



# Choosing Wisely to Building Trust

*Bridging Conversations to Improve Patient Care*

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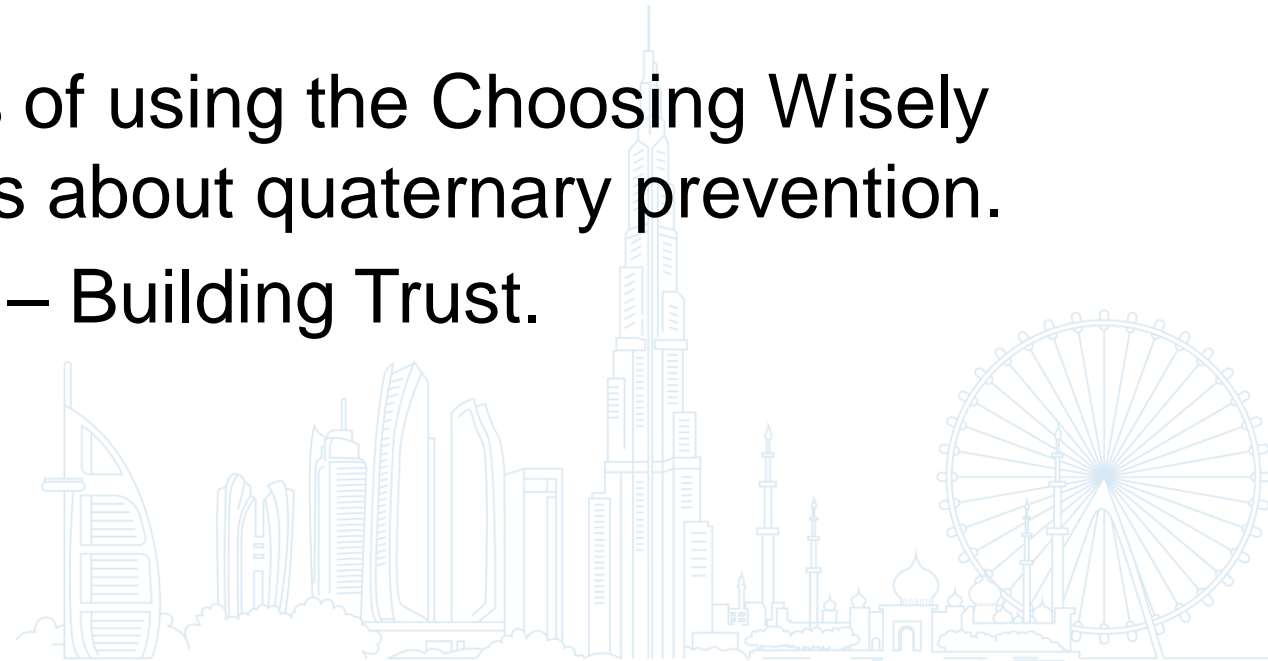
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# Learning Objectives

1. Explain the genesis of the Choosing Wisely Campaign<sup>®</sup>.
2. Summarize strategic statements published in the Choosing Wisely Campaign<sup>®</sup>.
3. Recognize the practical aspects of using the Choosing Wisely Campaign<sup>®</sup> in educating patients about quaternary prevention.
4. Discuss the new ABIM Initiative – Building Trust.



# Question 1

Patricia Johnson, a 63-year-old woman, visits her primary care physician, Dr. Lee, for a health maintenance Visit. Ms. Johnson has a medical history significant for hypertension and coronary artery disease and was seen three weeks ago for dyspnea on exertion, increased peripheral edema, and nocturia. During this visit, Dr. Lee reviews Ms. Johnson's recent echocardiogram results, which indicate a reduced ejection fraction of 35%, consistent with heart failure with reduced ejection fraction (HFrEF). In his conversation today with Ms. Johnson, which of the following would be an example of quaternary prevention?

1. Administering a PCV20.
2. Ordering a mammogram to screen for breast cancer as her most recent mammogram was 26 months ago.
3. Recommending she increase the dose of her ACE inhibitor (Lisinopril) from 10 mg per day to 20 mg per day
4. Recommending against a FIT test to screen for colorectal cancer 3 years after a colonoscopy showing one hyperplastic polyp measuring 0.8cm and otherwise normal.



# Prevention

- *Primary*

- Avoids the development of a disease. Most population-based health promotion activities are primary preventive measures

- *Secondary*

- Activities are aimed at early disease detection, thereby increasing opportunities for interventions to prevent progression of the disease and emergence of symptoms.

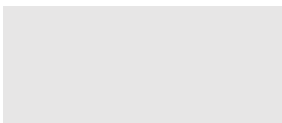
- *Tertiary*

- Reduces the negative impact of an already established disease by restoring function and reducing disease-related complications

- *Quaternary*

- *Set of health activities to mitigate or avoid the consequences of unnecessary or excessive intervention of the health system. It is the practice of “first do no harm”*

*What percent of the tests, treatments, or procedures that we order for our patients have no benefit – they do not help the patient get better, or may not even be recommended for their condition?*



MORE IS  
**NOT**  
ALWAYS  
BETTER



The same is true for medical tests and treatments.  
Talk to your doctor about what you need, and what  
you don't. To learn more, visit [www.choosingwisely.ca](http://www.choosingwisely.ca)

Choosing  
Wisely  
Canada

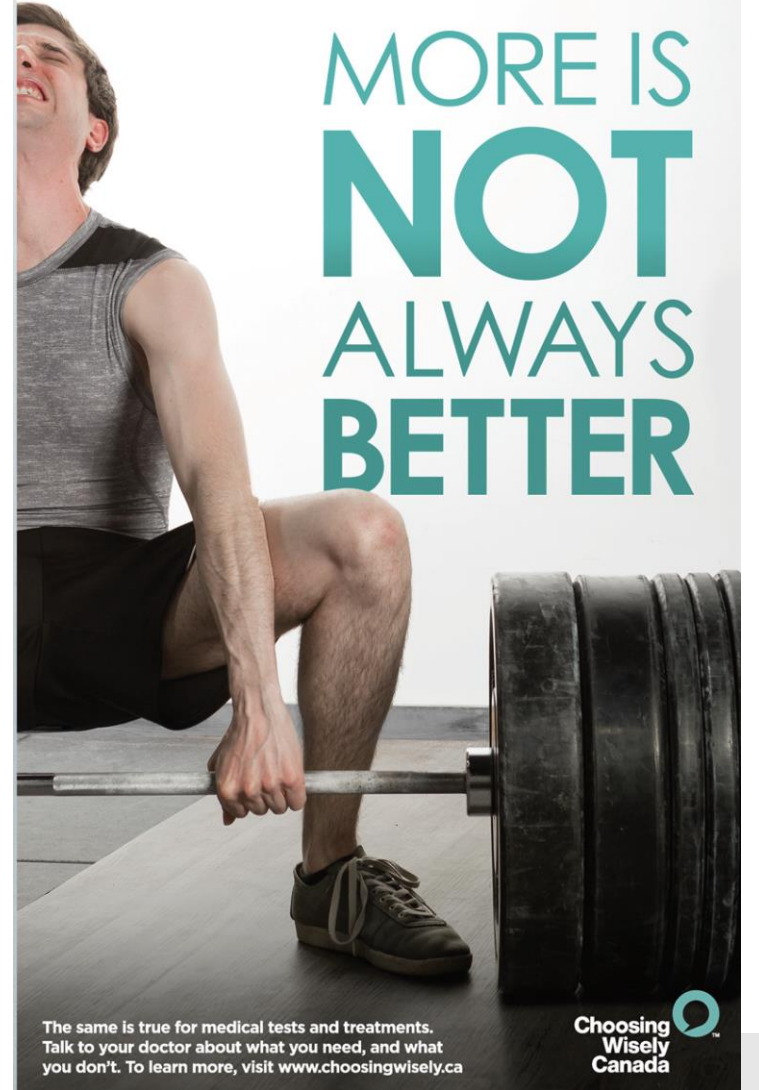
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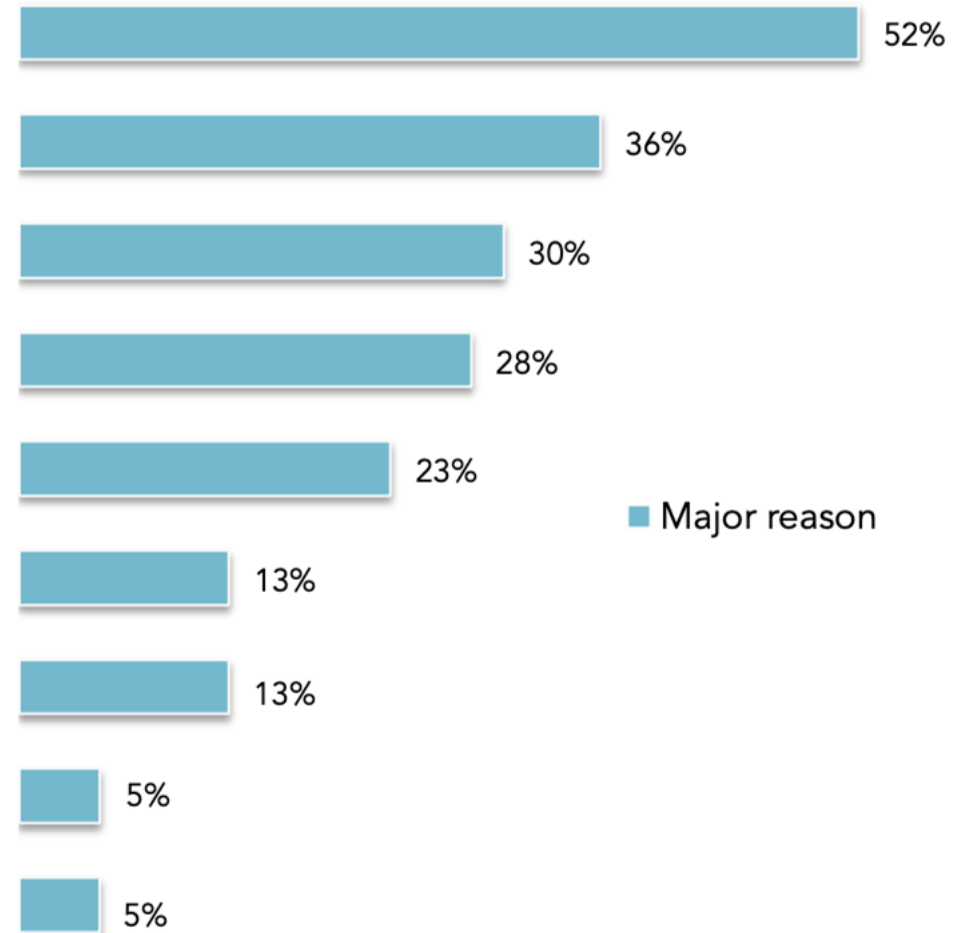
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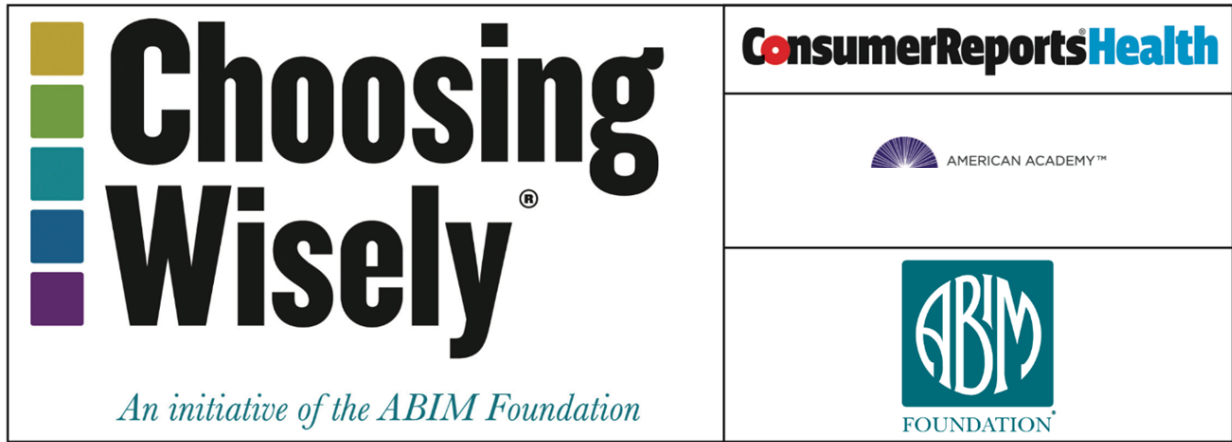
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Choosing  
Wisely  
Canada

# In your own practice, is this a reason you sometimes end up ordering an unnecessary test or procedure? IF YES: Is this a major reason or minor reason? Total n = 600







- *Choosing Wisely* is an initiative of the ABIM Foundation in partnership with Consumer Reports that seeks to advance a **national dialogue** on avoiding wasteful or unnecessary medical tests, treatments and procedures. (Overuse.)
- ***Choosing*** requires the judgment to sort priorities. Without it, everything appears the same and becomes an emergency to do *now* (lacking priority).

*Choosing Wisely® is an initiative of the ABIM Foundation.*

<http://www.choosingwisely.org>



Data: Choosing Wisely Canada, [Unnecessary Care in Canada](#) (CWC, Apr. 2017); and [“The Surprising Dangers of CT Scans and X-rays,” Consumer Reports](#), Jan. 27, 2015.

# THE HARMS OF OVERUSE IN HEALTH CARE

It is estimated that up to 30% of all health care offers no clinical value to patients.



## INDIVIDUALS

Unnecessary screening can lead to incidental findings that are not clinically relevant.

Unnecessary imaging increases lifetime cancer risk. For example, a CT scan has as much radiation as 200 chest X-rays.

Unnecessary medications can have side effects, and interact with other drugs. For example, overuse of benzodiazepines leads to more falls for older adults.

Needless stress and worry for patients and their families.

Patients' time wasted through follow up and needless appointments.

## PROVIDERS & ORGANIZATIONS

Provider's time wasted with needless appointments and follow up.

Increased wait times for patients who actually need care:

- To see specialists
- For surgical procedures
- In emergency departments

Waste of laboratory resources. Blood tests are conducted and processed that do not add value to patient care.

## HEALTH CARE SYSTEMS

Increased antimicrobial resistance broadly, driving increased antimicrobial resistant organisms and bacteria.

The public health epidemic of the opioid crisis has been driven in part by overprescribing.

Waste of limited health care resources.

# Origin

## 2010 New England Journal of Medicine

*N Engl J Med 2010; 362:283-285.*

### The initial call...



### Perspective

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

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



Article   Figures/Media

Early in 2009, members of major health care–related industries such as insurance companies, pharmaceutical manufacturers, medical device makers, and hospitals all agreed to forgo some future profits to show support for the Obama administration's health care reform efforts. Skeptics have questioned the value of these promises, regarding at least some of them as more cosmetic than substantive. Nonetheless, these industries made a gesture and scored some public-relations points. The medical profession's reaction has been quite different. Although major professional organizations have endorsed various reform measures, no promises have been made in terms of cutting any future medical costs. Indeed, in . . .

January 28, 2010

N Engl J Med 2010; 362:283-285

DOI: 10.1056/NEJMp0911423

- Called on U.S. medical specialty societies to identify five tests and treatments that were overused in their specialty and did not provide meaningful benefit for patients

# From humble beginnings...

2010 New England Journal of Medicine

The initial call...



National Physicians Alliance (2010)  
*Piloted the “Five Things” Concept*

Created a set of three lists of specific steps physicians in internal medicine, family medicine, and pediatrics could take in their practices to promote the more effective use of health care resources.



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2012 Choosing Wisely

ABIM Foundation, along with Consumer Reports, formally launched the campaign with the release of “Top Five” lists from **nine specialty societies**.

The widespread media coverage from nearly every top-tier outlet, along with positive reaction among the health care community, inspired 17 additional societies to join the campaign and release lists in February 2013.

 **Choosing  
Wisely**<sup>®</sup>

*An initiative of the ABIM Foundation*

# Choosing Wisely (2012-2023)

- 2012 – Nine specialty societies (representing 375,000 clinicians)
  - 45 examples of tests or treatments that were commonly used in their fields, but lacked strong supporting evidence
- 2023 – 80+ specialty societies (representing more than 1 million physicians)

# Lists

- Individual society lists provide information on when tests and procedures may be appropriate and the methodology used in its creation.
- Consumer Reports has created resources for consumers and providers to engage in these important conversations.
- Recently, no longer maintained and available on the Choosing Wisely website, specialty societies are encouraged to publish individual lists.

The screenshot shows the top navigation bar of the Choosing Wisely website. The logo is on the left, and navigation links include 'Our Mission', 'Clinician Lists', 'For Patients', 'Getting Started', and 'Success Stories'. A purple banner below the navigation contains the text: 'Resources and advice for clinicians, health care professionals, community organizations and employers looking to implement Choosing Wisely and engage patients.' Below this is a blue banner with the heading 'Continue the Conversation' and three bullet points: 'Access information for both providers and patients', 'View over 500 specialty society recommendations', and 'Share resources through text, email and social'. To the right of the text is an image of a hand holding a smartphone displaying the app interface, with a 'Download on the App Store' button. Below the blue banner is the section 'Lists of Recommendations', which contains three paragraphs of text explaining the purpose and use of the lists. At the bottom, there are two light blue boxes: 'For Clinicians' (Specialty society lists of things clinicians and patients should question) and 'For Patients' (Patient resources based on the specialty society recommendations).

Choosing Wisely® is an initiative of the ABIM Foundation.  
<https://www.choosingwisely.org/getting-started/lists/>



## Choosing Wisely Campaign Impacting Overuse

For five years, Choosing Wisely® — an initiative of the American Board of Internal Medicine Foundation in partnership with Consumer Reports — has been advancing a national dialogue on reducing and eliminating unnecessary medical tests and procedures. And now the Choosing Wisely recommendations are even more actionable as part of the ACR's R-SCAN® program. R-SCAN advances the education of members and enables referring clinicians and radiologists to collaborate on projects to improve imaging usage based on 11 Choosing Wisely recommendations.

“We saw an opening to work with our peers to explore why providers order unnecessary imaging and ways to better align patient care with evidence-based practices,” says Max Wintermark, MD, chief of neuroradiology at Stanford University and clinical advisor for R-SCAN. Also of note, the American Urological Association is in talks with the R-SCAN team to investigate adding new urology-related Choosing Wisely topics to the R-SCAN program.



American College  
of Radiology™

### Quality & Safety

## ACR Appropriateness Criteria® (AC) now includes



**233** diagnostic imaging and interventional radiology documents.

**3,000** clinical scenarios.

**1,100** clinical variants.

**130** AC patient-friendly summaries published in JACR®.

- R-SCAN™ is a collaborative action plan that brings radiologists and referring clinicians together to improve imaging appropriateness based on a growing list of Choosing Wisely (CW) topics.
- R-SCAN delivers immediate access to Web-based tools and clinical decision support (CDS) technology that help you optimize imaging care, reduce unnecessary imaging exams, and lower the cost of care. (There is no cost to participate.)



# Choosing Wisely Recommendations

## Search Criteria

Use one or more of the following criteria to view recommendations

By Discipline



By Sponsor



SEARCH

## Choosing Wisely

Encouraging conversations between physicians and patients to improve care.

The American Academy of Family Physicians (AAFP) is committed to supporting the [Choosing Wisely®](#) campaign with the goal of ensuring high-quality, cost-effective care for patients. The AAFP has identified a list of [tests and procedures](#) that both doctors and patients should carefully consider and openly discuss before incorporating them into a treatment plan.

### About Choosing Wisely®

The [Choosing Wisely®](#) campaign was created as an initiative of the [American Board of Internal Medicine \(ABIM\) Foundation](#) to improve health care quality. More than 70 specialty societies have identified commonly used tests or procedures within their specialties that are possibly overused.

### Clinical Recommendations



<https://www.aafp.org/family-physician/patient-care/clinical-recommendations/choosing-wisely.html>

<https://www.aafp.org/pubs/afp/collections/choosing-wisely.html>

# Choosing Wisely Campaign Toolkit

[Home](#) / [News Room](#) / [Campaigns & Toolkits](#) / Choosing Wisely Campaign Toolkit



Choosing Wisely was an initiative of over 80 medical societies and organizations, led by the American Board of Internal Medicine Foundation (ABIM Foundation), that sought to advance a national dialogue on avoiding unnecessary medical tests, treatments and procedures.

Its mission was to promote conversations between physicians and patients to help them choose care that is:

- Supported by evidence
- Not duplicative of other tests or procedures already received
- Free from harm
- Truly necessary

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

<https://www.aap.org/en/news-room/campaigns-and-toolkits/choosing-wisely/>

# Summary



- Advanced the National Dialogue - Tests, treatments, procedures needed and not needed
- Materials to help patients have conversations/ask questions

2012

2023



# One Place to Start...

Learn more:  
[www.choosingwisely.org/patient-resources](http://www.choosingwisely.org/patient-resources)



**5 QUESTIONS** to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure

- 1 Do I really need this test or procedure?
- 2 What are the risks and side effects?
- 3 Are there simpler, safer options?
- 4 What happens if I don't do anything?
- 5 How much does it cost, and will my insurance pay for it?

© 2016 Consumer Reports

DOWNLOAD

ENG PDF

ESP PDF

Do you really need that medical test or treatment? The answer may be no.



Medical tests and treatments can be helpful when you really need them. For example, there are times when X-rays, antibiotics, or opioid painkillers may be necessary. It's important to get them when they clearly will help you.

DOWNLOAD

ENG PDF

ESP PDF

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The campaign featured materials to help patients have conversations with their clinicians, and empower them to ask questions about what tests and treatments were right for them.

# Summary



- Advanced the National Dialogue
- Materials to help patients have conversations/ask questions



- Engaged Organizations and Professionals on an International Scale

2012

2023

# Choosing Wisely 2012-2023



**80+**

SPECIALTY SOCIETY PARTNERS



**700+**

RECOMMENDATIONS OF TESTS  
AND TREATMENTS THAT  
SPECIALTY SOCIETIES SAID WERE  
OVERUSED OR UNNECESSARY



**30+**

COUNTRIES REACHED

# Summary



- Advanced the National Dialogue
- Materials to help patients have conversations/ask questions



- Engaged Organizations and Professionals on an International Scale



- Changed Industry Mindsets and Influenced Policy
- Impact has been mentioned in thousands of medical articles and referenced in 300+ academic journal articles

2012

2023



**“[Patient welfare] is currently threatened by the unpredictable financial future of our health care system. But if patients and physicians choose wisely, trusting each other as they do so, our shared future may improve.”**

ACADEMIC MEDICINE 

**“Patients need trustworthy information to help them better understand that more care is not always better care, and in some cases can actually cause more harm than good.”**

JAMA VIEWPOINT 

**“*Choosing Wisely* has created a principal pathway through which patients and their doctors can discuss when health care services may not be needed.”**

HEALTH AFFAIRS 



# Some examples...



# Society of American Gastrointestinal and Endoscopic Surgeons

- **Avoid unnecessary perioperative fasting for elective general surgical procedures.**
  - Fasting after midnight used to be the standard of care before surgery, with thought to reduce pulmonary aspiration risk with an empty stomach.
  - There is adequate data that prolonged fasting is associated with increased perioperative insulin resistance, delayed recovery and poorer outcomes.
  - Based on this, the American Society of Anesthesiologists and other organizations **recommend refraining from solid food for 6 hours before surgery, while intake of clear fluids is permitted until 2 hours before surgery.**

# Practice Guidelines for Preoperative Fasting and the Use of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration: Application to Healthy Patients Undergoing Elective Procedures - 2017

Recommendations for	Time	Note:
<b>Clear Liquids</b>	Up to <b>2 h</b> before procedures requiring general anesthesia, regional anesthesia, or procedural sedation and analgesia.	Should NOT include alcohol
<b>Breast Milk Infant Formula</b>	Up to <b>4 h</b> Up to <b>6 h</b>	
<b>Solids and Nonhuman Milk</b>	light meal* or nonhuman milk may be ingested for up to <b>6 h</b> before elective procedures requiring general anesthesia, regional anesthesia, or procedural sedation and analgesia. Additional fasting time ( <i>e.g.</i> , <b>8 or more hours</b> ) may be needed in cases of patient intake of fried foods, fatty foods, or meat.	

\*A light meal typically consists of toast and clear liquids. Meals that include fried or fatty foods or meat may prolong gastric emptying time. Additional fasting time (*e.g.*, 8 or more hours) may be needed in these cases. Both the amount and type of foods ingested must be considered when determining an appropriate fasting period.



# American Headache Society

## Types of Headaches

Many headaches have similar sensation distributions and can feel differently to people.



tension headache



migraine headache



cluster headache



allergy or sinus headache (not a headache disorder but a description of symptoms)



caffeine headache



hormone headache (menstrual migraine)



hemicrania continua



hypertension headache



rebound headache



post-traumatic headache



exertion headache



spinal headache



thunderclap headache



ice pick headache

# *Don't Perform Neuroimaging Studies in Patients with Stable Headaches That Meet Criteria for Migraine.*



Numerous evidence-based guidelines agree that the risk of intracranial disease is not elevated in migraine. However, not all severe headaches are migraine.



To avoid missing patients with more serious headaches, a migraine diagnosis should be made after a clinical history and an examination that documents the absence of any neurologic findings, such as papilledema.



Diagnostic criteria for migraine are contained in the International Classification of Headache Disorders



# Migraine Subtypes

- **Migraine without aura**

- recurrent, attack of 4 to 72 h; typically unilateral, pulsating in quality, moderate to severe in intensity, aggravated by physical activity; associated with nausea and light and sound sensitivity (photophobia and phonophobia).

- **Migraine with aura**

- recurrent fully reversible attacks, lasting minutes, typically one or more of these unilateral symptoms: visual, sensory, speech and language, motor, brainstem, and retinal, usually followed by headache and migraine symptoms.

- **Chronic migraine**

- headache that occurs on 15 or more days in a month for more than three months and has migraine features on at least eight or more days in a month.



# *Don't Perform CT Imaging for Headache When MRI Is Available, Except in Emergency Settings.*



When neuroimaging for headache is indicated, MRI is preferred over CT, **except** in emergency settings when hemorrhage, acute stroke, or head trauma is suspected.



MRI is more sensitive than CT for detecting neoplasm, vascular disease, posterior fossa and cervicomedullary lesions, and high and low intracranial pressure disorders.



CT of the head is associated with substantial radiation exposure that may elevate the risk of later cancers, while there are no known biological risks from MRI.



AMERICAN  
COLLEGE of  
CARDIOLOGY®



# Cardiovascular Health

*Five Things Physicians and Patients Should Question*

February 2023

# American College of Cardiology

1. Avoid the routine use of **invasive hemodynamic monitoring** with pulmonary artery catheters in patients with uncomplicated acute decompensated heart failure who are hemodynamically stable and responding to treatment.
2. Avoid performing **atrial fibrillation ablation** for the **sole purpose** of discontinuing chronic anticoagulation.
3. Avoid **routine imaging stress tests or coronary CT angiography** for the workup of palpitations or presyncope.
4. Avoid obtaining a **coronary artery calcium score in patients with known clinical atherosclerotic cardiovascular disease**.
5. Avoid obtaining routine **serial echocardiograms** for chronic heart failure if there has been no change in signs, symptoms, or management.

## Question 2

According to the American Academy of Family Physicians and the Society of General Internal Medicine, how often should individuals with Type 2 diabetes mellitus NOT on insulin check their blood sugar at home?

1. Once per day (fasting).
2. Two times per day (fasting and before bed).
3. Three times per week (fasting)
4. Neither organization recommends daily home glucose monitoring.



# Society of General Internal Medicine

*Updated List of Commonly Used Tests and Treatments to Question*

# SGIM

1. Don't recommend daily home glucose monitoring in patients with Type 2 diabetes mellitus not using insulin.

- Don't routinely recommend daily home glucose monitoring for patients who have Type 2 diabetes mellitus and are NOT using insulin.
  - Daily finger glucose testing has **no benefit** in patients with type 2 diabetes mellitus who are not on insulin or medications associated with hypoglycemia, and **small, but significant, patient harms are associated with daily glucose testing**
  - Home BG monitoring should be reserved for patients during the titration of their medication doses or during periods of changes in patients' diet and exercise routines



# SGIM

1. Don't recommend daily home glucose monitoring in patients with Type 2 diabetes mellitus not using insulin.
2. Don't perform routine annual checkups unless patients are likely to benefit; the frequency of checkups should be based on individual risk factors and preferences. During checkups, don't conduct comprehensive physical exams or routine lab testing.
3. Don't perform routine pre-operative testing before low-risk surgical procedures.
4. Don't recommend cancer screening in adults with less than 10 years of life expectancy.
5. Don't place, or leave in place, peripherally inserted central catheters for patient or provider convenience.

**AGS**

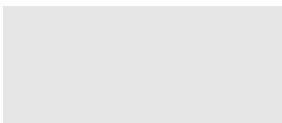
THE AMERICAN GERIATRICS SOCIETY

Geriatrics Health Professionals.

Leading change. Improving care for older adults.



# Geriatrics



# American Geriatrics Society



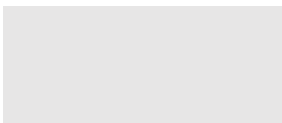
*An initiative of the ABIM Foundation*

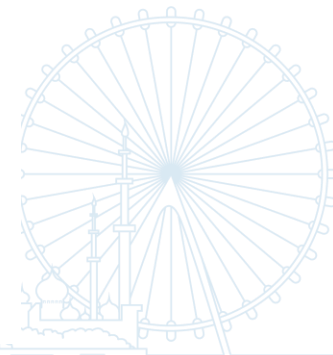
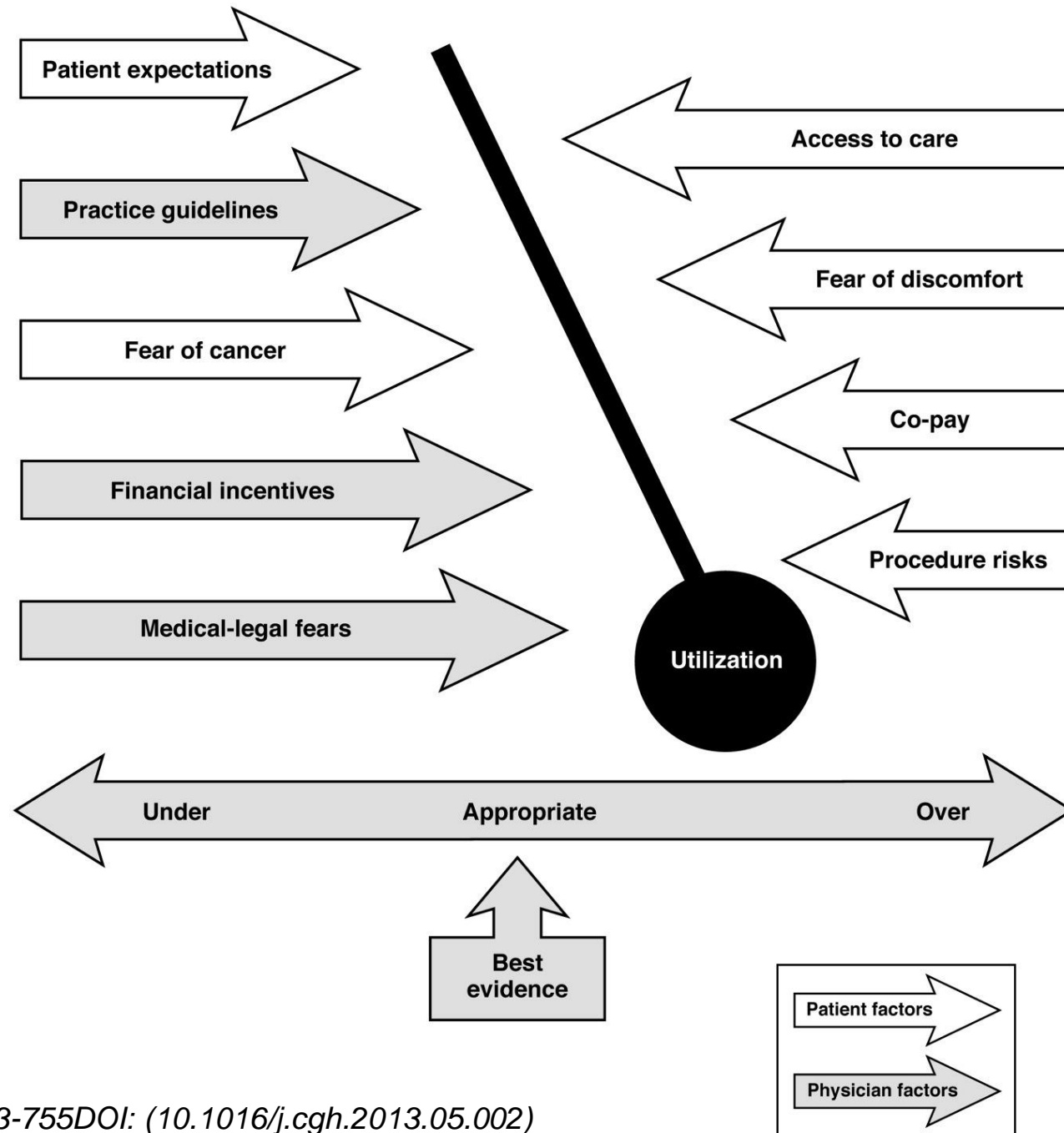
- Avoid using medications **other than metformin** to achieve hemoglobin A1c <7.5% in most older adults; moderate control is generally better
  - No evidence that using medications to achieve tight glycemic control in most older adults with type 2 diabetes is beneficial
  - Tight control has been consistently shown to produce higher rates of hypoglycemia in older adults
  - Given the long time frame to achieve theorized microvascular benefits of tight control, glycemic targets should reflect patient goals, health status and life expectancy
  - Reasonable glycemic targets
    - 7.0 – 7.5% in healthy older adults with long life expectancy
    - 7.5 – 8.0% in those with moderate comorbidity and a life expectancy < 10 years
    - 8.0 – 9.0% in those with multiple morbidities and shorter life expectancy

# Intention

- *Choosing Wisely* recommendations should not be used to establish coverage decisions or exclusions.
- Meant to spur conversation about what is appropriate and necessary treatment.
- Each patient situation is unique, providers and patients should use the recommendations as guidelines to determine an appropriate treatment plan together.

# BARRIERS





# This all sounds good, but...

- Surveyed physicians reported that frequent barriers to implementing the Choosing Wisely recommendations were:
  - concern about malpractice lawsuits,
  - patient requests for interventions,
  - tests recommended by specialists, and
  - inadequate time to engage patients in shared decision-making.

# ...be careful

- Physicians were anticipating high resistance from patients for certain recommendations. Brief interventions could help shift patients' attitudes. Unfortunately, such anticipatory concern could become a self-fulfilling prophecy



It all about  
framing  
conversations...

## Framing Conversations



Listen and  
Acknowledge



Position as  
a positive



Provide a clear  
rationale, including  
potential harm



Plans B & C



Communicate the care  
plan and next steps



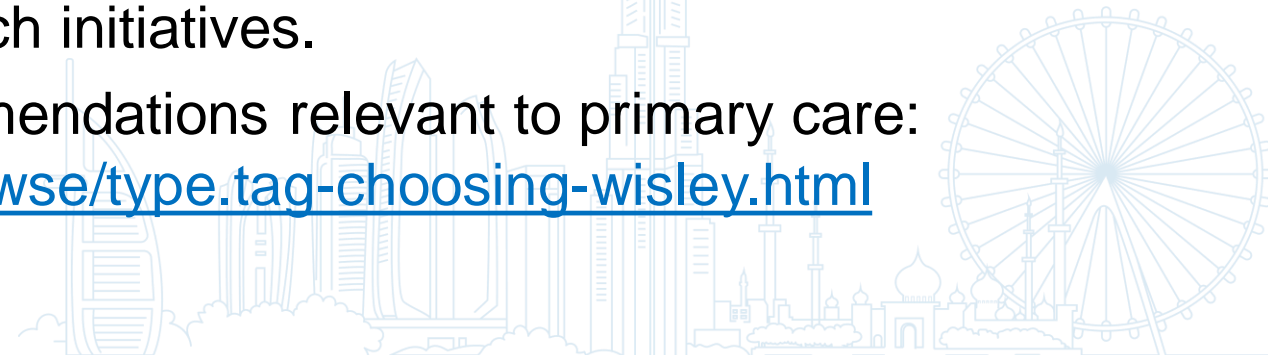
# SUMMARY





# Practice Recommendations

- The *Choosing Wisely* initiative addresses overuse of tests and treatments in medical care.
- Goal: Informed decision making that leads to intelligent and effective patient care choices.
- Targeted interventions are needed to help overcome physician and patient reluctance to adopt some of *Choosing Wisely's* recommendations.
  - Likely that interventions will need to extend beyond [primary care provider]-directed education, feedback, and incentives, in order to impact change for recommendations that [primary care providers] fear patients will reject.”
- Anticipation of patient concerns should not be allowed to create undue hesitation in efforts to implement such initiatives.
- To search *Choosing Wisely* Recommendations relevant to primary care:  
<http://www.aafp.org/patient-care/browse/type.tag-choosing-wisley.html>





# So, What's Next?

## The spirit of *Choosing Wisely* lives on in our continued work to improve health care

With the increasing recognition of the role trust – or the lack thereof – plays in the quality of care patients receive, the ABIM Foundation is now focusing its efforts and resources on the Building Trust initiative.

[ABIM FOUNDATION](#)

[BUILDING TRUST](#)

<https://buildingtrust.org/>



# BUILDING TRUST

*An initiative of the ABIM Foundation*

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## FOCUSING ON TRUST TO IMPROVE HEALTH CARE

Building Trust is a multi-faceted effort to increase conversation, thought leadership, research and best practices to elevate trust as an essential organizing principle for improving health care.

### DISCOVER

HOW TO PARTICIPATE  
IN BUILDING TRUST

[GET INVOLVED](#)

### EXPLORE

HOW OTHERS  
ARE BUILDING TRUST

[TRUST PRACTICES](#)

### LEARN

WITH OTHER  
PROFESSIONALS

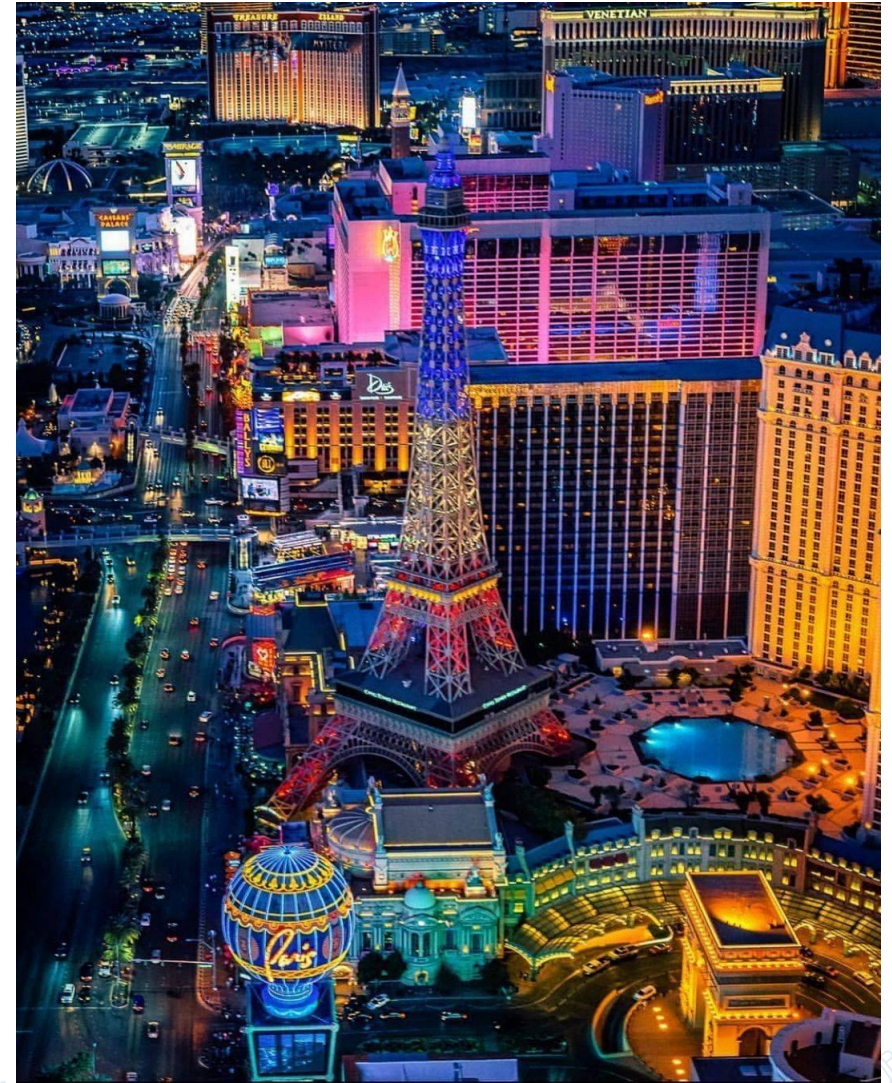
[WEBINARS](#)







# Thank You



KIRK KERKORIAN  
SCHOOL OF MEDICINE

UNLV

DEPARTMENT OF FAMILY &  
COMMUNITY MEDICINE

*david.weismiller@unlv.edu*



HOSTED BY



EFMS



# 7<sup>th</sup> EMIRATES FAMILY MEDICINE SOCIETY CONGRESS 2024

DUBAI | UAE | 22 to 24 APRIL

DUBAI WORLD TRADE CENTRE



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