Lessons Learned from the *Choosing Wisely*® Pilot Communities

The *Choosing Wisely*® Campaign

Choosing Wisely is an initiative of the ABIM Foundation to help clinicians and patients engage in conversations about the overuse of tests and procedures and to support physician efforts to help patients make smart, effective choices.

Definition of Overuse

Low-value care or overuse: "care in the absence of a clear medical basis for use or when the benefit of therapy does not outweigh risks."

Chassin MR, Galvin RW. The urgent need to improve health care quality. Institute of Medicine National Roundtable on Health Care Quality. JAMA. 1998 Sep 16;280(11):1000–1005.

Stimulating Innovation and Implementation

The Robert Wood Johnson Foundation has provided two rounds of funding to advance *Choosing Wisely,* including the referenced grant of $4.2 million to support seven initiatives focused on reducing utilization of unnecessary tests and treatments—including a 20% reduction of inappropriate prescribing of antibiotics for upper respiratory infections or bronchitis.

Choosing Wisely

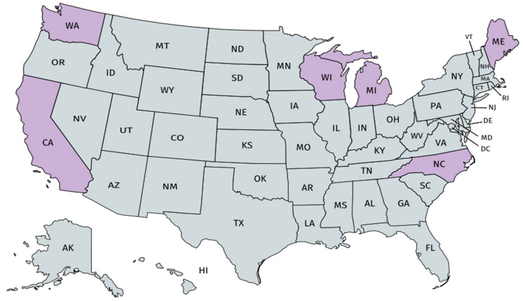
ABIM FOUNDATION

Robert Wood Johnson Foundation

Grantee Communities

Grantee Organizations

- Greater Detroit Area Health Council
- Integrated Healthcare Association (CA)
- Maine Quality Counts
- North Carolina Healthcare Quality Alliance
- University of California, Los Angeles
- Washington Health Alliance
- Wisconsin Collaborative for Healthcare Quality



Principal Findings

- 13 of the 14 health systems reached goal for at least one recommendation
- 8 of 14 reached goal for at least two recommendations
- 3 health systems reached all three goals
- Systems made significant (>5%) reductions for 15 additional recommendations

Grantees worked on the following areas: annual pap tests, benzodiazepines in the older population, cardiac stress tests, carotid ultrasounds, chlamydia screening, inpatient blood utilization, new opioid prescribing, pre-operative testing, repetitive CBC and daily labs, Vitamin D testing

Reduction of prescriptions of antibiotics for Upper Respiratory Infections and Bronchitis

Site	Baseline	End	% Change
Sharp Rees-Stealy	24.66%	18.97%	-23%
Sutter Health	53.68%	30.43%	-43%
LA Department of Health	58.7%	32.06%	-45%
Detroit Medical Center-PHO	72.01%	24.07%	-67%
Henry Ford Health System	77.12%	23.38	-70%
St. Joseph Hospital	40.24%	30.89%	-23%
Cornerstone Health Care	30.56%	20.52%	-33%
Duke Health	78.98%	51.93%	-34%
Kaiser Permanent Washington	38.8%	23.99%	-38%
Swedish	38.57%	30.40%	-21%
Froedtert & the Medical College	74.06%	39.76%	-46%
Monroe Clinic	69.15%	26.53%	-62%

Primary Interventions

Providing clinical feedback and comparisons
Using patient materials
Educating clinicians
Convening a workgroup and identifying clinician champions
Incorporating clinical decision support or best practice alerts

Other interventions included:

- Using behavioral economics with nudge posters
- Changing workflows
- Incorporating incentives

Successful imaging reductions

Site	Recommendation	Baseline	End	% Change	Interventions
Henry Ford Health System	Reduction of Low Back Imaging	17.93%	13.11%	-27%	Physician Champions Comparative provider feedback meetings and reports Best practice alerts Clinical decision support Patient materials
Cornerstone	Reduction of DEXA scans	0.82%	0.45%	-45%	Clinical pathways in EMR/best practice alerts Peer-to-peer training Workgroup Changes to order sets Provider feedback meeting Patient materials
F & MCW	Reduction of Low Back Imaging	13.49%	8.39%	-38%	Academic Detailing Created Smart Set and standardized workflow Decision support tool Developed evidence based pathways for standardized spine care Patient materials
Monroe	Reduction of Headache Imaging	23.84%	8.78%	-63%	Unblinded provider feedback Provider education Patient education

Conclusions

- Grantees were successful in developing holistic communications strategies that focused on ground-level, face-to-face conversations with consumers and providers, as well as aggressive marketing campaigns to consumers.
- All of the successful reductions used a multimodal approach to interventions. The interventions that grantees had the highest agreement on included provider education, using transparent data, integration into the EMR and patient education. Grantees also cited the importance of leadership support.
- Provider education took many forms. Small group and individual peer-to-peer education, combined with data presentations, was found to be the most effective.
- Formal feedback, including reporting data at the provider and practice level, was considered by most grantees as an essential element to success and was thought to trigger peer conversations on best practic-es and tactics being used.
- According to clinicians, patient education is very helpful for measures that involved patient decision making, particularly in the outpatient setting. Patient education prior to the actual appointment was identified as optimal.
- Reductions in imaging appear to be more difficult to achieve. Of the 17 areas of imaging grantees attempted to make reductions, only five were successful. Those reductions were associated with multiple interventions.

Implications for Policy or Practice:

- Integrated efforts between health systems and multi-stakeholder organizations to reduce overuse appear to be successful in some areas. Larger scale efforts with more rigorous evaluation are needed.
- Health systems interested in addressing overused tests and treatments might benefit from creating relationships to set a collaborative goal of reduction with multi-stakeholder organizations, community organizations and other health systems in their communities.

Choosing Wisely

An initiative of the ABIM Foundation