Professionalism as a Force to Improve Quality: Choosing Wisely
No disclosures to report
Advancing professionalism to improve health care
Professionalism

Fundamental Principles
- Primacy of patient welfare
- Patient autonomy
- Social justice

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
Professionalism Research

- The goal was to learn how to communicate effectively about medical professionalism to health systems/physician organizations.

- Ultimately, the project was trying to find ways to talk about medical professionalism in actionable terms.

- The project sought to connect medical professionalism to today’s challenges and solutions in health and health care.
What We Learned

• Term “medical professionalism” is problematic – too narrow, not inspiring.

• Physicians’ focus is on patients’– it is key to show how medical professionalism benefits the patient.

• The Physician Charter is well-received but barriers emerge: lack of time, interference with family life, financial pressures, beyond their scope of responsibility, lack of direct experience with issues, etc.

• The primary motivations to practice medical professionalism for physicians are to a) enhance patient well-being, b) achieve personal and professional well-being and fulfillment; and c) improve quality of care for own patients
What We Learned

• System leaders recommended that we use practical, nuts and bolts language when engaging physicians – introducing larger purposes, values language later.

• The best entry into engagement begins by acknowledging physicians’ current frustrations and barriers to providing high quality care.

• Messaging should be focused on physician self-interest and their patients’ well-being.

• Many physicians embrace Charter responsibility: empowering patients to make informed decisions about their care.
Choosing Wisely is an initiative of the ABIM Foundation to help physicians and patients engage in conversations about the overuse of tests and procedures and support physician efforts to help patients make smart and effective care choices.
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 aneurysms 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 all physician visits.

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 facial or dental 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 percent of outpatient visits for acute sinusitis. Sinusitis accounts for 16 million office visits and $3.8 billion in annual health care costs.

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 it is cost effective in older patients.

Don’t order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.

There is little evidence that deaths from coronary artery disease in asymptomatic patients at low risk for coronary heart disease improves health outcomes. False-positive tests are likely to lead through unnecessary invasive procedures, overtreatment and misdiagnosis. Potential harms of this routine annual screening exceed the potential benefit.

Don’t perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.

Most abnormal abnormalities in adolescents resolve spontaneously, therefore Pap smears for this age group can lead to unnecessary anxiety, additional testing and cancer. Pap smears are not helpful in women after hysterectomy for non-cancer disease and there is little evidence for improved success.

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 a cold. 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 stuffed up. 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 $13 billion a year on health care costs.

Antibiotics have risks.

- About one out of every four people who take antibiotics has side effects, such as dizziness, stomach problems, and rashes.

- 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.
### Views of US Physicians About Controlling Health Care Costs

<table>
<thead>
<tr>
<th>Entities with potential responsibility to reduce cost of health care</th>
<th>Major Responsibility (%)</th>
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<tbody>
<tr>
<td>Trial lawyers</td>
<td>60</td>
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<tr>
<td>Health insurance companies</td>
<td>59</td>
</tr>
<tr>
<td>Pharmaceutical and device manufacturers</td>
<td>56</td>
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<tr>
<td>Hospitals and health systems</td>
<td>56</td>
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<tr>
<td>Patients</td>
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<td>Government</td>
<td>44</td>
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<td>Individual practicing physicians</td>
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<td>Physician professional societies</td>
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<tr>
<td>Employers</td>
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Published July 24, 2013
Survey: Unnecessary Tests and Procedures In the Health Care System

- 73 percent of physicians say the frequency of unnecessary tests and procedures is a very or somewhat serious problem.
- 66 percent of physicians feel they have a great deal of responsibility to make sure their patients avoid unnecessary tests and procedures.
- 53 percent of physicians say that even if they know a medical test is unnecessary, they order it if a patient insists.
- 58 percent of physicians say they are in the best position to address the problem, with the government as a distant second (15%).

What have we learned so far?

- Power of:
  - Professionalism
  - Leadership and Partnerships
  - Communications
  - Culture as a change agent
  - Responsibility and ownership
  - Open platforms
  - Choosing Wisely in system changes
  - A brand
Leadership

• American Academy of Allergy, Asthma & Immunology
• American Academy of Family Physicians
• American College of Cardiology
• American College of Physicians
• American College of Radiology
• American Gastroenterological Association
• American Society of Clinical Oncology
• American Society of Nephrology
• American Society of Nuclear Cardiology
• American Academy of Hospice and Palliative Medicine
• American Academy of Neurology
• American Academy of Ophthalmology
• American Academy of Otolaryngology—Head and Neck Surgery
• American Academy of Pediatrics
• American College of Obstetricians and Gynecologists
• American College of Rheumatology
• American Geriatrics Society
• American Society for Clinical Pathology
• American Society of Echocardiography
• American Urological Association
• Society for Vascular Medicine
• Society of Cardiovascular Computed Tomography
• Society of Hospital Medicine
• Society of Nuclear Medicine and Molecular Imaging
• Society of Thoracic Surgeons
• AMDA – Dedicated to Long Term Care Medicine
• American Academy of Clinical Toxicology
• American Academy of Dermatology
• American Academy of Nursing
• American Academy of Orthopaedic Surgeons
• American Association for Pediatric Ophthalmology and Strabismus
• The American Academy of Physical Medicine and Rehabilitation
• American Academy of Sleep Medicine
• American Association for the Study of Liver Diseases
• American Association of Blood Banks
• American Association of Neurological Surgeons
• American College of Chest Physicians
• American College of Emergency Physicians
• American College of Medical Genetics and Genomics
• American College of Medical Toxicology
• American College of Occupational and Environmental Medicine
• American College of Preventive Medicine
• American College of Surgeons
• American Epilepsy Society
• American Headache Society
• American Medical Society for Sports Medicine
• American Physical Therapy Association
• American Psychiatric Association
• American Society for Apheresis
• American Society for Radiation Oncology
• American Society for Reproductive Medicine
• American Society of Anesthesiologists
• American Society of Health-System Pharmacists
• American Society of Hematology
• American Thoracic Society
• Commission on Cancer
• The Endocrine Society
• Heart Rhythm Society
• HIV Medicine Association
• Infectious Diseases Society of America
• North American Spine Society
• Society for Cardiovascular Angiography and Interventions
• Society for Cardiovascular Magnetic Resonance
• Society for Healthcare Epidemiology of America
• Society for Maternal-Fetal Medicine
• Society of Critical Care Medicine
• Society of General Internal Medicine
• Society of Gynecologic Oncology
Partnerships

Founding Partners

• AARP
• Alliance Health Networks
• Midwest Business Group on Health
• National Business Coalition on Health
• National Business Group on Health
• National Center for Farmworker Health
• National Partnership for Women & Families
• Pacific Business Group on Health
• SEIU
• The Leapfrog Group
• Wikipedia

National Partners and Specialty Societies

• Lamaze International
• National Hospice and Palliative Care Organization
• Union Plus

Regional Partners

• The Alliance
• Baby Boomers for Balanced Health Care
• California Grower Foundation
• Coalition for Compassionate Care of California
• Connecticut Choosing Wisely Collaborative
• Covered California
• Detroit Regional Chamber
• Greater Detroit Area Health Council
• Health Policy Corporation of Iowa
• Healthcare Collaborative of Greater Columbus
• Los Angeles County Department of Public Health
• Minnesota Health Action Group
• Oregon Health Care Quality Corporation
• Pittsburgh Regional Health Initiative
• Rhode Island Business Group on Health
• VNA Community Healthcare
• Washington Health Alliance
• Washington State Hospital Association
• Washington State Medical Association
• WellOK
• West Chester Library System
• West Virginians for Affordable Health Care
Partnerships

**Current Grantees**

Greater Detroit Area Health Council  
Integrated Healthcare Association  
Maine Quality Counts  
North Carolina Healthcare Quality Alliance  
University of California, Los Angeles  
Washington Health Alliance  
Wisconsin Collaborative for Healthcare Quality

**Former Grantees**

**Regional Collaboratives**

Better Health Greater Cleveland  
HealthInsight Utah  
Institute for Clinical Systems Improvement and Minnesota Health Action Group  
Iowa Healthcare Collaborative  
Maine Quality Counts  
Massachusetts Health Quality Partners  
Michigan Health Information Alliance  
Washington Health Alliance  
Wisconsin Collaborative for Healthcare Quality

**Specialty/State Medical Societies**

American Academy of Hospice and Palliative Medicine  
American Academy of Ophthalmology  
American College of Physicians  
American Society for Clinical Pathology  
American Society of Echocardiography  
American Society of Nuclear Cardiology  
and Massachusetts Medical Society  
Minnesota Medical Association  
Oregon Medical Association  
Society of Hospital Medicine  
Tennessee Medical Association  
Texas Medical Association  
Washington State Medical Association
Power of Communications

• Changing conversation from more is better to less is more
• Proper framing of issue
• “SUCCEESs” model:
  • S: Simple
  • U: Unexpected
  • C: Concrete
  • C: Credible
  • E: Emotional
  • S: Stories
Culture as a Change Agent

- Lessons learned from patient safety culture
  - Quick to go to quality improvement without clinician engagement
  - Culture trumps strategy
Responsibility and ownership in creating lists

Specialty Controlled

Frequently Used or Costly

Transparent Process

Evidence-Based
Organizing Principles

Self-determination theory
Describes three factors associated with sustained, intrinsically motivated behavior change:

- Autonomy support
  - Society ownership of recommendations
- Mastery and competence
  - Shared learnings among societies
- Relationships
  - Creation of learning community
  - Clinician support from societies
Organizing Principles

Complexity theory

“Self-organizing, non-linear processes in natural and social systems that unpredictably and spontaneously create, sustain, and disrupt orderly patterns of behavior.”


- Emergent design
  - Partnership with Consumer Reports
- Minimum specifications
  - Society development of lists
Open Platform

Choosing Wisely

Ten Things Nurses and Patients Should Question

WE’RE CHOOSING WISELY

Choosing Wisely

A Primary Care Guide to
Choosing Wisely® at Intermountain
Tests and Treatments Doctors and Patients Should Discuss

Making HEALTHY Choices
Learn more: www.ConsumerHealthChoices.org/Healthy

Choosing Wisely

Australia

Canada
Implementation
What we need now

- Ownership and professionalism carried forward to implementation
- Development of measures for QI
- Continue to ramp up recommendations
- Continue implementation of recommendations through system changes beyond education
- Continue payment reform and delivery system redesign
- Evaluation/research of what works to de-implement a practice
- Support and recognition of practices that reduce waste
- Success of RWJF grantees
Medical Education and Training

Partnership with Costs of Care to inculcate professionalism values in medical students and trainees.
“Ultimately, the implementation of these proposals will substantially reduce the need for external regulation to safeguard against market-driven conflicts of interest, and the medical profession will reaffirm very publicly its commitment to put the interests of patients first.”
Conflicts of Interest

Key Points

Industry and Clinical Trials:

- The pharmaceutical and device industries sponsor nearly 2/3 of registered clinical trials in the US
- Industry sponsors over 80% of the most frequently cited papers
- Industry sponsored studies are 4 times as likely as unsponsored studies to be “positive”
- There are many potential sources of bias in sponsored studies.

This case will explore potential bias in an industry-sponsored published clinical trial in order to illustrate issues clinicians should be aware of when reading and interpreting sponsored trials.

After completing the case, participants should be able to

1. Appreciate the prevalence of industry sponsorship of clinical trials
2. Identify features of study design in sponsored trials that may lead to bias, including
   a. Study subjects representing a narrow patient population
   b. Inappropriate outcomes or length of follow-up
   c. Reliance on sub-group analysis or secondary endpoints
3. Identify elements of study descriptions which may lead to biased interpretations of results,
   including
   a. Reporting of relative and not absolute event rates
   b. Study conclusions which exaggerate the findings
Most recent Roundtable goals included:

- Professional identity formation across the life span of a medical career
- Professionalism through the patient’s eyes
- Individual, community and organizational professionalism
John A. Benson Jr, MD Professionalism Article Prize

- Now in its sixth year, recognizes outstanding contributions to the growing body of peer-reviewed journal articles that document the impact of medical professionalism on improving health care.
- Named in honor of American Board of Internal Medicine and ABIM Foundation President Emeritus John A. Benson Jr., MD
"Understanding Medical Professionalism is a ‘must-have’ for all involved in the healing arts. The book demystifies professionalism, bringing it from a philosophical, mystical concept to a practical, everyday set of behaviors."

–Carlos A. Pellegrini, MD, FACS, FRCSI (Hon.)
For More Information

Choosing Wisely website: www.choosingwisely.org
ABIM Foundation website: www.abimfoundation.org

Twitter: @ABIMFoundation & @WolfsonD