Public engagement – Choosing Wisely in NZ
Choosing Wisely International Roundtable November 2019
Dr John Bonning
President-Elect ACEM
Choosing wisely in New Zealand public and patient engagement
A better world view
Choosing Wisely

- Clinician-lead, patient-focussed
- Resource stewardship
- Rationalising, not rationing
- Reinvesting in better value healthcare
- More is not always better
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WORKING WITH CONSUMERS / PATIENTS

FOUR QUESTIONS TO ASK YOUR HEALTH PROFESSIONAL

- Do I really need this test, treatment or procedure?
- What are the risks?
- Are there simpler, safer options?
- What happens if I don’t do anything?

MORE ISN’T ALWAYS BETTER...

WHEN IT COMES TO MEDICAL TESTS, TREATMENTS AND PROCEDURES...
Talk to your health professional about what is best for you and your whānau.

UNNECESSARY TESTS DO NOT ADD VALUE TO YOU OR YOUR WHANAU

MORE ISN’T ALWAYS BETTER...

WHEN IT COMES TO MEDICAL TESTS, TREATMENTS AND PROCEDURES...
Talk to your health professional about what is best for you and your whānau.

THE 6D FRAMEWORK® FOR SHARED DECISION MAKING

- DEVELOP trust
- DISCOVER patient’s views & values
- DISCUSS options, benefits and risks
- DOUBLE-CHECK understanding
- DECIDE
- DOCUMENT
Consumers surveyed about Choosing Wisely

- Thought recommendations not necessary
- Expected a script or test
- Asked Questions

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Patient resources

+ Communicating with your health professional

+ Common tests, treatments and procedures you may think you need

+ Health Checks - When you need them – and when you don’t

+ Pre-surgery tests: when you need them and when you don’t

MEDICINES – MAKING DECISIONS FOR OLDER PEOPLE

Making decisions about medicines when you are older is not always straightforward — for you, your doctor, or anyone else involved in your care. At times there will be a clear need for you to take a particular medicine, and the benefits for your health condition will likely outweigh the risk of side effects or other medicine problems. But often the decision is not so clear cut, and the balance of benefits and risks will depend on what is most important to you — including what you want to achieve with your health and wellbeing.

What do I want to achieve with my medicines?

MEDICINES – REVIEW

A medicines review can help improve your treatment and prevent medicine problems. Ask your doctor or pharmacist to organise a review of all your medicines regularly — especially if you or someone you care for is an older person and take several different medicines.

BACK PAIN – MANAGING ACUTE LOWER BACK PAIN

The exact cause of your acute low back pain may be difficult to identify but in most cases it is related to things like muscle strain rather than conditions like nerve or bone damage, infection or cancer. Talk to your health professional about how to manage your low back pain.

Do you need imaging?

PALLIATIVE CARE

Support at any time during a serious illness

Palliative care is an added layer of support to help you and your loved ones live with a serious illness.

With palliative care, you can get physical, emotional, and spiritual support

You can get help to relieve pain, fatigue, anxiety, sleeplessness, and depression. This helps you learn what to expect from your illness and decide on a treatment plan.

Palliative care also supports your family and friends.

Sometimes your doctor can provide palliative support. Other times, a trained palliative care team works with you and your doctor to provide specialist care and the services you need.

Palliative care can help you at any stage of a serious illness

Examples include terminal heart failure, kidney disease,
Practice-changing reading

- *Over-diagnosed* – H Gilbert Welch
- *Bad Science and Bad Pharma* – Ben Goldacre
- *Anatomy of an Epidemic* – Robert Whittaker
- *Calculated Risk* – Gerd Gigerenzer
- *Surgery, the Ultimate Placebo* – Ian Harris
- *Being Mortal and The Checklist Manifesto* – Atul Gawande
- Others on metacognition
  - *Blink* and *Outliers* - Malcolm Gladwell
  - *Thinking, fast and slow* - Daniel Kahneman
• Consumer groups
• Real patient stories
• Catch phrases – bye-bye PPI, NUTs, one less prick, it’s OK to ask
• Social (and other) media
• Resource availability
• Winning the (public) hearts and minds
• Positive spin – more high value care
• Plain language
Programmes for shared decision making
CHRIISP – June’s story

Comprehensive high risk surgical patient pilot program
82 yr old woman.

Combined clinic with Geriatrics and Anaesthesia.

D/w surgeon: options?
- surgery - definitive but high risk
- embolisation - palliative - stop the bleeding
- TCC: unlikely to metastasise in 2yrs but if she survived 5yrs she would likely get disease spread

Significant functional decline and withdrawal in previous 12 months

Cardiac problems actually quite significant

Frail, a bit malnourished

Anaemic

Definite mild cognitive impairment

Believed that surgery only real option

Had been investigating assisted living, barely coping at home
Generalists protecting patients from specialists

“What matters to you”, not what is the matter with you
Choosing Wisely and Choosing Equity