Choosing Wisely: Partnering with Patients to Make Better Health Care Choices

Rebecca Chagrasulis, MD
VP Medical Affairs, Stephens Memorial Hospital
Oxford Hills Family Practice

QC Learning Community
Brown Bag Forum Webinar
April 22, 2014
Meeting with entire team at office practice
  – To become engaged in the culture of improving care while decreasing costs and unnecessary testing and treatments

Reinforcing use of guidelines and compliance, through performance improvement measurement

Specialties educated & incorporating guidelines

Focusing on patient education
  – Bulletin board in waiting room
  – Closed circuit TV for waiting room to showcase the Choosing Wisely videos
• 1\textsuperscript{st} month reviewed 2 cases which did not meet guideline, both by provider not present at initial education of staff

• 2\textsuperscript{nd} month reviewed 4 cases: in 2 cases pts treated with conservative therapy for less than 6 weeks, but pts not responding or getting worse in spite of conservative therapy; in 2 cases pts had chronic pain, difficult to assess, essentially expected/demanded MRI’s.
Use of Antibiotics

• In 1 month:

• Use of antibiotics for sinusitis limited, used according to guidelines.

• 9 cases of bronchitis treated with antibiotics, most were likely viral. Levaquin used in 5 of those cases.

• 2 cases of sore throat with neg rapid strep treated with antibiotics.
Follow Up Education

• At next office practice meeting will review the use of antibiotics for sinusitis, along with 1\textsuperscript{st} line and 2\textsuperscript{nd} line antibiotics.

• Also review information provided by Maine Independent Clinical Information Service on “Antibiotic Stewardship” in regards to bronchitis treatment.
Oxford Hills Family Practice
Leading Culture Change

Providers and Patients engaging in conversations about Choosing Wisely
Three Easy Things Your Practice Can Do!

1. Construct a Bulletin Board in Waiting Room
2. Set Up File folders in exam rooms with 2 page patient info sheets
3. Educate staff and providers
   - Standing agenda items
   - Staff meetings
   - Provider meetings
   - Clinical/admin meetings
Request for Patient-Provider Partnership (P3) Pilots – Choosing Wisely

This Request for Applications has been released by Maine Quality Counts, as part of the Maine State Innovation Model (SIM) Initiative. This set of Patient-Provider Partnership (P3) Pilots are designed to:

• Improve health care quality and reduce avoidable costs by engaging patients more actively in decisions about their health care.
• Promote more effective communication between patients and their health care providers to make more informed decisions.
The Choosing Wisely set of P3 Pilots will:

• Test informed decision-making using the established and recognized national tools by the American Board of Internal Medicine (ABIM) Foundation’s “Choosing Wisely®” Initiative.

• Used as the basis of promoting more productive patient-provider conversations about the overuse of tests and procedures and support physician/health care provider efforts to help patients make smart and effective care choices.
Choosing Wisely in Maine 8 Focus Areas

Things Maine Providers and Patients Should Question

Through the guidance of a Leadership Group composed of physicians and other providers, consumers, employers, payers and other key stakeholders, Choosing Wisely in Maine has identified eight focus areas:

1. Cardiac imaging (EKGs, stress tests, cardiac catheterization) for patients at low risk for heart disease
2. Imaging tests (CT scan, MRI) for low back pain
3. Antibiotics for upper respiratory infections
4. Imaging tests (CT scan, MRI) for uncomplicated headaches
5. Bone-density (DEXA) scans for low-risk women
6. Sleeping pills or sedatives (e.g. benzodiazepines) for insomnia, agitation, or delirium in older adults
7. Opioids or butalbital as pain medications for treating migraine headaches
8. Imaging tests (CT scan) of the head in emergency department patients with minor head injuries
American Academy of Family Physicians

Fifteen Things Physicians and Patients Should Question

1. Don’t do imaging for low back pain within the first six weeks, unless red flags are present.
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.
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.
4. Don’t order annual electrocardiograms (ECGs) or any other cardiac screening for low-risk patients without symptoms.
5. Don’t perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.

Don’t schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age.

Avoid elective, non-medically indicated inductions of labor before 39 weeks, 0 days and 41 weeks, 0 days unless the cervix is deemed favorable.

Don’t screen for carotid artery stenosis (CAS) in asymptomatic adult patients.

Don’t screen women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk for cervical cancer.

Don’t screen women younger than 30 years of age for cervical cancer with HPV testing, alone or in combination with cytology.

Don’t prescribe antibiotics for otitis media in children aged 2–12 years with non-severe symptoms where the observation option is reasonable.

Don’t perform voiding cystourethrogram (VCUG) routinely in first-episode urinary tract infection (UTI) in children aged 2–24 months.

Don’t routinely screen for prostate cancer using a prostate-specific antigen (PSA) test or digital rectal exam.

Don’t screen adolescents for scoliosis.

Don’t require a pelvic exam or other physical exam to prescribe oral contraceptive medications.

Maine Quality Counts
Better Health Care, Better Health.
Consumer Reports

• Consumer Reports is Choosing Wisely partner and supports it by creating patient-friendly materials based on society recommendations and engaging coalition of consumer communication partners to disseminate content and messages about appropriate use to communities.

Tools and resources can be found at: www.consumerhealthchoices.org
5 QUESTIONS to ask your doctor before you have any medical test or procedure.

1. Do I really need this test or procedure? Tests should help you and your doctor decide how to treat a problem, and procedures should help you live a longer, healthier life.

2. What are the downsides? Discuss the risks as well as the chance of inaccurate results or findings that will never cause symptoms but may require further testing.

3. Are there simpler, safer options? Sometimes lifestyle changes will provide all the relief you need.

4. What happens if I do nothing? Ask if your condition might worsen — or get better — if you don’t have the test or procedure now.

5. How much does it cost? Ask whether there are less expensive alternatives, or generic versions of brand-name drugs.

You can use the questions above to start a conversation with your doctor about the tests, treatments and procedures you need — and don’t need.

Remember, overuse, or misuse, of medical tests and procedures provides little benefit, and in some cases can even cause harm. By talking to your doctor, you can improve the care you receive — and save yourself from the discomfort and expense of unnecessary tests or procedures.

A talk with your doctor is the smart way to make sure you end up with the right amount of care: not too much, not too little.
Online Application:

- Patient-Provider Partnership (P3) Pilots – Choosing Wisely Application (Online Survey-Monkey Link)
- Patient-Provider Partnership (P3) Pilots – Choosing Wisely Application PDF Version (Read-only)

Materials to Download:

- Summary and Application Process – Patient-Provider Partnership (P3) Pilots – Choosing Wisely
- Memorandum of Agreement – Patient-Provider Partnership (P3) Pilots – Choosing Wisely
P3 Pilots – Choosing Wisely®

Deadline:
April 30, 2014 by 5PM

More Information:
http://www.mainequalitycounts.org/articles/2-548/request-for-applications-patient/1

Kellie Slate Vitcavage – kslatevitcavage@mainequalitycounts.org
• **Set 2: P3 Pilots – Shared Decision-Making: Low Back Pain Decisions** – Applications will be available late April 2014. This second set of P3 Pilots will use formal shared decision-making tools to aid patient-provider conversations that incorporate patient preferences and values in treatment decisions around low back pain.

• **Set 3: P3 Pilots – Shared Decision-Making: Behavioral Health Decisions** – Applications will be available late May 2014. This third set of P3 Pilots will use formal shared decision-making tools to aid patient-provider conversations that incorporate patient preferences and values in treatment decisions in a health focus area (TBD) of behavioral health.