

The Choosing Wisely® Campaign

Richard Baron, MD
President and CEO
ABIM Foundation

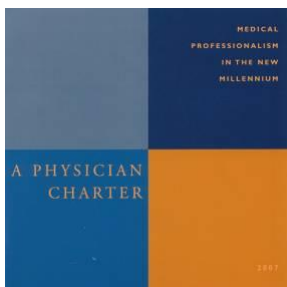
www.choosingwisely.org



510 Walnut Street | Suite 1700
Philadelphia, PA 19106-3699
215.446.3330 | 1.800.441.2246 x 3530
www.abimfoundation.org



ABIM Foundation/ACP Foundation/EFIM Physician Charter



Fundamental Principles

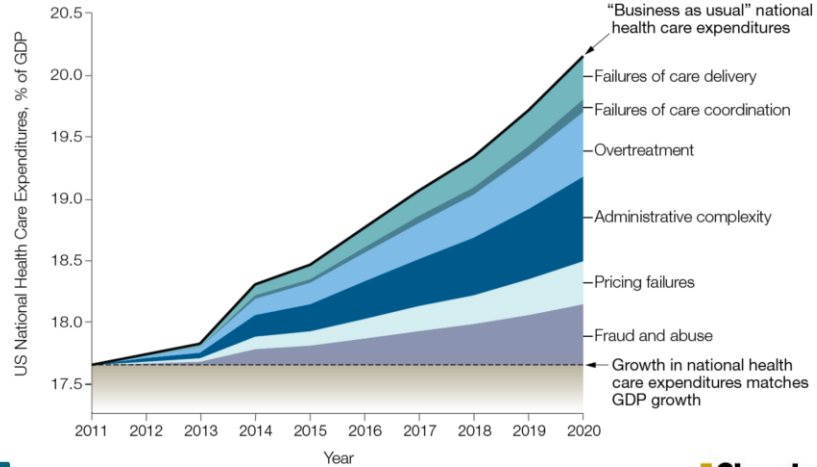
- Primacy of patient welfare
- Patient autonomy
- Social justice

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



From: Eliminating Waste in US Health Care



Donald M. Berwick, MD, MPP; Andrew D. Hackbarth, MPhil
 JAMA. 2012;307(14):1513-1516. doi:10.1001/jama.2012.362



JAMA The Journal of the American Medical Association

Original Investigation

Views of US Physicians About Controlling Health Care Costs

Jon C. Tilburt, MD, MPH; Matthew K. Wynia, MD, MPH; Robert D. Sheeler, MD; Bjorg Thorsteinsdottir, MD; Katherine M. James, MPH; Jason S. Egginton, MPH; Mark Liebow, MD, MPH; Samia Hurst, MD; Marion Danis, MD, MPH; Susan Dorr Goold, MD, MHA, MA

According to the results of a survey of more than 2,400 physicians, when asked who has a “major responsibility” for controlling health care costs,

- 60% of surveyed physicians believe that trial lawyers do;
- 59% believe that health insurance companies do;
- 56% believe hospitals and health systems do;
- 56% also believe pharmaceutical and device manufacturers do;
- 52% believe patients do; and,
- 44% believe government does.

36% reported that practicing physicians have “major responsibility.”





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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ONLINE FIRST | LESS IS MORE

The “Top 5” Lists in Primary Care

Meeting the Responsibility of Professionalism

The Good Stewardship Working Group



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.



Components of the Campaign

- **Messengers and Collaborators**
 - 58 specialty societies and Consumer Reports—and growing. 23 grantees and learning network supported by Robert Wood Johnson Foundation.
- **Communicate Messages**
 - Specialty societies, Consumer Reports, consumer organizations and ABIM Foundation
- **Activate**
 - Concrete action around unnecessary tests and procedures



Activating Professionalism

Societies were free to determine the process for creating their lists with the following requirements:

- Each item was within the specialty's purview and control
- Procedures should be used frequently and/or carry a significant cost
- Should be generally-accepted evidence to support each recommendation
- Process should be thoroughly documented and publicly available upon request



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 in Late in 2013 and Early 2014

- American Academy of Clinical Toxicology
- American Academy of Dermatology
- American Academy of Family Physicians
- American Academy of Neurosurgery
- American Academy of Orthopaedic Surgeons
- American Association of Blood Banks
- American Association of Clinical Endocrinologists
- American Association for Pediatric Ophthalmology and Strabismus
- American College of Chest Physicians
- American College of Emergency Physicians
- American College of Medical Toxicology
- American College of Occupational and Environmental Medicine
- American College of Rheumatology
- American College of Surgeons
- American Geriatrics Society
- American Headache Society
- AMDA—Dedicated to Long Term Care Medicine
- American Psychiatric Association
- American Society of Anesthesiologists
- American Society of Clinical Oncology
- American Society of Colon and Rectal Surgeons
- American Society of Hematology
- American Society of Plastic Surgeons
- American Society for Radiation Oncology
- American Society for Reproductive Medicine
- American Thoracic Society
- Commission on Cancer
- The Endocrine Society
- Heart Rhythm Society
- North American Spine Society
- Society for Cardiovascular Angiography and Interventions
- Society of Cardiovascular Magnetic Resonance
- Society of Critical Care Medicine
- Society of General Internal Medicine
- Society of Gynecologic Oncology
- Society for Maternal-Fetal Medicine



Consumer Groups Through Partnership with Consumer Reports

- AARP
- Alliance Health Networks
- Covered California
- 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
- Puget Sound Health Alliance
- SEIU
- Union Plus
- Univision (with HolaDoctor)
- Washington State Medical Association
- The Wikipedia Community



An initiative of the ABIM Foundation

American Society of Clinical Oncology



American Society of Clinical Oncology

Five Things Physicians and Patients Should Question

The American Society of Clinical Oncology (ASCO) is a medical professional oncology society committed to improving cancer through research, education, prevention, and delivery of high-quality patient care. ASCO recognizes the importance of evidence-based cancer care and making wise choices in the diagnosis and management of patients with cancer. After careful consideration by experienced oncologists, ASCO highlights five categories of tests, procedures and/or treatments whose common use and clinical value are not supported by available evidence. These tests and treatment options should not be administered unless the physician and patient have carefully considered if their use is appropriate in the individual case. As an example, when a patient is enrolled in a clinical trial, these tests, treatments, and procedures may be part of the trial protocol and therefore deemed necessary for the patient's participation in the trial.

1 Don't use cancer-directed therapy for solid tumor patients with the following characteristics: low performance status (3 or 4), no benefit from prior evidence-based interventions, not eligible for a clinical trial, and no strong evidence supporting the clinical value of further anti-cancer treatment.

- Studies show that cancer directed treatments are likely to be ineffective for solid tumor patients who meet the above stated criteria.
- Exceptions include patients with functional limitations due to other conditions resulting in a low performance status or those with disease characteristics (e.g., metastases) that suggest a high likelihood of response to therapy.
- Implementation of this approach should be accompanied with appropriate palliative and supportive care.

2 Don't perform PET, CT, and radionuclide bone scans in the staging of early prostate cancer at low risk for metastasis.

- Imaging with PET, CT, or radionuclide bone scans can be useful in the staging of specific cancer types. However, these tests are often used in the staging evaluation of low-risk cancers, despite a lack of evidence suggesting they improve detection of metastatic disease or survival.
- Evidence does not support the use of these scans for staging of newly diagnosed low-grade carcinoma of the prostate (stage T1cT2a, prostate-specific antigen [PSA] <10 ng/mL, Gleason score less than or equal to 6) with low risk of distant metastases.
- Unnecessary imaging can lead to harm through unnecessary invasive procedures, over treatment, unnecessary radiation exposure, and misdiagnosis.

3 Don't perform PET, CT, and radionuclide bone scans in the staging of early breast cancer at low risk for metastasis.

- Imaging with PET, CT, or radionuclide bone scans can be useful in the staging of specific cancer types. However, these tests are often used in the staging evaluation of low-risk cancers, despite a lack of evidence suggesting they improve detection of metastatic disease or survival.
- In breast cancer, for example, there is a lack of evidence demonstrating a benefit for the use of PET, CT, or radionuclide bone scans in asymptomatic individuals with newly identified ductal carcinoma in situ (DCIS), or clinical stage I or II disease.
- Unnecessary imaging can lead to harm through unnecessary invasive procedures, over treatment, unnecessary radiation exposure, and misdiagnosis.

4 Don't perform surveillance testing (biomarkers) or imaging (PET, CT, and radionuclide bone scans) for asymptomatic individuals who have been treated for breast cancer with curative intent.

- Surveillance testing with serum tumor markers or imaging has been shown to have clinical value for certain cancers (e.g., colonecty), however for breast cancer that has been treated with curative intent, several studies have shown there is no benefit from routine imaging or serial measurement of serum tumor markers in asymptomatic patients.
- False-positive tests can lead to harm through unnecessary invasive procedures, over treatment, unnecessary radiation exposure, and misdiagnosis.

5 Don't use white cell stimulating factors for primary prevention of febrile neutropenia for patients with less than 20 percent risk for this complication.

- ASCO guidelines recommend using white cell-stimulating factors when the risk of febrile neutropenia, secondary to a recommended chemotherapy regimen, is approximately 20 percent and equally effective treatment programs that do not require white cell-stimulating factors are unavailable.
- Exceptions should be made when using regimens that have a lower chance of causing febrile neutropenia if it is determined that the patient is at high risk for this complication (due to age, medical history, or disease characteristics).





Hard decisions about cancer

5 tests and treatments to question

When the diagnosis is cancer, many people understandably want to pull out all the stops to treat it. But some tests, treatments, and procedures are not only unnecessary, they can even prove harmful.

"Sometimes less really is more," says Lowell Schnipper, M.D., clinical director of the Cancer Center and chief of oncology and hematology at Beth Israel Deaconess Medical Center in Boston. "It's important to assess if what you are doing will help you stay well longer."

Schnipper heads a task force convened by the American Society of Clinical Oncology (ASCO), a professional group dedicated to cancer care and research, that identified five tests and treatments that are not supported by evidence for most patients. That means you should generally avoid them unless you and your doctor jointly decide they are appropriate in your case.

"This is not a never list," says Doug Blayney, M.D., medical director at Stanford University Cancer Institute in Stanford, Calif., past president of ASCO, and also a member of the task force. "It's a tool to help you discuss options with your provider and choose wisely among them."



1 Cancer treatments at the end of life

Sometimes, even with the best possible care, cancer continues to spread. The question then becomes, "What next?" The decision to stop therapy aimed to cure cancer is hard, but shift-



Choosing Wisely in the Media





Donald M. Berwick, MD

CEO, Institute for Healthcare Improvement; Senior Fellow, Center for American Progress

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"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.



For more information

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



Thank you

