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Choosing Wisely: Moving beyond lists
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Disclosures

The following presentation represents the views of the speaker at the time of the presentation. This information is meant for educational purposes, and should not replace other sources of information or your medical judgment.

I have received honoraria from Choosing Wisely Canada.

Outline

1. Overview of the Choosing Wisely Canada campaign
2. Beyond Lists: 2017 future direction
3. Learnings from the Alberta Physician Learning Program

Choosing Wisely Canada is a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective choices to ensure high-quality care.

The Lists

Developed by Canadian national societies representing a broad spectrum of clinicians, these lists contain tests and treatments commonly used that are not supported by evidence, and/or could expose patients to unnecessary harm.

Anesthesiology

Canadian Anesthesiologists' Society

Cardiology

Canadian Cardiovascular Society

Emergency Medicine ^(NEW)

Canadian Association of Emergency Physicians

Endocrinology and Metabolism

Canadian Society of Endocrinology and Metabolism

Family Medicine

CMA's Forum on General and Family Practice Issues
College of Family Physicians of Canada

Gastroenterology

Canadian Association of Gastroenterology

General Surgery

Canadian Association of General Surgeons

Geriatrics

Canadian Geriatrics Society

Headache

Canadian Headache Society

Hematology

Canadian Hematology Society

Hospital Medicine

Canadian Society of Hospital Medicine

Internal Medicine

Canadian Society of Internal Medicine



CWC Recommendations under investigation



- Don't perform pre-operative testing before low risk surgeries (special focus on cardiac tests/surgeries).
- Don't routinely obtain head computerized tomography scans in hospitalized patients with delirium in the absence of risk factors.
- Don't do imaging for lower-back pain unless red flags are present.
- Don't do screening mammography for average risk women aged 40-49.
- Do not use antipsychotics as a first-line intervention for insomnia in children and youth
- Don't transfuse red blood cells for arbitrary hemoglobin or hematocrit thresholds in the absence of symptoms, or if no benefit was perceived from previous transfusions.
- Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.
- Don't do imaging for minor head trauma unless red flags are present.

Early Trends Among Seven Recommendations From the Choosing Wisely Campaign

Alan Rosenberg, MD; Abiy Agiro, PhD; Marc Gottlieb, MPA; John Barron, PharmD; Peter Brady, MBA; Ying Liu, MS; Cindy Li, MSc; Andrea DeVries, PhD

Dissemination of statements insufficient to affect change

Table	Choo	Reco	Diagn	Imag	Card	Ches	Value
Low back pain imaging	7741 (53.7 [52.5-54.9])	8027 (53.7 [52.5-54.9])	0.0	1.00 (1.00-1.00)	.71		
Medications							
Sinusitis antibiotics	140 143 (84.5 [84.1-84.9])	43 857 (83.7 [82.9-84.5])	-0.9	1.00 (1.00-1.00)	.16		
Nonsteroidal anti-inflammatory drugs	633 (14.4 [13.3-15.5])	1386 (16.2 [15.3-17.1])	12.5	1.02 (1.01-1.02)	<.001		
Cervical Cancer Screening							
Human papillomavirus testing	276 753 (4.8 [4.78-4.82])	326 754 (6.0 [5.98-6.02])	25.0	1.01 (1.01-1.01)	<.001		

IMPLEMENTATION IS
WHERE THE RUBBER
HITS THE ROAD

Choosing Wisely Canada is a campaign to help clinicians and patients engage in conversations about unnecessary tests, treatments and procedures.

Inspiration for Your Implementation: CWC's User-Generated Toolkits.

- LOSE THE TUBE.**
A toolkit for early removal of urinary catheters on inpatient wards.
- BYE-BYE, PPI.**
A toolkit for deprescribing proton pump inhibitors in EMR-enabled primary care settings.
- WHY GIVE TWO WHEN ONE WILL DO?**
A toolkit for reducing unnecessary red blood cell transfusions in hospital.
- DROP THE PRE-OP.**
A toolkit for reducing unnecessary visits and investigations in pre-operative clinics.
- LESS SEDATIVES FOR YOUR OLDER RELATIVES.**
A toolkit for reducing inappropriate use of benzodiazepines and sedative-hypnotics among older adults in hospitals.



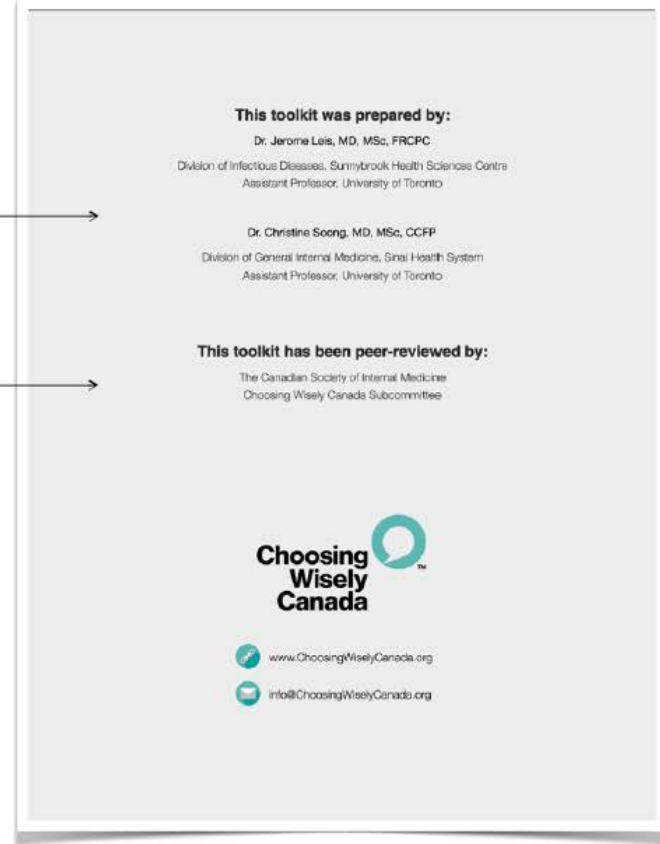
USER-GENERATED

AUTHORED BY PRACTITIONERS
WITH A PROVEN TRACK RECORD

PEER-REVIEWED

SHORT, SIMPLE, PRACTICAL

LIVING DOCUMENT

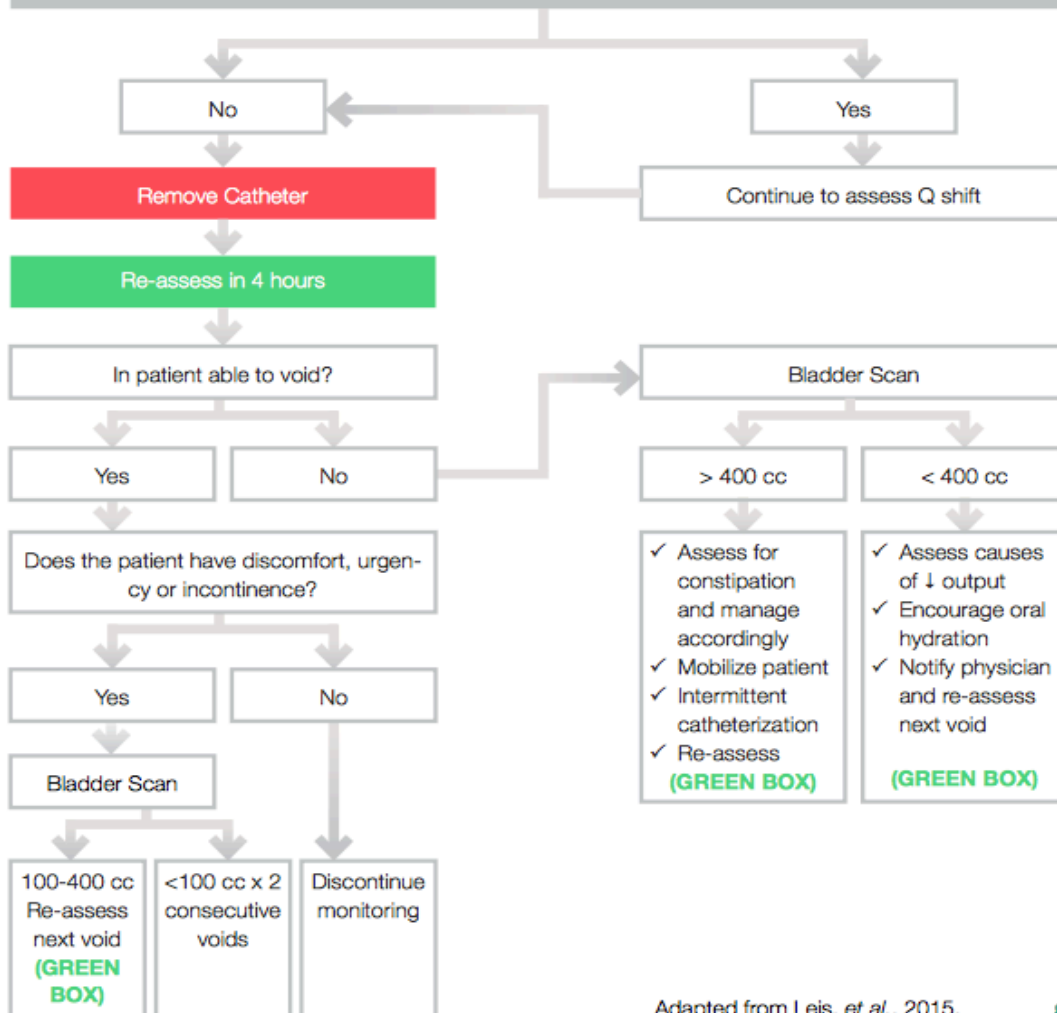


Medical Directive For Early Removal of Urinary Catheters in Medical Ward Patients

Exclusion Criteria

- Pre-admission permanent indwelling catheter
- Bladder outlet obstruction (urology is consulting)
- Continuous bladder irrigation for gross hematuria
- Stage 3 or 4 sacral ulcer in incontinent female patient
- Combat care in end of life as per patient wishes
- Serum sodium < 120 AND physician order for strict ins/outs

Does the patient meet any of the ABOVE criteria for leaving the Urinary Catheter in?



Future direction

- Additional CWC list items
- Collaboration to characterize patterns of testing and appropriateness

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