

Controversy about Choosing Wisely and Creating Value for Patients

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In my last column, I mentioned a controversy that has arisen within SGIM's membership about the recommendation SGIM made as part of the Choosing Wisely® campaign—"don't perform routine general health checks for asymptomatic adults."¹⁻³ When I was elected to serve as SGIM's president, I wondered what controversy was waiting for me. Well, here it is with just a little more time before I pass the gavel to Bill Moran.

One of the things I learned from my predecessors in this leadership role is the importance of listening when members express strong opposition to a policy of the organization. Although some of the previous controversies generated considerable angst and required substantial time commitments by the Council, I was impressed by how SGIM generally found a way to move forward with an even stronger commitment to its mission and core values.

I see my role now as giving priority to understanding and disseminating the views of members who oppose the advice against routine general health checks for asymptomatic adults. Although the Council has voted against retraction of the recommendation, I strongly support ideas for giving public voice to concerns. The issue is particularly important because participation in the Choosing Wisely® initiative is one of the major ways we are trying to create value for patients.

We need to respond as quickly as possible because the Choosing Wisely® campaign is moving rapidly and receiving a lot of public atten-

tion. Already, our recommendation has been featured in the January 2014 issue of *Consumer Reports on Health*⁴ and cited in an article published by the *New England Journal of Medicine* on January 22, 2014.⁵ In the *Consumer Reports* article, Ateev Mehrotra, MD, is quoted as saying "no one is saying preventive care is unnecessary, ... you just don't need the annual, one-size-fits-all physical." That article goes on to explain: "What is needed is a more targeted approach that varies based on your age, gender, and health and that focuses on what really works." In the *New England Journal of Medicine* article, the authors criticized professional societies for generally naming other specialists' services as low-value without putting any of their own major services on the Choosing Wisely® list. However, they commended SGIM by saying "the notable exception is the Society of General Internal Medicine, whose list includes the annual physical, a common visit type for primary care physicians."

Despite the positive reaction to SGIM's willingness to question the value of routine check-ups, I believe it is important to emphasize several points that were not included in the short final version of our Choosing Wisely® list. The American Board of Internal Medicine (ABIM) Foundation insisted on presenting each listed item in a single paragraph.

As was indicated in a longer version of our working group's list, "having an established relationship with a primary care provider that includes regular contact allows for focused

discussions on evidence-based recommendations that are tailored to the individual patient." In continuing dissemination efforts, we should make it clear that the advice should not be used to withhold coverage for visits that are needed to establish a reliable relationship with a primary care provider. We should emphasize that some patients will need more frequent contact than others. We also should caution against any misinterpretation that could create a barrier for vulnerable patients who may have trouble connecting with a physician. Ideally, people will have an opportunity to talk with a trusted primary care provider about how often to come in for a check-up. Unfortunately, as a friend pointed out, the reality is that many people do not have a regular doctor.

The longer version of the working group's list also noted that a review "did conclude that general health checks may improve the delivery of preventive health care and decrease patient worry."⁶ Ironically, I was a co-author of that systematic review. We should be looking for ways to explain how check-ups can be used to improve delivery of preventive care, taking into consideration how system-based approaches could be more effective in improving preventive care. For example, if you want to ensure that every patient has an opportunity to receive an annual influenza vaccine, should you ask every patient to come in for a visit in the fall, or should you create a system for reminding every patient to get an influenza vaccine? In our media efforts,

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we should call attention to the potential value of check-ups in decreasing patient worry, while acknowledging that patients vary a lot in their anxiety about their health. Ideally, we will talk with our patients about their anxieties and expectations and tailor the frequency of their “check-ups” to what best suits their needs.

I will be encouraging members to use social media to bring public attention to these types of concerns. Hopefully, we will make that happen by the time this column appears in print. We plan to initiate a blog about the issue on the ABIM Foundation's website. Another option is to prepare a dissenting opinion for publication in the newsletter being launched by the Choosing Wisely® campaign. Although we may not reach complete consensus on the value of routine check-ups, we should be able to use open discussion of differing opinions to increase understanding of the issue. For that reason, we plan to hold a town hall discussion on the topic at the national meeting in San Diego.

Surely, the discussion will point out the limitations of existing evidence. The ABIM Foundation is committed to basing the Choosing Wisely® initiative on available evidence, but evidence often is insufficient to address all permutations that clinicians encounter in applying a recommendation to clinical practice. Nevertheless, the Choosing Wisely® campaign as a whole can help us be better stewards of health care resources. As an organization committed to creating value for patients, SGIM should expect more. In my opinion, the campaign will only be successful in creating value for patients if it stimulates conversations that place evidence in the context of a humanistic approach to the doctor-patient relationship.

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