally, culture of the drainage is not needed as the result will not routinely change 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 nausea may allow patients with nausea and vomiting to accept fluid replenishment 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.

## Clinical Recommendations

# Choosing Wisely®

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ConsumerReportsHealth



## 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 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, 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.

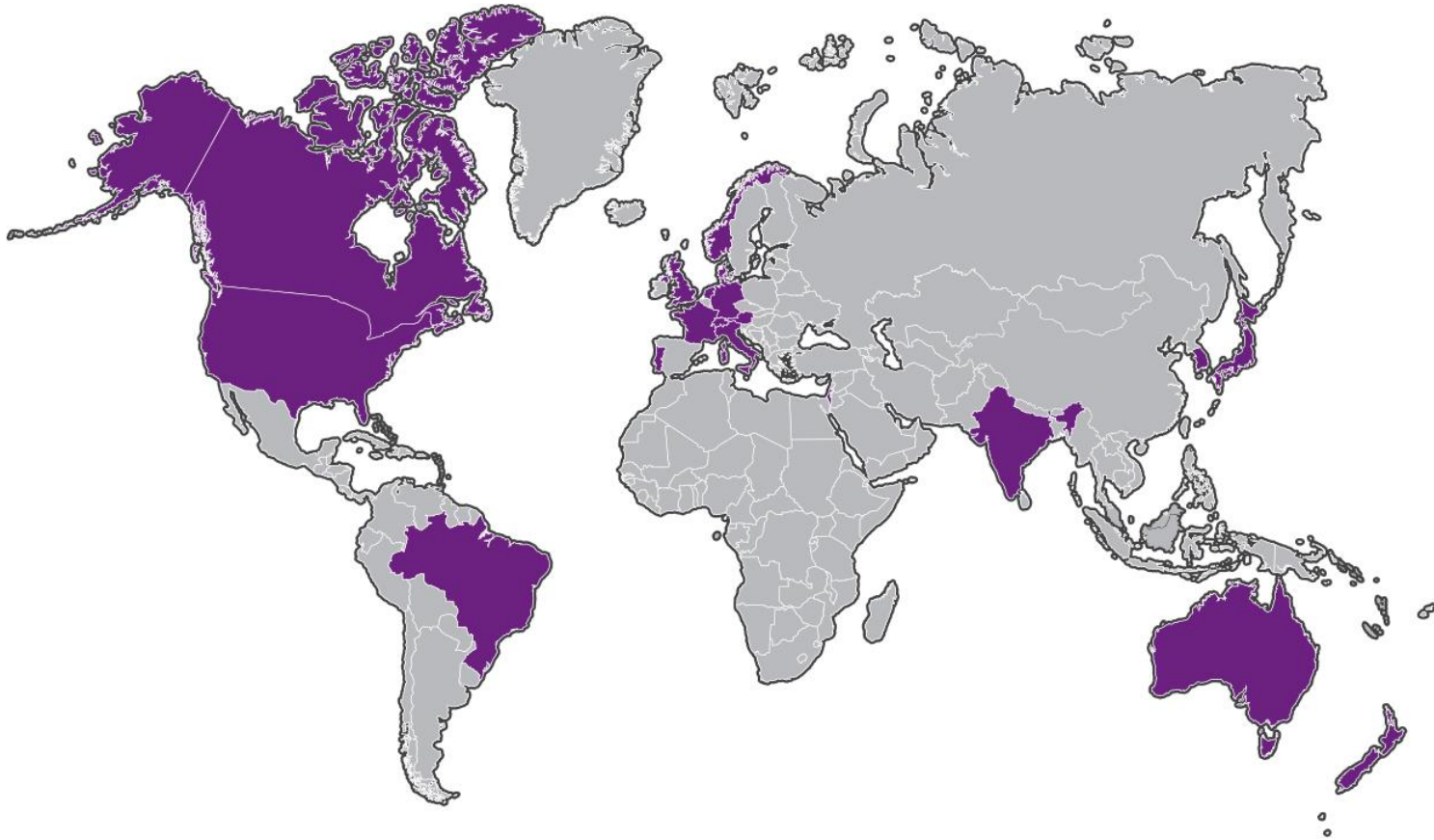
## Consumer Translation



## 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



# Simple Rules



“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.”



*An initiative of the ABIM Foundation*

Specialty  
Controlled

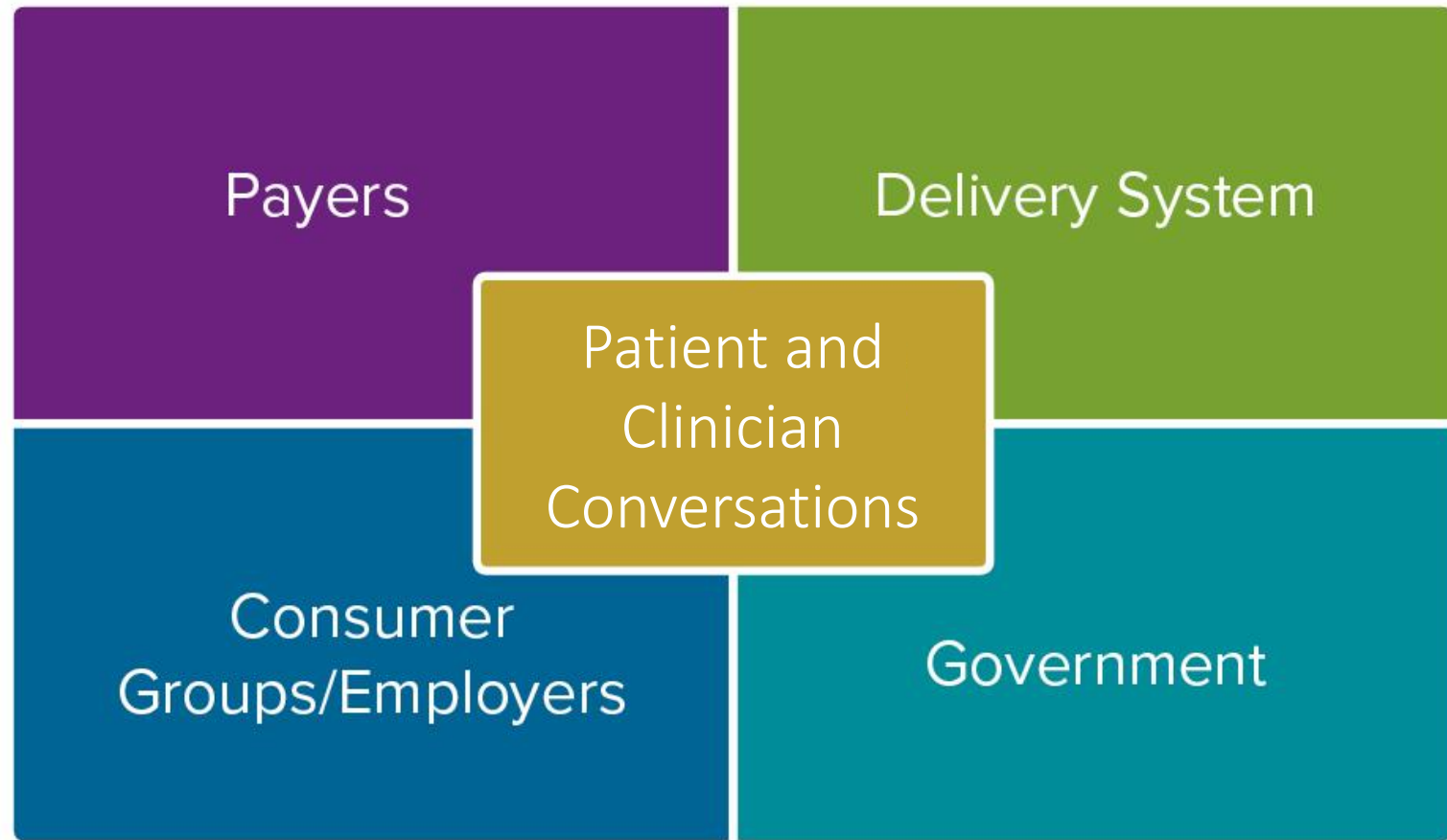
Frequently Used  
or Costly

Transparent  
Process

Evidence-Based



# Engagement and Partnership



National Hospice  
and Palliative Care  
Organization



National Business  
Coalition on Health



Midwest Business Group on Health  
*The Source for Leading Health Benefits Professionals*



alliance health  
NETWORKS



PBGH  
PACIFIC BUSINESS  
GROUP ON HEALTH



WIKIPEDIA  
The Free Encyclopedia



An initiative of the ABIM Foundation

# Growing New Partnerships



# Drivers of Overuse – Patients, BMJ

## Morgan et al (2015)

• Intrinsic	• Extrinsic
<ul style="list-style-type: none"><li>• Belief more care is better</li><li>• Lack of knowledge of harm from overuse</li><li>• Discomfort with uncertainty</li></ul>	<ul style="list-style-type: none"><li>• Financial—third-party payer shielding from costs</li><li>• Culture of avoiding mortality</li><li>• Media misrepresentation of research</li><li>• Advocacy groups</li><li>• Medicalization of non-disease (e.g., baldness)</li></ul>



**Choosing  
Wisely®**

Did you know you have the  
right to question your doctor?

Explored statewide models



Enhanced patient-clinician communication



2 point-of-care pilot projects,  
in English and Spanish





*An initiative of the ABIM Foundation*

## Patient Resources – Wallet cards

Aprende más:  
[www.choosingwisely.org/patient-resources](http://www.choosingwisely.org/patient-resources)

**Cómo Elegir  
Sabiamente**

*Una iniciativa de la Fundación ABIM*



Learn more:  
[www.choosingwisely.org/patient-resources](http://www.choosingwisely.org/patient-resources)

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### **5 PREGUNTAS** para hacerle a su médico antes de cualquier prueba, tratamiento o procedimiento

- 1** ¿Necesito realmente esta prueba o procedimiento?
- 2** ¿Cuáles son los riesgos y efectos secundarios?
- 3** ¿Existen opciones más sencillas y seguras?
- 4** ¿Qué pasa si no hago nada?
- 5** ¿Cuánto cuesta, y lo va a pagar mi seguro?

© 2016 Consumer Reports

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

- 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?

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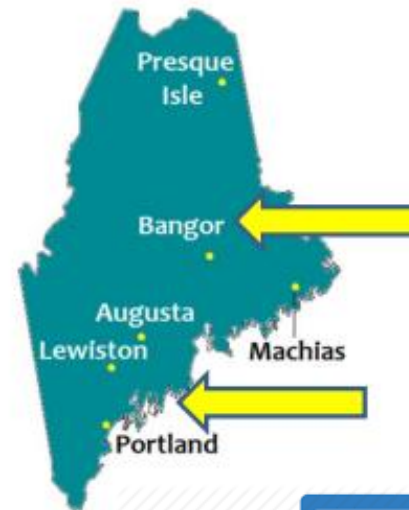


## Interventions

- Clinical and patient education
- Point-of-care decision support
- Performance feedback
- **Workflow changes**
- Physician champions

## Results

- Significant reductions in use of benzodiazepine in patients over 65 years old – 23 to 61% at three care facilities; aligned with opioids



Focused on messaging in **Bath/Brunswick, Greater Bangor** communities



Started conversation in clinical settings

# Choosing Wisely®

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## Using Choosing Wisely® Tools to Empower Patients

*An Implementation Toolkit  
For Health Care Providers*



*"Grant funding for this project provided by the ABIM Foundation and supported by the Robert Wood Johnson Foundation."*

*Developed by Maine Quality Counts, October 2015*

## Choosing Wisely Process Flow from the Patient Perspective



Patient receives Wallet Card/5 Questions sheet and Patient Information sheet at check-in



Patient sees Choosing Wisely educational video and/or Patient Information sheets in the waiting room



Clinical staff asks patient if they read through the 5 Questions/Patient Information sheet



Patient and provider address questions during the visit

For more information, view the Drexel University Choosing Wisely Physician Communication Modules:

<https://youtu.be/sLX1leak3vg>



STEP  
2



## 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.



**STRONGERTOGETHER**

Medscape Medical News > Conference News

## Five New Recommendations Added to List of Testing No-Nos

Neil Osterweil

September 16, 2016

29 comments



Print



Email

### ASCP Choosing Wisely Recommendations

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

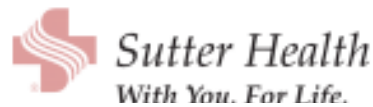




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# Reduction in Antibiotics Prescribing

**RWJF Funded Grant Program (*as of November 2017 data*):**



CORNERSTONE  
HEALTH CARE



DukeMedicine



KAISER  
PERMANENTE®



Virginia Mason™

- 12 of 14 health systems reduced antibiotics prescribing
- 8 health systems met goal of reduction of 20%





*An initiative of the ABIM Foundation*

# Reduction in Pre-Op Screenings

## Interventions

- Established new guidelines for **pre-cataract surgery**
- Changed workflows, surgery requirements
- Physician champions
- Clinical education

## Results

- 37% drop in chest X-rays
- 83% decrease in EKG testing
- 87% decrease in lab tests



## VALUE Added

6 more mos.  
of improved  
vision



# Reduction in Lab Work, Imaging

## Interventions

- Clinical decision support
- Comparative performance feedback
- Best practice alerts
- Patients education materials
- Physician champions



## Results

- 33% drop in Vitamin D tests, from 5.44 to 3.66 rate per day– Detroit Medical Center-PHO
- 57% drop in Vitamin D tests, from 195 to 83.5 rate per day– Henry Ford
- 97% decrease in lower back imaging

**DMC**<sup>™</sup>

DETROIT MEDICAL CENTER



### 5 Ways to be Smart About Back Pain

- 1 Stay active and walk.
- 2 Use heat.
- 3 Sleep on your side or your back, with a pillow between or under your knees.
- 4 Take non-prescription pain relievers.
- 5 Try hands-on care, like physical therapy, yoga or acupuncture.

#### Don't rush to MRIs, CT scans or X-rays.

They have risks, cost a lot, and usually won't help you feel better faster. You'll only need one of these tests if your pain lasts more than a few weeks or you have certain symptoms. Talk to your doctor to find out if you need one — or if you can just wait to see if you get better with time.

Learn more at [www.choosingwisely.org/patient-resources](http://www.choosingwisely.org/patient-resources)  
With thanks to the American Academy of Family Physicians

This information is to be used when talking with your healthcare provider. It is not a substitute for medical advice and treatment. Use this information at your own risk.  
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## TRENDS FROM THE FIELD

# Physician Perceptions of Choosing Wisely and Drivers of Overuse

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Carrie H. Colla, PhD; Elizabeth A. Kinsella, BA; Nancy E. Morden, MD, MPH; David J. Meyers, MPH; Meredith B. Rosenthal, PhD; and Thomas D. Sequist, MD, MPH

“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.”




Academic Emergency Medicine

Official Journal of the Society for Academic Emergency Medicine

[Explore this journal >](#)

## Emergency Physician Knowledge, Attitudes and Behavior regarding ACEP's Choosing Wisely Recommendations: A Survey Study

Michelle P. Lin , Thomas Nguyen, Marc A. Probst, Lynne D. Richardson, Jeremiah D. Schuur

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.

JAMA Internal Medicine | Review | LESS IS MORE

# 2016 Update on Medical Overuse A Systematic Review

Daniel J. Morgan, MD, MS; Sanket S. Dhruva, MD; Scott M. Wright, MD; Deborah Korenstein, MD

“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.

# 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

## BMJ Quality & Safety

The international journal of healthcare improvement

**Developing a high value care programme from the bottom up: a programme of faculty-resident improvement projects targeting harmful or unnecessary care**

Justin M Stinnett-Donnelly,<sup>1</sup> Pamela G Stevens,<sup>2</sup> Virginia L Hood<sup>1</sup>

**High-value care programmes from the bottom-up... and the top-down**

Christopher Moriates,<sup>1,2,3</sup> Brian M Wong<sup>4,5,6</sup>



417 members - Private

## 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.



Teaching Value Moderator

13w

General Discussion ▾

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 creation of a local Choosing Wisely® competition:

[https://www.youtube.com/watch?](https://www.youtube.com/watch?v=lddbTBcqALc&list=PLY4idV4eg7bdfwfEkzT2wllbdaT-vnsm)

[v=lddbTBcqALc&list=PLY4idV4eg7bdfwfEkzT2wllbdaT-vnsm](https://www.youtube.com/watch?v=lddbTBcqALc&list=PLY4idV4eg7bdfwfEkzT2wllbdaT-vnsm)



Teaching Value in Healthcare Hangout with Drs. Br...

+1

3

1



# 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 EHR
- 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



**Scott Weingarten, MD**  
Senior Vice President  
Chief Clinical Transformation Officer



CEDARS-SINAI®

# JAMA Internal Medicine

**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



**CHRISTIANA CARE**  
HEALTH SYSTEM





## Reducing Excess Cardiac Biomarker Testing at an Academic Medical Center

*Marc R. Larochelle, MD<sup>1,2</sup>, Amy M. Knight, MD<sup>1</sup>, Hardin Pantle, MD<sup>3</sup>, Stefan Riedel, MD, PhD<sup>4</sup>, and Jeffrey C. Trost, MD<sup>1</sup>*

<sup>1</sup>Department of Medicine, Johns Hopkins Bayview Medical Center, Baltimore, MD, USA; <sup>2</sup>Department of Population Medicine, Harvard Medical School and Harvard Pilgrim Health Care Institute, Boston, MA, USA; <sup>3</sup>Department of Emergency Medicine, Johns Hopkins Bayview Medical Center, Baltimore, MD, USA; <sup>4</sup>Department of Pathology, Johns Hopkins Bayview Medical Center, Baltimore, MD, USA.

### 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



*An initiative of the ABIM Foundation*

## Most Effective Interventions

- Clinician feedback/peer comparisons
- Clinical decision support, such EHR integration
- Clinical champions
- Changes in order sets, guidelines and workflows

# Choosing Wisely website



NEWS CONTACT US

Our Mission

Clinician Lists

For Patients

Getting Started

Success Stories



## Choosing Wisely®

Promoting conversations between patients and clinicians

[www.ChoosingWisely.org/Resources](http://www.ChoosingWisely.org/Resources)

Tools for  
clinicians



### 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 Community?

Information for community organizations and employers looking to engage patients in the campaign

### 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

# Choosing Wisely website



[www.ChoosingWisely.org/am-i-choosing-wisely](http://www.ChoosingWisely.org/am-i-choosing-wisely)

## Am I Choosing Wisely?

The following resources are intended to educate physicians on ways to avoid unnecessary tests and procedures, and how to have important conversations with their patients. *(Some of the following modules may be approved for CME or Maintenance of Certification credit.)*

- The American College of Physicians has created several **online, interactive, high-value care cases** to educate physicians on ways to eliminate unnecessary treatment and improve patient outcomes. *(MOC and CME available)*
- Costs of Care has developed **four 15-minute modules** to support clinicians in their efforts to deliver high-value health care. *(CME available)*
- The American College of Radiology and the Radiological Society of North America's Image Wisely campaign aims to lower the amount of radiation used in medically necessary imaging studies and eliminating unnecessary procedures. **ImageWisely.org** offers resources and information to radiologists, medical physicists, other imaging practitioners, and patients.
- Modules created by Kognito walk users through **simulated encounters** from either the patient or provider point of view to aid conversations about avoiding unnecessary antibiotics.
- Part of its Steps Forward set of practice improvement strategies, the American Medical Association created a **module to help physicians advance Choosing Wisely** in their practice. *(CME available)*
- These **interactive instructional modules**, created by Drexel University School of Medicine in partnership with nine medical specialty societies, are intended to enhance physician and patient communication about a number of recommendations from the *Choosing Wisely* campaign, including overuse of imaging and antibiotics.



Learning  
modules





# Choosing Wisely website

Am I Choosing Wisely?

## Am I Choosing Wisely?

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[http://modules.choosingwisely.org/modules/m\\_09/default\\_FrameSet.htm](http://modules.choosingwisely.org/modules/m_09/default_FrameSet.htm)

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### AAP MODULE WELCOME

- Selection Criteria
- Pretest

### ABOUT CHOOSING WISELY

- Introduction
- Rationale
- Learning Goals
- Principles
- References

### KEY SKILLS

- Clear Information
- Elicit Concerns
- Empathy
- Confirm Agreement
- Video Example
- References

### THE 5 RECOMMENDATIONS

- URI and Antibiotics
- Cold Meds and Children
- CT in head trauma
- MRI in febrile seizures
- CT in abdominal pain

### POST-TEST

### HAND-OUTS

Created with TreeMenu

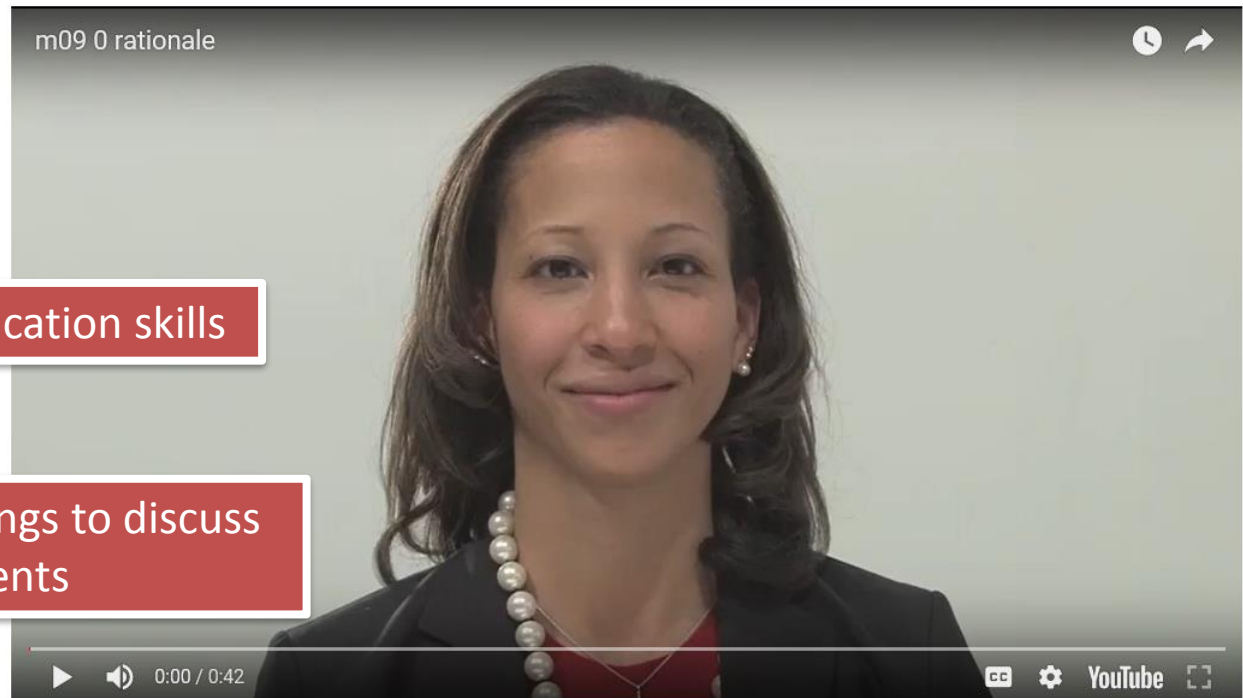
## The American Academy of Pediatrics' *Choosing Wisely*® Communication Module

By the American Academy of Pediatrics with Rhonda Acholonu, MD, FAAP

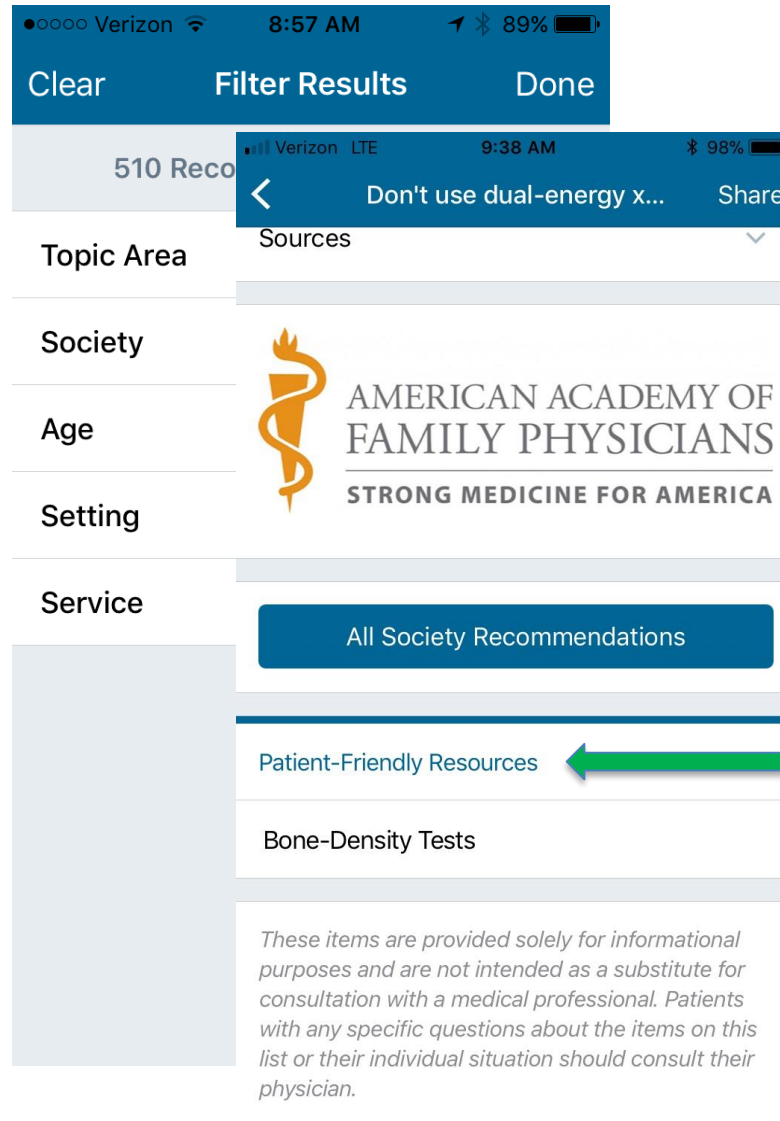
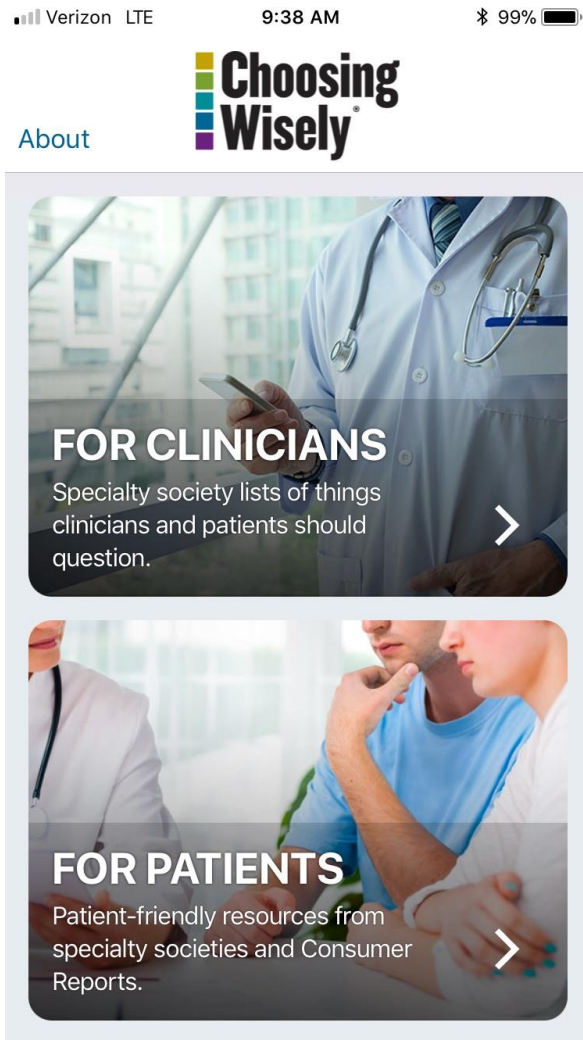
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Communication skills

List of things to discuss with patients



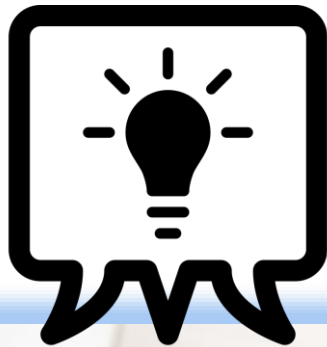
# Choosing Wisely App



Ability to share via text/email

Links recommendation to corresponding patient materials

# Learning Networks and Communities



© Bev Webb 2012



**Resource Emails**

- **Health System Leaders** – Tim Lynch, Senior Director of Programs, at [tlynch@abim.org](mailto:tlynch@abim.org)
- **Choosing Wisely Learning Network** – Kelly Rand, Program Director, at [krand@abim.org](mailto:krand@abim.org)



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# THANK YOU

For More Information:

[www.choosingwisely.org](http://www.choosingwisely.org) | [www.abimfoundation.org](http://www.abimfoundation.org)

@ABIMFoundation  #choosingwisely