Choosing Wisely Updates:
Better Care IS a Matter of Choice

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Learning Objectives

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

Associated Session

• Choosing Wisely Updates: Ask the Expert
**Audience Engagement System**

**Step 1**
- **AES Question #1**
  - Do you think the frequency of unnecessary test and procedures in the health care system is:
    - a) Not a problem at all
    - b) A problem, but not a serious problem
    - c) A serious problem
    - d) I don’t know

**Step 2**

**Step 3**

**AES Question #2**
- In your practice, how often are you asked by patients to order a test or procedure you think unnecessary?
  - a) Less than once a month
  - b) Once or twice a month
  - c) Once a week
  - d) Several times a week
  - e) Every day

**AES Question #3**
- How often do patients follow your advice and avoid the test/procedure?
  - a) Never
  - b) Rarely
  - c) Half the time
  - d) Often
  - e) Always

**AES Question #4**
- Let’s say a patient came to you convinced they needed a specific test. You knew the test was unnecessary, but the patient was quite insistent. Would you:
  - a) Order the test
  - b) Order the test but advise against it
  - c) Refuse to order the test
  - d) Not sure what I would do

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*~30% of all US healthcare expenditures (> $750 billion) are on wasted care*

*72 percent of physicians says the average physician prescribes an unnecessary test or procedure at least once a week*
  - 48-53% of physicians order unnecessary tests when patient insist!

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Healthcare Expenditures

- US Healthcare expenditures: $3.2 trillion (in 2013)
  - 17.8% of US GDP
  - OECD avg 9% GDP
- Life Expectancy:
  - US: 78.8 years
  - OECD avg: 80.5 years

Foundation

- 2010: The Top 5 List
- 2011: National Physicians Alliance
- 2012: American Board of Internal Medicine + Consumer Reports
  - “Top 5 Lists” from 9 specialty societies (including AAFP)

Goals of Choosing Wisely

- Choosing Wisely aims to promote conversations between clinicians and patients by helping patients choose care that is:
  - Supported by evidence
  - Not duplicative of other tests or procedures already received
  - Free from harm
  - Truly necessary

Goals of Choosing Wisely

- Choosing Wisely recommendations should not be used to establish coverage decisions or exclusions. Rather, they are meant to spur conversation about what is appropriate and necessary treatment. As each patient situation is unique, providers and patients should use the recommendations as guidelines to determine an appropriate treatment plan together.

Today

- 76 Organization Partners
  - 490+ Recommendations
- 33 Consumer Partners
  - Working with Consumer Reports to disseminate information and educate patients
- State Chapters
  - Washington
- 16 International Partners
  - Japan, Canada, Australia,…
Consumer Partners

- AARP
- The Alliance
- Alliance Health Networks
- Baby Boomers for Balanced Health Care
- Blue Cross and Blue Shield
- Coalition for Compassionate Care of California
- Connected Championing Wising Collaborative
- Covered California
- Dental Regional
- Dignity Health
- Gannett Health
- Greater Detroit Area Health Council
- Health Policy Corporation of Iowa
- Healthcare Collaborative of Greater Columbus
- The Leapfrog Group
- Los Angeles County Department of Public Health
- Midwest Business Group on Health
- Minnesota Health Action Group
- National Business Coalition on Health
- National Business Group on Health
- National Center for Farmworker Health
- National Hospice and Palliative Care Organizations
- National Partnership for Gun Violence Prevention
- National Partnership for Women & Families
- National Quality Forum
- Pacific Business Group on Health
- Philadelphia Regional Health Initiative
- Pittsburgh Business Group on Health
- SEIU
- Union Plus
- VNA Community Healthcare
- Washington Health Alliance
- West Virginians for Affordable Health Care
- Westchester Library System
- Wikipedia
- Well Ok

Consumer Reports - 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?

AES Question #5

- Mr. J is a 65 y/o male who presents with a cough. While he is here, he wants to get this annual testing done. He reminds you that your partner has been ordering a PSA for him every year. Do you:
  A. Order this test for Mr. J with no discussion.
  B. Advise Mr. J that this test is unnecessary and refuse to order it.
  C. Advise Mr. J that this test is unnecessary, but order it if he is insistent.
  D. Refer to Choosing Wisely site to determine whether this is a questionable test.
  E. Don’t know / Refuse to answer.

AAFP: Fifteen Things Physicians and Patients Should Question

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.
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.
4. Don’t order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.
5. Don’t perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancerous disease.
AAFP #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.

AAFP #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.

AAFP #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.

AAFP #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.

AAFP #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.

AAFP: Fifteen Things Physicians and Patients Should Question

6. Don’t schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age.
7. Avoid elective, non-medically indicated inductions of labor between 39 weeks, 0 days and 41 weeks, 0 days unless the cervix is deemed favorable.
8. Don’t screen for carotid artery stenosis (CAS) in asymptomatic adult patients.
9. Don’t screen women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk for cervical cancer.
10. * Don’t screen women younger than 30 years of age for cervical cancer with HPV testing, alone or in combination with cytology. (May 2017: under review)
AAFP #6

• Don’t schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age.
  – Delivery prior to 39 weeks, 0 days has been shown to be associated with an increased risk of learning disabilities and a potential increase in morbidity and mortality. There are clear medical indications for delivery prior to 39 weeks and 0 days based on maternal and/or fetal conditions. A mature fetal lung test, in the absence of appropriate clinical criteria, is not an indication for delivery.

AAFP #7

• Avoid elective, non-medically indicated inductions of labor between 39 weeks, 0 days and 41 weeks, 0 days unless the cervix is deemed favorable.
  – Ideally, labor should start on its own initiative whenever possible. Higher Cesarean delivery rates result from inductions of labor when the cervix is unfavorable. Health care clinicians should discuss the risks and benefits with their patients before considering inductions of labor without medical indications.

AAFP #8

• Don’t screen for carotid artery stenosis (CAS) in asymptomatic adult patients.
  – There is good evidence that for adult patients with no symptoms of carotid artery stenosis, the harms of screening outweigh the benefits. Screening could lead to non-indicated surgeries that result in serious harms, including death, stroke and myocardial infarction.

AAFP #9

• Don’t screen women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk for cervical cancer.
  – There is adequate evidence that screening women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk provides little to no benefit.

AAFP #10

• * Don’t screen women younger than 30 years of age for cervical cancer with HPV testing, alone or in combination with cytology.
  – There is adequate evidence that the harms of HPV testing, alone or in combination with cytology, in women younger than 30 years of age are moderate. The harms include more frequent testing and invasive diagnostic procedures such as colposcopy and cervical biopsy. Abnormal screening test results are also associated with psychological harms, anxiety and distress.
  – (under review as of May 2017)

AAFP: Fifteen Things Physicians and Patients Should Question

11. Don’t prescribe antibiotics for otitis media in children aged 2–12 years with non-severe symptoms where the observation option is reasonable.
12. Don’t perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2–24 months.
13. Don’t routinely screen for prostate cancer using a prostate-specific antigen (PSA) test or digital rectal exam.
14. Don’t screen adolescents for scoliosis.
15. Don’t require a pelvic exam or other physical exam to prescribe oral contraceptive medications.
AAFP #11

• Don't prescribe antibiotics for otitis media in children aged 2–12 years with non-severe symptoms where the observation option is reasonable.
  – The “observation option” refers to deferring antibacterial treatment of selected children for 48 to 72 hours and limiting management to symptomatic relief. The decision to observe or treat is based on the child’s age, diagnostic certainty and illness severity. To observe a child without initial antibacterial therapy, it is important that the parent or caregiver has a ready means of communicating with the clinician. There also must be a system in place that permits reevaluation of the child.

Available from: http://www.choosingwisely.org/societies/american-academy-of-family-physicians/

AAFP #12

• Don’t perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2–24 months.
  – The risks associated with radiation (plus the discomfort and expense of the procedure) outweigh the risk of delaying the detection of the few children with correctable genitourinary abnormalities until their second UTI.

Available from: http://www.choosingwisely.org/societies/american-academy-of-family-physicians/

AAFP #13

• Don’t routinely screen for prostate cancer using a prostate-specific antigen (PSA) test or digital rectal exam.
  – There is convincing evidence that PSA-based screening leads to substantial over-diagnosis of prostate tumors. Many tumors will not harm patients, while the risks of treatment are significant. Physicians should not offer or order PSA screening unless they are prepared to engage in shared decision-making that enables an informed choice by patients.

Available from: http://www.choosingwisely.org/societies/american-academy-of-family-physicians/

AAFP #14

• Don’t screen adolescents for scoliosis.
  – There is no good evidence that screening asymptomatic adolescents detects idiopathic scoliosis at an earlier stage than detection without screening. The potential harms of screening and treating adolescents include unnecessary follow-up visits and evaluations due to false positive test results and psychological adverse effects.

Available from: http://www.choosingwisely.org/societies/american-academy-of-family-physicians/

AAFP #15

• Don’t require a pelvic exam or other physical exam to prescribe oral contraceptive medications.
  – Hormonal contraceptives are safe, effective and well-tolerated for most women. Data do not support the necessity of performing a pelvic or breast examination to prescribe oral contraceptive medications. Hormonal contraception can be safely provided on the basis of medical history and blood pressure measurement.

Available from: http://www.choosingwisely.org/societies/american-academy-of-family-physicians/

AAFP/Consumer Reports

Patient Friendly Resources

1. Clogged Neck Arteries
2. Antibiotics: Will They Help You or Hurt You?
3. Pelvic Exams, Pap Tests and Oral Contraceptives
4. PSA Blood Test for Prostate Cancer
5. Antibiotics for Ear Infections in Children
6. Scheduling Early Delivery of Your Baby
7. Bone-Density Tests
8. Pap Tests
9. Imaging Tests for Lower-Back Pain
10. EKGs and Exercise Stress Tests
11. Treating Sinusitis (AAFP)
AAP: Five Things Physicians and Patients Should Question
1. Antibiotics should not be used for apparent viral respiratory illnesses (sinusitis, pharyngitis, bronchitis and bronchiolitis).
2. Cough and cold medicines should not be prescribed or recommended for respiratory illnesses in children under four years of age.
3. Computed tomography (CT) scans are not necessary in the immediate evaluation of minor head injuries; clinical observation/Pediatric Emergency Care Applied Research Network (PECARN) criteria should be used to determine whether imaging is indicated.
4. Neuroimaging (CT, MRI) is not necessary in a child with simple febrile seizure.
5. Computed tomography (CT) scans are not necessary in the routine evaluation of abdominal pain.

AAP: Five More Things Physicians and Patients Should Question
6. Don't prescribe high-dose dexamethasone (0.5mg/kg per day) for the prevention or treatment of bronchopulmonary dysplasia in pre-term infants.
7. Don't perform screening panels for food allergies without previous consideration of medical history.
8. Avoid using acid blockers and motility agents such as metoclopramide (generic) for physiologic gastroesophageal reflux (GER) that is effortless, painless and not affecting growth. Do not use medication in the so-called “happy-spitter.”
9. Avoid the use of surveillance cultures for the screening and treatment of asymptomatic bacteriuria.
10. Infant home apnea monitors should not be routinely used to prevent sudden infant death syndrome (SIDS).

ACP: Five Things Physicians and Patients Should Question
1. Don't obtain screening exercise electrocardiogram testing in individuals who are asymptomatic and at low risk for coronary heart disease.
2. Don't obtain imaging studies in patients with non-specific low back pain.
3. In the evaluation of simple syncope and a normal neurological examination, don't obtain brain imaging studies (CT or MRI).
4. In patients with low pretest probability of venous thromboembolism (VTE), obtain a high-sensitive D-dimer measurement as the initial diagnostic test; don't obtain imaging studies as the initial diagnostic test.
5. Don't obtain preoperative chest radiography in the absence of a clinical suspicion for intrathoracic pathology.

AES Question #6
• You see Mr. J, a 65 y/o male, for follow-up in clinic after an ED visit where an abscess was incised and drained. He is quite concerned as they did not give him antibiotics, as they have done in the past. Do you:
  A. Prescribe antibiotics for Mr. J with no discussion.
  B. Advise Mr. J that an antibiotic is unnecessary and refuse to order it.
  C. Advise Mr. J that an antibiotic is unnecessary, but order it if he is insistent.
  D. Refer to Choosing Wisely site to determine whether this is a questionable procedure.
  E. Don't know / Refuse to answer.

AAD: Ten Things Physicians and Patients Should Question
1. Don't prescribe oral antifungal therapy for suspected nail fungus without confirmation of fungal infection.
2. Don't perform sentinel lymph node biopsy or other diagnostic tests for the evaluation of early, thin melanoma because they do not improve survival.
3. Don't treat uncomplicated, nonmelanoma skin cancer less than 1 centimeter in size on the trunk and extremities with Mohs micrographic surgery.
4. Don't use oral antibiotics for treatment of atopic dermatitis unless there is clinical evidence of infection.
5. Don't routinely use topical antibiotics on a surgical wound.
6. Don't use systemic (oral or injected) corticosteroids as a long-term treatment for dermatitis.
7. Don't use skin prick tests or blood tests such as the radioallergosorbent test (RAST) for the routine evaluation of eczema.
8. Don't routinely use microbiologic testing in the evaluation and management of acne.
9. Don't routinely use antibiotics to treat bilateral swelling and redness of the lower leg unless there is clear evidence of infection.
10. Don't routinely prescribe antibiotics for inflamed epidermal cysts.
Selected “Things…”

- American Academy of Allergy, Asthma & Immunology
  - Don’t routinely do diagnostic testing in patients with chronic urticaria.
  - Don’t diagnose or manage asthma without spirometry.
  - Don’t perform food IgE testing without a history consistent with potential IgE-mediated food allergy.
  - Don’t routinely order low- or iso-osmolar radiocontrast media or pretreat with corticosteroids and antihistamines for patients with a history of seafood allergy, who require radiocontrast media.


Selected “Things…”

- American Association of Clinical Endocrinologists and The Endocrine Society
  - Avoid routine multiple daily self-glucose monitoring in adults with stable type 2 diabetes on agents that do not cause hypoglycemia.
  - Don’t routinely order a thyroid ultrasound in patients with abnormal thyroid function tests if there is no palpable abnormality of the thyroid gland.
  - Don’t order a total or free T3 level when assessing levothyroxine (T4) dose in hypothyroid patients.


AES Question #7

- Mr. J is a 65 y/o male who presents with a cough. He reports that he used to smoke as young man, quitting when he was 30 years old. He had heard about CT screening for lung cancer and would like to have it done. Do you:
  - Order this test for Mr. J with no discussion.
  - Advise Mr. J that this test is unnecessary and refuse to order it.
  - Advise Mr. J that this test is unnecessary, but order it if he is insistent.
  - Refer to Choosing Wisely site to determine whether this is a questionable test.
  - Don’t know / Refuse to answer.

American College of Chest Physicians and American Thoracic Society

- For patients recently discharged on supplemental home oxygen following hospitalization for an acute illness, don’t renew the prescription without assessing the patient for ongoing hypoxemia.
- Don’t perform chest computed tomography (CT angiography) to evaluate for possible pulmonary embolism in patients with a low clinical probability and negative results of a highly sensitive D-dimer assay.
- Don’t perform CT screening for lung cancer among patients at low risk for lung cancer.


Recommended Practice Changes

1. Increased emphasis by family physicians on appropriate high-value care, including necessary laboratory tests and utilizing evidence-based therapies.
2. Increased recognition by patients of appropriate high-value care, along with increased acceptance through shared-decision making.
3. Avoid harm and improve medical system efficiency through better information systems for all physicians and patients.

Questions
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