Choosing Wisely Campaign

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Objectives

• Understand the history and purpose of the development of the *Choosing Wisely* campaign.

• Discern the evidence-based research which supports the *Choosing Wisely* recommendations for geriatrics and long-term care.

• Determine how the *Choosing Wisely* literature applies to long-term care and how it can facilitate discussions with patients and families.

• Incorporate *Choosing Wisely* recommendations into LTC facility education.
What is the *Choosing Wisely* Campaign?

• Developed to raise professional and public awareness and to question and discuss tests and treatments
• These treatments and tests may lack efficacy or cause potential harm
• Started by ABIM Foundation and partnered with Consumer Reports.
• Goal is a national dialogue on avoiding wasteful or unnecessary medical tests, treatments and procedures.
• Over 70 medical specialty societies are participating in the campaign.

• [http://www.choosingwisely.org/](http://www.choosingwisely.org/)
• [http://consumerhealthchoices.org/](http://consumerhealthchoices.org/)
Don’t insert percutaneous feeding tubes in individuals with advanced dementia. Instead, offer oral assisted feedings.

Strong evidence exists that artificial nutrition and feeding problems impair quality of life in patients with advanced dementia. Substantial functional decline and a poor-prognosis medical assessment may indicate that a patient who is not eating may obtain any significant or long-term benefit from artificial nutrition. Feeding tubes are often placed after hospitalization, frequently with concerns for aspiration, and for those who are neither eating nor drinking. However, in many patients, tube feeding does not ensure the patient’s comfort or safety. Furthermore, it may cause fluid overload, diarrhea, aspiration, sepsis, anorexia, delirium, sleep disturbances, and acute kidney injury and may increase the risk of aspiration. Assisted tube feeding is an evidence-based approach to provide nutrition for patients with advanced dementia and feeding problems.

Don’t use sliding scale insulin (SSI) for long-term diabetes management for individuals residing in the nursing home.

Using a sliding scale of insulin (SSI) to prevent hypoglycemia is perceived to be more convenient than profiling insulin. Since evidence exists that SSI is neither effective in meeting the body’s insulin needs nor as efficient in the long-term care (LTC) setting. Use of SSI leads to greater patient discomfort and increased nursing time because patients’ blood glucose levels are generally monitored more frequently than are necessary for best practice. Patients may be at risk for hypoglycemia and dehydration. In addition, the risk of hypoglycemia is significant because insulin may be administered without regard for insulin onsets. Basal insulin, basal plus rapid-acting insulin, or one or more meals often called artificial insulin therapy may cause night-time weight gain, and control over glucose may be less effective.

Don’t obtain a urine culture unless there are clear signs and symptoms that localize to the urinary tract.

Chronic antibiotic resistance is frequent in the IUC setting, with prevalence as high as 50%. Antibiotic use in the absence of an elevated urinary tract infection (UTI) symptom, frequency, urgency, or dysuria in a patient with symptoms, is caused by a UTI. Confirmation is positive but not with negative urine. Symptoms of a bladder or UTI is a common problem in ICUs that contributes to the over-utilization of antibiotics in this setting, leading to increased risk of delirium, resistant organisms, and infection due to Gram-negative bacteria. Infections caused by antibiotic-resistant bacteria may lead to an increased intensive care unit (ICU) length of stay. Antibiotic resistance in ICUs is a factor in an uncontrolled course of status, thus failing to detect or delay the timely detection of the patient’s serious underlying problem. A patient with advanced dementia may be unable to report urinary symptoms. In this situation, it’s reasonable to consider a urinary tract infection if there are signs of systemic infection such as fever, chills, and rigors. In the absence of prior bacterial infection, a blood culture is indicated in the absence of additional symptoms (e.g., new-onset cough to suggest alternative source of infection.

Don’t prescribe antipsychotic medications for behavioral and psychological symptoms of dementia (BPSD) in individuals with dementia without an assessment of an underlying cause for the behavior.

Central differentiation of the causes of symptoms (psychological or neuropsychiatric) may be helpful in determining appropriate treatment options. The therapeutic goal is the use of antipsychotic medications to treat patients who present with an intense emotional stress or to stay at their preferred treatment options or to alter the course of depression. Treatment of delirium in association with the delirium is in treatment one or all of the following: improving for depression and treating underlying causes, including polypnea; cognitive and environmental factors such as noise, being too cold or warm, eating, ensuring safety, and disturbing and supporting the patient’s functioning. In treatment of other potential causes of the BPSD, antipsychotic medications can be considered, taking into account their significant risk versus the potential benefits. When an antipsychotic is used for BPSD, it is to achieve a treatment for BPSD.
A look at some of the recommendations

1. Don’t insert percutaneous feeding tubes in individuals with advanced dementia. Instead, offer oral assisted feedings.

2. Don’t use sliding scale insulin (SSI) for long-term diabetes management for individuals residing in the nursing home.
Don’t routinely prescribe lipid-lowering medications in individuals with a limited life expectancy.

Don’t place an indwelling urinary catheter to manage urinary incontinence.
Objective 1: Understand the history and purpose of the development of the Choosing Wisely campaign.

- The Charter provided a new set of professional responsibilities
  - physicians must uphold these responsibilities for the privilege of self-regulation
Three Core Principles of the Physician Charter

- Primacy of patient welfare
- Patient autonomy
- Social justice
## Commitment to 10 Professional Responsibilities

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<tr>
<th>Professional competence</th>
<th>honesty with patients</th>
<th>patient confidentiality</th>
<th>maintaining appropriate relations with patients</th>
<th>improving quality of care</th>
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Developing the *Choosing Wisely* Campaign

• Provides a new “job description” for physicians that included responsibilities beyond caring for the individual patient.

• The principles of Social Justice and Patient Autonomy were the most progressive elements of the charter.
  • The social justice principle directly relates to the just distribution of finite resources.

• Primacy of Patient Welfare (aka patient advocate) vs management of resources conflict, resolved by
  • Clinical guidelines
  • Appropriate use criteria
  • Comparative effectiveness research

Charter becomes Framework for *Choosing Wisely* Campaign

- Core tenet of medical professionalism is management of health care resources
- *Choosing Wisely* is focused on supporting conversations between physicians and patients about what care is truly necessary
- Addressing this gap between aspirations and actual professional behaviors served as one of the guiding aims when constructing the *Choosing Wisely* campaign.
- Research found that there was a large gap between physicians’ aspirations and their actual behavior.

Charter becomes Framework for Choosing Wisely Campaign

• Physicians respond well to the principles that
  • Enhance patient well-being
  • Achieve personal and professional well-being and fulfillment
  • improve quality of care for their own patients

• Physicians are less motivated by principles that
  • moved away from the interests of the patient or their own well-being
  • Are focused toward society’s need for a sustainable health system

• Phases such as “Wise Choices”
  • accurately reflected physician desires to empower their patients to make informed decisions about their treatment
  • while encompassing the ideals of the charter they sought to live up to.
Developing the Campaign

• In 2009, the National Physicians Alliance (NPA) received grant from ABIMF
  • developed an operational concept of “five things to question”
• Created lists of five interventions in internal medicine, family medicine, and pediatrics that should not be performed, as part of their Good Stewardship Project.
Developing the Campaign

• In the medical literature:
  • Howard Brody MD, an ethicist from University of Texas at Galveston, in NEJM 2010, called on specialty societies to identify five tests and procedures as a way for physicians to constructively address the cost and waste issue during the health care reform debate.
  • Deborah Grady MD and Rita Redberg MD in the 2010 “Less is More” section of the Archives of Internal Medicine addresses the issue to overtesting and overtreating.
  • The “Top 5” Lists in Primary Care: Meeting the Responsibility of Professionalism Arch Intern Med. 2011

• Lay Literature highlighted the issue of treatment and testing.
  • Writers such as Shannon Brownlee, in her book Overtreated,
  • Rosemary Gibson and Janardan Prasad Singh in The Treatment Trap
  • John Abramson, MD in Overdosed America
Developing the Campaign

• the ABIMF believed the concept of creating lists of unnecessary tests and procedures could be broadened to a wide range of specialty societies with three critical elements:
  ✓ the things on the list needed to be within that society’s clinical domain;
  ✓ they needed to be done frequently in practice and incur real costs; and
  ✓ they must be evidence-based recommendations.

• After the initial outreach, nine societies agreed to join the campaign. Each society was free to develop its own method to create its list, although each was required to document the process and make it publicly available.
Launching the *Choosing Wisely* campaign

• In April 2012 the ABIM Foundation, along with Consumer Reports, formally launched the *Choosing Wisely* campaign with the release of “Top Five” lists from nine specialty societies.

• The widespread media coverage from nearly every top-tier outlet, along with positive reaction among the health care community, inspired 17 additional societies to join the campaign and release lists in February 2013.

• More than 70 societies comprising over one million clinicians are now partners of the *Choosing Wisely* campaign.
Furthering the *Choosing Wisely* campaign

- In 2013 and 2015, the ABIM Foundation received grants from the Robert Wood Johnson Foundation
  - fund state medical societies, specialty societies and regional health collaboratives
  - help physicians and patients engage in conversations aimed at reducing unnecessary tests and procedures
Objective 2

Discern the evidenced-based research which supports the Choosing Wisely recommendations for long-term care (AMDA-PA/LTC).
Seeking Choosing Wisely Champions…
It Could Be You

READ MORE!

NEW LOGIN INSTRUCTIONS
JOIN TODAY

Paul Katz Talks New Competencies Curriculum
Be a Choosing Wisely Champion
The Next Generation of PA/LTC Providers
How AMDA-PA/LTC developed its *Choosing Wisely* list

1. Work group chosen from Clinical Practice Committee
2. Lists developed for appropriateness, relevance and patient care improvement
3. Ranked list items in order of importance for specialty and public
4. Literature search conducted for supporting evidence
5. Top 5 recommendations submitted to AMDA Executive Committee
Is the Supporting Literature Evidenced-Based?

• 29 peer-reviewed journals
  • 8 articles from JAGS
  • 6 from JAMDA
  • 11 from JAMA

• 3 national guideline organizations (CMS, FDA, AMDA)

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Is the Supporting Literature Evidenced-Based?

• 18 Review articles
• 25 Original research articles
• 12 Editorials/special communications
• 18 Guidelines
• 2 Clinical articles
• Total articles = 74

• Strength of Recommendation Taxonomy (SORT) = ?
  • A Consistent, good-quality patient-oriented evidence
  • B Inconsistent or limited-quality patient-oriented evidence
  • C Consensus, disease-oriented evidence,* usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening
Objective 3

Determine how the *Choosing Wisely* literature applies to long-term care and how it can facilitate discussions with patients and families.
A look at the recommendations

1. Don’t insert percutaneous feeding tubes in individuals with advanced dementia. Instead, offer oral assisted feedings.

2. Don’t use sliding scale insulin (SSI) for long-term diabetes management for individuals residing in the nursing home.
Don’t obtain a urine culture unless there are clear signs and symptoms that localize to the urinary tract.

Don’t prescribe antipsychotic medications for behavioral and psychological symptoms of dementia (BPSD) in individuals with dementia without an assessment for an underlying cause of the behavior.
Don’t routinely prescribe lipid-lowering medications in individuals with a limited life expectancy.

Don’t place an indwelling urinary catheter to manage urinary incontinence.
Don’t recommend screening for breast, colorectal or prostate cancer if life expectancy is estimated to be less than 10 years.

Don’t obtain a C. difficile toxin test to confirm “cure” if symptoms have resolved.
Don’t recommend aggressive or hospital-level care for a frail elder without a clear understanding of the individual’s goals of care and the possible benefits and burdens.

Don’t initiate antihypertensive treatment in individuals $\geq 60$ years of age for systolic blood pressure (SBP) $<150$ mm Hg or diastolic blood pressure (DBP) $<90$ mm Hg.
Objective 4

Incorporate *Choosing Wisely* recommendations into LTCF education for staff and families
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- Post *Choosing Wisely* posters in the facility
- Review the Clinician Communication Modules on the *Choosing Wisely* site
- Use the recommendations as teaching points to staff
  - Open discussion about the recommendations, staff interpretation
  - Opportunity to dispel myths and biases
- Reference the recommendations when documenting decisions in progress notes
Incorporate *Choosing Wisely* recommendations into LTCF education for staff and families

- Review recommendations with administrator, DON and attending physicians
- Refer to the *Choosing Wisely* recommendations to help family/DPOA members make difficult decisions for their loved ones
- Consult with pharmacist and other services in the facility regarding the *Choosing Wisely* recommendations