***Choosing Wisely*****questions and answers**

**7 December 2016**

**What is the aim of *Choosing Wisely*?**

The *Choosing Wisely* campaignfocuses on areas where evidence overwhelmingly shows a test, treatment or procedure provides little or no benefit to a patient, and could even cause harm. These are not grey areas where the evidence is debatable.

**What sort of harm can be caused by unnecessary tests, treatments and procedures?**

An example is X-rays and CT scans, which can expose patients to potentially cancer-causing radiation. Many studies have shown scans frequently identify things that require further investigation but often turn out to be nothing. This means patients can undergo stressful and potentially risky follow-up tests and treatments for no reason.

**Why do doctors provide unnecessary care?**

The common factors across countries that contribute to clinicians ordering unnecessary services include patient expectation, fear of missing a diagnosis or malpractice concerns, reimbursement incentives, the way clinicians are taught and avoiding the challenge of telling a patient they do not need specific tests[[1]](#footnote-1).

**What are clinicians’ views on unnecessary tests and treatments?**

The Council of Medical Colleges worked with the Association of Salaried Medical Specialists and New Zealand Medical Association to survey health professionals about this. The survey, which had 1318 responses, found:

* If a patient approached them requesting a specific test, procedure or treatment the professional deemed unnecessary, 77.1 percent of respondents said they would advise their patients against the test and not do it
* 49.7 percent of respondents believe the provision of unnecessary tests, treatment and procedures is a serious or somewhat serious issue in their area of practice
* When this question was expanded to ask about the New Zealand health sector as a whole, these numbers rose to 61.6 percent.

**What are consumers’ views on unnecessary tests and treatments?**

The Council of Medical Colleges also worked with Consumer to survey consumers about unnecessary tests, treatment and procedures. There were 1024 respondents.

When they visited a doctor, 56 percent of respondents generally expected the doctor to provide a prescription or send them for a test, 31 percent didn’t and 13 percent were unsure.

Forty-one percent of these agreed some tests or treatments which are carried out do not benefit the patient in any meaningful way. Nearly one in five felt their doctor had recommended a test or treatment to them which wasn’t necessary.

Other findings from this group:

* 42 percent asked their doctor further questions about the test or treatment
* 29 percent followed the doctor’s advice even they though they thought the test or treatment wasn’t necessary
* 20 percent ignored the advice but didn’t discuss it with their doctor.

Overall, 39 percent of respondents were very comfortable asking their doctor whether a test or treatment was necessary:

* 29% were “somewhat comfortable”
* 10% weren’t comfortable
* 20% were neutral.

**How will the campaign give information to consumers/patients?**

The *Choosing Wisely* campaign will encourage patients to talk with their health professional about tests, treatments and procedures being proposed. These messages will be communicated in a number of ways, including through discussions with health professionals, use of public relations and paid media and through the *Choosing Wisely* website [www.choosingwisely.org.nz](http://www.choosingwisely.org.nz).

Patients will be encouraged to ask four questions:

* Do I really need to have this test/procedure?
* What are the risks?
* Are there simpler safer options?
* What happens if I do nothing?

Doctors and other health professionals will be encouraged to listen to what matters to patients and make joint decisions with them.

The campaign website [www.choosingwisely.org.nz](http://www.choosingwisely.org.nz) will have further information and a number of resources, tools and information for patients.

Consumer is also promoting patient information and resources

**What is the problem with having a test if I am worried something is wrong?**

**Isn’t it better to be safe than sorry?**

There are a large number of medical tests, treatments and procedures available, but that doesn’t always mean we should use them. For example, not only do X-rays and CT scans expose patients to potentially cancer-causing radiation, but many studies have shown that scans frequently identify things that require further investigation but often turn out to be nothing. This means patients can undergo stressful and potentially risky follow-up tests and treatments for no reason.

Another example is the over-use of antibiotics, which is associated with side effects like diarrhoea and thrush, and builds antibiotic resistance in individuals and populations. Antibiotics do not help viral illnesses such as the common cold, sinusitis, pharyngitis and bronchitis, and should not be prescribed for these illnesses.

The use of a particular test, treatment or procedure needs to be discussed and decided with each patient, taking into account their condition, their experience of illness, social circumstances, attitude to risk, goals, values, preferences and support needs.

**How will health professionals be encouraged to change their behaviour?**

Medical colleges and specialist societies have and are identifying tests, treatments and procedures that evidence shows may be of limited or no benefit to patients or which may cause harm. They will then work within their services to implement recommendations about the use of these tests etc and encourage conversations with patients.

When developing recommendations about tests health professionals should question, health organisations and medical colleges are asked to ensure the items on their list are used frequently and there is evidence they may expose patients to harm.

This approach ensures the list of recommendations has credibility with members of the particular specialty.

**How much are unnecessary tests costing the taxpayer? How much is cutting back on these tests estimated to save?**

*Choosing Wisely* is not about saving money – although this may happen as a result of the campaign. It is about making sure patients receive the best and most appropriate care based on evidence, and are not put at risk by having unnecessary tests, treatments and procedures.

Specific cost saving information is not currently available for New Zealand. In Canada, reducing interventions has resulted in savings. For example, b**y using a bundle of interventions,** Sunnybrook Health Sciences Centre, Toronto, was able to:

* reduce the use of catheters in their medical wards by 50 percent, sustained beyond one year without any adverse effects
* **decrease** potentially inappropriate sedative-hypnotic prescriptions by over 40 percent, without increases in prescriptions of other sedative agents
* reduce monthly unnecessary red blood cell transfusions by 29 percent.

The Nova Scotia Health Authority was able to reduce its use of red blood cell transfusions transfusion by 16.4 percent.

**Is a bigger problem that some New Zealanders are not getting the tests, treatments and procedures they need in a timely way?**

Availability of appropriate care is a problem especially in some areas and for some groups of people. *Choosing Wisely* has the potential to help free up resources by reducing the use of unnecessary tests, treatments and procedures.

**Is this saying doctors are not competent enough to diagnose with their own knowledge and are relying on tests?**

Doctors are trained in diagnosis. They use tests, interventions and procedures to aid decision making. But they also need to ensure they are aware of the evidence about the use of these interventions. Some doctors have become over-reliant on tests and some patients may doubt what their doctor says unless tests have been done.

Health professionals should also talk with their patients about the care that is being recommended and share decision making with them, listen to the patient about their own experience of illness, social circumstances, attitude to risk, goals, values, preferences and support needs.

**What happens if the tests etc are stopped? Will doctors still have the adequate knowledge to treat patients?**

The *Choosing Wisely* campaign is not suggesting tests, treatments and procedures are stopped, but that the use of some should be reviewed with more careful consideration of what the particular patient needs and the evidence of effectiveness.

Most of the recommendations depend on the situation and what the patient’s condition or illness is. Each item on these lists starts with the words “don’t” or “avoid” but not the word “never”. It is ultimately up to the health professional and patient to make a choice together. *Choosing Wisely* aims to make that choice as informed as possible, by encouraging open dialogue between the patient and health professional.

**Who is funding *Choosing Wisely*?**

Currently, *Choosing Wisely* is being funded by the Council of Medical Colleges, Health Quality & Safety Commission, Ministry of Health, Pacific Radiology and PHARMAC. There has also been support in various forms from many health sector groups and assistance from all New Zealand medical colleges and many specialist societies .

1. Institute of Medicine. *Crossing the quality chasm: a new health system for the 21st century*, Washington DC: National Academy Press, 2001. [↑](#footnote-ref-1)