



Data, analysis, perspectives | No. 2, 2017

Choosing Wisely

International doctors' initiative against medical overuse shows initial successes

- **Waste:** Doctors and patients see considerable superfluous services
- **Cultural change:** Less is sometimes more – Choosing Wisely puts patient welfare first
- **Motivation:** In a bottom-up process, doctors compile top 5 lists of unnecessary services
- **Success:** Choosing Wisely makes it easier for doctors to discuss the benefits and risks of services with their patients
- **Model:** In the last five years, more than 12 countries have adopted Choosing Wisely
- **Learning from others:** In Germany too, Choosing Wisely should be a physician-supported public campaign against medical overuse

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Services provided by the German healthcare system must be adequate, appropriate and economical. This is stated in Volume 5 of the German Social Security Code (SGB V). According to the law, they should not exceed what is necessary. However, in practice, they often do so: Back pain leads all too quickly and too often to X-rays; and in the case of transfers from outpatient to inpatient care, tests are often carried out a second or even third time. This is true too for referrals to outpatient specialists. The fact that use of certain services shows strong regional variation, in a way that cannot be explained by different population structures, falls into this category as well.

Reducing medical overuse isn't easy, either in Germany or internationally. Although overuse demonstrably harms patients, to date, the issue has played almost no part in quality-improvement initiatives. Among the few positive examples are the Assessment of Self-Paid Services (IGeL) by the Health Insurers' Medical Service (Medizinischer Dienst der Krankenkassen, MDK) or the health information released by the Institute for Quality and Efficiency in Health Care (IQWiG). In addition, the Federal Joint Committee of Doctors, Hospitals and Health Insurance Funds (G-BA) makes available concrete instruments for limiting the overuse of services.

Choosing Wisely, an initiative started in the United States in 2012, follows a new approach, and has quickly garnered international popularity. The Bertelsmann Stiftung has examined the source of this success, as well as what distinguishes the initiative. A study by British healthcare researcher Angela Coulter brings together information on what makes the Choosing Wisely movement so successful, how the initiative has been implemented differently in various countries, and what can be inferred from this for Germany.

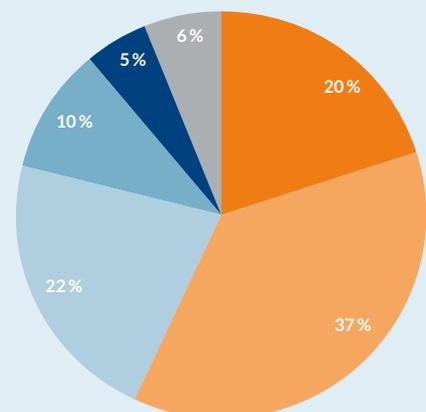
Choosing Wisely puts patient welfare first

The fundamental idea behind Choosing Wisely comes from doctor and medical ethicist Howard Brody. In 2010, writing in the *New England Journal of Medicine*, he called on the medical profession to follow an approach that finally puts patient welfare first, and to take responsibility for the vast regional differences in the provision of healthcare services.

Brody's call was initially followed by general practitioners, internists and pediatricians, and then by many U.S. medical specialty societies. Under the umbrella of the Choosing Wisely campaign, 70 specialty societies to date have independently compiled so-called top 5 lists offering a total of 450 recommendations on tests and treatments within their respective disciplines with questionable value. Since 2012, Choosing Wisely has been officially and financially hosted in the United States by the American Board of Internal

Public perceptions of medical overuse in Germany

How often do you believe the following happens in German doctors' offices. "Medically unnecessary services are performed." (n=1,012)



very often often occasionally seldom never don't know

Figure 1 | Source: Kantar Emnid for Bertelsmann Stiftung, February 2017

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Medicine (ABIM) Foundation and the Consumer Reports consumer organization.

More medical care is not always better

As surveys have frequently shown, doctors and patients alike believe that more medical care is not always better and, indeed, by contrast, can often harm. More than 50 percent of the German population continues to believe that medically unnecessary services are provided in German medical practices not just occasionally, but often or very often, as a Bertelsmann Stiftung survey shows (see Figure 1). When more than 4,000 internists in Germany were surveyed by their professional association, nearly all felt overuse to be a problem, with more than half indicating that it was a serious or very serious problem. Medical underuse, by contrast, plays only a minor role (see Figure 2).

Coming on board: 12 countries have adopted Choosing Wisely methods

In comparatively little time, the Choosing Wisely idea has been taken up in 12 additional countries. Along with the United States, pioneers currently include Canada and Australia. The services included on the various countries' top 5 recommendation lists are not always the same. Differences are produced in part by the specific healthcare regulations and regulatory frameworks. However, some tests and treatments are found on nearly all lists of the top 5 lists (see Figure 3). Evidently, there is considerable consensus among medical specialty societies with regard to the specifics of overuse.

Motivation: Specialty societies have a free hand in compiling the top 5 lists

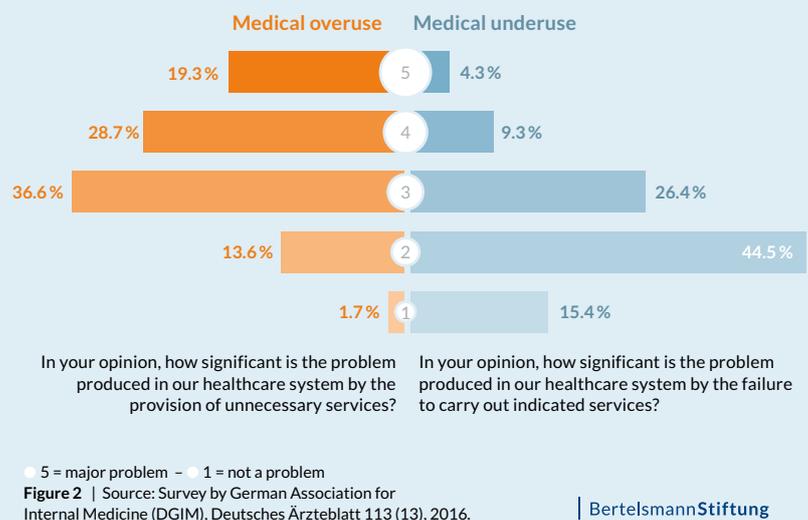
The fact that so many medical specialty societies have already participated in Choosing Wisely around the world is primarily due to the fact that they can compile the lists of the five most important often-unnecessary services entirely independently. The Choosing Wisely International Learning Network offers only four criteria that should be considered in the process: The selected services should be within the specialty's scope of practice; be frequently used; may expose patients to harm and stress, and is supported by evidence.

The fact that Choosing Wisely is a physician-led campaign also serves as a motivating factor. For

Regional variations as an indicator of overuse

Medical overuse is an issue in many countries. A 2014 OECD report identifies regional variations in a dozen developed countries, and analyzes these for 10 specific services. For example, certain cardiological procedures are used in some countries three times as often as in others, while regional variations within individual countries can be even greater. According to the OECD, the likelihood of receiving a new knee joint is extremely dependent on the insured individual's home location particularly in Canada, Portugal and Spain, with this likelihood being in some cases as much as five times higher in some areas of these countries than in others. In Germany, the Bertelsmann Stiftung's Healthcare Fact Check project has identified significant regional differences in healthcare provision. The most well-known example are tonsillectomies among children. Great regional variations are a sign that the care being provided may not correspond to the population's medical needs. Rather, a relatively large number of patients in some regions are receiving services that elsewhere are deemed unnecessary.

Physicians' views on medical over- and underuse in Germany



most doctors, opposing overuse, serving patients' welfare and improving the quality of healthcare are all elements of their personal professional ethos and additionally provide intrinsic motivation. Every professional association decides independently whether or not to take part in Choosing Wisely. The more associations participate, the stronger the pressure for other groups to produce top 5 lists as well.

Developments in Canada show just how feasible this is: There, all medical specialty societies have produced such lists within only two years.

The key factors to Choosing Wisely's success – Interview with Wendy Levinson



Wendy Levinson, Professor of Medicine at the University of Toronto, served as the Chair of the Board of the ABIM Foundation when they launched Choosing Wisely in the United States in 2012, and she has brought the campaign to Canada. She specializes in patient-physician communication and quality assurance in healthcare.

As Choosing Wisely's Chair, Wendy Levinson coordinates the initiative's international network. In a telephone interview on January 25, 2017, she spoke with us about what makes the initiative so successful.

What was your personal motivation to engage in Choosing Wisely?

I am very interested in physician professionalism and have dedicated much of my career to research around professionalism. The ABIM Foundation is dedicated to physician professionalism and we felt that one of the areas where physicians had not really stepped forward and lived up to their professional responsibilities was their commitment better use limited health resources, in the way that it provided the highest value for society. We, as physicians, haven't been very good at talking to patients about risks or choices, and harms of too much medicine.

So could you please characterize Choosing Wisely in one sentence?

Choosing Wisely is a campaign designed to engage physicians and other clinicians in conversations with patients about the use of unnecessary tests and treatments, so that patients can make good choices about what they want and what they don't want in their care.

Why is a campaign the best way to do that?

We think that society, including both patients and physicians, have an underlying belief that "more is better" and don't understand that in healthcare, more testing and more treatment often is not better, but can be harmful. The campaign is really designed to change that culture. What is absolutely unique and very important about Choosing Wisely is its clinicianled effort to achieve this.

What exactly does clinicianled mean?

Physicians should say to themselves and their colleagues: "Here are the things in our specialty that we overuse. Let's recognize this, based on science, and do something about it." For example: "We prescribe too many antibiotics," or "We order too many X-rays for lower back pain." And

we really engage the whole provider community – not just physicians: We're working with nursing, pharmacy and other health professionals who can have a big impact on educating patients.

Choosing Wisely also addresses patients, not just providers. Why?

It is all about conversation between patients and clinicians. The concept that health might not be improved by more testing is a pretty foreign concept. Perhaps, though, if patients knew that a CT scan is maybe not only unnecessary but can lead to a greater lifetime risk of cancer over time, they might be more willing to question if it is needed. We want the public to ask five fundamental questions (see picture on page 7). We are trying to get those questions in front of patients. It is a conversation, and therefore education on both sides, providers and patients, is important.

How do you do patient/public communication?

In the United States Consumer Reports has partnered with the ABIM Foundation to do public communication for Choosing Wisely. In Canada, we do not have one partner that we work with to provide content for patients and the public about our campaign. Instead, we have had a more targeted approach working with family doctors' and medical laboratories to share Choosing Wisely Canada materials in their offices.

Which elements were crucial to get a good start of Choosing Wisely in the US and Canada?

Our initial challenge for Choosing Wisely was to think about how we could make this issue one that would be owned and led by physicians and focus the program. As physicians we are focused on quality improvement and harm prevention, rather than cost reduction. Governments and payors use regulatory approaches to cut costs but we do not think these approaches are as successful as physicianled efforts in changing ordering practices. I'm sure that both patients and physicians, neither one, would have bought into this campaign if it was construed as cost-cutting.

There are hundreds of Choosing Wisely recommendations in the US. How can primary care doctors use them?

We haven't had complaints from primary care or family medicine that the number of recommendations is overwhelming but, in fact, quite the opposite: They think it's helpful, and we get a lot of feedback that it helps make conversations easier. Many primary care doctors don't want to order MRIs for lower back pain, but their patients are demanding it – and Choosing Wisely helps them have a better conversation because they can say "It's not just me suggesting this, here is some material, let's look at this together." I get a lot of feedback from family doctors that Choosing Wisely is making their job easier rather than harder.

How effective is Choosing Wisely?

A lot of people ask: "Show us the evidence of the impact on outcomes". We think that this is a pretty high bar to do so quickly. But if you look more broadly and say: "Is it stimulating that conversation and dialogue among physicians, and between physicians and patients?" then the answer is yes. It is certainly a first step. Choosing Wisely is not a panacea to the problem of overuse. If it was this easy to change the problem in several years, we would have discovered that long ago.

Why do the "Choosing Wisely" recommendations help so much? Wouldn't they be redundant if there was sufficient guideline adherence?

I'd say two things. Number one: How many years have we been working at guidelines, and we still know they're not implemented? That is naive fantasy. Guidelines are difficult to use because they are so dense. For a primary care doctor with a patient with five diseases implementing all the guidelines is very, very challenging. But secondly: Often the guidelines don't tell you what to stop doing. The perfect example: There are guidelines on treating dyspepsia, and they tell you when to start proton pump inhibitors, and so you can follow the guidelines. But they don't tell you when to stop the medication. And there's evidence that we overuse proton pump inhibitors. We know there's some potential side effect of that. There's no way that just having more and more guidelines is going to solve the overuse problem.

Why don't you address underuse?

The reason why we don't have any recommendations on underuse is very important. This is a campaign designed to educate and engage both physicians and patients. And it's very difficult to address two topics with one campaign: over- and underuse. We know that inappropriate underuse is still a problem, but it has had a lot of attention. Overuse has had no attention. So we wanted to stick to our knittings and really focus clearly on overuse problems.

Does "don't do" mean "don't ever do it"?

Choosing Wisely is not about telling people not to have a particular diagnostic test or treatment – it's about the conversation. When patients come in, have a headache and want a CT scan to make sure they don't have a brain tumour, you can work with them and help them to understand whether that's really needed. Some patients will say „Oh, I understand that, I don't need the test“, and others will insist on the CT scan. So it's totally based on shared decision making; we don't say "don't ever do it," we say "question that," it's not to do it automatically.

Can a bottom-up approach be successful even when financial incentives work against "do not" recommendations?

People bring this up all the time. I always say: Look, there are many reasons that lead to overuse – so sure, one of them is misaligned financial incentives, but it is only one of many: the underlying belief that more is better, discomfort with uncertainty, a belief that new tests are better or the fear of being sued and therefore I should do more testing. And practice pattern is a huge contributor to overuse, it stays with you, a role model of what you have learned. We know that Choosing Wisely is not fixing all factors for overuse, but we're tapping into the ones that relate to professionalism.

What are the key factors for a successful launch in Germany?

Choosing Wisely is a movement. It is about a cultural change, that more is not always better. So, as for any other country, do it as a bottom-up approach, create a campaign, not a scientific endeavour and make it brief. It is all about engaging physicians and patients in a dialogue, in real shared decision making.

Tests and treatments that are commonly overused

Imaging for low back pain	Antipsychotics in older patients	Preoperative testing in low-risk patients (ECG, stress ECG, chest radiography)
Imaging for headaches	Urinary catheter placement	Cardiac imaging in low risk patients
Antibiotics for upper respiratory tract infections	Artificial nutrition in patients with advanced dementia or advanced cancer	Induction of labor
Dual-energy X-ray absorptiometry	Proton pump inhibitors in gastro-oesophageal reflux disease	Cancer screening (e.g., cervical smear test, PSA screening)

Figure 3 | Source: Hurley, R. "Can Doctors Reduce Harmful Medical Overuse Worldwide?" *British Medical Journal* 349 2014: g4289. <http://dx.doi.org/10.1136/bmj.g4289>

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Choosing Wisely recommendations in healthcare practice

Medical overuse has many causes. The most significant of these include a lack of awareness among many doctors of the real benefits or potential harms of specific services; doctors' skills, experiences and habits; the technical and staff resources available; and financial incentives. However, patients' preferences and exaggerated expectations also play a role. The Choosing Wisely initiatives focus primarily on changing medical professionals' mindsets – and in the United States, Canada, Australia and Italy, this is already taking place in daily medical practice.

In Canada, medical students are sensitized to the topic of "medical overuse," and presented with strategies for avoiding this. For example, one of the "Six Things Medical Students and Trainees Should Question" says: "Don't suggest a test, treatment or procedure that will not change the patient's clinical course." On its homepage, the Canadian Choosing Wisely initiative also provides physicians and nursing staff with practical tips for better handling questionable services, for instance regarding the use of urinary catheters and blood transfusions in hospitals, or not using benzodiazepines or antipsychotics for frail patients or those who need long-term care.

Simple messages for patients

Providing patient guidance is central to Choosing Wisely. In most countries, the movement works with easily understood slogans – in England, for example, with "More doesn't always mean better." All national campaigns encourage patients to ask the same important questions every time they visit the doctor, before a decision is made about a test or treatment: Do I really need this test or procedure? What are the risks and side effects? Are there simpler, safer options? What happens if I don't do anything? In England, the Choosing Wisely information for patients is distributed through the National Health Services' NHS Choices information portal.

Patient representatives also help with the compilation of the top 5 lists. In other countries, the initiatives cooperate with national consumer and patient organizations that support their broad-ranging publicity work.

According to a survey, 85 percent of patients in Canada agree with Choosing Wisely's goals, and support the reduction of overuse. However, they

In Canada, 800 healthcare institutions and 300 laboratories present Choosing Wisely materials like this poster in their waiting rooms. In this way, 16 million patients are reached annually.



57% of Germans believe that medically unnecessary services are often or very often carried out in German medical practices.

74%

110 different patient-oriented Choosing Wisely brochures are distributed by consumer organizations to about 100 million patients annually in the United States

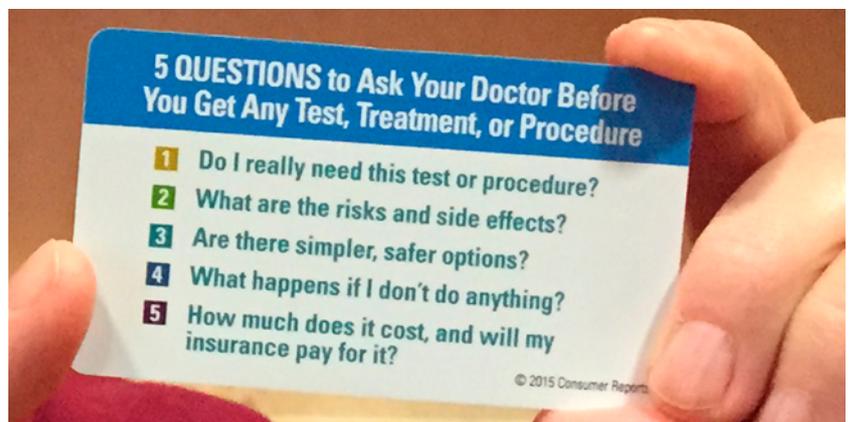
of German internists say that medical overuse occurs multiple times per week or even daily in their practices

would rather forgo medication than unnecessary (early detection) tests. A survey of primary-care doctors in the United States shows that this population regards the recommendations on screenings and tests as being more easily implemented than the recommendations on treatments. In the primary-care physicians' view, the biggest problems related to reducing overuse are patients' expectations, the fear of legal liability, and the lack of time to engage in physician-patient discussions and shared decision making.

Choosing Wisely aims to support physician-patient dialogue

In daily practice, the Choosing Wisely recommendations have a weight similar to recommended guidelines; indeed, they are intended to complement such guidelines. Top 5 recommendation lists aren't meant to exclude certain treatments from insurance baskets such as those for Germany's statutory health-insurance funds. Rather, they are primarily meant to help physicians and patients talk with one another and consider whether a measure is appropriate and reasonable in each specific case.

In a study conducted three years after the start of the Choosing Wisely campaign in the United States, two out of seven questionable services showed a reduction in use. For example, after being included on hematologists' top 5 list, the rate of thrombophilia tests using deep-vein thrombosis fell by 84 percent in 22 months. Particularly in the United States, criticisms of the campaign have focused on failures to fulfill one of the four criteria in compiling the top 5 lists. For example, many recommendations are said not to be evidence-based. However, according to one study, around one-third (131 out of 412) of the U.S.



Consumer Reports – the largest consumer organization in the United States – distributes Choosing Wisely wallet cards with five questions to ask the doctor.

recommendations are trustworthy and satisfy high standards of evidence. Some medical specialty societies have included services in their top 5 lists that don't fall into their own professional field of expertise. Others have selected services that are no longer carried out with high frequencies.

Despite everything, the broad engagement by many medical specialty societies and the rapid worldwide spread of the campaign shows that the approach of catalyzing a movement within the medical community toward better conversations between doctors and patients, with the aim of reducing overuse, is falling on fertile ground. Choosing Wisely is pragmatically contributing to a cultural change toward appropriate, patient-centered healthcare. Changes at the legal and regulatory level, for example in remuneration systems and liability law, should follow in order to provide this change with greater momentum and sustainability.



Find more information in the study "Choosing Wisely – Learning From Initiatives In Other Countries" by Dr. Angela Coulter. Available as a download at bertelsmann-stiftung.de/choosing-wisely

Recommendations for Germany

Initiating cultural change with Choosing Wisely

In Germany too, the medical community is engaging with Choosing Wisely activities. In early 2015, the Association of the Scientific Medical Societies in Germany (AWMF) created an ad hoc commission called “Gemeinsam klug entscheiden” (Deciding Wisely Together) to coordinate individual activities. The German Association for Internal Medicine (DGIM) and its constituent specialist associations have already published recommendations under the slogan of “Klug entscheiden” (Decide Wisely). The following measures should be additionally embraced, thus enabling Choosing Wisely to make a significant contribution to the reduction of medical overuse in Germany too:

Understand Choosing Wisely as a campaign

- › Choosing Wisely is a movement for cultural change in the medical field. Its goal is to reach physicians and patients alike. For this to happen, public-outreach work is needed. Establishing its own website, a presence in the media, and partnerships with consumer and patient organizations are all essential for the campaign.

Focus activities on medical overuse

- › Every public campaign needs a clear focus. It is difficult to convey to patients that they should oppose unnecessary services on the one hand, and demand necessary services on the other. Thus, the campaigns in other countries focus on reducing medical overuse.

Adopt a pragmatic approach

- › Choosing Wisely is attractive precisely because it dares to be pragmatic. A too-academic approach to the preparation process can undermine the engagement and excitement of practicing doctors who want to participate. Choosing Wisely’s participatory, grassroots character is essential for the future implementation of the recommendations.

Help participating doctors stay motivated

- › Many doctors complain that medical overuse in their daily work has numerous causes. By building on their professional values and ethics, the Choosing Wisely campaign strengthens doctors’ motivation to halt daily medical overuse despite adverse circumstances.

Involve patients

- › The belief that more medical services are better is widely held among the population, and is particularly strong when one’s own health is at stake. Patients need decision aids that are comprehensible to laypeople in order to be able to decide jointly with their physician for or against a test or treatment with questionable benefits.

SPOTLIGHT GESUNDHEIT is an initiative of the “Improving Healthcare – Informing Patients” program at the Bertelsmann Stiftung. Published several times a year, SPOTLIGHT HEALTHCARE addresses topical issues in healthcare. The Bertelsmann Stiftung is committed to promoting a healthcare system relevant to public needs. Through its projects, the Stiftung aims to ensure the provision of needs-based and sustainable high-quality healthcare in which patients are empowered by access to readily understandable information.

For more information, please visit bertelsmann-stiftung.de/choosing-wisely

Imprint

Publisher:
Bertelsmann Stiftung
Carl-Bertelsmann-Str. 256
33311 Gütersloh
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Picture credits:
iStockphoto/didesign021
Design: Dietlind Ehlers
Editors: Claudia Haschke,
Burkhard Rexin
Printing: Druckhaus Rihn
Translation: Barbara Serfozo

ISSN (Print): 2364-4788
ISSN (Online): 2364-5970

Publication date:
March 2017