Choosing Wisely®

Promote Patient-Physician Conversations to Improve Patient Engagement and Choose Appropriate Care

AMA IN PARTNERSHIP WITH

John Bulger, DO, FACOI, FACP
Chief Quality Officer, Geisinger Health System

Matt Handley, MD
Medical Director, Quality, Group Health

Wendy K. Nickel, MPH
Director of Patient Partnership in Healthcare, American College of Physicians

Marie Brown, MD, MACP
Senior Advisor Professional Satisfaction and Practice Sustainability, American Medical Association

Christine Sinsky, MD, FACP
Vice President, Professional Satisfaction, American Medical Association

How Will This Module Help Me?

1. Discusses 4 STEPS to incorporating Choosing Wisely in your practice.
2. Answers frequently asked questions about Choosing Wisely.
3. Provides tools and resources to help you and your team implement Choosing Wisely.
Introduction

Do you ever find yourself wondering if your patients are receiving tests or treatments that are unnecessary or of limited benefit? Choosing Wisely is a campaign from the American Board of Internal Medicine (ABIM) Foundation and Consumer Reports that aims to promote conversations between patients and clinicians to choose care that is supported by evidence, is not duplicative of other tests or procedures already received, has the lowest possible risk for harm, and is truly necessary. The Choosing Wisely resources have more than 500 recommendations from 68 specialty societies that cover tests, treatments, and commonly encountered procedures. Each list provides evidence patients and physicians can use in their conversations to decide whether tests and procedures are appropriate for the situation. Using Choosing Wisely lists may help you recommend appropriate tests and hone communication skills to help educate your patients. Choosing Wisely is not a set of rigid guidelines, but rather a strategy for engaging with patients and colleagues.

Four STEPS to Implement Choosing Wisely in Your Practice

1. Engage Your Team.
2. Engage Your Patients.
4. Use Data to Understand and Improve Performance.

Engage Your Team.

Center the conversation around the benefit for the patient. The national Choosing Wisely campaign has found that the issues of safety and patient-centered care resonate with physicians more than discussions of waste and cost reduction. Agree to pilot Choosing Wisely in one disease area or with one diagnosis and see how it works.

Conversation starters. It is also important to emphasize that Choosing Wisely recommendations are conversation starters, not mandates, and that medical decision-making is based on the patient's best interest and the physician's professional judgement. It is expected that physicians will sometimes deviate from the Choosing Wisely recommendations based on patients' unique circumstances and the physician's judgment.

One important caveat is that it is important to be mindful of the fact that these decisions can have financial impact on patients. Some Choosing Wisely recommendations are based on recommendations that, under the ACA, impact insurance coverage. Health insurance plans may also choose not to cover services that are not recommended. If coverage for a non-recommended service is denied, physicians may need to be prepared to justify their decision to the health plan and/or the patient.

Consider having your clinical support team provide patients with appropriate resources developed by Choosing Wisely when rooming patients for specific complaints (e.g., headache, upper respiratory infection, low-back pain, or cervical cancer screening). For example, when the nurse or medical assistant (MA) rooms a patient who...
presents with symptoms of a sinus infection, the patient can be given the Choosing Wisely handout on sinusitis. By reading the handout ahead of the physician visit, the patient may be more likely to agree to a non-antibiotic approach to treatment.

**Care Team Education.** It is important to educate the care team members who often field questions from patients, including:

- Your MAs or nurses, who room patients and discuss after-visit summaries. These individuals could be trained to utilize Choosing Wisely materials as part of their professional development curriculum.
- Your health coaches, who may have discussions with patients about specific treatment options and tests related to chronic disease management.

"Community health screening fairs often include unnecessary tests or tests with limited benefit, such as a carotid ultrasound screening in asymptomatic, low-risk patients. False positives are common, often leading these patients to be referred for a carotid endarterectomy that can be potentially harmful. It's disturbing when a previously healthy patient returns to the office with a facial droop having suffered a stroke as a result of a series of unnecessary and increasingly invasive procedures."

-Marie Teresa Brown, MD, MACP, Internal Medicine, Oak Park, IL

**Identify and Address Potential Barriers to Implementing Choosing Wisely.** Have a conversation with your team about their concerns and allow time for discussion.

Patient–physician communication is the most important factor related to patient satisfaction with treatment recommendations. For example, a parent who arrives with a child with a lingering cough may expect an antibiotic, and using a Choosing Wisely handout can help to facilitate an informed discussion on the recommended non-antibiotic approach. Anticipating these conversations will make the move to Choosing Wisely easier.
How do we begin the conversation?

Consider discussing the following with your colleagues as you look for areas that could be improved by following Choosing Wisely recommendations:

- What guidelines do we currently follow?
- Why are we concerned about inappropriate use or overuse?
- What are we measuring and how are we measuring it?
- What difference will it make to our patients and our practice if we reduce use of these specific tests or procedures?
- Can we eliminate sources of potential harm by changing our procedures?

What defines low-value care?

Low-value care is care that either does not improve health outcomes or does so using resources that are disproportionate to the benefit that a patient derives. Simple examples include: duplicative testing, too-frequent testing, interventions that have been shown to be ineffective or unnecessary, and care that patients may not have chosen had they been better informed about the risks and benefits.
Engage Your Patients.

Much of the success of implementing Choosing Wisely hinges on your ability to engage your patients in a dialogue about the purpose of tests, treatments, and procedures so they have a clear understanding of what’s necessary, what’s not, and what could cause them harm. Initiate the dialogue by demonstrating empathy for your patient’s desires, needs, and concerns; their cues will tell you when they are ready for you to introduce decision aids or patient education as part of the conversation.

Consumer Reports partnered with the ABIM Foundation and leading medical societies on the Choosing Wisely campaign to create patient-friendly materials that discuss specific topics, such as use of antibiotics for sinusitis, CT scans for headache, frequency of Pap smears, and imaging for back pain. For example, many patients with chronic heartburn use proton pump inhibitors on a regular basis but may be able to control their symptoms with lifestyle modifications and/or an acid blocker such as a histamine H2 receptor antagonist. You can use the Choosing Wisely handout on heartburn to help facilitate the discussion with the patient.

You may choose to print these patient resources and make them available in the waiting area and in your exam rooms. If you use a patient portal, you might send targeted messages to patients before their appointment or provide handouts during rooming.

Q&A

How can we better partner with patients and families on this initiative?

Engage patients and families early and often. Patients may be confused by conflicting information they receive from their friends, family, physicians, consumer groups, medical societies, and advertising claims. You may consider including questions about testing procedures and communication about tests on your patient satisfaction survey. A patient and family advisory council or patient advisory board can assist you by vetting communication materials and evaluating the rollout of your new approach. Hosting a one-time focus group where a few patients discuss these topics with the clinicians can also be valuable.
Don't patients feel that more treatment is always better?

Initiating a conversation of what the patient understands and expects about a test or treatment helps distinguish between a patient's true demand for additional care and the physician's perception of a demand that may not, in fact, exist.

While some patients may have an expectation for imaging or antibiotics, for example, they may also be relieved to learn that costly treatments may not be needed immediately. This can be a good opportunity to encourage patients seeking non-recommended treatment to consult with their insurance plan to determine the extent to which the non-recommended service would be covered. Understanding the financial consequences of pursuing non-recommended care may have an impact on patient expectations.

Sometimes, highlighting negative consequences of overuse, such as the fact that radiation is harmful, is often all that is needed to balance patients' desire for more care with their desire to avoid harm.

Won't my patient satisfaction scores go down if I don't meet patients' requests for tests or antibiotics?

Offer a patient with a mild respiratory infection a "delayed prescription" for antibiotics (e.g., if the patient shows signs of bacterial infection several days after the visit, then the patient can fill the prescription). This may help the physician make the right choice while also meeting the patient's expectations. Patients are reassured knowing that there is a plan in place if their symptoms are not improving.

Likewise, a patient with acute back pain who is requesting an X-ray is often more comfortable knowing that the physician will order the test if he or she does not improve over time. Alternatively, a prompt referral to physical therapy may offset any disappointment regarding a belief that imaging is absolutely necessary; patients can be reassured that physical therapy is likely to lead to symptomatic relief. Positive and productive communication between the patient and practitioner has a greater impact on patient satisfaction than an antibiotic prescription or an order for more testing.

Establish an Implementation Plan for the Practice.

Some practices may want to go beyond simply increasing awareness and making handouts available at the point of care. If your practice decides to implement and systematize the Choosing Wisely initiative in a formal manner, then your implementation plan may be more elaborate.

Implementation could take the form of a formal educational program for staff as well as checklists and protocols to help standardize the new processes. You may decide to work with your IT department to embed Choosing Wisely recommendations into clinical decision support (CDS) tools within the electronic medical record (EMR) by using alerts, reminders, or order sets. Choosing Wisely recommendations are intended to be starting points for conversation, not rigidly imposed guidelines.

To educate your practice about Choosing Wisely, consider using its physician communication modules. Watch the videos as a team and learn together during a scheduled team meeting.

Use Data to Understand and Improve Performance.

Tracking and reporting will help determine if implementation of the Choosing Wisely recommendations has been effective in your practice. Sharing peer comparison data over time is one of the strongest measures of change and should be part of any performance improvement strategy.

To begin tracking your data, you could start by reviewing data in your EMR, pre-printed order sheets, or standing orders from your team members. Focus on the tests you suspect may be overused, inconsistently used, and/or that could be harmful to patients. Consider starting with clinical areas where statistics suggest overuse occurs frequently, such as lab testing or imaging.
Another target is any area where large amounts of variation exist. Review common tests and treatments by practitioner, establish a baseline, and then compare and contrast to identify variability. Examples include antibiotic use, X-rays for back pain, or frequency of Pap smears. Where possible, use recommendations that have tested and validated measures.

Conclusion

Patient–physician communication regarding the necessity of medical tests and treatments can be strengthened by using the tools and resources created by Choosing Wisely. Engaging patients, practitioners, and your care team—and committing to continue practicing evidence-based medicine—are key. Using the Choosing Wisely resources will support your practice in delivering higher-quality care and minimizing potential risks to patients.

AMA Pearls

Choosing Wisely connects patients and clinicians by focusing on achieving the same goals.

Choosing Wisely recommendations are purposefully broad, allowing you to tailor them to your practice needs. They contain evidence-based references for further information.

Involve patients and families in the effort—they can review educational materials, help you determine an improvement topic, and test new strategies.

Anticipate unintended consequences, such as patients’ health insurance coverage for certain services or the impact on referral patterns, when you limit some tests or increase testing in other areas.

Choosing Wisely may help you find the “sweet spot” in clinical practice: not too little, not too much, but just the right amount of care.

The data strategy for evaluating Choosing Wisely effectiveness should be timely and transparent to all in the practice. Be pragmatic about the measures that will be used.

Adequate time should be allotted to define and discuss current practice patterns. Organizational leadership must be engaged to support the work of implementing and evaluating Choosing Wisely.
PLEASE NOTE:

A main goal of STEPS Forward™ is to present the most up-to-date, actionable, practical toolkits with customizable resources that you can use to successfully implement meaningful and transformative change within your practice.

In 2018, CMS passed regulations to require that Appropriate Use Consultation for Advanced Diagnostic Imaging information is on the Medicare claim. 2019 is a voluntary year. **However, as of January 1, 2020, it is mandatory.**

We hope that this module continues to help you and your practice use Choosing Wisely resources to make informed diagnostic imaging decisions with your patients.

We will update this module by January 2020 to provide the most current guidance. In the meantime, if you would like to be notified when the new module is released, please email us at stepsforward@ama-assn.org.

For further information, please refer to the CMS regulations passed in 2018:

**Appropriate Use Criteria (AUC) for Diagnostic Imaging Services: Consultation of Specified Applicable AUC through a Qualified Clinical Decision Support Mechanism**


---

**STEPS in practice**

1. **Choosing Wisely® Case Report: Geisinger-Milton**

At Geisinger-Milton, a primary-care practice in Milton, PA, following the Choosing Wisely methodology supports their core mission of “doing what’s right for patients.” When Choosing Wisely recommendations were rolled out to all Geisinger Health System practices in 2013, this meant incorporating the recommendations into existing preventive medicine and chronic care bundles. The Geisinger-Milton practice specifically leveraged the Choosing Wisely recommendations to support ongoing efforts to decrease the number of inappropriate Pap smears, limit antibiotic use, and reduce rates of routine prostate-specific antigen (PSA) screening.

The biggest challenge to fully implementing the Choosing Wisely recommendations has been in addressing overuse of antibiotics. Patients often come with the expectation that an antibiotic will “fix them,” so the practice has focused on education to reframe the conversation. Posters on the clinic walls explain the risks of antibiotic overuse, and a great deal of effort has gone into teaching the care team about the risks and benefits of antibiotic use for bronchitis and upper respiratory infection.

Conversely, one of the biggest successes following implementation of the Choosing Wisely recommendations has been a decrease in sepsis cases following prostate biopsy, from three to four cases per year to one case per year. Fewer PSA screens have resulted in fewer false positives and thus fewer biopsies, which ultimately reduced the
risk of post-surgical sepsis. It is also important to note that no corresponding increase in cancer mortality has been observed with this change.

Because the practice incorporated the Choosing Wisely methodology into existing protocols and procedures, there was no resistance and the process was simple—it became a natural part of the workflow. The EHR already included best-practice alerts for health maintenance topics, and parameters were modified to follow the Choosing Wisely lists. Alerts now flag specific diagnoses, orders, and procedures. The care team was initially notified of the updates that were made to the existing EHR alerts based on the Choosing Wisely lists; however, no additional training was required to begin following the lists.

Positivity is essential when thinking about Choosing Wisely and how to apply the lists in practice. Emphasize what to do rather than what not to do. That means refraining from saying “don’t do this” without understanding what will work for each patient’s unique situation and providing an alternative solution. Even the few negative alerts in the EHR have been reframed to position the recommendation in a positive light and help patients determine what they want to do.

Currently, the Geisinger-Milton practice has adopted approximately 30 percent of the Choosing Wisely recommendations that apply to their patient panel. Their goal is to incorporate more radiology lists to preempt preauthorization discussions. Eventually, they hope to expand to 80 to 90 percent adoption and begin working in areas not covered by their care bundles.

Choosing Wisely® Case Report: Geisinger Health System

The nearly 70 practices of the Geisinger Health System in Pennsylvania were already on the road to reducing the number of low-value procedures and treatments when the national Choosing Wisely initiative was launched by the American Board of Internal Medicine. The efforts of the Geisinger system included following protocols and procedures to determine when to do imaging for low-back pain and when to prescribe antibiotics for sinusitis. The Choosing Wisely initiative bolstered the rationale and provided justification for some of the decisions already being made by the Geisinger system practices, and validated their existing protocols and procedures.

Once introduced, the Choosing Wisely initiative acted as a catalyst to more actively engage physicians in promoting quality and safety. The Choosing Wisely lists, which are evidence-based sets of recommendations for avoiding unnecessary tests and procedures, are trusted and respected and provide valuable and accessible starting points for quality improvement. The lists are specifically vague and provide a high-level roadmap that individual practices can refine into unique turn-by-turn directions that their specific teams can follow.

Although each practice is part of the integrated Geisinger Health System, selecting, refining, and implementing the Choosing Wisely recommendations occurs at the practice level and not as part of a larger “top-down” initiative from the system's administration. These activities happen organically, with providers selecting the areas they'd like to work on and rolling out the changes on their own schedules. Recommendations are shared with clinicians and team members who interact with patients. Discussion focuses on “Which ones resonate? Which ones provide the most opportunity?”

After the initial selection phase, practices take advantage of the Choosing Wisely training videos that are relevant to their clinics and their specific efforts to minimize low-value care. In addition, the practices share educational materials from the Choosing Wisely and Consumer Reports websites with patients to start a dialogue about the care plan.

Choosing Wisely recommendations have been implemented over the course of three years throughout the practices and the 12 hospital campuses that are part of the Geisinger system. One of the first projects involved building a customized clinical decision support (CDS) function within the EHR system for evaluating low-back pain that follows the Choosing Wisely recommendations. Education around this CDS tool highlighted the fact that Choosing Wisely recommendations were being followed so that providers would know that the tool and its determinations were supported by evidence.

Tracking and measuring changes in procedures and treatments over time is standard. A centralized data warehouse captures both practice and hospital data. Decreases in antibiotic usage and high-end radiology usage
have been observed at the practice level. On the hospital side, decreases in urinary catheter usage and blood transfusions have been documented.

While a system-wide recognition of the overuse of tests and treatments is critical to initiating change, organizational culture also plays a large role. Within the Geisinger system, the success of implementing Choosing Wisely recommendations is related to two key organizational tenets: a culture of safety and a culture of value. The decrease in the use of urinary catheters, which are often associated with healthcare facility-acquired infections, can be attributed to a culture of safety. The decrease in antibiotic use and radiology orders can be attributed to a culture of value.

Momentum for adopting the Choosing Wisely recommendations continues to build as the Geisinger system explores new ways to implement CDS tools for radiology and cardiac imaging. In addition, physicians within the Geisinger system are starting to use Choosing Wisely as a teaching mechanism for residents, thereby expanding its reach to the next generation of practitioners.

Choosing Wisely® Case Report: Group Health Cooperative

A patient sees a TV commercial offering a cure or solution and asks about this specific treatment during his or her visit. Another patient attempts to self-diagnose and is convinced he needs a test or treatment discovered online. While these scenarios may not occur frequently, they are often interpreted by the clinician as demands for a particular product or service when they do. Many clinicians at Group Health Cooperative (Group Health), an integrated care and financing organization headquartered in Seattle, WA, initially believed that patients would be disappointed if they did not receive the care or treatment they wanted. This left clinicians feeling trapped between perceived patient demands and the organization’s goal of minimizing low-value care.

Group Health decided to take a careful look at the patient requests they were fielding and discovered that many stemmed from a desire for an explanation of risks, benefits, and alternatives rather than a demand for a specific test or treatment. Group Health has worked to help busy clinicians shift from interpreting these scenarios as “demands for services” to seeing them as patient requests for more information on available options. While the first task of the clinician in these situations is to listen and demonstrate empathy, providing accurate and complete information is an important part of a successful visit. They turned to Choosing Wisely® to help educate patients who may have expectations or misinformation about the service their clinician is recommending (or recommending against).

The organization adopted Choosing Wisely recommendations in specific clinical areas that were simple, mainstream, and non-controversial. In primary care, they started with the clinical areas of antibiotic overuse for upper respiratory infections (URI) and the overuse of Pap tests. Antibiotic use for URI was a particularly easy win because there is professional consensus around the need to reduce antibiotic overuse. Emergency department, urgent care, and neurology clinics began with the Choosing Wisely clinical area of imaging for headaches. Having a focus, rather than trying to address a myriad of targets, was important for initial implementation and sustainability.

Group Health has a significant online presence, with nearly 70 percent of patient touches occurring through the patient portal or by phone. They leveraged this resource by embedding a patient-friendly Choosing Wisely microsite co-branded with Consumer Reports. Patients can access the microsite from the Group Health patient portal or website. Many clinics also hand out printed materials from Consumer Reports Health, such as visual aids that explain the duration of URI symptoms.

Group Health also has a comprehensive approach to the use of shared decision-making for preference-sensitive surgical conditions, such as joint replacement, back surgery, prostate surgery, and benign uterine conditions. This approach uses video decision aids as a foundation for better conversations between patients and clinicians. Often patients desire less medical care after viewing the videos.

To hardwire Choosing Wisely into the workflow, practices piloted a new process that emphasized handing educational materials directly to the patient rather than just displaying them in the exam room. Medical assistants and nurses received basic suggested scripts to help them discuss the materials with patients during
the rooming process. Messages with talking points about URI and antibiotic use were sent to staff to reinforce guidelines.

To address overuse of Pap tests, Group Health added an innovation to their workflow: an electronic trigger tool that flags Pap test orders that are clinically inappropriate. A note is sent to the clinician if they’ve ordered an inappropriate Pap test. This note contains a clinical pearl along with key messages to help the clinician explain to patients why a Pap test is not recommended. Clinicians receive an email within a week of ordering Pap tests too frequently. This tool provides near immediate feedback and since its introduction, Group Health has observed a 25 percent reduction in the number of Pap tests performed. Group Health hopes that Choosing Wisely approaches will be ingrained in how clinicians practice, making the use of trigger tools on certain topics unnecessary over time.

As part of implementing Choosing Wisely, clinicians also adjusted their approach to conversations with patients. They began listening with empathy and granting grace. This entails clinicians acknowledging symptoms, demonstrating empathy, and asking what they can do to manage a patient’s discomfort as opposed to telling the patient what cannot be done. At Group Health, Choosing Wisely is not viewed as a restriction on practice but as a mechanism to help clinicians focus on patient-centered and safer care.

Overall, prescribing rates are lower and patients are having better experiences in the exam room. Group Health has observed a 33 percent decrease in inappropriate Pap tests and inappropriate imaging for headache. Data is transparently reported so that clinicians can discuss the results with their peers to better understand variability.

Group Health was impressed by several of the unexpected benefits of using Choosing Wisely Consumer Reports Health materials. They felt the patient-friendly materials were better than anything they could have created themselves, which was both a surprise and a delight. They also underestimated the joy that gathering clinicians to talk about clinical medicine would bring to teams. This created a positive feedback loop and improved practice culture. Clinicians reaffirmed how satisfying it was to celebrate successes through sharing patient stories and rejoicing in individual accomplishments, holding them up as heroes to the group.

The next phase is to spread Choosing Wisely to Group Health oncology practices to support decision-making on advanced care planning and the use of chemotherapy at the end of life. In addition, the recommendations will be used to target the overuse of imaging studies in a variety of clinical settings.

Learning Objectives

1. Explain the aim of Choosing Wisely® and its impact on delivering more effective patient care
2. Identify ways to engage practitioners, providers, clinical support staff, and patients in the Choosing Wisely® patient-centered care approach
3. Explain the importance of an implementation plan for Choosing Wisely® within your practice
4. Discuss the importance of using Choosing Wisely® data to track performance improvement

Article Information

AMA CME Accreditation Information

Credit Designation Statement: The American Medical Association designates this enduring material activity for a maximum of .50 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Disclaimer: The project described was supported by Funding Opportunity Number CMS-1L1-15-002 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

ABMS MOC Statement: Through the American Board of Medical Specialties (“ABMS”) ongoing commitment to increase access to practice relevant Maintenance of Certification (“MOC”) Activities, this activity has met the requirements as an MOC Part II CME Activity. Please review the ABMS Continuing Certification Directory to see what ABMS Member Boards have accepted this activity.

Additional Information: About the AMA Professional Satisfaction and Practice Sustainability Group: The AMA Professional Satisfaction and Practice Sustainability group has been tasked with developing and promoting innovative strategies that create sustainable practices. Leveraging findings from the 2013 AMA/RAND Health study, “Factors affecting physician professional satisfaction and their implications for patient care, health systems and health policy,” and other research sources, the group developed a series of practice transformation strategies. Each has the potential to reduce or eliminate inefficiency in broader office-based physician practices and improve health outcomes, increase operational productivity and reduce health care costs.

Renewal Date: August 22, 2019

Disclosure Statement:

Unless noted, all individuals in control of content reported no relevant financial relationships.

References