

ONLINE FIRST

Choosing Wisely

Helping Physicians and Patients Make Smart Decisions About Their Care

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WHILE THE UNITED STATES GRAPPLES WITH THE challenge of health care costs that contribute to high rates of poor-quality care, burdens to business competitiveness, and looming government deficits, clearly there are areas in which health care spending does not add to the health of individuals and communities. The polarizing political environment makes it difficult to conduct rational public discussions about this issue, but clinicians and consumers can change the nature of this debate to the potential benefit of patients, the medical profession, and the nation. The initial focus should be on overuse of medical resources, which not only is a leading factor in the high level of spending on health care but also places patients at risk of harm. In fact, some estimates suggest that as much as 30% of all health care spending is wasted.¹

To reduce unnecessary tests and procedures, physicians will need to play a leading role—their decisions account for about 80% of health care expenditures.² Yet physicians do not always have the most current effectiveness data, and despite acting in good faith, they can recommend diagnostic or therapeutic interventions that are no longer considered essential. Also, research shows that physicians may need help communicating these matters to their patients. This may be especially difficult when clinicians and consumers are deluged with advertising and promotion. Clinicians often report feeling compelled to accommodate patients' requests for interventions they know are unnecessary.^{3,4} At the same time, patients need trustworthy information to help them better understand that more care is not always better care, and in some cases can actually cause more harm than good.

A major goal of health care reform is enhancing "patient-centered care." Patients, and consumer groups representing them, express increasing interest in forging true partnerships with their clinicians, with real-time access to their own medical records, to science-based comparative effectiveness information, and to health care delivery environ-

ments built to enhance both comfort and personalization of medical care. Patient engagement, as 1 of the 6 major initiatives of the National Priorities Partnership of the National Quality Forum, promises more informed and involved patients as decision makers. To make good on this promise requires transparent and credible information about the relative value and risk of various medical diagnostic and therapeutic interventions.

To help reduce waste in the US health care system and promote physician and patient conversations about making wise choices about treatments, 9 medical specialty societies have joined the ABIM (American Board of Internal Medicine) Foundation and Consumer Reports in the first phase of the Choosing Wisely campaign, including the following: 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; and the American Society of Nuclear Cardiology.

As part of Choosing Wisely, each society has developed a list of 5 tests, treatments, or services that are commonly used in that specialty and for which the use should be re-evaluated by patients and clinicians. Those lists were released on April 4, 2012, at a national event in Washington, DC. Additionally, other societies, consumer organizations, and physician organizations have asked how they can become part of this effort to engage physicians and patients in conversations about tests and procedures that should rarely be used.

The early origins of this campaign can be found in "Medical Professionalism in the New Millennium: A Physician Charter."⁵ Authored in 2002 by the ABIM Foundation, American College of Physicians Foundation, and European Federation of Internal Medicine, the charter has as its fundamental principles the primacy of patient welfare, pa-

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tient autonomy, and social justice. It articulates the professional responsibilities of physicians, including a commitment to improving quality and access to care, advocating for a just and cost-effective distribution of finite resources, and maintaining trust by managing conflicts of interest.⁵ The charter's commitment to a just distribution of finite resources specifically calls on physicians to be responsible for the appropriate allocation of resources and to scrupulously avoid superfluous tests and procedures.

More recently, the concept of creating lists of unnecessary tests or procedures was proposed by Brody,⁶ who called for physicians to lead the effort in identifying waste to be eliminated. According to Brody, "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."⁶ Grady and Redberg, in the *Less Is More* series of articles published in the *Archives of Internal Medicine*, further articulated the need to dispel the myth that "if some medical care is good, more care is better."⁷

The US National Physicians Alliance (NPA) put Brody's concept into practice through its Promoting Good Stewardship in Clinical Practice project. This project resulted in a set of 3 lists of specific steps that physicians in internal medicine, family medicine, and pediatrics could take in their practices to promote the more effective use of health care resources.⁸ Analysis of NPA's "top 5 lists" estimated that savings of more than \$5 billion could be realized if the items on the lists were eliminated.⁹

Choosing Wisely builds on the ideals of the physician charter,⁵ Brody's challenge,⁶ *Less Is More*,⁷ and NPA's work⁸ by expanding the number of lists created and physicians reached. Heeding Brody's recommendation to have physicians lead the way, the specialty societies have identified the practices prone to overuse in their area. Each recommendation is also supported by clinical guidelines and evidence, including information about when these tests or procedures may be appropriate.

As of this writing, the 9 medical specialty societies involved in Choosing Wisely potentially reach 374 000 practicing physicians, with several additional societies expressing interest in joining the effort. The hope is that the lists will spark discussion between clinicians and patients about the need—or lack thereof—for many frequently ordered tests or treatments.

Recognizing the need for tools and resources to facilitate these conversations, Consumer Reports, an independent,

nonprofit consumer organization, in consultation with the professional societies, will create and disseminate consumer-friendly versions of the lists and will partner with other organizations to reach diverse audiences. This is to help patients understand the recommendations and be prepared to talk with their clinicians about them.

Consumer Reports has reported what a critical issue overuse is to consumers. A 2010 reader survey of nearly 1200 healthy 40- to 60-year-old men and women, with no known heart disease, risk factors, or symptoms, showed that 44% had received screening tests for heart disease rated by Consumer Reports as very unlikely or unlikely to have benefits that outweigh the risks.¹⁰ Moreover, those who had received the testing did so without first getting crucial information from their physician. For example, only a few "healthy" adult respondents reported discussing with their physician how accurate the tests were (9%), whether they saved lives (1%), potential complications that might occur (4%), or what the patient would need to do if the test indicated a problem (11%).¹⁰ Choosing Wisely will help provide the other side of this important story.

The complete lists from each of the societies can be found at <http://www.choosingwisely.org>. These organizations are demonstrating leadership, vision, and courage in highlighting overuse in their own specialty. This is the highest form of medical professionalism.

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REFERENCES

- Berwick DM, Hackbarth A. Eliminating waste in US health care [published online ahead of print March 14, 2012]. *JAMA*. doi:10.1001/jama.2012.362.
- Crosson FJ. Change the microenvironment: delivery system reform essential to controlling costs. *Modern Healthcare* and The Commonwealth Fund. <http://www.commonwealthfund.org/Content/Publications/Commentaries/2009/Apr/Change-the-Microenvironment.aspx>. April 27, 2009. Accessed January 23, 2012.
- Campbell EG, Regan S, Gruen RL, et al. Professionalism in medicine: results of a national survey of physicians. *Ann Intern Med*. 2007;147(11):795-802.
- Brett AS, McCullough LB. Addressing requests by patients for nonbeneficial interventions. *JAMA*. 2012;307(2):149-150.
- American Board of Internal Medicine Foundation; ACP-ASIM Foundation; European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. *Ann Intern Med*. 2002;136(3):243-246.
- Brody H. Medicine's ethical responsibility for health care reform: the Top Five list. *N Engl J Med*. 2010;362(4):283-285.
- Grady D, Redberg RF. Less is more: how less health care can result in better health. *Arch Intern Med*. 2010;170(9):749-750.
- Good Stewardship Working Group. The "top 5" lists in primary care: meeting the responsibility of professionalism. *Arch Intern Med*. 2011;171(15):1385-1390.
- Kale MS, Bishop TF, Federman AD, Keyhani S. "Top 5" lists top \$5 billion. *Arch Intern Med*. 2011;171(20):1856-1858.
- 44 Percent of Healthy Adults Getting Unneeded Heart Screenings. ConsumerReports.org website. <http://pressroom.consumerreports.org/pressroom/2011/02/my-entry.html>. Posted February 3, 2011. Accessibility verified March 24, 2012.