

Action Brief

CHOOSING WISELY[®]

PUTTING CARE BACK IN THE HANDS OF DOCTORS AND PATIENTS

Reducing overuse and unnecessary – even harmful – care is ripe for employer intervention

ACTION STEPS FOR EMPLOYERS

- ▶ Become familiar with the *Choosing Wisely* initiative and educate employees during open enrollment, lunch-and-learn, and via other communication channels.
- ▶ Offer the Five Questions wallet card and consumer brochures online. Promote the *Choosing Wisely* app.
- ▶ Examine data for commonly over-prescribed procedures (i.e. imaging), dollars spent, and opportunities to reduce unnecessary utilization.
- ▶ Work with consultants, health plans, and other vendors to develop a strategy for influencing change (e.g., appropriate utilization management for low-value tests and procedures; reaching out to providers with high rates of inappropriate imaging).
- ▶ Consider value-based insurance design strategies such as increasing co-pays for low-value tests.

One in every three dollars spent on healthcare in the U.S. is estimated to be for low-value health care services, resulting in a system that is wasting as much as \$750 billion annually. This includes care that is clinically unnecessary, duplicative, or delivered in costly settings.

Despite the monolithic maze of a system that confounds even the most savvy among us, a beacon for employers, employees, and health care providers is the *Choosing Wisely*[®] initiative. Launched in 2012, *Choosing Wisely* provides information and tools that improve doctor-patient communications, and support the health plan and benefit manager's fiduciary responsibility to address unnecessary care and seek ways to improve quality, safety and efficiency.

WHAT IS THE CHOOSING WISELY INITIATIVE?

Choosing Wisely was developed by the ABIM Foundation, a supporting organization of the American Board of Internal Medicine, to “advance a national dialogue on avoiding unnecessary medical tests, treatments and procedures.” It encourages and eases conversations between doctors and patients that lead to non-duplicative services supported by evidence, free from harm, and truly necessary.

More than 80 specialty societies have committed to working on reducing unnecessary healthcare and contributed



to the initiative thus far by developing lists of identified services their specialty delivers that are being done too often, are not clinically indicated, can add significantly to the cost of care, and/or are unlikely to change the patient's

Experts estimate that the U.S. may be wasting one-third of the money spent on healthcare, or about \$750 billion annually.

outcome. *Choosing Wisely* includes medical and surgical specialty societies, as well as behavioral health, pharmacy, nursing, and other clinical societies.

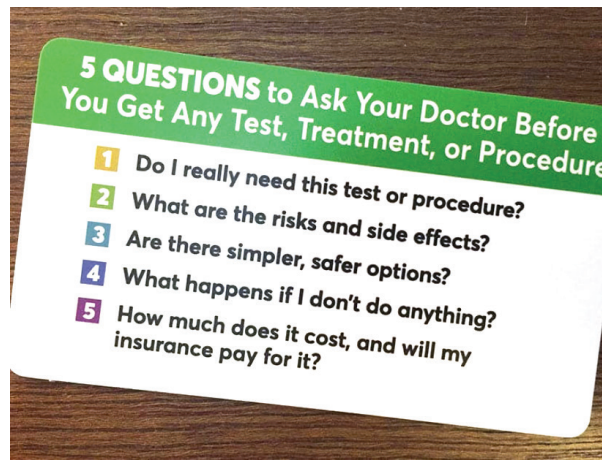
5 QUESTIONS TO ASK YOUR DOCTOR

Developed to stimulate conversation between patients and their providers, the *Choosing Wisely* “5 Questions” tool is available as a one-page flyer and wallet-size card. It helps patients structure conversations with their doctors that are collaborative, rather than challenging or threatening.

WHEN LESS IS MORE: REDUCING UNNECESSARY IMAGING

Radiologic imaging tests present one of the largest opportunities for reducing overuse and improving care quality and safety. A 2017 review of the 77 *Choosing Wisely* professional society lists [Levin, 2017] found that 54 contained at least one imaging test or procedure. A total of 103 unique tests were identified across the lists, once duplicates were eliminated. The American College of Radiology has recognized the need to address appropriateness of testing, and has created the Radiology Support, Communication and Alignment Network (R-SCAN) to engage radiologists in implementing *Choosing Wisely* principles.

First Do No Harm, a 2018 report from the Washington Health Alliance, spotlights the need to address unnecessary spending, including overuse of imaging tests. Using the Milliman MedInsight Health Waste Calculator, the Washington Health Alliance estimated that 36% of total spending for the statewide claims examined for 47 common tests and treatments was attributable to low-value services. Just 11 of these 47 services accounted for 93% of the service volume, and 89% of total estimated expenditures. By way of example, three of the 11 were imaging services for:



► **Uncomplicated low back pain**

in the first six weeks: What the American Academy of Family Physicians includes on its *Choosing Wisely* list:

- ▷ ***Don't do imaging for low back pain within the first six weeks 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 but does increase costs. Low back pain is the fifth most common reason for all physician visits.

The companion educational piece for patients can be found here. It explains in consumer-friendly terms that most imaging tests are not needed, are unlikely to change the outcome, are potentially harmful, and are costly.

► **Uncomplicated headache:** What the American Headache Society and the American College of Radiology includes on their *Choosing Wisely* lists:

- ▷ ***Don't do imaging for uncomplicated headache.*** Imaging headache patients without specific risk factors for structural brain disease is not likely to change management or improve outcome. Those patients with a significant likelihood

of structural disease requiring immediate attention are detected by clinical evaluation. Many studies and clinical practice guidelines concur. Also, incidental findings on imaging can lead to lead to additional medical procedures and expense that do not improve patient wellbeing.

An independent evaluation commissioned by the ABIM Foundation and conducted by the Institute for Clinical and Economic Review (ICER) examined the evidence to support this recommendation. The report concludes that there is substantial overuse of imaging for routine headache, substantial opportunity to leverage improvement through *Choosing Wisely* and policy initiatives, and substantial opportunity for cost savings. The companion piece for patients can be found here.

► **Eye disease:** What the American Academy of Ophthalmology includes on its *Choosing Wisely* list:

“A number of our coalitions have long promoted *Choosing Wisely* as it offers a number of tools employers can use to support their workforce to better partner with their doctor. *Choosing Wisely* enables a return to value-based care that focuses on the physical, mental, emotional and financial needs of the patient. It's not about denying care; it's about getting to the right care.”

— Michael Thompson,
President and CEO
National Alliance

▶ **Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease.** If patients do not have symptoms or signs of significant disease pathology, clinical tests are not generally needed because a comprehensive history and physical examination will usually reveal if eye disease is present or getting worse. Examples of routine imaging include: Visual field testing; optical coherence tomography (OCT) testing; retinal imaging of patients with diabetes; and neuroimaging or fundus photography. If symptoms or signs of disease are present, then imaging tests may be helpful in further evaluation and treatment planning. A companion piece for patients is not yet available; refer to the 5 Questions resource.



CASE STUDIES REVEAL HOW EMPLOYERS, PATIENTS AND PROVIDERS BENEFIT FROM CHOOSING WISELY

▶ **Employer Case Study – Employee Education:** “Part of our overall benefits strategy involves encouraging employees to become accountable for improving their health and wellness and, in turn, lowering costs. By attending a class that included *Choosing Wisely* recommendations, employees were able to earn points toward lower monthly premiums. Employees appreciated receiving practical information about common tests and procedures that are sometimes unnecessary and learning to ask questions about treatments that are often over-prescribed. The idea of taking control and asking doctors to engage in shared decision-making was new to most people, but they expressed great interest in consumerism and transparency.”
Amy F., Large Midwestern City

▶ **Employer Case Study – Integration to Increase Engagement:** “At Brown University, *Choosing Wisely* lived on our benefits website, and was listed as a resource on the *Wellness at Brown* wellness portal. When regular communications failed to increase engagement, we created a virtual scavenger hunt to encourage community members to explore videos and PDFs on a wide range of topics throughout *Choosing Wisely*. Once they began exploring the site, engagement increased, and faculty/staff were regularly accessing information and became better-informed healthcare consumers.”
Jennifer M., Brown University

THE IMPORTANCE OF CHOOSING WISELY

Just 12 percent of U.S. adults, regardless of education level, have proficient health literacy, according to the U.S. Department of Health and Human Services. This means that over 77 million people have difficulty with common health tasks such as participating in care decisions. *Choosing Wisely* offers simple, patient-friendly resources to help people better understand their care options and effectively advocate for themselves.

▶ **Patient Case Study – Overuse of MRIs:** “I’ve had 17 MRIs due to chronic pain issues, mostly in my back, which I learned too late was 15 too many. My MRIs were handed out like candy. Most of them were given to ‘prove’ nothing was wrong with me. I never once thought getting a scan could be dangerous — especially those five MRIs that had a contrast agent in them that contained a toxic heavy metal called gadolinium. Shortly after one of these treatments, life-changing symptoms began. While I was searching for answers, I was finally given a heavy metal test, which showed a high amount of gadolinium inside of me. You can only get it from an MRI — and it causes symptoms similar to MS and Lupus, which is what I was experiencing. My advice is this: Before you take any medicine or get any procedure, stop and think. Overuse of drugs and procedures is common practice in the U.S. It needs to stop.” *Bobbi-Jo F., Washington*

▶ **Physician Case Study – Benefit of Recommendations:** “Emergency physicians sometimes don’t have a full history for a patient, so we are afraid we might be missing something. *Choosing Wisely* recommendations focus on being able to eliminate risks. It is based on science and

data — providing physicians with a guideline to look for red flags so they won't miss anything. It is not new science, but it is presented in a different way. I have found that talking about imaging with patients opens up a conversation on chronic back pain. We can ask them what brought them in, what they need help with, and discuss what options and treatments are available. My team also identified the need to take this work beyond emergency rooms, since primary care physicians sometimes send patients in for imaging. In my

experience, this is not the usual in health care. I think we are all coming to the same conclusion that *Choosing Wisely* is a very big idea." *William H. Sabina, M.D., FACEP, Director of the Emergency Department and Chief of Emergency Medicine at South County Hospital in Rhode Island*

To get started on the path to ensuring employees are receiving non-duplicative services that are supported by evidence, free from harm, and truly necessary, explore choosingwisely.org, or contact your local employer healthcare coalition to learn how to take the next steps.

RESOURCES

- <http://www.choosingwisely.org/wp-content/uploads/2017/10/Choosing-Wisely-at-Five.pdf>
- <http://www.choosingwisely.org/getting-started/lists/>
- <http://www.choosingwisely.org/getting-started/resource-library/additional-materials-for-patients/>
- <http://abimfoundation.org/what-we-do/choosing-wisely>



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