Choosing Wisely Campaign
An International Tide
Reaching Rapidly to Japan and Beyond

Shunzo Koizumi, MD, FACS
Board member, Japanese Society for Quality and Safety in Healthcare
Director, Shichijo Clinic, Kyoto, Japan
Conflict of Interest:

--- none to declare for this presentation
Japanese Healthcare System: a Close Look from Inside

- Problems with the Leadership of Hospital Directors
  - University Hospitals: Sectionalism & Authoritarian Attitude of Dept. Chairs
  - Smaller Community Hospitals: Lack of “System” Thinking

- Healthcare Expenditure Containment (Government) under Fee-For-Service Reimbursement System results in:
  - Hospital revenue comes from invasive procedures (diagnostic & therapeutic)

- Frontline healthcare workers are over-working, fatigued and prone to errors
- Quantity matters, not quality
- Possible “Over-diagnosis” involved
過ぎたるは、猶お、及ばざるがごとし

・子貢問、師與商也孰賢乎、子曰、師也過、商也不及、曰、然則師愈與、子曰、過猶不及也
  ・(孔子「論語 先進第十一）

・Zi Gong asked, “Which is better, Zi Zhang or Zi Xia?” Confucius replied, “Zi Zhang goes too far. Zi Xia falls short.” Zi Gong asked, “So, Zi Zhang is better?” Confucius replied, “Too much spoils, too little is nothing.”
過剰診断防止

2013 Dartmouth U. (U.S.A.)
2014 Oxford U. (U.K.)
2015 NIH (Bethesda, U.S.A.)
I've always done this.
The patient wants it.
New tests are good.
Better to do something than do nothing.
Referring doctor wants it.
I don't want to get sued.

Better to do something than do nothing.
Choosing wisely: 賢明な選択を、

http://www.choosingwisely.org/
by the ABIM Foundation, American College of Physicians Foundation and the European Federation of Internal Medicine (2002)

A Commitment to
- Professional competence
- Honesty with patients
- Patient confidentiality
- Maintaining appropriate relations with patients
- Improving quality of care
- Improving access to care
- **A just distribution of finite resources**
- Scientific knowledge
- Maintaining trust by managing conflicts of interest
- Professional responsibilities

**Fundamental Principles**
- Primacy of patient welfare
- Patient autonomy
- Social justice
Choosing Wisely: The Responsibility of Physicians, Patients and the Health Care Community in Building a Sustainable System

Tim Lynch, JD and Daniel Wolfson, MHSA

Thank you to the ABIM Foundation 2011 Forum Planning Committee

Glenn Hack Barth, Chair
Richard Baron
Christine Cassel
Deborah Leff
Wendy Levinson
Catherine Lucey
Elizabeth McGlynn
David Reuben
Donald Wesson
History of “TOP FIVE LIST”

• **2010**: Howard Brody
  - recommended that medical specialty societies, being stewards of a field, ought to publish a list of five things which they would like changed in their field and publicize it to their members

• **2011**: National Physicians Alliance
  - tested a project in which it organized the creation of some "top 5 lists"

*Howard Brody, M.D., Ph.D.*
Director, Institute for the Medical Humanities
Professor, Family Medicine
The University of Texas Medical Branch at Galveston
American Academy of Family Physicians

Fifteen Things Physicians and Patients Should Question

1. Don’t do imaging for low back pain within the first six weeks, unless red flags are present.
   Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs. Low back pain is the fifth most common reason for visits to primary care physicians.

2. Don’t routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.
   Symptoms must include discolored nasal secretions and lack of oral tenderness when touched. Most sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own. Despite consistent recommendations to the contrary, antibiotics are prescribed in more than 80% of outpatient visits for acute sinusitis. Sinusitis accounts for 16 million office visits and $6.6 billion in annual healthcare costs.

3. Don’t use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.
   DEXA is not cost effective in younger, low-risk patients, but is cost effective in older patients.

4. Don’t order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.
   There is little evidence that detection of coronary artery disease in asymptomatic patients at low risk for coronary heart disease improves health outcomes. False-positive tests are likely to lead to harm through unnecessary invasive procedures, over-treatment, and mistreatment. Potential harms of this routine annual screening exceed the potential benefit.

5. Don’t perform Pap tests on women younger than 21 or who have had a hysterectomy for non-cancer disease.
   Most observed abnormalities in adolescents regress spontaneously, therefore Pap tests for this age group can lead to unnecessary anxiety, additional testing and cost. Pap tests are not helpful in women after hysterectomy (for non-cancer disease) and there is little evidence for improved outcomes.

Treating sinus problems
Don’t rush to antibiotics

The sinuses are small, hollow spaces inside the head. They drain into the nose. The sinuses often cause problems after an infection. They can also cause problems if they get blocked up from hay fever and other allergies. The medical name for sinus problems is sinusitis.

Sinus problems can be very uncomfortable. You may feel stuffy. You may have yellow, green, or gray mucus. And you may feel pain or pressure around your eyes, cheeks, forehead, or teeth.

Each year, millions of people use antibiotic drugs to treat sinus problems. However, they usually do not need antibiotics. Here’s why:

- Antibiotics usually do not help sinus problems.
  - Antibiotics kill bacteria. They do not kill viruses or help allergies. Viruses or allergies cause most sinus problems.
  - Sinus problems usually get better in a week or so without drugs, even when bacteria cause them.

- Antibiotics cost money. Most antibiotics do not cost very much. But why waste your money? Patients often ask for antibiotics, and doctors often give them. As a result, Americans spend an extra $31 million a year on health care costs.

- Antibiotics have risks.
  - About one out of every four people who take antibiotics have side effects, such as dizziness, stomach problems, and rash.
  - In rare cases, people have severe allergic reactions to antibiotics.

- Overuse of antibiotics has become a serious problem. When you use them too much, they stop working as well. Then, when you do need them, they may not help as much.
to promote conversations between physicians and patients by helping patients choose care:

Shared Decision Making: Clinicians and patients working together to select tests, treatments, management or support options based on clinical evidence and the patient’s informed preferences.
FOUR QUESTIONS TO ASK YOUR DOCTOR

1) Do I really need this test, treatment or procedure?
2) What are the downsides?
3) Are there simpler, safer options?
4) What happens if I do nothing?
Daniel B. Wolfson (ABIM-Foundation):
Core Six Principles of Choosing Wisely Campaign

1. The campaign must be clinician-led (as opposed to payer/government led). This is important to building and sustaining the trust of clinicians and patients.

2. Key messages in the campaign must emphasize quality of care and harm prevention, rather than cost reduction.

3. The campaign must be patient-focused and involve efforts to engage patients in the process, as communication between clinicians and patients is central to Choosing Wisely. Patients, or groups representing patients’ interests, should be engaged in the development and/or implementation of the campaign.

4. The recommendations issued by the campaign must be evidence-based, and must be reviewed on an ongoing basis to ensure credibility.

5. Multi-professional—Where possible the campaign should include physicians, nurses, pharmacists and other health care professionals.

6. Transparent—Processes used to create the recommendations must be public and any conflicts of interest must be declared.
What is Choosing Wisely Campaign?

- Commitment for Sustainable Care by Medical Profession based on;
- **Medical Professionalism and Evidence-Based Medicine**

David Sackett
(1934~2015)
the 1st International Roundtable on “Choosing Wisely”
(June 11~12, 2014 at De Waag-Theatrum Anatomicum, Amsterdam, Netherlands)

Professor Wendy Levinson, Toronto
(“Choosing Wisely Canada”)

Participating Countries: Canada, U.S.A., U.K., the Netherlands, Denmark, Germany, Italy, Japan, Australia, New Zealand.
On these systemic bases Slow Medicine is born and is developing its projects, trying to change a world dominated by personal interests, with a medicine more measured, respectful and equitable.
Top 6 items across participating countries

1. Antibiotics for URIs/bronchitis/sinusitis
2. Imaging for low back pain
3. Benzodiazepine/antipsychotics in older patients
4. Cancer screening (pap, ovarian, PSA)
5. Pre-operative testing in low-risk patients (EKG, stress EKG, chest x-ray, labs)
6. PPIs

• Others:
  • Cardiac imaging in low risk patients
  • Urinary catheter placement
  • Imaging for headaches
  • DEXA scan for bone density
Medical Students’ Involvement: STARS Leadership Summit (Canada)

Students initiating a conversation on “Choosing Wisely” to learn how to practice high value care
MORE IS NOT ALWAYS BETTER

www.ChoosingWisely.ca
Healthcare Interventions: Why over-used?

• Physician’s mindset:
  • Uncertainty is uncomfortable
  • Fear of litigation

• Financial incentives:
  • Organization/Physicians
  • Fee-for-service payment system

• Patient (societal) expectations:
  • “More care is better care”
  • Commitment brings peace of mind
main barriers:

- Majority of healthcare professionals are still skeptic due to:
  - our fee-for-service reimbursement system
  - demanding patients who quite often ask for more interventions both for diagnosis and treatment.
Measurement:

- Q: Using overall instead of disease specific survival rates to measure the effectiveness of certain specific interventions may result in too few positive outcome data for any intervention. This may lead to an argument that our campaign is against to almost all medical interventions currently available.
What to be explored: Bias and Heuristics

- Psychological factors which may lead to doing more both on the part of providers and patients.
Campaign Approach

- **Physicians**
  - Societies develop lists
  - Disseminate through multiple channels
- **Patients**
  - Develop patient materials
  - Disseminate broadly through multiple channels
- **Media**
  - Coordinated approach toward media
  - Multiple voices, a common message
- **Stakeholders**
  - Work through health care stakeholder organizations to implement and support adoption
Implementation strategies in Japan:

- **Seminars and Symposia:**
  - Introductory seminars aiming at different groups of physicians on over-diagnosis and low-value care.

- **Translation of “List of Five”:**
  - Introducing recommendations of “Choosing Wisely “to Japanese public by translating them into Japanese language and posting on a Website for public as well as our own Website.

- **Japanese “List of Five”:**
  - Through the endorsement of JCMS, we plan to ask specialty societies regarding their own “List of Five”.
Consortium for Generalist Education:

- Also, a small group of young general internists who are interested in current issues in healthcare, held symposia on Choosing Wisely Campaign and Low-Value Care and has published their proceedings. The titles of them are “Less is more - Choosing Wisely Japan” and “High Value Care in Japan”.

Dr. Yasuharu Tokuda (Jpn Comm H Org)
Core Member: Working Group on Excessive Healthcare and “Choosing Wisely” Campaign

- Our Working Group belongs to the Scientific Committee of
- JSQSH (Japanese Society for Quality and Safety in Healthcare)
Japan Council of Medical Sciences (JCMS)

- consists of 126 major medical societies in Japan including 93 clinical, 14 basic and 19 social societies and supervise individual medical societies
- Symposium on “Choosing Wisely in Healthcare” planned within a year
Another important organization for our campaign is, which has agreed to hold a session on “Choosing Wisely” during their annual Convention in coming June. We are planning to conduct an interesting lectures and case discussions for this session.
JCQHC (Japan Council for Quality Health Care)

- mostly funded by the Ministry of Health and Labor
- nationally accredit hospitals for the quality of care
  - A Japanese counterpart of “JC” in US
- Collects and analyses “Adverse Events” for patient safety promotion
- Working closely with us for our kick-off Seminar in coming October
Role of patients/public in our campaign

- We have a leading medical journalist as a group member. She is actively researching the problem of over-confidence in medical intervention and proposing effective strategies to accomplish our goals.
- We also have the representative of a prominent consumer advocate group in healthcare (COML: Consumer Organization for Medicine & Law) as the member of our working group.
Choosing Wisely Korea (Seoul, January 30th, 2015): Conference on “Choosing Wisely” and post-graduate education Organized by: Professor Hyeong Sik Ahn (Korea University)
Choosing Wisely Japan キックオフ・セミナー

Choosing Wisely Canada 代表である Wendy Levinson 教授（トロント大学）をお招きするとともに、医療機能評価のエキスパートや医療ジャーナリストもパネリストに迎え「Choosing Wisely Japan キックオフ・セミナー」を開催します。

とあなたでも奮ってご参加ください。みなさまのご参加を心よりお待ちしております。

特別講演 『世界に広がる Choosing Wisely キャンペーン』 (逐次通訳あり)

講 師：Wendy Levinson 教授
トロント大学教授（内科学）、Choosing Wisely Canada 代表

Choosing Wisely Japan – Kick-off Seminar
October 15th, Saturday, 2016, Tokyo
‘Think globally, act locally.’

René Dubos : Advisor to the United Nations
Conference to the Human Environment, 1972