Choosing Wisely
Supporting conversations to reduce harm

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Choosing Wisely
An initiative of the ABIM Foundation
Goals of Choosing Wisely

- Promote better conversations between clinicians and patients to improve health care outcomes
  - Supported by evidence
  - Not duplicative of other tests or procedures already received
  - **Free from harm**
  - Truly necessary

- Provide patient-centered care that avoids unnecessary and even harmful interventions

**Why Now? Stewardship**

Approximately 30% of healthcare costs (>750 billion annually) are on wasted care.
- American College of Physicians

53% of physicians say they would ultimately order an unnecessary test or procedure when presented with an insistent patient
- Unnecessary Tests and Procedures in the Health Care System: What Physicians Say about the Problem, the Causes, and the Solutions—Results from a National Survey of Physicians (Healthcare and The Commonwealth Fund [Internet]. 2009; Apr 27)

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

“Some of the common medical tests routinely taken by Americans do more harm than good, waste billions of health care dollars annually and could endanger your health or even your life.”
- 10 Medical Tests to Avoid. Elizabeth Agnwall. AARP Bulletin, March 2014
Guiding Principles

SOME MEDICAL CARE IS UNNECESSARY
There are too many medical tests and procedures being performed in America that may not be necessary.

PHYSICIANS AND PATIENTS SHARE RESPONSIBILITY
Physicians and patients share responsibility for determining what care is needed. That’s why we’ve come together under the Choosing Wisely campaign.

CANDID CONVERSATIONS ARE NEEDED
Doctors and patients need to have candid conversations about what care is appropriate and needed.

“Five Things” Lists
ABIM partnered with medical specialty societies to develop evidence-based recommendations of the “Five Things Physicians and Patients Should Question” because they’re ineffective, unnecessary, or harmful.

70+
Participating specialty societies

350+
Tests and procedures identified
“Five Things” Lists

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.

American Academy of Family Physicians
Five Things Physicians and Patients Should Question
Choosing Wisely

in Washington state

Washington State Choosing Wisely Task Force’s Goals

Members
22 physician leaders representing the largest healthcare organizations in Washington

Goals
Working together to advance Choosing Wisely in Washington state:
- Identify opportunities for improvement
- Accelerate implementation and integration
- Reduce the number of unnecessary tests and procedures
Less waste. Less harm. Choosing Wisely in Washington state

Data Report

- Used data from Alliance's multi-payer database representing 3.3 million commercial and Medicaid enrollees
- Recognize the value and limitations of claims data
- Reported county-by-county

Measures

- Headache: Imaging for headache
- Sinusitis: CT scan for sinusitis
- Sinusitis: AB treatment
- Back Pain: Imaging for back pain
- Syncope: Imaging for simple syncope
- Adnexal Cysts: US follow up
- Appendicitis: US before CT
- Paps under 21 years
- Paps with hysterectomy
- Annual Pap tests
- Spirometry (underuse measure)

Key Findings

- Variation exists. Often the rates between the lowest and highest performing counties vary by more than twofold.
- Overuse is a common problem.
- Where you live may influence the treatment you get.
- Opportunities to reduce waste exist in every county.
- Patients may be getting unnecessary care that costs money and puts them at risk.
- Regional patterns may be affected by the availability of services and equipment or provider practice patterns.
Less waste. Less harm. Choosing Wisely in Washington state

Biggest opportunities for improvement
- Imaging for uncomplicated headaches: 25%
- Antibiotics for sinus infections: 37%

Success Stories
- CT scans for sinus infections: <1%
- Pap tests for young women under 21 years: 4%

American College of Radiology’s Choosing Wisely recommendation:
“Don’t do imaging for uncomplicated headache”

Commercial average: 22%
Medicaid average: 30%
Choosing Wisely Action Manual

Kotter’s 8-Step Process for Leading Change to Integrate Choosing Wisely

1. Establish a sense of urgency
2. Create a guiding coalition
3. Develop a change vision
4. Communicate the vision for buy-in
5. Empower a broad-based coalition
6. Generate short-term wins
7. Never let up
8. Incorporate changes into the culture

www.wsma.org/Choosing-Wisely

### Step 3: Develop a change vision

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<th>BASIC</th>
<th>MODERATE</th>
<th>ADVANCED</th>
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| **Educational Campaign:**  
  - Hang the “5 Questions” poster in exam rooms  
  - Distribute Consumer Reports’ patient-friendly brochures  
  - Provide communication skills training to physicians to improve the quality of the conversations they have with their patients about tests, procedures and therapies  
  - Work with Communications to include information in regular communications with staff and patients | **Measure Performance:**  
  - Use Choosing Wisely recommendations to set quality goals for employed physicians  
  - Develop data specifications to measure performance on selected recommendations  
  - Establish utilization review process, committees and/or dashboards for the organization | **Electronic Integration:**  
  - Incorporate applicable Choosing Wisely recommendations into your EMR, creating an alert if an order doesn’t align with a recommendation |
Washington State Choosing Wisely Task Force’s Change Vision

Change Three Things:

1. Don’t do imaging for uncomplicated headache.
   Imaging for headache patients when there are specific risk factors for structural disease is not likely to change management or improve outcomes. Many tests and clinical practice guidelines recommend MRI or MRA to detect these factors, but these tests do not improve patient well-being.

2. Antibiotics should not be used for apparent viral respiratory illnesses (sinusitis, pharyngitis, bronchitis).
   Although overall antibiotic prescription rates for children have fallen, they remain alarmingly high. Unnecessary medication use for viral respiratory illnesses can lead to antibiotic resistance and contributes to higher healthcare costs and the risk of adverse events.

3. Don’t perform routine annual cervical cytology screening (Pap tests) in women 30–65 years of age.
   In average risk women, annual cervical cytology screening has been shown to offer no advantage over screening performed at 3-year intervals. However, a well-woman visit should occur annually for patients with their healthcare practitioner to discuss concerns and problems, and have appropriate screening and consideration of a pelvic examination.

Physician Communication Modules

The Choosing Wisely communication modules are available to all users free of charge and are not intended for commercial use.
Consumer Reports Health

Resources

Washington State Choosing Wisely Task Force Reports:
- Choosing Wisely Claims-Based Technical Specifications: wahealthalliance.org/alliance-reports-websites/choosing-wisely

National Choosing Wisely Resources:
- ABIM Foundation’s Choosing Wisely website: www.choosingwisely.org
- Consumer Reports Health’s patient education: www.consumerhealthchoices.org/campaigns/choosing-wisely
Save the Date!

Choosing Wisely Summit

October 30, 2015
Seattle Airport Marriott