

# The *Choosing Wisely*<sup>®</sup> Campaign



Daniel B. Wolfson, MHSA

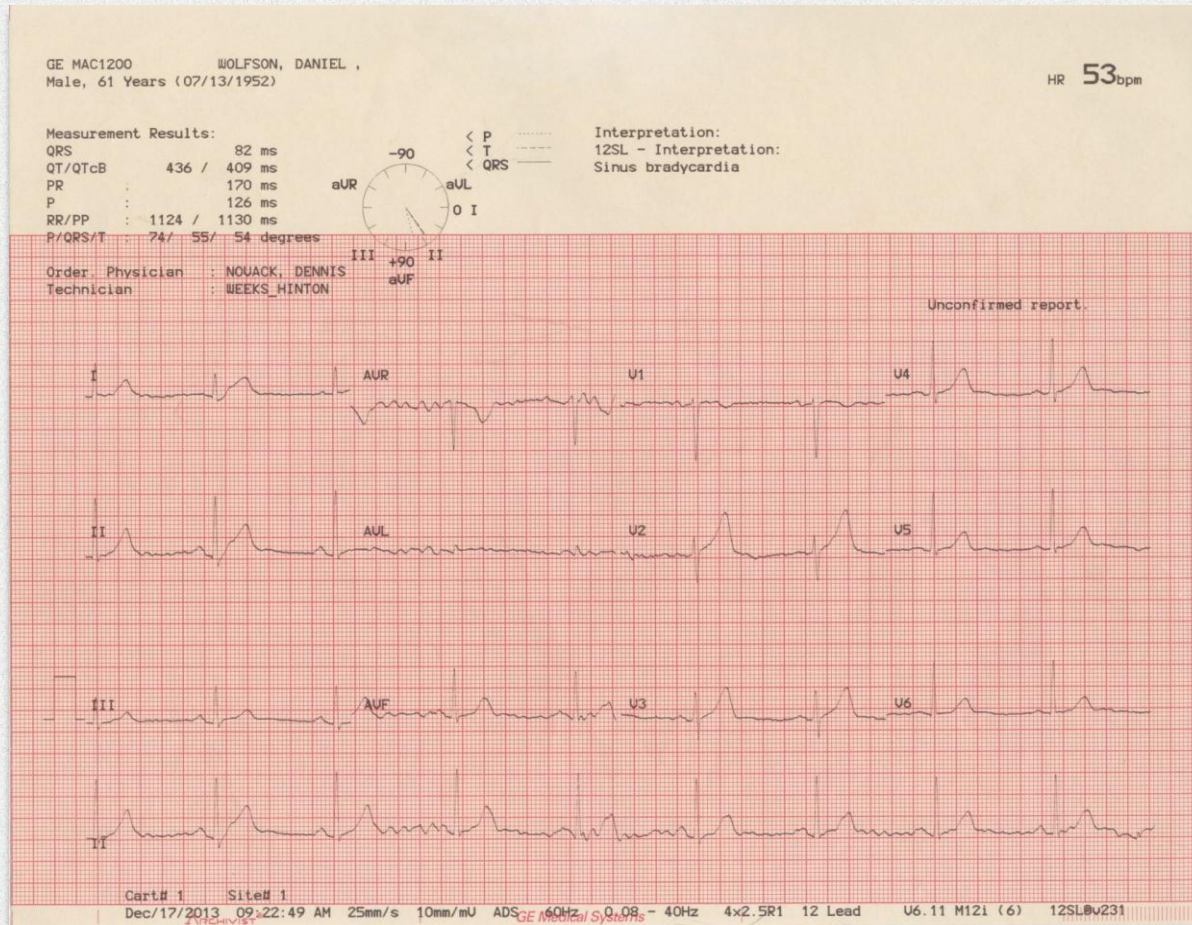
May 13, 2015

Greater Philadelphia Business Coalition on Health  
Philadelphia, PA

**Stand-up if you have witnessed unnecessary care harming patients**



# Stories





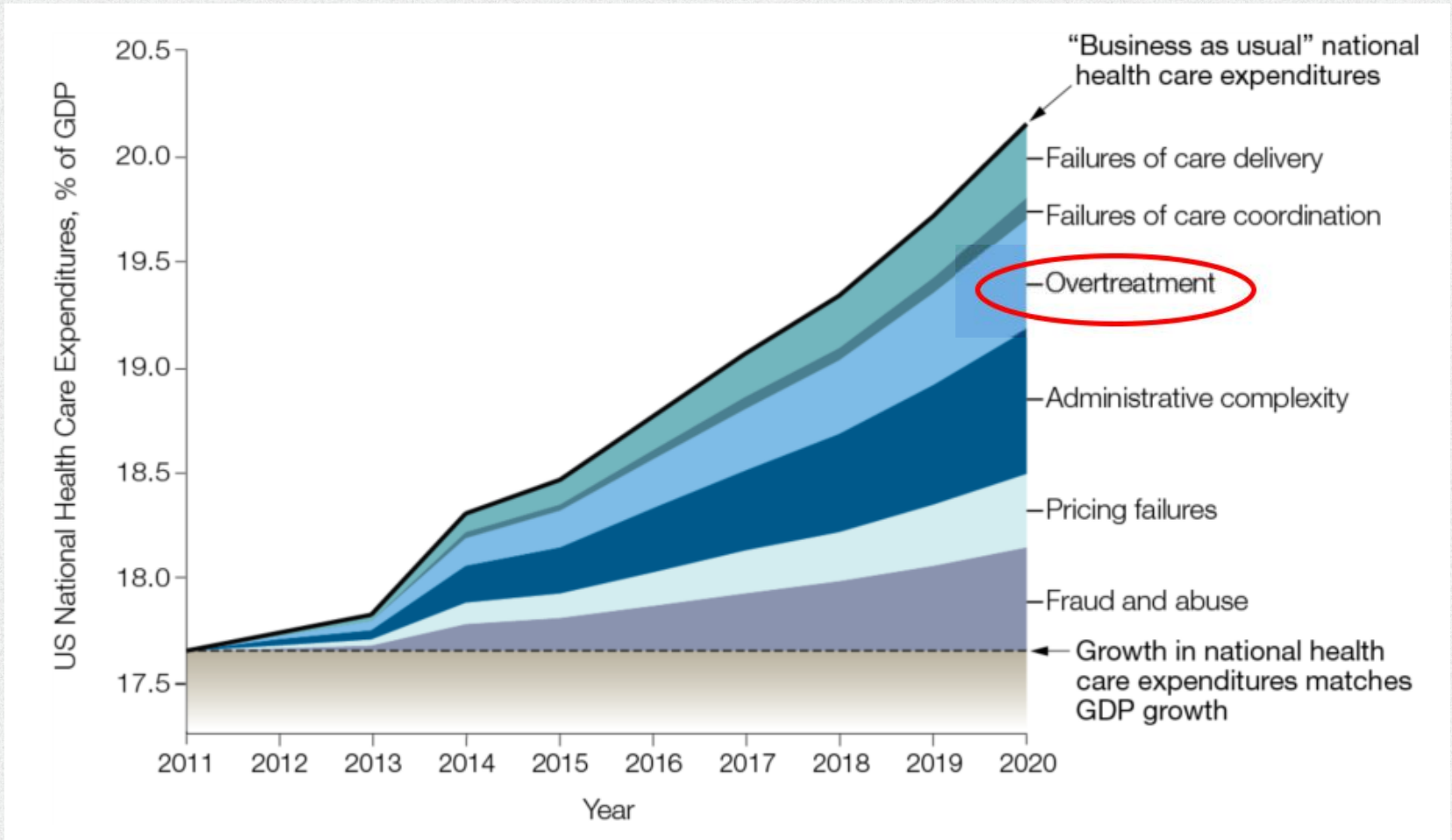
## Overall Spending

1. **United States**
2. Norway
3. Switzerland
4. Netherlands
5. Canada
6. Germany
7. France
8. Sweden
9. Australia
10. United Kingdom
11. New Zealand

## Overall Performance

1. United Kingdom
2. Switzerland
3. Sweden
4. Australia
5. Germany
5. Netherlands
7. New Zealand
7. Norway
9. France
10. Canada
11. **United States**

# Where Is the Waste?





## What do Physicians Think of Overuse?

- **72%**: Say docs do it **at least once a week**
- **73%**: Say **somewhat or very serious** problem
- **66%**: Feel **responsibility** for avoiding overuse
- **58%**: Say docs in **best position** to address problem

Source: *Unnecessary Tests and Procedures In the Health Care System*. Conducted for The ABIM Foundation by PerryUndem Research/Communication. (2014).



**Choosing  
Wisely**



## The *Choosing Wisely*<sup>®</sup> Campaign

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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.



## Fundamental Principles

- Primacy of patient welfare
- Patient autonomy
- Social justice

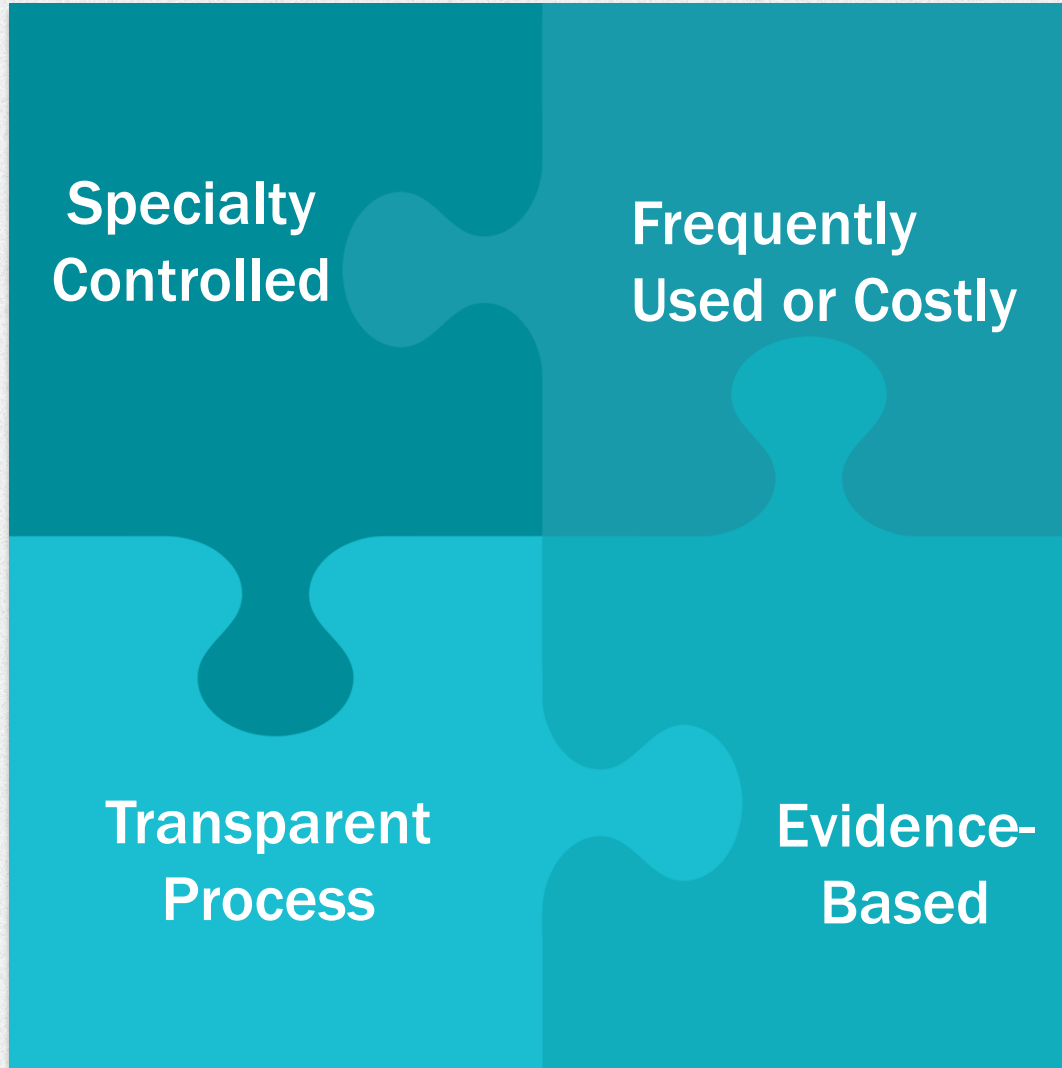
## A Commitment to

- 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





# “5 Things” Lists



**Choosing  
Wisely**



## Reflective of Cultural Shifts

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- 1) Moving from managed processes **TO** ones with minimal rules/principles and maximum flexibility
- 2) Moving from control **TO** autonomy and respect
- 3) Moving from hierarchical/top-down relationships **TO** non-hierarchical, bottom-up ones
- 4) Moving from product creation **TO** a platform
- 5) Moving from one-way communication **TO** community- and relationship-centered communication
- 6) Moving from competition **TO** collaboration and co-creation

# Society Partners

- American Academy of Allergy, Asthma & Immunology
- American Academy of Family Physicians
- American College of Cardiology
- American College of Physicians
- American College of Radiology
- American Gastroenterological Association
- American Society of Clinical Oncology
- American Society of Nephrology
- American Society of Nuclear Cardiology
- 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 Obstetricians and Gynecologists
- American College of Rheumatology
- American Geriatrics Society
- American Society for Clinical Pathology
- American Society of Echocardiography
- American Urological Association
- Society for Vascular Medicine
- Society of Cardiovascular Computed Tomography
- Society of Hospital Medicine
- Society of Nuclear Medicine and Molecular Imaging
- Society of Thoracic Surgeons
- Academy of Nutrition and Dietics
- AMDA – Dedicated to Long Term Care Medicine
- American Academy of Clinical Toxicology
- American Academy of Dermatology
- American Academy of Nursing
- American Academy of Orthopaedic Surgeons
- American Association for Pediatric Ophthalmology and Strabismus
- The American Academy of Physical Medicine and Rehabilitation
- American Academy of Sleep Medicine
- American Association for the Study of Liver Diseases
- American Association of Blood Banks
- American Association of Clinical Endocrinologists
- American Association of Neurological Surgeons
- American College of Chest Physicians
- American College of Emergency Physicians
- American College of Medical Genetics and Genomics
- American College of Medical Toxicology
- American College of Occupational and Environmental Medicine
- American College of Preventive Medicine
- American College of Surgeons
- American Dental Association
- American Headache Society
- American Medical Society for Sports Medicine
- American Physical Therapy Association
- American Psychiatric Association
- American Society for Radiation Oncology
- American Society for Reproductive Medicine
- American Society of Anesthesiologists
- American Society of Hematology
- American Thoracic Society
- Commission on Cancer
- The Endocrine Society
- Heart Rhythm Society
- Infectious Diseases Society of America
- North American Spine Society
- Society for Cardiovascular Angiography and Interventions
- Society for Cardiovascular Magnetic Resonance
- Society for Maternal-Fetal Medicine
- Society of Critical Care Medicine
- Society of General Internal Medicine
- Society of Gynecologic Oncology



# What Is On The Lists?

## 1 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 neurological 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.

## 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.

Symptoms must include discolored nasal secretions and facial or dental tenderness when touched. Most sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own. 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.



American Academy of Family Physicians



## Five Things Physicians and Patients Should Question

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- 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.**  
DEXA is not cost effective in younger, low-risk patients, but is cost effective in older patients.
- 4 Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.**  
There is little evidence that detection of coronary artery stenosis in asymptomatic patients at low risk for coronary heart disease improves health outcomes. False-positive tests are likely to lead to harm through unnecessary invasive procedures, over-treatment and misdiagnosis. Potential harms of this routine annual screening exceed the potential benefit.
- 5 Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.**  
Most observed abnormalities in adolescents regress spontaneously, therefore Pap smears for this age group can lead to unnecessary anxiety, additional testing and cost. Pap smears are not helpful in women after hysterectomy (for non-cancer disease) and there is little evidence for improved outcomes.

These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their physician.



# Choosing Wisely<sup>®</sup>

An initiative of the ABIM Foundation

ConsumerReportsHealth



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS



## Imaging tests for lower-back pain

When you need them—and when you don't

**B**ack 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 example, a study that looked at 1,800 people with back pain found that those who had imaging tests soon after reporting the problem fared no better and sometimes did worse than people who took simple steps like applying heat, staying active, and taking an OTC pain reliever. Another study found that back-pain sufferers who had an MRI in the first month were eight times more likely to have surgery, and had a five-fold increase in medical expenses—but didn't recover faster.

### They can pose risks.

X-rays and CT scans expose you to radiation, which can increase cancer risk. One study projected 1,200 new cancers based on the 2.2 million CT scans of the lower back performed in



the U.S. in 2007. While back X-rays deliver less radiation, they're still 75 times stronger than a chest X-ray. That's especially worrisome to men and women of childbearing age, because X-rays and CT scans of the lower back can expose testicles and ovaries to radiation. And the tests often reveal spinal abnormalities that could be completely unrelated to the pain. For example, one study found that 90 percent of older people who reported no back pain still had spinal abnormalities that showed up on MRIs. Those findings can cause needless worry and lead to



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

- 1 Do I really need this test or procedure?** Medical tests help you and your doctor or other health care provider decide how to treat a problem. And medical procedures help to actually treat it.
- 2 What are the risks?** Will there be side effects? What are the chances of getting results that aren't accurate? Could that lead to more testing or another procedure?
- 3 Are there simpler, safer options?** Sometimes all you need to do is make lifestyle changes, such as eating healthier foods or exercising more.
- 4 What happens if I don't do anything?** Ask if your condition might get worse — or better — if you don't have the test or procedure right away.
- 5 How much does it cost?** Ask if there are less-expensive tests, treatments or procedures, what your insurance may cover, and about generic drugs instead of brand-name drugs.

Use the 5 questions to talk to your doctor about which tests, treatments, and procedures you need — and which you don't need.

Some medical tests, treatments, and procedures provide little benefit. And in some cases, they may even cause harm.

Talk to your doctor to make sure you end up with the right amount of care — not too much and not too little.



<http://consumerreportshealthchoices.org/campaign/choosing-wisely/>





# Strategic Partners

**ConsumerReports<sup>®</sup>Health**



37 Consumer Partners



Robert Wood Johnson  
Foundation



7 current projects to reduce three areas of overuse; building on work of 21 previous projects



# Consumer Partners

## Founding Partners

- AARP
- Alliance Health Networks
- Midwest Business Group on Health
- National Business Coalition on Health
- National Business Group on Health
- National Center for Farmworker Health
- National Partnership for Women & Families
- Pacific Business Group on Health
- SEIU
- The Leapfrog Group
- Wikipedia

## National Partners and Specialty Societies

- National Hospice and Palliative Care Organization
- Society for Participatory Medicine
- Union Plus

## Regional Partners

- The Alliance
- Baby Boomers for Balanced Health Care
- California Grower Foundation
- Connecticut Choosing Wisely Collaborative
- Covered California
- Detroit Regional Chamber
- Greater Detroit Area Health Council
- Healthcare Collaborative of Greater Columbus
- Minnesota Health Action Group
- Oregon Health Care Quality Corporation
- Pittsburgh Regional Health Initiative
- Rhode Island Business Group on Health
- VNA Community Healthcare
- Washington Health Alliance
- Washington State Hospital Association
- Washington State Medical Association
- West Virginians for Affordable Health Care





# Employer Groups

## Choosing Wisely<sup>®</sup> Employer Toolkit

Ready-to-use resources for your next campaign brought to you by the ABIM Foundation, NBCH, PBGH and Consumer Reports

Welcome to the *Choosing Wisely* Employer Toolkit! NBCH, with the generous support of Pacific Business Group on Health, partnered with Consumer Reports to create this toolkit for employers to use to educate their employees about the dangers and issues associated with the overuse of health care services.

These materials can help you launch the *Choosing Wisely* campaign with our employees or integrate it with your current communication efforts, all with your own brand. These materials are intended for broad distribution. They're written to "speak" to diverse workforces across a variety of industries.

The toolkit itself is organized into four pieces:

- 1) Materials for [employers](#) to learn about *Choosing Wisely*, and how to use the toolkit;
- 2) Materials for employers to use and distribute to their [employees](#);
- 3) A series of Consumer Reports [tip sheets](#) that organize *Choosing Wisely* into topics that will be easy for employees to identify with; and
- 4) Links to a wide variety of Consumer Reports [resources](#) on health and health care.

We hope this toolkit is a useful resource, and we are interested in hearing your feedback about how you're using these materials to educate employees. Please let us know if you have any questions, comments, or concerns.



**National  
Business  
Group on  
Health<sup>®</sup>**

Creative Health Benefits Solutions for Today,  
Strong Policy for Tomorrow

## ConsumerReportsHealth

### Resources from Consumer Reports<sup>®</sup> to Engage and Empower Employees to Make Better Health Care Decisions

#### Introduction

The National Business Group on Health and Consumer Reports have partnered to provide Business Group Member Companies with a series of compelling reports on critical health issues. The overall goal of this partnership is for large employers to disseminate these reports to employees and dependents so that they:

- Can become more engaged consumers of health care;
- Empower themselves with unbiased, evidence-based information from a trusted brand; and
- Make better decisions that help them get appropriate, safe and affordable health care.

#### Resources

##### Promoting Smarter Health Care Decisions with Resources from Consumer Reports<sup>®</sup>

*This Top Solutions provides a variety of ways employers can reach their diverse populations with resources from Consumer Reports.*

Consumer Reports resources developed for *Choosing Wisely*, a project of the ABIM Foundation: ([hide details](#))

##### Allergies and Asthma

- *Allergy tests: When you need them — and when you don't*
- *IgG replacement therapy: When you need it — and when you don't*
- *Spirometry for asthma: When you need it and why*

##### Alzheimer's disease

- *Treating disruptive behavior in people with dementia: Antipsychotic drugs are usually not the best choice*
- *Testing for Alzheimer's disease: When you need a brain scan—and when you don't*

##### Cancer

- *Breast Biopsy: Know your options*
- *Breast cancer treatment: A better way to check the lymph nodes*
- *Low-risk prostate cancer: Don't rush to get treatment*
- *The PSA blood test for prostate cancer: When men need it—and when they don't*
- *Drugs to boost white blood cells for cancer patients on chemotherapy: When you need them—and when you don't*



# Working With Employers



**MBGH has partnered with Consumer Reports, ABIM Foundation and other national partners on the [Choosing Wisely campaign](#)**

These lists were created by over 60 national medical specialty societies to promote communication between the patient and their physicians when certain treatments are being considered. *Consumer Reports*, the nation's leading independent, non-profit consumer organization is developing easy-to-understand articles and a website on many of the questionable procedures for distribution to consumers, employers and providers at no cost.

MBGH and other business groups developed an employer toolkit to encourage companies disseminate the materials from the *Choosing Wisely™* website at health fairs and other worksite wellness activities. [View employer toolkit.](#)

## Choosing Wisely Gets Animated

Consumer Reports' first phase of the project included a new partnership with IBM. Senior Health and Quality Advisor for IBM, Ashish Parikh, MD, sought tools offering unbiased information on health care quality and cost, leveraging internal and external data, to ensure that employees and their families work with their physicians to get the right health care at the right time.





# Working With Employers



## Online Health Benefits System Castlight Delivers *Choosing Wisely* Content at the Right Time

January 15, 2015

As a result of their relationship with Consumer Reports, Castlight Health is bringing the *Choosing Wisely* recommendations to thousands of people each month – at the moment they're making health care decisions. Early feedback indicates that online reminders about the campaign have prompted Castlight users to engage in conversations with their physicians about which tests and treatments may or may not be necessary for them.

## Choosing Wisely Campaign Helps Retirees Make Informed Health Care Choices

Dow is partnering with the Michigan Health Information Alliance, Inc. (MiHIA), to support the national Choosing Wisely® Campaign. Choosing Wisely is an initiative of the American Board of Internal Medicine (ABIM) Foundation to support and encourage physicians, patients and other health care stakeholders to think and talk about medical tests and procedures that may be unnecessary, and in some instances have the potential to cause harm. Choosing Wisely seeks to support physician-patient conversations to enable the



# Spreading the Message



**USA TODAY**  
**AP**  
**Forbes**

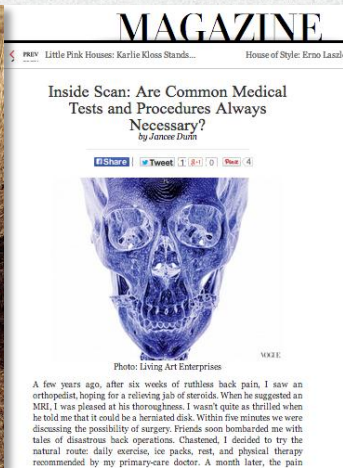
THE WALL STREET JOURNAL.



Stop Excessive Medical Tests?

Dr. Richard Besser looks at doctors making money from medical testing.

RELATED LINKS:  
• WATCH: Can a Blood Test Predict Future?  
• WATCH FULL BROADCASTS



The New York Times

**UNNECESSARY TESTS OR PROCEDURES** SOURCE: ABIM FOUNDATION

- 1 ANTIBIOTICS FOR SINUS INFECTION**  
MOST CAUSED BY VIRUSES
- 2 REPEAT COLORECTAL SCREENING**  
EVERY 10 YRS. IF HEALTHY
- 3 STRESS TEST**  
NOT NEEDED IF HEALTHY
- 4 A BACK SCAN**  
TRY PHYSICAL THERAPY

**NIGHTLY NEWS**

45 RECOMMENDATIONS

Logos for AGA, AHA, ACP, AAFP, American Academy of Family Physicians, ACR, ASN, ASCO, American Society of Nuclear Cardiology, and American College of Radiology.

**ABIM FOUNDATION**  
**Choosing Wisely**

# Health System Adoption

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CANCER RESEARCH CENTER

A LIFE OF SCIENCE

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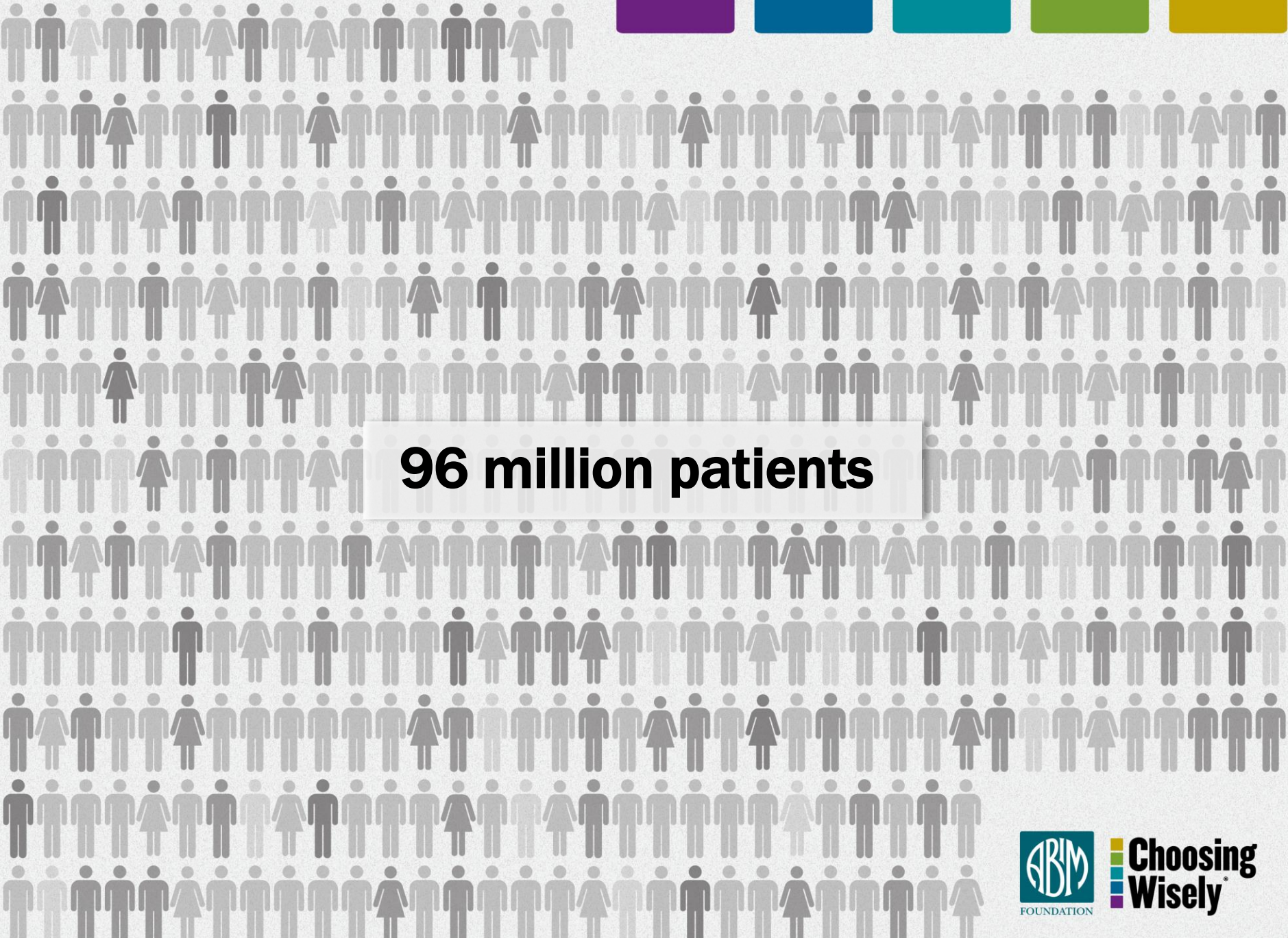
KAISER  
PERMANENTE®



Proud recipient of the 2011 Malcolm Baldrige National Quality Award  
for performance excellence and innovation



Choosing  
Wisely®



**96 million patients**



**Choosing Wisely**



- Elicit Patients Concerns
- Empathy with legitimization
- Reassurance using health information**
- Provide Clear Recommendations
- Unnecessary Testing Causing Harm
- Provide Written Information
- Treatment Plan
- Confirm Agreement

## The Value of Low-Value Lists

Adam G. Elshaug, PhD, MPH

J. Michael McWilliams, MD, PhD

Bruce E. Landon, MD, MBA

**A**N INTERNATIONAL GROUNDSWELL OF ACTIVITY IS seeking to identify and reduce the use of health care services that provide little or no benefit—whether through overuse or misuse. There are strong imperatives for identifying such waste: (1) an ethical imperative to ensure patient safety and thus avoid tests and treatments that cause harm directly or indirectly with-

mic heart disease. The main challenge is that interventions proven to be effective for specific clinical populations are often inappropriately applied to patients for whom benefit has never been demonstrated (indication or scope creep). In the United States in particular, extrapolation of evidence is encouraged by financial incentives embedded in physician payment systems and coverage designs with limited cost sharing for patients.

Just as the development of low-value lists is beset with clinical complexity, so too is their implementation. Although evidence-based assessments of individual health services often focus on use in specific populations and indications, the presumption of detailed clinical data is often at

The most recent initiative garnering attention is Choosing Wisely, a US campaign led by the ABIM Foundation.<sup>2</sup> Other countries are implementing similar approaches.<sup>3</sup> A major challenge faced by these initiatives has been how to identify and prioritize candidate services for consideration in a reasoned and transparent manner. Today, several lists compiled by

...ing payers and health care service providers such as physicians and hospitals is to develop and implement strategies to reduce the use of services that are identified in these lists, many of which are discretionary, if not potentially harmful.

The intent of the evidence-informed lists is to provide sets of specific services used in defined clinical scenarios that payers and health care professionals can target directly in rewarding value and limiting inappropriate care. As suggested by the lists, services that are ineffective, unsafe, or both for all patients and indications are rare. Typically, a service demonstrates safety and effectiveness profiles that depend on the characteristics of the population to whom it is provided. In essence, a service that is low value in some clinical circumstances might be high value in others. This clinical heterogeneity makes it difficult to develop simple approaches for identifying low-value services.<sup>4</sup> For instance, although routine stress testing in asymp-

...can claim systems, the effectiveness of using coverage design to discourage use of low-value services is likely to be limited in scope. Similarly, value-based insurance design and related supply-side strategies (eg, not paying for never events) are fraught with measurement and data issues when applied to services of heterogeneous value. For example, developing benefit-based co-payments for automatic implantable cardiac defibrillators or for coronary revascularization procedures (higher co-payments for lower-value uses) would require the incorporation of complex and evolving guide-

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**Choosing  
Wisely**





<https://www.youtube.com/watch?v=FqQ-JuRDkl8>

# For More Information

*Choosing Wisely* website: [www.choosingwisely.org](http://www.choosingwisely.org)

The Medical Professionalism Blog: [blog.abimfoundation.org](http://blog.abimfoundation.org)



Twitter: @ABIMFoundation & @WolfsonD