Choosing Wisely: Its Implementation at United Community and Family Services (UCFS) of Norwich, CT

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Choosing Wisely: Awareness

- In medical practices outside of academia, we had only a vague awareness of Choosing Wisely
- We were not sure of its origin
- We were certainly unsure of its significance
Choosing Wisely: Initial Presentation

Choosing wisely came to us with two initial presenters:

Skepticism ruled initially:
- We are inundated with requests for education and studies
- We are subjected to countless presentations
- Most do not change or help patient care
- Most are thought of as “just one more thing I have to do.”
Choosing Wisely: The Presentation

- Presenters did an excellent job of:
  - Letting us know that this could possibly make our jobs easier
  - It was not a study with bureaucratic paperwork and the like
  - Allowing providers to have a means to reduce pill burdens, testing, and unnecessary imaging
Choosing Wisely: Paraphernalia

- The posters seemed to be “The Key”:
  - They looked official
  - They gave us “back-up” to our claims of over testing and overprescribing
  - They certainly changed the nature, tone, and content of the conversation

- Handouts seemed to serve as reminders
  - Surprisingly to me, not quite as important, but served at times as reminders.
Choosing Wisely: The First Two Weeks

- We were asked to try this for two weeks:
- Again, more skepticism:
  - We thought patients liked their medications (it’s why they came, right?)
  - We thought they liked their imaging (that way, you know what’s going on, right?)
  - We worried about alienating our patients
Choosing Wisely: Feedback

The feedback from patients was extremely surprising:

- They actually read the posters!
- They asked questions (lots of questions)!
  - Many believed themselves to be overmedicated, but did not want to say anything. The poster gave them a legitimate platform on which to ask
  - Many also felt they were over tested. Many felt they went from test to test, with no real difference in their outcomes.
Choosing Wisely: The Next Level

- Bringing it to the entire system:
  - More challenging
  - More inherent resistance
  - Different perspectives
  - And yes, overt skepticism
Choosing Wisely: Implementation

- **The Strategy:**
  - Introduce the concept (not everyone had even heard of Choosing Wisely)
  - Devote meeting time to it
  - Emphasize how it makes life easier:
    - Less overall prescribing
    - Less testing
    - Less refills
    - Less follow-up
    - Friendlier patient encounters
Choosing Wisely: Follow-Up

- For the next 30 days, I did this:
  - NOTHING!!!

- I did not want to appear to be shoving a new program down their throat.
Choosing Wisely: The Re-Presentation

I then re-presented the material in a slightly different way:

- More “scientific”
- More Evidence-based
- More protocol driven
- I showed specific examples of how doing this can actually help patient care
- E.g. Too many PSA lead to worse outcomes due to over biopsing and over treating (impotence, incontinence, and even worse)
Choosing Wisely: The Re-Presentation, cotd.

- I also added the medicolegal aspect:
  - No, more is **not** better.
  - In fact, it can lead to worse outcomes and potential litigation
  - Choosing Wisely is based on Discipline-specific medical protocols
  - Over treating not based on these is inappropriate treating
  - **Inappropriate treating is what can be potentially litigious**
Choosing Wisely: Core Concepts for Providers

- Partnership with Patients
- Allows you to practice Better medicine, and not such defensive medicine
- Protocols established by Professional Medical Societies, not economic entities
- Scientific-based
- Promotes less litigation, not more
- Patients prefer this method
Normalizing Choosing Wisely

- At UCFS, we have monthly provider meetings:
  - We would go over 3 or 4 concepts from the website that might be most relevant for our patient population
  - We would start with nearly obvious things that most had heard about (e.g., X-rays for acute low back pain)
  - Then would discuss newer ideas
  - The key seemed to be consistency: This became a part of our meeting process, and it became apparent to our providers that this was the philosophy of the Medical Director.
Reinforcing Choosing Wisely

- Chart Reviews would implement aspects of Choosing Wisely, if not in name but in spirit:
  - Evaluating the appropriateness of labs
  - Evaluating the appropriateness of Radiology
  - Avoiding polypharmacy
  - Avoiding simple symptom control to the detriment of treating etiologies (or willfully not treating them)
A Culture of Choosing Wisely

- What did we find?
  - Overtesting:
    - Labs being repeated endlessly
    - Medications that only seemingly made sense
    - Beng far too quick to order radiology
    - Using outdated treatment protocols, or more commonly no protocol at all.

- Overall, we found a culture of many providers “sleep-walking” through the day
A Culture of Choosing Wisely, cotd.

- We also found that the mentality that “More is better”, “More means I care more”, or “More means that I am more competent” is prevalent.

- WE GAVE PROVIDERS THE CHANCE TO ACTIVELY QUESTION THIS PERVERSIVE THOUGHT PROCESS.
A Culture of Choosing Wisely, cotd.

- We asked our providers to briefly mention in the plan why they were doing what they did
- Very brief, just enough time to give the rationale, and to take the brain away from its automaticity
- These rationales would then be read by other providers as part of their chart reviews
- Suddenly, the providers would have to justify what they are doing and why.

The culture quickly changed from the most tests and meds “win”, to the best managed charts “win”
A Culture of Choosing Wisely, cotd.

- We pointed out the following:
  - You may be hurting your patients with polypharmacy (once providers started looking for it with its side effects they found it everywhere)
  - You may be exposing them to needless labs that you would not act on anyway
  - You may expose them to needless radiation (e.g. Chronic pancreatitis patients do not need 15-20 CT scans of the abdomen over a 4 year period!)
  - Many medical procedures may be pointless for patients, or just may not be worth the risks (e.g. not every low back pain patients needs an epidural)
Choosing Wisely: The Results

- Less:
  - Polypharmacy
  - Antibiotic use
  - Low back x-rays
  - PSAs
  - Over-repetitive lipid panels
  - Radiation exposure from CTs
Choosing Wisely: The Results

- More:
  - Informed discussions with patients
  - Shared decision making
  - Patient satisfaction
  - Rational (not reflexive, or defensive) medical decision making

- Interestingly, this did not take more time. Less time was spent ordering and obtaining needless results, and more time was spent with patients.
Choosing Wisely: The Conclusion

- Choosing Wisely may best be described as a way of thinking:
  - Getting away from automaticity
  - Getting away from “defensive medicine” that may not be based in reality (The best defense in a court of law will always be guideline and evidence-based medicine).
  - Avoiding cognitive traps and errors (e.g. That seemed like the thing to do!)
- Instead..................
Choosing Wisely: The Conclusion

With Choosing Wisely:

- Think about what you are doing
- Look at risks and benefits to testing and treatments, not just benefits
- Involve the patient (they may be smarter than you think)
- Read!! Look up guidelines if you forgot them, see what the current thinking is, and stay up-to-date!
- Become that provider who provides insightful and thoughtful care, not just more care!