

The Choosing Wisely® Campaign

www.choosingwisely.org



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Choosing Wisely: Physicians Leading the way to “git ‘er done”

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Disclosures for Dr. Wesson

- **Foundations:**
 - **ABIM Foundation immediate Past President**
- **Scientific Advisory Boards: None**
- **Phase 1 NIH-NIDDK SBIR grant**
 - **Co-investigator**

Goals of Choosing Wisely

- **Choosing “the right care”**
 - Promote conversations between physicians and patients about utilizing the most appropriate tests and treatments (i.e., “the right care”)
- **Avoiding “the most care”**
 - Conversations about care that is unnecessary
- **Improved care quality**
 - Not specifically designed as a strategy to reduce health care costs

Origin of Choosing Wisely

- **Physician charter**
 - by ACP, European Federation of Internal Medicine, and ABIMF, published in Annals of Int Med in 2002
- **Howard Brody, medical ethicist**
 - proposed physicians identify “5 things” for which evidence showed little value but might cause harm
- **National Physicians Alliance**
 - using an ABIMF grant, developed 3 specific steps that physicians could take in their practices to promote more effective use of health care resources

The “5 things” list

- Specialty societies asked to develop list of 5 procedures/tests that were:
 - Within the society’s domain
 - Used reasonably frequently in practice
 - Generally accepted evidence supports the recommendation
 - Processes used to create list should be thoroughly documented and made available upon request
- Was an overwhelming success!

Some lessons learned from the “5 things” experience

- Listed items should not be absolutes but worthy of questioning
- Important to frame unnecessary care as waste
- Physician professionalism is a key motivator

Physician reasons for ordering unnecessary tests

- **Malpractice concerns**
 - Texas tort reform has helped assuage somewhat
- **Physician uncertainty**
 - More evidenced-based tools in EMRs?
 - Decision-making tools in EMRs?
- **Patient demand**
 - Patient education?
 - Tools to guide physician-patient conversations?

ABIM Foundation Survey of Physicians

- 66% of physicians feel a great deal of responsibility to make sure their patients avoid unnecessary tests and procedures.
- 58% of physicians say they are in the best position to address the problem of unnecessary tests and procedures.



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ABIM Foundation Survey of Physicians (Cont'd)

- 81% of physicians are very comfortable talking to their patients about why a test or procedure should be avoided.
- Physicians exposed to *Choosing Wisely* are more likely (62% vs. 45%) to have reduced the # of times they recommended a test or procedure because they learned it was unnecessary.



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Patient perspective regarding “unnecessary tests”

- **Many think the “most” care is the “best” care**
 - Might be related to consumerism
- **Most patients have little understanding that tests/procedures pose a risk for harm**
 - Explaining risk/benefit ratio is hard
- **Patients have access to much health-related information other than their physicians**
 - Internet, social media, etc.

Lessons regarding unnecessary tests

- **Physician leadership is critical**
 - All members of the health care team follow their lead
- **Physicians require guidance to communicate effectively about unnecessary care**
 - This is a new skill for most physicians
- **Focus should be on changing physician and patient *attitudes*, not changing behavior**
 - Experience shows that the attitude change leads to the desired behavior change

Importance of the Consumer Reports Collaboration

- Consumer Reports (CR) has documented skill in effectively speaking to consumers, including explaining scientific bases for recommendations
- CR already had a robust history of collaboration with specialty societies
- The not-for-profit culture of CR aligned well with ABIMF and specialty societies

Key considerations going forward

- **Physician awareness of CW is important**
 - Data show that awareness promotes needed action
- **Patient/public awareness of CW and its contextual issues is important**
 - The “right care”, not the “most care”
 - Unnecessary care as waste resonates with public
- **Physician/patient engagement toward shared decision making must become the norm**

Important Research Insights

- **Need for “de-implementation” strategies**
 - stop processes/procedures that are of little value
- **Need system structures/policies to promote CW**
 - more research needed
- **Translation of marginal risk/benefit analyses**
 - concept does not resonate with patients
- **Translation of unit and total cost concepts**
 - resonate with payers/health systems but not physicians

Some Challenges Lie Ahead

- Physicians now face increasing burdens and might find CW “just another thing I have to do”
- Must find the time for patients and physicians to engage in the necessary conversations for shared decision making
- The low level of health literacy in the public will challenge shared decision making

What is needed

- **“Tool kits” for provider groups/health systems implement tenets of CW**
 - Strategies must be implementable at physician level
- **Greater patient/public awareness of CW**
 - Patients with CW knowledge more receptive to discussions regarding unnecessary care
- **Tools to help physicians and patients better engage in shared decision making**

Why Texas should be a vanguard state for CW

- Has largest and most active state physician association
- The American Academy of Nursing has chosen Texas as the pilot for state roll out of CW
- Texas tort reform will help reduce physician anxiety about reducing unnecessary tests

Major Points to Remember

- Physician leadership is key to improving the quality of health outcomes
- Greater physician/patient awareness of CW improves engagement of each
- Shared decision making between physicians and patients is a strategy for enhanced quality of care

Questions?

