Are You Choosing Wisely in Your Professional Practice?

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To enhance the value of care provided to Americans, the American Board of Internal Medicine and Consumer Reports launched the Choosing Wisely® initiative in 2012. Choosing Wisely educates providers and patients about high-frequency, low-value care practices that can be avoided to decrease cost and increase the value of health care. The Oncology Nursing Society collaborated with the American Academy of Nursing to add the first-ever nursing-focused list to those previously submitted by more than 70 specialty societies.

At a Glance
• The Choosing Wisely initiative offers national healthcare specialty organizations the opportunity to specify which low-value practices to avoid to help promote high-quality patient care.
• More than 70 specialty organizations and more than 30 consumer groups have signed on to develop and disseminate these recommendations.
• Provider and patient education and communication are essential to promote implementation of these recommendations across care settings and specialties.

Recognizing the Need

Most clinical practice guidelines focus recommendations on best practices to be included when providing care to patients. Since 2012, the American Board of Internal Medicine’s (ABIM’s) Choosing Wisely® initiative (www.choosingwisely.org) has worked to help providers understand which outdated care practices they should not offer. Inspired by a challenge issued in an editorial in the New England Journal of Medicine to specialty societies to identify their top five frequently offered but low-value services (Brody, 2010), the ABIM Foundation partnered with Consumer Reports to launch Choosing Wisely. By offering professional organizations the opportunity to self-identify areas for improved stewardship of finite resources based on their own review of available evidence, the initiative has grown steadily from participation by nine original specialty societies to include collaborations with more than 70 organizations by the end of 2015. It offers resources in clinician- and patient-friendly language.

The Robert Wood Johnson Foundation sponsored a telephone-based survey conducted in the winter of 2014 to assess the perceptions of a nationally representative sample of 600 practicing physicians in the United States regarding the potential to reduce overuse of low-value services. Almost 75% of respondents noted a serious problem regarding the frequency of unnecessary diagnostic tests or procedures, 58% felt that they were best positioned to address the problem, and 15% believed that responsibility should rest with the government (ABIM Foundation, 2014). Almost half of the respondents reported that they received a request from a patient at least once a week to order an unnecessary test or procedure. Although 70% of physicians in that position felt that communication with these patients about why the service is not indicated often convinces the patient to withdraw the request, about half reported that they would still order the test or service if the patient insisted, despite recognizing it as unnecessary (ABIM Foundation, 2014).

To help counter pressure originating from patients who request low-value services, the ABIM worked with Consumer Reports from the outset of the initiative to engage and educate patients about how to make evidence-based treatment choices. A key aspect of the initiative is focused on promoting open communication about the value of medical services and how providers and patients jointly can evaluate care planning options. The ABIM Foundation worked with Drexel University to create free, interactive, provider-focused modules intended to educate about the initiative, enhance skills and provide talking points on how to elicit patient concerns and beliefs, provide empathy, and overcome barriers when talking with patients about low-value care choices. For patients, printable, plain-language versions of many of the clinician-focused items on the specialty society lists are available (ABIM...
Initiative in Use

To date, the Choosing Wisely campaign has not generated negative publicity regarding care rationing as some other efforts inadvertently have, but the program and its effects are under scrutiny. Morden, Colla, Sequist, and Rosenthal (2014) commented on the initiative and challenges of specialty societies to determine which practices meet the campaign’s targets of high-frequency, low-value services but do not negatively affect fee-for-service revenue streams. They noted that many organizations targeted services provided by other specialties as those to be reduced. For example, four of the five recommendations from the American College of Physicians involved avoidance of inappropriate radiology testing. However, the Society for General Internal Medicine was highlighted for recommending avoidance of annual physicals in asymptomatic adults because of lack of evidence illustrating subsequent reductions in morbidity or mortality. In addition, the American College of Radiology and American Society of Clinical Pathology’s lists focused exclusively on their own specialty services (Morden et al., 2014).

To track early impact of the initiative, claims data derived from more than 25 million members of Anthem Blue Cross and Blue Shield health plans were reviewed to assess changes in use since the Choosing Wisely campaign began. Seven low-value services (headache and low back imaging, cardiac testing, human papilloma virus [HPV] testing in young women, preoperative chest X-rays, antibiotics for uncomplicated sinusitis, and inappropriate nonsteroidal anti-inflammatory drug [NSAID] use) were selected and tracked from 2010 to the end of 2013. Rosenberg et al. (2015) found statistically significant reductions in the frequency of imaging tests for headache from 14.9% to 13.4% (trend estimate = 0.99, 95% confidence interval [CI] [0.98, 0.99], p < 0.001) and cardiac testing for low-risk patients from 10.8% to 9.7% (trend estimate = 0.99, 95% CI [0.99, 0.99], p < 0.001). They also noted that, clinically, these effects were modest and due, in part, to the large sample size in the study. Two items increased significantly in frequency of use; HPV testing rates increased from 4.8% to 6% (trend estimate = 1.01, 95% CI [1.00, 1.01], p < 0.001), and NSAID use increased from 14.4% to 16.2% (trend estimate = 1.02, 95% CI [1.01, 1.02], p < 0.001). The frequency of use of other items did not change. The study team concluded that additional surveillance of trends and a wider variety of active implementation efforts aimed at prescribing clinicians are needed to create meaningful practice changes (Rosenberg et al., 2015).

Choosing Wisely in Cancer Care

Several oncology specialty societies have contributed lists to the initiative, including the American Society of Clinical Oncology, Society of Gynecologic Oncology, American Society for Therapeutic Radiation Oncology, and Commission on Cancer. Many recommendations focus on appropriate use of cancer screening and other diagnostic tests and procedures, as well as choosing effective anticancer therapies based on specific patient and tumor characteristics. The Oncology Nursing Society (ONS) collaborated with the American Academy of Nursing (AAN) to add to the initiative the first-ever list of 10 things nurses and patients should question (ABIM Foundation, 2015a). Using evidence from the ONS Putting Evidence Into Practice resources, 5 of the 10 AAN items are specific to cancer care. These include:

- Do not use L-carnitine/acetyl-L-carnitine supplements to prevent or treat radiodermatitis.
- Do not use L-carnitine/acetyl-L-carnitine to prevent or treat peripheral neuropathy in patients receiving chemotherapy for treatment of cancer.
- Do not neglect to advise patients with cancer to get physical activity and exercise during and after treatment to manage fatigue and other symptoms.
- Do not use mixed medication mouthwash, commonly termed magic mouthwash, to prevent or manage cancer treatment–induced oral mucositis.
- Do not administer supplemental oxygen to relieve dyspnea in patients with cancer who do not have hypoxia.

Items targeted on the Choosing Wisely lists are not necessarily useless, and not every provider who orders them may be choosing poorly. As with any clinical practice guideline, taking some time to review the rationale behind the recommendation and to understand when a service that is appropriate for one population is not of value to another group makes all the difference. By contributing to the initiative, the nursing profession has demonstrated one more way in which it promotes meaningful, patient-centered care. Now nurses, as individuals, must put these recommendations into practice every day.

References


