

Shirley L. Chow, Carter Thorne and Peter Tugwell on behalf of the Canadian Rheumatology Association Choosing Wisely Committee

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.

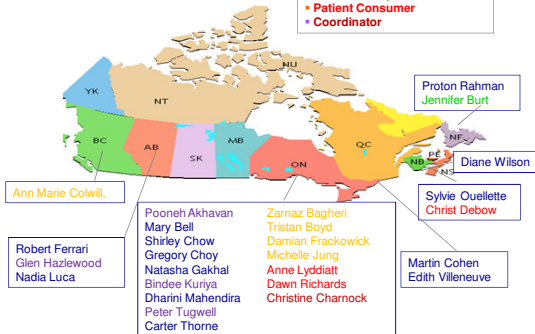
Aims

- 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
- 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

- Rheumatologist
- Rheumatologist methodologist
- Rheumatology trainee
- Allied health provider
- Patient Consumer
- Coordinator



Methods

Figure 2. CRA Choosing Wisely Process

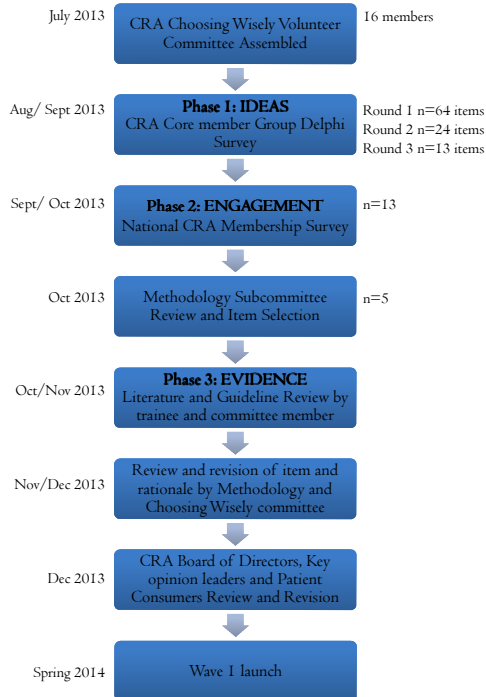


Figure 3. Survey questions

Do you agree with this statement	Strongly disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
Is this high impact based on its prevalence, cost, ability to reduce harm	Yes	No			
Should this item be part of the Top 5 things Rheumatologists should question	Yes	No			

Results

Table 2. Demographics of CRA Choosing Wisely Survey Respondents

	Response Percent	Response Count	CRA Membership	Membership Percentage
Female	51.7%	89	244	50.41%
Male	48.3%	83	240	49.59%
		172	484	
				36% response rate

Figure 3 Demographics of CRA Choosing Wisely Survey Respondents

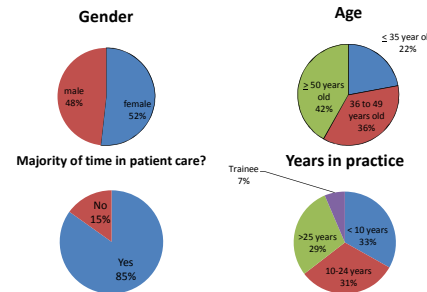


Table 3. Location of CRA Choosing Wisely Survey Respondents

	Response Percent	Response Count	CRA Membership	Percentage
British Columbia	14.0%	24	66	13.64%
Alberta	12.2%	21	49	10.12%
Saskatchewan	4.7%	8	11	2.27%
Manitoba	3.5%	6	12	2.48%
Ontario	40.1%	69	223	46.07%
Quebec	19.2%	33	86	17.77%
Atlantic Provinces	5.8%	10	28	5.79%
Territories	0.0%	0	0	0.00%
Outside of Canada	0.6%	1	10	2.07%
	answered question	172		

Themes from written comments from CRA Choosing Wisely survey

- 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/taught about this - then yes, but hopefully rheumatologists don't work this way."
- 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"
- 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. ie neg ANA and positive antidsDNA checked at university lab with antidsDNA correct and in another example with incorrectly positive antidsDNA at a different lab. I've got a drawer full of these."

Results

Table 4. Top 13 items ranked by survey members

- Don't perform an ANCA without suspicion of underlying vasculitis.
- Don't perform HLA B27 in a patient with back pain without morning stiffness, or without any evidence of spondyloarthropathy, or likely mechanical low back pain.
- Don't perform ANA as a "screening test" in a patient without symptoms or signs of lupus or other CTD.
- Don't perform a RF or anti-CCP as a "screening test" in a patient without joint swelling or in a typical osteoarthritis patient.
- Don't perform ANA to follow lupus disease activity
- Don't perform serial RF or anti-CCP
- Don't perform ANA sub-serologies (ENA or dsDNA) without a positive ANA.
- Don't perform BMD more often than every 2 years in low risk patients.
- Don't perform X-Rays more than every year to monitor Inflammatory Arthritis.
- Don't perform Total Body Bone Scan to assess for SpA or arthritis.
- Don't perform MRI of the knee for Osteoarthritis.
- Don't prescribe bisphosphonates for patients at low risk of fracture or premenopausal women.
- Don't prescribe NSAIDs to the elderly with risk factors (i.e. Renal insufficiency, hypertension, heart disease, history of Peptic Ulcer Disease, anticoagulants, coagulopathy).

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
- Acknowledgements:** The authors would like to thank Virginia Hopkins and Sharon Brinkos from the CRA for help with administering the surveys, Health Quality Ontario medical librarians, Tamara Rader medical librarian from the Cochrane Collaboration, Ekaterina Petkova medical librarian, and the Choosing Wisely Canada organizers for their support.

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