

The Choosing Wisely® Campaign

www.choosingwisely.org



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An initiative of the ABIM Foundation

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.



ACP Foundation/ABIM Foundation/EFIM Physician Charter



Fundamental Principles

- Primacy of patient welfare
- Patient autonomy
- Social justice

A Commitment to

- Professional competence
- Honesty with patients
- Patient confidentiality
- Maintaining appropriate relations with patients
- Improving quality of care
- Improving access to care
- **A just distribution of finite resources**
- Scientific knowledge
- Maintaining trust by managing conflicts of interest
- Professional responsibilities



The NEW ENGLAND JOURNAL of MEDICINE

Perspective

Medicine's Ethical Responsibility for Health Care Reform — The Top Five List

Howard Brody, M.D., Ph.D.

N Engl J Med 2010; 362:283-285 | [January 28, 2010](#) | DOI: 10.1056/NEJMp0911423

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The “Top 5” Lists in Primary Care

Meeting the Responsibility of Professionalism

The Good Stewardship Working Group



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Choosing Wisely Partners

Societies That Announced Lists April 2012

- American Academy of Allergy Asthma & Immunology
- American Academy of Family Physicians
- American College of Cardiology
- American College of Physicians
- American College of Radiology
- American Gastroenterological Association
- American Society of Clinical Oncology
- American Society of Nephrology
- American Society of Nuclear Cardiology

Societies That Announced Lists February 2013

- American Academy of Family Physicians
- American Academy of Hospice and Palliative Medicine
- American Academy of Neurology
- American Academy of Ophthalmology
- American Academy of Otolaryngology-Head and Neck Surgery
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American College of Rheumatology
- American Geriatrics Society
- American Society for Clinical Pathology
- American Society of Echocardiography
- American Urological Association
- Society of Cardiovascular Computed Tomography
- Society of Hospital Medicine
- Society of Nuclear Medicine and Molecular Imaging
- Society of Thoracic Surgeons
- Society of Vascular Medicine

Societies Announcing Lists Later in 2013

- American Academy of Dermatology
- American Academy of Family Physicians
- American Academy of Orthopaedic Surgeons
- American Association for Pediatric Ophthalmology and Strabismus
- American College of Chest Physicians
- American College of Emergency Physicians
- American College of Rheumatology
- American College of Surgeons
- American Headache Society
- AMDA—Dedicated to Long Term Care Medicine
- American Society of Anesthesiologists
- American Society of Clinical Oncology
- American Society of Hematology
- American Society for Radiation Oncology
- American Thoracic Society
- The Endocrine Society
- Heart Rhythm Society
- North American Spine Society
- Society of Critical Care Medicine
- Society of General Internal Medicine

Consumer Groups

Through Partnership with Consumer Reports

- AARP
- Alliance Health Networks
- Leapfrog Group
- Midwest Business Group on Health
- Minnesota Health Action Group
- National Business Coalition on Health
- National Business Group on Health
- National Center for Farmworker Health
- National Hospice and Palliative Care Organization
- National Partnership for Women & Families
- Pacific Business Group on Health
- SEIU
- Union Plus
- Univision (with HolaDoctor)
- The Wikipedia Community

Messengers

The Medical Professionalism Blog

The Choosing Wisely® Campaign: What Can Be Learned from The Ride of Paul Revere

Written by [Daniel Wolfson](#) on *June 4, 2012*





An initiative of the ABIM Foundation

American College of Cardiology



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 40-years-old; peripheral arterial disease; or greater than 2 percent yearly risk for coronary heart disease events.

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.

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.

How This List Was Created

The American College of Cardiology (ACC) asked its standing clinical councils to recommend between three and five procedures that should not be performed or should be performed more rarely and only in specific circumstances. ACC staff took the councils' recommendations and compared them to the ACC's existing appropriate use criteria (AUC) and guidelines, choosing items for the five things list that had the tightest inappropriate score in the AUCs and were Class III recommendations in the guidelines. The ACC's Advocacy Steering Committee and Clinical Quality Committee each then reviewed the five items before sending it to the ACC Executive Committee for final review and approval. ACC's disclosure and conflict of interest policy can be found at <http://www.cardiosource.org/RWI>.

Sources

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About the ABIM Foundation:

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

To learn more about the ABIM Foundation, visit www.abimfoundation.org.



About the American College of Cardiology:

The American College of Cardiology (ACC) is a 40,000-member nonprofit medical society comprised of physicians, surgeons, nurses, physician assistants, pharmacists and practice managers, and bestows credentials upon cardiovascular specialists who meet its stringent qualifications. The College is a leader in the formulation of health policy, standards and guidelines, and cardiovascular research. The ACC provides professional education and operates national registries for the measurement and improvement of quality care.



Learn more at www.cardiosource.org/ACC.

For more information or to see other lists of Five Things Physicians and Patients Should Question, visit www.choosingwisely.org.



Criteria for Developing a Choosing Wisely List

- Fall within the purview of the specialty
- Supported by evidence
- Frequently ordered/costly
- Easy for a lay person to understand
- Measurable/actionable
- Thoroughly documented and publicly available upon request



ConsumerReportsHealth



AMERICAN ACADEMY OF
FAMILY PHYSICIANS



Treating sinusitis

Don't rush to antibiotics

Millions of people each year are prescribed antibiotics for sinusitis, a frequent complication of the common cold, hay fever, and other respiratory allergies. In fact, 15 to 21 percent of all antibiotic prescriptions for adults in outpatient care are for treating sinusitis. Unfortunately, most of those people probably don't need the drugs. Here's why.

The drugs usually don't help

Sinusitis can be uncomfortable. People with the condition usually have congestion combined with yellow, green, or gray nasal discharge plus pain or pressure around the eyes, cheeks, forehead, or teeth that worsens when they bend over. But sinus infections almost always stem from a viral infection, not a bacterial one—and antibiotics don't work against viruses. Even when bacteria are responsible, the infections usually clear up on their own in a week or so. And antibiotics don't help ease allergies, either.

They can pose risks

About one in four people who take antibiotics have side effects, including stomach prob-



lems, dizziness, or rashes. Those problems clear up soon after stopping the drugs, but in rare cases antibiotics can cause severe allergic reactions. Overuse of antibiotics also encourages the growth of bacteria that can't be controlled easily with drugs. That makes you more vulnerable to antibiotic-resistant infections and undermines the benefits of antibiotics for others.

Choosing Wisely in the Media

JAMA[®]
The Journal of the American Medical Association

The New York Times

AP

SCIENTIFIC
AMERICAN

USA
TODAY

VOGUE

AFP

THE WALL STREET JOURNAL.

msnbc.com

Medscape

AARP

TIME THE HUFFINGTON POST

The Washington Post

ConsumerReports.org[®]

CBSNEWS

Modern Physician

Forbes

The New York Times

The Opinion Pages

CNN

Men's Journal

AGA Perspectives

U.S. News & WORLD REPORT

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The New Old Age

Caring and Coping

HEALTH CARE | February 28, 2013, 6:54 am |

For the Elderly, Medical Procedures to Avoid

By PAULA SPAN

The Choosing Wisely campaign, an initiative by the American Board of Internal Medicine Foundation in partnership with Consumer Reports, kicked

It took an elegantly simple approach: By working through professional organizations representing medical specialties, Choosing Wisely asked doctors to identify “Five Things Physicians and Patients Should Question.”

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

100 Top Hospitals for 2013: 18 providers make list for the first time / Page 26

Modern Healthcare

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FEBRUARY 25, 2013

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TESTING THE LIMITS

Nearly 100 more tests and procedures deemed possibly unnecessary or harmful / Page 6



NEWS IMAGE 419

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Insurers facing Advantage cuts / Page 8

Highmark's gamble on West Penn / Page 12

ZPIC scrutiny draws complaints / Page 32

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“We have created a medical ecology based on overprescription and overconsumption on the part of both physicians and patients,” Erb said. “What Choosing Wisely has done is legitimize our ability to cut back on what’s unnecessary.”

Choosing Wisely

An initiative of the ABIM Foundation

Why the Ethics of Parsimonious Medicine Is Not the Ethics of Rationing

Jon C. Tilburt, MD

Christine K. Cassel, MD

THE ETHICS OF RATIONING HEALTH CARE RESOURCES has been debated for decades. Opponents of rationing are concerned that societal interests will supplant respect for individual patient choice

benefit, that guide allocation of truly scarce resources (eg, organs). Thus, different types of rationing may be more or less ethically justified, depending on the underlying ethical rationale.

The ethical rationale for rationing appropriately rests on a concern for distributive justice. Some have argued⁴ that basic health status is a prerequisite for equal opportunity to participate in society and that health care is therefore a

Various groups have championed the cause of medicine practiced leanly, consistent with the professional responsibility to use resources wisely. These initiatives, which champion “parsimonious medicine,” have highlighted the 20% of routine practices in US medicine that add no demonstrable value to health care but that persist in the inertia and rituals of clinical work.¹ The specialty societies and the Choosing Wisely collaborative² outline commonsense principles for avoiding unnecessary, wasteful care.

of others. In the United States, health care rationing occurs routinely (and justifiably) in situations of absolute resource scarcity such as organ transplantation, distribution of blood products, or mass casualty events. In these circumstances, prespecified principles guide the timing of how the resource is delivered to maximize benefit. In other circumstances, health care is rationed de facto (and arguably less justifiably) by financing schemes, even when the resource in question exists in adequate supply. In the current US system, health care is rationed by ability to pay: underinsured and uninsured patients do not receive the care they need more frequently than those who are well insured.³ This “rationing by ability to pay” is morally suspect in part because it lacks transparent ethical principles, such as likelihood of

wellness—constitutes another form of justified rationing because it too limits routine care analogous to the way organ allocation, blood product distribution, and mass casualties are triaged by societal rules.

But parsimonious medicine is not rationing; it means delivering appropriate health care that fits the needs and circumstances of patients and that actively avoids wasteful care—care that does not benefit patients.

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Choosing Wisely[®] Employer Toolkit

Ready-to-use resources for your next campaign brought to you by the ABIM Foundation, NBCH, PBGH and Consumer Reports

Welcome to the *Choosing Wisely* Employer Toolkit! NBCH, with the generous support of Pacific Business Group on Health, partnered with Consumer Reports to create this toolkit for employers to use to educate their employees about the dangers and issues associated with the overuse of health care services.

These materials can help you launch the *Choosing Wisely* campaign with our employees or integrate it with your current communication efforts, all with your own brand. These materials are intended for broad distribution. They're written to "speak" to diverse workforces across a variety of industries.

The toolkit itself is organized into four pieces:

- 1) Materials for [employers](#) to learn about *Choosing Wisely*, and how to use the toolkit;
- 2) Materials for employers to use and distribute to their [employees](#);
- 3) A series of Consumer Reports [tip sheets](#) that organize *Choosing Wisely* into topics that will be easy for employees to identify with; and
- 4) Links to a wide variety of Consumer Reports [resources](#) on health and health care.

We hope this toolkit is a useful resource, and we are interested in hearing your feedback about how you're using these materials to educate employees. Please let us know if you have any questions, comments, or concerns. [Colleen Bruce](#), Director of Value-Based Purchasing and Public Policy at NBCH can assist you.





**Donald M.
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*CEO, Institute for Healthcare
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for American Progress*

GET UPDATES FROM DONALD M. BERWICK, MD



"Choosing Wisely": Physicians Step to the Front in Health Care Reform

Posted: 04/ 8/2012 5:02 pm

But, "Choosing Wisely" is a game-changer. The advice comes not from payers or politicians, but from pedigreed physician groups. The specialty societies are not guessing; their lists of procedures contain copious scientific citations supporting the claims of overuse.



Choosing Wisely is Brilliant-- Top Five Reasons Why

- Respects patient and physician autonomy
- Targets high volume, low value services
- Engages physicians in addressing overuse for the benefit of individual patients
- Leverages the pedigree of professional organizations
- Keeps it simple

For more information

- Choosing Wisely: www.choosingwisely.org
- ABIM Foundation: www.abimfoundation.org
- The Medical Professionalism Blog: blog.abimfoundation.org
- Twitter: @ABIMFoundation
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Questions and Discussion