Choosing Wisely EFIM

Nicola Montano

Italian Society of Internal Medicine

The Case

76 years-old woman, shows up in the morning at the ER for a small hematoma, occurred during the night on the extremities of the first two fingers of the left foot.

Clinical history

- Admission to Nephrology Division two months before for an **hypertensive crisis**, associated with transient **deterioration of kidney function** (creatinine 3.6 mg/dL) sideropenic anemia (Hb 8 g/dL). Discharged with a creatinine value of 1.8 mg/dl.
- During hospitalization, evidence of **purulent drainage over the first finger of the left foot with swab positive for S. aureus** , thus treated with amoxicillin + clavulanic acid (C-RP max 51 n.v.<10)

- *Past: Thoracic Herpes zoster with post-herpetic neuralgia at the left shoulder.Left carotid endoarterectomy. Cronic inflammatory polyneuropathy. CAD: stent over Cdx and subsequent PCI for restenosis. Anteroseptal AMI treated with stenting of Cdx; diastolic dysfunction*

Therapy

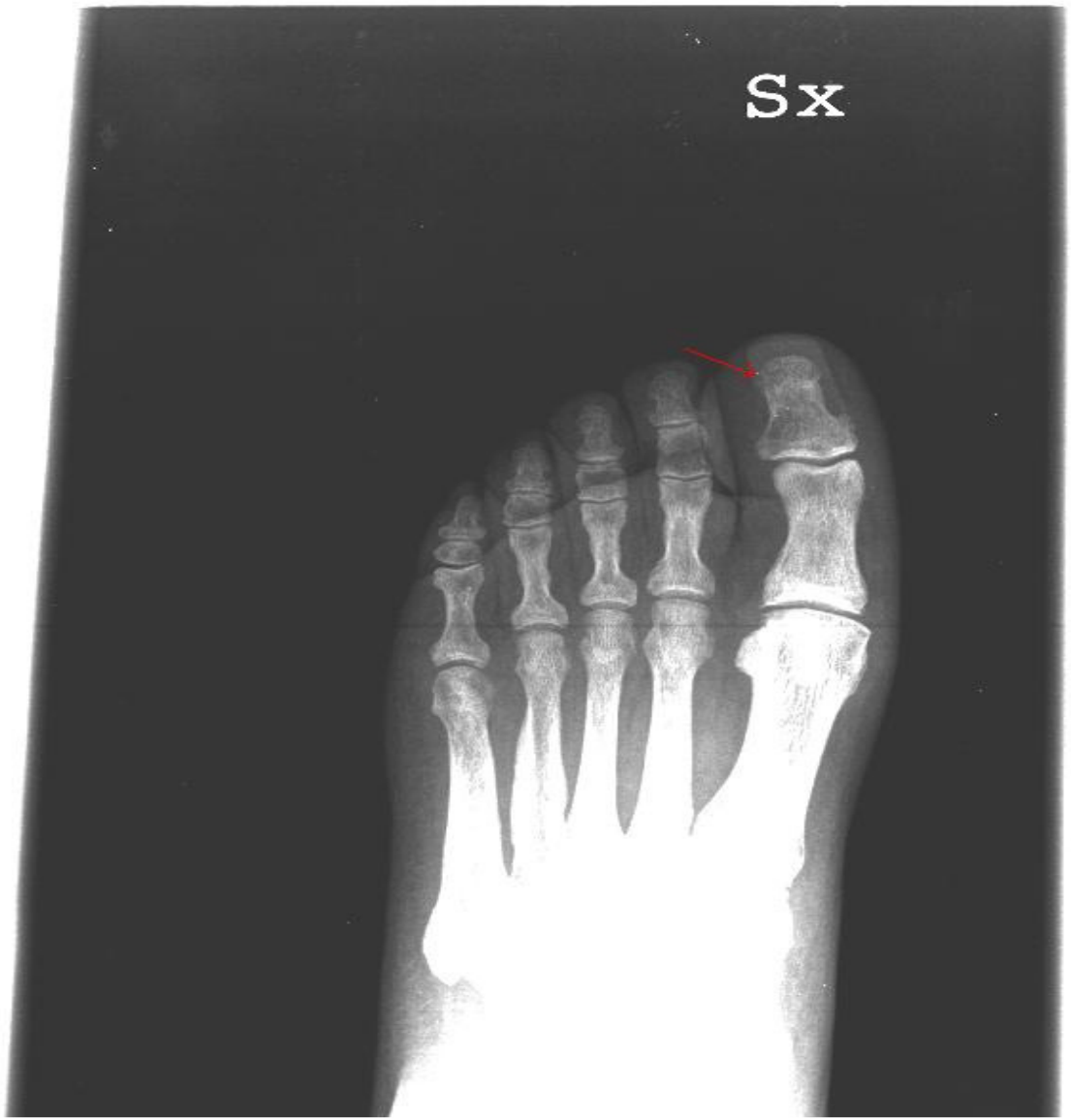
- Eritropoietin
- Gabapentin
- Pantoprazol
- Simvastatin
- Ticlopidin
- Enalapril
- Carvedilol
- Clonidine
- Nitrates
- Nifedipine
- Furosemide

Physical examination

- Alert and cooperative. Eupnoic at rest.
- Mild peripheral oedema, VM present without pathological sounds, heart sounds rhythmic, pauses free of murmurs, non tender tractable abdomen, hypocondriac organs within normal limits, hyposfigmic peripheral pulses, non DVT signs.

Blood tests

- Creatinine 1.87 mg/dl, blood nitrogen 46 mg/dl, C-RP within limits, WBC 7040 mmc, Hb 14.5 g/dl, PLT 107000 mmc. Electrolytes: within limits.
- Left foot X-ray performed



“Osteoporosis and osteoarthrosis signs, correlated with ageing. No fractures.

The first finger shows, at the level of the distal phalanx on the mesial side, a thickening of the soft parts associated with an **area of bone rarefaction of 1 cm on subungual site, likely to be related to a flogistic process.**”

What now?

Admit / discharge ?

It happened that…

- Patient was admitted to the internal medicine ward for **“likely osteomyelitis of the first finger of left foot”.**
- Labeled-leukocytes scintigraphy requested
- Antibiotic therapy with Rifampicin and Ciprofloxacin started.
- Patient was stationary.
- No fever or other signs/symptoms.
- After three days, C-RP elevation (40 nv<10), WBC within limits.
- Scintigraphy: negative

After five days from admission…

- Stationary conditions but onset of low fever, unchanged physical examination, enemas for constipation.
- Blood exams: marked increase in WBC (20.000 mmc) and C-RP (400 nv<10)
- Antibiotic therapy modified: Piperacillin+Tazobactam
- Due to the low sensitivity of scintigraphy for osteomyelitis (sensitivity 0.74, specificity 0.68), a PET scan was required

Clin Infect Dis. 2008 Aug 15;47(4):519-27.
Diagnostic accuracy of the physical examination and imaging tests for osteomyelitis underlying diabetic foot ulcers: meta-analysis

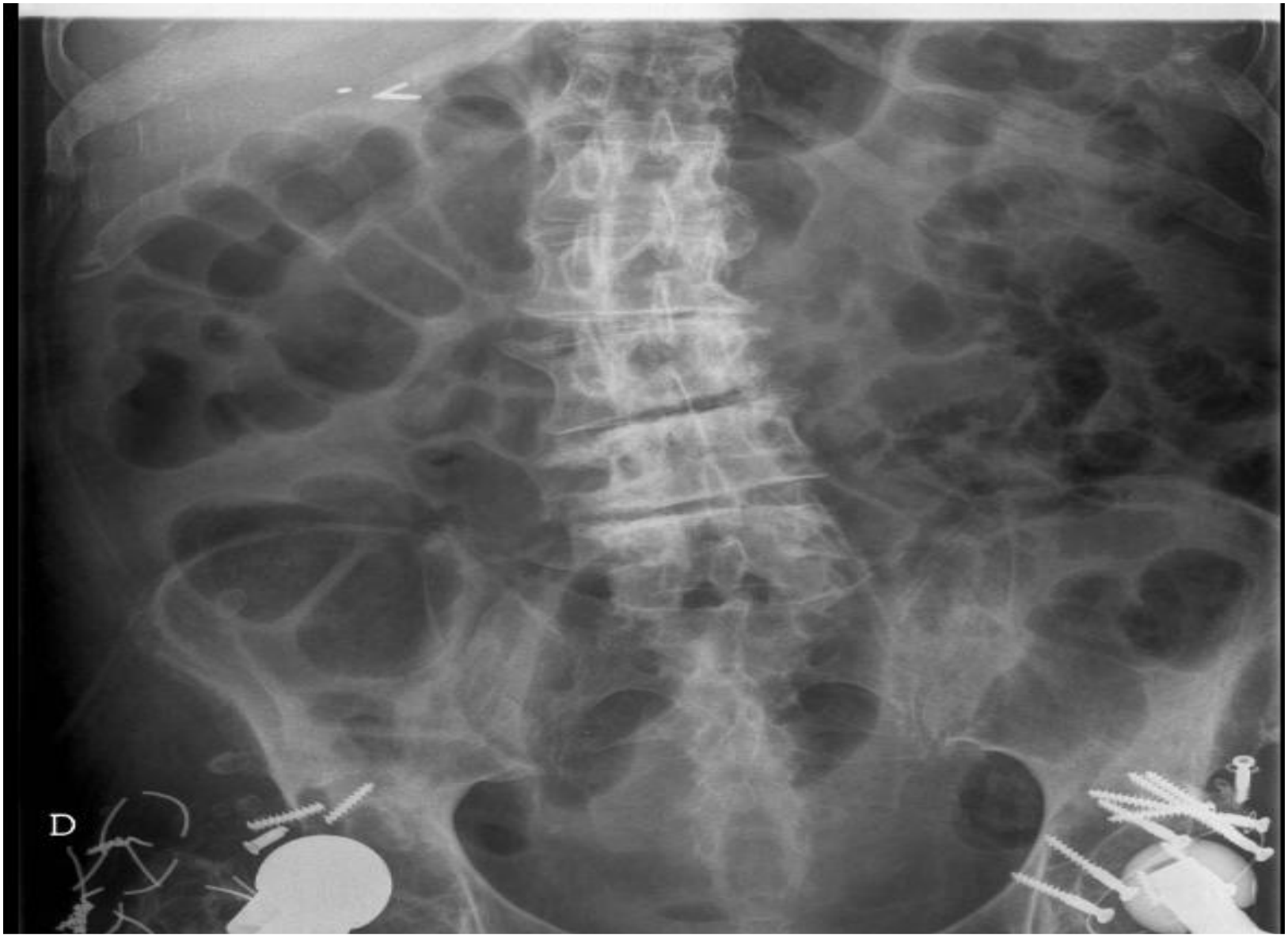
Meanwhile.....

- An episode of diarrhea occurred:

  CD toxin test was requested: negative
- Blood exams: C-RP 336, WBC 17000 mmc
- PET scan: hyperaccumulation of tracer in correspondence of the bone marrow and colon

The next day…

- She complained for a severe abdominal pain.
- The abdomen was distended, painful at light palpation, persistalsis was absent, Blumberg +/-
- WBC 40.000/mmc
- X-ray abdomen requested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“Evidence of multiple images of air-fluid levels with ileal and colonic distension upstream in the context of a subocclusive conditions”

The patient underwent an emergency surgery and a colostomy was performed.

She went on renal failure
and died one week later

Diagnosis

- **Clostridium difficile infection**

(positive the second toxin test and the hystology)

Summary

- The patient went to the ER for the occurrence of an **occasional** of a small spontaneous ematoma on a foot's finger.
- Osteomyelitis was suspected on the basis of a **false positive** foot X-ray (sensitivity 0.54, specificity 0.68)
- An **apparently safe** antibiotic therapy was started……
- ….however complicated by a CD infection leading then to colostomy
- *….if the patient wasn't come to the hospital, or if she wasn't been admitted to the ward, maybe now she would be fine at home……..*

Conclusion…

LESS IS MORE

(Doing more does not mean doing better……)

overdiagnosis/overtreatment

Appropriateness

A multidimensional set defined by three key characteristics:

1) Effective (based on evidence),

2) Efficient (in terms of risk-benefit ratio)

3) Respectful of ethical principles of individuals , community and society

Appropriateness

Clinical practice (patients'safety), no accounting of the clinical governance.

"the right care, provided by the right providers, to the right patient, in the right place, at the right time, resulting in optimal quality care"

John Haggie, 2013

Clinical Appropriateness Complexity

- Take into account clinical, socioeconomic, ethical, legal and public health care considerations.
- Several professionals figures involved (healthcare professionals, politicians, citizens, companies) and often opposite requests (economic resources, social organization, profit vs. non-profit)
- To favour communication and discussion between all these parts is a starting point.


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LA STRETTA DEI MINISTRO

Alcune delle prestazioni sanitarie a rischio

RADIOLOGIA DIAGNOSTICA

- Tomografia computerizzata del rachide e dello speco vertebrale senza e con contrasto
- Tomografia computerizzata dell'arto superiore senza e con contrasto
- Tomografia computerizzata dell'arto inferiore senza e con contrasto
- Risonanza magnetica nucleare della colonna senza e con contrasto
- Risonanza magnetica nucleare muscolo scheletrica senza e con contrasto
- Densitometria ossea con tecnica di assorbimento a raggi X

PRESTAZIONI DI LABORATORIO

- Albumina
- Alfa amilasi
- Calcio totale
- Colesterolo
- Creatinina
- Cromo
- Fosfatasi alcalina
- Trigliceridi
- Tempo di protrombina

MEDICINA NUCLEARE

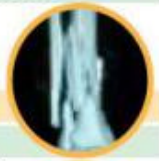
- Tomoscintigrafia miocardica e cerebrale (PET)

ALCUNI CASI

TAC DELLA GAMBA

OGGI: *si può prescrivere anche per il sospetto menisco di un'ultraottantenne*

DOMANI: *In prima battuta si fa la RX. Poi se è necessaria una valutazione prima di intervenire chirurgigamente si può fare senza pagarla*



RISONANZA A SPALLA, BRACCIO, BACINO E GAMBA

OGGI: *Si prescrive quando si sospetta un danno ad ossa o legamenti*

DOMANI: *Solo in caso di sospetta infiammazione o lesioni dopo traumi ed Rx o ecografia dubbia*

RISONANZA DELLA COLONNA CON LIQUIDO DI CONTRASTO

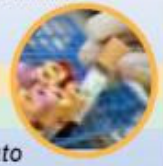
OGGI: *Si prescrive quando il medico la ritiene opportuna, ad esempio per verificare danni al midollo da ernia dal disco*

DOMANI: *In presenza di forti dolori oncologici, di sospetto tumore o infezione e in caso di complicazioni post-traumatiche*

COLESTEROLO E TRIGLICERIDI

OGGI: *Si possono prescrivere in qualunque momento per un semplice controllo*

DOMANI: *Si potranno prescrivere agli ultraquarantenni con fattori di rischio e non si possono ripetere prima di 5 anni, salvo valori elevati al primo esame, stili di vita a rischio o se si è in cura con le statine*

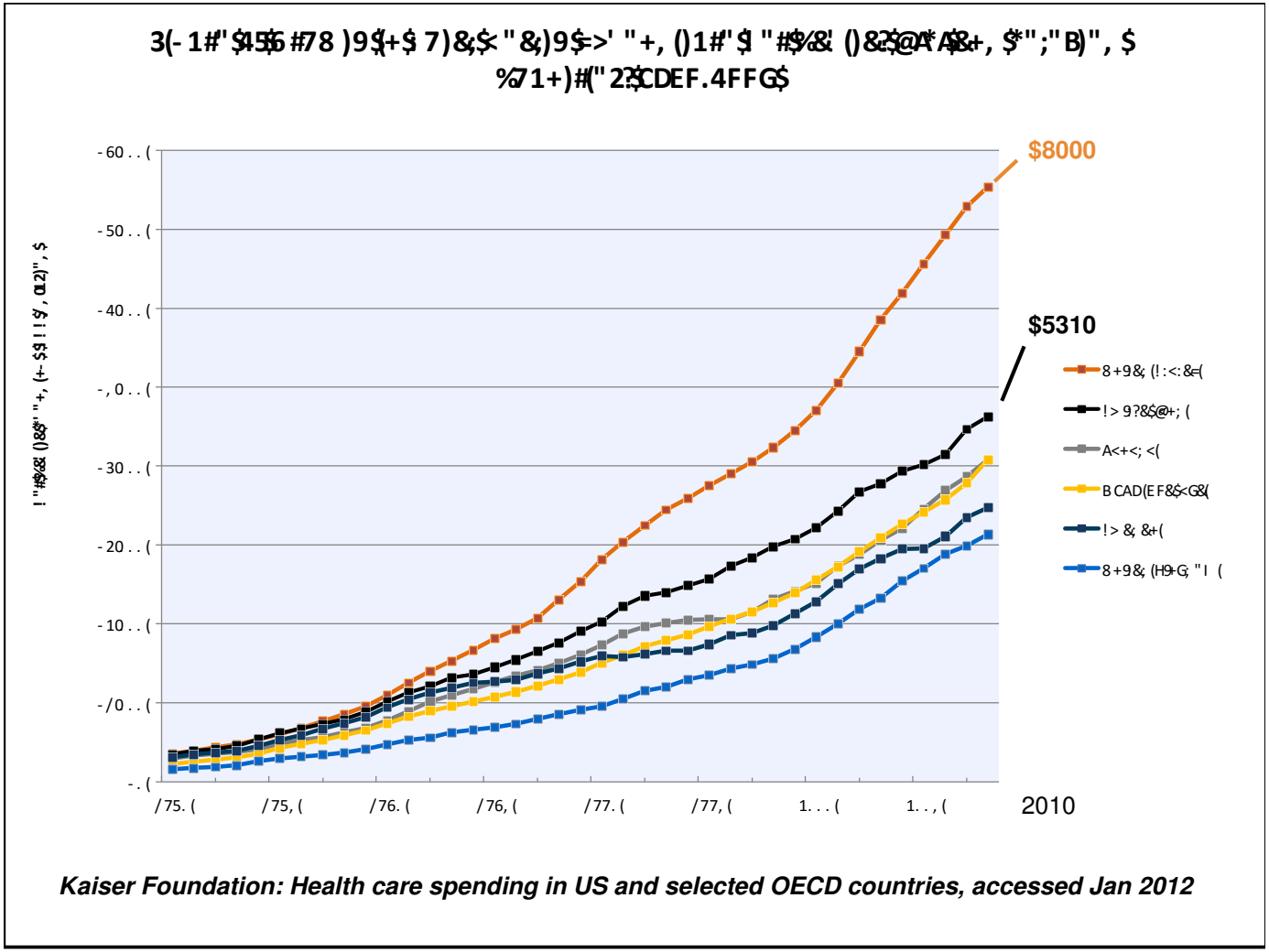


ALBUMINA

OGGI: *Si può prescrivere per controllare i livelli nel sangue*

DOMANI: *Solo in caso di malnutrizione o se si hanno patologie del fegato o dei reni*

P&G Infograph



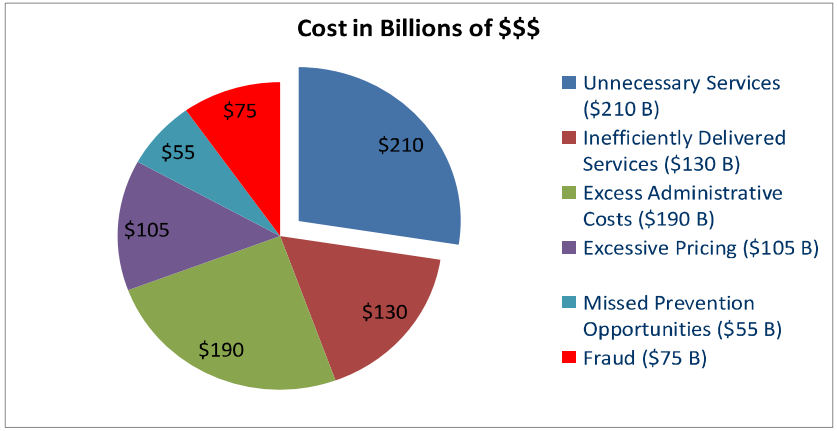
Kaiser Foundation: Health care spending in US and selected OECD countries, accessed Jan 2012

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

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

Rational vs. Rationing care

- Avoiding overuse/misuse is rational care not rationing of care
- **Rationing**: decisions are made about the allocation of scarce medical resources and who receives them, leading to *underuse* of potentially appropriate care
- **Rational care**: assuring that care is clinically effective, thus avoiding *overuse* or *misuse* of care that is inappropriate
- High cost care with benefit may be needed, while both low or high cost care without benefit is not

High Cost Care vs. Low Cost care

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

Medicine's Ethical Responsibility for Health Care Reform — The Top Five List

"A Top 5 list also has the advantage that if we restrict ourselves to the **most egregious causes of waste**, we can demonstrate to a skeptical public that we are genuinely protecting patients' interests and not simply 'rationing' health care, regardless of the benefit, for cost-cutting purposes."

Howard Brody, MD, PhD

New England Journal of Medicine

ABIM FOUNDATION®

Choosing Wisely®

An initiative of the ABIM Foundation

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.

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], Jenna 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

From: **"Top 5" Lists Top $5 Billion**

Table. Prevalence of Good Stewardship Working Group "Top 5" Activities in US Ambulatory Care, 2009

Primary Care Activity	Inappropriate Activity Definition	Eligible Visit Definition	Exclusions	Eligible Visits, No. Weighted	Eligible Visits With Inappropriate Activity, % (95% CI)[a]	Direct Costs, $ (95% CI)
Routine laboratory studies	CBC ordered or performed	Visits by adults older than 18 y who present for GME	None	4 186 261	56.0 (40.8-70.2)	32 679 628 (23 926 156-40 849 535)
Antibiotics for children with pharyngitis	Antibiotics prescribed	Visits by children younger than 18 y who present with pharyngitis	Strep pharyngitis, fever	10 907 680	40.9 (33.4-48.9)	116 365 312 (93 659 885-139 070 739)
Expensive brand-name statins on initiating lipid-lowering therapy	Atorvastatin or rosuvastatin prescribed	Visits by adults who are prescribed a statin as a new medication	None	13 462 214	34.6 (26.2-44.1)	5 817 251 527 (4 321 386 849-7 313 116 205)
Annual ECGs	ECG ordered or performed	Visits by adults older than 18 y who present for GME	None	4 186 261	19.1 (7.0-42.9)	16 639 550 (6 130 361-37 657 929)
Routine laboratory studies	Urinalysis ordered or performed	Visits by adults older than 18 y who present for GME	None	4 186 261	17.9 (9.4-31.6)	3 353 195 (1 676 598-5 961 236)
Imaging for back pain	Imaging (CT, MRI, radiography) ordered	Visits by adults aged 18-55 y who present with acute low back pain	Malignancy, weight loss, fever, cachexia, neurological signs	4 970 245	16.7 (11.1-24.2)	175 403 922 (82 677 541-437 169 828)
Routine laboratory studies	Basic metabolic panel ordered or performed[b]	Visits by adults older than 18 y who present for GME	None	4 246 308	16.0 (6.9-32.9)	10 129 992 (4 431 872-20 893 109)
Cough medicines for children	Visits by children-<18 y, who present with URI and are prescribed cough/cold medications	Visits by children <18 y, who present with URI	None	21 472 734	11.8 (0.8-16.9)	10 306 912 (858 909-14 601 459)
Pap tests for patients younger than 21 years	Pap test ordered or performed	Visits by girls aged10-21 y	None	22 570 460	2.9 (1.7-5.0)	47 763 607 (31 842 405-79 606 012)
DEXA scans for younger patients	Bone density scan ordered	Visits by women aged 40-64 y	Fractures, exposure to corticosteroids, anorexia, vitamin D deficiency, tobacco use	734 894 486	1.4 (0.9-2.2)	527 433 773 (474 690 395-1 054 867 545)
DEXA scans for younger patients	Bone density scan ordered	Visits by men aged 40-70 y	Fractures, exposure to corticosteroids, anorexia, vitamin D deficiency, tobacco use	151 651 500	NA[c]	NA[c]
Head injury imaging in children	Imaging ordered	Visits by children aged 2-18 y, who present with head injury	Hemotympanum, loss of consciousness, dizziness	NA[c]	NA[c]	NA[c]
Total cost						6 757 327 419 (5 041 280 970-9 143 793 597)

Arch Intern Med. 2011;171(20):1858-1859. doi:10.1001/archinternmed.2011.501

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.

Choosing Wisely Campaigns

Denmark

France

Australia

Germany

The Netherlands

Canada

Switzerland

Italy

Turkey

Japan

New Zealand

England

Choosing Wisely in Internal Medicine: European Campaign

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

- If no……..**Thanks for listening!!!!**
- If yes……..**Next slide, please!**

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

Luigi Lusiani,[1] Roberto Frediani,[2] Roberto Nardi,[3] Andrea Fontanella,[4] Mauro Campanini[5]

[1]Internal Medicine, Hospital of Castelfranco Veneto (TV); [2]Internal Medicine, Hospital of Verbania - Domodossola; [3]Internal Medicine, Maggiore Hospital, Bologna; [4]Internal Medicine, Buon Consiglio Fatebenefratelli Hospital, Napoli; [5]Internal Medicine 2, Maggiore della Carità Hospital, Novara, Italy

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

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

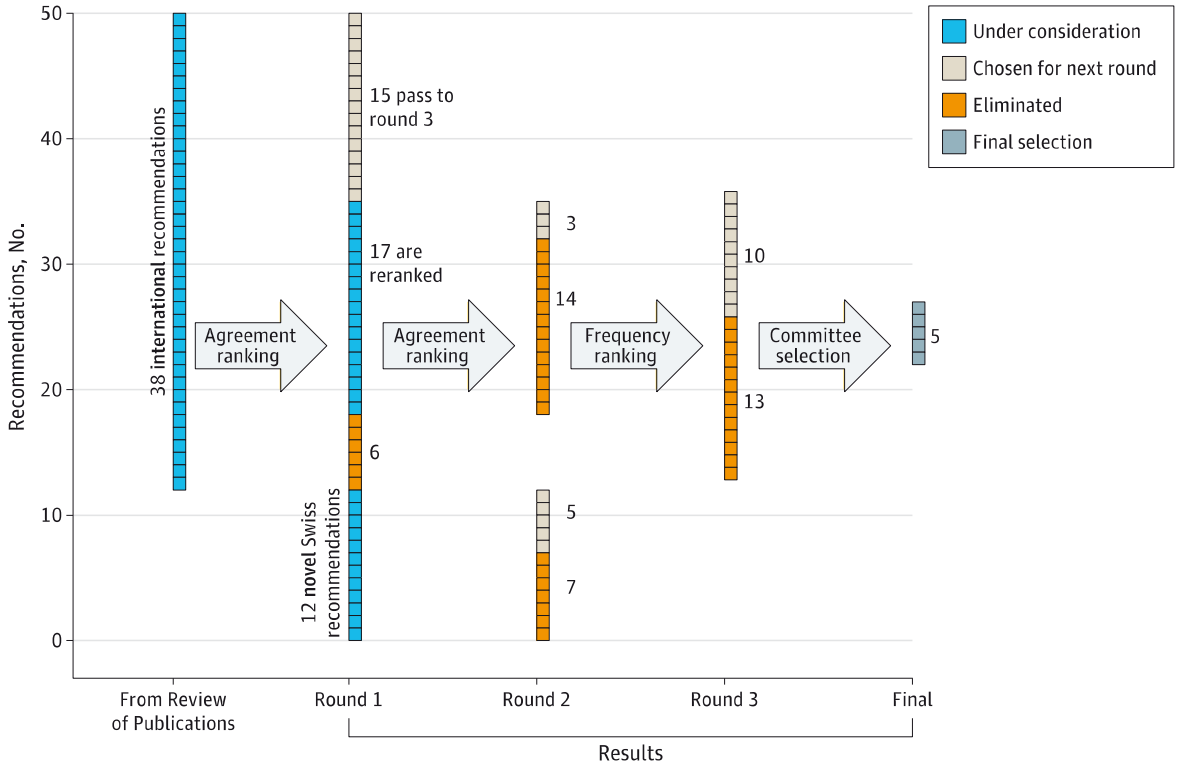
Jama Int Med, 2015

Methodology– SSGIM

- 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**. Thus, experts are encouraged to revise their earlier answers in light of the replies of other members of their panel. It is believed that during this process the range of the answers will decrease and the group will converge towards the "correct" answer. Delphi is based on the principle that forecasts (or decisions) from a structured group of individuals are more accurate than those from unstructured groups

Choosing Wisely – Swiss Society of Internal Medicine

Figure. Flowchart of Recommendations Through the Delphi Process



Jama Int Med, 2015

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 (rate of response 1.7%)
- 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

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 with peripheral insertion only for convenience of personnel

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 è campaign really able to improve patient safety and outcome, possibly reducing also healthcare costs? **continuous monitoring**

Trash can in a Milan's city park……

We must be the change we wish to see in the world

Mahatma Gandhi