

# A Broader View of Quality: Choosing Wisely Recommendations From Other Specialties With High Relevance to Emergency Care



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**Study objective:** The American College of Emergency Physicians (ACEP) joined the Choosing Wisely campaign in 2013 and has contributed 10 recommendations to reduce low-value care. Recommendations from other specialties may also identify opportunities to improve quality and patient safety in emergency care. The Choosing Wisely work group of the ACEP Quality and Patient Safety Committee seeks to identify and characterize the Choosing Wisely recommendations from other professional societies with the highest relevance to emergency care.

**Methods:** In June 2016, all Choosing Wisely recommendations from other specialties were obtained from the American Board of Internal Medicine Foundation. Using a modified Delphi method, the 10 group members rated recommendations for relevance on a validated 7-point scale. Recommendations identified as highly relevant (median score=7) were rated on 3 additional characteristics: cost savings (1=large, 5=none), risk-benefit profile (1=benefit >risk, 5=risk >benefit), and actionability by emergency physicians (1=complete, 5=none). Results are presented as overall means (eg, mean of subcategory means) and subcategory means with SDs.

**Results:** Initial review of 412 recommendations identified 49 items as highly relevant to emergency care. Eleven were redundant with ACEP recommendations, leaving 38 items from 25 professional societies. Overall means for items ranged from 1.57 to 3.1. Recommendations' scores averaged 3.2 (SD 0.6) for cost savings, 1.9 (SD 0.4) for risk-benefit, and 1.6 (SD 0.5) for actionability. The most common conditions in these recommendations were infectious diseases (14 items; 37%), head injury (4 items; 11%), and primary headache disorders (4 items; 11%). The most frequently addressed interventions were imaging studies (11 items; 29%) and antibiotics (9 items; 24%).

**Conclusion:** Thirty-eight Choosing Wisely recommendations from other specialties are highly relevant to emergency care. Imaging studies and antibiotic use are heavily represented among them. [Ann Emerg Med. 2018;72:246-253.]

Please see page 247 for the Editor's Capsule Summary of this article.

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## INTRODUCTION

### Background

The Choosing Wisely program was established by the American Board of Internal Medicine Foundation in 2012, with a goal of improving the quality and safety of patient care by reducing the use of low-value or potentially harmful tests and treatments.<sup>1</sup> More than 75 medical specialties have joined Choosing Wisely and endorsed recommendations for improving care in their specialty. Choosing Wisely and its partners work to educate both physicians and patients on the recommendations.

The American College of Emergency Physicians (ACEP) joined Choosing Wisely in 2013 and has since developed 10 recommendations to improve the quality and value of emergency care.<sup>2</sup> Emergency physicians have high

awareness of ACEP's Choosing Wisely recommendations, far higher than the rate reported for all physicians nationally.<sup>3-5</sup> A 2014 online survey of academic chairs of emergency medicine identified that 80% of respondents were aware of Choosing Wisely,<sup>3</sup> and an in-person survey of general emergency physicians at the 2015 ACEP *Scientific Assembly* found that 79% of respondents could identify at least 3 of the 5 ACEP Choosing Wisely recommendations that existed at the time.<sup>4</sup> In contrast, a telephone-based multispecialty physician survey in early 2017 found that only 25% of respondents were aware of Choosing Wisely.<sup>5</sup>

In addition to wasting resources and potentially harming patients, low-value testing and treatments can unnecessarily slow emergency department (ED) throughput, which in

**Editor's Capsule Summary***What is already known on this topic*

Medical specialty societies have identified greater than 500 tests and treatments they believe are overused as part of the Choosing Wisely campaign.

*What question this study addressed*

Apart from the 10 items contributed by the American College of Emergency Physicians, how many of the other societies' recommendations are relevant to emergency medicine?

*What this study adds to our knowledge*

Using a modified Delphi approach, 10 experts deemed that 38 recommendations were relevant and that their implementation would save money while improving care.

*How this is relevant to clinical practice*

These findings may help physicians in their goal to provide quality care in the most cost-effective manner.

turn worsens ED crowding.<sup>6</sup> As such, emergency physicians have unique extra incentives to avoid such low-value care. Furthermore, emergency physicians report being aware that the ACEP Choosing Wisely recommendations are helpful and effective at reducing low-value tests and treatments.<sup>5</sup>

**Importance**

Emergency care often involves collaboration with other medical and surgical specialties. There are compelling reasons to make emergency physicians aware of the Choosing Wisely recommendations from other specialties in addition to those from ACEP. For instance, recommendations from other specialties would likely be useful in guiding emergency physician discussions with patients. Colla and Mainor<sup>5</sup> demonstrated that knowledge of Choosing Wisely recommendations increases physician comfort in discussing low-value care with patients, an effect that increased from 2014 to 2017. Furthermore, consultant-requested tests have been identified as a leading cause of low-value testing in the ED,<sup>7</sup> and awareness of other specialties' recommendations can support emergency physicians in discussions with specialists in regard to such care. If Choosing Wisely recommendations from other specialties conflict with an emergency physician's usual care,

awareness of this difference may explain conflicting opinions between specialties, and the emergency physician may find it useful to consider the reasoning behind the recommendations. Finally, Choosing Wisely recommendations may be reflected in quality measures adopted by the Centers for Medicare & Medicaid Services reimbursement programs.

**Goals of This Investigation**

Currently, there are greater than 500 Choosing Wisely recommendations, and it is unrealistic to expect emergency physicians to be familiar with all of them. As such, in accordance with a method implemented by Hicks et al,<sup>8</sup> we sought to identify and describe Choosing Wisely recommendations from other specialties that were highly relevant to emergency care.<sup>8</sup>

**MATERIALS AND METHODS**

This study met criteria for exemption from review by the institutional review board at the Icahn School of Medicine at Mount Sinai. In July 2016, the Choosing Wisely work group of ACEP's Quality and Patient Safety Committee convened a modified Delphi panel consisting of the 10 work group members. The work group is a nationally representative group of emergency physicians that was established before and independently of this study for the purpose of defining and managing ACEP's Choosing Wisely measures. Committee members were selected according to their academic or administrative expertise in the quality and safety of patient care, and work group participants were selected from committee membership according to individuals' experience and interest in Choosing Wisely and high-value care.

The Delphi panel obtained all current 422 Choosing Wisely recommendations as of July 2016 from the American Board of Internal Medicine Foundation. After removal of the 10 ACEP recommendations, the remaining items were reviewed by panel members using a 2-stage process. First, they discussed the McMaster Online Rating of Evidence scale, a validated 7-point scale used to assess the relevance of a topic to a clinical practice,<sup>9</sup> and examined literature that had used this scale.<sup>8</sup> Work group members subsequently conducted a single round of voting to rate all 412 recommendations with the McMaster Online Rating of Evidence scale to assess the relevance of each item to emergency care.

Recommendations that received a median relevance score of 7 (out of 7) were deemed highly relevant to emergency care. These items were independently reviewed by 2 work group leaders (B.C.M. and E.R.), and individual recommendations were removed from

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