Choosing Wisely: To Do or Not To Do. That is the Question.

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What is Choosing Wisely?

- Choosing Wisely is an initiative that aims to promote conversations between clinicians and patients by helping patients choose care that is:
  - Evidence based
  - Avoids duplication of tests or procedures already received
  - Free from harm
  - Truly necessary

Choosing Wisely History

- 2010 Howard Brody, MD published “Medicine’s Ethical Responsibility For Health Care Reform – The Top Five List” in the NEJM.
- Following the National Physicians Alliance (NPA) published “Five Things” with a list for Internal Medicine, Family Medicine, and Pediatrics in the Archives of Internal Medicine.
- 2012 building on the work of Dr. Brody and the NPA the ABIM with Consumer Reports officially launched the Choosing wisely campaign.
Choosing Wisely Today

- More than 70 societies comprising over one million clinicians are now partners of the Choosing Wisely campaign.

Recommendations:

- Don’t perform stress cardiac imaging or advanced non-invasive imaging as a pre-operative assessment in patients scheduled to undergo low-risk non-cardiac surgery.
- Non-invasive testing is not useful for patients undergoing low-risk non-cardiac surgery (e.g., cataract removal).
- These types of tests do not change the patient’s clinical management or outcomes and will result in increased costs.

Recommendations:

- Don’t treat asymptomatic bacteruria with antibiotics.
- Inappropriate use of antibiotics to treat asymptomatic bacteriuria, defined as a significant number of bacteria in the urine that do not cause illness, without symptoms such as burning or frequent urination, is a major contributor to antibiotic overuse.
- Exceptions include: pregnant patients, patients undergoing prostate biopsy, or other invasive urological procedures, or patients who received a kidney or kidney-pancreas transplant within the first year following the transplant.
- Use of antibiotics in these patients is necessary to prevent spread of infection and does not improve morbidity or mortality.
Recommendations

- Don't obtain imaging (plain radiographs, magnetic resonance imaging, computed tomography [CT], or other advanced imaging) of the spine in patients with non-specific acute low back pain and without red flags.
- Imaging of the spine in patients with acute low back pain during the early phase of symptom onset is unnecessary. Red flags that may indicate that early imaging of the spine is required can include neurological deficit such as weakness or numbness, bladder dysfunction, fever, history of cancer, history of intravenous drug use, immunosuppression, steroid use, history of osteoporosis or worsening symptoms.

Recommendations:

- 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 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. Worldwide, sinusitis accounts for 14 million office visits and $5.8 billion in annual health care costs.

Realities in Practice

- ¾ of U.S. physicians responding to a survey reported prescribing an unnecessary test or procedure at least once per week.
- Nearly half of U.S. primary care physicians report that patients are receiving too much medical care.
Barriers:

- Lack of agreement with specific recommendations
- Requests for tests and treatments from patients, specialists
- Concerns about malpractice
- Lack of time to talk with patients (lack of shared decision making)
- Desire to keep patients happy (many patients believe that more health care is better than less health care)

Are We the Problem?

Moving Forward

- PCP directed education
- Feedback
- Incentives
- Tailored approaches to specific barriers
References:

• Centers for Disease Control and Prevention (CDC), Cochrane, and Annals of Internal Medicine.