Don’t recommend daily home glucose monitoring in patients with Type 2 diabetes mellitus not using insulin.

Self-monitoring of blood glucose (SMBG) is an integral part of patient self-management in maintaining safe and target-driven glucose control in type 1 diabetes mellitus. However, for patients with type 2 diabetes mellitus who are not on insulin or medications associated with hypoglycemia, daily glucose monitoring has been shown to have small statistically significant, but not clinically important, changes in glucose control, and small, but significant, patient harms are associated with daily glucose monitoring. SMBG as part of a structured program of education and medication modification should be reserved for patients during the titration of their medication doses or during periods of changes in patients’ diet and exercise routines.

Don’t perform routine annual checkups unless patients are likely to benefit; the frequency of checkups should be based on individual risk factors and preferences. During checkups, don’t conduct comprehensive physical exams or routine lab testing.

Patients who are likely to benefit from annual checkups include those who are overdue for recommended preventive care, at high risk of undiagnosed chronic illness, rarely see their primary care physician, have low self-rated health, or have a high degree of worry. Patients from historically excluded or marginalized groups, such as racial and ethnic minoritized groups and those with low income, are at increased risk of many health problems and are more likely to benefit from checkups. Patients who do not meet any of these criteria probably do not need a checkup every year and should talk with their doctor about how often checkups should occur. For asymptomatic patients, beyond blood pressure measurement, body mass index (BMI) assessment, and cervical cancer screening for women, a regular screening physical examination has not been shown to improve health. For laboratory testing, current recommendations for patients with previously normal results range from every 3 to 5 years for common tests such as blood glucose and lipid levels.

Don’t perform routine pre-operative testing before low-risk surgical procedures.

The goal of the preoperative evaluation is to identify, stratify, and reduce risk for major postoperative complications. The crucial elements of this evaluation are a careful history and physical examination. Preoperative testing (including blood and urine testing, chest radiographs and electrocardiograms) prior to low-risk surgical procedures typically does not reclassify the risk estimate established through the history and physical examination, may result in unnecessary delays, lead to downstream risk from additional testing, and add unnecessary costs. Clinicians should not routinely order testing before low-risk surgery.

Don’t recommend cancer screening in adults with life expectancy of less than 10 years.

Screening for cancer can be lifesaving in at-risk patients. While certain screening tests lead to a reduction in cancer-specific mortality, which emerges years after the test is performed, they expose patients to immediate potential harms. Patients with life expectancies of less than 10 years are unlikely to live long enough to derive the distant benefit from screening. Furthermore, these patients are more likely to experience harms since patients with limited life expectancy are more likely to be frail and more susceptible to complications of testing and treatments. Therefore, the balance of potential benefits and harms does not favor cancer screening in patients with life expectancies of less than 10 years.

Don’t place, or leave in place, peripherally inserted central catheters for patient or provider convenience.

Peripherally inserted central catheters (PICCs) are commonly used devices in medical practice that are associated with costly and potentially lethal healthcare-acquired complications, including central-line associated bloodstream infection (CLABSI) and venous thromboembolism (VTE). Given the clinical and economic consequences of these complications, placement of PICCs should be limited to acceptable indications (e.g., long-term peripherally compatible infusions, non-peripherally compatible infusions, chemotherapy, palliative care, and frequent blood draws). PICCs should be promptly removed when indications for their use end.
How This List Was Created

An ad hoc committee of the Society of General Internal Medicine (SGIM) was impaneled, taking advantage of the clinical expertise of members from the Clinical Practice Committee and Evidence-Based Medicine Task Force within the Society. Members of the ad hoc committee were then solicited to determine possible topics for consideration. The topics chosen were selected to meet the goals of the Choosing Wisely® campaign, utilizing the unique clinical perspective of members of the Society in ambulatory general medicine as well as hospital-based practice. The final topics were selected by a vote of committee members based on the strength of the existing evidence, the unique standing members of the Society have in addressing the clinical topics selected, as well as contributions the recommendations would make in terms of patient safety, quality and economic impact. The final recommendations were approved by the governing Council of SGIM.

For SGIM’s disclosure and conflict of interest policy, please visit www.sgim.org.

Sources


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About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

To learn more about the ABIM Foundation, visit www.abimfoundation.org.

About the Society of General Internal Medicine

The membership of the Society of General Internal Medicine (SGIM) consists of academic general internal medicine faculty practicing, teaching and conducting research in outpatient settings as well as in our nation’s teaching hospitals. As leading teachers of the next generation of physicians, we are committed to moving the practice of medicine to a more evidence-based approach. We are deeply committed to using science to improve our knowledge-base so that our patients can receive the best treatments, the optimal prevention care and the highest quality of life. We believe that the Choosing Wisely campaign mirrors these same commitments to the evidence-based practice of medicine for the benefit of our patients.

To learn more about the SGIM, visit www.sgim.org.

For more information or to see other lists of Five Things Physicians and Patients Should Question, visit www.choosingwisely.org.