

## A CHOOSING WISELY LITERATURE SYNOPSIS ARRANGED BY YEAR & ALPHABETICALLY BY AUTHOR

### 2014

**Academy of Medical Royal Colleges. Protecting resources, promoting value: a doctor's guide to cutting waste in clinical care .London: Academy of Medical Royal Colleges; 2014.**

[www.aomrc.org.uk/wp-content/uploads/2016/05/Protecting\\_Resources\\_Promoting\\_Value\\_1114.pdf](http://www.aomrc.org.uk/wp-content/uploads/2016/05/Protecting_Resources_Promoting_Value_1114.pdf)

This report by the Academy of Medical Royal Colleges makes a number of recommendations about reducing wasted clinical resources, including that colleges identify areas of waste and give leadership in tackling them through use of tools such as the National Institute for Health and Care Excellence 'do not do' database and a Choosing Wisely list for their specialty. A cultural shift is needed – “don't do something because it can be done; do it if it is necessary.” The report includes a waste reduction toolkit and gives examples of how health professionals can ensure that resources are used in the most effective way to provide the best possible quality and quantity of care for patients.

**Colla CH. Swimming against the current — what might work to reduce low-value care? N Engl J Med 2014; 371: 1280—3.**

The article discusses the pros and cons of policy tools aimed at patients (e.g. patient education) and healthcare providers (e.g. evidence-based guidelines) to reduce low-value care. Whilst the discussion focuses on the United States which has a fee-for-service system, the article includes a table summarising the various financial incentive and information policy tools that exist. More evidence of the effectiveness of these tools in reducing low-value care is needed.

**Hurley R. Can doctors reduce harmful medical overuse worldwide? BMJ 2014; 349:g4289. doi: 10.1136/bmj.g4289**

The article reports some of the views from an international Choosing Wisely meeting and what other countries are doing. It outlines the Choosing Wisely approach of engaging doctors to identify and reduce low-value care and communicating to patients that more care is not always better. Patients need to be encouraged to ask their doctor a series of questions about a proposed intervention. The key point is shared decision-making.

**Levinson W, Kallewaard M, Bhatia RS, Wolfson D, Shortt S, Kerr EA. 'Choosing Wisely': a growing international campaign. BMJ Qual Saf 2014; 0: 1—9. doi: 10.1136/bmjqs-2014-003821**

The article presents the experiences from 12 countries in planning or implementing Choosing Wisely. It identifies key elements of a Choosing Wisely campaign and five principles (physician led, patient focused, evidence based, multi-professional, transparent) essential to its success that should be incorporated in a Choosing Wisely campaign in any country. The goal of a Choosing Wisely campaign is to change the culture of medical care that has historically supported overuse of unnecessary interventions to provide high-quality care, prevent harm and decrease the use of unnecessary care.

**Morden NE, Colla CH, Sequist TD, Rosenthal MB. Choosing Wisely — The politics and economics of labeling low-value services. N Engl J Med 2014; 370: 589—92. doi: 10.1056/NEJMp1314965**

The article highlights the wide variation in the low-value interventions included on the US specialty societies' lists in terms of their potential impact on health, and discusses possible mechanisms to accelerate translating the lists into practice change. Good communication, public education, and more high-impact recommendations are critical for success. The Choosing Wisely campaign invites doctors to own their role as stewards of limited health care resources.

**Wolfson D, Santa J, Slass L. Engaging physicians and consumers in conversations about treatment overuse and waste: a short history of the Choosing Wisely campaign. *Acad Med* 2014; 89: 990–995. doi: 10.1097/ACM.0000000000000270**

The leaders of the Choosing Wisely campaign, the American Board of Internal Medicine Foundation and Consumer Reports, outline the history and purpose of the campaign, its structure and approach, lessons learned and future plans. Professional values and doctor-patient conversations to reduce unnecessary care underpin the campaign. Medical specialty societies have developed more than 250 evidence-based recommendations, some of which have consumer-friendly resources produced by Consumer Reports. Evaluation of the campaign's impact is needed.

## 2015

**Bhatia S, Levinson W, Shortt S, Pendrith C, Fric-Shamji E, Kallewaard M, et al. Measuring the effect of Choosing Wisely: an integrated framework to assess campaign impact on low-value care. *BMJ Qual Saf* 2015; 0: 1–9. doi: 10.1136/bmjqs-2015-004070**

The article proposes an integrated measurement framework, using the example of low back pain imaging, which may be used to assess the effectiveness of a Choosing Wisely campaign. Unintended consequences (e.g. underuse of high-value care) as well as intended consequences are included. Measurement tools, including their pros and cons, are identified for assessing doctors' awareness, attitudes and behaviour, and patient engagement and acceptance.

**HealthPACT. Caring Wisely: Optimising patient care in Australia and New Zealand. Workshop report. 2015. [www.health.qld.gov.au/healthpact/docs/report-caring-wisely.pdf](http://www.health.qld.gov.au/healthpact/docs/report-caring-wisely.pdf)**

This report summarises a workshop to discuss what the Australian and New Zealand governments should do next in formulating effective policy around disinvestment in the public hospital system. Workshop sessions focused on identifying and prioritising interventions for disinvestment and the barriers in translating disinvestment policy into clinical practice. Key points of agreement included that identification of low-value care is important, information about current practice is a prerequisite, disinvestment information needs to be provided at a local level, and incentives for disinvestment may result in better adoption.

A pre-workshop discussion paper is attached to the report. The paper gives background information about past and current disinvestment activities, including the Choosing Wisely Australia campaign, and the challenges of disinvestment for doctors, funders and policy makers.

**Malhotra A, Maughan D, Ansell J, Lehman R, Henderson A, Gray M, et al. Choosing Wisely in the UK: the Academy of Medical Royal Colleges' initiative to reduce the harms of too much medicine. *BMJ* 2015; 350:h2308. doi: 10.1136/bmj.h2308**

The article outlines the Academy of Medical Royal Colleges' approach to introducing Choosing Wisely in the United Kingdom in collaboration with other clinical, patient and healthcare organisations. The authors suggest that guideline committees should produce decision-making tools that assist informed discussion with patients. Decisions should be made on the best match between evidence about the benefits and harms of each intervention and the goals and preferences of the patient.

**Rosenberg A, Agiro A, Gottlieb M, Barron J, Brady P, Liu Y, et al. Early trends among seven recommendations from the Choosing Wisely campaign. *JAMA Intern Med* 2015; 175: 1913–1920. doi:10.1001/jamainternmed.2015.5441**

This United States study, using an insurance company's national claims data, looked at changes in frequency of seven Choosing Wisely services over the first two to three years. There was a significant decrease in use of two services (imaging for uncomplicated headache and cardiac imaging without history of cardiac conditions). Use of two services increased significantly (human papillomavirus testing in women under 30 and non-steroidal anti-inflammatory drugs for patients with chronic conditions that can be worsened by these drugs). Use of three services was unchanged (preoperative chest X-ray without indication, antibiotics for acute sinusitis, imaging for

uncomplicated low back pain). Additional interventions rather than just the provision of information may be required to affect change.

**Colla CH, Kinsella EA, Morden NE, Meyers DJ, Rosenthal MB, Sequist TD. Physician perceptions of Choosing Wisely and drivers of overuse. *Am J Manag Care* 2016; 22:337—343.**

This survey of doctors practising at a large United States ambulatory care provider assessed awareness of Choosing Wisely almost two years after its introduction and views on possible drivers of overuse. The response rate was 72%. Awareness of Choosing Wisely was significantly higher among primary care physicians (47%) than medical specialists or surgeons. Primary care physicians reported feeling significantly more pressure from patients for interventions than other doctors. Support for doctors in dealing with uncertainty associated with conservative management and that addresses drivers of overuse may be beneficial in reducing overuse.

**O'Donnell JL. Editorial. Evolve osteoporosis and other guidelines avoiding cognitive bias. *Intern Med J* 2016; 1129—1132. doi: 10.1111/imj.13212**

The editorial suggests that standardised critical appraisal of clinical guidelines is more likely to have an impact on low-value care than some of the Royal Australasian College of Physicians' current Evolve (Choosing Wisely) recommendations, which are directed to other specialties rather than the speciality that derived it. Cognitive bias in clinical guidelines is illustrated using the example of bone mineral density scans for monitoring the effectiveness of treatment for osteoporosis.

**Silverstein W, Lass E, Born K, Morinville A, Levinson W, Tannenbaum C. A survey of primary care patients' readiness to engage in the de-adoption practices recommended by Choosing Wisely Canada. *BMC Res Notes* 2016; 9: 301. doi: 10.1186/s13104-016-2103-6**

This Canadian study of primary care patients aged 50 or more years suggests provision of patient educational materials in waiting rooms can improve knowledge around the use of unnecessary care. The response rate was 53% -- participants were highly educated, mostly female (59%) and had a mean age of 63 years. Participants chose one topic from five common unnecessary interventions (annual electrocardiogram (ECG) testing, use of antipsychotic drugs for dementia, use of antibiotics for sinusitis, imaging for low back pain, and hypnotic use for insomnia) and rated their agreement to knowledge and behaviour statements in relation to the topic before and after reading a Choosing Wisely brochure on the topic. A subset also later had a semi-structured interview. Knowledge improved significantly for all topics after reading the brochure, irrespective of age, sex or educational status. Forty-eight percent said that they would discuss the material with a health care provider and 45% intended to incorporate the brochure's recommendations into their future health behaviour. The majority of the (small subset of) interviewed patients already espoused or were ready to adopt the principles of Choosing Wisely.

**Stinnett-Donnelly JM, Stevens PG, Hood VL. Developing a high value care programme from the bottom up: a programme of faculty-resident improvement projects targeting harmful or unnecessary care. *BMJ Qual Saf* 2016; 25: 901—8. doi: 10.1136/bmjqs-2015-004546.**

The article reports the first two years' experience of reducing low-value care in a United States university medical department. Clinicians proposed projects to reduce low-value tests and procedures in their subspecialty, some of which were from Choosing Wisely lists. Opportunity for improvement was assessed from baseline data. Selected projects were implemented through education of the ordering clinicians and system-based change (e.g. electronic best practice alerts when ordering a test). Examples of success included a 90% reduction by two years in bone density scans of women under 65 years without risk factors for osteoporosis. The authors identified factors that affected project success and have developed a framework to assist future project selection based on complexity, value and controversy.

**Zikmund-Fisher BJ, Kullgren JT, Fagerlin A, Klamerus ML, Bernstein SJ, Kerr EA. Perceived barriers to implementing individual Choosing Wisely recommendations in two national surveys of primary care providers. *J Gen Int Med* 2016 doi: 10.1007/s11606-016-3853-5**



This United States study examined primary care providers' perceptions regarding which Choosing Wisely adult primary care recommendations were difficult for them to follow, difficult for patients to accept, or both, and particular barriers to reducing overuse. National surveys of private sector primary care physicians and federally-funded primary care providers were carried out with response rates of 34% and 48%, respectively. There was variation in reported difficulty to follow and a high level (36 to 87 %) of reported difficulty for most patients to accept for recommendations related to medication use (sinusitis, insomnia/agitation/delirium) and imaging (syncope, low back pain). for symptomatic conditions. Malpractice concerns, patient requests, the number of interventions recommended by specialists, and lack of time for shared decision-making with patients were most frequently rated as major barriers to reducing overuse. Findings were largely consistent between the two groups which suggest that such concerns are not predominantly driven by reimbursement issues. Variations in attitudes across recommendations suggest implementation efforts will need to be adapted to the specific barriers in implementing each Choosing Wisely recommendation.

*Completed in November 2016*