



*An initiative of the ABIM Foundation*



# Using Choosing Wisely® Tools to Empower Patients

*An Implementation Toolkit for  
Health Care Practice Teams*



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*This Implementation Toolkit is a suggested guide to assist practices in thinking about how to incorporate Choosing Wisely into their own workflow. We hope you will find this guide useful in your efforts.*

*Grant funding for this project provided by the ABIM Foundation and supported by the Robert Wood Johnson Foundation. – September 2015. Updated July 2017*

# Choosing Wisely Process Flow from a Patient Perspective



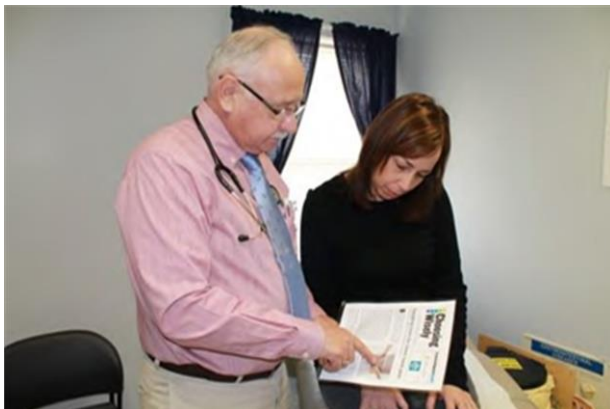
Patient given wallet card/ 5 Question sheet and patient information sheet (Use of antibiotics, Imaging Tests for Low Back Pain or Use of benzodiazepines) at check-in.



Educational videos play while patient is in waiting room and/or Patient Information sheets are displayed in the waiting room.



Clinical staff asks patient if they read through the 5 Questions/Patient Information Sheet



Patient and provider address questions during the visit. For more information on how to have a conversation, view the Drexel University Choosing Wisely Physician Communication Modules at: <https://youtu.be/sLX1leak3yg>

# Choosing Wisely Question Sheet Workflow

**Goal:** To encourage patients to further engage in their care through questions that foster an open and effective dialog with their provider and practice team

Patient Checks in  
for appointment

Patient reads and writes  
down or thinks of questions  
they may have while waiting

PSR gives patient 5 Questions  
wallet card or sheet (use  
scripting to the left)

Clinical staff asks patient if  
they have questions when  
rooming the patient (use  
scripting to the left)

Clinical staff reviews the  
questions and answers any  
they are able to

Clinical staff types any questions  
patient has into HPI (EMR)

With patient, provider creates  
follow-up plan to answer  
remaining questions, if needed

Provider reviews questions  
with patient and determines  
most urgent issue(s) for visit  
(use scripting to the left)

Patient leaves with follow-up  
plan

## Scripting for PSR at check in:

*We know that you often have many questions for your provider during your visit. Please read through our 5 Questions wallet card/sheet and think about your most important questions and concerns. You can then let the medical assistant know what they are when they take you to the exam room.*

## Scripting for MA during rooming:

*Do you have any questions for your provider that you have thought about today? I will enter them into the computer so that your provider can see them. We will do our best to answer all of your questions during your visit, however if we are unable to address everything, we will make sure that we make a plan to get them answered for you.*

## Alternate Scripting for MA during rooming:

*Did you have enough time to think about questions for your provider while you were waiting? If you have some, please let me know before your provider comes in and I will enter them into the computer so that your provider can see them.*

## Scripting for Provider during visit:

*I see you have some questions with you today. What is most important for you to address during our visit today? If we are unable to get to everything today, we will make a plan to have you come back to address the remainder of your questions.*

# 3 Easy Things a Practice Can Do To Get Started

## 1. Educate Medical Staff & Practice Team on Choosing Wisely

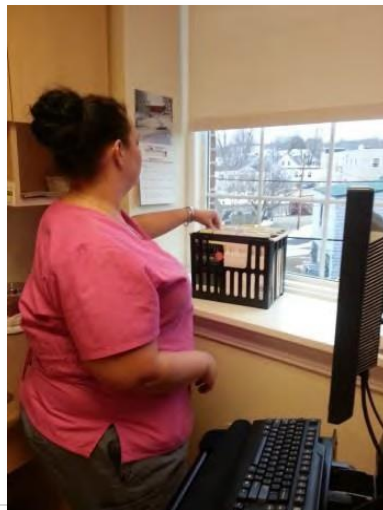
- Standing agenda item
- Staff meetings
- Provider meetings
- Clinical/admin meetings



## 2. Construct Bulletin Board in Waiting Room (enlist your patient advisors)



## 3. Hang up the 5 Question Poster in the Exam Room and set up file folders in exam rooms with patient information sheets



# Where to Hang a Poster in the Exam Room

In order to maximize patient engagement, posters must be hung where they can serve as a reminder to both the patient and the provider during their conversation. *(photos courtesy of Central Maine Health Care which are branded for their initiative to engage patients and providers to provide ideal poster placement)*

Correct Location



Incorrect Location





# Develop or use Educational Videos for Waiting Room

## Patient Education for the Waiting Room: Video Links

Example Videos that could be used to develop a 20-30 minutes video clip or to add into existing internal TV monitor system

### Videos on Antibiotics:

<http://www.consumerreports.org/cro/2014/03/when-you-think-you-need-antibiotics-but-really-dont/index.htm>

[http://www.consumerreports.org/cro/2014/03/when-you-think-you-need-antibiotics-but-really-dont/index.htm?video\\_id=4285970453001](http://www.consumerreports.org/cro/2014/03/when-you-think-you-need-antibiotics-but-really-dont/index.htm?video_id=4285970453001)

Choosing Wisely: Antibiotics” by Consumer Health Choices on Vimeo at <https://vimeo.com/89760045>

Myths About Antibiotics by Consumer Health Choices

[http://www.consumerreports.org/cro/magazine/2015/06/6-big-myths-about-antibiotics/index.htm?video\\_id=4285970453001](http://www.consumerreports.org/cro/magazine/2015/06/6-big-myths-about-antibiotics/index.htm?video_id=4285970453001)

### Videos on Low Back Pain:

[Imaging for low back-pain \(talking head physician\)](#)

[Grassroots low back-pain video](#)

### Video on 5 Questions to Ask Your Doctor:

5 Questions to Ask Your Doctor:

<https://vimeopro.com/consumerhealthchoices/portfolio/video/99658899>

Choosing Wisely, Talking with your Doctor:

<https://vimeopro.com/consumerhealthchoices/portfolio/video/89756088>

Choosing Wisely, More Medicine is Not Always Better:

<https://vimeopro.com/consumerhealthchoices/portfolio/video/90271586>

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# Lessons Learned from previous Choosing Wisely Pilots in Maine

1. Engage entire practice team early – had work station links to Choosing Wisely on all provider laptops and exam room computers.
2. Reinforced use of guidelines and compliance
3. Specialties educated & incorporated guidelines
4. Post Choosing Wisely materials where patients and staff can see them often
5. Focus on patient education:
  - a. Bulletin board in waiting room
  - b. Hand out Choosing Wisely 5 Questions wallet card and/or poster at check in
  - c. Provide CW patient education sheets to patients during rooming process when relevant to reason for visit
  - d. Engaged their patient advisory group to continue to focus on Choosing Wisely
  - e. Closed circuit TV for waiting room to showcase Choosing Wisely videos
6. Provide information to staff on what the process is for a patient to pursue the price of a treatment, procedure, etc..

## Posters

- Posters need to be big and eye-catching
- Place the posters in eye-line
- Have as many up as possible

## 5 Question Sheets/Wallet Cards

- MUST be addressed by provider/clinical staff – worst thing to do is to ask and then not answer
- Patients are OK with questions being put on hold as long as they are acknowledged
- Optimal time to review the 5 Questions/Patient Information Sheets is in the waiting room
- Have suggested questions available for patients to get thought process going
- Patients want as many questions as possible – need to limit for provider/clinical buy-in
- To set the stage, send information ahead of the visit to start the dialog between patient and provider

## Videos

- Cartoon videos seemed childish and demeaning
- Patients did not identify with “stereotypical” elderly patients (those who were elderly)
- Video loop or TV production must be long enough so that patients don’t see the same one multiple times
- Online videos may have a copyright – YouTube videos need permission to be played in public spaces
- Sound level must be appropriately balanced

## Media

- Have as many mediums sending the same message as possible (i.e. posters, wallet cards, 5 Question and patient information sheets, TV monitor)
- Needs to be visible, colorful and attention grabbing
- Television in the waiting room to play informational videos
- Television must have appropriate media input (i.e., USB, DVD, WiFi)

## Price List

- Price list must be available for provider to use for decision making (or someone they can refer the patient to for more information)
  - Recommend providing a laminated copy of the price list in same place in each exam room Educate staff to not give “estimates” but to use for informational purposes only
  - Patients care more about their cost after insurance over total cost, but this information is difficult to provide
-

**Provider Feedback from pilots**

- Patients seemed to appreciate the effort from the clinical team about helping patients get their questions “out there”, even if we weren’t able to answer them all on the same day
- It think it gave my Medical Assistant (MA) more confidence to come forward and help with agenda setting within the visit
- I had an adult patient come in whose mother usually does all the talking for him. He came in for the first time on his own, and he filled out the question sheet we prepared for him. It was nice to get to know what he was thinking for the visit
- It changed the dynamics between us – patient/client became more active in the treatment and said something to the effect of, “A doctor hasn’t ever asked me about what I thought before, I thought it didn’t matter, and I’m glad that you did.”
- Patients were very receptive, interested, and involved in participating in the process – we all need to question our assumptions about patients’ perceptions and desires

**Medical Assistant Feedback from pilots**

- We had a sheet for patients to write their questions on and not a lot of patients are filling out the sheet, but they do seem to have more questions when I ask, so it is generating some thought

**Patient Feedback from pilots**

- Oh this is great, I always have a hard time remembering what I want to talk about
-

# Informational ideas from other Health Care Organizations

## Intermountain Healthcare Flash Cards and Care Practice Models (CPMs)

ADULT EVIDENCE-BASED RECOMMENDATIONS AND RESOURCES 2013

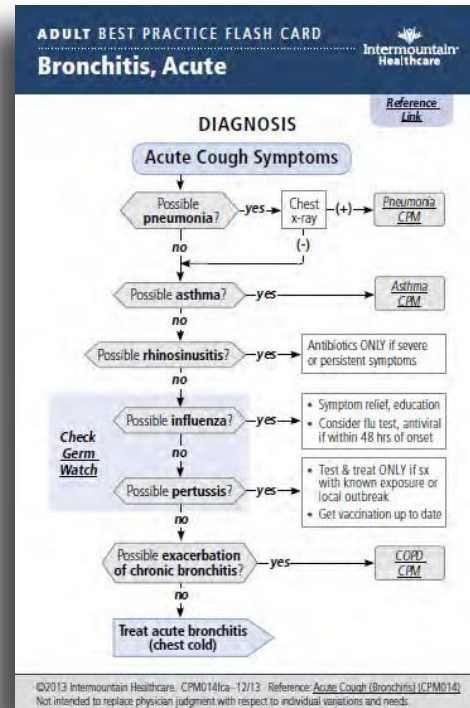
**A Primary Care Guide to Choosing Wisely® at Intermountain**  
Tests and Treatments Doctors and Patients Should Discuss

According to the Institute of Medicine, up to 30% of healthcare delivered in the U.S. is unnecessary and may cause harm. Patterned after the Choosing Wisely® campaign ([www.choosingwisely.org](http://www.choosingwisely.org)) of the ABIM Foundation ([www.abimfoundation.org](http://www.abimfoundation.org)), this document summarizes key areas prone to overuse or misuse of medical tests and procedures at Intermountain Healthcare. It also provides advice on underused care and preventive care visits. Links are provided to tools that summarize the evidence (CPMs and national guidelines), tools to reinforce best practice at the point of care (orders, forms, and quick references), and tools to enable conversations with patients (patient education).

**1 WISE IMAGING** **2 WISE LAB TESTS** **3 WISE MEDICATIONS** **4 PREVENTIVE CARE VISITS** **5 UNDERUSED CARE**

**1. IMAGING** Limit imaging to tests that may alter care.

- **Low back pain** — Avoid imaging tests in acute low back pain unless there are red flags for serious pathology or injury. According to the Choosing Wisely® lists from the American Academy of Family Physicians and the American College of Physicians, lumbar imaging increases costs without improving outcomes. Intermountain's Spinal MRI Order Form provides a helpful checklist of appropriate indications for lumbar imaging. More information: [Spinal MRI Order](#) [Low Back Pain CPM](#) [Patient education \(English / Spanish\)](#)
- **Heart** — Avoid cardiac nuclear stress testing unless the indication meets national criteria. Cardiac nuclear scans involve significant radiation, which should be avoided unless clinically indicated. Choosing Wisely® lists from the American College of Cardiology (ACC) and the American Society of Nuclear Cardiology provide guidelines on cardiac imaging, and Intermountain's CV



## Safe Antibiotic Poster (Nudging Poster), Illinois Department of Public Health

**Safe Antibiotic Use:**  
An Important Message From Your Providers

Dear Patient,

We want to give you some important information about antibiotics.

- Antibiotics only fight infections caused by bacteria.
- Antibiotics will **NOT** help you feel better if you have a viral infection like:
  - Cold or runny nose
  - Bronchitis or chest cold
  - Flu
- If you take antibiotics when you don't really need them, they can cause more harm than good:
  - You might feel worse
  - You can get diarrhea, rashes, or yeast infections
  - Antibiotics may **NOT** work when you really need them because antibiotics make bacteria more resistant to them. This can make future infections harder to treat.

What can you do as a patient? Talk with me about the treatment that is best for you. Follow the treatment plan that we discuss.

As your healthcare provider, I will give you the best care possible. I am dedicated to avoid prescribing antibiotics when they are likely to do more harm than good. If you have any questions, please ask me, your nurse, or your pharmacist.

Sincerely,

Provider photo   Provider photo   Provider photo   Provider photo

Facility Logo

**The best care is the right care.**  
Only use antibiotics when needed.

IDPH

## Place Choosing Wisely Information on Health System/Practice Websites

The screenshot shows the Western Maine Health website. At the top, there's a logo for Western Maine Health and a search bar. Below the logo, there's a navigation menu with links to Stephens Memorial Hospital, Specialty Clinics, Find a Doctor, Women, Families, and Seniors. A search bar is also present. On the left, there's a sidebar with links to various sections like Our Homepage, Our Affiliates, About Us, Joint Center of Excellence, Flu Website, Mission, Vision & Values, Quality, Patient & Visitor Information, Careers, Newborn Nursery, Ways to Give, Community Education, and Volunteering. The main content area features a section for Oxford Hills Family Practice, which is a Department of Stephens Memorial Hospital. It lists the address (34 Winter Street, Norway, ME 04268) and phone number (207-743-8031). It also mentions two doctors: James E. Eshleman, D.O. and Adam Kazimierczak, D.O. Below this, there's a section titled 'Choosing Wisely' with a logo and text explaining the initiative. The text states: 'As the nation increasingly focuses on ways to provide safer, higher-quality care to patients, the overuse of health care resources is an issue of considerable concern. Choosing Wisely provides specific evidence-based recommendations physicians and patients should discuss to help make wise decisions about the most appropriate care based on their individual situation. Learn more about Choosing Wisely by clicking here.' To the right of the 'Choosing Wisely' section, there are two small images: one labeled 'Find a Doctor' and another labeled 'Physical Rehab'. At the bottom right, there's a 'Health Information' section with a dropdown menu labeled '--Select A Topic--'.

## Create opportunities for local media coverage

### New Winthrop health program urges patients, physicians to question tests

**Patients should ask doctors if a test is really needed, what the risks are, whether there are simpler or safer options, what would happen without the service and how much it will cost.**

By [Susan McMillansmcmillan@centralmaine.com](mailto:SusanMcMillansmcmillan@centralmaine.com)  
Staff Writer

**WINTHROP** — An MRI for low back pain could lead to diagnosis and vital treatment for a serious underlying problem.



[click image to enlarge](#)

**MEDICAL CHOICES:** Crystal Beaulieu, left, talks with Dr. Michelle Mosher during an office visit on Friday at Winthrop Family Medicine in Winthrop, which recently received a grant that encourages physicians to talk to patients about conducting tests only when they add value to a diagnosis.

# **Appendix A**

## **Choosing Wisely Clinical Evidence Based Lists for the 3 focus areas**



## Fifteen Things Physicians and Patients Should Question

1

### **Don't do imaging for low back pain within the first six weeks, unless red flags are present.**

Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs. Low back pain is the fifth most common reason for all physician visits.

2

### **Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.**

Symptoms must include discolored nasal secretions and facial or dental tenderness when touched. Most sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own. Despite consistent recommendations to the contrary, antibiotics are prescribed in more than 80 percent of outpatient visits for acute sinusitis. Sinusitis accounts for 16 million office visits and \$5.8 billion in annual health care costs.

3

### **Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.**

DEXA is not cost effective in younger, low-risk patients, but is cost effective in older patients.

4

### **Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.**

There is little evidence that detection of coronary artery stenosis in asymptomatic patients at low risk for coronary heart disease improves health outcomes. False-positive tests are likely to lead to harm through unnecessary invasive procedures, over-treatment and misdiagnosis. Potential harms of this routine annual screening exceed the potential benefit.

5

### **Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.**

Most observed abnormalities in adolescents regress spontaneously, therefore Pap smears for this age group can lead to unnecessary anxiety, additional testing and cost. Pap smears are not helpful in women after hysterectomy (for non-cancer disease) and there is little evidence for improved outcomes.



## Fifteen Things Physicians and Patients Should Question

6

### **Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age.**

Delivery prior to 39 weeks, 0 days has been shown to be associated with an increased risk of learning disabilities and a potential increase in morbidity and mortality. There are clear medical indications for delivery prior to 39 weeks and 0 days based on maternal and/or fetal conditions. A mature fetal lung test, in the absence of appropriate clinical criteria, is not an indication for delivery.

7

### **Avoid elective, non-medically indicated inductions of labor between 39 weeks, 0 days and 41 weeks, 0 days unless the cervix is deemed favorable.**

Ideally, labor should start on its own initiative whenever possible. Higher Cesarean delivery rates result from inductions of labor when the cervix is unfavorable. Health care clinicians should discuss the risks and benefits with their patients before considering inductions of labor without medical indications.

8

### **Don't screen for carotid artery stenosis (CAS) in asymptomatic adult patients.**

There is good evidence that for adult patients with no symptoms of carotid artery stenosis, the harms of screening outweigh the benefits. Screening could lead to non-indicated surgeries that result in serious harms, including death, stroke and myocardial infarction.

9

### **Don't screen women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk for cervical cancer.**

There is adequate evidence that screening women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk provides little to no benefit.

10

### **Don't screen women younger than 30 years of age for cervical cancer with HPV testing, alone or in combination with cytology.**

There is adequate evidence that the harms of HPV testing, alone or in combination with cytology, in women younger than 30 years of age are moderate. The harms include more frequent testing and invasive diagnostic procedures such as colposcopy and cervical biopsy. Abnormal screening test results are also associated with psychological harms, anxiety and distress.





## Fifteen Things Physicians and Patients Should Question

11

### **Don't prescribe antibiotics for otitis media in children aged 2–12 years with non-severe symptoms where the observation option is reasonable.**

The "observation option" refers to deferring antibacterial treatment of selected children for 48 to 72 hours and limiting management to symptomatic relief. The decision to observe or treat is based on the child's age, diagnostic certainty and illness severity. To observe a child without initial antibacterial therapy, it is important that the parent or caregiver has a ready means of communicating with the clinician. There also must be a system in place that permits reevaluation of the child.

12

### **Don't perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2–24 months.**

The risks associated with radiation (plus the discomfort and expense of the procedure) outweigh the risk of delaying the detection of the few children with correctable genitourinary abnormalities until their second UTI.

13

### **Don't routinely screen for prostate cancer using a prostate-specific antigen (PSA) test or digital rectal exam.**

There is convincing evidence that PSA-based screening leads to substantial over-diagnosis of prostate tumors. Many tumors will not harm patients, while the risks of treatment are significant. Physicians should not offer or order PSA screening unless they are prepared to engage in shared decision making that enables an informed choice by patients.

14

### **Don't screen adolescents for scoliosis.**

There is no good evidence that screening asymptomatic adolescents detects idiopathic scoliosis at an earlier stage than detection without screening. The potential harms of screening and treating adolescents include unnecessary follow-up visits and evaluations due to false positive test results and psychological adverse effects.

15

### **Don't require a pelvic exam or other physical exam to prescribe oral contraceptive medications.**

Hormonal contraceptives are safe, effective and well-tolerated for most women. Data do not support the necessity of performing a pelvic or breast examination to prescribe oral contraceptive medications. Hormonal contraception can be safely provided on the basis of medical history and blood pressure measurement.

## How This List Was Created (1–5)

The American Academy of Family Physicians (AAFP) list is an endorsement of the five recommendations for Family Medicine previously proposed by the National Physicians Alliance (NPA) and published in the *Archives of Internal Medicine*, as part of its Less is More™ series. The goal was to identify items common in primary care practice, strongly supported by the evidence and literature, that would lead to significant health benefits, reduce risks and harm, and reduce costs. A working group was assembled for each of the three primary care specialties; family medicine, pediatrics and internal medicine. The original list was developed using a modification of the nominal group process, with online voting. The literature was then searched to provide supporting evidence or refute the activities. The list was modified and a second round of field testing was conducted. The field testing with family physicians showed support for the final recommendations, the potential positive impact on quality and cost, and the ease with which the recommendations could be implemented.

More detail on the study and methodology can be found in the *Archives of Internal Medicine* article: [The “Top 5” Lists in Primary Care](#).

## How This List Was Created (6–10)

The American Academy of Family Physicians (AAFP) has identified this list of clinical recommendations for the second phase of the *Choosing Wisely* campaign. The goal was to identify items common in the practice of family medicine supported by a review of the evidence that would lead to significant health benefits, reduce risks, harms and costs. For each item, evidence was reviewed from appropriate sources such as evidence reviews from the Cochrane Collaboration, and the Agency for Healthcare Research and Quality. The AAFP’s Commission on Health of the Public and Science and Chair of the Board of Directors reviewed and approved the recommendations.

In the case of the first two items on our list – “Don’t schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age” and “Don’t schedule elective, non-medically indicated inductions of labor between 39 weeks, 0 days and 41 weeks, 0 days unless the cervix is deemed favorable” – we collaborated with the American College of Obstetricians and Gynecologists in developing the final language.

## How This List Was Created (11–15)

The American Academy of Family Physicians (AAFP) has identified this list of clinical recommendations for the third phase of the *Choosing Wisely*® campaign. The goal was to identify items common in the practice of family medicine supported by a review of the evidence that would lead to significant health benefits, reduce risks, harms and costs. For each item, evidence was reviewed from appropriate sources such as the Cochrane Collaboration, the Agency for Healthcare Research and Quality and other sources. The AAFP’s Commission on Health of the Public and Science and Board of Directors reviewed and approved the recommendations.

AAFP’s disclosure and conflict of interest policy can be found at [www.aafp.org](http://www.aafp.org).

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### About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.



To learn more about the ABIM Foundation, visit [www.abimfoundation.org](http://www.abimfoundation.org).

### About the American Academy of Family Physicians

Founded in 1947, the American Academy of Family Physicians (AAFP) represents 105,900 physicians and medical students nationwide. It is the only medical society devoted solely to primary care. Approximately one in four of all doctor's office visits are made to family physicians. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focused on integrated care.



For information about health care, health conditions and wellness, please visit the AAFP's award-winning consumer website, [www.familydoctor.org](http://www.familydoctor.org).

For more information or to see other lists of Five Things Physicians and Patients Should Question, visit [www.choosingwisely.org](http://www.choosingwisely.org).

## Five Things Physicians and Patients Should Question

### 1 Don't treat asymptomatic bacteruria with antibiotics.

Inappropriate use of antibiotics to treat asymptomatic bacteruria (ASB), or a significant number of bacteria in the urine that occurs without symptoms such as burning or frequent urination, is a major contributor to antibiotic overuse in patients. With the exception of pregnant patients, patients undergoing prostate surgery or other invasive urological surgery, and kidney or kidney pancreas organ transplant patients within the first year of receiving the transplant, use of antibiotics to treat ASB is not clinically beneficial and does not improve morbidity or mortality. The presence of a urinary catheter increases the risk of bacteruria, however, antibiotic use does not decrease the incidence of symptomatic catheter-associated urinary tract infection (CAUTI), and unless there are symptoms referable to the urinary tract or symptoms with no identifiable cause, catheter-associated asymptomatic bacteruria (CA-ASB) does not require screening and antibiotic therapy. The overtreatment of ASB with antibiotics is not only costly, but can lead to *C. difficile* infection and the emergence of resistant pathogens, raising issues of patient safety and quality.

### 2 Avoid prescribing antibiotics for upper respiratory infections.

The majority of acute upper respiratory infections (URIs) are viral in etiology and the use of antibiotic treatment is ineffective, inappropriate and potentially harmful. However, proven infection by Group A Streptococcal disease (Strep throat) and pertussis (whooping cough) should be treated with antibiotic therapy. Symptomatic treatment for URIs should be directed to maximize relief of the most prominent symptom(s). It is important that health care providers have a dialogue with their patients and provide education about the consequences of misusing antibiotics in viral infections, which may lead to increased costs, antimicrobial resistance and adverse effects.

### 3 Don't use antibiotic therapy for stasis dermatitis of lower extremities.

Stasis dermatitis is commonly treated with antibiotic therapy, which may be a result of misdiagnosis or lack of awareness of the pathophysiology of the disease. The standard of care for the treatment of stasis dermatitis affecting lower extremities is a combination of leg elevation and compression. Elevation of the affected area accelerates improvements by promoting gravity drainage of edema and inflammatory substances. The routine use of oral antibiotics does not improve healing rates and may result in unnecessary hospitalization, increased health care costs and potential for patient harm.

### 4 Avoid testing for a *Clostridium difficile* infection in the absence of diarrhea.

Testing for *C. difficile* or its toxins should be performed only on diarrheal (unformed) stool, unless ileus due to *C. difficile* is suspected. Because *C. difficile* carriage is increased in patients on antimicrobial therapy, and patients in the hospital, only diarrheal stools warrant testing. In the absence of diarrhea, the presence of *C. difficile* indicates carriage and should not be treated and therefore, not tested.

### 5 Avoid prophylactic antibiotics for the treatment of mitral valve prolapse.

Antibiotic prophylaxis is no longer indicated in patients with mitral valve prolapse for prevention of infective endocarditis. The risk of antibiotic-associated adverse effects exceeds the benefit (if any) from prophylactic antibiotic therapy. Limited use of prophylaxis will likely reduce the unwanted selection of antibiotic-resistant strains and their unintended consequences such as *C. difficile*-associated colitis.

## How This List Was Created

The Infectious Diseases Society of America's (IDSA) Quality Improvement Committee (QIC) directed the development of IDSA's *Choosing Wisely*® list of Five Things Physicians and Patients Should Question. The Committee identified a preliminary list of inappropriate and overused clinical practices. A list of five items was drafted and then vetted by the QIC and revisions were made according to a workgroup consensus. The finalized list was then submitted for approval to the IDSA Board of Directors.

IDSA's disclosure and conflict of interest policy can be found at [www.idsociety.org/Index.aspx](http://www.idsociety.org/Index.aspx).

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To learn more about the ABIM Foundation, visit [www.abimfoundation.org](http://www.abimfoundation.org).



### About the Infectious Diseases Society of America

The Infectious Diseases Society of America (IDSA) is proud to partner with the *Choosing Wisely*® campaign to raise awareness of inappropriate, wasteful clinical actions that harm patients and lead to costly health care. Supporting the aims of *Choosing Wisely*, IDSA is committed to evidence-based medicine and develops clinical practice guidelines that inform the use of high-quality, truly necessary medicine. Founded in 1963, IDSA represents more than 10,000 infectious diseases physicians and scientists devoted to patient care, prevention, population health, education and research in the area of infectious disease (ID). Our members care for patients of all ages with serious infections, including meningitis, pandemic influenza, pneumonia, tuberculosis, surgical infections, immunocompromised cancer or transplant patients who have life-threatening infections caused by uncommon or drug-resistant microorganisms, HIV and AIDS patients, and new and emerging infections, such as Middle East respiratory syndrome (MERS), and Ebola.

For more information on infectious diseases specialists and IDSA, please visit the IDSA website, [www.idsociety.org](http://www.idsociety.org).



For more information or to see other lists of Things Physicians and Patients Should Question, visit [www.choosingwisely.org](http://www.choosingwisely.org).

## Ten Things Physicians and Patients Should Question

1

### **Don't recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral assisted feeding.**

Careful hand feeding for patients with severe dementia is at least as good as tube feeding for the outcomes of death, aspiration pneumonia, functional status and patient comfort. Food is the preferred nutrient. Tube feeding is associated with agitation, increased use of physical and chemical restraints and worsening pressure ulcers.

2

### **Don't use antipsychotics as the first choice to treat behavioral and psychological symptoms of dementia.**

People with dementia often exhibit aggression, resistance to care and other challenging or disruptive behaviors. In such instances, antipsychotic medicines are often prescribed, but they provide limited and inconsistent benefits, while posing risks, including over sedation, cognitive worsening and increased likelihood of falls, strokes and mortality. Use of these drugs in patients with dementia should be limited to cases where non-pharmacologic measures have failed and patients pose an imminent threat to themselves or others. Identifying and addressing causes of behavior change can make drug treatment unnecessary.

3

### **Avoid using medications other than metformin to achieve hemoglobin A1c <7.5% in most older adults; moderate control is generally better.**

There is no evidence that using medications to achieve tight glycemic control in most older adults with type 2 diabetes is beneficial. Among non-older adults, except for long-term reductions in myocardial infarction and mortality with metformin, using medications to achieve glycated hemoglobin levels less than 7% is associated with harms, including higher mortality rates. Tight control has been consistently shown to produce higher rates of hypoglycemia in older adults. Given the long time frame to achieve theorized microvascular benefits of tight control, glycemic targets should reflect patient goals, health status and life expectancy. Reasonable glycemic targets would be 7.0 – 7.5% in healthy older adults with long life expectancy, 7.5 – 8.0% in those with moderate comorbidity and a life expectancy < 10 years, and 8.0 – 9.0% in those with multiple morbidities and shorter life expectancy.

4

### **Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.**

Large-scale studies consistently show that the risk of motor vehicle accidents, falls and hip fractures leading to hospitalization and death can more than double in older adults taking benzodiazepines and other sedative-hypnotics. Older patients, their caregivers and their providers should recognize these potential harms when considering treatment strategies for insomnia, agitation or delirium. Use of benzodiazepines should be reserved for alcohol withdrawal symptoms/delirium tremens or severe generalized anxiety disorder unresponsive to other therapies.

5

### **Don't use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.**

Cohort studies have found no adverse outcomes for older men or women associated with asymptomatic bacteriuria. Antimicrobial treatment studies for asymptomatic bacteriuria in older adults demonstrate no benefits and show increased adverse antimicrobial effects. Consensus criteria has been developed to characterize the specific clinical symptoms that, when associated with bacteriuria, define urinary tract infection. Screening for and treatment of asymptomatic bacteriuria is recommended before urologic procedures for which mucosal bleeding is anticipated.



## Ten Things Physicians and Patients Should Question

6

### Don't prescribe cholinesterase inhibitors for dementia without periodic assessment for perceived cognitive benefits and adverse gastrointestinal effects.

Although some randomized control trials suggest that cholinesterase inhibitors may improve cognitive testing results, it is unclear whether these changes are clinically meaningful. It is uncertain whether these medicines delay institutionalization, improve quality of life or lessen caregiver burden. No studies have investigated benefits beyond a year nor clarified the risks and benefits of long-term therapy. Clinicians, patients and their caregivers should discuss treatment goals of practical value that can be easily assessed and the nature and likelihood of adverse effects before beginning a trial of Cholinesterase inhibitors. If the desired effects (including stabilization of cognition) are not perceived within 12 weeks or so, the inhibitors should be discontinued.

7

### Don't recommend screening for breast, colorectal, prostate or lung cancer without considering life expectancy and the risks of testing, overdiagnosis and overtreatment.

Cancer screening is associated with short-term risks, including complications from testing, overdiagnosis and treatment of tumors that would not have led to symptoms. For prostate cancer, 1,055 older men would need to be screened and 37 would need to be treated to avoid one death in 11 years. For breast and colorectal cancer, 1,000 older adults would need to be screened to prevent one death in 10 years. For lung cancer, much of the evidence for benefit from low dose CT screening for smokers is from healthier, younger patients under age 65. Further, although screening 1,000 persons would avoid four lung cancer deaths in six years, 273 persons would have an abnormal result requiring 36 to get an invasive procedure with eight persons suffering complications.

8

### Avoid using prescription appetite stimulants or high-calorie supplements for treatment of anorexia or cachexia in older adults; instead, optimize social supports, discontinue medications that may interfere with eating, provide appealing food and feeding assistance, and clarify patient goals and expectations.

Unintentional weight loss is a common problem for medically ill or frail elderly. Although high-calorie supplements increase weight in older people, there is no evidence that they affect other important clinical outcomes, such as quality of life, mood, functional status or survival. Use of megestrol acetate results in minimal improvements in appetite and weight gain, no improvement in quality of life or survival, and increased risk of thrombotic events, fluid retention and death. In patients who take megestrol acetate, one in 12 will have an increase in weight and one in 23 will have an adverse event leading to death. The 2012 AGS Beers criteria lists megestrol acetate and cyproheptadine as medications to avoid in older adults. Systematic reviews of cannabinoids, dietary polyunsaturated fatty acids (DHA and EPA), thalidomide and anabolic steroids have not identified adequate evidence for the efficacy and safety of these agents for weight gain. Mirtazapine is likely to cause weight gain or increased appetite when used to treat depression, but there is little evidence to support its use to promote appetite and weight gain in the absence of depression.

9

### Don't prescribe a medication without conducting a drug regimen review.

Older patients disproportionately use more prescription and non-prescription drugs than other populations, increasing the risk for side effects and inappropriate prescribing. Polypharmacy may lead to diminished adherence, adverse drug reactions and increased risk of cognitive impairment, falls and functional decline. Medication review identifies high-risk medications, drug interactions and those continued beyond their indication. Additionally, medication review elucidates unnecessary medications and underuse of medications, and may reduce medication burden. Annual review of medications is an indicator for quality prescribing in vulnerable elderly.

10

### Don't use physical restraints to manage behavioral symptoms of hospitalized older adults with delirium.

Persons with delirium may display behaviors that risk injury or interference with treatment. There is little evidence to support the effectiveness of physical restraints in these situations. Physical restraints can lead to serious injury or death and may worsen agitation and delirium. Effective alternatives include strategies to prevent and treat delirium, identification and management of conditions causing patient discomfort, environmental modifications to promote orientation and effective sleep-wake cycles, frequent family contact and supportive interaction with staff. Nursing educational initiatives and innovative models of practice have been shown to be effective in implementing a restraint-free approach to patients with delirium. This approach includes continuous observation; trying re-orientation once, and if not effective, not continuing; observing behavior to obtain clues about patients' needs; discontinuing and/or hiding unnecessary medical monitoring devices or IVs; and avoiding short-term memory questions to limit patient agitation. Pharmacological interventions are occasionally utilized after evaluation by a medical provider at the bedside, if a patient presents harm to him or herself or others. If physical restraints are used, they should only be used as a last resort, in the least-restrictive manner, and for the shortest possible time.



## How This List Was Created (1–5)

The American Geriatrics Society (AGS) established a work group chaired by the Vice Chair of Clinical Practice and Models of Care Committee (CPMC). Work group members were drawn from that committee, as well as the Ethics, Ethnogeriatrics and Quality and Performance Measurement (QPMC) committees. AGS members were invited to submit feedback and recommendations as to what they thought should be included in the list via an electronic survey. The workgroup first narrowed the list down to the top 10 potential tests or procedures. The workgroup then reviewed the evidence and sought expert advice to further refine the list to five recommendations, which were then reviewed and approved by the AGS Executive Committee and the Chairs/Vice Chairs of CPMC, Ethics and QPMC.

## How This List Was Created (6–10)

The American Geriatrics Society (AGS) used the same work group from its first list to develop its second list. The group was chaired by the Chair of Clinical Practice and Models of Care Committee (CPMC). Work group members were drawn from that committee, as well as the Ethics, Ethnogeriatrics and Quality and Performance Measurement (QPMC) committees. AGS members were invited to submit feedback and recommendations as to what they thought should be included in a *Choosing Wisely*® list via an electronic survey. The workgroup then narrowed the list down and reviewed the evidence, seeking expert advice to further refine the list to five recommendations, which were then reviewed and approved by the AGS Executive Committee and the Chairs/Vice Chairs of CPMC, Ethics and QPMC.

On April 23, 2015, AGS revised items 2,3,6,7,8 and 10. [Read more about these changes and rationale.](#)

AGS' disclosure and conflict of interest policy can be found at [www.americangeriatrics.org](http://www.americangeriatrics.org).

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## About the ABIM Foundation

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To learn more about the ABIM Foundation, visit [www.abimfoundation.org](http://www.abimfoundation.org).

## About the American Geriatrics Society

The American Geriatrics Society (AGS) works to improve the health, independence and quality of life of all older people. Our geriatrics health professional members work together to provide interdisciplinary, patient- and family-centered team care to older adults. The society also works to bring the knowledge and expertise of geriatrics health professionals to the public via [www.healthinaging.org](http://www.healthinaging.org).



To learn more about the AGS, please visit [www.americangeriatrics.org](http://www.americangeriatrics.org).

For more information or to see other lists of Five Things Physicians and Patients Should Question, visit [www.choosingwisely.org](http://www.choosingwisely.org).

## Five Things Physicians and Patients Should Question

1

### Don't prescribe opioid analgesics as first-line therapy to treat chronic non-cancer pain.

Physicians should consider multimodal therapy, including non-drug treatments such as behavioral and physical therapies prior to pharmacological intervention. If drug therapy appears indicated, non-opioid medication (e.g., NSAIDs, anticonvulsants, etc.) should be trialed prior to commencing opioids.

2

### Don't prescribe opioid analgesics as long-term therapy to treat chronic non-cancer pain until the risks are considered and discussed with the patient.

Patients should be informed of the risks of such treatment, including the potential for addiction. Physicians and patients should review and sign a written agreement that identifies the responsibilities of each party (e.g., urine drug testing) and the consequences of non-compliance with the agreement. Physicians should be cautious in co-prescribing opioids and benzodiazepines. Physicians should proactively evaluate and treat, if indicated, the nearly universal side effects of constipation and low testosterone or estrogen.

3

### Avoid imaging studies (MRI, CT or X-rays) for acute low back pain without specific indications.

Imaging for low back pain in the first six weeks after pain begins should be avoided in the absence of specific clinical indications (e.g., history of cancer with potential metastases, known aortic aneurysm, progressive neurologic deficit, etc.). Most low back pain does not need imaging and doing so may reveal incidental findings that divert attention and increase the risk of having unhelpful surgery.

4

### Don't use intravenous sedation for diagnostic and therapeutic nerve blocks, or joint injections as a default practice.\*

Intravenous sedation, such as with propofol, midazolam or ultrashort-acting opioid infusions for diagnostic and therapeutic nerve blocks, or joint injections, should not be used as the default practice. Ideally, diagnostic procedures should be performed with local anesthetic alone. Intravenous sedation can be used after evaluation and discussion of risks, including interference with assessing the acute pain relieving effects of the procedure and the potential for false positive responses. American Society of Anesthesiologists Standards for Basic Anesthetic Monitoring should be followed in cases where moderate or deep sedation is provided or anticipated.

5

### Avoid irreversible interventions for non-cancer pain that carry significant costs and/or risks.

Irreversible interventions for non-cancer pain, such as peripheral chemical neurolytic blocks or peripheral radiofrequency ablation, should be avoided because they may carry significant long-term risks of weakness, numbness or increased pain.

\*This recommendation does not apply to pediatric patients.

## How This List Was Created

The American Society of Anesthesiologists (ASA) Committee on Pain Medicine was charged with developing the “Top 5 List” on pain medicine for the *Choosing Wisely*® campaign. Committee members submitted potential recommendations for the campaign, and from this list voted on which recommendations should be included in the final “Top 5 List.” The literature was then searched to provide supporting evidence. The Committee communicated electronically and met in person during the development and approval process. Once approved by the Committee, the “Top 5 List” was reviewed by ASA’s Chair of the Section on Subspecialties, Vice President for Scientific Affairs, Executive Committee and Administrative Council. ASA’s “Top 5 List” for pain medicine has been endorsed by the American Pain Society.

ASA’s disclosure and conflict of interest policy can be found at [www.asahq.org](http://www.asahq.org).

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### About the American Society of Anesthesiologists

The American Society of Anesthesiologists (ASA) is an educational research and scientific association of physicians organized to raise and maintain the standards of the medical practice of anesthesiology and improve the care of the patient. Since its founding in 1905, the Society’s achievements have made it an important voice in American medicine and the foremost advocate for all patients who require anesthesia or relief from pain. As physicians, anesthesiologists are responsible for administering anesthesia to relieve pain and for managing vital life functions, including breathing, heart rhythm and blood pressure, during surgery. After surgery, they maintain the patient in a comfortable state during the recovery and are involved in the provision of critical care medicine in the intensive care unit.

For more information about ASA, visit [www.asahq.org](http://www.asahq.org).



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# **Appendix B**

## **Choosing Wisely Patient Information Sheets for the 3 focus areas**





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AMERICAN ACADEMY OF  
FAMILY PHYSICIANS

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# Imaging tests for lower-back pain

## You probably do not need an X-ray, CT scan, or MRI

**X**-rays, CT scans, and MRIs are called imaging tests because they take pictures, or images, of the inside of the body. You may think you need one of these tests to find out what is causing your back pain. But these tests usually do not help. Here's why:

### **The tests do not help you feel better faster.**

Most people with lower-back pain feel better in about a month, whether or not they have an imaging test.

People who get an imaging test for their back pain do not get better faster. And sometimes they feel worse than people who took over-the-counter pain medicine and followed simple steps, like walking, to help their pain.

Imaging tests can also lead to surgery and other treatments that you do not need. In one study, people who had an MRI were much more likely to have surgery than people who did not have an MRI. But the surgery did not help them get better any faster.

### **Imaging test have risks.**

X-rays and CT scans use radiation. Radiation has harmful effects that can add up. It is best to avoid radiation when you can.



## Imaging tests are expensive.

The chart below shows the costs of imaging tests according to [HealthcareBlueBook.com](http://HealthcareBlueBook.com). Why waste money on tests when they do not help your pain? And if the tests lead to surgery, the costs can be much higher.

Imaging Test	Price Range
X-rays of the lower back	\$200 to \$290
MRI of the lower back	\$880 to \$1,230
CT scan of the lower back	\$1,080 to \$1,520

## When are imaging tests a good idea?

In some cases you may need an imaging test right away. Talk to your doctor if you have back pain with any of the following symptoms:

- Weight loss that you cannot explain
- Fever over 102° F
- Loss of control of your bowel or bladder
- Loss of feeling or strength in your legs
- Problems with your reflexes
- A history of cancer

These symptoms can be signs of nerve damage or a serious problem such as cancer or an infection in the spine.

If you do not have any of these symptoms, we recommend waiting a few weeks. Before you have a test, try the self-care steps in the blue box.

## Advice from Consumer Reports

# How to treat lower-back pain

Many people get over lower-back pain in a few weeks by following these self-care steps:

**Stay active.** Walking is a good way to ease lower-back pain. If you stay in bed, it can take longer to get better. If you stay in bed more than a day or two, you can get stiff, weak, and even depressed. Get up and move.



**Use heat.** Heat relaxes your muscles. Try a heating pad, electric blanket, warm bath, or shower.

**Take over-the-counter medicines.** To help relieve pain and reduce swelling, try pain relievers or drugs that reduce swelling (called anti-inflammatory drugs). Remember, generic medicines cost less than brand names, but work just as well.

- Generic acetaminophen (brand name Tylenol)
- Generic ibuprofen (brand name Advil)
- Generic naproxen (brand name Aleve)

**Sleep on your side or on your back.** Lie on your side with a pillow between your knees. Or lie on your back with one or more pillows under your knees.

**Talk to your doctor.** If your pain is very bad, ask about prescription pain medicines. If they do not help within a few days, talk with your doctor again. Ask if the pain might be caused by a serious health problem.

**Find out about other ways to treat back pain.** If you still have pain after a few weeks, you may want to ask your doctor about other treatments for lower-back pain. Treatments include:

- Physical therapy
- Chiropractic care
- Acupuncture
- Yoga
- Massage
- Cognitive-behavioral therapy
- Progressive muscle relaxation

Find out if your health insurance pays for any of these treatments.

**Surgery is a last choice.** Surgery usually does not help very much. It has risks, and it costs a lot. Think about surgery only if other treatments do not help your pain.

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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# Choosing Wisely®

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IDSA

Infectious Diseases Society of America



## Colds, flu, and other respiratory illnesses in adults:

### When you need antibiotics—and when you don't

If you have a sore throat, cough, or sinus pain, you might expect to take antibiotics. After all, you feel bad, and you want to get better fast. But antibiotics don't help most respiratory infections, and they can even be harmful. Here's why.

#### **Antibiotics kill bacteria, not viruses.**

Antibiotics fight infections caused by bacteria. But most respiratory infections are caused by viruses. Antibiotics can't cure a virus.

#### **Viruses cause:**

- All colds and flu.
- Almost all sinus infections.
- Most bronchitis (chest colds).
- Most sore throats, especially with a cough, runny nose, hoarse voice, or mouth sores.

#### **Antibiotics have risks.**

Antibiotics can upset the body's natural balance of good and bad bacteria. Antibiotics can cause:

- Nausea, vomiting, and severe diarrhea.
- Vaginal infections.
- Nerve damage.
- Torn tendons.
- Life-threatening allergic reactions.



Many adults go to emergency rooms because of antibiotic side effects.

#### **Overuse of antibiotics is a serious problem.**

Wide use of antibiotics breeds "superbugs." These are bacteria that become resistant to antibiotics. They can cause drug-resistant infections, even disability or death. The resistant bacteria—the superbugs—can also spread to family members and others.

## Overuse of antibiotics leads to high costs.

Drug-resistant infections usually need more costly drugs and extra medical care. And sometimes you need a hospital stay. In the U.S., this costs us over \$20 billion a year.

## You may need an antibiotic if you have one of the infections listed below.

**You have a sinus infection that doesn't get better in 10 days.** Or it gets better and then suddenly gets worse.

**You have a fever of 102° F, or fever over 100.6° F for 3 days or more, green or yellow mucus, or face pain for three or more days in a row.**

## You have bacterial pneumonia.

- Symptoms can include cough with colored mucus, fever of at least 100.6° F, chills, shortness of breath, and chest pain when you take a deep breath.
- The diagnosis is made with a physical exam and a chest x-ray.

## You have whooping cough (pertussis).

- The main symptoms are fits of severe, rapid coughing. They may end with a “whoop” sound.
- The diagnosis should be checked with a swab of the throat.
- Your family may need antibiotics also.

## You have strep throat.

- Symptoms include sudden throat pain, pain when swallowing, a fever of at least 100.6 F, and swollen glands.
- The diagnosis should be done with a rapid strep test, which uses a swab of the throat.

If your doctor does prescribe antibiotics, follow the directions carefully and take all your pills. This helps prevent the growth of superbugs.

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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## Advice from Consumer Reports

# How to manage respiratory infections

## Try to avoid them.

Wash your hands often and well with plain soap and water. And get these vaccines:

- **Flu (influenza) vaccine.** Get this once a year. October or November is best.
- **Pneumonia vaccine.** When you turn 65, get two shots, a year apart. If you are younger and have heart, lung, or liver disease, diabetes, problems with alcohol, or you smoke, ask your doctor if you should get the shots.
- **Tdap vaccine** for tetanus, diphtheria, and pertussis (whooping cough). All adults should get this once. Then get a tetanus-diphtheria booster shot every 10 years. Pregnant women should get a Tdap shot during their third trimester.

## Relieve symptoms.

- Get plenty of rest and drink lots of fluids.
- Use a humidifier and clean it daily.
- **Ease pain and reduce fever** with:  
*Acetaminophen* (Tylenol and generic)  
*Ibuprofen* (Advil and generic)
- **For nasal discomfort** use saline (salt water) drops or spray.
- **To soothe a sore throat**, gargle with salt water, drink warm beverages, or eat or drink something cool.
- **To ease a cough**, breathe steam from a kettle or shower. For mild, short-term relief, try an over-the-counter cough medicine that has *dextromethorphan*. See a doctor if coughing lasts three days or more.



# Choosing Wisely®

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AGS Geriatrics  
Healthcare  
Professionals  
Leading Change. Improving Care for Older Adults.



## Insomnia and anxiety in older people

### Sleeping pills are usually not the best solution

**A**lmost one-third of older people in the United States take sleeping pills. These medicines are also sometimes called “sedative-hypnotics” or “tranquilizers.” They affect the brain and spinal cord.

Doctors prescribe some of these medicines for sleep problems. Some of these medicines also can be used to treat other conditions, such as anxiety or alcohol withdrawal. Sometimes, doctors also prescribe certain anti-depressants for sleep, even though that’s not what they’re designed to treat.

Most older adults should first try to treat their insomnia without medicines. According to the American Geriatrics Society, there are safer and better ways to improve sleep or reduce anxiety. Here’s why:

#### **Sleeping pills may not help much.**

Many ads say that sleeping pills help people get a full, restful night’s sleep. But studies show that this is not exactly true in real life. On average, people who take one of these medicines sleep only a little longer and better than those who don’t take a medicine.

#### **Sleeping pills can have serious side effects.**

All sedative-hypnotic medicines have special risks for older adults. Seniors are likely to be more sensitive to the medicines’ effects than younger adults. And these medicines may stay in older people’s bodies longer. These medicines can cause confusion and memory problems that:

- Increase the risk of falls and hip fractures. These are common causes of hospital stays and death in older people.
- Increase the risk of car accidents.

#### **The new “Z” medicines also have risks.**

Most ads are for these new medicines. At first, they were thought to be safer. But recent studies suggest they have as much or more risk than the older sleep medicines.

#### **Try treating without medicines first.**

Get a thorough medical exam. Sleep problems can be caused by depression or anxiety, pain, restless leg syndrome, and many other conditions.





Even if an exam does not find a cause, you should try other solutions before you try medicines. (See the tips in the box to the right.)

### Kinds of sleeping pills

All of these pills have risks, especially for older adults:

#### Barbiturates

- Secobarbital (Seconal and generic)
- Phenobarbital (Luminal and generic)

#### Benzodiazepines

For anxiety:

- Alprazolam (Xanax and generic)
- Diazepam (Valium and generic)
- Lorazepam (Ativan and generic)

For insomnia:

- Estazolam (generic only)
- Flurazepam (Dalmane and generic)
- Quazepam (Doral)
- Temazepam (Restoril and generic)
- Triazolam (Halcion and generic)

#### "Z" medicines

- Zolpidem (Ambien and generic)
- Eszopiclone (Lunesta and generic)
- Zaleplon (Sonata and generic)

### Over-the-counter medicines may not be a good choice.

Side effects of some medicines can be especially bothersome for seniors: next-day drowsiness, confusion, constipation, dry mouth, and difficulty urinating. Avoid these over-the-counter sleep medicines:

- Diphenhydramine (Benadryl Allergy, Nytol, Sominex, and generic)
- Doxylamine (Unisom and generic)
- Advil PM (combination of ibuprofen and diphenhydramine)
- Tylenol PM (combination of acetaminophen and diphenhydramine)

### When to try sleeping pills.

Consider these medicines if the sleep problems are affecting your quality of life and nothing else has helped. But your healthcare provider should watch you carefully to make sure that the medicine is helping and not causing bad side effects.

## Advice from Consumer Reports

### Tips for better sleep

- **Exercise.** Physical activity helps people sleep better. But avoid vigorous activity for several hours before bedtime.
- **Keep a routine.** Try to go to bed and wake up at about the same time every day, even on weekends.
- **Try not to eat right before bedtime.** Eat three hours or more before going to bed.
- **Avoid caffeine after 3 p.m.** Some people need to avoid caffeine even earlier.
- **Limit alcohol.** Alcohol causes sleepiness at first, followed by wakefulness.
- **Create the right environment.** Keep the bedroom peaceful. And avoid mental excitement before bedtime.
- **Avoid bright lights.** Watching a bright screen can make you stay awake.
- **Control pets.** Pets disrupt sleep if they are on and off the bed, taking up space, or wanting to be let out.
- If you don't fall asleep soon, get out of bed and do something that will make you sleepy, such as reading. Return to bed after you start to feel drowsy.



For additional information, visit [healthinaging.org](https://www.healthinaging.org).

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American Society of  
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# Medicines to relieve chronic pain

## When you need opioids (narcotics)—and when you don't

**O**pioids (narcotics) are common pain medicines. They can help if you have bad short-term pain—like pain after surgery for a broken bone. They can also help you manage pain if you have an illness like cancer.

But opioids are strong drugs. And usually they are not the best way to treat long-term pain, such as arthritis, low back pain, or frequent headaches. This kind of pain is called “chronic” pain. Before getting opioids for these problems, you should discuss other choices with your doctor. Here's why:

### **Opioids are prescribed too often.**

Chronic pain is one of the most common reasons people see the doctor. One in five of these patients gets a prescription for opioids.

Common opioids include:

- Hydrocodone (Vicodin and generic).
- Oxycodone (OxyContin, Percocet, and generic).

Short-term use of these medicines may help. But there is no proof that they work well over time.

### **Opioids have serious side effects and risks.**

Over time, the body gets used to opioids and they stop working as well. To get the same relief, you need to take more and more. Higher doses can cause serious side effects:



- Nausea
- Vomiting
- Itching
- Constipation
- Not being able to urinate enough
- Breathing problems, which can be deadly
- Confusion and mental disturbance

Opioids can be very addictive. Up to one in four people who take opioids long-term become addicted. Worst of all, every day, 46 Americans die from an overdose of opioid painkillers. And hundreds more go to the emergency room.

### Opioids can be expensive.

Some opioids, such as oxycodone, can cost over \$1,000 each month. A good insurance plan may cover the drugs. But if you have bad side effects, you might still spend a lot.

### Other pain treatments may work better and have fewer risks.

Pain medicine specialists say that usually you should try other treatments first:

- Over-the-counter medicines (see Advice column)
- Non-drug treatments:
  - Exercise
  - Physical therapy
  - Spinal manipulation
  - Massage therapy
  - Acupuncture
- Injections, such as steroids
- Other prescription drugs (ask about risks and side effects):
  - Non-steroidal anti-inflammatory drugs (NSAIDs)
  - Anti-seizure drugs

### When should you consider taking opioids?

*You have cancer with severe pain:* Opioids may be the right choice if pain is a bigger concern than the possibility of addiction and the need to keep increasing the dose.

*You have chronic pain that is not caused by cancer:* Only use opioids when the pain is strongest. Your doctor should check you often.

*If you need around-the-clock pain relief and other treatments are not helping enough:* In this case, your doctor may consider an extended-release opioid like oxycodone, morphine, and the new drug Zohydro ER (a long-acting version of hydrocodone). Don't use long-acting drugs simply because it's easier to take fewer pills.

### What should you do if your doctor prescribes opioids?

Talk to your doctor about the possible side effects and risks. Watch for side effects and signs of addiction. These include unusual moodiness or bursts of temper, cravings, and risk-taking.

## Advice from Consumer Reports

# Using over-the-counter pain relievers

Depending on your pain, an over-the-counter drug might be all you need. The drugs listed below are generally safe if they are used correctly and not too often:

- Acetaminophen (Tylenol and generic)
- Ibuprofen (Advil, Motrin IB, and generic)
- Naproxen (Aleve and generic)

The generic and store-brand versions of these drugs are cheaper than brand-name versions. And they are just as safe and effective.



### Follow these safety tips:

- Read labels carefully and take the recommended dose.
- Do not take acetaminophen if you drink a lot of alcohol, or if you have liver disease or are at risk for it.
- Do not mix similar drugs, such as ibuprofen and naproxen. Both of these drugs are NSAIDs.
- Do not take ibuprofen or naproxen or any other NSAID for more than 10 days without talking to your doctor. These drugs can cause stomach and intestinal bleeding. Long-term use can cause kidney damage.

### Watch out for acetaminophen overdoses.

Consumer Reports recommends staying below 3,250 mg per day.

- Taking more can increase the risk of liver, brain, and kidney damage.
- It is easy to get too much acetaminophen. It is in more than 600 products, including pain relievers, cold and sinus drugs, sea sickness pills, and sleep aids.
- Read labels and add up the totals if you take more than one drug containing acetaminophen.

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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# **Appendix C**

**Choosing Wisely 5 Questions Poster**

**Choosing Wisely 5 Questions Antibiotics Poster**





*An initiative of the ABIM Foundation*



## 5 QUESTIONS to Ask Your Healthcare Provider Before You Get Any Test, Treatment, or Procedure

- 1 Do I really need this test or procedure?** Medical tests help you and your doctor or other healthcare provider decide how to treat a problem. And medical procedures help to actually treat it.
- 2 What are the risks?** Will there be side effects? What are the chances of getting results that aren't accurate? Could that lead to more testing or another procedure?
- 3 Are there simpler, safer options?** Sometimes all you need to do is make lifestyle changes, such as eating healthier food or exercising more.
- 4 What happens if I don't do anything?** Ask if your condition might get worse — or better — if you don't have the test or procedure right away.
- 5 How much does it cost?** Ask if there are less-expensive tests, treatments or procedures, what your insurance may cover, and about generic drugs instead of brand-name drugs.

---

Use these **5 questions** to talk to your healthcare provider about which tests, treatments, and procedures you need — and which you don't need

Some medical tests, treatments, and procedures provide little benefit. And in some cases, they may even cause harm.

Talk to your healthcare provider to make sure you end up with the right amount of care — not too much and not too little.





*An initiative of the ABIM Foundation*



## 5 QUESTIONS to Ask Your Healthcare Provider Before You Take Antibiotics

- 1 Do I really need antibiotics?** Antibiotics fight bacterial infections, like strep throat, whooping cough and symptomatic bladder infections. But they don't fight viruses – like common colds, flu, or most sore throats and sinus infections. Ask if you have a bacterial infection.
- 2 What are the risks?** Antibiotics can cause diarrhea, vomiting, and more. They can also lead to “antibiotic resistance”– if you use antibiotics when you don't need them, they may not work when you do need them.
- 3 Are there simpler, safer options?** Sometimes all you need is rest and plenty of liquid. You can also ask about antibiotic ointments and drops for conditions like pink eye or swimmer's ear.
- 4 How much do they cost?** Antibiotics are usually not expensive. But if you take them when you don't need them, they may not work for you in the future – and that may cost you a lot of time and money.
- 5 How do I safely take antibiotics?** If your healthcare provider prescribes antibiotics, take them exactly as directed, even if you feel better.

Use these **5 questions** to talk to your healthcare provider about when you need antibiotics –and when you don't.

Antibiotics can help prevent or treat some infections. But if you use them for the wrong reason, they may cause unnecessary harm.

Talk to your healthcare provider to make sure you only use antibiotics for the right reasons – and at the right time.

<http://ConsumerHealthChoices.org/antibiotics>

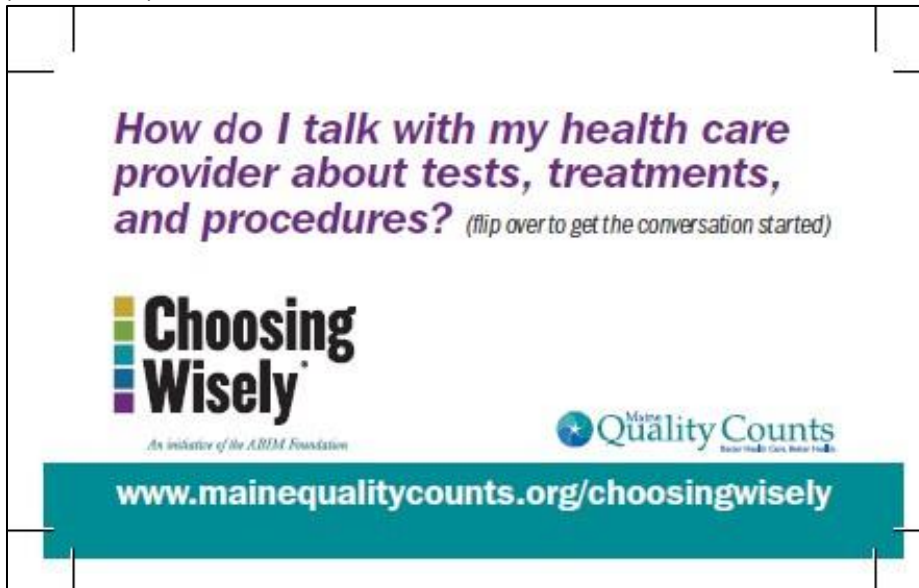


# **Appendix D**

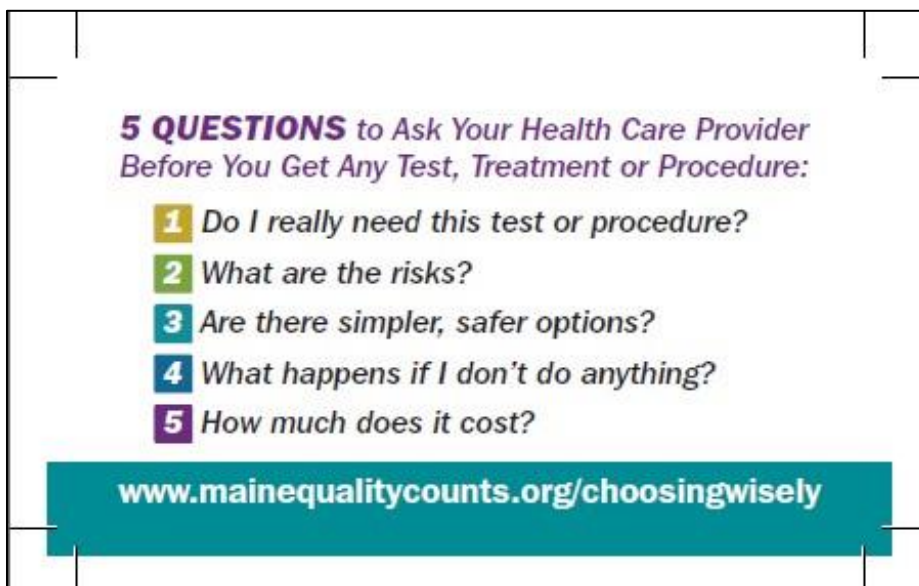
## **Choosing Wisely 5 Questions Wallet Card**

# Choosing Wisely Patient Wallet Card

(front of card)



(back of card)



# **Appendix E**

## **Choosing Wisely Rack Cards:**

5 Questions

Overuse Rack Card

Low Back Pain

Antibiotics – Children and Adults


Managing Chronic Pain (Opioids)

# 5 Questions Rack Card

(Front)

**Question it. Know it. Choose it.**

**Don't know what to ask  
your healthcare provider?  
Here are **5 QUESTIONS**.**



- 1** Do I really need this test or procedure?
- 2** What are the risks and side effects?
- 3** Are there simpler, safer options?
- 4** What happens if I don't do anything?
- 5** How much does it cost, and will my insurance pay for it?

(Back)

**Question it. Know it. Choose it.**

**Find out if that  
medical test, treatment  
or procedure is really  
necessary.**

Some medical tests, treatments, and procedures provide little benefit. And in some cases, they may even cause harm. Talk to your healthcare provider to make sure you end up with the right amount of care – not too much and not too little.

**Use the **5 QUESTIONS** on the other side so that you know what to ask.**

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# Overuse Rack Card

(Front)

## Do you really need that medical test or treatment? The answer may be no.



Medical tests and treatments can be helpful when you really need them. For example, there are times when X-rays, antibiotics, or opioid painkillers may be necessary. It's important to get them when they clearly will help you.

But sometimes doctors recommend things that aren't needed. Sometimes they do it because their patients expect and ask for them.

Before you get any medical test or treatment, ask your doctor these **5 questions**:

- 1** Do I really need this test or procedure?
- 2** What are the risks and side effects?
- 3** Are there simpler, safer options?
- 4** What happens if I don't do anything?
- 5** How much does it cost, and will my insurance pay for it?



**Learn more about the risks of too many tests and treatments on the other side.**

(Back)


## Reasons to avoid medical tests and treatments you don't need:

- **They can harm you.** X-rays and CT scans expose you to radiation. It's okay in small amounts, but repeated exposure can cause cancer. Antibiotics can prevent and treat some bacterial infections, but they can have serious side effects. And, taking them when you don't need them—like for a cold—can cause your body to resist them. Then they won't work when you do need them.
- **They are expensive.** Imaging tests like X-rays, CT scans, MRIs, and others can cost hundreds or thousands of dollars, and you may have to pay part of that. Blood tests that you don't need may not be covered by insurance.
- **They can be a waste of time.** Every test you get means taking time away from work, school, or family, plus the time and hassle of getting there.
- **They can make you anxious.** Waiting for test results can lead to unneeded worry.
- **They can lead to more tests.** False alarms may cause your doctor to order yet more needless tests. Every test increases costs and risks, and may lead to unnecessary procedures and serious complications, including death.

**Talk to your doctor about which tests and treatments you need – and which ones you don't need.**



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# Low Back Pain Rack Card

(Front)

**Question it. Know it. Choose it.**

**Does your lower back hurt?  
You probably don't  
need an MRI,  
CT scan, or X-ray.**



**Here's why:**

- They won't help you feel better any faster.
- They have risks, including exposure to radiation.
- They aren't cheap.

**What can you do to feel better? Five easy ideas are on the other side.**

(Back)

**Question it. Know it. Choose it.**

**Most people can get over  
lower-back pain in a few weeks  
by trying these steps:**

- 1 Stay active and walk.**
- 2 Use heat.**
- 3 Take non-prescription pain relievers like Tylenol®, Advil®, or Aleve®.**
- 4 Sleep on your side or your back, with a pillow between or under your knees.**
- 5 Ask your healthcare team about acupuncture, massage, yoga, or physical therapy.**

There are still times when you might need an imaging test. Talk to your healthcare team about your symptoms to find out if you need imaging tests—or if you can wait to see if you just get better with time.

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# Antibiotics Rack Card – Adults

(Front)

**Have a sore throat,  
cough, or runny nose?  
You probably don't  
need antibiotics.**



**Antibiotics might not  
help you – and they  
may harm you.**

Antibiotics can help prevent and treat some bacterial infections. But often times, they aren't necessary. And if you take antibiotics when you don't need them, they might not work when you do need them.

Make sure you're taking antibiotics for the right reasons by asking the five questions on the other side.

(Back)

**5 QUESTIONS to ask your  
healthcare provider before  
you take antibiotics:**

- 1 Do I really need antibiotics?** Ask if you have a bacterial infection, like strep throat, pneumonia, or a symptomatic bladder infection. Antibiotics don't work for viruses like the common cold and flu.
- 2 What are the risks?** Antibiotics can cause diarrhea, vomiting, serious allergic reactions, and more. If you take them when you don't need them, they might not work for you in the future when you really do need them.
- 3 Are there simpler, safer options?** This may include rest and liquids, or drops for conditions like swimmer's ear, which can be more effective and safer than oral antibiotics.
- 4 How much do they cost?** Antibiotics don't usually cost much. But if you develop side effects or they don't work for you when you do need them, that can get expensive.
- 5 How do I take antibiotics correctly?** Take them exactly as your healthcare provider prescribes, even if you feel better.

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# Antibiotics Rack Card

## Children

(Front)

Have a sore throat,  
cough, or runny nose?  
You probably don't  
need antibiotics.



**Antibiotics might not  
help you – and they  
may harm you.**

Antibiotics can help prevent and treat some bacterial infections. But often times, they aren't necessary. And if you take antibiotics when you don't need them, they might not work when you do need them.

Make sure you're taking antibiotics for the right reasons by asking the five questions on the other side.

(Back)

**5 QUESTIONS to ask your  
healthcare provider before  
you take antibiotics:**

- 1 Do I really need antibiotics?** Ask if you have a bacterial infection, like strep throat, pneumonia, or a symptomatic bladder infection. Antibiotics don't work for viruses like the common cold and flu.
- 2 What are the risks?** Antibiotics can cause diarrhea, vomiting, serious allergic reactions, and more. If you take them when you don't need them, they might not work for you in the future when you really do need them.
- 3 Are there simpler, safer options?** This may include rest and liquids, or drops for conditions like swimmer's ear, which can be more effective and safer than oral antibiotics.
- 4 How much do they cost?** Antibiotics don't usually cost much. But if you develop side effects or they don't work for you when you do need them, that can get expensive.
- 5 How do I take antibiotics correctly?** Take them exactly as your healthcare provider prescribes, even if you feel better.

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# Managing Chronic Pain Rack Card (Opioids)

(Front)

**Do you have ongoing pain that is not from cancer or a terminal illness?**

**If so, you probably don't need an opioid pain reliever.**



**Here's why opioids, such as OxyContin®, Percocet®, and Vicodin® usually are not the best choice:**

- They don't help what's causing your pain.
- They stop working well if you use them every day.
- They are addictive.
- They have serious side effects.
- They aren't cheap.

**How can you feel better without prescription pain relievers? Five easy ideas are on the other side.**

(Back)

**Most people can manage their pain by trying these steps:**

- 1** Exercise, with your provider's guidance.
- 2** Try physical therapy.
- 3** Take non-prescription pain relievers like Tylenol®, Advil®, or Aleve®.
- 4** Try massage, chiropractic care, or acupuncture from a licensed practitioner.
- 5** Ask about other prescription medicines or treatments, such as steroid injections.

There are still times when you might need opioid pain relievers. Talk to your provider about your symptoms.

If you do use opioids, use the lowest possible dose for the shortest possible time. Opioids can be dangerous if you take high doses or combine them with other medicine or alcohol. Talk to your provider about how to use them safely.

As long as you take opioids, your provider should check you at least every three months. This is to make sure that the drugs are still helping you move easier and with less pain.

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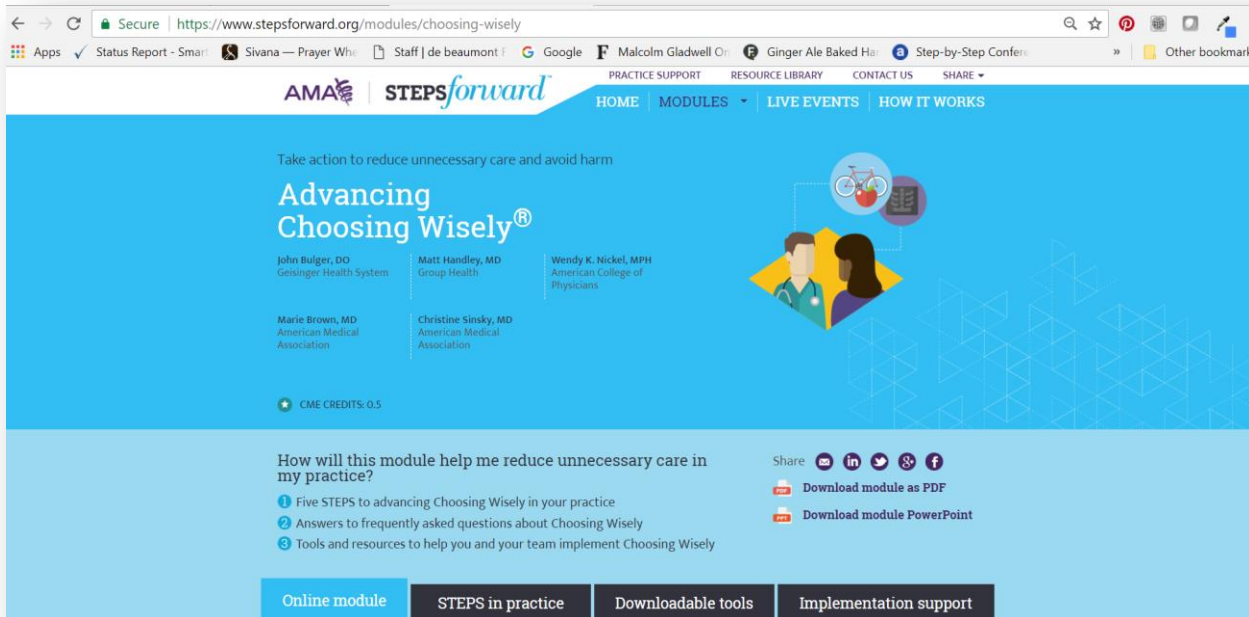
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# Appendix F

## AMA Stepsforward™ Resource on Advancing Choosing Wisely®

### Advancing Choosing Wisely®

Located at: <https://www.stepsforward.org/modules/choosing-wisely>



Includes the downloadable tool, “Using Choosing Wisely to Empower Patients” Implementation Toolkit, created by Maine Quality Counts.