Choosing Wisely

Decisions for Primary Care Physicians

Catherine R Lucey MD
Vice Dean for Education
Professor of Medicine
The Faustino and Martha Molina Bernadett Presidential Chair in Medical Education
4/5/16

Disclosure

I was a Trustee of the ABIM Foundation when the Choosing Wisely Campaign was designed.
Key Elements to the Campaign

- Lists developed by physician (and now nurse) led societies
- Voluntary participation
- Engaged Patient Advocacy Groups
- Focus on harm or risk/benefit ratios rather than expense/resource utilization

Criticisms

- Some society lists were more externally focused than internally focused
- Some lists simply rearticulate good medical practice
  - “don’t perform imaging without a physical exam”
  - “don’t use expensive medications when less expensive meds are as effective.”
- No structural changes to remove incentives for overuse
Why Employ Treatments without Benefit?

- Therapeutic Illusion
- Fear of Litigation
- Unsupported autonomy
- Nursing Home Quality Metrics
- Dialysis and PEG placement

Physician Biases

Regulatory Environment

Patient Demands

Financial Incentives
Choosing Wisely for Primary Care

- Focus on IM, FCM, Adolescent Medicine
- Looked for changes in standard of care
- Looked for alignment between societies
- Didn’t restate the most common ones (antibiotics for sinusitis, imaging for lbp)
- Rearranged according to clinical syndrome or therapeutic modality rather than by society.

Overall Themes

#1: Avoid CT Scans for many
#2: Avoid antibiotics for many
  • URI, Sinusitis, Otitis Media
  • Stasis Dermatitis, Epidermal cysts
  • Asx Bacteriuria,
  • Mitral Valve Prolapse
  • Postoperative after leaving OR except CT surgery
  • Abscesses that are drained
  • Adenovirus conjunctivitis AND MORE...
Themes-- continued

#3: Avoid Opioid pain medications

#4: Avoid routine surveillance of asymptomatic patients with chronic disease
   • CVD, Asx valvular heart disease
   • COPD,
   • HEP C,
   • Cancer treated for curative intent,
   • Migraine Headache sufferers

#5 Start Palliative Care earlier

Diabetes Care
Diabetes

- Don’t use regular home glucose testing for patients who are not on insulin.
- Don’t use drugs other than metformin in to target AIC < 7.5% in elderly (AGS)
  - Healthy Elderly target 7-7.5; Medically vulnerable 7.5-8; Frail: per symptoms
- Don’t use sliding scale insulin as long term management strategy for nursing home residents (Am Soc Long Term Care)

Genetics
Don’t order APOE genetic testing as a predictor for Alzheimer’s disease

- APOE is a susceptibility gene for later onset Alzheimer’s disease
- E4 allele is neither sensitive nor specific to cause Alzheimer’s disease
- Risk of AD with E4 allele is dependent on many other variables: genetic, environmental, etc


Don’t order MTHFR (methyl tetrahydrate folate reductase) genetic testing for risk assessment of thrombophilia in DVT/infertility patients

- Gene variants are common in general population; Recent Metaanalyses have disproved link between these variants and dvt. Genet Med. 2013 Feb;15(2):153-6.

Don’t order HFE gene testing unless iron overload (transferrin sat >45%) or family history of HFE hemochromatosis is present

- Most hereditary hemochromatosis is due to inherited HFE mutation BUT HFE gene mutations are common in European descent and only a small % will develop disease. J Hepatol. 2010 Jul;53(1):3-22.
Thromboembolic and Hematologic Disease

Evaluation for PE

- Do not order a CT-PA gram in ED patients with low pretest probability (Well’s or Geneva Score) and either a negative PERC [Pulmonary Embolism Rule Out Criteria] or negative D-Dimer
- PERC: Rules out PE if none are present—can’t be used if one is present
  - age >50; HR >100; O2 sat <95; Prior DVT; Trauma or surgery within 4 weeks; Hemoptysis; Estrogen; Unilateral Leg Swelling

- ACP, ACCP, ACEM, ACR
PE evaluation in Young Women: Society of Nuclear Medicine and Molecular Imaging

- Avoid CT PA gram to diagnose pulmonary emboli in young women with normal CXRs; instead use V/Q scan
  - Ionizing radiation to the breast is much less for V/Q scan, even when breast shield is used.

Treatment of DVT and Assessment of Thrombophilia

- Don’t treat a first time DVT related to a major reversible risk factor with an anticoagulant for more than 3 months and don’t test for thrombophilia in that patient. (Am Soc of Hematology)
  - Risk of recurrent with a Major Reversible factor (surgery, vascular catheter, trauma) is low
  - This does not include minor reversible risk factors (pregnancy or hormone therapy) or strong family history
ITP

- Don’t treat patients with ITP in the absence of bleeding, need for surgery or a very low platelet account (<30,000) Amer Society of Hematology
  - Inc risk of bleeding: advanced age, high risk activities, use of anticoagulants and social factors may tip the scales in favor of treatment.

Women’s Health
Contraception

- Do not require a pelvic exam or other physical exam to prescribe OCP (American Society of Family Medicine)
  - Risk: patient inconvenience
  - Hormonal contraception can be prescribed based on history and BP

OCPs for Athletes with Amenorrhea

- Don’t prescribe OCPs as initial RX for amenorrhea or menstrual irregularity due to the female athlete triad (low energy availability, disordered menses and low bone density.) American Society of Sports Medicine
  - OCPs may restore menses without treating the underlying issue: energy imbalance
  - OCPs do not protect bone density in this setting
Peri Menopause

- Don’t obtain follicular stimulating hormone (FSH) levels in women >40 to identify the start of menopause
  - Irregular menses are common in the perimenopausal environment
  - FSH levels will fluctuate frequently
  - Should not rely on FSH levels to diagnose menopause or establish that contraceptives are no longer needed

Neurologic Issues
Headache

- Don’t use opioids or butalbital containing medications for migraines except as a last resort (American Acad of Neurology)
- Limit OTC pain meds to two times a week to avoid Medication overuse headache
- Don’t do imaging for uncomplicated headache. (ACR)
- Don’t do neuroimaging for headaches that meet criteria for migraines (ASHeadache)
- If neuroimaging is indicated, choose MRI over CT (except in emergencies) for better images and long term avoidance of radiation. (ASHeadache)

Pain Management
Musculoskeletal Pain

- Don’t use needle lavage of the joint or glucosamine/chondroitin to treat osteoarthritis of the knee. Am Acad of Orthopedics

- Don’t prescribe opiates in acute disabling low back pain before evaluation and a trial of alternatives is considered. (A Soc of Ortho)

- Don’t prescribe opioids for patients with low back pain for patients in safety sensitive jobs. (Am Coll of Occupational and Environ Med)

Gastroenterology/Hepatology

UCSF
Proton Pump Inhibitors

- Don’t use in infants for symptomatic reflux: no evidence to support and harm may include NEC, infection and IV hemorrhage (AAP)
- Titrate long term PPI and H2RA for symptomatic GERD to the lowest possible dose (AGA)
- Don’t use PPI, H2RA in hospitalized non ICU patients unless high risk; use associated with increase risk of pneumonia and C Difficile (SHM)

Hepatic Encephalopathy

- Don’t continue treatment indefinitely for hepatic encephalopathy after a first episode with an identifiable provocation.
  - If infection/bleed has resolved and symptoms are stable, a trial of discontinuation is warranted

Hepatitis C Treatment: American Association for the Study of Livery Disease

- Once assayed, don’t monitor Hepatitis C viral load unless patient is undergoing treatment
  - While useful to monitor treatment effect, repeated assays if the patient is not treated do not benefit the patient.


Cardiopulmonary Disease
**Stress Testing: American College of Cardiology**

- Don’t perform stress cardiac imaging or advanced noninvasive imaging:
  - in the initial evaluation of asymptomatic patients unless >40 with DM; peripheral vascular disease; >2% annual risk of CV disease events
  - in asymptomatic individuals following an cardiac intervention except for patients > 5 years following CABG
  - In individuals scheduled for low risk noncardiac surgery

---

**Syncope**

- Do not perform carotid imaging for syncope without neurologic symptoms. (Amer Acad of Neurology)
- Do not perform head ct in adult patients with syncope and no localizing signs or head symptoms. (Amer College of Emergency Medicine, American College of Physicians)
New Home O2: AC Chest Medicine

- Don’t continue the prescription of home oxygen after hospitalization for an acute issue without documenting the need for ongoing supplemental oxygen.
  - HARM: restricted activity; expense


Palliative Care

- Don’t delay the onset of palliative care in patients with distress simply because they are pursuing life extending therapy
- Don’t delay in initiating palliative care in ESRD patients
- Don’t leave an ICD activated when it is incompatible with a patient’s goals of care.
- Single dose radiation therapy is adequate for palliation of uncomplicated bone mets with pain