Choosing Wisely

- ABIM Foundation initiative
- Goal to encourage physicians, patients and other health care stakeholders to think and talk about medical tests and procedures that may be unnecessary, and possibly harmful
- 47 specialty societies developed lists of *Five Things Physicians and Patients Should Question*
- Evidence-based recommendations physicians and patients should discuss to help make wise decisions about the most appropriate care
Don't perform routine general health checks for asymptomatic adults.

Routine general health checks are office visits between a health professional and a patient exclusively for preventive counseling and screening tests. In contrast to office visits for acute illness, specific evidence-based preventive strategies, or chronic care management such as treatment of high blood pressure, regularly scheduled general health checks without a specific cause including the "health maintenance" annual visit, have not shown to be effective in reducing morbidity, mortality, or hospitalization, while creating a potential for harm from unnecessary testing.
How the list was created

- Ad hoc committee from existing Clinical Practice Committee and Evidence-Based Medicine Task Force
- Group developed topics that met goals of the *Choosing Wisely* campaign
  - Primary care and hospital medicine
- Reviewed evidence and chose final topics by committee vote
  - Strength of evidence
  - Committee’s unique ability to address the topic
  - Contributions to patient safety, quality and economic impact
- 2 members developed topic then reviewed by entire committee
- Final recommendations approved by SGIM Council
Recommendation

In contrast to office visits for acute illness, specific evidence-based preventive strategies, or chronic care management such as treatment of high blood pressure, regularly scheduled general health checks without a specific cause including the “health maintenance” annual visit, have not shown to be effective in reducing morbidity, mortality or hospitalization, while creating a potential for harm from unnecessary testing.
General health checks in adults for reducing morbidity and mortality from disease (Review)

Krogsbøll LT, Jørgensen KJ, Grønhøj Larsen C, Gøtzsche PC

- Nine randomized trials totaling > 150,000 participants
- Most trials had concealed allocation, limited selection bias, and good follow-up

### Measures of bias

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*BMJ* 2012;345:e7191
No effect on all-cause mortality, cardiovascular mortality, cancer mortality, or all-cause hospitalization.

Most optimistic review

23 observational studies and 10 RCTs

17 Outcomes

No effect on mortality, disability and hospitalizations

Inconsistent findings on preventative care process measures (screening rates) and costs

Decreased patient worry

L. Ebony Boulware et al.

Annals 2007;146(4):289-300
Systematic Review: The Value of the Periodic Health Evaluation

L. Ebony Boulware et al.

- Benefit in some process measures: rate of Pap test, FOBT, and patient worry
- ‘Mixed’ on other process measures: Counseling, immunizations, mammography
- ‘Mixed’ effect on proximate outcomes: BP, cholesterol, disease detection, health habits, BMI
## Potential Harms

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<th>To patients</th>
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<td>• Lost time</td>
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<td>• Expense</td>
<td>• Decrease access for other patients</td>
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<td>• Cascade overuse</td>
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Recommendation is

- An opportunity to re-think how and when we see patients for *routine visits*
- A recognition that all care should be **tailored** to **individual** patient needs
- Evidence-based, patient-centered, and good stewardship
- **Consistent with good primary care**
- **Consistent with medicine’s ethical responsibility for health care**
Recommendation is not

- Reason to never see patients
- An attack on primary care
- An attack on preventive care
Opportunity for us to lead in choosing evidence-based practice