
HOOSING
wisely
EFIM Project


European Federation of Internal Medicine

CHOOSING wisely

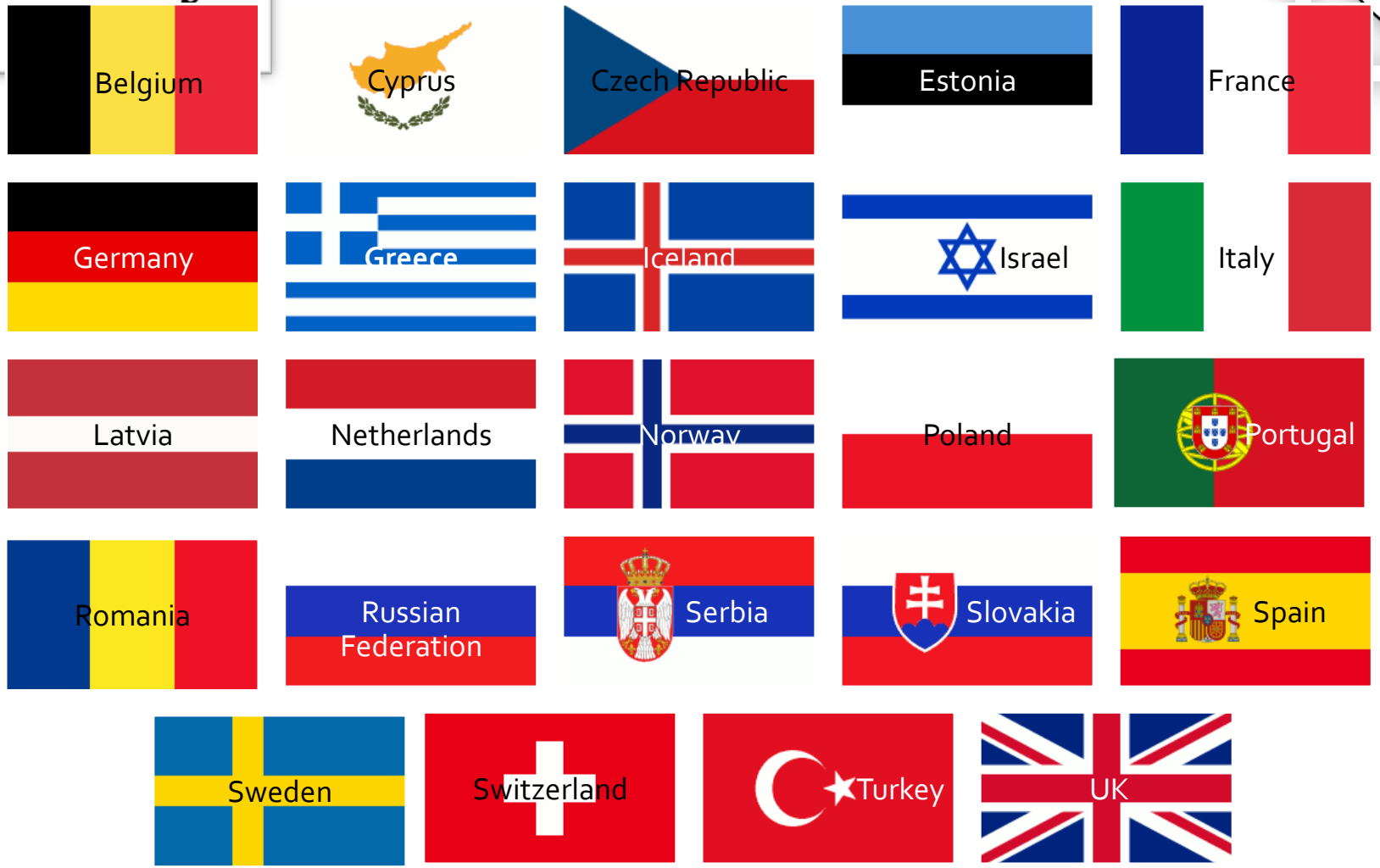
EFIM Project

WELCOME TO MILAN!

Choosing Wisely – 1st EFIM Working Group Meeting
20 January 2017

CHOOSING *wisely*

Countries Participating



Representatives:

First Name	Last Name	National Society
Eleni	Papanicolaou	Cyprus Federation of Internal Medicine
Lubos	Kotik	Czech Society of Internal Medicine
Thomas	Hanslik	French Society of Internal Medicine
Dimitrios	Papazoglou	Internal Medicine Society of Greece
Dror	Dicker	Israeli Society of Internal Medicine
Maria	Perticone	Italian Society of Internal Medicine
Giorgio	Costantino	Italian Society of Internal Medicine
Roberto	Frediani	FADOI Italy
Antonio	Brucato	FADOI Italy
Karin	H.A.H. Kaasjager	Netherlands Society of Internal Medicine
Knut E. A.	Lundin	Norwegian Society Of Internal Medicine
Wiktoria	Leśniak	Polish Society of Internal Medicine
Luís	Campos	Portuguese Society of Internal Medicine
Cristian	Baicus	Romanian Society of Internal Medicine
Dragan	Lovic	Serbian Society of Internal Medicine
Ivica	Lazurova	Slovakian Society of Internal Medicine
Omar	Kherad	Swiss Society of General Internal Medicine
Pınar	Yıldız	Turkish Society of Internal Medicine
Chris	Davidson	Royal College of Physicians UK

First Name	Last Name	National Society
Patrick	Lacor	Belgian Society of Internal Medicine
Margus	Lember	Estonian Society of Internal Medicine
Alexis Michael	Müller-Marbach	German Society of Internal Medicine
David	Arnar	Icelandic Society of Internal Medicine
Georgijs	Moisejevs	Latvian Society of internal Medicine
Olga	Boeva	Russian Scientific Medical Society of Internal Medicine
Raquel	Barba Martin	Spanish Society of Internal Medicine
Jan	Bergman	Swedish Society of Internal Medicine
Fredrik	von Wowern	Swedish Society of Internal Medicine
John	Quin	Royal College of Physicians UK
Alistair	Douglas	Society of Acute Medicine

12.00-13.00
Arrival and light lunch
13.00-14.00
Choosing Wisely: State-of-the-art in Europe
14.00-15.00
EFIM projects: aims and methodology
15.00-16.00
Discussion
16.00-17.00
Defining the Project's Agenda
17.00
Departure

European Federation of Internal Medicine

33 National societies
32 member countries

Representative of more than 30.000 internists

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Choosing Wisely – State of the Art in Europe

LESS IS MORE

(Doing more does not mean doing better……)

overdiagnosis/overtreatment

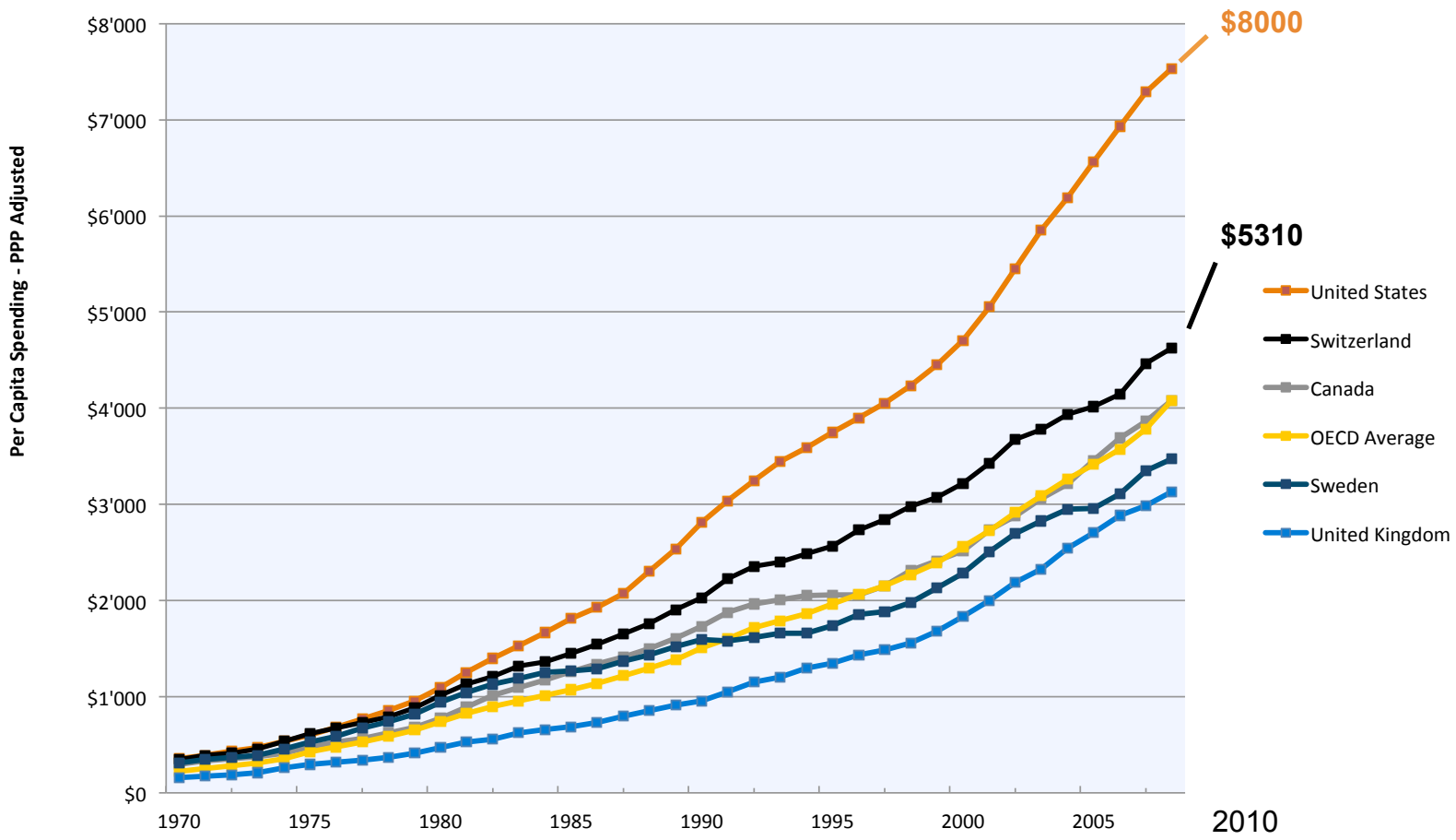
Current Paradigms

- If some medical care is good, more care is better
- Newer technology is always better than older methods
- Getting a medical test can’t hurt
- Prevention is about getting the right test at the right time
- Cancer screenings: PSA, colonoscopy
- Cardiac screenings: CT, carotid ultrasound

What to do instead

- Prevention founded on lifestyle choices and public health measures
  - Diet , activity level, and not smoking
- Medical care needs to be: the ***right*** test/treatment for the ***right*** patient at the ***right*** time
- Almost all care has benefits AND risks
- If test/treatment has NO known benefit, no risk is acceptable

Figure 2: Growth in Total Health Expenditure Per Capita, U.S. and Selected Countries, 1970-2008

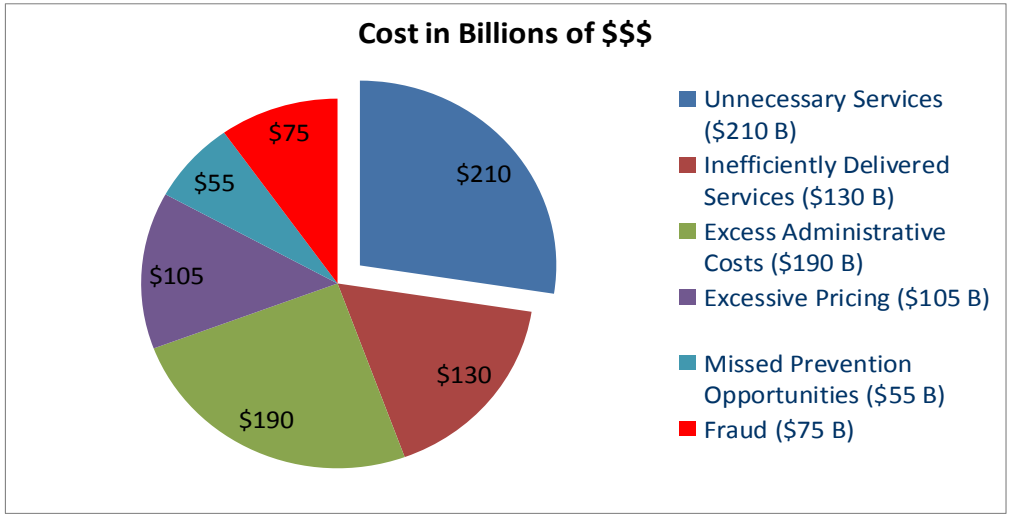


Kaiser Foundation: Health care spending in US and selected OECD countries, accessed Jan 2012

Cost of unnecessary services delivered in healthcare

- **Preventable/avoidable hospital admission and readmission**
- **Inappropriate or non-beneficial treatment**
- **Overuse/misuse of diagnostic testing**

Inappropriate diagnostic testing (i.e. testing that is overused or misused) is estimated to cost approximately $210 B per year (10% of annual health care costs)
Source: PriceWaterhouse (www.pwc.com)



How much of this is in Hospital?

30% of Hospital Health Care is Unecessary!

(Institute of Medicine)

Why are diagnostic tests overused or misused

- lack of guidance - guidelines not available or followed
- lack of knowledge - need comparative effectiveness research
- patient expectations
- inadequate time
- discomfort with uncertainty
- fear of malpractice (defensive medicine)
- habit
- personal gain - for institutions or individuals (conflicts of interest)

Guidelines limitations

- Explosion of guidelines production,
- Only few guidelines are based on solid evidences
- A high rate of patients receive inappropriate cures, or does not receive appropriate cures.

McAlister FA et al.

How Evidence-Based Are the Recommendations in Evidence-Based Guidelines? PLoS Med 2007; 4(8)

Tricoci P, Allen JM, Kramer JM, Califf RM, Smith SC Jr.

Scientific evidence underlying the ACC/AHA clinical practice guidelines. JAMA 2009; 301(8):831-41

Intern Emerg Med
DOI 10.1007/s11739-016-1580-x

CE - ORIGINAL

Guidelines on the management of atrial fibrillation in the emergency department: a critical appraisal

Giorgio Costantino[1] · Gian Marco Podda[2] · Lorenzo Falsetti[3] · Primiano Iannone[4] · Ana Lages[5] · Alberto M. Marra[6] · Maristella Masala[7] · Olaug Marie Reiakvam[5] · Florentia Savva[5] · Jan Schovanek[5] · Sjoerd van Bree[5] · Inês João da Silva Chora[5] · Graziella Privitera[5] · Silvio Ragozzino[5] · Matthias von Rotz[5] · Lycke Woittiez[5] · Christopher Davidson[8] · Nicola Montano[1]

A. Lages, O. M. Reiakvam, F. Savva, J. Schovanek, S. van Bree, I. J. da Silva Chora, G. Privitera, S. Ragozzino, M. von Rotz, and L. Woittiez are participants of the 22nd European Summer School of Internal Medicine.

Most of the references cited by the different guidelines can be found in the Supplementary Appendix.

Electronic supplementary material The online version of this article (doi:10.1007/s11739-016-1580-x) contains supplementary material, which is available to authorized users.

Acknowledgements 2014 ESIM school residents: Arjola Bano, Sharry Kahlon, Demetra Tourva, Frini Karaolidou, Maibrit Loogna, Louise Caroline Aaltonen, Jyrki Mustonen, Jenni Koskela, Jan Reimer, Amr Abdin, Inga Tetruashvili, Hen Kayless, Maayan Sasson Ben, Teresa Vanessa Fiorentino, Valentina Tommasi, Marta Zanon, Anna Salina, Claire Den Hoedt, Tranheim Marte Kase, Joao Estevao, Nicolay Tsarev, Sanja Dragasevic, Noel Lorenzo Villalba, Eric Pascal Kuhn, Lia Jeker, Claudia Beerli, Imene Rachid, Ayse Bahar kelesoglu, Pinar Yildirim, Demet Sekure Arslan, and Richard Frederich De Butts. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Guidelines on the management of atrial fibrillation in the emergency department: a critical appraisal

Abstract Several guidelines often exist on the same topic, sometimes offering divergent recommendations. For the clinician, it can be difficult to understand the reasons for this divergence and how to select the right recommendations. The aim of this study is to compare different guidelines on the management of atrial fibrillation (AF), and provide practical and affordable advice on its management in the acute setting. A PubMed search was performed in May 2014 to identify the three most recent and cited published guidelines on AF. During the 1-week school of the European School of Internal Medicine, the attending residents were divided in five working groups. The three selected guidelines were compared with five specific questions. The guidelines identified were: the European Society of Cardiology guidelines on AF, the Canadian guidelines on emergency department management of AF, and the American Heart Association guidelines on AF. Twenty-one relevant subquestions were identified. For five of these, there was no agreement between guidelines; for three, there was partial agreement; for three data were not available (issue not covered by one of the guidelines), while for ten, there was complete agreement. Evidence on the management of AF in the acute setting is largely based on expert opinion rather than clinical trials. While there is broad agreement on the management of the haemodynamically unstable patient and the use of drugs for rate-control strategy, there is less agreement on drug therapy for rhythm control and no agreement on several other topics.

Medical Professionalism in the New Millennium

A Physician Charter Project of the ABIM Foundation, ACP–ASIM Foundation, and European Federation of Internal Medicine*

Annals of Internal Medicine Volume 136 • Number 3 243-6, 5 February 2002

The Lancet, Volume 359, Issue 9305, Pages 520 - 522, 9 February 2002

- “While meeting the needs of individual patients, physicians are required to provide **health care that is based on the wise and cost-effective management of limited clinical resources.**”

- “The physician’s professional responsibility for appropriate allocation of resources requires scrupulous avoidance of superfluous tests and procedures. **The provision of unnecessary services not only exposes one’s patients to avoidable harm and expense but also diminishes the resources available for others**.”

Ann Intern Med. 2002; 136:243-246

High Cost Care vs. Low Cost care

- Supported by Evidence
- Not Duplicative of Other Tests or Procedures
- Free from Harm
- Truly Necessary

American Board of Internal Medicine 2012

Choosing Wisely®
An initiative of the ABIM Foundation

- Choosing Wisely Campaign
- To identify interventions (diagnostic or therapeutic) that could be harmful or of no-value.
- More than 70 scientific societies have released so far recommandations

How This List Was Created

The American Academy of Dermatology (AAD) is strongly committed to dermatologists serving as effective stewards of limited health care resources by assisting patients in making informed health care decisions. As such, the AAD leadership created a workgroup to develop this list with specific skills and expertise in evidence based research, public health quality and payer policy. Members of this workgroup include dermatologists who are current members of the Academy's Board of Directors, Council on Science and Research, Council on Government Affairs, Health Policy and Practice, Research Agenda Committee, Clinical Guidelines Committee, Access to Dermatology Care Committee, Patient Safety and Quality Committee,

In 2012 the ABIM Foundation launched *Choosing Wisely*® with a goal of advancing a national dialogue on avoiding wasteful or unnecessary medical tests, treatments and procedures.

Choosing Wisely centers around conversations between providers and patients informed by the evidence-based recommendations of "Things Providers and Patients Should Question." More than 70 specialty society partners have released recommendations with the intention of facilitating wise decisions about the most appropriate care based on a patients' individual situation.

Consumer Reports is a partner in this effort and works with specialty societies to create patient-friendly materials to educate patients about what care is best for them and the right questions to ask their physicians. Through a coalition of consumer groups like AARP and the National Partnership for Women and Families, Consumer Reports is ensuring patients get the information they need just when they need it.

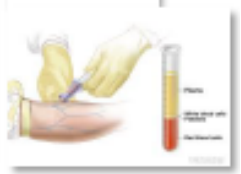
shm Journal of HOSPITAL MEDICINE www.journalofhospitalmedicine.com

REVIEWS

Choosing Wisely in Adult Hospital Medicine: Five Opportunities for Improved Healthcare Value

John Bulger, DO, MBA[1*], Wendy Nickel, MPH[2], Jordan Messler, MD[3], Janna Goldstein, MA[2], James O'Callaghan, MD[4], Moises Auron, MD[5], Mangla Gulati, MD[6]

Top 5 ineffective interventions
Do not place, or leave in place, urinary catheters for incontinence or convenience or monitoring of output for non–critically ill patients
Do not prescribe medications for stress ulcer prophylaxis to medical inpatients unless at high risk for gastrointestinal (GI) complications.
Avoid transfusions of red blood cells for arbitrary hemoglobin or hematocrit thresholds and in the absence of symptoms or active coronary disease, heart failure, or stroke.
Do not order continuous telemetry monitoring outside of the intensive care unit (ICU) without using a protocol that governs continuation.
Do not perform repetitive complete blood count (CBC) and chemistry testing in the face of clinical and lab stability .



Journal of Hospital Medicine 2013

Potential Savings-$5 Billion

- The practice activity associated with the highest cost was the prescribing of brand instead of generic statins, resulting in excess expenditures of $5.8 billion per year (95% CI, $4.3-$7.3 billion).
- Bone density testing in women younger than 65 years was the least prevalent activity but accounted for $527 million (95% CI, $474-$1054 million) in costs.

Early release, published at www.cmaj.ca on July 25, 2016. Subject to revision.

Choosing Wisely concept has universal appeal

It began in the United States in 2012. Canada joined in 2014. It has since spread to Japan, Brazil, France, Germany, Israel, Australia and many other countries. The concept behind the Choosing Wisely campaign — that more health care isn't always better health care — appears to have universal appeal. And that's a rare thing on the international health care scene.

"It transcends all these different health care systems and different payment schemes because it resonates with doctors about the core essence of what it is to work with patients, and that is the same in every country," says Dr. Wendy Levinson, chair of Choosing Wisely Canada and a professor of medicine at the University of Toronto. "That is the amazing part of this story. Give me another example where there has been so much interest

skynesher/iStock

Physicians in many countries agree that reducing the use of some medical tests, such as MRI scans, is a good idea.

Choosing Wisely in Internal Medicine: European Campaign

- Do we care?
- Do we think it may be relevant for an European healthcare approach?

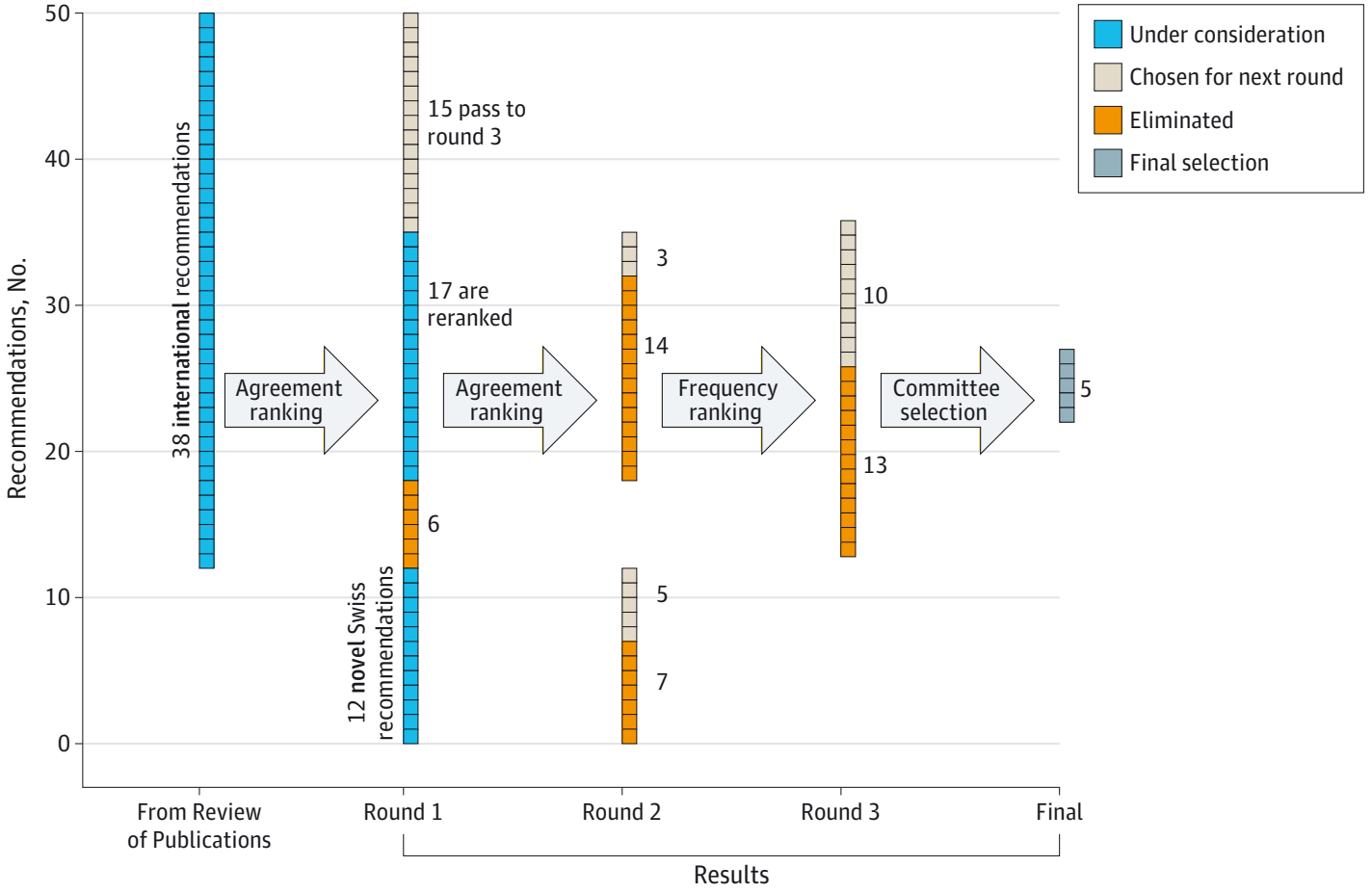
Methodology– Swiss Society of Internal Medicine

- From 1103 recommendations an initial list of **38 international recommendations** selected by two physicians. **59 committee members** invited to participate as **experts**. A **7-member advisory committee** was formed based on SSGIM members.

- An online **Delphi process**, a structured communication method, originally developed as a systematic, interactive **forecasting method** which relies on a panel of **experts**.

Choosing Wisely – SSIM

Figure. Flowchart of Recommendations Through the Delphi Process



Jama Int Med, 2015

Creating a List of Low-Value Health Care Activities in Swiss Primary Care

Table. Top 10 Recommendations Based on Frequency Score[a]

Rank	Recommendation	Frequency Score (32-96)[b]	Agreement Score (0-10)[c]
1	**Do not obtain imaging studies in patients with nonspecific low back pain**	**94**	**9.56**
2	**Do not prescribe antibiotics for uncomplicated URTIs**	**92**	**9.40**
3	**Do not perform the PSA test to screen for prostate cancer without a discussion of the risks and benefits**	**90**	**9.59**
4	Do not perform laboratory testing in patients with a clinical diagnosis of an uncomplicated URTI	87	9.03
5	**Do not continue pharmacological treatment of GERD with long-term acid suppression therapy without titrating to the lowest effective dose**	**82**	**9.50**
6	Do not routinely prescribe antibiotics for acute mild-to-moderate sinusitis	81	9.50
7	Do not use antimicrobials to treat bacteriuria in immunocompetent older adults	80	9.16
8	Do not routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis	78	9.91
9	**Do not obtain preoperative chest radiography in the absence of a clinical suspicion**	**77**	**9.26**
10	Do not use DEXA screening for osteoporosis in women younger than 65 or men younger than 70	72	9.16

Jama Int Med, 2015

pagepress

Italian Journal of Medicine 2015; volume 9:281-286

Doing more does not mean doing better: the FADOI contribution to the *Slow Medicine* program for a sustainable and wise healthcare system

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ABSTRACT

Consistently with its own vision on the necessity to implement a sustainable and frugal medicine, in 2013 the Italian Federation of Associations of Hospital Doctors in Internal Medicine (FADOI) decided to adhere to the Slow Medicine program entitled *Doing more does not mean doing better*, launched in Italy in late 2012, following the Choosing Wisely® campaign of the American Board of Internal Medicine (ABIM) Foundation started in the USA in 2010. According to the program, FADOI has now produced a list of ten evidence-based recommendations of the *do not* type, regarding different practices whose benefits for the patients are questionable at least, if not harmful at worst. The list was obtained from a questionnaire submitted to 1175 FADOI members, containing a purposely selected choice of 32 pertinent recommendations already published by Choosing Wisely®, and reflects the qualified opinion of a large number of Italian internists. These recommendations are now endorsed by the FADOI, as a contribution to the discussion among doctors, health professionals, nurses, patients and citizens about what is worth choosing in medicine; they are also meant to promote a shared decision making process in the clinical practice.

Methodology - FADOI

- Two components of the EC to elaborate a questionnaire containing a selection of the available recommendations already published.This was submitted to a sample committee.
- A list of 32 recommendations, those judged to be most relevant for an internist by the committee, was sent, along with an explanatory letter, to 1175 members.
- Each member was asked to indicate the 5 recommendations considered to be most relevant for his/her own practice, leaving ranking out of consideration.
- The response rate was 18.1% (213 responders, for a total number of 1037 indications).

Table 2. The list of the 32 Choosing Wisely® recommendations of the questionnaire submitted to the FADOI members.

1	*Do not prescribe acid suppressive therapy to hospitalized patients, unless there is a high risk of bleeding*
	it should be reserved to intensive-care patients
2	*Do not prescribe transfusion of red blood cells for arbitrary Hb levels, in the absence of symptoms of heart ischemia, heart failure, stroke*
	in stable patients, accept Hb levels of 7-8 g/dL
3	*Do not use benzodiazepines in elderly patients, as a first choice for insomnia, agitation, delirium*
	high risk of accidents, falls, fractures; keep BZD for alcohol withdrawal and anxiety
4	*Do not treat bacteriuria in elderly patients without urinary symptoms*
	screening for and treatment of asymptomatic bacteriuria are recommended only when procedures with possible mucosal bleeding are anticipated
5	*Do not use NSAID in subjects with arterial hypertension, heart failure, renal insufficiency from any cause, including diabetes*
	prefer safer drugs such as paracetamol, tramadol, short term narcotic analgesics
6	*Do not recommend percutaneous feeding tubes in patients with advanced dementia*
	offer oral assisted feeding, instead
7	*Do not delay palliative care*
	they do not accelerate death
8	*Do not perform carotid artery imaging for simple syncope without other neurologic symptoms*
	it does not identify the cause of the fainting
9	*Do not perform brain imaging (CT/MRI) for simple syncope without other neurologic symptoms or signs*
	except for skull trauma
10	*Do not screen for renal artery stenosis in patients without resistant hypertension and with normal renal function, even if atherosclerosis is present*
	no proven benefit

Intern Emerg Med (2016) 11:1125–1130
DOI 10.1007/s11739-016-1560-1

CE - ORIGINAL

The Italian Society of Internal Medicine choosing wisely campaign

Nicola Montano[1,8] · Giorgio Costantino[1] · Giovanni Casazza[2] · Rodolfo Sbrojavacca[3] · Marco Vincenzo Lenti[4] · Lorenzo Falsetti[5] · Annasanta Guzzo[6] · Raffaele Majo[7] · Francesco Perticone[7] · Gino Roberto Corazza[4]

Methodology - SIMI

- List of all already published Choosing Wisely recommendations related to internal medicine
- Mail to society members requesting for additional recommendations' proposals to insert
- Selection by a 6-persons committee of the 30 most relevant raccomendations (using a 1-to-10 score)
- List was then sent to each member and they were asked to score each racommendations using a 1-to-10 score, prioritizing their selection, but without providing any rule for prioritization.
- Top 5 list was composed by the items with highest total score.

Results - SIMI

- From US and Canada campaigns, 139 items had been selectd, 90 items were added from memebers' suggestions.
- 22 out of 30 items selected by committee were already been published, while 8 were new.
- Rate of response was 18% (409 responders out of 2104 members)
- Within the Top 5 list, only 1 item was already present in the international campaigns, while 4 were new.

Top 5 List - SIMI

1. Avoid bedridden and favour an early mobilization of patients
2. Don’t ask for d-dimer, if not under specific indications
3. Do not prescribe long-term antibiotic therapy in parients without symptoms
4. Do not prescribe long-term protonic pump inhibitor
5. Do not insert central venous catheter peripherally only for convenience

Top 5 List – SIMI vs FADOI

1. Avoid bedridden and favour an early mobilization of patients
2. Don’t ask for d-dimer, if not under specific indications
3. Do not prescribe long-term antibiotic therapy in patients without symptoms
4. **Do not prescribe long-term protonic pump inhibitor**
5. Do not insert central venous catheter with peripheral insertion only for convenience of personnel

Hospital Care Efficiency and the SMART (Specific, Measurable, Agreed, Required,and Timely) Medicine Initiative

- Single Department of Internal Medicine
- Education campaign managed by a group of senior physicians
- Provided recommendations for internists about diagnostic tests (NT-pro BNP, troponin, routine tests: CK, LDK, Amylase
- Monitoring of tests/exams prescribed by physicians for one year

Berger et al, JAMA Int Med 2016

Figure 1. Rates of Measurement of B-type Natriuretic Peptide (BNP) and Troponin Levels

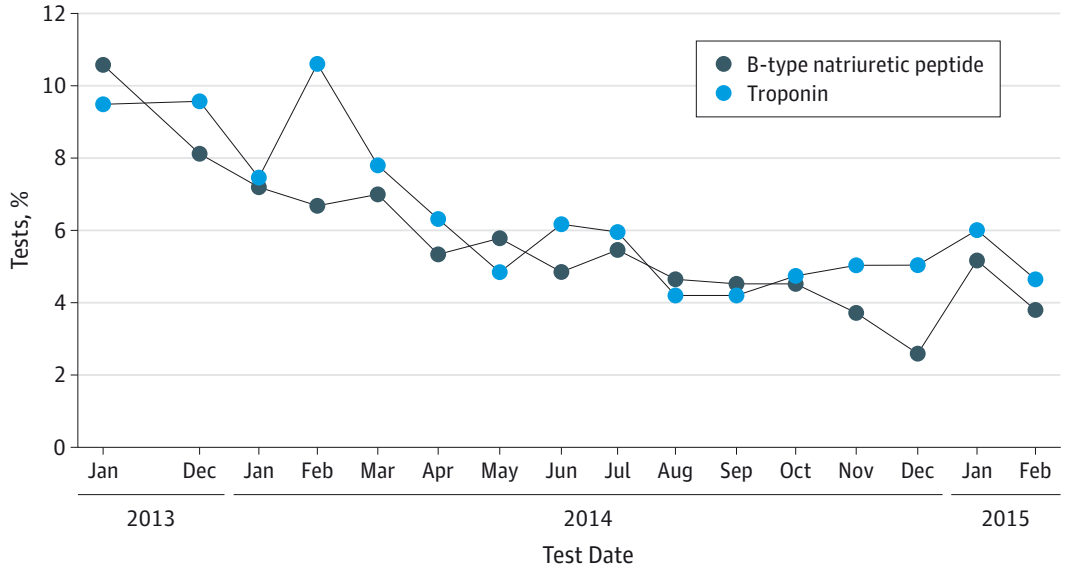
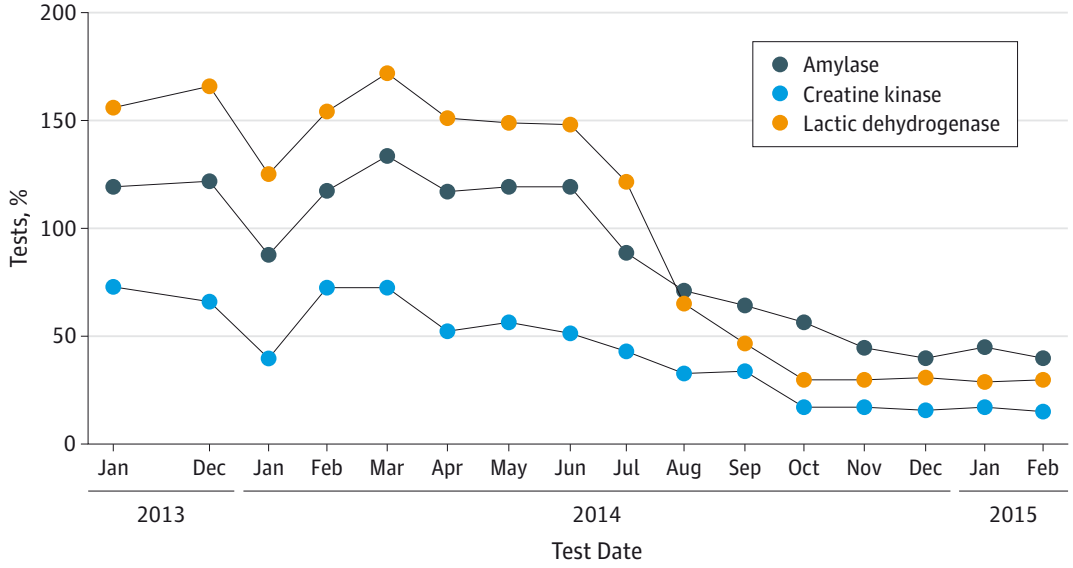


Figure 2. Rates of Measurement of Amylase, Creatine Kinase (CK), and Lactic Dehydrogenase (LDH) Levels



-20% laboratory tests

250.000 $ savings

Berger et al, *JAMA Int Med* 2016

Choosing Wisely in Internal Medicine: European Campaign 5-steps-to do

1. **Methodology** to select the items for the campaign
2. Criteria for deciding **items priority**
3. Items chosen really based on **evidence**
4. From theory to clinical practice: **implementation plan**
5. Outcome markers: is a choosing wisely a campaign really able to improve patient safety and outcome, possibly reducing also healthcare costs? **continuous monitoring**

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Choosing Wisely – Proposal

Project proposal

1. **Descriptive research**
2. **(Applied research)**
3. **Educational**
   - **Clinical cases**
   - **“Less is More” Courses**

1. Descriptive research phase

1. Perform a CW campaing in each country partecipating to the Project
2. This will produce a Top-5 list for each country
3. All the products (publications even in the local language and/or the lists) will be published in an EFIM dedicated webpage
4. A systematic revision will be performed, individuating and discussing similarities and differences in reccomendations' selection
5. The manuscript will be submitted to an international journal

(2. Applied research phase)

1. To study an implementation plan introducing the monitoring of the application of selected reccomendations in all participating countries in terms of clinical outcomes and health cost savings

3. Educational

1. Organize “Less is More” courses

2. Clinical cases:

   - Submit the same clinical case to two YI of different countries
   - An expert will comment differences vs similarities
   - Conclusions: what to do and not to do

Need for a dedicated editorial actions

1. **Webpage**
    1. Repository for all the national publication and material
    2. Updated with publications related to Choosing Wisely / Less is More published in international journals
    3. Publication of clinical cases

    **Need for a dynamic editorial committee (YI)*

2. **EJIM dedicated section**

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Choosing Wisely – Aims and Methodology

Choosing Wisely – Chronoprogram

March 17, 2017

- Presentation and discussion of the proposed CW project during the 3rd EFIM Day in Brussels

August 31, 2017

- Update during the General Assembly in Milan – Results 1st phase, webpage, publications

September 2018

- Less is More courses at ECIM 2018

December 2018 / January 2019

- One day EFIM workshop on CW