What is unique about Choosing Wisely®?

• Clinician led
• Bottom up approach
• Focused on common clinical conditions
• Both primary care and specialties
• Simple
• Remarkably rapid uptake
Choosing Wisely Canada (CWC) is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.
Facts

• Choosing Wisely® campaign began in 2012 in US; 70 medical societies are participating
• Choosing Wisely Canada launched in April 2014
• More than 45 national specialty societies engaged
• Choosing Wisely® efforts are also present in countries like Australia, Denmark, England, France, Germany, Israel, Italy, Japan, Netherlands, New Zealand, South Korea, Switzerland, Wales, Brazil.

## Campaign approach

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Activities</th>
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<tbody>
<tr>
<td>Physicians</td>
<td>• Societies develop lists</td>
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<tr>
<td></td>
<td>• Disseminate through multiple channels</td>
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<tr>
<td>Patients</td>
<td>• Develop patient materials</td>
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<tr>
<td></td>
<td>• Disseminate broadly through multiple channels</td>
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<td>Media</td>
<td>• Coordinated approach toward media</td>
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<tr>
<td></td>
<td>• Multiple voices, a common message</td>
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<tr>
<td>Stakeholders</td>
<td>• Work through health care stakeholder organizations to implement and support adoption</td>
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</table>
1. Don't do imaging for lower-back pain unless red flags are present.
Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the lower spine before six weeks does not improve outcomes.

2. Don't use antibiotics for upper respiratory infections that are likely viral in origin, such as influenza-like illness, or self-limiting, such as sinus infections of less than seven days of duration.
Bacterial infections of the respiratory tract, when they do occur, are generally a secondary problem caused by complications from viral infections such as influenza. While it is often difficult to distinguish bacterial from viral sinusitis, nearly all cases are viral. Though cases of bacterial sinusitis can benefit from antibiotics, evidence of such cases does not typically surface until after at least seven days of illness. Not only are antibiotics rarely indicated for upper respiratory illnesses, but some patients experience adverse effects from such medications.

3. Don't screen women with Pap smears if under 21 years of age or over 69 years of age.
- Don't do screening Pap smears annually in women with previously normal results.
- Don't do Pap smears in women who have had a hysterectomy for non-malignant disease.

The potential harm from screening women younger than 21 years of age outweighs the benefits and there is little evidence to suggest the necessity of conducting this test annually when previous test results were normal. Women who have had a full hysterectomy for benign disorders no longer require this screening. Screening should stop at age 70 if three previous test results were normal.

4. Don't do annual screening blood tests unless directly indicated by the risk profile of the patient.
There is little evidence to indicate there is value in routine blood tests in asymptomatic patients. Instead, this practice is more likely to produce false positive results that may lead to additional unnecessary testing. The decision to perform screening tests, and the selection of which tests to perform, should be done with careful consideration of the patient's age, sex and any possible risk factors.

5. Don't routinely measure Vitamin D in low risk adults.
Because Canada is located above the 36th North latitude, the average Canadian's exposure to sunlight is insufficient to maintain adequate Vitamin D levels, especially during the winter. Therefore, measuring serum 25-hydroxyvitamin D levels is not necessary because routine supplementation with Vitamin D is appropriate for the general population. An exception is needed for measuring Vitamin D levels in patients with significant renal or metabolic disease.

6. Don't do screening mammography for low risk women aged 40-49.
If other factors assessing women less than 60 years of age, their risk profile for breast cancer is low, the benefit of screening mammography is also quite low. Furthermore, for this age group there is a greater risk of a false-positive and consequently underlying unnecessary or harmful follow-up procedures.
Choosing Wisely Canada is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smarter and more effective choices to ensure high-quality care.

For more information on Choosing Wisely Canada or to see other patient materials, visit www.choosingwiselycanada.org.

Join the conversation on Twitter at @ChooseWiseCA.

Imaging tests for lower back pain

When you need them—and when you don’t

Back pain can be excruciating. So it seems that getting an X-ray, CT scan, or MRI to find the cause would be a good idea. But that’s usually not the case, at least at first. Here’s why:

They don’t help you get better faster. Most people with lower back pain feel better in about a month whether they get an imaging test or not. In fact, those tests can lead to additional procedures that complicate recovery. For example, one large study of people with back pain found that those who had imaging tests soon after reporting the problem fared no better and sometimes did worse than people who took simple steps like applying heat, staying active, and taking an over-the-counter (OTC) pain reliever. Another study found that back pain sufferers who had an MRI in the first month were eight times more likely to have surgery, but didn’t recover faster.

They can pose risks. X-rays and CT scans expose you to radiation, which can increase cancer risk. While back x-rays deliver less radiation, they still can give 75 times more radiation than a chest x-ray. That’s especially worrisome to men and women of childbearing age, because x-rays and CT scans of the lower back can cause testicles and ovaries to radiation. Furthermore, the tests often reveal spinal abnormalities that could be completely unrelated to the pain. Those findings can cause needless worry and lead to unnecessary follow-up tests and procedures such as injections or sometimes even surgery.

When do imaging tests make sense?

It can be a good idea to get an imaging test right away if you have signs of severe or worsening nerve damage, or a serious underlying problem such as cancer or a spinal infection. “Red flags” that can alert your doctor that imaging may be worthwhile include:

- A history of cancer.
- Unexplained weight loss.
- Fever.
- Recent infection.
- Loss of bowel or bladder control.
- Abnormal reflexes, or loss of muscle power or feeling in the legs.

If none of these additional symptoms is present, you probably don’t need an imaging test for at least several weeks after the onset of your back pain, and only after you’ve tried the self-care measures described at right.
# The Implementation Spectrum

<table>
<thead>
<tr>
<th>ENGAGEMENT &amp; EDUCATION</th>
<th>QUALITY IMPROVEMENT</th>
<th>HARD CODING</th>
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</thead>
<tbody>
<tr>
<td>☐ Leadership engagement</td>
<td>☐ QI projects</td>
<td>☐ Policy changes</td>
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<tr>
<td>☐ Physician education</td>
<td>☐ Measurement</td>
<td>☐ EMR/CPOE integration</td>
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<tr>
<td>☐ Patient education</td>
<td>☐ Audit and feedback</td>
<td>☐ Order set changes</td>
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</table>

- Leadership engagement
- Physician education
- Patient education
- QI projects
- Measurement
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- Order set changes
Cedars-Sinai Blind Spot Monitor: CW Embedded in CPOE

BestPractice Advisory - Wellington, Diana

Choosing Wisely (1 Advisory)

Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium. (American Geriatrics Society)1,2,3

Acknowledge reason:

- Failed non-drug options and first-line d...
- Withdrawal / delirium tremens
- Seizure disorder
- Severe / refractory GAD
- Periprocedural anesthesia
- End-of-life care
- Rapid eye movement sleep disorders
- Other (please specify)

Choosing Wisely: American Geriatrics Society

Accept & Stay  Accept  Cancel
# Impact Analysis

<table>
<thead>
<tr>
<th></th>
<th>Pre Intervention</th>
<th>Post Intervention</th>
<th>% change</th>
<th>p-value</th>
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<tbody>
<tr>
<td></td>
<td>Jan 1 – Sep 9</td>
<td>Sep 10 – Nov 25</td>
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<tr>
<td>Antipsychotics</td>
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<tr>
<td>Patients ≥ 70</td>
<td>203</td>
<td>166</td>
<td>-18.2%</td>
<td>&lt;0.001</td>
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<tr>
<td>Benzo-Sedatives</td>
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<td></td>
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<tr>
<td>Patients ≥ 65</td>
<td>133</td>
<td>116</td>
<td>-12.5%</td>
<td>&lt;0.001</td>
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<tr>
<td>Butalbital</td>
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<tr>
<td>Adults</td>
<td>4.13</td>
<td>3.58</td>
<td>-13.3%</td>
<td>&lt;0.04</td>
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<tr>
<td>Vitamin-D levels</td>
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<tr>
<td></td>
<td>322</td>
<td>286</td>
<td>-13.7%</td>
<td>&lt;0.001</td>
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</table>

Rates per 10,000 encounters
Choosing Wisely NYGH

The right test at the right time improves the patient experience.

Learn More

www.ChoosingWiselyCanada.org
@ChooseWiselyCA
Ask jane.snyder@nygh.on.ca / ext: 6547
Emergency Department Initial Impact Analysis

Overall Total Test Reduction

- There has been a 41% decline in the number of Tests pre- and post-program implementation
  - 35% fewer patients received any testing in the ED since the Choosing Wisely intervention
  - Tests per unique visit reduced from 8.4 tests/visit to 7.6 tests/visit - the graphs below show the top 10 reductions

- The analysis compares the Sept. 15th – Nov. 21st period in 2013 vs. 2014 (10 Weeks)

Top 10 Total Test Reductions

- PT: 3029Before, 1348After, -51.1%
- CK: 3110Before, 1639After, -46.3%
- MTROT: 3136Before, 1659After, -45.9%
- BUR: 6712Before, 4111After, -38.9%
- BGL: 6699Before, 4115After, -38.3%
- LYN: 6707Before, 4123After, -38.6%
- CRET: 6710Before, 4135After, -36.6%
- CBC: 6863Before, 4260After, -38.2%
- UMIC: 2397Before, 1811After, -22.7%
- UMAC: 2397Before, 1818After, -22.6%

Logo:
NORTH YORK GENERAL
Making a World of Difference
Slide and Data Analyses by Alvin Rajkomar, MD
Imaging for uncomplicated headache

Choosing Wisely recommendation: Don’t do imaging for uncomplicated headache provided by the American College of Radiology

Statewide, all-payer results: 25%

Commercial average: 22%

Medicaid average: 30%
# Measurement Framework

<table>
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<tr>
<th>Provider attitudes &amp; awareness</th>
<th>Short term</th>
<th>Medium term</th>
<th>Long term</th>
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<tbody>
<tr>
<td>Survey of baseline attitudes</td>
<td></td>
<td>Repeat surveys to assess change</td>
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<tr>
<td>Structured interviews</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider behaviours: overuse of low value services</th>
<th>Short term</th>
<th>Medium term</th>
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</thead>
<tbody>
<tr>
<td>Measure rates of low value services</td>
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<tr>
<td>Administrative databases</td>
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<tr>
<td>Electronic medical records/ chart data</td>
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<tr>
<th>Patient perceptions &amp; outcomes</th>
<th>Short term</th>
<th>Medium term</th>
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</thead>
<tbody>
<tr>
<td>Patient reported experience measures (PREMs)</td>
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<tr>
<td>Validated PREMs</td>
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Physician Attitudes & Awareness

- Agree/strongly agree that patients drive inappropriate use of services
- Agree/strongly agree patients will benefit from CW recommendations
- Agree/strongly agree that primary responsibility for ordering rests with physicians
- At least somewhat familiar with CW

[Bar chart showing responses for Ontario Family Physicians and Canadian Cardiologists]
Patient Attitudes & Awareness

Ipsos Reid (2015). Awareness and Attitudes towards Choosing Wisely Campaign.

- Aware of CWC
- Believe 1/3 of care is unnecessary
- Patients drive overuse more than physicians
- Patients need more decision support
- Physician has primary responsibility
Patient Attitudes & Awareness

Has a doctor ever recommended a test or treatment that you did not feel was necessary for your health?

- Yes: 24%
- No: 76%

How did you respond (to what you thought was unnecessary treatment)?

- I asked my doctor why she or he felt the test or treatment was necessary: 44%
- I ignored my doctor's advice, but did not discuss it with him or her: 31%
- I took the test or treatment without discussing it with the doctor, even though I felt it was unnecessary: 25%
Challenges of using administrative data for Choosing Wisely Canada:

• Administrative data lacks clinical detail
  • Defining ‘low risk’
  • Cannot assess the appropriateness of individual services

• Sensitivity/specificity trade-off

• Data definitions need to be standardized so they can be comparable

• Ideal rates (goals for implementation efforts) not known

• What about un-intended consequences?

• Lag time between data availability and implementation
Don’t routinely perform preoperative testing (such as chest X-rays, echocardiograms, or cardiac stress tests) for patients undergoing low risk surgeries.
Preoperative Testing during the Preoperative Month as Compared with Baseline

Don’t use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia

[BUT in Canada 30.2% of residents in long term care have this prescribed]
Future Directions

• The clinical campaign is growing in multiple countries—some are just creating lists, others are implementing
• Efforts to implement and measure change will grow
• Increasingly embedded in medical education
• We hope to work with the OECD to measure and compare across countries