

## LETTER TO THE EDITOR

In the article “The Search for Wisdom in Choosing Wisely,” Christopher Wong, MD, reflects on discussions related to SGIM’s inclusion of annual physicals on its Choosing Wisely list. Stemming from his observations of this debate, he outlines a myriad of issues he says the campaign is facing, claiming the “campaign has larger challenges in the movement itself” and suggesting possible improvements and future states. I appreciate Dr. Wong’s thoughtful critique of the campaign. Choosing Wisely—and any ambitious effort of its kind—could certainly be improved. But I was disappointed by the narrow focus of the suggestions, which missed an opportunity to instead explore the broader picture of how Choosing Wisely can be used as a pathway to improve patient care.

Dr. Wong states that there are conflicting statements regarding the purpose of Choosing Wisely and suggests a refined mission statement. The campaign has always had a clear and consistent aim: to encourage clinicians and patients to engage in conversations about reducing unnecessary tests. This is really about culture change—stopping and thinking about the tests and procedures ordered out of routine or protocol and having conversations about what is best for patients. Given the complexity of health and our health care system, achieving a goal like this needs to be approached from multiple avenues, such as raising awareness of overtreatment and waste, encouraging practice changes, and developing communications skills training to support clinicians in conversations with patients.

Dr. Wong also questions the process undertaken by societies in identifying the items on their lists, claiming a variation in character and scope. He notes that many societies used task forces that did not necessarily represent the membership body as a whole.

We believe the society lists are a means to an end—the conversations that ultimately take place between clinicians and patients about what tests and procedures are most appropriate. However, we recognize the utility of these lists in how they might be applied in other areas of health care, such as the work done at Cedars-Sinai to embed them in their electronic health records or resident-led utilization improvement efforts at Vanderbilt University Medical Center. We intentionally created a framework that gave each society some degree of latitude to address areas of waste in its specialty. Additionally, we ensured a level of consistency across the entirety of the campaign by asking partners to abide by four principles: 1) Each recommendation should be a test or procedure that is used

frequently and/or that carries a significant cost; 2) there should be generally accepted evidence to support each recommendation; 3) the process should be thoroughly documented and publicly available upon request; and 4) each recommendation should be within the control of the specialty.

Dr. Wong suggests that the language used in the recommendations—notably the frequent use of “don’t” or “avoid” to begin most statements—runs counter to the campaign’s aspirations to propagate conversations. We believe this direct language, and the clarity derived from its brevity, has done just the opposite.

These short initial statements serve as an entry point to a more substantive conversation. Each recommendation is followed by much lengthier descriptions of the recommendation, along with instances where such a test or procedure would be appropriate.

Several of these recommendations are further explored as topics in education modules developed to enhance physician communication skills. Created by the Drexel University College of Medicine in partnership with specialty societies, a topic such as “Don’t x-ray for low back pain” serves as the basis for a seven-part training covering areas such as eliciting patient concerns, showing empathy, and creating partnerships.

Underscoring the importance of these conversations and the relationship between physicians and patients, Consumer Reports, working with the societies, has created patient-friendly brochures (now more than 60) based on many of the recommendations and is disseminating them through a bevy of consumer partners like AARP, the National Business Group on Health, and Wikipedia.

It is because of the leadership of specialty societies like SGIM that Choosing Wisely has taken root in health care and helped shape a national dialogue on eliminating waste and overuse. There is still much work to be done, but we are encouraged that others are building on the campaign and using it as a starting point to advance their own initiatives to reduce unnecessary care. We are optimistic about the future as societies create new lists, and we welcome new clinician organizations to Choosing Wisely.

*Daniel B. Wolfson, MHSA  
Executive Vice President and  
Chief Operating Officer  
ABIM Foundation*