

# CHOOSING WISELY AOTEAROA NEW ZEALAND



*Choosing Wisely in Aotearoa New Zealand:  
The achievements and the challenges*

DECEMBER 2019

A large graphic consisting of two overlapping circles, one on the left and one on the right, rendered in a light blue color. The circles overlap in the center, creating a lens-shaped intersection. The background of the entire page is a gradient from light green at the top to dark blue at the bottom.

© Council of Medical Colleges 2019

Prepared for publication in December 2019 by  
the *Choosing Wisely* campaign  
PO Box 10375  
Wellington 6143  
New Zealand

This document is available online at  
[www.choosingwisely.org.nz](http://www.choosingwisely.org.nz)

# Contents

<b>Introduction</b>	<b>1</b>
A big three years	1
Kaushiki's story	2
The importance of shared decision making	3
The launch of <i>Choosing Wisely</i> New Zealand	4
Challenges	5
Part of an international community	6
The future	7
<b>Working with the health sector</b>	<b>8</b>
<i>Choosing Wisely</i> principles	8
Increasing health professional support for <i>Choosing Wisely</i>	9
Spotlight on district health boards	10
Large increase in health professionals' knowledge of <i>Choosing Wisely</i>	12
Pharmacy, allied health and primary care	13
Support from midwives and obstetricians	14
<b>Engaging with consumers</b>	<b>17</b>
June's story	17
Consumer resources	18
Consumers' understanding of <i>Choosing Wisely</i> increasing	18
Consumer campaigns	19
<b>Influencing medical education</b>	<b>21</b>
<i>Choosing Wisely</i> recommendations for medical students	21
Making the WISE choice	22
<b>Evaluation and measuring change</b>	<b>23</b>
Change of practice may result from attendance at <i>Choosing Wisely</i> forums	23
Findings from summer students' projects	24
Survey finds <i>Choosing Wisely</i> community of practice meetings useful	25
<b><i>Choosing Wisely</i> and equity</b>	<b>27</b>
<i>Choosing Wisely</i> means choosing equitably	27
Kaupapa Māori service in Hawke's Bay	28
Assessing equity in <i>Choosing Wisely</i>	29

*“Overdiagnosis is turning people into patients by unnecessarily identifying issues that were never going to cause them any harm.”*

*Dr John Bonning,  
President of the Australasian College  
for Emergency Medicine*

# Introduction

## A big three years



The *Choosing Wisely* campaign was formally launched in New Zealand only three years ago, but progress has been remarkable. At its launch there were 18 lists of recommendations of tests, treatments and procedures that should be questioned, supported by 17 specialty colleges and associations. We now have an impressive 33 lists of recommendations, support from 32 colleges and associations, as well as commitment from 18 district health boards (DHBs) who have been or are involved in over 100 *Choosing Wisely* projects. We have run three consumer media campaigns, supported 12 summer students to undertake *Choosing Wisely* projects, held three national forums, and have relationships across the health sector.

Awareness of *Choosing Wisely* among clinicians has increased from 41 percent to 80 percent, and the number of consumers who said they asked their doctor questions about interventions has grown by 10 percent, to 54 percent.



All this has been achieved on a limited budget, and with only 1.3 full time equivalent staff and a clinical lead. Particular thanks go to *Choosing Wisely* champion John Bonning, facilitator Sue Ineson, our medical advisors Belinda Loring and Graeme Lindsay, and the support from Leanne Shuttleworth, Rachel Gregory and Lizzie Price.

We couldn't have come so far in such a short time without the incredible support and perseverance of groups and individuals in the health sector too numerous to name. I would also like to sincerely thank our supporters and sponsors the Council of Medical Colleges, Southern Cross Health Society, PHARMAC, Consumer NZ, the Health Quality & Safety Commission, the Ministry of Health, and Pacific Radiology (sponsor 2016-2018).

**Dr Derek Sherwood**  
*Choosing Wisely* Clinical Lead

## Kaushiki's story

*I asked my  
doctors, 'please  
see me as a  
whole person'*



## The importance of shared decision making

Kaushiki Roy is a singer and writer who works full-time in a busy project and portfolio office in Wellington. She has experienced first-hand the importance of good communication between consumers and health professionals.

“After a planned hysterectomy in 2016, the pain I had would not go away and I had a number of tests. I was finally diagnosed with Cushing’s disease, a rare condition linked to having too much cortisol in your body. Symptoms of Cushing’s disease include weight gain, thinning skin and fatigue.

“Since being diagnosed, I have had two surgeries and have received advice about further surgery I may need to have. More surgery is likely to seriously impact my quality of life, however uncured Cushing’s is not an option. So it is extremely difficult for me to know what to do.

“Cushing’s is a disease that affects multiple systems in the body, so I faced the challenge of aligning the different medical specialties – neurosurgery, endocrinology, ophthalmology and general or internal medicine.

“I asked my doctors, ‘please see me as a whole person’.

“I think hard about each decision I make about my health and wellbeing, and look at all the options. I need to feel reassured that any decision to have surgery or medication is the right one for me, and not just because these treatments are on the prescribed pathway.

“Getting through each day is a challenge – my medication has many unpleasant side effects and I am worried about losing my independence.

“Having medical professionals discuss the pros and cons of tests and treatments with patients and allowing them time to come to their decisions is important, so they can choose wisely.”

### Why choose wisely?

*Choosing Wisely* encourages consumers and health professionals to discuss whether a particular test, treatment or procedure is needed. Tests, treatments and procedures have side-effects and some may even cause harm. For example, CT scans and x-rays expose people to radiation; overuse of antibiotics leads to them becoming less effective; a false positive test may lead to painful and stressful further investigation.

## The launch of *Choosing Wisely* New Zealand

*Choosing Wisely* was launched in New Zealand in December 2016. Three years on, we look back at some of its history, what has been achieved, and where the challenges still lie.

The international *Choosing Wisely* campaign was launched in Washington DC in April 2012 by the American Board of Internal Medicine (ABIM) Foundation and Consumer Reports, a consumer rights advocacy organisation. ‘Top five’ lists of recommendations of tests, treatments and procedures health care professionals and patients should question from nine specialty societies were released.

The New Zealand Council of Medical Colleges (CMC) was approached to introduce the campaign to this country, as it was a non-governmental, clinician-led organisation focused on improving quality of care. After seeking stakeholder input in May 2016, CMC decided to facilitate the campaign in New Zealand.

*Choosing Wisely* clinical lead Dr Derek Sherwood says his first thoughts were that the campaign was a great thing for CMC to be involved with as a way of promoting better care for patients and also improving quality of care.

“I thought it was a very positive thing for colleges to have more direct involvement with patients; to take on a project that was a bit more public facing.”

After consultation within the health sector, the New Zealand campaign and website were formally launched on 7 December 2016 in Wellington by the CMC, with partners the Health Quality & Safety Commission and Consumer NZ. It had support from a number of medical colleges and societies.

The *Choosing Wisely* New Zealand advisory group is responsible for the development, organisation and implementation of the *Choosing Wisely* campaign and to ensure that the principles of *Choosing Wisely* are paramount in any development or work.





## Challenges

Derek Sherwood says while there were some early adopter colleges, getting buy-in for *Choosing Wisely* in New Zealand has had its challenges.

“We were lucky Australia had already been involved for about 12 months, so several Australasian colleges and associations shared recommendations that had been developed with input from both sides of the Tasman.

“But that also had some challenges because we wanted New Zealand health professional groups to get excited about doing it and sometimes it was harder to get them engaged.”

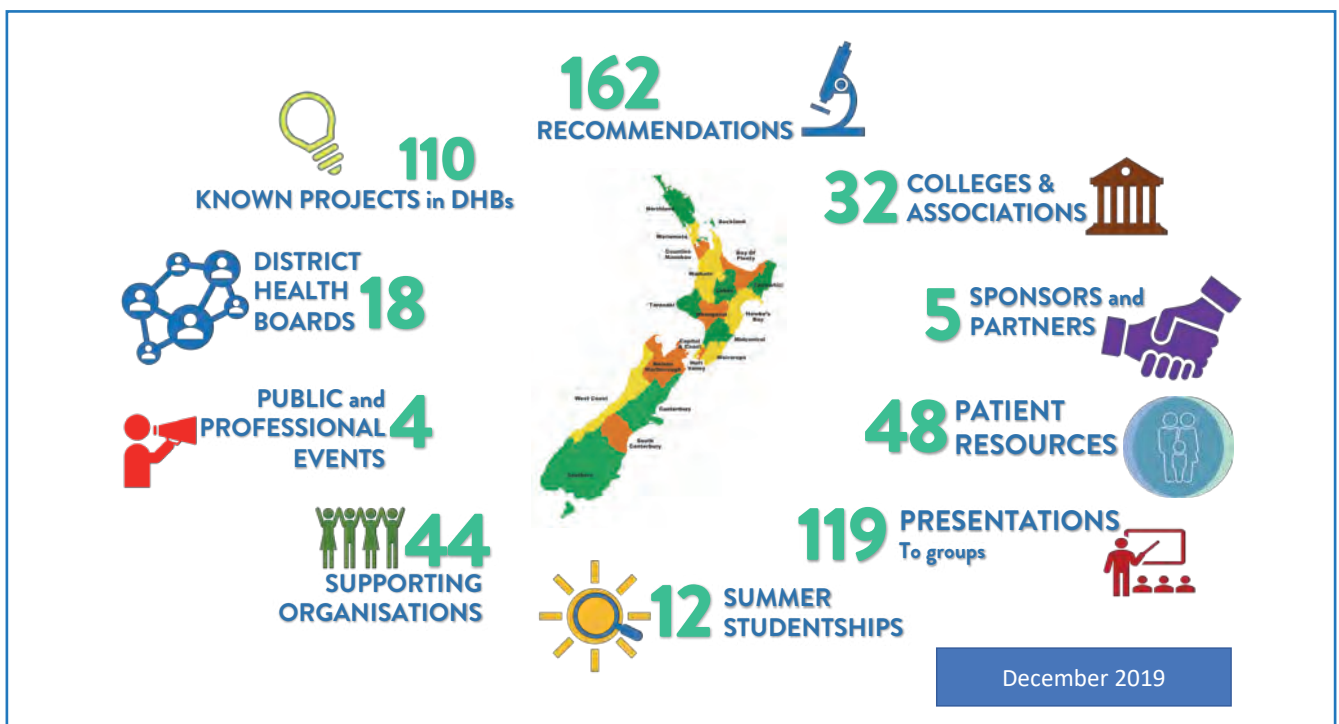
Another challenge has been ensuring there is support across all health professions.

“CMC represents medical colleges, so we don’t always have strong links to some of the non-medical health professional groups.

“But DHBs are getting involved more and more which is helping because most health care is provided by multi health professional teams. Even if an organisation isn’t quite on board, a lot of the individual health practitioners are, which helps spread the message. We are now seeing buy-in from other groups such as midwives, pharmacists, allied health, physiotherapy and nursing.”

Dr Sherwood says some providers, like general practice and primary care organisations, feel they are already having conversations about treatment choices with patients. “And some are. But many are not, or are not doing so consistently.”

## Choosing Wisely in 2019



## Why does low value care happen?

To change behaviour, we first need to understand why that behaviour is taking place. Research shows reasons low value care can happen include:

- fear of missing a diagnosis
- financial incentives
- the way doctors are taught
- patient expectations
- lack of time for shared decision-making
- avoiding challenging conversations with patients about them not needing interventions
- fear of a complaint.

However, many of these fears are unfounded, or at the very least, manageable. For example, studies have found that no evidence has yet been produced to support the claim that shared decision making takes too much time.<sup>1</sup>

## Part of an international community

*Choosing Wisely* is an international campaign, and keeping up with the latest developments around the world is important for the New Zealand campaign. Networking with our international colleagues enables us to share the latest research and ideas about promoting good

treatment choices in care, and take part in global strategic planning.

Over the past three years, New Zealanders have attended international *Choosing Wisely* round tables in Amsterdam (2017), Zurich (2018) and Berlin (2019).



*Choosing Wisely international conference in Amsterdam, 2017*

<sup>1</sup> Légaré F, Thompson-Leduc P. Twelve myths about shared decision making. *Patient Educ Couns*. 2014 Sep;96(3):281-6. doi: 10.1016/j.pec.2014.06.014. Epub 2014 Jul 3.

## The future

*Choosing Wisely* has come a long way in three years, but there are still challenges ahead. Two areas of focus are securing ongoing, sustainable funding, and finding a permanent 'home' for the campaign.

However, clinical lead Derek Sherwood is confident the *Choosing Wisely* kaupapa and the changes it has brought about, will endure.

"With any culture change it can feel like a slow start, but once you plant those

seeds of change – the idea and way of approaching shared decision making for instance – you can get a momentum going and it becomes self-sustaining.

"I'm hopeful that even though we may not have a huge amount of funding, eventually the work will be carried on in health provider organisations, in the universities, in vocational training, and this work will become business as usual in 10 years' time."

### Find out more

*Choosing Wisely* offers speakers for conferences, grand rounds, PHO and GP meetings and meetings of consumer groups.

If you'd like to learn more about *Choosing Wisely* or become part of the campaign, please see **our website** for contact information and to sign up for our eNewsletter.

**Enquiries@cmc.org.nz**

PO Box 10375  
The Terrace  
Wellington 6143  
New Zealand  
[www.choosingwisely.org.nz](http://www.choosingwisely.org.nz)

# Working with the health sector

**Objective:** To work with the health sector so it can identify, based on evidence, unnecessary interventions and implement measures to reduce them.

## Choosing Wisely principles

All groups wanting to be part of the *Choosing Wisely* campaign must sign up to the five *Choosing Wisely* principles:

- The campaign must be clinician-led. This is important to build and sustain the trust of clinicians and patients
- The campaign must be consumer-focused and involve efforts to engage consumers and patients in the process, as communication between health professionals and patients is central to *Choosing Wisely*
- The recommendations issued by those in the campaign must be evidence-based, and must be reviewed on an ongoing basis to ensure credibility
- Be multi-professional: where possible the campaign should include doctors, nurses, pharmacists and other health care professionals
- Be transparent: processes used to create the recommendations must be public, and any conflicts of interest must be declared.

## Choosing Wisely Principles



## Increasing health professional support for *Choosing Wisely*

One of the notable achievements over the past three years is the increasing focus on a *Choosing Wisely* approach by health professionals. From early adopter DHBs like Canterbury – who are now moving away from individual *Choosing Wisely* projects

and focusing on embedding the approach – to Southern DHB which came on board with great enthusiasm in July 2019, DHB staff are increasingly questioning interventions that may not add value.



*“If we prioritise patient-centred decision-making we will be choosing to use available time wisely. We can stop and reflect, use the time available and the test of time wherever appropriate.”*

*Dr Neil Whittaker,  
Nelson GP and medical educator*

## Spotlight on district health boards

### Think before ordering a scan says Hutt Valley DHB geriatrician

“Think before ordering a scan” is the message from Dr Perminder Kaur, from Hutt Valley DHB. Dr Kaur is a geriatrician and *Choosing Wisely* champion. With Dr Rachel Matthews, she recently completed a project on CT scanning on patients with cognitive impairment. They found that, in many cases, doing a CT scan may not add any value to patient management.

As part of the project, an audit was conducted at the DHB’s Older Persons Rehabilitation Service (OPRS) outpatient clinic, with 60 patients who had been diagnosed with dementia. Concerto clinic letters, referral letters and radiology appointments were reviewed to assess neuroimaging practices and outcomes.

“None of the patients included in this study had evidence of a reversible cause of cognitive impairment,” says Dr Kaur. “Therefore, we have concluded that neuroimaging may not add any value in the treatment plan.”

The DHB’s geriatricians are now questioning whether neuroimaging should be routinely performed for work-up of cognitive impairment and dementia prior to a patient’s review by geriatrics, and whether



the DHB’s current guidelines/dementia pathway are appropriate.

“Despite all international guidelines for dementia diagnosis recommending neuroimaging as a standard investigation, our project peer group does not find a rationale to support this,” says Dr Kaur.

“The group now recommends CT scans of the brain are not undertaken on a mandatory basis. They can be considered for the following: those on anticoagulation, falls, unexplained neurological signs, features consistent with normal pressure hydrocephalus, new seizures, unexplained psychotic features and significant history of previous malignancy. If there are other concerns, staff should talk with a relevant specialist, such as a geriatrician before ordering a scan.”

***“In Canada we still have problems with things like unnecessary CT scans, screening mammography and prostate screening. It is about thinking ‘what test do I have to do that will change the management and help this patient?’ If the test doesn’t help, or the drug doesn’t help, don’t use it.”***

***Dr Peter Kuling,  
Choosing Wisely Canada champion and advocate***

## Canterbury DHB focusing on embedding *Choosing Wisely* approach

Canterbury DHB was an early supporter of the *Choosing Wisely* campaign, something service improvement lead Carol Limber puts down to the DHB's history of embracing similar principles.

"The Canterbury health system has long had a focus on things like patient choice and bringing primary and secondary care together. Because of this it wasn't a leap to bring a *Choosing Wisely* lens to some of the projects we were doing."

These projects have been numerous and varied, promoting the *Choosing Wisely* approach to patients and clinicians. They have included the use of radiology for

# Canterbury

## District Health Board

Te Poari Hauora ō Waitaha

pre-operative testing, the investigation of pulmonary embolism, and the investigation of sub-arachnoid haemorrhage.

She says the DHB is now moving away from individual *Choosing Wisely* projects and focusing on embedding the approach, particularly through health pathways.

## Aligning HealthPathways to *Choosing Wisely*

In 2017, Canterbury DHB reviewed its community and hospital health pathways to check consistency with *Choosing Wisely* recommendations. HealthPathways help primary care teams to manage and refer their patients to community, secondary and tertiary services.

One hundred and twenty-nine pathways of 136 were found to be aligned with *Choosing Wisely*. Revisions to non-compliant pathways were made where possible, and *Choosing Wisely* references added to existing pathways.

## Study looks at unnecessary UTI testing in older people at Capital & Coast DHB

A study into nurses' knowledge of urinary tract infection (UTI) testing guidelines, their attitudes towards UTI testing and treatment, and their testing practice found there was near universal belief by nurses that urine tests cannot cause harm.

In fact, testing the urine in patients with no symptoms of urinary infection isn't without risk of harm. It can lead to unnecessary treatment with antibiotics which can in turn lead to antimicrobial resistance, antibiotic-associated colitis or other drug-specific side effects.

The study was carried out by medical student Adam Sangster, and took place under the umbrella of the *Choosing Wisely* campaign, in the Capital & Coast DHB. Over 70 nurses working in long-term care facilities in the Wellington region and at Kenepuru Hospital in Porirua were surveyed. The study took place in December 2017.



Nurses were evenly divided on whether it was safer to request a urine test for a patient, even if there was no current sign of infection, rather than potentially miss a UTI. A key take-away message from the study is that drive towards intervention is very strong.

As a result of these findings, it was recommended further education be provided on the specific guidelines for UTI diagnosis, the potential harm caused by urine testing and how high asymptomatic bacteriuria rates in older people make positive dipstick results inconclusive.

## Large increase in health professionals' knowledge of *Choosing Wisely*

Surveys of health professionals' knowledge of *Choosing Wisely* were undertaken in 2016 and 2018<sup>2</sup> and show a large and very pleasing increase, from 41 percent to 80 percent.

There has also been an increase in the percentage of health professionals advising against a particular test, procedure or treatment and not providing it (77 percent

to 84 percent), and a decrease in the percentage of health professionals advising against a test but providing it anyway (14 percent to 9 percent).

The percentage of health professionals who considered the provision of unnecessary tests, procedures or treatments a somewhat serious or very serious issue for New Zealand rose from 62 to 68 percent.

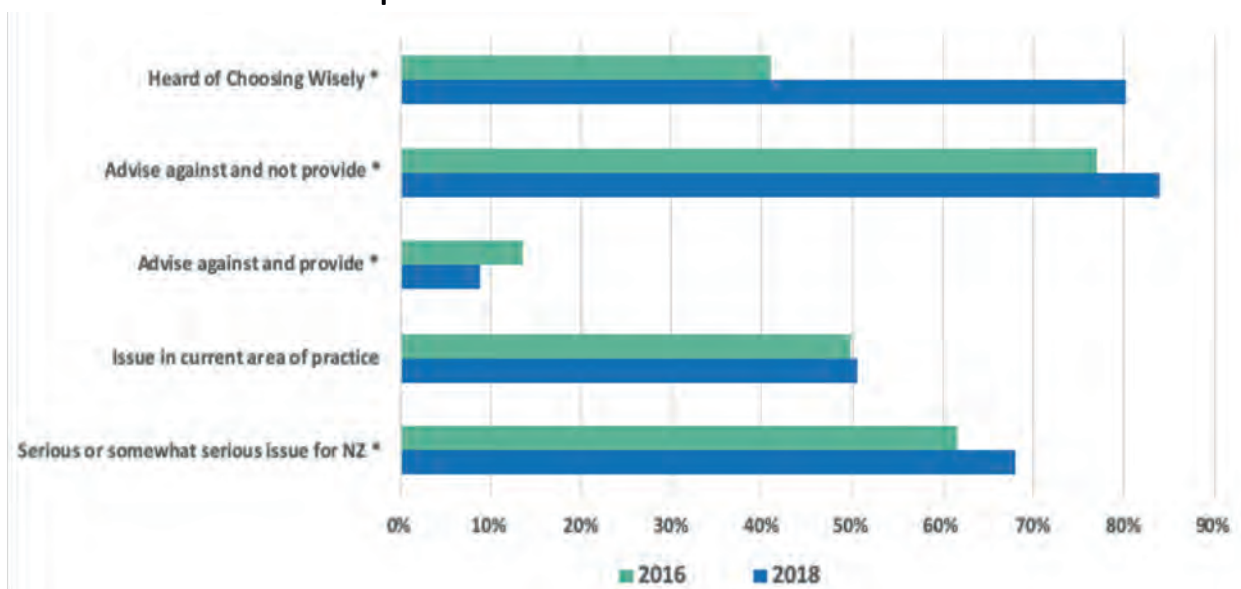
<sup>2</sup> The 2018 survey was undertaken by *Choosing Wisely*, working with the Association of Salaried Medical Specialists, the New Zealand Medical Association, and the New Zealand Nurses Organisation.



These results show that, despite its constrained resources and relatively recent introduction, *Choosing Wisely* has had a big impact on the thinking of many health professionals. This is also seen by the number of New Zealand's district health boards that have involvement in the campaign – 18 out of 20.

The survey identified several areas of overuse that were of particular concern for health professionals, including polypharmacy, sleeping pills, antibiotics, tests in palliative care and repeated blood tests.

## What health professionals said (\*significant difference)



## Pharmacy, allied health and primary care

*Choosing Wisely* is continuing to work with colleges and associations to develop and update lists of recommendations. Colleges and associations are encouraged to consider those areas with the greatest impact on reducing health inequities when selecting topics for recommendations.

Informal groups are currently developing *Choosing Wisely* recommendations in the

areas of pharmacy and allied health. These recommendations will then undergo formal consultation.

Primary care has been a focus for *Choosing Wisely* presentations and connections in 2019, with a number of meetings held with primary health organisations (PHOs) and general practice.

The Royal New Zealand College of General Practitioners regularly features *Choosing Wisely* recommendations that have particular relevance to general practice in its electronic newsletter *ePulse*.

In 2018, the most 'clicked on' recommendations by GPs to get more *Choosing Wisely* information were:

1. Infectious diseases: [In a patient with fatigue, avoid performing multiple serological investigations, without a clinical indication or relevant epidemiology](#)
2. Dermatological: [Don't prescribe oral antifungal therapy for suspected nail fungus without confirmation of fungal infection](#)
3. ENT & head/neck: [Don't prescribe oral antibiotics for uncomplicated acute discharge from grommets](#)
4. ENT & head/neck: [Don't prescribe oral antibiotics for uncomplicated acute otitis externa](#)
5. Internal medicine: [Don't request Holter monitoring, carotid duplex scans, echocardiography, electroencephalograms \(EEGs\) or telemetry in patients with first presentation of uncomplicated syncope and no high risk features.](#)

A [tip for communicating risk](#) was also very popular, with 107 unique clicks to go through to the *Choosing Wisely* resource.

## Support from midwives and obstetricians

Do I really need to have this test? That's one question midwives and obstetricians are encouraging people to ask their maternity health professionals.

The NZ College of Midwives (NZCOM) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) launched [Choosing Wisely recommendations](#) in August 2018.

College of Midwives deputy chief executive Alison Eddy (now chief executive) said *Choosing Wisely* was an excellent fit with what midwives already do as health professionals. RANZCOG Chairperson Dr Celia Devenish says that obstetricians also find it a good fit.

"We emphasise that this is about informed consent, knowledgeable consumers, only intervening when needed, and avoiding unnecessary harm. Midwives and obstetricians work together, so midwives understand and promote the natural physiological processes of birth and obstetricians provide back up when intervention is medically required," Dr Devenish says.

"Both midwives and obstetricians are committed to ensuring the women in their care understand fully and are able to give informed consent when it comes to making decisions in the best interests of themselves and their baby," says Alison Eddy.




## Shared decision-making: Debunking the myths

A 2014 paper by Légaré and Thompson-Leduc<sup>3</sup> identified 12 commonly raised barriers to the success of shared decision-making. These barriers were:

1. Shared decision-making is a fad – it will pass
2. In shared decision-making, patients are left to make decisions alone
3. Not everyone wants shared decision-making
4. Not everyone is good at shared decision-making
5. Shared decision-making is not possible because patients are always asking me what I would do
6. Shared decision-making takes too much time
7. We're already doing shared decision-making
8. Shared decision-making is easy! A tool will do
9. Shared decision-making is not compatible with clinical practice guidelines
10. Shared decision-making is only about the doctors and their patients
11. Shared decision-making will cost money
12. Shared decision-making does not account for emotions.

The paper concluded that a review of the literature suggests all 12 of these barriers should be termed myths, as they can be dispelled by evidence. Policy makers and clinicians should not be deterred from undertaking shared decision-making.

<sup>3</sup> Légaré F, Thompson-Leduc P. Twelve myths about shared decision making. *Patient Educ Couns*. 2014 Sep;96(3):281-6. doi: 10.1016/j.pec.2014.06.014. Epub 2014 Jul 3.



*“With more information,  
more time for discussion  
and better, more  
detailed risk analysis,  
a lot of patients will  
choose alternative  
treatment options.”*

*Dr Paul Dalley*

# Engaging with consumers

**Objective:** To raise awareness of consumers and patients of *Choosing Wisely* so they understand the risks of unnecessary care and their rights to ask questions of health professionals.

## June's story

Eighty-two-year-old June<sup>4</sup> had been diagnosed with renal pelvis cancer. One of her doctors, Paul Dalley from Capital & Coast DHB, says talking to June about what mattered to her made all the difference in the treatment she chose.

“Before we saw June in the pre-surgery clinic, we went back to the surgeon and talked about the options. The surgeon said the definitive thing to do would be to remove her kidney, but it would be a high-risk operation.

“When we talked with June we found that she thought her only option was to have surgery. What she was most worried about was her future living arrangements. She just wanted her kidney out so she could focus on sorting that out.

“We asked her, was it more important to her to live a long time or to live well? She said she was not really interested in how long she lived, she just wanted to maintain as much quality of life as she could. And she wouldn't accept any treatment that could make her health significantly worse.

“Once we'd had that discussion it was clear that the best thing for her was to have embolisation of her kidney and not to have surgery. The geriatrician also organised a package of community-based care for her, to put in the extra support she needed and to make decisions about their living arrangements.

“We knew we'd done a good job because at the end of it she was crying and she hugged all of us.”

Dr Dalley says with more information, more time for discussion and better, more detailed risk analysis, a lot of patients will choose alternative treatment options. These options will often be less invasive and less aggressive.

4 Not her real name

## Consumer resources

Over the past three years, a large number of evidence-based consumer resources have been developed, and are available on the [Choosing Wisely website](http://www.choosingwisely.org.nz) [www.choosingwisely.org.nz](http://www.choosingwisely.org.nz). They focus on tests, treatments and procedures consumers might want to discuss further with their health professional, and include:

- allergies and allergic reactions
- tests before surgery
- back, knee and ankle x-rays
- using antibiotics
- blood tests
- coughs, colds and sore throats
- dementia
- ear infections
- electrocardiograms (ECGs)
- end of life care
- reviewing and using medicines.

Consumers are encouraged to ask their health professional four key questions.

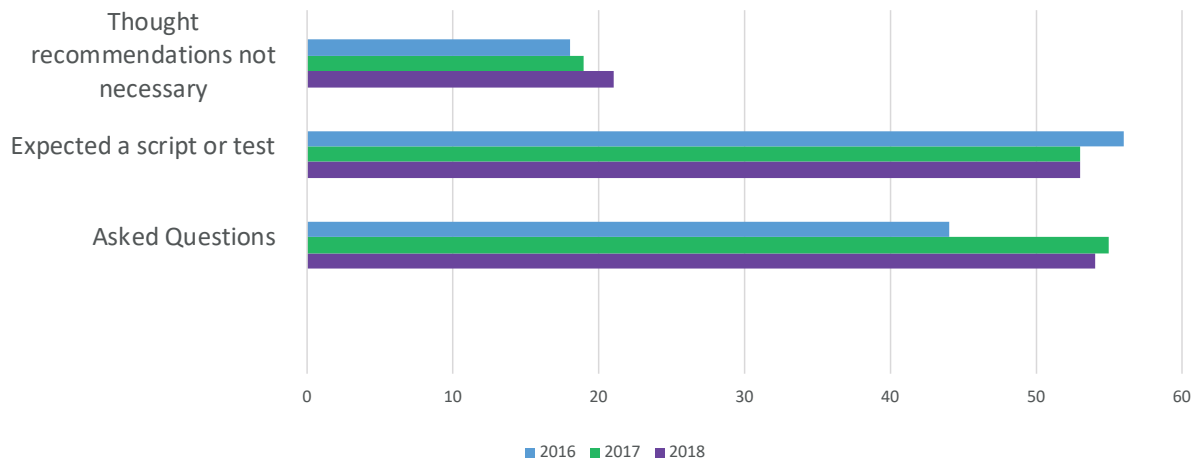


## Consumers' understanding of *Choosing Wisely* is increasing

A main focus of the *Choosing Wisely* campaign has always been promoting our messages in a way that reaches consumers and health professionals. Surveys of consumers in 2016, 2017 and 2018 show that the message is getting through.

For example, from 2016 to 2018, the percentage of respondents who thought their doctor had recommended a test or treatment that wasn't necessary grew from 18 to 21 percent, while the percentage who asked their doctor questions rose from 44 to 54 percent.

## What consumers said



## Consumer campaigns

There have been three *Choosing Wisely* consumer campaigns. The most recent ran from June to September 2018, and included Health TV (where health messages are played in clinic waiting rooms) and advertising on radio, websites and magazines.

The radio, website and magazine placement reached over 420,000 adult New Zealanders. *Choosing Wisely* promotions were run in over 110 clinics across the country, with a particular focus on areas with higher needs populations.





*Incorporating  
Choosing Wisely  
concepts and  
competencies into  
medical education  
change*



# Influencing medical education

**Objective:** To incorporate *Choosing Wisely* concepts and competencies into medical education change.

Clinicians say one of the reason they do not 'choose wisely' is because of the way they have been taught. *Choosing Wisely* has therefore been working with medical schools and colleges to incorporate the approach within their teaching curriculum,

encouraging summer students to study *Choosing Wisely* topics. It has also worked with the New Zealand Medical Students Association to develop *Choosing Wisely* recommendations and 'WISE' advice for student doctors.

## *Choosing Wisely* recommendations for medical students

In August 2017 the New Zealand Medical Students Association developed *Choosing Wisely* recommendations<sup>5</sup> for medical students and resident medical officers (RMOs) to use. This work follows trends in several countries overseas where student groups have helped foster awareness about *Choosing Wisely* concepts among medical students and in medical education.

The recommendations are:

1. Ensure the test, treatment or procedure is indicated and will make a difference to the course of patient care
2. Provide an opportunity for the patient to discuss the necessity of tests, treatments and procedures
3. Establish discussion regarding tests, treatments or procedures if you question their necessity in a patient's management
4. Ensure you are only suggesting tests, treatments or procedures for the benefit of the patient, rather than to gain further clinical experience
5. Ensure decisions about tests, treatments or procedures are joint decisions with the patient
6. Consider less invasive options and weigh up the risk of harm versus chance of benefit
7. Not ordering a range of non-indicated tests, treatments and procedures just in case the senior clinician might want/expect them.

<sup>5</sup> <https://choosingwisely.org.nz/professional-resource/nzmsa/>

## Making the WISE choice

The New Zealand Medical Students Association also developed 'WISE' to help students remember following principles:

**Why?** What will this test, treatment or procedure change?

**Is there an alternative?** Less invasive, less resource intensive?

**Seek clarification.** Clarify why the doctor ordered this test

**Explore/explain.** Be the patient's advocate. Explore concerns, take time to explain why a test, treatment or procedure is/isn't necessary.



*“The Choosing Wisely message of doing less is counter intuitive and needs investment in public and patient communication to help people to understand it. Typically, we know patients in the community don’t understand, for instance, that imaging and unnecessary testing can cause harm.”*

*Prof Kirsten McCaffery,  
Sydney School of Public Health, University of Sydney*

# Evaluation and measuring change

**Objective:** To measure change facilitated by CMC and encourage those implementing *Choosing Wisely* to evaluate the success of their programmes.

## Change of practice may result from attendance at *Choosing Wisely* forums

An evaluation of the *Choosing Wisely* forum held in Wellington in May 2019 suggests some attendees may change their practice as a result of attending.

*Choosing Wisely* has run three forums since it was introduced to New Zealand. The first, in March 2017 in Wellington, was for health professionals, consumer advocates and others already involved in *Choosing Wisely*, or those who wanted to know more. Its theme was *Implementing Choosing Wisely in New Zealand*. Keynote speaker was Professor Wendy Levinson, Chair of *Choosing Wisely* Canada.

The second forum, called *Putting the Theory into Practice*, was held in 2018 and focused on implementing *Choosing Wisely* in services, as well as measurement and evaluation. There were consumer commentaries at each session.

A third forum with the theme *Continuing the Conversation*, also in Wellington, was held in May 2019. It provided an opportunity for health professionals to learn more about how to develop and extend their *Choosing Wisely* work, and to hear from consumers. It was attended by about 130 people.

Keynote speakers included Kirsten McCaffery, Director of Research at the Sydney School of Public Health, who talked about shared decision making; Associate Prof Sue Crengle from Otago University's

Department of Preventive and Social Medicine, who discussed *Choosing Wisely* and equity; Prof David Tipene-Leach, chair of Te ORA, who talked about equity and cultural safety; and Asmara Jammali-Blasi who spoke about the implementation of *Choosing Wisely* across Victoria as part of the Safer Care Victoria *Choosing Wisely* Victorian Collaboration.

The evaluation of the 2019 forum found that potential practice changes included:

- further investigating *Choosing Wisely* within a region
- always ensuring the four questions were asked and answered
- initiating a planning group to investigate how to influence *Choosing Wisely* within an organisation
- encouraging nurses and doctors to bring patients' needs and requests to the table
- focusing on communication, equity and evaluation
- consideration of development of guidelines and collaboration.

Those who completed the evaluation said the most valuable things they learned were the importance of:

- shared decision making and equity
- communication with consumers and discussing all options
- evaluation and audits.

Suggestions for improvements for future forums included more interactive group sessions and fewer structured presentations, a bigger focus on *Choosing Wisely's* application to New Zealand practice, and more focus on primary care.

*Choosing Wisely* facilitator Sue Ineson says the findings were further evidence that recommendations alone are not enough to make a difference; “You need to implement *Choosing Wisely* in services and change practice”.

### Strong consumer focus

There was a strong focus on consumer views and input at the forums. Consumers were assisted to attend forums, and their comments sought at the end of each session. A consumer chaired the session on joint decision-making at the 2019 forum.

## Findings from summer students' projects

To be sustainable, *Choosing Wisely* needs to be championed by the new generation of health professionals, and introduced to them while they are still training. New graduates will then bring *Choosing Wisely* principles and practices with them as they enter the workforce. Research suggests clinicians may ‘choose unwisely’ because of the way they are taught, so learning about *Choosing Wisely* early can provide a balance.

In 2017, 2018 and 2019, *Choosing Wisely* funded summer studentships to evaluate *Choosing Wisely* work. The students undertook a range of projects, including:

- Choosing medications wisely for older people with dementia and palliative care needs
- Do posters and guidelines work to reduce unnecessary pre-op chest x-rays?
- Does staff education and removing urine dipsticks from wards reduce unnecessary urine testing and over diagnosis of urinary infections?

- Can CT scans, without lumbar puncture, be used to safely diagnose subarachnoid bleeds?
- What influences clinicians to choose wisely?
- Evaluating the impact of four questions on patient behaviour when they attend the outpatient clinics at the Hutt DHB
- Evaluating the effectiveness of the *Choosing Wisely* programme and the way it is organised at Canterbury and Capital & Coast DHBs.

Findings from the projects, relating to specific DHBs, included:

- There had been a statistically significant decrease of 22 percent in average monthly urine culture requests since the removal of urine testing dipsticks from wards
- Barriers to changing clinician behaviour to minimise unnecessary pre-op testing included lack of communication, mental automation and traditional practices.

Strategies identified to overcome these barriers included evidence-based educational presentations, providing clear and specific protocols and auditing testing decisions

- The need for further education on the specific guidelines for urinary tract infection diagnosis, the potential harm caused by urine testing and how high asymptomatic bacteriuria rates in older people make positive dipstick results inconclusive
- The recommendation of a re-launch of *Choosing Wisely* in a DHB, using email, posters, presentations at ground rounds, presentations to new clinical staff, and regular articles in the DHB newsletter; as well as a review of the structure and function of the DHB's *Choosing Wisely* steering group. The four questions consumers are encouraged to ask should also be reviewed and adapted for Māori and Pacific populations
- A review of patterns of medication use in aged care residents found unnecessarily high rates of preventative medication use at the end of life.


## Survey finds *Choosing Wisely* community of practice meetings useful

*Choosing Wisely* has quarterly community of practice meetings via conference call. These meetings provide a valuable opportunity for clinicians to share information. The meetings are facilitated by the *Choosing Wisely* national team. Over 60 health professionals with an interest in the wise use of interventions are invited to attend.

A survey of participants in August 2019 confirmed they found the meetings useful, and also valued receiving the monthly *Choosing Wisely* newsletter. There were suggestions that general practice and primary health organisations could also be invited to attend the community of practice meetings.

***“Choosing Wisely looks at the human factors of health care, such as motivation, stress and resilience, which I can relate to as an occupational therapist. It focuses on better health outcomes and enhanced participation and quality of life for the patient.”***

***Harsh Vardhan, President,  
Tangata Tiriti Occupational Therapy  
New Zealand Whakaora Ngangahau Aotearoa***



*“Choosing Wisely projects need to look very carefully through an equity lens and consider how they are going to affect Māori, Pacific and decile 9/10 communities.”*

*Professor David Tipene-Leach*

## Choosing Wisely and equity

*Choosing Wisely* New Zealand is partnering with Te Ohu Rata o Aotearoa (Māori Medical Practitioners Association) on a research project to improve shared decision making between health professionals and Māori consumers and their whānau. The goal of the project is to support more equitable health outcomes for Māori.

The project outputs will include practical and cost-effective strategies to improve shared decision making for use by all health professionals and/or providers.

### Choosing Wisely means choosing equitably

Professor David Tipene-Leach, chair of Te Ohu Rata o Aotearoa (Māori Medical Practitioners Association), says *Choosing Wisely* must mean choosing equitably.

“The evidence is clear,” Dr Tipene-Leach says, “in primary care we give Māori patients less appointment time. We do fewer investigations, we make fewer diagnoses, we provide less treatment, we do fewer referrals and when Māori get to hospital we do fewer interventions.”

He says we have moved from talking about cultural sensitivity in the 70s, to cultural

competency with the passage of the Health Practitioners Competence Assurance Act in 2003, and are now moving towards cultural safety.

“Cultural safety, which originally came from Irihapeti Ramsden and the nursing profession, asks people to think about their own biases and their own culture and roles in providing care for Māori patients.

“We are going to get our practitioners to start to think about themselves and their own biases in the way they practise.”

## Kaupapa Māori service in Hawke's Bay

Intentionally delivering equitable musculoskeletal care in Hawke's Bay has seen a reduction in pain for the 400 participants, as well as improved mobility, fewer GP and specialist visits and better ability to work.

Dr Andy Phillips was one of a team that worked with the Hawke's Bay community to design the programme to provide Māori and Pacific peoples, and those living in the most deprived areas, with care for musculoskeletal conditions customised to their needs.

The trial, which began last year and finished in February 2019, has been so successful it is likely to receive short term Ministry of Health funding so more in-depth analysis and evaluation can be done to enable Hawke's Bay DHB to fund it long term.

Dr Phillips and the team used the musculoskeletal programme as a way of informing wider system change to address health inequities.

"We wanted to identify the really serious health inequities. And while heart disease and cancer were the main causes of death, the biggest issue impacting on wellbeing of our Māori whānau was osteoarthritis."

Working with the local community, the team codesigned a kaupapa Māori programme to address health inequities and reduce

pain and disability. The programme was a partnership between the DHB, Health Hawke's Bay PHO and Ironmāori. The team worked with a number of agencies, including the Ministry of Social Development, local employers, the Mananui Māori Healthy Lifestyle Collective and local Māori physiotherapists.

An individually tailored programme was provided for up to three months for people with painful joints or muscles, with physiotherapy, an exercise programme that included swimming, and education and support including self-management support. The programme was available for Māori and Pacific peoples and all people who lived in quintile five areas within the region, who had experienced joint pain for more than three months and were not covered by the Accident Compensation Corporation.

Dr Phillips says he is most pleased about the programme's genuinely intentional approach to equity.

"We didn't just start something and then add in equity; the intention right from the start was to put the power into the hands of the community and have an equitable service. That transfer of power was the critical thing. The DHB and PHO were facilitators to make sure communities were able to design and deliver programmes that were important to them."



## Assessing equity in *Choosing Wisely*

The *Choosing Wisely* campaign seeks to reduce harm from unnecessary and low-value tests and treatment, but this must not be at the expense of equity. Unless equity is explicitly considered, new health care interventions or campaigns have the tendency to widen inequities, as they are taken up first by those in society with the most resources and the least need.

For example, a *Choosing Wisely* recommendation not to prescribe antibiotics for acute upper respiratory tract infections may sound reasonable given the majority of these infections are viral and antimicrobial resistance is a rising concern. However, for Māori and Pacific children in New Zealand, who experience high rates of rheumatic fever, sore throats should be swabbed and treated with antibiotics presumptively until swab results are available.

*Choosing Wisely* has been working to ensure the campaign does not increase inequities in health for Māori. We are partnering with Te ORA, conducting

research to improve shared decision-making between health professionals and Māori consumers and their whānau, increasing our advocacy in this area, and reviewing governance statements on the *Choosing Wisely* website in relation to equity.

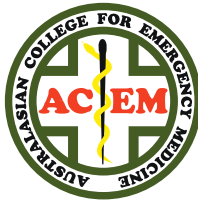
The specific research objectives are to:

- Explore Māori health consumers' feelings and advice about *Choosing Wisely*, and their experiences of and recommendations for shared decision-making in health care settings
- Explore Māori health professionals' feelings and advice about *Choosing Wisely*, and their experiences of and recommendations for shared decision-making in health care settings
- Make recommendations for practical, cost-effective, and evaluable strategies (ie, tools and/or resources and/or approaches) to improve shared decision-making with whānau Māori in health care settings.

***“Ensuring that at least one of the *Choosing Wisely* recommendations made by colleges specifically focuses on reducing a known inequity in an investigation or treatment has the potential to make an important contribution to equity.”***

***Associate Professor Sue Crengle,  
Otago Medical School***

## Sincere thanks to all our supporters



Australasian Faculty of Occupational and Environmental Medicine



AUSTRALIAN AND NEW ZEALAND ASSOCIATION OF NEUROLOGISTS





MEDICAL  
AND HEALTH  
SCIENCES



# CHOOSING WISELY AOTEAROA NEW ZEALAND



Council of  
**Medical Colleges**  
in New Zealand  
TE KAUNIHERA O NGĀ KĀRETI RATA O AOTEAROA



HEALTH QUALITY & SAFETY  
COMMISSION NEW ZEALAND  
*Kupu Taurangi Hauora o Aotearoa*

**PHARMAC**  
Pharmaceutical Management Agency

**consumer.**  
now you know