MORE IS NOT ALWAYS BETTER

The same is true for medical tests and treatments. Talk to your doctor about what you need, and what you don’t. To learn more, visit www.choosingwisely.ca
Choosing Wisely Alberta: The Case for Healthy Conversations

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Faculty/Presenter Disclosure

Faculty: Dr. Lara Cooke

Relationships with commercial interests: No
Speakers Bureau/Honoraria: None
Consulting Fees: None
Other: None
Faculty/Presenter Disclosure

**Faculty:** Dr. Anthony Train

**Relationships with commercial interests:** No

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**Other:** None
Objectives

• List examples of evidence supporting the Choosing Wisely program recommendations, based on Alberta data.

• Describe key literature supporting the effectiveness of advanced communication skills in ensuring patient satisfaction, adherence, and outcomes.

• Develop a plan for communicating with patients about the Choosing Wisely Alberta program.
Objectives

• List several examples of evidence supporting the Choosing Wisely program recommendations, based on Alberta data.

• Describe key literature supporting the effectiveness of advanced communication skills in ensuring patient satisfaction, adherence, and outcomes.

• Develop a plan for communicating with patients about utilization, appropriateness, and the Choosing Wisely Alberta program.
What’s it all about?

Choosing Wisely Canada
The Premise of Choosing Wisely®:

5 things physicians and patients should question
Physicians and patients engage in discussion
MDs and Patients make smart, effective choices
Necessary Care

Avoid Harm
How many CW recommendations came from the CMA General Practice Forum?
• CMA GP Forum:
  – 11 Recommendations (See Handout)
Local Data
Choosing Wisely Canada Recommendation:

Don’t repeat dual energy X-ray absorptiometry (DEXA) scans more often than every 2 years.

There were 368,256 DEXA scans performed between January 1, 2010 and December 31, 2013; 17% (62,525) of these were repeat scans less than 2 years apart. These repeat scans account for more than $9.0 million* in healthcare spending over 4 years.

Data from Alberta

*Value calculated from an average base fee taken from the Alberta Health Insurance Plan Medical Procedure Lists generated on 2012/03/08 and 2014/07/29. Billing Code X128 – Bone Mineral Content Determination Dual Photon Absorptiometry with or without vertebral Fracture Assessment

Data Source: Alberta Health
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References:
Don’t screen women with pap smears if under age 21 or older than age 69.
Choosing Wisely Canada Recommendation:
Don’t screen women with pap smears if under 21 years of age or over 69 years of age.

<table>
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<th>South</th>
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<th>Central</th>
<th>Edmonton</th>
<th>North</th>
<th>AB</th>
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<td>14.1%</td>
<td>19.5%</td>
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<td>8.4%</td>
<td>13.4%</td>
<td>9.0%</td>
<td>10.3%</td>
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Cervical Cancer Screening Rate (2011 to 2013)

Using mid-year population of 2012 from Alberta Health Interactive Health Data Application (IHDA) as denominators

Cervical Cancer Screening
Alberta Guidelines

Start Age: Age 21 or 3 years post first sexual contact, whichever occurs later.

Stop Age: Age 69 with 3 negative tests in previous 10 years or 3 annual negative tests (for women with no screening history).

Data Source: Alberta Health, Surveillance and Assessment Branch.
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References:

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Case Scenario

• Janine is a twenty five year old woman who recently moved to Alberta from Saskatchewan. She is working for an oil company. She reports the following:

“I came in today because of my headaches. They are terrible. At least three days a week, I can barely get out of bed, because they are so severe they make me vomit.”
On further exploration:

- Has had this problem for eight years. Used to be two days per week, but since moving here, 3 days per week.
- Nausea, vomiting, photophobia, phonophobia, unilateral, throbbing.
- No meds. Didn’t find triptans very helpful (sleepy). No OCP.
- Family history of migraine. Menses, Chinook, stress, are key triggers.

- Normal neurological examination.
Janine Says...

“I want an MRI. I’m worried this is something serious.”
What’s your approach?
- jot 3-5 things you would do to respond to this request on your worksheet Activity #2
Revisiting Communication Skills

Why should we bother?
We think we are quite good!

- Time spent giving information perceived 8x higher than time measured... (Waitzkin, 1984)
Some Bad News

• We don’t improve our communication skills substantially with experience (Ridsdale, 1992)

• Without ongoing re-enforcement, and rehearsal, communication skills may decline (Poole and Sanson-Fisher, 1980)
Patient Outcomes

• Stewart, 1995
  – Communication skills interventions improved:
    • Glycemic control
    • Blood pressure
    • Functional indices post-op
    • Pain relief
    • Anxiety levels
    • Disclosure of psychosocial issues by parents of pediatrics patients
Patient Adherence

- Effective communication skills make it more likely that a patient will initiate recommended treatment (Wang, 2000)

- Use of effective communication skills (empathy, partnership) parallel patient adherence more than any other factor (perceived expertise) (Kim et al, 2004)
Patient Satisfaction

- Hong Kong - 42% decrease in patient complaints to ER after city wide communication intervention (Lau, 2000)
- Attitudinal problems and communication failure are at the root of >70% of medicolegal complaints (Avery, 1986)
- Poor obstetrical outcomes--malpractice intent depended on MD’s communication (Moore, 2000)
Summary

• Effective Communication Skills Improve
  – Patient outcomes
  – Patient safety
  – Patient satisfaction
  – Patient adherence

• We are not as good as we could be

• & it doesn’t take longer! In fact improves efficiency…
Key Skills for the CW Dialogue:

• Provide clear recommendations
  • [http://modules.choosingwisely.org/modules/m_00/videos/m00_3_headache_subclip1-clearInformation.html](http://modules.choosingwisely.org/modules/m_00/videos/m00_3_headache_subclip1-clearInformation.html)

• Elicit patient beliefs/concerns
  • [http://modules.choosingwisely.org/modules/m_00/videos/m00_3_headache_subclip2-elicitConcerns.html](http://modules.choosingwisely.org/modules/m_00/videos/m00_3_headache_subclip2-elicitConcerns.html)

• Provide empathy, partnership and legitimation
  • [http://modules.choosingwisely.org/modules/m_00/videos/m06_3_hives_subclip3-empathy.html](http://modules.choosingwisely.org/modules/m_00/videos/m06_3_hives_subclip3-empathy.html)

• Confirm agreement/overcome barriers
  • [http://modules.choosingwisely.org/modules/m_00/videos/m00_3_headache_subclip4-confirmAgreement.html](http://modules.choosingwisely.org/modules/m_00/videos/m00_3_headache_subclip4-confirmAgreement.html)
Would you add anything to the list of things you said you would do with Janine?
How do we prep patients for CWA?
Patients can be trained in communication skills too!

- Improves engagement
- Improves adherence
- Improves outcome
- Improves satisfaction

- Cegala D. Arch Family Med 2000;9:57-64
FOUR QUESTIONS TO ASK YOUR DOCTOR

1) Do I really need this test, treatment or procedure?
2) What are the downsides?
3) Are there simpler, safer options?
4) What happens if I do nothing?
Resources

- http://www.choosingwiselycanada.org/materials/
- http://www.choosingwiselycanada.org/resources/documents/
Activity #4

What strategies will you use to engage your patients in the CWA Program?

See Worksheet
Debriefing: What will you do?
Wrap Up
Summary

• Key Ingredients to Success:
  – Physician Awareness of CWA Recommendations
  – Patient-centred approach to communication about appropriateness and utilization
  – Educating patients:
    • What questions should I ask?
    • What is the CWA dialogue?
    • Fact sheets
    • Use your team
References

• Please see handout
Please Complete Your Evaluation

• Thank you for your attention!

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