

THE CHOOSING WISELY® CAMPAIGN



All.Can Belgium
Kelly Rand, MA, CPH
14 March, 2019

The *Choosing Wisely*[®] Campaign

Choosing Wisely is an initiative of the ABIM Foundation to help clinicians and patients engage in **conversations** about the overuse of tests and procedures and to support physician efforts to help patients make **smart, effective choices**.



**Choosing
Wisely**[®]

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Find the right balance between “too much” and “not enough”

- Low-value care or overuse: “care in the absence of a clear medical basis for use or when the benefit of therapy does not outweigh risks.”

Chassin MR, Galvin RW. The urgent need to improve health care quality. Institute of Medicine National Roundtable on Health Care Quality. JAMA. 1998 Sep 16;280(11):1000–1005.

Engagement and Partnership



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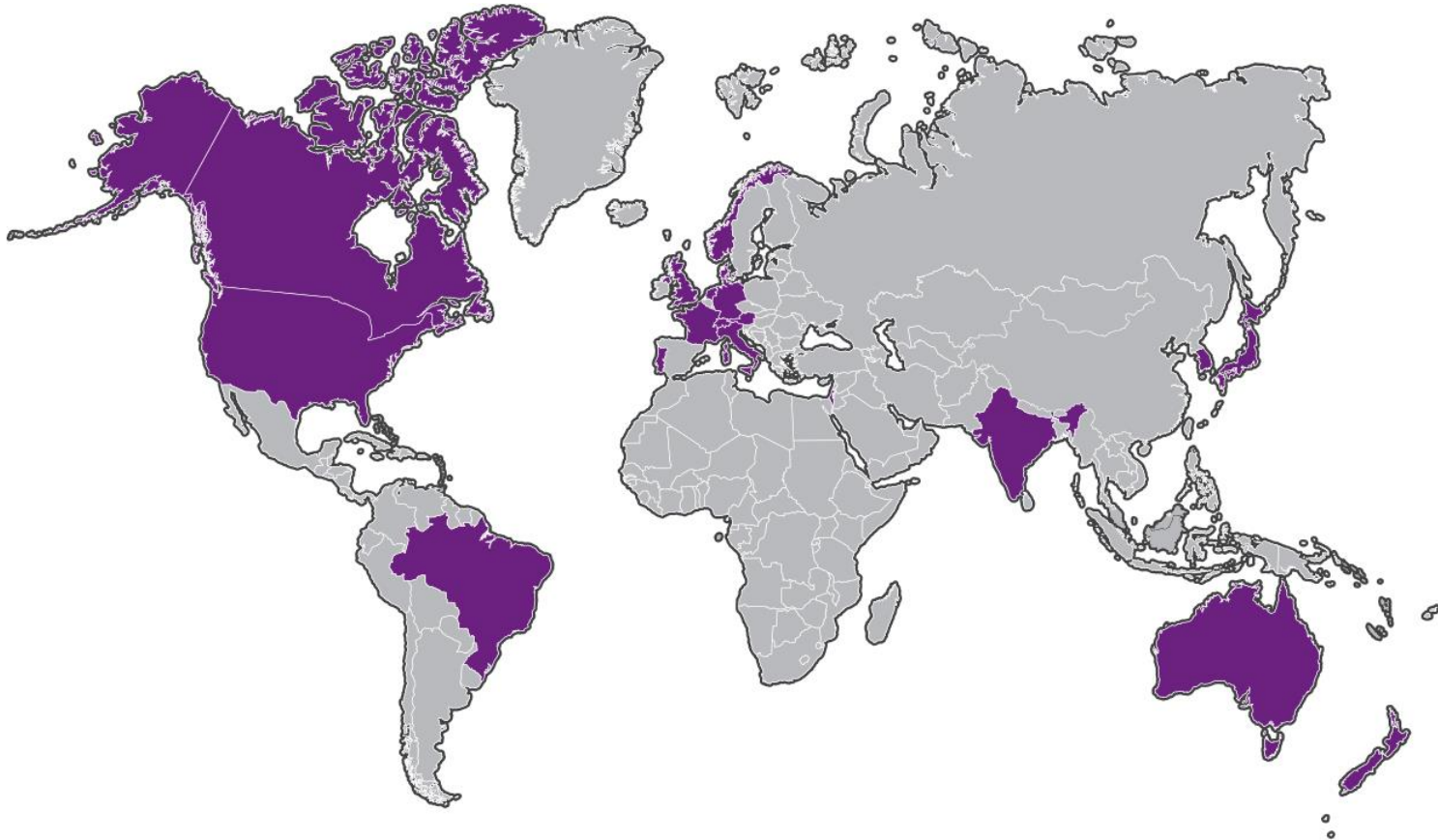


Our Success To Date

- 80 specialty society partners
- 540+ recommendations
- 29 current and former grantees
- 45+ Choosing Wisely Champions
- 70+ consumer and employer groups
- 1,700 journal article mentions in 2017*
- 19 other countries

** Based on Google Scholar search using search terms "Choosing Wisely" and health*

A Growing Global Movement



Australia, Austria, Brazil, Canada, Denmark, England, France, Germany, India, Israel, Italy, Japan, Netherlands, New Zealand, Norway, Portugal, South Korea, Switzerland, United States, Wales

Lessons Learned

- Alignment of values and framing
- Simple rules
- Engagement and partnerships
- Bottom-up approach with support
- Need for system and performance improvement approaches
- Need for patient and family engagement

• Bottom-up approach with support

“This program was different because all of the ideas, which the *Choosing Wisely* campaign seeded, were generated by physicians in direct patient care.”

Justin Stinnett-Donnelly, MD
University of Vermont Medical Center

BMJ Quality & Safety

The international journal of healthcare improvement

Developing a high value care programme from the bottom up: a programme of faculty-resident improvement projects targeting harmful or unnecessary care

Justin M Stinnett-Donnelly,¹ Pamela G Stevens,² Virginia L Hood¹

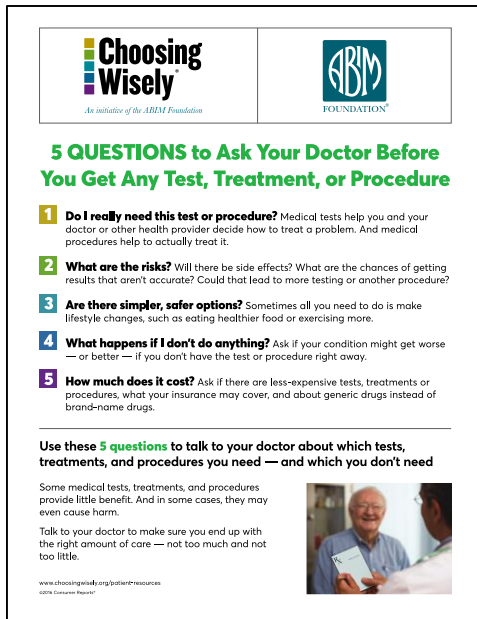
High-value care programmes from the bottom-up... and the top-down

Christopher Moriates,^{1,2,3} Brian M Wong^{4,5,6}

Framing the Choosing Wisely Message

- Patients want:
 - ✓ Communication with their clinician
 - ✓ Participation in making care decisions
 - ✓ Access to information
- Focus on safety when justified
- Communicate in plain language
- Use both mass media and individual consumer approaches

Questions to Ask your Doctor: Several resources with similar messaging, and all easy to use.



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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 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 food 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 these **5 questions** to talk to your doctor about which tests, treatments, and procedures you need — and which you don't need

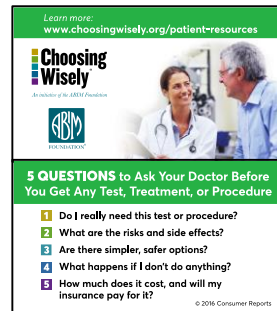
Some medical tests, treatments, and procedures provide little benefit. And in some cases, they may even cause harm.

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

www.choosingwisely.org/patient-resources
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Brochures / Posters



Learn more:
www.choosingwisely.org/patient-resources

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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?**
- 2 What are the risks and side effects?**
- 3 Are there simpler, safer options?**
- 4 What happens if I don't do anything?**
- 5 How much does it cost, and will my insurance pay for it?**

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Wallet Cards




Don't know what to ask your health care provider?
Here are **5 QUESTIONS**.

- 1 Do I really need this test or procedure?**
- 2 What are the risks and side effects?**
- 3 Are there simpler, safer options?**
- 4 What happens if I don't do anything?**
- 5 How much does it cost, and will my insurance pay for it?**

Rack Cards



Videos



“Having a conversation, to me, it lets you know, ‘We’re going to go back and forth about this.’ It’s not like an argument. Dialogue between you and your doctor. You guys are finding out what’s the best way to treat your illness.

They’re not just talking at you. They’re talking with you and they’re listening and you’re listening and you’re working together rather than just, ‘This is what you’ve got. Here you go. Here are some pills,’ and telling you what to do.”

- Philadelphia Focus Group Participant

Stimulating Innovation and Implementation

The Robert Wood Johnson Foundation provided two rounds of funding to advance *Choosing Wisely*, including a grant of \$4.2 million to support seven initiatives focused on reducing utilization of unnecessary tests to support multi-stakeholder community efforts.



Principal Findings

- 13 of the 14 health systems reached goal for at least one recommendation
- 8 of 14 reached goal for at least two recommendations
- 3 health systems reached all three goals
- Systems made significant reductions for an 15 additional reductions (>5%)
- Areas of focus: annual pap tests, benzodiazepines in the older population, cardiac stress tests, carotid ultrasounds, chlamydia screening, inpatient blood utilization, new opioid prescribing, pre-operative testing, repetitive CBC and daily labs, Vitamin D testing

Reduction of prescriptions of antibiotics for Upper Respiratory Infections and Bronchitis

Site	Baseline	End	% Change
Sharp Rees-Stealy	24.66%	18.97%	-23%
Sutter Health	53.68%	30.43%	-43%
LA Department of Health	58.7%	32.06%	-45%
Detroit Medical Center-PHO	72.01%	24.07%	-67%
Henry Ford Health System	77.12%	23.38	-70%
St. Joseph Hospital	40.24%	30.89%	-23%
Cornerstone Health Care	30.56%	20.52%	-33%
Duke Health	78.98%	51.93%	-34%
Kaiser Permanent Washington	38.8%	23.99%	-38%
Swedish	38.57%	30.40%	-21%
Froedtert & the Medical College	74.06%	39.76%	-46%
Monroe Clinic	69.15%	26.53%	-62%

Primary Interventions

- Providing clinical feedback and comparisons
- Using patient materials
- Educating clinicians
- Convening a workgroup and identifying clinician champions
- Incorporating clinical decision support or best practice alerts

Other interventions included:

- Using behavioral economics with nudge posters
- Changing workflows
- Incorporating incentives



FRED HUTCH
CURES START HERE®

- Fred Hutchinson's Institute for Cancer Outcome Research (HICOR) partnered with insurance to link insurance claims and cancer registry information.
- The partnership identified the following:
 - overall adherence to the recommendations varied from 53% (breast surveillance) to 78% (breast staging).
 - across all measures, reimbursements between patients receiving adherent and nonadherent care differed by approximately \$29 million.



- This quality improvement project set the bold goal of decreasing the practices identified by these specialty societies to less than 10%. A review of practices has already been completed on 12 recommendations.
- Targeted recommendations have been decreased to less than 1%.



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American Society for Radiation Oncology



Ten Things Physicians and Patients Should Question

1

Don't initiate whole breast radiotherapy as a part of breast conservation therapy in women with early stage invasive breast cancer without considering shorter treatment schedules.

- Whole breast radiotherapy decreases local recurrence and improves survival of women with invasive breast cancer treated with breast conservation therapy. Most studies have utilized "conventionally fractionated" schedules that deliver therapy over 5-6 weeks, often followed by 1-2 weeks of boost therapy.
- Recent studies, however, have demonstrated equivalent tumor control and cosmetic outcome in specific patient populations with shorter courses of therapy (approximately 4 weeks). Patients and their physicians should review these options to determine the most appropriate course of therapy.

2

Don't initiate management of low-risk prostate cancer without discussing active surveillance.

- Patients with prostate cancer have a number of reasonable management options. These include surgery and radiation, as well as conservative monitoring without therapy in appropriate patients.
- Shared decision-making between the patient and the physician can lead to better alignment of patient goals with treatment and more efficient care delivery.
- ASTRO has published patient-directed written decision aids concerning prostate cancer and numerous other types of cancer. These types of instruments can give patients confidence about their choices, improving compliance with therapy.

3

Don't routinely use extended fractionation schemes (>10 fractions) for palliation of bone metastases.

- Studies suggest equivalent pain relief following 30 Gy in 10 fractions, 20 Gy in 5 fractions, or a single 8 Gy fraction.
- A single treatment is more convenient but may be associated with a slightly higher rate of retreatment to the same site.
- Strong consideration should be given to a single 8 Gy fraction for patients with a limited prognosis or with transportation difficulties.

4

Don't routinely recommend proton beam therapy for prostate cancer outside of a prospective clinical trial or registry.

- There is no clear evidence that proton beam therapy for prostate cancer offers any clinical advantage over other forms of definitive radiation therapy. Clinical trials are necessary to establish a possible advantage of this expensive therapy.

5

Don't routinely use intensity modulated radiotherapy (IMRT) to deliver whole breast radiotherapy as part of breast conservation therapy.

- Clinical trials have suggested lower rates of skin toxicity after using modern 3-D conformal techniques relative to older methods of 2-D planning.
- In these trials, the term "IMRT" has generally been applied to describe methods that are more accurately defined as field-in-field 3-D conformal radiotherapy.
- While IMRT may be of benefit in select cases where the anatomy is unusual, its routine use has not been demonstrated to provide significant clinical advantage.



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THANK YOU

For More Information:

www.choosingwisely.org | www.abimfoundation.org



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