

AAFP's Choosing Wisely Campaign Update: How to Help Your Patients Choose Wisely

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Learning Objectives

1. Recognize the origin and intent of the ABIM Foundation's Choosing Wisely® Campaign.
2. Consider the evidence for avoiding the use of the tests or procedures identified by the AAFP list of Fifteen Things Physicians and Patients Should Question.
3. Evaluate the lists relevant to family medicine from other specialty societies, for applicability to practice.
4. Establish protocols for communicating the value and benefit of appropriate evidence-based diagnostic tests and procedures with patients and staff.



Audience Engagement System

The screenshots illustrate the user flow: Step 1 shows the app's main menu with a red arrow pointing to the 'CME Activity' button. Step 2 shows a list of activities, with a red arrow pointing to the selected activity 'CME011 Adult Common Synonyms: Unchain My Heart'. Step 3 shows the activity details page, with a red arrow pointing to the 'View Report' button.



A Few Definitions

- Appropriate care
 - Associated with net benefit (benefits minus harms)
 - Right intervention provided to right patient, in right setting, at right time
- Underuse – appropriate care not provided
- Misuse – wrong care provided
- **Overuse – unnecessary care provided**

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The Problem of Overuse in Health Care

- 2012 systematic review found 172 studies (53 on procedures, 38 on diagnostic tests, 81 on medications)
- Most commonly studied overused services
 - Antibiotics for URIs
 - Coronary angiography
 - Carotid endarterectomy
 - Coronary artery bypass grafting
- Estimated to represent between **\$158-226 billion** of wasteful health care spending in 2011

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Overuse is Common in Family Medicine

- From 1999 to 2009, only 2 of 11 ambulatory overuse quality indicators improved
 - Cervical cancer screening for women age >65
 - Antibiotics for asthma exacerbations
- 1 became worse
 - Prostate cancer screening in men age >74
- 8 did not change
 - Screening ECG, UA, CBC, chest x-ray
 - Imaging for acute back pain
 - Mammography in women age >75
 - Antibiotics for URI and acute bronchitis

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Origins of the Choosing Wisely Campaign

- ABIM Medical Professionalism charter (2002)
 - “Just distribution of finite resources”
- National Physicians Alliance *Good Stewardship Project* (2009)
 - “Five things to question” in FM, IM, Pediatrics
 - 15 interventions = \$5 billion wasted per year
- Dr. Howard Brody’s editorial in *NEJM* (2010)
 - Challenged all specialties to create “Top 5” lists of routinely performed, high cost tests or interventions lacking evidence-based support

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Choosing Wisely 2016 Campaign Update

- More than 70 medical societies have published lists containing >400 questionable or ineffective/harmful interventions
 - “Routinely performed” or “high cost” varies by specialty
- AAFP has contributed 3 separate lists containing a total of 15 recommendations
- Consumer Reports has produced >100 patient brochures in collaboration with specialty societies

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AAFP’s CW Recommendations

1. Imaging for low back pain within first 6 weeks, unless red flags
2. Antibiotics for acute mild-to-moderate sinusitis, unless symptoms \geq 7 days or worsen
3. DEXA screening for osteoporosis in women < 65 or men < 70 with no risk factors
4. EKGs or other cardiac screening for low-risk patients without symptoms
5. Pap smears < 21 or s/p hysterectomy for benign disease

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AAFP's CW Recommendations

6. Elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks gestational age
7. Elective, non-medically indicated inductions of labor between 39 weeks, 0 days and 41 weeks, 0 days
8. Screening for carotid artery stenosis in asymptomatic adult patients
9. Screening for cervical cancer > 65 if not high risk
10. Screening < 30 for cervical cancer with HPV testing

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AAFP's CW Recommendations

11. Antibiotics for otitis media in 2-12 year olds with non-severe symptoms when observation is reasonable
12. Voiding cystourethrogram routinely in first febrile UTI in children 2-14 months
13. Screening for prostate cancer with PSA or digital rectal exam
14. Screening adolescents for scoliosis
15. Pelvic exam or other physical exam for oral contraceptive Rx

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AES Question

How often do you currently refer to Choosing Wisely recs to guide patient care?

- A. Every day
- B. 1-3 times per week
- C. 1-3 times per month
- D. Almost never
- E. Never

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How the AAFP supports Choosing Wisely

- Presentations like this one
 - Inclusion in other applicable CME courses
- *American Family Physician* online CW search tool and Best Practices tables in review articles
- AAFP Commission on Health of the Public and Science oversees Choosing Wisely
 - Focused on implementation vs. adding more recommendations at this time
 - Develops patient education handouts with Consumer Reports
 - Agreement with Epic to incorporate selected AAFP CW recs into clinical decision support

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How Evidence-based are Choosing Wisely Recommendations?

- 224/310 CW recommendations judged to be relevant to primary care as of June 2014
 - 43 (19%) SOR A
 - 57 (25%) SOR B
 - 124 (55%) SOR C
- Does strength of recommendation vary by body system?
 - Only Ortho (6/11, 55%) had majority SORT A
 - No SORT A recs: CV, GI, Psych, Pulm, Rheum, Urology

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1. Cardiovascular screening

- Don't order annual electrocardiography or any other cardiac screening for asymptomatic, low-risk patients.
 - American Academy of Family Physicians
 - American College of Physicians

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Cardiovascular Screening: Evidence

- USPSTF "D" (don't do) recommendation
- No evidence that detecting coronary artery stenosis improves health outcomes in asymptomatic patients at low risk.
- False-positive test results lead to harm through unnecessary invasive procedures, overtreatment, and misdiagnosis.
- Potential harms of routine screening exceed the potential benefits

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2. Glucose Self-Monitoring

- Avoid routine multiple daily self-glucose monitoring in adults with stable type 2 diabetes on agents that do not cause hypoglycemia.
 - The Endocrine Society
 - American Association of Clinical Endocrinologists

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Glucose Self-monitoring: Evidence

- 2012 Cochrane review
 - 1 year after diagnosis, self-monitoring had no effect on glucose control, patient satisfaction, general well-being or general health-related quality of life
- Once target control is achieved on stable therapy, there is little gained in most individuals from repeatedly confirming.
- Exceptions: acute illness, new or changed medications, significant weight fluctuations

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3. Antibiotics after abscess drainage

- Avoid antibiotics and wound cultures in patients with uncomplicated skin and soft tissue abscesses after successful I&D and with adequate medical follow-up.
 - American College of Emergency Physicians

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Antibiotics after Abscess: Evidence

- 2013 SR + meta-analysis of 4 RCTs
 - No difference in abscess resolution, need for additional antibiotics, hospitalizations
- Even in abscesses caused by MRSA, antibiotics not beneficial if the abscess has been adequately drained and the patient has a well-functioning immune system.
- Culture of the drainage is not needed as the result will not routinely change treatment.

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4. Preoperative Testing

- Avoid routine preoperative laboratory testing and chest x-rays for low-risk surgeries without a clinical indication.
 - American Society for Clinical Pathology
 - American College of Physicians
 - American College of Radiology

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Preop Testing - Evidence

- 2012 Cochrane review of cataract surgery
- Overall, findings influence management in <3% of patients tested.
- No adverse outcomes observed when clinically stable patients with test abnormalities undergo elective surgery
- However, abnormal results often unnecessarily delay surgery

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AES Question

In about what percentage of your preoperative consultations does the surgeon request unnecessary tests?

- A. 75-100%
- B. 50-74%
- C. 25-49%
- D. 0-24%

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AAFP Member Survey: Sept. 2015

- **N= 273 members** (41% response rate from 672 volunteers in "Member Insight Exchange")
- **73%** were somewhat or very familiar with Choosing Wisely
- AAFP was most common resource for obtaining knowledge (**96%** found website valuable)
- **65%** implemented at least "some" of the recs

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AAFP Member Survey: Sept. 2015

- Most common CW recs implemented
 - Low back pain imaging; Pelvic exam for OC; Screening for cervical cancer >65
- Tools most often used
 - **35%**: AAFP CW web pages
 - **26%**: EHR reminders
 - **17%**: Patient handouts

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AES question

Which is the most common barrier to avoiding unnecessary care in your practice?

- A. Patient resistance
- B. Lack of time
- C. Lack of confidence in evidence behind CW recommendations
- D. Lack of interest
- E. Other

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AAFP Member Survey: Sept. 2015

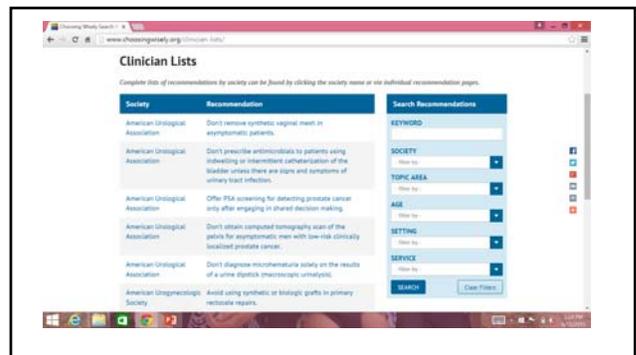
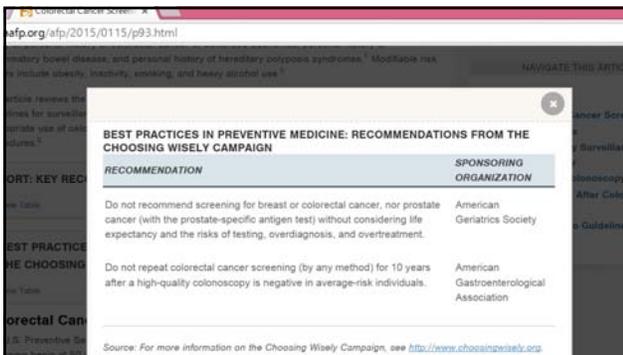
Most Common Barriers Reported:

- **61%** Patient resistance
- **42%** Lack of time
- **6.6%** Lack of confidence in the evidence behind the recommendation
- **3.4%** Lack of interest
- **12.4%** Other (hard to break habits, lack of awareness of CW, remembering them, cooperation with other physicians, other specialists don't follow it and are incentivized to cont., time constraint with integration into EHRs)

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Tools for Clinicians

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Materials for Patients

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How can you help patients and colleagues Choose Wisely?

- Know the evidence
- Help patients make informed decisions
- Build (and lead) the system
 - Ensure that inpatient and outpatient quality committees are aware of the campaign
- Help subspecialists Choose Wisely
 - Preoperative consultations

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Practice Recommendations

- Avoid routine multiple daily self-glucose monitoring in adults with stable type 2 diabetes on agents that do not cause hypoglycemia. (SOR A)
- Avoid antibiotics and wound cultures in patients with uncomplicated skin and soft tissue abscesses after successful I&D and with adequate medical follow-up. (SOR A)
- Avoid routine preoperative laboratory testing and chest x-rays for low-risk surgeries without a clinical indication. (SOR B)

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Learning Objectives Review

- You should be able to:
 - Implement one or more Choosing Wisely campaign recommendations in your practice by educating staff and creating protocols to question potentially unnecessary care.
 - Engage in shared decision-making conversations with patients about potentially non-beneficial or harmful tests or treatments.
 - Help subspecialists choose wisely by communicating with them about the lack of good evidence supporting routine preoperative or pre-procedural testing.

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Questions?

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