Choosing Wisely®
Communication Skills Modules

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Acknowledgements

• ABIM Foundation
• Drexel University College of Medicine
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• American Academy of Health Care Communication
• Advisory Board (Drs. Beth Lown, Wendy Levinson and John Santa)

• Co-Collaborators:
  – Dennis Novack MD
  – Christof Daetwyler, MD
Goals Of the Webinar

- What are the Choosing Wisely® Communication Modules?

- What are the core communication strategies that engender patient trust and satisfaction?

- How can providers learn Choosing Wisely® information easily and communicate it to their patients using the modules?

- Briefly review Choosing Wisely Maine Campaign 5 focus areas

- Discuss how can you put these modules into your setting in order to advance Choosing Wisely®?
What is Choosing Wisely®?

- An Initiative of the ABIM Foundation to help physicians and patients engage in conversations to reduce overuse of tests and procedures.

- Specialty societies have identified tests or procedures commonly used in their field, whose necessity should be questioned and discussed.

- Partner with Consumer Reports®
Background

• *Doc.com* is a comprehensive online resource on healthcare communication

• Launched in 2007 now with 42 modules
  – >14,000 subscribers
  – over 30 medical schools and many residency programs nationally and worldwide

• *Doc.com* evidence-based text, over 400 videos/annotated videos and a learning management system that allow students and faculty members to interact over a variety of communication skills topics.
http://webcampus.drexelmed.edu/doccom/user/
(scroll down on page to access 4 free modules)
Choosing Wisely®
Communication Modules

- Specialty societies identified tests or procedures commonly used in their field, whose necessity should be questioned and discussed.

1. American College of Physicians
2. American Society of Nephrology
3. American College of Cardiology
4. American College of Nuclear Cardiology
5. American College of Radiology
6. American Academy of Family Physicians
7. American Academy of Allergy, Asthma, & Immunology
8. American Gastroenterology Association

http://www.choosingwisely.org/partners/
What do the Choosing Wisely ® Communication Modules offer?

• Easy to use on-line educational resource
  – Quick resource on key communication skills for negotiating with patients
  – Interactive with video and instant polling
  – Provides one resource linking medical knowledge with communication skills
  – Holds both specialty society information/Consumer Reports® for fast use by medical offices
The American Academy of Family Physicians' Module for the Choosing Wisely® Initiative

By Bellinda K. Schoof, MHA, CPHQ, Doug Campos-Outcalt, MD, MPA, and Pamela M. Duke, MD

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Learning Goals/Poll

At the conclusion of this module, you will be able to:

- Articulate strategies to implement Choosing Wisely® conversations
- Decide which of these communication strategies you will adopt to enhance your current care of patients
- Identify the structural and personal barriers to implementing your specialty society’s Choosing Wisely® recommendations in your care of patients

Instant Poll:

Your submission is anonymous.

1) How often do patients ask you for a test or medication you feel may not be necessary?
- Never
- Rarely
- Sometimes
- Often
- Always

2) How often do you grant patient requests for tests, medications or treatments that you feel may not be necessary?
- Never
- Rarely
- Sometimes
- Often
- Always

Submit

Instant Poll Results:

This chart shows how your peers answered the instant poll.

1) How often do patients ask you for a test or medication you feel may not be necessary?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>11.4%</td>
</tr>
<tr>
<td>Rarely</td>
<td>21.05%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>35.96%</td>
</tr>
<tr>
<td>Often</td>
<td>27.19%</td>
</tr>
<tr>
<td>Always</td>
<td>4.39%</td>
</tr>
</tbody>
</table>

2) How often do patients ask you for a test or medication you feel may not be necessary?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>5.25%</td>
</tr>
<tr>
<td>Rarely</td>
<td>21.43%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>52.68%</td>
</tr>
<tr>
<td>Often</td>
<td>11.61%</td>
</tr>
<tr>
<td>Always</td>
<td>3.04%</td>
</tr>
</tbody>
</table>

N=114
N=112
Choosing Wisely® Overview

• An Initiative of the ABIM Foundation to help physicians and patients engage in conversations to reduce overuse of tests and procedures
KEY COMMUNICATION SKILLS

1. Provide clear recommendations
2. Elicit patients' beliefs/ask questions
3. Provide empathy, partnership and legitimation
4. Confirm agreement/overcome barriers

Evidence Based

Video Examples
Patients want their physician to provide information.

Studies have shown that clinical outcomes such as blood pressure improve when physicians provide clear information.

Powell H, Gibson PG. Options for self-management education for adults with asthma. The Cochrane Database of Systematic Reviews. 2003;1:1-44
Provide Clear Information Based on Best Evidence

Patients want their doctor to provide health related information and often feel they are not getting enough information.

Studies show that patients want their physician to provide information. (1) Physicians overestimate the time they spend educating patients and underestimate how much information their patients want. (2) Studies have shown that clinical outcomes such as blood pressure improve when physicians provide clear information. (3) Effective patient education improves adherence to plans. (4) and patient education programs that include self management strategies result in reduced healthcare utilization, less lost work time and improvement in symptoms. (5)

Please click the video button on the left to see an example how to provide clear information based on best evidence.

- Explain your recommendations using the guidelines as a reference
- Keep explanations simple and avoid medical jargon
- Acknowledge that guidelines are not a "one size fits all"
- You may need to discuss key evidence about risks, benefits and research supporting the guidelines
- Use written materials to support your recommendations
Many patients won’t express these concerns unless asked for fear of embarrassment. But if these hidden concerns remain unsolicited and unaddressed, the concerns may become the cause of persistent requests for medications or further testing.

White J, Levison W Toter D “Oh, by the way…” the closing moments of the medical visit” 1995, JGIM, 9, 24-28.
Studies have demonstrated that empathic comments do not take much time or prolong encounters, and have a number of positive outcomes for patients including better blood pressure and glucose control.

<table>
<thead>
<tr>
<th>Non verbal skills</th>
<th>Eye contact, head nodding, touching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflection</td>
<td>“I can see you are upset by this.”</td>
</tr>
<tr>
<td>Legitimation</td>
<td>“It is normal for people in your situation to feel this way.”</td>
</tr>
<tr>
<td>Attentive Silence</td>
<td></td>
</tr>
<tr>
<td>Statement of Partnership</td>
<td>“We will work together on getting you to feel better.”</td>
</tr>
</tbody>
</table>

Confirm Agreement & Overcome Barriers

- Check for patient understanding and agreement/exploration of any barriers to adherence.

- Arranging follow-up plans will reassure the patient of your continued care.

- Finally acknowledging your support during the closure of the interview with concern solidifies a sense of partnership with your patient and can improve health outcomes.

Specialty Specific Top 5 Choices

- Text
- Video References
- Links to specialty sites
- Links to calculators if applicable (cardiac risk factors, osteoporosis)
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 neurologic 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.


Low back pain is one of the most common reasons for an outpatient visit. The evaluation for low back pain should include a complete, focused medical history looking for red flags, which include, but are not limited to: severe or progressive neurologic deficits (e.g., bowel or bladder function), fever, sudden back pain with spinal tenderness, trauma, and indications of a serious underlying condition (e.g., osteomyelitis, malignancy). It is also important to rule out nonspinal causes of back pain such as pyelonephritis, pancreatitis, penetrating ulcer disease or other gastrointestinal causes, and pelvic disease. Fractures are an uncommon cause of back pain; they are associated with risk factors such as osteoporosis and steroid use. (1,2,3,4)

Most patients with radicular symptoms will recover within several weeks of onset. (5) The majority of disc herniations will regress or reabsorb within eight weeks of onset. In the absence of progressive neurologic deficits or other red flags, there is strong evidence to avoid CT/MRI imaging in patients with non-specific low back pain. (6,7)

Please click the video-button on the left to see how Dr. LeFevre speaks with a patient who suffers back pain and asks for imaging studies.

Studies have shown that patients with no back pain often show anatomic abnormalities on imaging. (8) Risks associated with routine imaging include unnecessary radiation exposure and patient labeling. (9) The labeling phenomenon of patients with low back pain has been studied and shown to worsen patients’ sense of well-being. (10) In addition studies have linked the increase rate of imaging with the increase rate of surgery. (9) A study by Webster et al showed that patients with occupation-related back pain who had early magnetic resonance imaging (MRI) had an eightfold increased risk of surgery. (11) A study by Jarvik et al showed that patients with low back pain who had an MRI were more than twice as likely to undergo surgery compared with patients who had plain film imaging. (12)

A meta-analysis by Chou et al found no clinically significant difference in patient outcomes between those who had immediate lumbar imaging versus usual care. (7) The imaging of the lumbar spine before 6 weeks does not improve outcomes, but it does increase costs. In general, imaging should be saved for patients for whom noninvasive, conservative regimens have failed and surgery or therapeutic injection are being considered.

**Red Flags:**

- Severe or progressive neurologic deficits (e.g., bowel or bladder dysfunction, saddle anesthesia)

The American Academy of Family Physicians’ Module
Don’t obtain imaging studies in patients with non-specific low back pain.

 ✓ In patients with back pain that cannot be attributed to a specific disease or spinal abnormality following a history and physical examination (e.g., non-specific low back pain), imaging with plain radiography, computed tomography (CT) scan, or magnetic resonance imaging (MRI) does not improve patient outcomes.

High quality evidence that imaging patients with acute low back pain of 6 weeks duration with no red flags results in no clinical benefits and is associated with harms ¹,²


Evidence of Harm

- **Patient Labeling**
  - Imaging reveals anatomic abnormalities in asymptomatic people\(^1\)
  - Diminished sense of wellbeing\(^2\)

- **Increased rate of surgery**
  - 8 fold increase risk for surgery\(^3\)

- **Radiation**

\(^1\) Jensen MC, Brant-Zawadski MN, Obuchowski N et al. Magnetic resonance imaging of the lumbar spine in people without back pain. NEJM. 1994;33 (2);69-73.
\(^3\) Lurie JD, Birkmeyer NJ, Weinstein JN. Rates of advanced spinal imaging and spine surgery. Spine 2003;28 (6);616-620.
Don’t obtain screening exercise electrocardiogram testing in individuals who are asymptomatic and at low risk for coronary heart disease.

In asymptomatic individuals at low risk for coronary heart disease (10-year risk <10%) screening for coronary heart disease with exercise electrocardiography does not improve patient outcomes.

2011 USPSTF screening for coronary heart disease with electrocardiography guideline
Calculators

Risk Assessment Tool for Estimating Your 10-year Risk of Having a Heart Attack

The risk assessment tool below uses information from the Framingham Heart Study to predict a person’s chance of having a heart attack in the next 10 years. This tool is designed for adults aged 20 and older who do not have heart disease or diabetes. To find your risk score, enter your information in the calculator below.

- **Age:**
- **Gender:**
  - Total Cholesterol:
  - HDL Cholesterol:
  - Smoker:
  - Systolic Blood Pressure:
  - Are you currently on any medication to treat high blood pressure.

[Calculate Your 10-Year Risk]

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Risk Assessment Tool for Estimating Your 10-year Risk of Having a Heart Attack from The National Cholesterol Education Program
http://hp2010.nhlbihin.net/atpiii/calculator.asp
Don’t do imaging for uncomplicated headache.

- Imaging headache patients absent specific risk factors for structural disease is not likely to change management or improve outcome.
- Those patients with a significant likelihood of structural disease requiring immediate attention are detected by clinical screens that have been validated in many settings.
- Many studies and clinical practice guidelines concur. Also, incidental findings lead to additional medical procedures and expense that do not improve patient well-being.
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.

- Fracture Risk Assessment Tool (FRAX) developed by WHO for risk assessment

AAFP Top Five Choices
Consumer Report Handout
FRAX available on line to download
http://www.shef.ac.uk/FRAX/tool.jsp?locationValue=9
Antibiotics should not be used for apparent viral respiratory illnesses (sinusitis, pharyngitis, bronchitis).

- 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.

- Unnecessary medication use for viral respiratory illnesses can lead to antibiotic resistance and contributes to higher health care costs and the risks of adverse events.

Sources websites from: CDC, AAFP, AAAAI
Patient Handout

- Easy to print out
- Link provided
- Give at end/during visit
- Used in video

Choosing Wisely

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 exam-
Tool Kit for Choosing Wisely®

✓ ACP Communication Module
  - Video example
  - Links
  - References

✓ Copy of Choosing Wisely document in pdf
  - Evidence based guidelines

✓ Links to Consumer Report® free pdf handouts
How Can You Use these Videos

• Discussion
  - Practice setting
    - Patient safety
  - State medical societies
    - CME
  - Part of chart review
  - Trainees
  - Physicians, other providers and staff
• Appreciate any Feedback

• Pamela.duke@drexelmed.edu