The Choosing Wisely® Campaign

www.choosingwisely.org
Choosing Wisely: Physicians Leading the way to “git ‘er done”

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Disclosures for Dr. Wesson

• Foundations:
  – ABIM Foundation immediate Past President

• Scientific Advisory Boards: None

• Phase 1 NIH-NIDDK SBIR grant
  – Co-investigator
Goals of Choosing Wisely

• Choosing “the right care”
  – Promote conversations between physicians and patients about utilizing the most appropriate tests and treatments (i.e., “the right care”)

• Avoiding “the most care”
  – Conversations about care that is unnecessary

• Improved care quality
  – Not specifically designed as a strategy to reduce health care costs
Origin of Choosing Wisely

• Physician charter
  – by ACP, European Federation of Internal Medicine, and ABIMF, published in Annals of Int Med in 2002

• Howard Brody, medical ethicist
  – proposed physicians identify “5 things” for which evidence showed little value but might cause harm

• National Physicians Alliance
  – using an ABIMF grant, developed 3 specific steps that physicians could take in their practices to promote more effective use of health care resources
The “5 things” list

• Specialty societies asked to develop list of 5 procedures/tests that were:
  o Within the society’s domain
  o Used reasonably frequently in practice
  o Generally accepted evidence supports the recommendation
  o Processes used to create list should be thoroughly documented and made available upon request

• Was an overwhelming success!
Some lessons learned from the “5 things” experience

• Listed items should not be absolutes but worthy of questioning

• Important to frame unnecessary care as waste

• Physician professionalism is a key motivator
Physician reasons for ordering unnecessary tests

• Malpractice concerns
  – Texas tort reform has helped assuage somewhat

• Physician uncertainty
  – More evidenced-based tools in EMRs?
  – Decision-making tools in EMRs?

• Patient demand
  – Patient education?
  – Tools to guide physician-patient conversations?
ABIM Foundation Survey of Physicians

• 66% of physicians feel a great deal of responsibility to make sure their patients avoid unnecessary tests and procedures.

• 58% of physicians say they are in the best position to address the problem of unnecessary tests and procedures.
ABIM Foundation Survey of Physicians (Cont’d)

- 81% of physicians are very comfortable talking to their patients about why a test or procedure should be avoided.

- Physicians exposed to Choosing Wisely are more likely (62% vs. 45%) to have reduced the # of times they recommended a test or procedure because they learned it was unnecessary.
Patient perspective regarding “unnecessary tests”

• Many think the “most” care is the “best” care
  – Might be related to consumerism

• Most patients have little understanding that tests/procedures pose a risk for harm
  – Explaining risk/benefit ratio is hard

• Patients have access to much health-related information other than their physicians
  – Internet, social media, etc.
Lessons regarding unnecessary tests

• Physician leadership is critical
  – All members of the health care team follow their lead

• Physicians require guidance to communicate effectively about unnecessary care
  – This is a new skill for most physicians

• Focus should be on changing physician and patient attitudes, not changing behavior
  – Experience shows that the attitude change leads to the desired behavior change
Importance of the Consumer Reports Collaboration

- Consumer Reports (CR) has documented skill in effectively speaking to consumers, including explaining scientific bases for recommendations
- CR already had a robust history of collaboration with specialty societies
- The not-for-profit culture of CR aligned well with ABIMF and specialty societies
Key considerations going forward

• Physician awareness of CW is important
  – Data show that awareness promotes needed action

• Patient/public awareness of CW and its contextual issues is important
  – The “right care”, not the “most care”
  – Unnecessary care as waste resonates with public

• Physician/patient engagement toward shared decision making must become the norm
Important Research Insights

• Need for “de-implementation” strategies
  – stop processes/procedures that are of little value

• Need system structures/policies to promote CW
  – more research needed

• Translation of marginal risk/benefit analyses
  – concept does not resonate with patients

• Translation of unit and total cost concepts
  – resonate with payers/health systems but not physicians
Some Challenges Lie Ahead

• Physicians now face increasing burdens and might find CW “just another thing I have to do”
• Must find the time for patients and physicians to engage in the necessary conversations for shared decision making
• The low level of health literacy in the public will challenge shared decision making
What is needed

• “Tool kits” for provider groups/health systems implement tenets of CW
  – Strategies must be implementable at physician level

• Greater patient/public awareness of CW
  – Patients with CW knowledge more receptive to discussions regarding unnecessary care

• Tools to help physicians and patients better engage in shared decision making
Why Texas should be a vanguard state for CW

• Has largest and most active state physician association
• The American Academy of Nursing has chosen Texas as the pilot for state roll out of CW
• Texas tort reform will help reduce physician anxiety about reducing unnecessary tests
Major Points to Remember

• Physician leadership is key to improving the quality of health outcomes
• Greater physician/patient awareness of CW improves engagement of each
• Shared decision making between physicians and patients is a strategy for enhanced quality of care
Questions?