The Choosing Wisely® Campaign

Daniel Wolfson, MHSA
Executive Vice President and COO
ABIM Foundation

Rhode Island Business Group on Health
June 10, 2016
The “Top 5” Lists in Primary Care
Meeting the Responsibility of Professionalism
The Good Stewardship Working Group

Medicine’s Ethical Responsibility for Healthcare Reform – The Top 5 List
Howard Brody, MD PhD
Choosing Wisely is an initiative of the ABIM Foundation to help physicians and patients engage in conversations about the overuse of tests and procedures and support physician efforts to help patients make smart and effective care choices.
Professionalism

A Commitment to
- Professional competence
- Honesty with patients
- Patient confidentiality
- Maintaining appropriate relations with patients
- Improving quality of care
- Improving access to care
- A just distribution of finite resources
- Scientific knowledge
- Maintaining trust by managing conflicts of interest
- Professional responsibilities

Fundamental Principles
- Primacy of patient welfare
- Patient autonomy
- Social justice
Leadership

- American Academy of Allergy, Asthma & Immunology
- American Academy of Family Physicians
- American College of Cardiology
- American College of Physicians
- American College of Radiology
- American Gastroenterological Association
- American Society of Clinical Oncology
- American Society of Nephrology
- American Society of Nuclear Cardiology
- American Academy of Hospice and Palliative Medicine
- American Academy of Neurology
- American Academy of Ophthalmology
- American Academy of Otolaryngology—Head and Neck Surgery
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American Academy of Orthopaedic Surgeons
- American Association for Pediatric Ophthalmology and Strabismus
- The American Academy of Physical Medicine and Rehabilitation
- American Academy of Sleep Medicine
- American Association for the Study of Liver Diseases
- American Association of Blood Banks
- American Association of Neurological Surgeons
- American College of Chest Physicians
- American College of Emergency Physicians
- American College of Medical Genetics and Genomics
- American College of Medical Toxicology
- American College of Occupational and Environmental Medicine
- American College of Preventive Medicine
- American College of Surgeons
- American Epilepsy Society
- American Headache Society
- American Medical Society for Sports Medicine
- American Physical Therapy Association
- American Psychiatric Association
- American Society for Apheresis
- American Society for Radiation Oncology
- American Society for Reproductive Medicine
- American Society of Anesthesiologists
- American Society of Health-System Pharmacists
- American Society of Hematology
- American Society of Plastic Surgeons
- American Thoracic Society
- Commission on Cancer
- The Endocrine Society
- Heart Rhythm Society
- HIV Medicine Association
- Infectious Diseases Society of America
- North American Spine Society
- Society for Cardiovascular Angiography and Interventions
- Society for Cardiovascular Magnetic Resonance
- Society for Healthcare Epidemiology of America
- Society for Critical Care Medicine
- Society of General Internal Medicine
- Society of Gynecologic Oncology

[Logo of ABIM Foundation]
Partnerships

Founding Partners
- AARP
- Alliance Health Networks
- Midwest Business Group on Health
- National Business Coalition on Health
- National Business Group on Health
- National Center for Farmworker Health
- National Partnership for Women & Families
- Pacific Business Group on Health
- SEIU
- The Leapfrog Group
- Wikipedia

National Partners and Specialty Societies
- Lamaze International
- National Hospice and Palliative Care Organization
- Union Plus

Regional Partners
- The Alliance
- Baby Boomers for Balanced Health Care
- California Grower Foundation
- Coalition for Compassionate Care of California
- Connecticut Choosing Wisely Collaborative
- Covered California
- Detroit Regional Chamber
- Greater Detroit Area Health Council
- Health Policy Corporation of Iowa
- Healthcare Collaborative of Greater Columbus
- Los Angeles County Department of Public Health
- Minnesota Health Action Group
- Oregon Health Care Quality Corporation
- Pittsburgh Regional Health Initiative
- Rhode Island Business Group on Health
- VNA Community Healthcare
- Washington Health Alliance
- Washington State Hospital Association
- Washington State Medical Association
- WellOK
- West Chester Library System
- West Virginians for Affordable Health Care
Partnerships

Current Grantees
Greater Detroit Area Health Council
Integrated Healthcare Association
Maine Quality Counts
North Carolina Healthcare Quality Alliance
University of California, Los Angeles
Washington Health Alliance
Wisconsin Collaborative for Healthcare Quality

Former Grantees
Regional Collaboratives
Better Health Greater Cleveland
HealthInsight Utah
Institute for Clinical Systems Improvement and Minnesota Health Action Group
Iowa Healthcare Collaborative
Maine Quality Counts
Massachusetts Health Quality Partners
Michigan Health Information Alliance
Washington Health Alliance
Wisconsin Collaborative for Healthcare Quality

Specialty/State Medical Societies
American Academy of Hospice and Palliative Medicine
American Academy of Ophthalmology
American College of Physicians
American Society for Clinical Pathology
American Society of Echocardiography
American Society of Nuclear Cardiology and Massachusetts Medical Society
Minnesota Medical Association
Oregon Medical Association
Society of Hospital Medicine
Tennessee Medical Association
Texas Medical Association
Washington State Medical Association

Robert Wood Johnson Foundation
Responsibility and ownership in creating lists

- Specialty Controlled
- Frequently Used or Costly
- Transparent Process
- Evidence-Based
Choosing Wisely
American Academy of Family Physicians

American Family Physician

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.
   Red flags include, but are not limited to, severe or progressive neurological defects 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.

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 60 percent of outpatient visits for acute sinusitis. Sinusitis accounts for 16 million office visits and $3.8 billion in annual health care costs.

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.

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 disease in asymptomatic patients at low risk for coronary heart disease improves health outcomes. Negative tests are likely to screen through unnecessary invasive procedures, over-treatment and misdiagnosis. Potential harms of this routine annual screening exceed the potential benefit.

5. Don’t perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.
   Most abnormal findings in adolescents occur spontaneously, therefore Pap smears for this age group lead to unnecessary anxiety, additional testing and cost. Pap smears are not helpful in women who have hysterectomy for non-cancer disease and there is little evidence for improved outcomes.

Treating sinus problems

Don’t rush to antibiotics

The sinuses are small, hollow spaces inside the head. They drain into the nose. The sinuses often cause problems after a cold. They can also cause problems if they get blocked up from hay fever and other allergies. The medical name for sinus problems is sinusitis.

Sinus problems can be very uncomfortable. You may feel stuffy. You may have yellow, green, or gray mucus. And you may feel pain or pressure around your eyes, cheeks, forehead, or teeth.

Each year, millions of people use antibiotic drugs to treat sinus problems. However, they usually do not need antibiotics. Here’s why:

Antibiotics usually do not help sinus problems.
- Antibiotics kill bacteria. They do not kill viruses or help allergies. Viruses or allergies cause most sinus problems.
- Sinus problems usually get better in a week or so without drugs, even when bacteria cause them.

Antibiotics cost money.
Most antibiotics do not cost very much. But why waste your money? Patients often ask for antibiotics, and doctors often give them. As a result, Americans spend an extra $1.5 billion a year on health care costs.

Antibiotics have risks.
- About one out of every four people who take antibiotics have side effects, such as dizziness, stomach problems, and rashes.
- In rare cases, people have severe allergic reactions to antibiotics.
- Overuse of antibiotics has become a serious problem. When you use them too much, they stop working as well. Then, when you do need them, they may not help as much.
Implementation
For More Information

Choosing Wisely website: www.choosingwisely.org
The Medical Professionalism Blog: blog.abimfoundation.org
Twitter: @ABIMFoundation & @WolfsonD