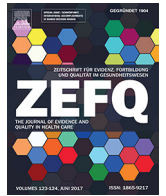




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### Schwerpunkt

## The Choosing Wisely Initiative: A critical analysis with a special focus on primary care

### *Die Choosing Wisely Initiative: eine kritische Analyse mit speziellem Fokus auf die Primärversorgung*

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#### ABSTRACT

The Choosing Wisely initiative (CWI), a campaign led by the American Board of Internal Medicine (ABIM) Foundation, promotes doctor-patient communication and reducing waste in healthcare. At present, many of the top 5 lists from the Choosing Wisely Initiative appear to be primarily eminence-based and influenced by self-interest. The implementation of recommendations from these lists may mean taking a step backwards to the time before evidence-based medicine. On the other hand, despite all the challenges that the Choosing Wisely initiatives are currently facing, it is difficult to deny that they also hold great potential in terms of making healthcare systems more efficient and beneficial to patients. The aim of the ongoing work in Germany and Austria is to create conditions that are necessary if CWI initiatives are to evolve into a model tool that will help introduce the principles of evidence-based medicine into daily practice.

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#### ZUSAMMENFASSUNG

Die Choosing Wisely (CW) Initiative der American Board of Internal Medicine (ABIM) Foundation unterstützt die Arzt-Patientenkommunikation mit der Absicht, Überversorgung in der Gesundheitsversorgung zu reduzieren. Derzeit sind jedoch viele der Top-5 Listen der CW Initiative Eminenz basiert und von Eigeninteressen der produzierenden Fachgesellschaften getrieben. Die Implementierung von Empfehlungen solcher Listen könnte daher auch einen Rückschritt für die Medizin in ein Zeitalter vor der evidenzbasierten Medizin bedeuten. Andererseits, trotz all der Herausforderungen, mit denen die CW Kampagne derzeit konfrontiert wird, ist es schwer zu verleugnen, dass sie auch ein großes Potenzial birgt, um das Gesundheitssystem effizienter und nützlicher für Patienten zu gestalten. Das Ziel der derzeitigen Aktivitäten in Deutschland und Österreich ist es, die dafür notwendigen Voraussetzungen zu schaffen, damit die CWI Initiative sich zu einem - unter Berücksichtigung der Prinzipien der evidenzbasierten Medizin - wertvollen Modell für die Verwendung in der täglichen Praxis weiter entwickelt.

In 2002, "Medical Professionalism in the New Millennium: A Physicians Charter" was published [1,2]. The new ethical code is a response to changes in health care delivery systems throughout the industrialized world that the authors see as threatening the values of professionalism [1,2]. Adherence to the three core principles that

build the foundation of the Charter - patient welfare, patient autonomy and social justice - is seen as essential if professional standards of conduct are to be upheld. By making the equitable distribution of finite resources an ethical imperative for healthcare professionals, the avoidance of waste also becomes an ethical priority.

In reaction to this and to the heated healthcare debates that followed the 2010 passing of the Affordable Care Act ("Obamacare"), a campaign led by the American Board of Internal Medicine Foundation in association with the Consumer Reports organization was launched in the US in 2012. The aims of this so-called Choosing Wisely Initiative (CWI) were to promote doctor-patient

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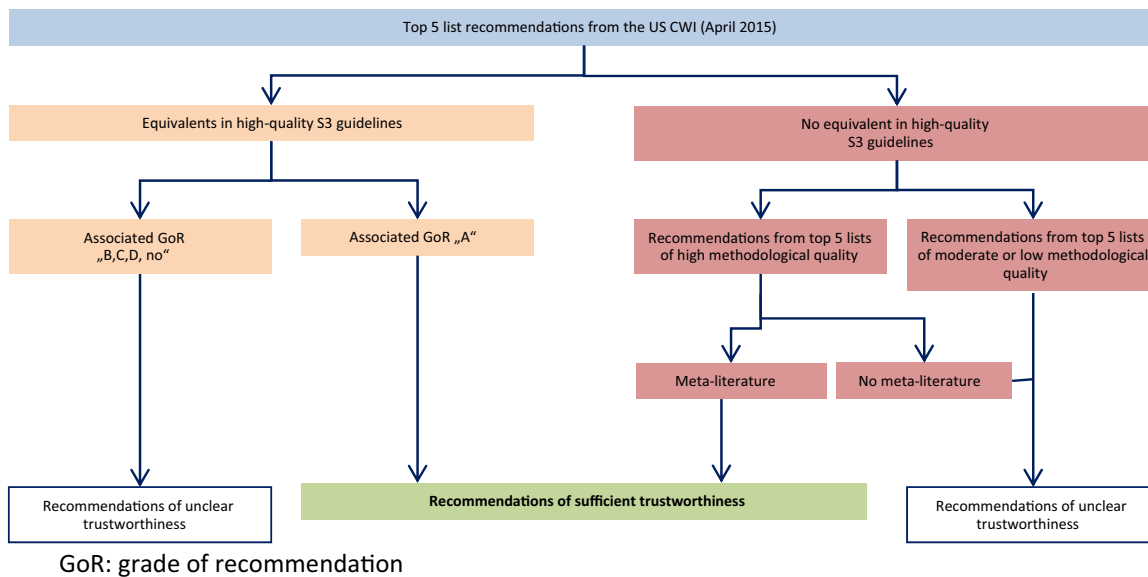


Figure 1. Is this top five list recommendation sufficiently trustworthy?

GoR: grade of recommendation.

communication, reduce waste in healthcare, and raise general awareness that in healthcare “more is not always better” [3]. As part of the Initiative, several specialized medical organizations were asked to develop a list of five services, tests or interventions from their respective fields that should be called into question by doctors and patients on the basis that they were commonly overused, represented ineffective use of resources, and potentially caused harm. A pragmatic approach was deliberately chosen in order to involve as many medical societies, healthcare professionals and patients as possible, and to ensure the CWI was a health professional-based initiative. The Initiative was also a reaction to the disappointing impact of the rigorously developed guidelines that had been available for many years. The only constraint was that loose methodological requirements be taken into consideration when developing the lists [3,4]. This approach resulted in a wealth of lists being drawn up in a short time, but was also responsible for the criticism levelled at the campaign following its wider international dissemination.

So far, criticism of the Choosing Wisely Initiative has focused mainly on four areas: methodological shortcomings, financial self-interest, impact, and political challenges.

### Methodological shortcomings

In 2013, the German Network for Evidence-based Medicine conducted a workshop on the Choosing Wisely Initiative and its adoption in Germany. One of the major shortcomings of the CWI that was identified in the discussions was that few methodological requirements had to be fulfilled when developing the top five lists [4]. The Initiative drew particularly strong criticism for not specifying requirements on patient participation, the structure of consensus finding, transparency in the prioritization of recommendations, the evidence basis for the recommendations, and the management of potential conflicts of interests. It was therefore concluded that Choosing Wisely, in its current form, fails to meet the methodological standards required for sound medical decision-making [4].

This conclusion prompted our working group at the Institute of General Practice and Evidence-based Health Services Research at the Medical University of Graz to assess the trustworthiness of current top 5 list recommendations from the US Choosing Wisely Initiative [5]. To do this we identified all US top five list

Table 1

Trustworthiness of top five list recommendations.

Top five list recommendations (412, April 2015)			
Trustworthy		Trustworthiness unclear	
GOR "A" S3-GL	44 (11%)	GOR < "A" S3-GL	31 (7%)
Methodological quality high	87 (21%)	Methodological quality unclear	250 (61%)
<b>131 (32%)</b>		<b>281 (68%)</b>	

recommendations, as of April 24, 2015, and matched them with recommendations made in current German S3 guidelines. Relevant guideline equivalents and their associated grade of recommendation were then extracted. For top five list recommendations for which no corresponding recommendations in S3 guidelines were identified, we assessed the methodological soundness of the list’s development process using criteria otherwise employed in the evaluation of a guideline’s trustworthiness [6,7]. The criteria included an indication that available evidence had been systematically and fully taken into consideration, the involvement of a multi-disciplinary team of experts and patients, adequate management of potential conflicts of interest, the use of a structured and transparent method to achieve consensus, and planned updates. The development process was considered to be of high quality if these criteria were fully or largely met. We also searched the respective reference lists for supporting meta-literature (meta-analyses, systematic reviews, health technology reports, evidence based guidelines), and evaluated the relevance of the identified meta-literature based on full-text publications. For recommendations to be considered sufficiently trustworthy, they either had to have an equivalent in an S3 guideline that was associated with the highest level of recommendation, or the methodological quality used in the development process had to be high and supported by relevant supporting meta-literature had to be available (see figure 1). Of the 412 US CWI top five list recommendations, we judged 131 (32%) to be sufficiently trustworthy; 44 (11%) because corresponding recommendations in the S3 guidelines existed that were associated with the highest grade of recommendation, and 87 (21%) top five list recommendations because the methodological quality of the respective top 5 lists was high and relevant supporting meta-literature was provided in the references section (Table 1). The analysis of the recommendations that were considered by the American Academy of Family Physicians to be

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