



Choosing Wisely

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Faculty of Medicine CPD

June 19th ,2024

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No conflicts of interest

Clinical lead, Choosing Wisely Nova Scotia
(no financial compensation)

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John

42 years old

Works in construction

Two children

Healthy, active lifestyle

Low back pain for 3-4 weeks

No red flags

“I think I need an x-ray”



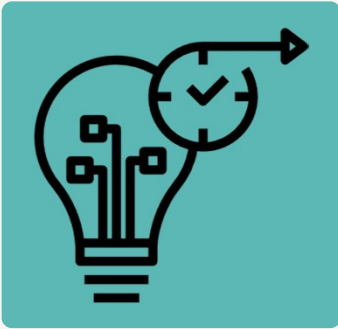
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How often do you apply principles of choosing wisely in your own practice?

- Daily
- Often (at least once a week)
- Occasionally (a few times a month)
- Rarely

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Objectives

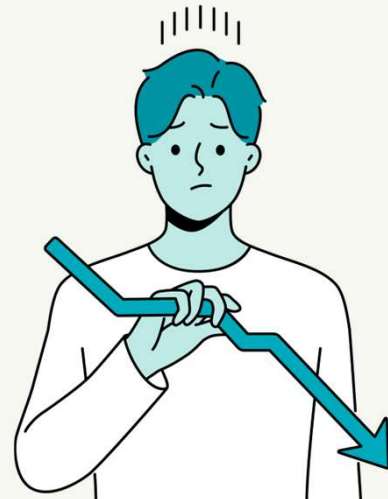


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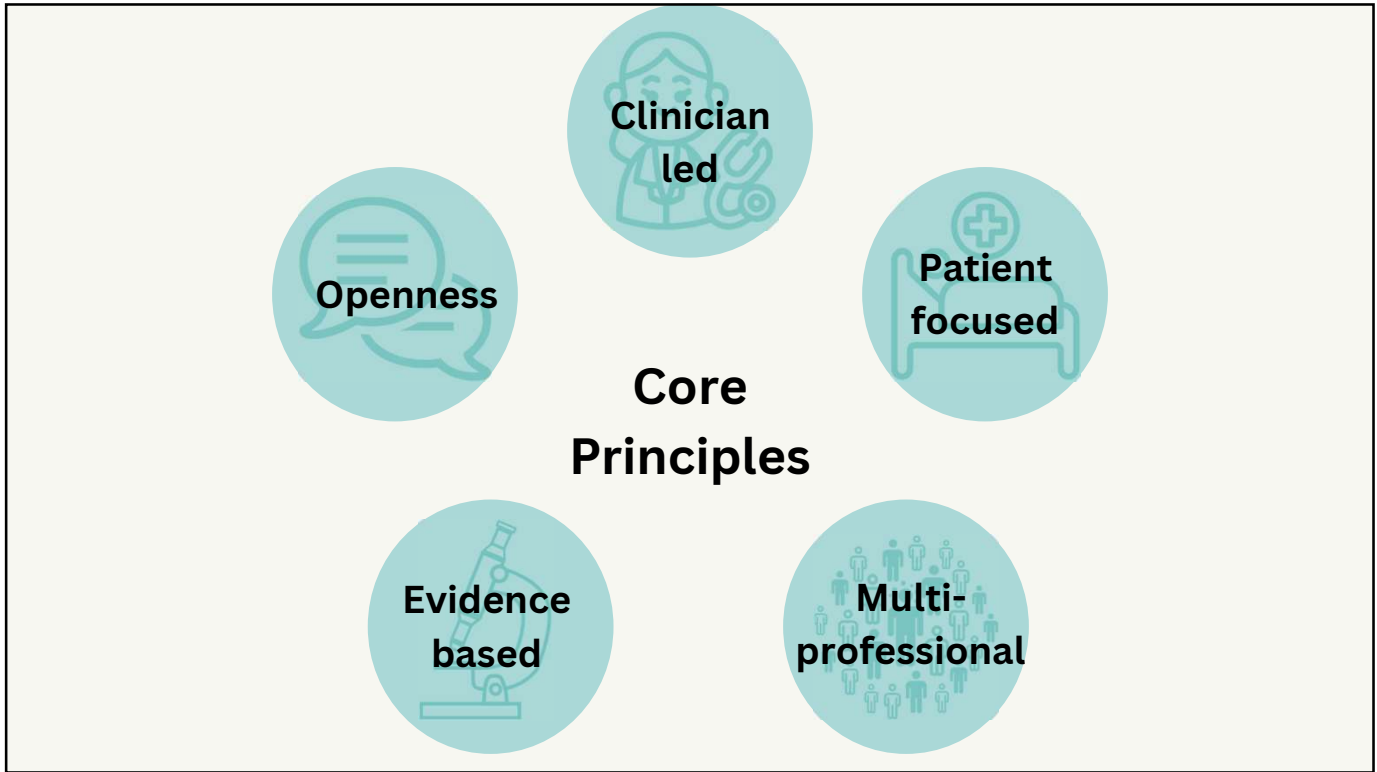
Choosing
Wisely
Canada 

“

...encourages informed **conversations** between clinicians and patients about the **potential risks** of unnecessary tests, treatments, or procedures



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Family Medicine

Fourteen Tests and Treatments to Question

by
College of Family Physicians of Canada
Last updated: May 2024

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This report found that overuse of **8 of the 12** selected tests and treatments declined by **10% or more** between 2014–2015 and 2019–2020.

Overuse remains an issue, and further reductions in low-value care are both possible and necessary.






To achieve widespread change, we need system-level changes in addition to continued efforts from front-line clinicians and patients.



Canadian Institute for Health Information. **Overuse of Tests and Treatments in Canada – Progress Report.** Ottawa, ON: CIHI; 2022.

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CW: Future directions



CHOOSING WISELY IN LONG-TERM CARE

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CW: Future directions



NEW
CLIMATE-CONSCIOUS
RECOMMENDATIONS

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Why do health care providers order unnecessary tests and treatments?

- Fear of missing something dangerous
- Lack of knowledge of current guidelines
- Uncertainty in diagnosis
- Patient demands
- Lack of time

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Barriers to choosing wisely: low back pain

- Negative consequences
- Patient demand
- System organization
- Time
- Access to resources

(Irrelevant: knowledge, skills, professional identity)

Pike A, Patey A, Lawrence R, Aubrey-Bassler K, Grimshaw J, Mortazhejri S, Dowling S, Jasoui Y; De-implementing Wisely Research Group; Hall A. **Barriers to following imaging guidelines for the treatment and management of patients with low-back pain in primary care: a qualitative assessment guided by the Theoretical Domains Framework.** BMC Prim Care. 2022 Jun 3;23(1):143. doi: 10.1186/s12875-022-01751-6. PMID: 35659251; PMCID: PMC9164352.

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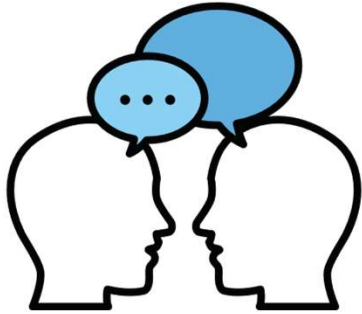
70% of primary care physicians
felt *pressure to order* tests by
their patients.

”

Buist DS, Chang E, Handley M, Pardee R, Gundersen G, Cheadle A, Reid RJ. **Primary Care Clinicians' Perspectives on Reducing Low-Value Care in an Integrated Delivery System.** Perm J. 2016 Winter;20(1):41-6. doi: 10.7812/TPP/15-086. Epub 2015 Nov 2. PMID: 26562308; PMCID: PMC4732793.

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Talking to patients: 5 steps



- 1 Elicit concerns
- 2 Empathy/acknowledge
- 3 Shared decision making
- 4 Clear recommendations
- 5 Agree on a plan

Hillis C, G Mukerji and A Weirnerman, editors. 2017. **Communicating with patients and families about medically unnecessary tests and treatments. Preceptor Guide.** Part of: The CanMEDS Resource Stewardship Curriculum Toolkit Series. Ottawa: The Royal College of Physicians and Surgeons of Canada.

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Shared Decision Making



Discuss risks and benefits



Reassurance, decision aids



Written information

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Patient-clinician relationship

- No impact or increased satisfaction
- Past experiences
- Underuse bigger problem
- Service specific



Rockwell MS, Michaels KC, Epling JW. Does de-implementation of low-value care impact the patient-clinician relationship? A mixed methods study. BMC Health Serv Res. 2022 Jan 6;22(1):37. doi: 10.1186/s12913-021-07345-9. PMID: 34991573; PMCID: PMC8733793.

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Comfort in speaking with their health care provider



86% of Canadians feel comfortable

asking whether a treatment or test is necessary.



Those who were more likely to say they are **not comfortable** include **younger adults (age 18 to 34)** and people from households with an **annual income of less than \$40,000**.

Canadian Institute for Health Information. **Overuse of Tests and Treatments in Canada – Progress Report**. Ottawa, ON: CIHI; 2022.

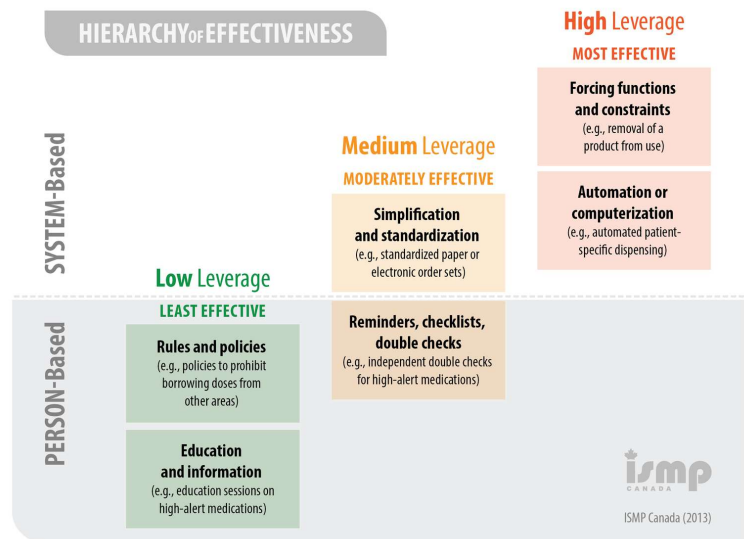
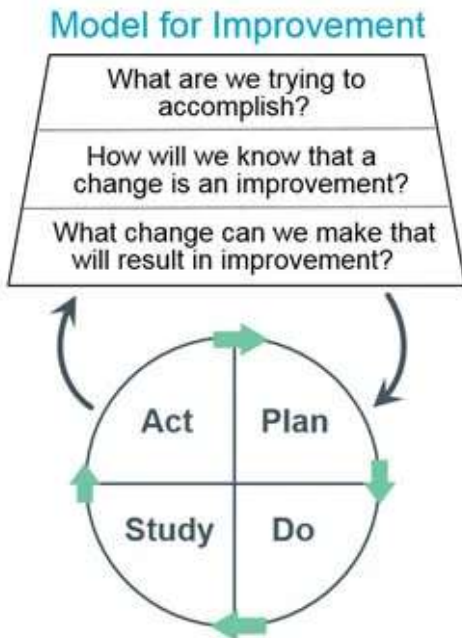
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De-implementation through quality improvement

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QI in a nutshell...



Designing effective recommendations. Toronto (ON): Institute for Safe Medication Practices Canada. Ontario Critical Incident Learning. 2013[cited 2023 Sept 8];4:1-2. Available from: https://www.ismp-canada.org/download/ocli/ISMPCONCIL2013-4_EffectiveRecommendations.pdf

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De-implementation Strategies

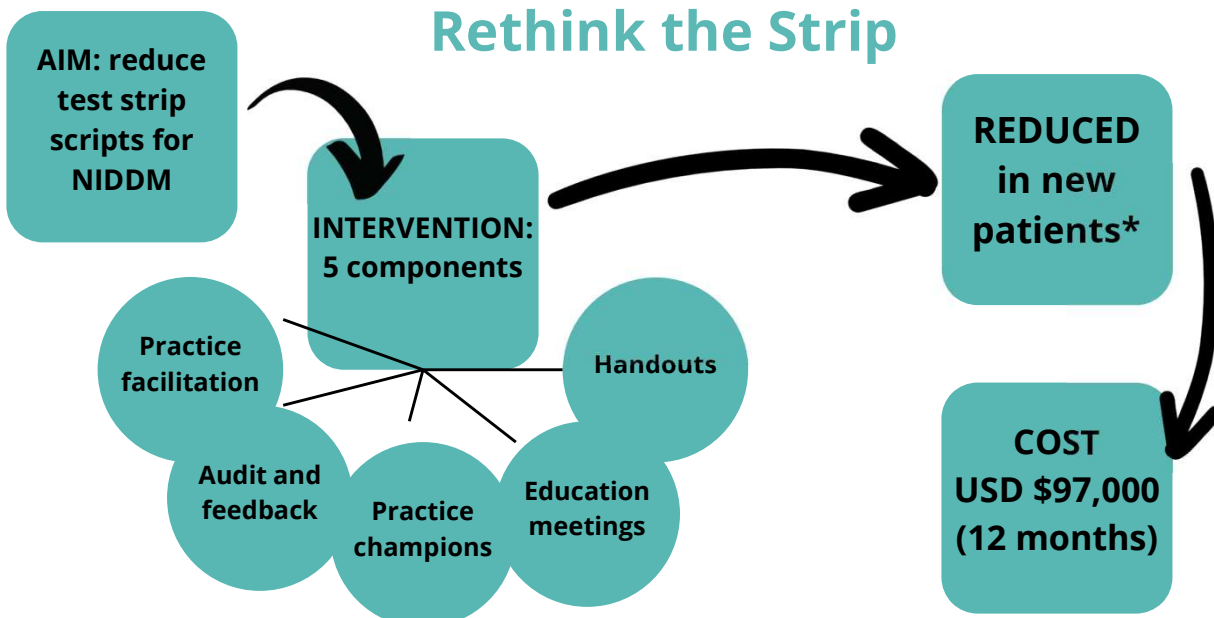
- *Education and training*
- Evaluative and iterative
- Support clinicians
- Stakeholder interrelationships
- **Assess and design workflow**
- **Accountability tools**
- **Communication tools**



Ingvarsson S, Hasson H, von Thiele Schwarz U, Nilsen P, Powell BJ, Lindberg C, Augustsson H. **Strategies for de-implementation of low-value care—a scoping review.** *Implement Sci.* 2022 Oct 27;17(1):73. doi: 10.1186/s13012-022-01247-y. PMID: 36303219; PMCID: PMC9615304.

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De-implementation strategies: Rethink the Strip



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De-implementation strategies: antibiotics and URTI

Delayed Prescriptions



USE
OR 0.09
(0.03-0.23)



SATISFACTION
RE-CONSULT



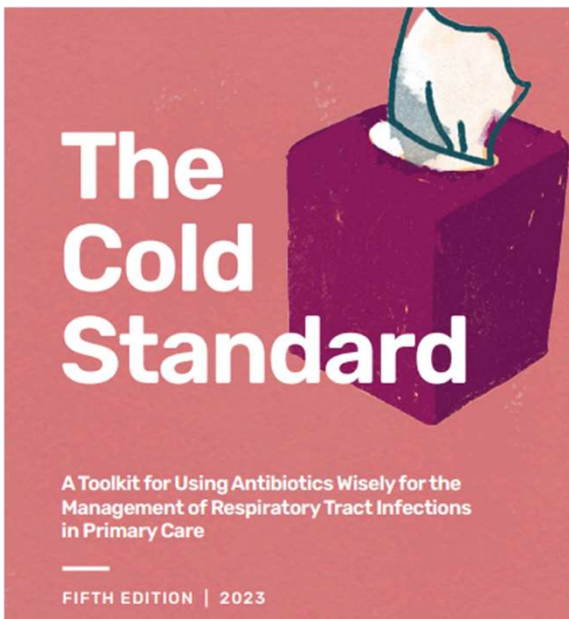
CLINICAL
OUTCOMES

Family Medicine Interventions

- **Rapid-test guided therapy**
Risk difference -7% (-17 to -2)
- **POCT CRP/procalcitonin**
No difference
- **EMR practice alerts**
86% pre vs. 62% post (p=0.01)

Thompson W, McCormack S. **Interventions to Influence the Use of Antibiotics for Acute Upper Respiratory Tract Infections** [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2021 Feb. PMID: 34279868.

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Rx DELAYED PRESCRIPTION

About Your Delayed Prescription

WAIT. Don't fill your prescription just yet. Your health care provider believes your illness may resolve on its own. Follow the steps below to get better.

First, continue to monitor your symptoms over the next few days and try the following remedies to help you feel better:

- Get lots of rest.
- Drink plenty of water.
- For a sore throat: ice chips, throat lozenges or spray, or gargle with salt water.
- For a stuffy nose: saline nasal spray or drops.
- For fever and pain relief: acetaminophen or ibuprofen.
- Other: _____

Wash your hands often to avoid spreading infections.

If you don't feel better in _____ days, go ahead and fill your prescription at the pharmacy.

If you feel better, you do not need the antibiotic and the prescription can be thrown out.

If things get worse, please contact your health care provider.

Antibiotics should only be taken when medically necessary. Unwanted side effects like diarrhea and vomiting can occur, along with destruction of your body's good bacteria that can leave you more susceptible to infections.

To learn more, visit www.choosingwiselycanada.org/antibiotics



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De-implementation strategies: Proton Pump Inhibitors

Facilitators

- simplicity of protocol
- plan for recurrence
- training of physicians




Barriers

- poly-doctoring
- unconnected health records
- convincing patients

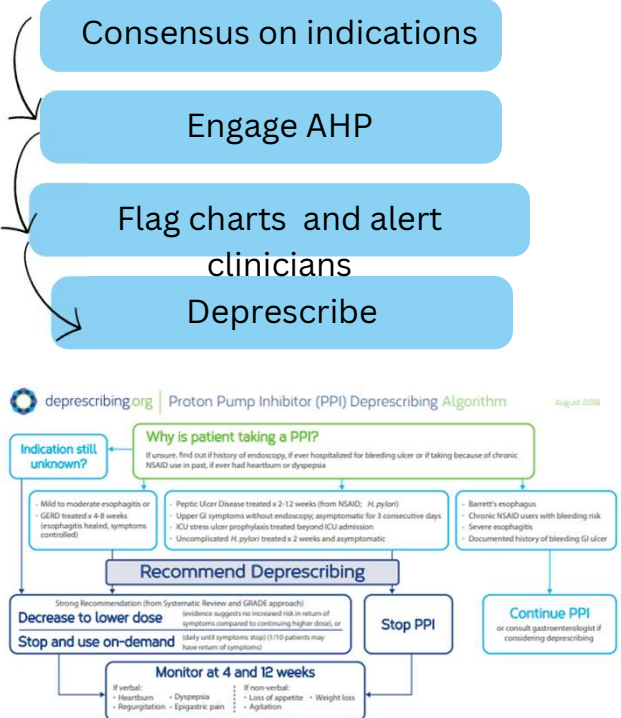
Del-Pino M, Sanz EJ. Analysis of deprescription strategies of proton pump inhibitors in primary care: a narrative review. Prim Health Care Res Dev. 2023 Feb 15;24:e14. doi: 10.1017/S1463423623000026. PMID: 36788753; PMCID: PMC9971848.

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BYE-BYE, PPI

A toolkit for deprescribing proton pump inhibitors in EMR-enabled primary care settings



depressing.org | Proton Pump Inhibitor (PPI) Deprescribing Algorithm | August 2024

Why is patient taking a PPI?
If unsure, find out if history of endoscopy, if ever hospitalized for bleeding ulcer or if taking because of chronic NSAID use in past, if ever had heartburn or dyspepsia

Indication still unknown?

- Mild to moderate esophagitis or GERD treated x 4-8 weeks (esophagitis healed, symptoms controlled)
- Peptic Ulcer Disease treated x 2-12 weeks (from NSAID; H₂ pylori)
- Upper GI symptoms without endoscopy; asymptomatic for 3 consecutive days
- ICU stress ulcer prophylaxis treated beyond ICU admission
- Uncomplicated H₂ pylori treated x 2 weeks and asymptomatic
- Barrett's esophagus
- Chronic NSAID users with bleeding risk
- Severe esophagitis
- Documented history of bleeding GI ulcer

Recommend Deprescribing

Strong Recommendation (from Systematic Review and GRADE approach): evidence suggests no increased risk in return of symptoms compared to continuing higher dose, or daily used symptoms stop (1/10 patients may have return of symptoms)

Decrease to lower dose
Stop and use on-demand

Stop PPI

Continue PPI
or consult gastroenterologist if considering deprescribing

Monitor at 4 and 12 weeks

- If verbal:
 - Heartburn
 - Dyspepsia
 - Regurgitation
 - Epigastric pain
- If non-verbal:
 - Loss of appetite
 - Weight loss
 - Agitation

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Making time

**Earn
Mainpro
credits**

**Practice
Enhancement
Program**

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Conclusions

- Overuse is ongoing, complex challenges
- Communication with patients is key
- Strategies and tools exist for de-implementation
- What system level changes can we make?

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