The Choosing Wisely® Campaign

www.choosingwisely.org
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.
Why stewardship? Why now?

- Health care expenditures are increasing at unsustainable rates
  - Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011

- There is waste in the health care system—some say as much as 30%
  - Jack Wennberg, Dartmouth Center for the Evaluative Clinical Sciences.

- One third of all physicians acquiesce to patient requests for tests and procedures—even when they know they are not necessary

- 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
From: Eliminating Waste in US Health Care

Donald M. Berwick, MD, MPP; Andrew D. Hackbarth, MPhil
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

Fundamental Principles
- Primacy of patient welfare
- Patient autonomy
- Social justice
What is the Physician’s Role in Choosing Wisely?

The *Charter*’s commitment to a just distribution of finite resources specifically calls on **physicians to be responsible** for the appropriate allocation of resources and to scrupulously avoid superfluous tests and procedures.
Medicine's Ethical Responsibility for Health Care Reform — The Top Five List

“A Top 5 list also has the advantage that if we restrict ourselves to the most egregious causes of waste, we can demonstrate to a skeptical public that we are genuinely protecting patients’ interests and not simply ‘rationing’ health care, regardless of the benefit, for cost-cutting purposes.”

Howard Brody, MD, PhD

New England Journal of Medicine
The “Top 5 Lists”

- Funded by an ABIM Foundation grant, the National Physicians Alliance conceived and piloted the concept through its Good Stewardship Working Group.
- Developed lists of top five activities in family medicine, internal medicine, and pediatrics where the quality of care could be improved.
- Published in *Archives of Internal Medicine*.
- Subsequent research published in *Archives* found a cost savings of more than $5 billion could be realized if the recommendations were put into practice.
The ABIM Foundation funded NPA to develop videos to assist physicians with implementing the “top five” lists.
Components of the Campaign

• **Messengers and Collaborators**
  - 28 specialty societies and Consumer Reports—and growing

• **Communicate Messages**
  - Specialty societies, Consumer Reports, consumer organizations and ABIM Foundation

• **Activate**
  - Concrete action around unnecessary tests and procedures
Messengers

The Medical Professionalism Blog

The Choosing Wisely® Campaign: What Can Be Learned from The Ride of Paul Revere

Written by Daniel Wolfson on June 4, 2012
Messages

The Medical Professionalism Blog

Choosing Wisely®: Changing Words is Altering Health Care Policy and Conversations

Written by Daniel Wolfson on July 23, 2012

It is a wonder that a change of a word can alter the course of Federal legislation or an important conversation between patients and physicians and a wider community. Words, when used in the right way at the right time between physicians and patients, can form the building blocks of important conversations that serve as the basis of the Choosing Wisely campaign.
Actions

American Society of Nuclear Cardiology

Five Things Physicians and Patients Should Question

1. Don’t perform stress cardiac imaging or coronary angiography in patients without cardiac symptoms unless high-risk markers are present.

Asymptomatic, low-risk patients account for up to 76% percent of inappropriate stress testing. Testing should be performed only when the following findings are present: diabetes in patients older than 40 years old, peripheral arterial disease, and greater than 2 percent yearly coronary heart disease event rate.

2. Don’t perform cardiac imaging for patients who are at low risk.

Gest patients at low risk of cardiac death and myocardial infarction (based on history, physical exam, electrocardiogram and cardiac biomarkers) do not need stress radionuclide imaging or stress echocardiography as an initial testing strategy if they have a normal electrocardiogram or negative stress test.

3. Don’t perform radionuclide imaging as part of routine follow-up in asymptomatic patients.

Performing stress radionuclide imaging in patients without symptoms on a serial or scheduled basis (e.g., every one to two years or at a least predefined anniversary) rarely results in any meaningful change in patient management. This practice may lead to unnecessary invasive procedures and excess radiation exposure without any apparent impact on patients’ outcomes. An exception to this rule would be for patients more than five years after a bypass operation.

4. Don’t perform cardiac imaging as a pre-operative assessment in patients scheduled to undergo low- or intermediate-risk non-cardiac surgery.

Non-invasive testing is useful for patients undergoing low-risk non-cardiac surgery with no cardiac symptoms or clinical risk factors and undergoing intermediate-risk non-cardiac surgery. These types of testing do not change the patient’s clinical management or outcomes and will result in increased costs. Therefore, it is not appropriate to perform cardiac imaging procedures for non-cardiac surgery risk assessment in patients with no cardiac symptoms, clinical risk factors or who have moderate-to-good functional capacity.

5. Use methods to reduce radiation exposure in cardiac imaging, whenever possible. Including not performing such tests when limited benefits are likely.

The key step to reduce or eliminate radiation exposure is appropriate selection of any test or procedure for a specific person. In keeping with medical society recommendations, such as appropriate use criteria. Each care provider should incorporate new methodologies in cardiac imaging to reduce patient exposure to radiation while maintaining high-quality test results.
Consumer Reports

- Consumer Reports is a partner in Choosing Wisely and will support the effort by creating patient-friendly materials based on the society recommendations and engaging a coalition of consumer communication partners to disseminate content and messages about appropriate use to the communities they serve.

- Tools and resources can be found at: [www.consumerhealthchoices.org](http://www.consumerhealthchoices.org).
How the Lists Were Created

• Societies were free to determine the process for creating their lists with the following requirements:

  • Each item was within the specialty’s purview and control
  • Procedures should be used frequently and/or carry a significant cost
  • Should be generally-accepted evidence to support each recommendation
  • Process should be thoroughly documented and publicly available upon request
Choosing Wisely Partners

**Physician Groups**
- American Academy of Allergy Asthma & Immunology
- American Academy of Family Physicians
- American Academy of Neurology
- American Academy of Ophthalmology
- American Academy of Otolaryngology-Head and Neck Surgery
- American Academy of Pediatrics
- American College of Chest Physicians
- American College of Obstetricians and Gynecologists
- American College of Rheumatology
- American College of Surgeons
- American Geriatrics Society
- American Society for Clinical Pathology
- American Society of Echocardiography
- American Society of Hematology
- American Urological Association
- Society of Cardiovascular Computed Tomography
- Society of Hospital Medicine
- Society of Nuclear Medicine and Molecular Imaging
- Society of Thoracic Surgeons
- Society of Vascular Medicine

**Societies Developing Lists**
- 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 Chest Physicians
- American College of Obstetricians and Gynecologists
- American College of Rheumatology
- American College of Surgeons
- American Geriatrics Society
- American Society for Clinical Pathology
- American Society of Echocardiography
- American Society of Hematology
- American Urological Association
- Society of Cardiovascular Computed Tomography
- Society of Hospital Medicine
- Society of Nuclear Medicine and Molecular Imaging
- Society of Thoracic Surgeons
- Society of Vascular Medicine

**Consumer Groups**

**Through Partnership with Consumer Reports**
- AARP
- Alliance Health Networks
- Leapfrog Group
- Midwest Business Group on Health
- Minnesota Health Action Group
- National Business Coalition on Health
- National Business Group on Health
- National Center for Farmworker Health
- National Hospice and Palliative Care Organization
- National Partnership for Women & Families
- Pacific Business Group on Health
- SEIU
- Union Plus
- Wikipedia
Choosing Wisely Lists Announced
April 4, 2012
What’s Next?

• Scheduled announcement in early 2013 of Five Things Physicians and Patients Should Question
• Continue the conversations among physicians and between physicians and patients
• Rollout of Consumer Reports patient-focused articles
What’s Next?

• Roll out of communication skills modules to help physicians talk with their patients about appropriate care (Drexel University)

• Catalyze others to join the campaign
  – Office practices
  – Health systems
  – Residency and medical training programs
  – Additional specialty societies
The Moral Test

“This is the threshold we have now come to, but not yet crossed: the threshold from the care we have, to the care we need. We can do this— we who give care. And nobody else can … The buck has stopped; it has stopped with you.”

Don Berwick

“The Moral Test”

2011 IHI National Forum keynote
For more information

• Choosing Wisely: www.choosingwisely.org
• ABIM Foundation: www.abimfoundation.org
• The Medical Professionalism Blog: blog.abimfoundation.org
• Twitter: @ABIMFoundation
• Facebook: ABIM Foundation
Thank you