Choosing Wisely®

Why Minnesota Physicians Should be Choosing Wisely
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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.
Projected % GDP

Figure 2: U.S. National Health Expenditures as a Share of GDP, 1960-2021

Source: Centers for Medicare and Medicaid Services. Chart by the Bipartisan Policy Center

Distribution of National Health Expenditures, by Type of Service (in Billions), 2010

Hospital Care, $814.0 (31.4%)
Other Health Spending, $407.6 (15.7%)
Other Personal Health Care, $384.2 (14.8%)
Home Health Care, $70.2 (2.7%)
Physician/Clinical Services, $515.5 (19.9%)
Nursing Care Facilities & Continuing Care Retirement Communities, $143.1 (5.5%)
Prescription Drugs, $259.1 (10.0%)

NHE Total Expenditures: $2,593.6 billion

Note: Other Personal Health Care includes, for example, dental and other professional health services, durable medical equipment, etc. Other Health Spending includes, for example, administration and net cost of private health insurance, public health activity, research, and structures and equipment, etc.

Cost vs. Value

Source: Atlantic Monthly Mar 12, 2012
Research Shows Physicians

• Have patients’ best interest at heart and are trusted
• Recognize there are a lot of unnecessary tests and procedures
• Want to do the right thing for their patients – the best care possible and not cause undue harm
The Choosing Wisely campaign, an initiative by the American Board of Organizations representing medical specialties, Choosing Wisely asked doctors to identify “Five Things Physicians and Patients Should Question.”

The idea was that doctors and their patients could agree on tests and treatments that are supported by evidence, that don’t duplicate what others do, that are “truly necessary” and “free from harm” — and avoid the rest.

Among the 18 new lists released last week are recommendations from geriatricians and palliative care specialists, which may be of particular interest to New Old Age readers. I’ve previously written about a number of these warnings, but it’s helpful to have them in single, strongly worded...
Specialty societies identified tests or procedures commonly used in their field, whose necessity should be questioned and discussed.
Growing List

50 Specialty Societies
150 tests and treatments
1 – 2 – 3 lists
Five Things Physicians and Patients Should Question

1. Don’t perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.
   Asymptomatic, low-risk patients account for up to 45 percent of unnecessary “screening.” Testing should be performed only when the following findings are present: diabetes in patients older than 60 years old; peripheral arterial disease; or greater than 2 percent yearly risk for coronary heart disease events.

Don’t perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.

3. 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.

4. Don’t perform echocardiography as routine follow-up for mild, asymptomatic native valve disease in adult patients with no change in signs or symptoms.
   Patients with native valve disease usually have years without symptoms before the onset of deterioration. An echocardiogram is not recommended yearly unless there is a change in clinical status.

5. Don’t perform stenting of non-culprit lesions during percutaneous coronary intervention (PCI) for uncomplicated hemodynamically stable ST-segment elevation myocardial infarction (STEMI).
   Stent placement in a noninfarct artery during primary PCI for STEMI in a hemodynamically stable patient may lead to increased mortality and complications. While potentially beneficial in patients with hemodynamic compromise, intervention beyond the culprit lesion during primary PCI has not demonstrated benefit in clinical trials to date.
Professional journals

Popular press
Patient Conversations

Drexel Video
Consumer Reports

- With the ABIM Foundation, Consumer Reports has developed 84 two-page pamphlets
- Available for physician use, including distribution
Patient Information

• Slide decks
• Handouts
• Public service announcements
• New tools in development

Consumer Video
The Do No Harm Project

Goal:
To raise awareness

Reason:
Ethically obligated to limit overuse when possible.
Preoperative Chest X-rays
A Teachable Moment by Meredith A. Niess, MD

Pre-operative umbilical hernia repair chest x-ray led to CT for lung nodule. Further evaluation showed a benign adenoma. Surgery was delayed 6 months, keeping the patient in persistent pain and anxiety.
Challenges

• Engaging patients to change view to “less is more”
• Keeping role of guidelines in perspective
• Managing conversations
Choosing Wisely

Minnesota

Three Minnesota organizations have received grants from ABIM Foundation

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Minnesota Medical Association (MMA)
Institute for Clinical Systems Improvement (ICSI)
Minnesota Health Action Group (MHAG)
How often do patients ask for a test or procedure that you think is unnecessary?
How often do you talk to patients about why they should **not** have the test?
Follow physician advice?

- Often: 44%
- About half the time: 27%
- Always or almost always: 24%
- Not too often: 4%
- Rarely or never: 1%
Highest-Quality Care

The grant helps MMA support the delivery of highest-quality clinical care by enhancing meaningful conversations.

Physicians assert professional responsibility to discuss what may be unnecessary tests and procedures.
Getting Involved

• Learn about conversations recommended by your specialty societies.
• Share what you learned with staff and physicians.
• Educate patients and families using ABIM Foundation and Consumer Reports tools.
• Discuss your experiences with colleagues.
What MMA does for you

• Learning session at your office
• Facilitate sharing with other practices
• Publication of stories to Minnesota physician community
• Guthrie Theater session
Minnesota Medical Association
The unified voice of Minnesota physicians

• This presentation is a member service of the MMA.
• MMA represents more than 10,000 physicians.
• MMA is a leading voice for patient safety, quality improvement, and Health Information Technology.

Learn more at www.mnmed.org
Thank you

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