



<b>Body System: Population-Based Care</b>		
<b>Session Topic: AAFP's Choosing Wisely Campaign Update</b>		
<b>Educational Format</b>		<b>Faculty Expertise Required</b>
<b>REQUIRED</b>	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
<b>OPTIONAL</b>	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
<b>Professional Practice Gap</b>	<b>Learning Objective(s) that will close the gap and meet the need</b>	<b>Outcome Being Measured</b>
<ul style="list-style-type: none"> <li>Patients, with adequate education, are often prepared to de-adopt low-value practices; however, physicians often have a misperception that patients would be resistant to these changes.</li> <li>Key barriers to full integration of Choosing Wisely recommendations include reducing low-value care, clinicians identified time constraints (45%), overcoming patient preferences/values (44%), community standards (43%), fear of patients' dissatisfaction (41%), patients' knowledge about the harms of low-value care (38%), and availability of tools to support shared decision making (37%).</li> <li>Family physicians should be prepared to promote conversations to help choose care that is</li> </ul>	<ol style="list-style-type: none"> <li>Implement one or more Choosing Wisely campaign recommendations in your practice by educating staff and creating protocols to question potentially unnecessary care.</li> <li>Engage in shared decision-making conversations with patients about potentially non-beneficial or harmful tests or treatments.</li> <li>Help subspecialists choose wisely by communicating with them about the lack of good evidence supporting routine preoperative or pre-procedural testing.</li> </ol>	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.



<p>supported by evidence, not duplicative of other tests or procedures already received, free from harm, and truly necessary.</p> <ul style="list-style-type: none"> <li>• Lack of familiarity with the tests &amp; procedures identified by other medical specialty societies as being potentially unnecessary</li> <li>• Identified the need to have more conversation/consultation and collaboration with patients regarding the costs/benefits of utilizing the identified tests/procedures</li> <li>• Need for education about utilizing decision support options within an EHR to help enact these changes</li> <li>• Need for education on training NPs &amp; other staff about the rationale for avoiding unnecessary testing</li> </ul>		
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**ACGME Core Competencies Addressed** (select all that apply)

X	Medical Knowledge		Patient Care
	Interpersonal and Communication Skills	X	Practice-Based Learning and Improvement
	Professionalism	X	Systems-Based Practice

**Faculty Instructional Goals**

Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org



patient resources; those listed in the References section below are a good place to start

- Visit <http://www.aafp.org/journals> for additional resources
- Visit <http://familydoctor.org> for patient education and resources
- Provide recommendations for implementing one or more Choosing Wisely campaign recommendations in your practice by educating staff and creating protocols to question potentially unnecessary care.
- Provide strategies for engaging in shared decision-making conversations with patients about potentially non-beneficial or harmful tests or treatments.
- Provide strategies to help subspecialists choose wisely by communicating with them about the lack of good evidence supporting routine preoperative or pre-procedural testing.
- Provide an overview of the origin and intent of the ABIM Foundation's Choosing Wisely Campaign, & recommendations for applicability to “every day” practice.
- Provide recommendations to help physician-learners 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.
- Provide recommendations for evaluating the lists relevant to family medicine from other specialty societies, for applicability to practice.
- Provide recommendations and strategies to help physician-learners establish protocols for communicating the value and benefit of appropriate evidence-based diagnostic tests and procedures with patients and staff.

### Needs Assessment

The overuse of health care services represents poor quality and contributes to high costs. A study identified 172 articles measuring the overuse of services in the United States which suggests that it is a problem and the provision of these clinical services vary widely.<sup>1</sup> The Good Stewardship Working Group analyzed the top 5 overused clinical services across the three primary care specialties of family medicine, pediatrics, and internal medicine and examined the frequency and associated costs using a national sample of ambulatory care visits.<sup>2</sup>

CME outcomes data from 2012-2015 AAFP FMX (formerly Assembly) Choosing Wisely<sup>®</sup> sessions suggest physicians have knowledge and practice gaps with regard being familiar with Choosing Wisely<sup>®</sup> recommendations, including recent updates; educating patients about not ordering unnecessary care, including having patient handouts readily available; having strategies in place to advocate for Choosing Wisely<sup>®</sup> recommendations with other sub-specialists in a multi-specialty practice; and having strategies in place to systematically implement Choosing Wisely<sup>®</sup> recommendations.<sup>3-6</sup>

A review of the literature suggests that patients are often reluctant to forgo questionable tests or treatments for a variety of reasons, including past experiences of having been provided unnecessary interventions (e.g., antibiotics for the common cold) and believing them to have been beneficial (e.g., they got better after taking the antibiotic).<sup>7,8</sup> More recent studies suggest that while many physicians are prepared to de-adopt low-value practices, many believe that patient demands and expectations account for the persistence of these interventions.<sup>9,10</sup> These same studies found that patients do actually express a strong readiness to de-adopt low-value practices, when provided with adequate patient education.<sup>10</sup> Key barriers to full integration of



Choosing Wisely recommendations include reducing low-value care, clinicians identified time constraints (45%), overcoming patient preferences/values (44%), community standards (43%), fear of patients' dissatisfaction (41%), patients' knowledge about the harms of low-value care (38%), and availability of tools to support shared decision making (37%).<sup>9</sup> In addition to patient factors, some physicians are just often unaware of Choosing Wisely<sup>®</sup> recommendations.<sup>11-13</sup> In fact, there is greater awareness of Choosing Wisely among primary care physicians, than other medical specialists and surgical specialists.<sup>14</sup>

As the nation increasingly focuses on ways to provide safer, higher-quality care to patients, the overuse of health care resources is an issue of considerable concern. Many experts agree that the current way health care is delivered in the U.S. contains too much waste—with some stating that as much as 30 percent of care delivered is duplicative or unnecessary and may not improve people's health. It is urgent that physicians and patients work together and have conversations about wise treatment decisions. That means choosing care that is supported by evidence showing that it works for patients like them; is not duplicative of other tests or procedures already received; won't harm them; and is truly necessary.<sup>1,2,15,16</sup>

This concept was originally conceived and piloted by the National Physicians Alliance, which, through an ABIM Foundation grant created a set of lists and steps physicians in internal medicine, family medicine and pediatrics could take in their practices to promote the more effective use of health care resources. Recognizing that patients need better information about what care they truly need to have these conversations with their physicians, Consumer Reports has developed patient education materials to support this initiative.<sup>15</sup>

As part of an ongoing effort to help physicians curtail the practice of ordering unnecessary tests and procedures, the AAFP has released its Choosing Wisely<sup>®</sup> list of recommendations.<sup>17</sup> The *Choosing Wisely*<sup>®</sup> initiative aims to promote conversations between physicians 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

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- How to Help Your Patients Choose Wisely<sup>8</sup>
- Appropriate and safe use of diagnostic imaging<sup>18</sup>
- ABIM Choosing Wisely: Lists<sup>15</sup>
- How to reduce your malpractice risk<sup>19</sup>
- Thinking on paper: documenting decision making<sup>20</sup>
- Simple tools to increase patient satisfaction with the referral process<sup>21</sup>
- Exam documentation: charting within the guidelines<sup>22</sup>
- AAFP Choosing Wisely (initiative and online resources)<sup>17</sup>



References

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