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FROM THE SOCIETY: PART II

Choosing Wisely: Five Things Physicians and Patients Should Question

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Don't recommend daily home finger glucose testing 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. However, there is no benefit to daily finger glucose testing in patients with type 2 diabetes mellitus who are not on insulin or medications associated with hypoglycemia, and there is negative economic impact and potential negative clinical impact of daily glucose testing. SMBG should be reserved for patients during the titration of their medication doses or during periods of change in patients' diet and exercise routines.

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 (e.g. 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 and create a potential for harm from unnecessary testing.

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

Pre-operative assessment is expected before all surgical procedures. This assessment includes an appropriately directed and sufficiently comprehensive history and physical examination and, in some cases, properly includes laboratory and other testing to help direct management and assess surgical risk. However, pre-operative testing for low risk surgical procedures (such as cataract extraction) results in unnecessary delays, adds significant avoidable costs, and should be eliminated.

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

Screening for cancer can be lifesaving in otherwise healthy at-risk patients. While screening tests lead to a mortality benefit, 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. However, these patients are in fact 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 recommending 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 (or "PICCs") are commonly used devices in contemporary medical practice that are associated with two costly and potentially lethal health care-acquired complications: 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 intravenous antibiotics, total parenteral nutrition, chemotherapy, and frequent blood draws). PICCs should be promptly removed when acceptable indications for their use end.

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