Action Manual

Integrating Choosing Wisely Recommendations into Practice

DEVELOPED BY
Washington State Choosing Wisely Task Force

CO-SPONSORED BY
Washington State Medical Association
Washington Health Alliance
Washington State Hospital Association

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Dear Colleagues,

Choosing Wisely® is first and foremost about conversations. An initiative of the ABIM Foundation, Choosing Wisely focuses on promoting conversations about low value care between clinicians and patients. To be successful, we also need to promote conversations within medical groups about low value care. We are often more comfortable talking with patients about low value care than talking with each other.

In the state of Washington, we have variation in the care provided that cannot be explained by differences in clinical circumstances or patient preference. One of my favorite quotes is from the author William Gibson — “The future is already here, it’s just not evenly distributed.” We have individual clinicians and medical groups that provide less low value care than others, but there is opportunity for improvement everywhere. Our hope is that we can support a learning community that can help us harness our greatest resource — each other.

So how to start? Our care delivery environments vary from individual or small group practices to integrated medical groups with more than 1,000 physicians. Groups vary considerably in their capabilities and experience in clinical improvement. Our hope is that this toolkit can provide practical suggestions for how to promote Choosing Wisely activities in your practice environment, whatever it may be.

Consider this an invitation to a conversation.

Matt Handley, MD
Chair, Washington State Choosing Wisely Task Force
Medical Director of Quality, Group Health
Introduction

About the Choosing Wisely Campaign

The Issue
As the nation increasingly focuses on ways to provide safer, higher-quality care to patients, the overuse of health care resources is an issue of considerable concern. Many experts agree that the current way health care is delivered in the U.S. contains too much waste—with some stating that as much as 30 percent of care delivered is duplicative or unnecessary and may not improve people’s health.

It is urgent that health care providers and patients work together and have conversations about wise treatment decisions. That means choosing care that is supported by evidence showing that it works for patients like them; is not duplicative of other tests or procedures already received; won’t harm them; and is truly necessary.

The Campaign
Choosing Wisely® is an initiative of the ABIM Foundation to help providers and patients engage in conversations about the overuse of tests and procedures and support efforts to help patients make smart and effective care choices. Recognizing the importance of providers and patients working together, leading health care provider organizations, along with Consumer Reports, have joined Choosing Wisely to help improve the quality and safety of health care in America.

As part of Choosing Wisely, each participating provider organization has created lists of “Things to Question” that provide specific, evidence-based recommendations providers and patients should discuss to help make wise decisions about the most appropriate care based on their individual situation.

The resulting lists are helping stimulate discussion about the need—or lack thereof—for many frequently ordered tests or treatments. Participating organizations and the ABIM Foundation are using these lists to support providers in making wise choices and developing tools to help them have these kinds of conversations with patients.

This concept was originally piloted by the National Physicians Alliance, which through an ABIM Foundation Putting the Charter into Practice grant created a set of three lists of specific steps physicians in internal medicine, family practice and pediatrics could take in their practices to promote the more effective use of health care resources.

Consumer Reports, the nation’s leading independent, non-profit consumer organization, has also joined the campaign to provide resources for consumers and physicians to engage in these important conversations. They are coordinating consumer-oriented organizations to help disseminate information and educate patients on making wise decisions.

Continuing the Professionalism Challenge
Choosing Wisely is part of a multi-year effort of the ABIM Foundation to help physicians and other health care providers be better stewards of finite health care resources. It continues the principles and commitments of promoting justice in the health care system through a fair distribution of resources set forth in Medical Professionalism in the New Millennium: A Physician Charter.
Choosing Wisely in Washington State

The Choosing Wisely campaign is a top priority for leading health care organizations and collaboratives in Washington state, such as the Washington State Medical Association Foundation for Health Care Improvement,¹ the Medical Officer Collaborative,² the Washington Health Alliance’s Quality Improvement Committee³ and the Washington State Hospital Association Patient Safety Committee.⁴

In 2013 and again in 2015, the WSMA and the Alliance both received grants from the ABIM Foundation to support the Choosing Wisely campaign. Support for the grant program comes from the Robert Wood Johnson Foundation. In addition, the WSMA Foundation received grants from Premera Blue Cross and First Choice Health to support the Know Your Choices - Ask Your Doctor campaign, which includes the Choosing Wisely initiative. The Alliance and WSMA have partnered together for a planned, coordinated strategy to discuss appropriate care with providers, consumers and health care purchasers.

Washington State Choosing Wisely Task Force

One of the flagship projects of the initiative is the Washington State Choosing Wisely Task Force—a joint effort sponsored by the Alliance, the WSMA and the Washington State Hospital Association. The Washington State Choosing Wisely Task Force was formed to develop a pragmatic process to implement Choosing Wisely across the state, with a focus on changing behaviors, driving results and creating measurable improvement.

Launched in 2013, the task force is comprised of more than 20 physician leaders from clinics, hospitals and health systems across the state who are leading efforts within their organizations to integrate the Choosing Wisely campaign.

In 2014, the Washington Health Alliance published Less waste. Less harm. Choosing Wisely in Washington State. The report was the first statewide study in the nation to measure Choosing Wisely recommendations. It found that patients in Washington may be exposed to care that they don’t need—and potential harm. It offers county-by-county results based on claims and encounter data representing 3.3 million insured lives. To advance the work, the Choosing Wisely Task Force published the first edition of the Choosing Wisely Action Manual to support physician leaders make system-level changes.

In 2015, the task force decided to focus on three Choosing Wisely recommendations, with the goal of reducing overuse by 20 percent in three years. By focusing efforts on the following three measures, we can create a measurable difference and develop effective strategies to integrate Choosing Wisely recommendations, generally speaking, into practice.

- Antibiotics should not be used for apparent viral respiratory illnesses⁵,⁶
- Don’t perform routine annual cervical cytology screening (Pap tests) in women 30–65 years of age⁷
- Don’t order imaging for uncomplicated headache⁸

The WSMA and the Alliance host resource-rich web pages to support the Choosing Wisely initiative in Washington state:

- wsma.org/Choosing-Wisely
- wahealthalliance.org/about-us/home/call-to-action
- choosingwisely.org
- choosingwisely.org/clinician-lists/american-academy-family-physicians-antibiotics-for-sinusitis
- choosingwisely.org/clinician-lists/american-academy-physician-antibiotics-for-sinusitis

Leading Change Framework

This action manual is divided into sections based on Kotter’s 8-Step Process for Leading Change.⁹ If your organization already has a framework for change, you are encouraged to adapt the sections of this action manual to your organization’s change framework. The intention is to be comprehensive without being prescriptive.
STEP 1: Create a Sense of Urgency

Craft and use a significant opportunity as a means for exciting people to sign up to change their organization.\(^\text{10}\)

Improvement activities can originate from varying levels within an organization. Choosing Wisely is a grassroots effort led by physicians, which places physician leaders in a unique position to gain buy-in and support from their organization's administrative leadership.

Establishing a sense of urgency, using messages that will resonate with your target audience, is a critical first step.

**Quick Guide to Available Resources**
- PowerPoint presentation template\(^\text{12}\)
- Choosing Wisely one-pager\(^\text{13}\)

**Fast Facts**
- $750 billion was wasted on unnecessary services and other problems in 2009.\(^\text{14}\)
- Over half of all physicians say they would acquiesce to patient requests for tests and procedures—even when they know they are not necessary.\(^\text{15}\)
- Physician decisions account for 80 percent of all health care expenditures.\(^\text{16}\)

**Unnecessary Tests and Procedures in the Health Care System: What Physicians Say about the Problem, the Causes, and the Solutions—Results from a National Survey of Physicians**\(^\text{17}\)
- 73 percent of physicians say the frequency of unnecessary tests and procedures in the health care system is a very (29 percent) or somewhat (44 percent) serious problem.
- 72 percent say the average physician prescribes an unnecessary test or procedure at least once a week.
- 47 percent of physicians say patients request an unnecessary test or procedure at least once a week. 30 percent of physicians say this happens at least several times a week.
- 53 percent of physicians say they would ultimately order an unnecessary test or procedure when presented with an insistent patient.

**Harm from Unnecessary Tests and Procedures**\(^\text{18}\)

Some of the common medical tests routinely taken by Americans do more harm than good, waste billions of health care dollars annually and could endanger your health or even your life. Overuse of tests—such as annual Pap smears, regular EKGs and even routine yearly physicals—can lead to a cascade of clinical activities that can result in dangerous side effects, pain, radiation exposure, unnecessary surgery—even death.

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10 www.kotterinternational.com/the-8-step-process-for-leading-change
12 www.wsma.org/doc_library/ForPatients/KnowYourChoices/ChoosingWisely/ChoosingWisely_PresentationWeb.pptx
14 www.iom.edu/~/media/Files/Report%20Files/2012/Best-Care/BestCareReportBrief.pdf
16 Crosson FJ. Change the Microenvironment. Modern Healthcare and The Commonwealth Fund [Internet]. 2009; Apr 27
18 www.aarp.org/health/conditions-treatments/info-2014/choosing-wisely-medical-tests-to-avoid.html
• **Nuclear stress tests and other imaging tests after heart procedures** can lead to unnecessary invasive procedures and excess radiation exposure without helping the patient improve.

• **Yearly electrocardiograms or exercise stress tests** in patients at low risk for heart disease could be 10 times more likely to get a false-positive result, which can lead to unnecessary heart catheterization and stents.

• **PSAs to screen for prostate cancer in men over 70** cause more harm than benefit. While PSA screening is controversial for all ages, older men are more likely to be diagnosed with clinically insignificant cancer and more likely to suffer harm from treatment.

• **X-rays, CT scans or MRIs for lower back pain** are expensive and often don’t help recovery. One study found that people who got an MRI during the first month of their back pain were eight times more likely to have surgery than those who didn’t have an MRI—but they didn’t get relief any faster.

• **Colonoscopies after age 75** are often unnecessary and can result in incontinence or weeks of pain, diarrhea and constipation from just the preparation itself for the procedure. In worst cases, the procedure can perforate the colon.

• **Bone density scans for women before age 65 and men before age 70 and subsequent drug prescriptions** may be a waste of time and money. Not only is the risk of fracture often quite low, medications such as Fosamax (alendronate) and Boniva (ibandronate) have been linked to throat or chest pain, difficulty swallowing, heartburn, muscle pain, bone loss in the jaw and thigh-bone fractures. And there’s scant evidence that people with osteopenia get much benefit from the drugs.

**Evidence that Choosing Wisely Works**

• **“Top 5” Lists Tops $5 Billion** – In response to the National Physicians Alliance “Top 5” lists, research published in Archives of Internal Medicine found a cost savings of more than $5 billion could be realized if the recommendations were put into practice. The ordering of a complete blood cell count for a general medical examination was the most prevalent activity...and was associated with a cost of $32.7 million.

**IN PRACTICE**

**Don’t do imaging for uncomplicated headache**

Imaging headache patients absent specific risk factors for structural disease is not likely to change management or improve outcome. Those patients with a significant likelihood of structural disease requiring immediate attention are detected by clinical screens that have been validated in many settings. Many studies and clinical practice guidelines concur. Also, incidental findings lead to additional medical procedures and expense that do not improve patient well-being.

Based on the Washington Health Alliance’s analysis of 2012 claims data, 25 percent of patients with an uncomplicated headache received either an MRI or CT, with a 28 percentage point variation among counties. While there are no existing national benchmarks for these Choosing Wisely recommendation, it is clear that lower rates of use and variation are generally more desirable.

This Choosing Wisely recommendation involves a broad range of specialties and providers, affects over 25,000 patients in the state of Washington and exposes these patients to unnecessary radiation (in the case of CTs); and therefore provides us with an opportunity to make a meaningful impact for patients in Washington.

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20 [www.choosingwisely.org/societies/americancollege-of-radiology](www.choosingwisely.org/societies/americancollege-of-radiology)

STEP 2: Build a Guiding Coalition

Assemble a group with the power and energy to lead and support a collaborative change effort. According to Kotter, the Guiding Coalition must have the right composition, a significant level of trust and a shared objective. The team as a whole should reflect:

- **Position Power**: Enough key players should be on board so that those left out cannot block progress.
- **Expertise**: All relevant points of view should be represented so that informed intelligent decisions can be made.
- **Credibility**: The group should be seen and respected by those in the organization so that the group’s pronouncements will be taken seriously by other employees.
- **Leadership**: The group should have enough proven leaders to be able to drive the change process.

**IN PRACTICE**

**Quality of Care Committee**

The Rainier Health Network Quality of Care Committee took on the charge to integrate the *Choosing Wisely* recommendations into practice. Serving as a “guiding coalition,” the Quality of Care Committee is comprised of people from the following areas:

- ACO Leaders
- Hospice
- FHS/FMG & NPN Leaders
- Inpatient Team
- Independent & Employed Physicians
- Care Management Team
- Emergency Department

The group meets regularly to develop its change strategy, address barriers and track progress and outcomes.
STEP 3: Form a Strategic Vision and Initiatives

Shape a vision to help steer the change effort and develop strategic initiatives to achieve that vision.²³

Take time with your Guiding Coalition to develop your internal vision and campaign adoption level. It is important to ensure your goals complement and align with your organization’s existing initiatives and goals. The Guiding Coalition should establish expectations and priorities for implementing Choosing Wisely within your organization, as well as map out how you will measure progress.

At its core, Choosing Wisely is an educational campaign with the goal of encouraging conversations between physicians and patients about the necessity and risks of tests, procedures and therapies. Some organizations will want to take it further.

Here are examples of different levels of integration an organization could consider as a starting point.

### TIP

Print and share the claims-based technical specifications document with an IT analyst at your organization. You’ll find that you’re speaking their language.


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**BASIC**

**Educational Campaign:**
- Hang the “5 Questions to Ask Your Doctor Before You Take Antibiotics” poster in exam rooms
- Distribute Consumer Reports’ patient-friendly brochures
- Partner with Consumer Reports to develop a free Choosing Wisely microsite customized for your organization
- Work with Communications to include information in regular communications with staff and patients

**Measure Performance:**
- Use Choosing Wisely recommendations to set performance goals for employed physicians
- Develop reports to measure performance on selected recommendations
- Provide communication skills training to physicians to improve the quality of the conversations they have with their patients about tests, procedures and therapies

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**MODERATE**

**Electronic Integration:**
- Incorporate applicable Choosing Wisely recommendations into your EMR, creating an alert if an order doesn’t align with a recommendation
- Establish utilization review process, committees and/or dashboards for the organization

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**ADVANCED**

The Washington State Choosing Wisely Task Force published the data abstraction resource, Choosing Wisely Claims-Based Technical Specifications, which includes a set of measures that can be used to evaluate provider integration of Choosing Wisely recommendations. These specifications can be used to create reports analyzing your organization’s own clinical data to help identify internal opportunities for improvement.

To best understand the ongoing status of performance goals, it is important to not only clearly identify the focus area(s), but to also develop a monitoring tool to measure performance of the changes being implemented. Develop a plan to measure how your organization is doing in the identified focus area(s). Gaining a baseline of the measurement increases the awareness of the focus area through current performance data and analysis to help determine whether the desired results are being achieved.

[link](www.kotterinternational.com/the-8-step-process-for-leading-change)
IN PRACTICE

TeamHealth Northwest Emergency Physicians

TeamHealth Northwest Emergency Physicians set a strategic vision to improve care provided in the emergency department using the Choosing Wisely recommendations from the American College of Emergency Physicians (ACEP). One initiative focuses on ACEP’s Choosing Wisely recommendation to avoid CT scans of the head in emergency department patients with minor head injury who are at low risk based on validated decision rules (e.g. PECARN Criteria for Head Injury and ACEP Head CT).

Strategies include educating providers at quarterly section meetings, implementing dot phrases via the EPIC EMR to help with cognitive forcing strategies, and providing patient handouts to review the criteria during the visit. In addition, feedback reports are generated and provided to individual providers and groups based upon manual chart extraction from audits. The purpose of this report is to review two issues: first, were the head CT criteria documented in the note; and second, were the criteria followed. Targets of 100 percent were established to reach an absolute goal.
STEP 4: Enlist a Volunteer Army

Raise a large force of people who are ready, willing and urgent to drive change.24

Educate Physicians and Other Health Care Providers by Giving a Presentation on Choosing Wisely

• Ask to present at the next senior leadership or board meeting. Using the prepared PowerPoint slides25 as a starting point, decide what content is most relevant for your organization and your vision.
• Present at Grand Rounds.
• Invite a speaker from the Washington State Choosing Wisely Task Force to present at a quarterly medical staff meeting.
• Add Choosing Wisely as an agenda item at regularly scheduled department or clinic meetings.

Publish an Article in Your Organization’s Newsletter

See Appendices A & B for samples

Print and Distribute Educational Resources

• Choosing Wisely one-pager26
• 5 Questions to Ask Your Doctor27

Educate Patients

• Print and place patient-friendly resources in your waiting rooms, or mail them to patients in advance of their appointment.28
• Write an article in your patient-focused communication vehicles.
• Connect patients with Consumer Reports Health’s resources.29

IN PRACTICE

Publish an article in your monthly medical staff memo.

More is not necessarily better

Evidence shows that some tests and procedures are ordered for patients unnecessarily, which can increase costs and risks without adding significant value to the patient. As a supporter of the Choosing Wisely campaign, we strongly encourage you to have conversations with your patients about what care is appropriate and needed.

We encourage you to take these steps to implement Choosing Wisely in your practice:

• Make Choosing Wisely a priority within your everyday practice.
• Hang a poster30 in your exam and waiting rooms – “5 Questions to Ask Your Doctor Before You Get Any Test, Treatment or Procedure.”
• Print and place Consumer Reports’ patient-friendly brochures31 in your waiting room.
• Review the physician communication modules,32 developed by Drexel University.
STEP 5: Enable Action by Removing Barriers
Remove obstacles to change, change systems or structures that pose threats to the achievement of the vision.\(^{33}\)

**Identifying Obstacles to Change**
Reasons physicians say they order unnecessary tests and procedures\(^ {34}\)
- Malpractice issues (52%)
- Just to be safe (36%)
- Want more information for reassurance (30%)
- Patients’ insistence (28%)
- Keep patients happy (23%)
- Don’t have enough time (13%)
- Fee-for-service system (5%)
- New technology in their practice (5%)

**Addressing Obstacles to Change**
The goal of Choosing Wisely is to provide patients with the right care. The recommendations were developed by national specialty associations based on best available evidence. There is significant buy-in from national groups and local specialty societies. In addition, patients are being educated about the recommendations through Consumer Reports, AARP, local and national media stories and the internet.

Using case studies and stories on how implementation has supported the quality of care, decreased unnecessary treatment and changed behavior and culture can overcome barriers to change.

In an interview with Medscape, Richard J. Baron, MD, President and CEO of the American Board of Internal Medicine and the ABIM Foundation, addresses many obstacles to change, such as concerns about malpractice and patient satisfaction.\(^ {35}\) You are encouraged to review the interview in its entirety.

**Encourage Risk-Taking and Nontraditional Ideas, Activities, and Actions**
Engage with your CFO and Risk Management to gain buy-in early. Following some Choosing Wisely recommendations may result in lost revenue for an organization. Physician leaders can make the case that higher safety scores and better performance on quality metrics will make the organization more attractive as a contracted entity. Physicians can also use the evidence-based medicine referenced in the bibliographies of the “Lists of 5” as support for taking on what may be perceived as an increased malpractice risk by reducing unnecessary tests and procedures.

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33 www.kotterinternational.com/the-8-step-process-for-leading-change
Resources

Physician Communication Modules
A series of scenario-based communication education modules, developed by the Drexel University College of Medicine in partnership with specialty societies, helps physicians engage their patients in conversations about tests and procedures to question. The scenarios address areas such as patient requests for an MRI for back pain, antibiotics for sinusitis, CT scans for head trauma in children and pre-operative stress tests, and provide specific recommendations on how physicians can engage their patients in conversations about the risks and benefits of these tests or treatments.

Consumer Reports Brochures for Patients
Print and place patient-friendly resources in your waiting rooms, or mail them to patients in advance of their appointment.

IN PRACTICE

Excessive lab ordering
A hospitalist at Swedish Medical Center was concerned about excessive lab ordering and launched a project to reduce the number of routine labs ordered for inpatients. Diagnostic phlebotomy leads to hospital acquired anemia, which is associated with increased length of stay, increased transfusion rate and increased mortality. The project was based on the Critical Care Societies Collaborative’s Choosing Wisely recommendation, “Don’t order diagnostic tests at regular intervals (such as every day), but rather in response to specific clinical questions.”

Interventions included:
- Do not order routine labs (CBC Chem 7, CMP, ect.) as daily.
- Order only labs needed for the next 24 hours.
- Discontinue labs ordered as daily by other providers.

To monitor progress, monthly reports showed all physicians and their corresponding number of labs ordered as daily for the month. Important safety endpoints, like length of stay, the number of blood transfusions and in-hospital mortality were also monitored.

Results showed that the number of common labs ordered per patient-day decreased by 10.7 percent, while having no negative effect on hospital length of stay, mortality, or readmission rate. Hospital direct costs were reduced by an estimated $151,682 annualized.

Swedish demonstrated they could safely reduce healthcare costs without compromising quality of care.
STEP 6: Generate Short-term Wins

Consistently produce, track, evaluate and celebrate volumes of small and large accomplishments — and correlate them to results.\(^\text{40}\)

Easy wins:

- Hang “5 Questions to Ask Your Doctor Before You Take Antibiotics” poster in exam and waiting rooms.\(^\text{41}\)
- Empower specialty departments to select recommendation(s) from their specialty’s “List of 5” on which they will focus their efforts. Post the recommendations as a reminder.
- Identify recommendations that are most easily measurable. Work with IT to generate reports specific to your organization, using the available clinical and claims measures technical specifications. Share unblinded data to substantiate short-term wins and celebrate successes.
- Share provider and patient stories.
- Create an incentive plan for meeting goals.
STEP 7: Sustain Acceleration
Use increasing credibility to change systems, structures and policies that don’t align with the vision; hire, promote and develop employees who can implement the vision; reinvigorate the process with new projects, themes and volunteers.\(^{42}\)

Change Systems, Structures and Policies
• Review order sets to check for unnecessary tests and procedures. For example, are chest X-rays required on your pre-op checklist?
• Build the Choosing Wisely recommendations into annual performance goals and assessments.
• Collect, analyze, interpret, and act on data for specific performance measures. This allows physicians and health care professionals to identify where processes and systems could be improved, make corrective adjustments, and to track and trend outcomes.
• Develop a process to monitor and address concerns about increased malpractice risk and balance these concerns against improved quality outcomes and reduced liability for not providing unnecessary care.

Stay Up-to-Date on New Nationwide Projects, Themes and Change Agents from the ABIM Foundation
• Updates from the Field\(^{43}\) – Updates from the Field is a monthly newsletter that highlights stories of best practices, accomplishments and implementation of the Choosing Wisely campaign at sites across the country.
• The Medical Professionalism Blog\(^{44}\) – The Medical Professionalism Blog was created to stimulate conversations and highlight best practices related to medical professionalism. Topics focus on new research, innovative ideas and thought-provoking commentaries.
• Social Media – Twitter: @ABIMFoundation #choosingwisely

IN PRACTICE
Reducing inappropriate antibiotic prescribing in primary care
In 2011, within the Virginia Mason Department of Primary Care, antibiotics were being prescribed inappropriately for cases of acute bronchitis 82 percent of the time, and visits for upper respiratory infection syndromes led to prescription of antibiotics 56 percent of the time.

Dr. Kim Pittenger, a family practice physician and director of primary care quality improvement, used existing process improvement methods, such as value stream mapping and 5S (sort, straighten, shine, standardize and sustain) methodologies, to develop an intervention to reduce inappropriate antibiotic use by primary care providers at Virginia Mason. Implementing the project in 2011, the intervention included a multi-pronged approach:

1) Academic detailing and standard workflow.
   A team of experts at Virginia Mason reviewed best evidence for management of upper respiratory tract infections and developed a standardized clinic workflow for upper respiratory infections, including an electronic

42 www.kotterinternational.com/the-8-step-process-for-leading-change
43 www.choosingwisely.org/resources/updates-from-the-field
44 blog.abimfoundation.org
medical record template that is completed by both a medical assistant and primary care provider.

2) Measurement and transparent reporting. Using billing and prescribing data collected via the electronic medical record, the analytics team created a year-to-year antibiotic prescribing report that identified inappropriate antibiotic prescribing patterns for each primary care provider that is internally shared every year. The data were used to identify both positive and negative outliers and to collectively develop strategies to reduce inappropriate antibiotic prescribing behavior.

3) Symptom support and virtual care. Starting in April 2012, the team developed a registered nurse (RN) phone call protocol in which patients calling in to request a visit for symptoms suggestive of upper respiratory infection are offered a phone call by a registered nurse to help manage symptoms without visiting the primary care provider. After only six months of offering this extra care service, about half of the patients chose the nurse phone call.

Virginia Mason decreased their antibiotic prescribing by half, from 41.8 percent in January 2011 to 18.6 percent as of July 2014. Although the study included all the antibiotics commonly prescribed for upper respiratory infections, chart review showed that approximately 90 percent of antibiotics prescribed for acute cough symptoms were azithromycin alone.

Virginia Mason found that payer costs decreased by $175,000; however, the delivery system’s cost increased by $111,000. This demonstrates Virginia Mason’s commitment to providing value based care, even in a fee for service world.⁴⁵

Keys to Success

Use process and quality improvement tools familiar to the organization to achieve change. Virginia Mason uses a quality improvement framework called the Virginia Mason Production System (VMPS) to improve quality while reducing costs. The team leading this project used VMPS methods to create and implement its intervention.

Engage the entire team to achieve desired outcomes. Changing provider behavior is difficult, but can be achieved in part by changing workflow for the staff that makes it easy for providers to do the right thing.

Continuous measurement and transparency. Knowing that the intervention will be measured and transparently shared in a supportive, continuous learning format can help change provider behavior, foster peer-to-peer sharing of best practices and support sustainability.

**STEP 8: Institute Change**

Articulate the connections between the new behaviors and organizational success, and develop the means to ensure leadership development and succession.46

Culture change can take 5–7 years to become permanent and self-sustaining.47 The key is consistency with messaging, practice and continual exposure to the vision and goal. Providing timely positive feedback on implemented processes and behaviors, in alignment with the goal, increases likelihood of change sustainment. Changing behavior is one of the most difficult, yet necessary actions required to ensure that patients do not receive unnecessary tests and procedures.

**Changing Culture**

- Make *Choosing Wisely* and overuse discussions part of the cultural norm by standardizing recommendations into the workflow in your organization.
- Integrate *Choosing Wisely* recommendations into your organization’s electronic medical record and clinical decision support tools.
- Provide regular progress reports to the medical executive committee and board of directors.
- Promote and support leaders who have adopted the *Choosing Wisely* principles.
- Include case study discussions as a standing agenda item at your staff meetings.
- Provide easily accessible educational materials and information for patients to encourage them to ask questions of their physicians, which will in turn encourage physicians to know the answers.
- Provide timely positive feedback to individuals who have engaged with the *Choosing Wisely* campaign. Set up a recognition program, such as recognizing individuals at staff meetings or executive meetings.
- Set process-oriented goals and benchmarks early on and discuss progress regularly. An example may be sending out applicable educational materials to patients prior to their appointment based on the symptoms or request for visit.
- During interviews for potential employees, ensure that *Choosing Wisely* is a part of your global statement about your organization and get feedback to learn about the candidates’ knowledge, buy-in or biases.
- Incorporate your *Choosing Wisely* program, vision, goals and progress as a part of new physician and employee orientation.

As the *Choosing Wisely* campaign moves from education to implementation in Washington state, we hope this action manual will give you the tools and inspiration to integrate *Choosing Wisely* recommendations into your practice setting.
IN PRACTICE

Adding Choosing Wisely recommendations into an existing culture of quality

The Rockwood Clinic’s leadership made a commitment to incorporate Choosing Wisely into its system. The next step was to figure out how to implement the recommendations, which are notably different from the typical “do more” guidelines, such as health screenings or A1c tests for diabetics. Rockwood started by measuring its clinical practice, in part using the Choosing Wisely recommendations. They followed by embedding the recommendations and then supporting them through existing systems.

1) Measure so you know where to focus efforts.

Leveraging the Task Force’s measure specifications, the Rockwood Clinic modified the claims-based measures for its clinical electronic medical record system and has developed six measures so far. This allows Rockwood to see how it is doing on each recommendation, revealing which areas need additional focus and resources.

2) Embed into existing quality improvement culture instead of creating a new program.

The Rockwood Clinic is making great strides in becoming a “health home” and providing comprehensive, continuity of care for their patients. This culture of quality improvement and medical team model helps them adapt to new recommendations. The Choosing Wisely recommendations are being incorporated into the existing quality program, just like HEDIS measures and other quality metrics. The Rockwood Clinic’s quality program includes a quality dashboard, where the results are refreshed monthly and transparently shared internally.

3) Bolster with short and long term support systems.

In every primary care clinic, and in a growing number of specialty clinics, Rockwood employs a health care coach who is tasked to improve the quality of care provided in that clinic location. The health coaches use quality data results at each site to either recognize success or provide support accordingly. The role of a health care coach is important for sustaining change because even when you know what needs to be done, follow through can be especially challenging in busy practice settings.

Once the modified Choosing Wisely measures were fully tested for accuracy within Rockwood’s practice, three measures were included in its quality bonus program that offers pay-for-performance incentives. The quality incentives program has been shown to improve outcomes for many measures. Because the data include individual provider-level results, the accuracy and availability of the data must be highly reliable. As Rockwood continues to measure and report on the new Choosing Wisely recommendations, it is able to explore potential questions about the measures’ sensitivity and specificity. By incorporating the Choosing Wisely recommendations in their existing culture of quality, the Rockwood Clinic was able to build upon existing systems to increase the likelihood of change sustainment.
Appendix A

Welcome to Choosing Wisely® ACO Style
Scott Kronlund, MD, MS
JULY 3, 2014

I doubt that any of us would argue the fact that healthcare expenditures are increasing in an unsustainable fashion. Jack Wennberg from Dartmouth has estimated that waste in the healthcare system currently amounts to as much as 30%! In a separate analysis, the Institute of Medicine estimates that we currently spend an estimated $210 billion annually on unnecessary care. Can we, as physicians, actually have an impact on this trend? Can we engage our patients in different kinds of conversations?

To test this concept, the National Physicians Alliance in partnership with the American Board of Internal Medicine (ABIM) Foundation created a set of three “Top 5” lists of specific steps physicians in Internal Medicine, Family Medicine, and Pediatrics could take to promote the more effective use of health care resources. These lists were first published in Archives of Internal Medicine supporting $5 billion in estimated savings. This marked the launch of the Choosing Wisely® campaign, currently involving over 60 different specialty societies and 300 recommendations.

The Choosing Wisely® Campaign aims to promote more informed conversations between providers and patients by helping patients choose care that is:

- Supported by the best available medical evidence
- Not duplicative of other tests or procedures already performed
- Free from harm
- Truly medically necessary

Recognizing that patients need better information about what care they truly need in order to have these conversations with their providers, Consumer Reports has created patient-friendly resources for consumers and providers to engage in these important conversations about the overuse of medical tests and procedures that provide little benefit and, in some cases, may be harmful. These recommendations are meant to spur conversation about what is appropriate and necessary treatment. As each patient situation is unique, providers and patients should use the recommendations as guidelines to determine an appropriate treatment plan together.

These lists represent specific, evidence-based recommendations providers and patients should discuss together in order to make wise decisions about the most appropriate care based on their individual situation. Each list provides information on when tests and procedures may be appropriate, as well as the methodology used in its creation. For more information, please refer to www.choosingwisely.org and click on the tab called “Lists.”

As part of the work of the Rainier Health Network Quality of Care Committee, we have selected 31 of the Choosing Wisely® recommendations that are most germane to our Medicare population. These have been organized into 8 different domains. We will discuss each of these domains in greater detail in upcoming editions of this newsletter.
Appendix B

The Value of Imaging Headaches

Francis Mercado, MD
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“Doc, I have a bad headache, I need a CAT scan,” has been heard by many a clinician whether in the primary care or specialty setting. With newer information on the possible side effects from radiation, the additional testing for clinically irrelevant findings and the staggering amount of CAT scans we do on our patients, the value of CT-scans for headaches have come into question. In fact the American College of Radiology recently came out with a recommendation for the Choosing Wisely campaign; “Don’t do imaging for uncomplicated headache.” The American Headache Society came out with a similar recommendation; “Don’t perform neuroimaging studies in patients with stable headaches that meet criteria for migraine.”

For a more in depth view of this topic we sought out the opinions of two of our leading neurologists in the area, Dr. Pat Hogan and Dr. Seth Stankus.

“A good clinical history is very important in working up headaches,” both agreed, “investigating the stability and onset of the headache is crucial in determining whether imaging is needed.”

“Brain tumors are probably one of the big worries for patients,” Dr. Stankus was quick to point out, “and only a minority of patients with brain tumors actually have headaches.” In his experience these are usually low grade, dull headaches which can be worse when lying down as opposed to migraines and tension headaches that are usually relieved when the patient lies down. Dr. Hogan and Dr. Stankus both agreed that a persistently one sided location is worth investigating as well.

Another important red flag that both neurologists identified is the classic thunder clap, sudden onset severe headache are clear indications for imaging. Dr. Stankus adds “Headaches with a new onset after the age of 50 are worth looking into since most migraines start at childhood and adolescence.” Dr. Hogan also mentioned that a scan can be considered for migraine patients with sudden worsening of the headache without external provoking factors. “Provoking activators can be weather patterns, going into stress and even going out of stress, I have patients with migraine who have worse headaches when they go on vacation.”

Neurological deficits are worth investigating as well although Dr. Hogan mentioned migraines may have weakness, tingling or even a central scotoma that spreads.

Both neurologists had great tips on dealing with headaches. Dr. Hogan mentioned that majority of patients with stable headaches for years rarely need a CT-scan. “Reassurance and explanation are very helpful to alleviate anxiety about headaches. Clinicians need to leverage their clinical relationship in dealing with headaches; this makes the primary care provider even more critical when dealing with headaches.” Dr. Stankus adds “I think primary care physicians are well versed with abortive therapy of headaches but they need to improve on prophylaxis in general. Riboflavin 400mg daily has been very helpful in my headache practice and so has low dose tricyclics, topiramate and duloxetine.”

In conclusion, CT scans for headaches are sometimes appropriate, but they should not be a substitute for a good history, physical exam, clinical judgment, reassurance and proper medical management.
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