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The Search for Wisdom in Choosing Wisely

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I have followed the debate over SGIM's Choosing Wisely campaign recommendation concerning preventive health visits and the spirited discussion it has generated within the internal medicine community. At the SGIM annual meeting in San Diego, SGIM members packed a standing-room-only town hall meeting moderated by outgoing SGIM president Eric Bass, MD. Panelists presented their critiques of the evidence and the impact the recommendations will have on the patient-physician relationship. SGIM members responded with one insightful comment after another, exhibiting their passion for primary care and preventive health and navigating the intersection of evidence-based medicine, media, and public policy.

As I participated in the town hall, it became apparent that the Choosing Wisely campaign has larger challenges in the movement itself.

First, are the goals of the Choosing Wisely campaign sufficiently clear? The American Board of Internal Medicine (ABIM) Foundation's statement on its website claims that its purpose is "to reduce overuse of tests and procedures, and support physician efforts to help patients make smart and effective care choices."[1] A recent editorial, however, examining the politics and economics of the campaign quotes the goal as identifying "achievable practice changes to improve patient health through better treatment choices, reduced risks and, where possible, reduced costs."[2] In a blog response to the editorial's questioning of items in the Choosing Wisely lists, the campaign's stated goals were expanded further to include raising "awareness of the fact that there are tests and procedures performed that are wasteful," creating "a national dialogue around the goal of the health care system to increase health and cultivate patient-centered experiences at affordable costs—the Triple Aim," and preventing harm, "including an average of 30,000 deaths caused annually by these wasteful procedures."[3] These aims, while sensible, are not exactly the same, and such varying statements underscore that confusion. Is the intention to encourage physicians to make the best choice within an array of diagnostic or therapeutic options or to simply stop treatments or tests that have low value without needing an alternative? Is the purpose to reduce harm or save money? Or is it all of these goals at once?

Second, how are such aims to be prioritized, especially if a very expansive set of goals is delineated? Ceasing one practice may have a predominant effect on reducing cost, while stopping another practice may have a greater effect on reducing harms. Which of these targets should be selected and by what criteria? How should the anticipated effects be measured? Furthermore, an implicit assumption in the campaign is that the identified low-value practice is widely performed and has such therapeutic inertia that a counter movement is needed to stop doing it. Should we then focus efforts only on the most prevalent practices that are deemed unnecessary?

Third, how is the selection process undertaken? If the goals and priorities are not completely clear, then it is no wonder the society lists are so different in character and scope. On review of the Choosing Wisely statements, most societies formed a task force that developed the list and in many cases obtained sanction from a society's governing body, although not necessarily membership as a whole.[4] Gilwa et al. examined the rationalization of the Choosing Wisely recommendations and found that most services were justified by having an equivalent benefit with higher risk and/or cost but that risk to the patient was only explicitly mentioned about half the time.[5] SGIM's task force is to be commended for reporting its methods, which included scoring based on the following domains: evidence-base, "standing" on the topic, number of patients affected, financial impact, cost-effectiveness, and potential harm.[6] Notably, however, SGIM's task force recognized that resources to perform new systematic reviews were not available.

Fourth, the words we use matter. As clinicians we experience this daily. Small differences in word choice or tone can make a tremendous difference in a patient's life. Saying "Tell me about how you view your drinking" is different from saying "Don't drink." Taking someone's hand and saying "I'm really worried that you have lung cancer" is a world apart from "There's a spot on your CT, but I'm not sure what it is." Unfortunately, in the Choosing Wisely campaign, our words are fenced into tight semantic corners. The "Don't do" has resulted in some truly tortured language—saying "Don't delay palliative care" rather than "Obtain palliative care consultation" is a good example. This was not always the

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case—the original papers describing "top-five" lists also included positive statements of care, such as "Use inhaled corticosteroids to control asthma appropriately."[7]

There is a way forward.

The concept of *impact* should be a guiding force in developing Choosing Wisely practice targets. As most organizations did not have resources to conduct new reviews, few recommendations have accompanying data to describe the *impact* of the current questionable practice and the consequences of stopping those practices, both for potential good or ill. Grady et al. advocate for developing "ways to evaluate the effect of the top-five lists on health care delivery and health care" and to focus on "high impact activities that can be tracked using electronic databases."[8] Research methods to measure low-value care's impact are being refined.[9]

A standardized reporting structure for the more than 130 targets should be developed. Callaghan et al. have developed a framework to evaluate and prioritize Choosing Wisely targets that focuses on three factors: *net benefit, net cost*, and the *certainty* of those estimates.[10] Were the Choosing Wisely recommendations standardized in this way, recommendations could then be more readily compared with one another.

Let us return to SGIM's recommendations as an example. In this framework, the recommendation not to check blood sugars in patients with type 2 diabetes mellitus not on insulin or secretagogues might be presented as having neutral benefit (i.e. does not improve outcomes but does not cause harm), a high degree of cost (e.g. an estimate of how much is spent per year on testing supplies for these patients), and a certainty estimate based on the evidence. The recommendation to remove PICC lines that are no longer indicated would likely show a negative benefit (e.g. harms presented as number of unnecessary complications per year), possibly smaller net cost (i.e. due to relatively lower incidence of patients with PICC lines compared with type 2 diabetics not on insulin or secretagogues), and a certainty estimate.

As for the recommendation regarding preventive health visits, the rationale appears to be due to neutral *net benefit*, as there was concern for lack of efficacy and presumably high *net cost* (e.g. yearly costs associated with preventive health visits). However, given concerns for the validity of the prior trials with respect to current practice, the *certainty* of these conclusions would be low.

In addition to focusing on impact and a standardized framework, allowing more flexibility of language would be welcomed. The phrase "Don't perform routine general health checks for asymptomatic adults" is too simplistic a message to cast into the sea of public consumption. A more carefully considered recommendation would be for patients to consult with their physicians regarding the appropriate interval for preventive health visits: "*Not every healthy patient needs a 'yearly physical.' Discuss with your physician what is best for you.*" This might better match the level of certainty regarding the evidence.

Still, Choosing Wisely has laudable goals indeed, provided its mission can be clarified and refined. Recognizing cost as at least part of its focus is a welcome complement to other guidelines such as the US Preventive Services Task Force, in which cost is explicitly not considered.[11] SGIM's task force should be commended for taking on a difficult challenge with limited resources.

But what is Choosing Wisely exactly? A guideline? A recommendation? A media campaign? A quick check on the Choosing Wisely website touts ever more consumer organization partnerships, suggesting it is more the latter.[12] If the goal is to spark conversation, then Choosing Wisely—and SGIM for its part—has clearly succeeded. But Choosing Wisely appears to be trying to have it both ways, saying on one hand that it is just igniting discussion while on the other hand promoting a list of five "Don't do" commandments. "Don't do" is not the way one starts a discussion. There is an opportunity for the Choosing Wisely campaign to perhaps reflect and be more honest with itself as to its purpose. Guidelines are subject to rigorous scrutiny of methodology while media campaigns are not.

Grant funding for dissemination of the Choosing Wisely recommendations has charged ahead,[13] although funding may have been better purposed upfront to vet the chosen targets based on a structured framework with clear prioritization of goals well before implementation. As this campaign matures, we can hope for improvements—more evidence for impact, more consensus, more clarity of purpose, and a consistent reporting framework accompanying each recommendation (Table 1).

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Table 1. Possible Improvements in Choosing Wisely Campaign

Current practice	*Future state*
Conflicting statements regarding the purposes of Choosing Wisely	Refined mission statement with prioritization of goals among benefit/harms, cost, impact
Task forces convened by societies to identify top-five lists	Research and funding committed to solidify evidence base when needed and determine low-value practices that, if stopped, will have the greatest benefit
Limited number of words in purpose statements and "Don't" semantics	Greater clarity of purpose to free up restrictions on recommendations
Brief rationales without consistent framework	Recommendations reported with estimate of benefit/harm, cost, and certainty of those estimates and submitted for public/organization comment on impact of change in practice

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