Right Care

Making: Sure You Get the Right Care at the Right Time that is Right for You

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Class Schedule

- May 8 – The Choosing Wisely Campaign
- May 15 – The Medical-Industrial Complex
- May – Getting Clarity About What is Right for You

Important Information

- ken.brummel-smith@med.fsu.edu
- Will send the pdf of the presentation and either the slides or a link to them each week
- May add slides based on questions you ask
- Can't answer specific medical questions about what you should do, but can address the thinking process behind the decision

Choosing Wisely

- http://www.choosingwisely.org
- Started by the American Board of Internal Medicine Foundation in 2012
- Adopted by Consumer Reports
  - 33 consumer partners (e.g., AARP, SEIU, Wikipedia)

The Beginning

- Howard Brody – Medicine's Ethical Responsibility for Health Care Reform – The Top Five List
- National Physicians Alliance, 2009 - 3 specialties – (Internal medicine, Family medicine, Pediatrics) – created the first 5 list of things
- 2012 – ABIMF, Consumer Reports, and 9 organizations released their lists
- 17 organizations signed on by 2013
- Now more than 70 organizations have contributed lists

Goals of Choosing Wisely

- The promote conversations between providers and patients
- Help patients choose care that is:
  - Supported by evidence
  - Not duplicative
  - Free from harm
  - Truly necessary
- Debunk the notion that “more is better”

Process

- Asked national medical specialty organizations to identify tests, procedures and treatments whose necessity should be questioned
- Developed lists of "Things Providers and Patients Should Question"
- Now includes nursing, dental, PT, and pharmacy organizations

So – Why Is This Necessary?

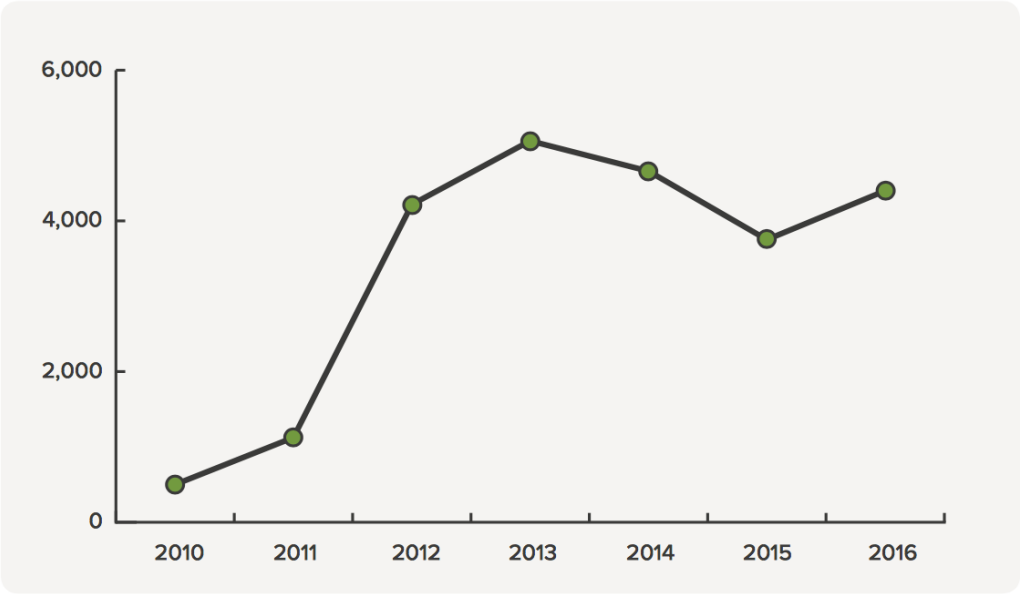
- 1/3 of tests and treatments may be unnecessary
- Risky interventions that provide minimal benefits are common
- Best place to cut health care costs is here
- Public outcry – great books
  - Overtreated, by Shannon Brownlee
  - The Treatment Trap, by Rosemary Gibson
  - Overdiagnosed, by Gilbert Welch
  - The Last Well Person, by Norton Hadler

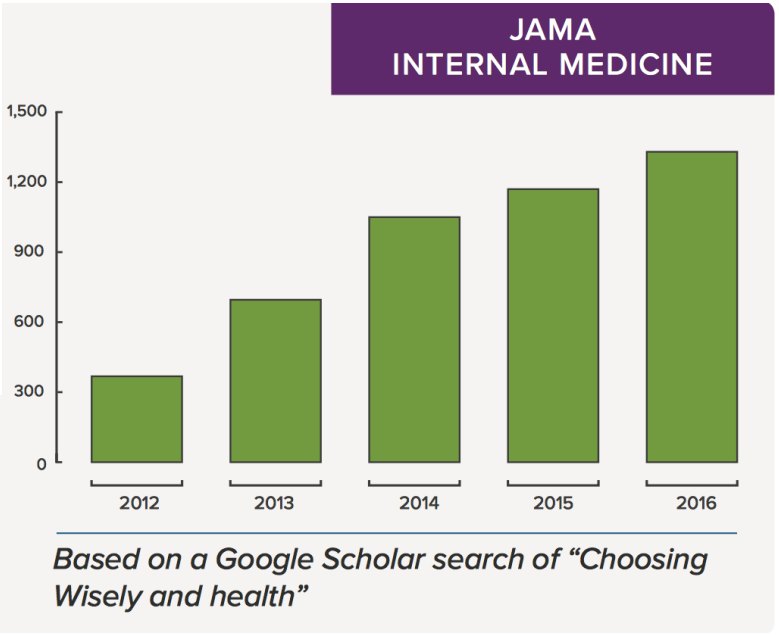
So – Why Is This Necessary?

- 2014 physician survey
  - 73 percent say the frequency of unnecessary tests and procedures is a very or somewhat serious problem.
  - 66 percent feel they have a great deal of responsibility to make sure their patients avoid unnecessary tests and procedures.
  - 53 percent say that even if they know a medical test is unnecessary, they order it if a patient insists.
  - 72 percent say the average medical doctor prescribes an unnecessary test or procedure at least once a week.
  - 47 percent say their patients ask for an unnecessary test or procedure at least once a week.
  - 70 percent say that after they speak with a patient about why a test or procedure is unnecessary, the patient often avoids it.

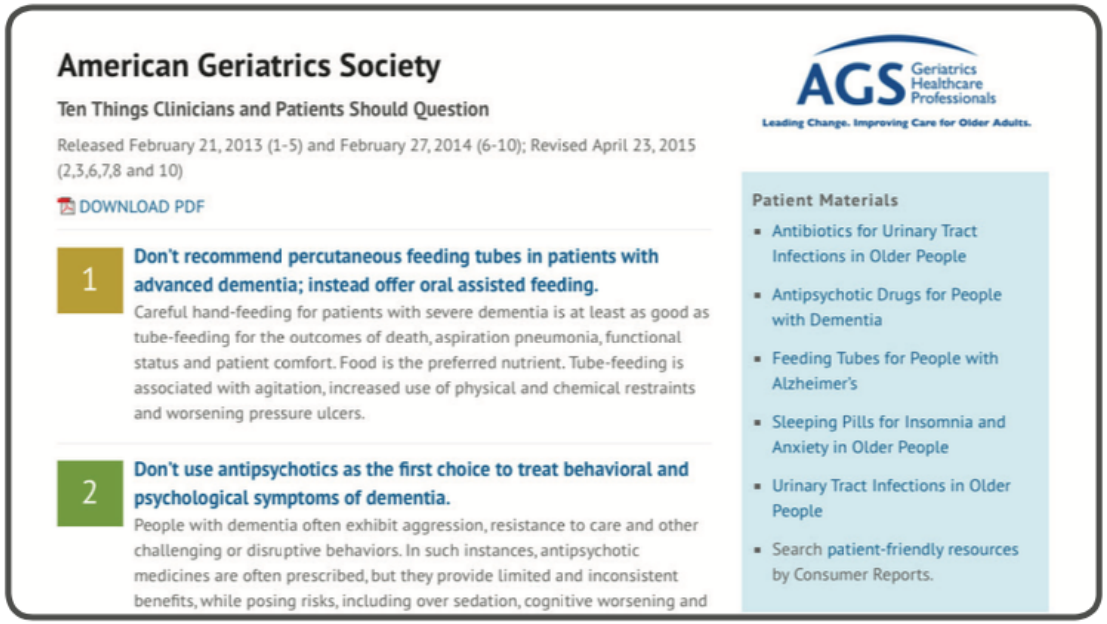
Impact

Mass Media Articles Referencing *Choosing Wisely*





MOST VISITED SOCIETY LIST



American Geriatrics Society

Ten Things Clinicians and Patients Should Question

Released February 21, 2013 (1-5) and February 27, 2014 (6-10); Revised April 23, 2015 (2,3,6,7,8 and 10)

DOWNLOAD PDF

1 **Don't recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral assisted feeding.**
Careful hand-feeding for patients with severe dementia is at least as good as tube-feeding for the outcomes of death, aspiration pneumonia, functional status and patient comfort. Food is the preferred nutrient. Tube-feeding is associated with agitation, increased use of physical and chemical restraints and worsening pressure ulcers.

2 **Don't use antipsychotics as the first choice to treat behavioral and psychological symptoms of dementia.**
People with dementia often exhibit aggression, resistance to care and other challenging or disruptive behaviors. In such instances, antipsychotic medicines are often prescribed, but they provide limited and inconsistent benefits, while posing risks, including over sedation, cognitive worsening and

AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.

Patient Materials

- Antibiotics for Urinary Tract Infections in Older People
- Antipsychotic Drugs for People with Dementia
- Feeding Tubes for People with Alzheimer's
- Sleeping Pills for Insomnia and Anxiety in Older People
- Urinary Tract Infections in Older People
- Search patient-friendly resources by Consumer Reports.

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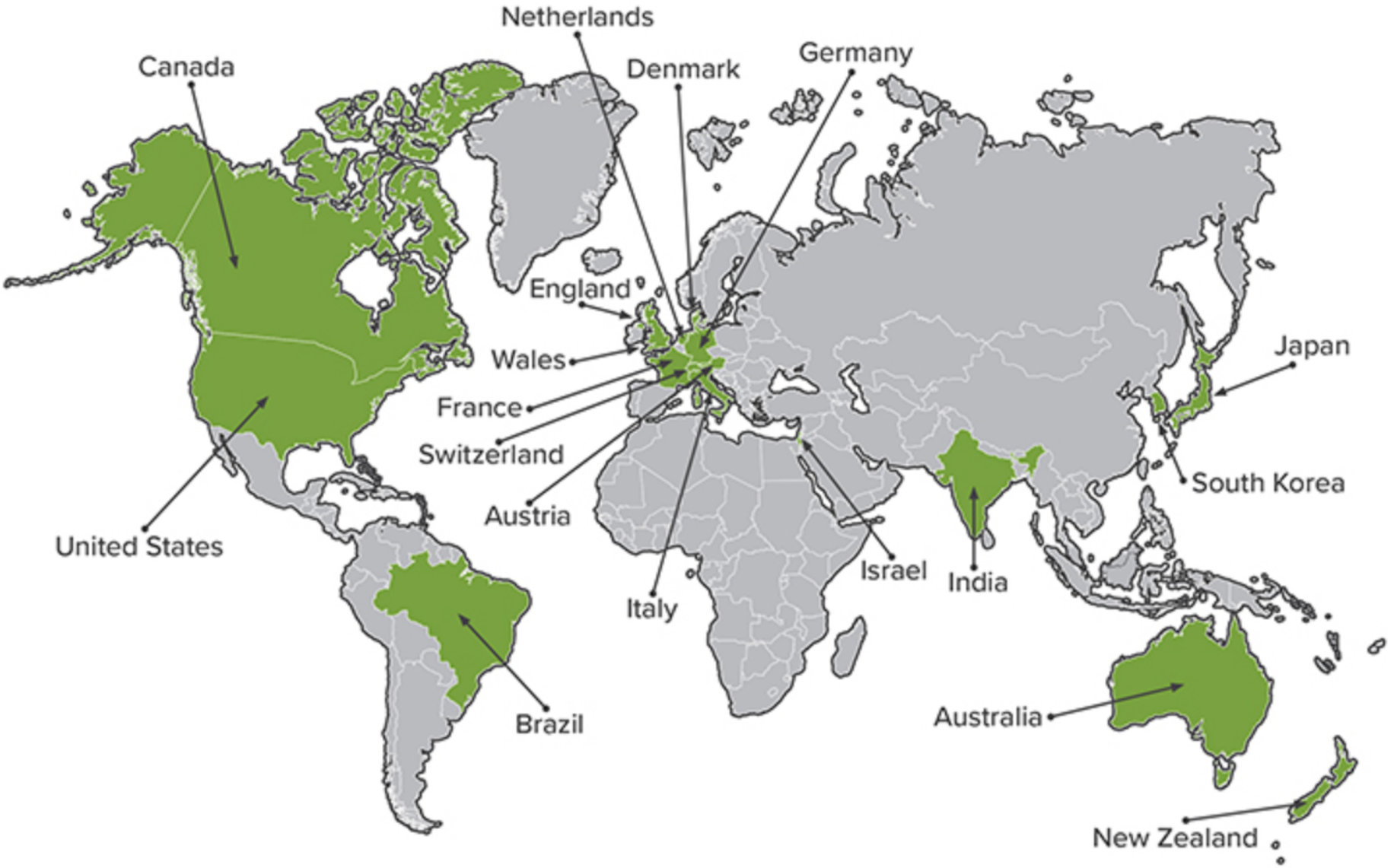
AMERICAN GERIATRICS SOCIETY

ACTIVE *CHOOSING WISELY* CAMPAIGNS



Lists

The *Choosing Wisely* lists were created by national medical specialty societies and represent specific, evidence-based recommendations clinicians and patients should discuss. Each list provides information on when tests and procedures may be appropriate, as well as the methodology used in its creation.

In collaboration with the partner organizations, Consumer Reports has created resources for consumers and providers to engage in these important conversations about the overuse of medical tests and procedures that provide little benefit and in some cases harm.

Choosing Wisely recommendations should not be used to establish coverage decisions or exclusions. Rather, they are meant to spur conversation about what is appropriate and necessary treatment. As each patient situation is unique, providers and patients should use the recommendations as guidelines to determine an appropriate treatment plan together.

For Clinicians
Specialty society lists of things clinicians and patients should question

For Patients
Patient-friendly resources from specialty societies and Consumer Reports

Treatments

American Dental Association

View all recommendations from this society

Released June 27, 2016

Don’t replace restorations just because they are old.

Dental restorations (fillings) fail due to excessive wear, fracture of material or tooth, loss of retention, or recurrent decay. The larger the size of the restoration and/or the greater the number of surfaces filled increases the likelihood of failure. Restorative materials have different survival rates and fail for different reasons, but age should not be used as a failure criteria.

Valium and Spine Surgery

American Academy of Nursing

View all recommendations from this society

March 21, 2017

Don't administer diazepam for muscle spasm following spine surgery in the elderly.

Classic spine surgical treatment involves bilateral dissection of paraspinal muscles to expose the involved levels. Spasms of these muscles are common postoperatively. Treatment of these spasms should include both pharmacologic and non-pharmacologic interventions. Age-related changes in adults can affect both metabolism and drug elimination in the body, resulting in a prolonged half-life for medications. Among the benzodiazepines, diazepam is particularly problematic due to its long half-life and many active metabolites. Benzodiazepines can lead to over-sedation, potential for respiratory depression, increased risk of delirium, and extended in-hospital recovery time. Benzodiazepines have consistently been associated with falls in the aging population and should be avoided. Effective non-pharmacological interventions for use include heat, cold, repositioning, and massage.

Pre-operative Cardiogram

American College of Cardiology

View all recommendations from this society

February 28, 2017

Don't perform routine electrocardiography (ECG) screening as part of pre-operative or pre-procedural evaluations for asymptomatic patients with low perioperative risk of death or myocardial infarction.

Despite potential value in having a pre-operative ECG to identify unsuspected cardiac abnormalities or as a comparison after a perioperative event, the likelihood of benefit for patients at low risk of major cardiovascular events is very small. Low perioperative risk is defined as <1% probability of death or myocardial infarction in the 2014 ACC/AHA Guideline on Perioperative Cardiovascular Evaluation and Management of Patients Undergoing Noncardiac Surgery, which also outline evidence-based methods for perioperative risk stratification.

Screening & Prevention

American Academy of Family Physicians	Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.
American Academy of Family Physicians	Don't screen for carotid artery stenosis (CAS) in asymptomatic adult patients.
American Academy of Family Physicians	Don't screen women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk for cervical cancer.

ACP

Screening & Prevention

American College of Cardiology	Don't perform annual stress cardiac imaging or advanced non-invasive imaging as part of routine follow-up in asymptomatic patients.
American College of Medical Genetics and Genomics	Don't order APOE genetic testing as a predictive test for Alzheimer disease.
American College of Obstetricians and Gynecologists	Don't perform pelvic ultrasound in average risk women to screen for ovarian cancer.
American College of Obstetricians and Gynecologists	Don't screen for ovarian cancer in asymptomatic women at average risk.

Screening & Prevention

American College of Preventive Medicine	Don't perform screening for cervical cancer in low-risk women aged 65 years or older and in women who have had a total hysterectomy for benign disease.
American College of Preventive Medicine	Don't use whole-body scans for early tumor detection in asymptomatic patients.
American College of Rheumatology	Don't routinely repeat DXA scans more often than once every two years.
American College of Surgeons	Avoid colorectal cancer screening tests on asymptomatic patients with a life expectancy of less than 10 years and no family or personal history of colorectal neoplasia.

Screening & Prevention

American Gastroenterological Association	Do not repeat colorectal cancer screening (by any method) for 10 years after a high-quality colonoscopy that does not detect neoplasia.
American Society for Clinical Pathology	Do not routinely order expanded lipid panels (particle sizing, nuclear magnetic resonance) as screening tests for cardiovascular disease.

Hospice and Palliative Care

American Academy of Hospice and Palliative Medicine	Don't delay palliative care for a patient with serious illness who has physical, psychological, social or spiritual distress because they are pursuing disease-directed treatment.
American Academy of Hospice and Palliative Medicine	Don't recommend percutaneous feeding tubes in patients with advanced dementia; instead, offer oral assisted feeding.
American Academy of Nursing	Don't administer supplemental oxygen to relieve dyspnea in patients with cancer who do not have hypoxia.

AGS
AMDA

Good Hospital Care

American Academy of Nursing	Don't place or maintain a urinary catheter in a patient unless there is a specific indication to do so.
American Academy of Nursing	Don't wake the patient for routine care unless the patient's condition or care specifically requires it.
American Academy of Nursing	Don't use physical restraints with an older hospitalized patient.
American Academy of Nursing	Don't let older adults lie in bed or only get up to a chair during their hospital stay.

Pre-Operative Testing

American Academy of Ophthalmology	Don't perform preoperative medical tests for eye surgery unless there are specific medical indications.	SGIM STS
American College of Cardiology	Don't perform routine electrocardiography (ECG) screening as part of pre-operative or pre-procedural evaluations for asymptomatic patients with low perioperative risk of death or myocardial infarction.	
American College of Surgeons	Avoid admission or preoperative chest x-rays for ambulatory patients with unremarkable history and physical exam.	ACP ACR
American Society of Echocardiography	Avoid echocardiograms for preoperative/perioperative assessment of patients with no history or symptoms of heart disease.	

Pre-Operative Testing

American Society of Nuclear Cardiology	Don't perform cardiac imaging as a pre-operative assessment in patients scheduled to undergo low- or intermediate- risk non-cardiac surgery.
American College of Cardiology	Don't perform stress cardiac imaging or advanced non-invasive imaging as a pre-operative assessment in patients scheduled to undergo low-risk non cardiac surgery.
The Society of Thoracic Surgeons	Don't initiate routine evaluation of carotid artery disease prior to cardiac surgery in the absence of symptoms or other high-risk criteria.
The Society of Thoracic Surgeons	Patients who have no cardiac history and good functional status do not require preoperative stress testing prior to non-cardiac thoracic surgery.
Society of Cardiovascular Computed Tomography	Don't order coronary artery calcium scoring for preoperative evaluation for any surgery, irrespective of patient risk.

SVM

CT and MRI Scans

American College of Physicians	In the evaluation of simple syncope and a normal neurological examination, don't obtain brain imaging studies (CT or MRI).
American College of Physicians	Don't obtain imaging studies in patients with non-specific low back pain.
Society of Nuclear Medicine and Molecular Imaging	Don't use PET/CT for cancer screening in healthy individuals.
Society of Surgical Oncology	Don't routinely use breast MRI for breast cancer screening in average risk women.

ASAPM
NASS

Heart (Cardiac) Testing

Society for Cardiovascular Angiography and Interventions	Avoid PCI in stable, asymptomatic patients with normal or only mildly abnormal adequate stress test results.
Society for Cardiovascular Angiography and Interventions	Avoid coronary angiography to assess risk in asymptomatic patients with no evidence of ischemia or other abnormalities on adequate non-invasive testing.
Society for Cardiovascular Angiography and Interventions	Avoid coronary angiography for risk assessment in patients with stable ischemic heart disease (SIHD) who are unwilling to undergo revascularization or who are not candidates for revascularization based on comorbidities or individual preferences.
Society for Cardiovascular Angiography and Interventions	Avoid coronary angiography in post-coronary artery bypass graft (CABG) and post-PCI patients who are asymptomatic, or who have normal or mildly abnormal stress tests and stable symptoms not limiting quality of life.
Society for Cardiovascular Angiography and Interventions	Avoid performing routine stress testing after percutaneous coronary intervention (PCI) without specific clinical indications.

Heart (Cardiac) Testing

Society of Cardiovascular Computed Tomography	Don't order coronary artery calcium scoring for screening purposes on low risk asymptomatic individuals except for those with a family history of premature coronary artery disease.
Society of Cardiovascular Computed Tomography	Don't order coronary artery calcium scoring for preoperative evaluation for any surgery, irrespective of patient risk.
Society of Cardiovascular Computed Tomography	Don't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts).

Medications to Avoid

American Academy of Sleep Medicine	Avoid use of hypnotics as primary therapy for chronic insomnia in adults; instead offer cognitive-behavioral therapy, and reserve medication for adjunctive treatment when necessary.
Infectious Diseases Society of America	Avoid prescribing antibiotics for upper respiratory infections.
Infectious Diseases Society of America	Don't treat asymptomatic bacteruria with antibiotics.

American Geriatric Society

American Geriatrics Society	Don't use physical restraints to manage behavioral symptoms of hospitalized older adults with delirium.
American Geriatrics Society	Don't prescribe a medication without conducting a drug regimen review.
American Geriatrics Society	Avoid using prescription appetite stimulants or high-calorie supplements for treatment of anorexia or cachexia in older adults; instead, optimize social supports, discontinue medications that may interfere with eating, provide appealing food and feeding assistance, and clarify patient goals and expectations.
American Geriatrics Society	Don't recommend screening for breast, colorectal, prostate or lung cancer without considering life expectancy and the risks of testing, overdiagnosis and overtreatment.
American Geriatrics Society	Don't prescribe cholinesterase inhibitors for dementia without periodic assessment for perceived cognitive benefits and adverse gastrointestinal effects.

American Geriatric Society

American Geriatrics Society	Don't use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.
American Geriatrics Society	Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.
American Geriatrics Society	Avoid using medications other than metformin to achieve hemoglobin A1c<7.5% in most older adults; moderate control is generally better.
American Geriatrics Society	Don't use antipsychotics as the first choice to treat behavioral and psychological symptoms of dementia.
American Geriatrics Society	Don't recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral assisted feeding.

APA

AHPM
AMDA

Knee Pain

American Medical Society for Sports Medicine	Avoid recommending knee arthroscopy as initial/management for patients with degenerative meniscal tears and no mechanical symptoms.
American Medical Society for Sports Medicine	Avoid ordering a knee MRI for a patient with anterior knee pain without mechanical symptoms or effusion unless the patient has not improved following completion of an appropriate functional rehabilitation program.

Prostate

American Academy of Family Physicians	Don't routinely screen for prostate cancer using a prostate-specific antigen (PSA) test or digital rectal exam.
American Society for Radiation Oncology	Don't initiate management of low-risk prostate cancer without discussing active surveillance.
American Society for Radiation Oncology	Don't routinely recommend proton beam therapy for prostate cancer outside of a prospective clinical trial or registry.

Hospitalizations

Society of Hospital Medicine – Adult Hospital Medicine	Don't perform repetitive CBC and chemistry testing in the face of clinical and lab stability.
Society of Hospital Medicine – Adult Hospital Medicine	Don't prescribe medications for stress ulcer prophylaxis to medical inpatients unless at high risk for GI complications.
Society of Hospital Medicine – Adult Hospital Medicine	Don't place, or leave in place, urinary catheters for incontinence or convenience or monitoring of output for non-critically ill patients (acceptable indications: critical illness, obstruction, hospice, perioperatively for <2 days for urologic procedures; use weights instead to monitor diuresis).

Controversial

Society of General Internal Medicine	For asymptomatic adults without a chronic medical condition, mental health problem, or other health concern, don't routinely perform annual general health checks that include a comprehensive physical examination and lab testing. Adults should talk with a trusted doctor about how often they should be seen to maintain an effective doctor-patient relationship, attend to preventive care, and facilitate timely recognition of new problems.
Society of General Internal Medicine	Don't recommend daily home finger glucose testing in patients with Type 2 diabetes mellitus not using insulin.

Wimpy Lists

American Academy of Orthopaedic Surgeons	Don't use post-operative splinting of the wrist after carpal tunnel release for long-term relief.
American Academy of Orthopaedic Surgeons	Don't use lateral wedge insoles to treat patients with symptomatic medial compartment osteoarthritis of the knee.
American Academy of Orthopaedic Surgeons	Don't use glucosamine and chondroitin to treat patients with symptomatic osteoarthritis of the knee.
American Academy of Orthopaedic Surgeons	Don't use needle lavage to treat patients with symptomatic osteoarthritis of the knee for long-term relief.
American Academy of Orthopaedic Surgeons	Avoid performing routine post-operative deep vein thrombosis ultrasonography screening in patients who undergo elective hip or knee arthroplasty.

So Go Forth and Choose Wisely