Background

- Rheumatologists are dedicated to provide the highest quality of evidence-based care in diagnosing, treating and managing rheumatic diseases
- Data suggests that in the US there is overuse in medical care which could potentially lead patients to more harm, testing to investigate false positives, and contribute to stress and avoidable costs
- The Choosing Wisely campaign, initiated by the American Board of Internal Medicine Foundation in 2012, is an initiative to help physicians and patients engage in conversations about the overuse of tests and procedures and support physician efforts to help patients make smart and effective care choices. Over 50 societies have made lists to date. The CRA is part of the first wave of 8 Canadian societies to create lists as part of the Choosing Wisely Canada Campaign, in association with the Canadian Medical Association.

Aims

1. To develop a list of 5 tests or treatments used in the Canadian rheumatology community that have evidence indicating that they may be unnecessary and not adding value, and thus should be questioned and discussed by physicians and patients
2. To engage Canadian rheumatologists and their patients in the discussion about the most appropriate care based on the patient's individual situation

Methods

Figure 1. CRA Choosing Wisely

- Multidisciplinary Working group
- CRA Core member Group Delphi Survey
- CRA Choosing Wisely Volunteer Committee Assembled
- Rheumatologist
- Rheumatologist Methodologist
- Rheumatology Trainee
- Allied Health Provider
- Patient Consumer Coordinator
- Trainee and Committee Member
- Working Group
- Board of Directors, Key opinion leaders and Patient Consumer
- Choosing Wisely committee
- Delphi Methodology Subcommittee
- Choosing Wisely survey

Figure 2. CRA Choosing Wisely Process

July 2013: CRA Choosing Wisely Volunteer Committee Assembled
Aug/Sept 2013: CRA Core member Group Delphi Survey
Sept/Oct 2013: Rheumatologist Methodologist Survey
Oct 2013: Methodology Subcommittee Review and Item Selection
Nov/Oct 2013: Literature and Guideline Review by trainer and committee member
Dec 2013: CRA Board of Directors, Key opinion leaders and Patient Consumers Review and Revision
Spring 2014: Wave 1 launch

Figure 3. Survey questions

1. Target audience/ non-rheum provider (I don’t think rheumatologists are doing these things, when you say question, is this meant as should referring GPs (family doctors) be questioned/told about this - then yes, but hopefully rheumatologists don’t work this way.)
2. Question clarity (Is this item high impact based on its prevalence, cost, or potential to reduce harm challenging to answer as not all components are relevant to each scenario presented)
3. Variability in testing (ANA and sub-serology results are so variable and unreliable between the different private labs that community based physicians need some leeway here, i.e. neg ANA and positive anti-dsDNA checked at university lab with anti-dsDNA correct and in another example with incorrectly positive anti-dsDNA at a different lab. I’ve got a dawer full of these)

Table 2. Demographics of CRA Choosing Wisely Survey Respondents

Table 3. Percentage of Thematic Responses

Table 4. Top 13 items ranked by survey members

Conclusions

- Rheumatologists have many opportunities to impact overutilization of care
- The Top 5 list identifies starting points to promote discussion between physician and patients about practices that should be questioned to assist rheumatologists in providing high quality care
- The list will not be a prescriptive list of rules, as clinical judgement is paramount. The list is based on the best available current evidence and changes will be made as research evolves.
- Next steps include joint announcement of lists with other societies, work with patients to create patient pamphlets, wide dissemination in English and French through various means (journal articles, newsletters, website, society meetings), measurement of impact, identification of other areas of potential waste

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