Choosing Wisely: An Educator’s Perspective

June 3, 2015
IHC Care Coordination Conference

Objectives

• Understand the origin of the ABIM Choosing Wisely Campaign and the Iowa Five

• Know the significant advantages of the principles of Choosing Wisely

• Know the obstacles to implementation

• Describe the adoption and implementation of the principles of Choosing Wisely in primary care residency programs in Iowa
Disclosures

- I am a firm believer in the real value of Choosing Wisely

So, how did this begin?

- Launched by ABIM Foundation in 2012
- Meant to stimulate a national dialogue
- Intention to avoid wasteful tests, treatments and procedures
- Has rapidly gained traction
• In 2013, RWJF issued grants to provide funding for 21 projects led by:
  • State medical societies
  • Specialty societies
  • Regional health care collaboratives

• Another round of grants to be awarded by RWJF in 2015

• Iowa Healthcare Collaborative (IHC) used its grant to:
  • Increase physician engagement
  • Improve patient and family engagement

• Created an educational webcast in order to educate hospitals, physicians, public health partners, insurers and employers
Examples of Choosing Wisely

Internal Medicine (5)

- Don’t obtain preop chest X-rays in absence of suspicion of intrathoracic pathology
- In patients with low pre-test probability of VTE, obtain d-dimer and not imaging studies
- In evaluation of simple syncope and normal neurologic exam, don’t image the brain
- Don’t obtain imaging studies in patients with nonspecific low back pain
- Don’t perform screening treadmills in asymptomatic patients at low risk for heart disease
Hospital Medicine (5)

• Don’t unnecessarily place, or leave in place, urinary catheters

• Don’t prescribe stress ulcer prophylaxis unless indicated

• Avoid transfusions for arbitrary HGB/HCT levels in absence sxs CAD, CHF or stroke

• Don’t order continuous telemetry outside ICU without protocol that governs continuation

• Don’t perform repetitive CBC and chemistries in stable patients

Family Medicine (15)

• Don’t require a pelvic exam to prescribe OCs

• Don’t screen adolescents for scoliosis

• Don’t routinely screen for prostate CA with PSA or DRE

• Don’t perform VCUG routinely in first febrile UTI in children ages 2-24 months

• Don’t routinely prescribe antibiotics for OM in children 2-12 years of age unless severe sxs
• Don’t screen for carotid artery stenosis in asymptomatic adults

• Don’t screen women younger than 30 for cervical cancer with HPV testing

• Don’t screen women older than 65 for cervical cancer if adequate prior screening and at low risk

• Avoid elective induction of labor in women between 39 and 41 weeks pregnancy

• Don’t schedule elective induction of labor or C-section before 39 weeks

• Don’t perform Pap smears on women less than 21 years old or in women with hysterectomies for nonmalignant disease

• Don’t order annual ECGs for asymptomatic, low-risk patients

• Don’t order DEXA screening in women under 65 and men under 70 with no risk factors

• Don’t routinely prescribe antibiotics for mild to moderate sinusitis unless sxs > 7 days or worsen after initial improvement

• Don’t routinely perform imaging for low back pain in first 6 weeks unless red flags are present
Pediatrics (10)

- Infant home apnea monitors should not be routinely used to prevent SIDS

- Avoid surveillance cultures in asymptomatic bacteriuria

- Avoid using acid blockers and motility agents for “happy spitters”

- Don’t routinely perform screening for food allergies

- Don’t prescribe high dose dexamethasone for prevention or treatment of bronchopulmonary dysplasia for preterms

- CT scans are not necessary in the routine evaluation of abdominal pain

- Neuroimaging is unnecessary in a child with a simple febrile seizure

- CT scans are not routinely necessary in the evaluation of acute minor head injuries

- Cough and cold medicines should not be prescribed for respirator illness in children under 4 years of age

- Antibiotics should not be used for apparent viral respiratory illnesses
American Academy of Nursing (10)

- Don’t neglect to advise patients with cancer to get physical activity and exercise before and after treatment
- Don’t use aloe vera to prevent or treat radiodermatitis
- Don’t use mixed medication mouthwash to manage cancer treatment-induced oral mucositis
- Don’t use L-carnitine supplements to prevent or treat peripheral neuropathy in cancer patients
- Don’t use supplemental oxygen to relieve dyspnea in cancer patients without hypoxia

- Don’t place or maintain a urinary catheter without a specific indication
- Don’t wake the patient for routine care unless the patient’s condition or care requires it
- Don’t use physical restraints in an older hospitalized patient
- Don’t let older patients lie in bed or only get up to a chair during a hospital stay
- Don’t automatically initiate fetal heart rate monitoring during labor for women without risk factors
So, what are the Iowa Five?

• Resulted from collaboration between the IMS and IHCC

• Survey of Iowa Physicians

• Weighted tally led to identification of the five interventions most important to Iowa physicians

Why is all this important?

• Ultimately, should lead to improved patient outcomes

• In addition, will help reduce costs

• Will inform value-based purchasing
The Iowa Five

- Don’t obtain imaging studies in patients with nonspecific low back pain, and don’t image within first 6 weeks in absence of red flags
- Don’t do imaging of CNS for uncomplicated headache
- Don’t do imaging of CNS in evaluation of simple syncope if a normal neuro exam
- Avoid CT in the immediate evaluation of minor head injuries
- Don’t order sinus CT or indiscriminately use antibiotics in treatment uncomplicated rhinosinusitis

What are the obstacles?

- Change is hard
- Physicians may not be informed
- Physicians may be uncomfortable with any degree of diagnostic uncertainty
- Desire to satisfy patients
- Fear of litigation
What is the solution?

- Education

Education

- Physicians and other providers in the community
- Administrative leaders in Health Care
- Patients
- Residents and medical students
How is this being taught to residents and medical students?

UnityPoint (Des Moines) Internal Medicine

• Principles of Choosing Wisely incorporated into academic half-day

• Include HVCCC curriculum from ACP

• Taught at Morning Report

• Reinforced in Continuity Clinic by attending physicians
University of Iowa Internal Medicine

- HVCCC curriculum and Choosing Wisely taught during ambulatory blocks
- HVCCC workshops
- Noon conferences

UnityPoint (Des Moines) Family Medicine

- Developing lecture series based upon Choosing Wisely campaign
Blank Children’s Hospital Pediatrics

• No specific discussion of Choosing Wisely recommendations

• Discussion of cost of tests/procedures at AM Report

• Case-based discussion of cost-effective care regular part of noon lecture series

Conclusion

• Choosing Wisely can – and will – have a meaningful impact on improving the health of Iowans

• The principles of Choosing Wisely will help control soaring health care costs

• Successful implementation depends upon effective education