Lessons From the Choosing Wisely Campaign's 10 Years of Addressing Overuse in Health Care

Richard J. Baron, MD; Timothy J. Lynch, JD; Kelly Rand, MA

This year marks the 10th anniversary of Choosing Wisely, a partnership between the ABIM Foundation and specialty societies designed to promote clinician–patient conversations about frequently performed tests and treatments that might do more harm than good. The campaign was inspired by 2 developments. First, in 2010, medical ethicist Howard Brody called on medical societies to identify 5 overused tests and treatments in their specialties.1 Second, the National Physicians Alliance, through an ABIM Foundation grant, piloted developing such lists for internal medicine, family practice, and pediatrics.2

In 2012, the ABIM Foundation joined with 9 physician societies to announce 45 clinical recommendations that discouraged unnecessary care. The campaign now includes more than 80 clinical partners and more than 600 recommendations.3 It has also generated commentary—and some criticism—across journals and the news media, with more than 10 000 stories and citations. In the spirit of the campaign’s focus on 5 things that clinicians and patients should question, we offer 5 takeaways from this decade-long effort and thoughts on next steps.

Lessons From the Past Decade

Physician Professionalism and Leadership Changed How We Think About Overuse

When Choosing Wisely began, many people in the US unquestioningly believed that “more care is better” and sometimes suspected that physicians were ignoring their patients’ interests if they did not order a particular test or prescribe a certain medicine. Enlisting physicians as trusted advisers was essential to persuading the public that overuse could threaten their health and that more is not always better. Although many physicians remained unaware of the campaign, the engagement of the profession’s leaders and their emphasis on the harms of unnecessary care changed the tone of the discussion and increased the issue’s profile. For example, 34 articles were published in 2012 on the topics of low-value care and medical overuse in peer-reviewed English-language journals; in 2021, that number was 674.

Consistent with the strategy of advancing professionalism, the campaign gave substantial autonomy to the societies engaging in the campaign, leading some to criticize Choosing Wisely for recommendations that lacked effect.4 But societies took ownership, using their experience in guideline development to lead a vital effort to promote appropriate care.

Choosing Wisely Increased the Frequency of Conversations About Overuse

Many physicians report Choosing Wisely conversations occurring regularly. Multiple journals, including the Journal of Hospital Medicine and JAMA Internal Medicine, feature sections on Choosing Wisely and/or overuse. Specialty society meetings offer tracks on overuse and their Choosing Wisely recommendations. These conversations also occur in medical education and training, with the STARS (Students and Trainees Advocating for Resource Stewardship) program from the nonprofit organization Costs of Care focusing on developing curriculum and awareness. So the campaign has focused attention from new and potentially potent stakeholders.
Hospitals and Health Systems Looking to Reduce Overuse Should Implement Multicomponent Interventions

Early in the campaign, observers expressed concern that it did not yield quick success in reducing overuse.5 Greater progress has been seen when institutions implement multicomponent interventions. An ABIM Foundation–funded review of more than 130 published efforts to implement recommendations during the campaign’s first 7 years found that 77% of multicomponent interventions achieved their intended results, compared with 47% of interventions with 1 component.6 From 2015 to 2018, 14 health systems worked to reduce utilization of 3 tests or treatments, including using antibiotics to treat upper respiratory tract infections and bronchitis in adults. Twelve of the 14 reduced prescription rates by more than 20%; 6 achieved reductions exceeding 40%.7 Choosing Wisely might best be described as a tool that can help reduce overuse, but it still needs an actor to pick up the tool and use it.

Avoiding Overuse Protects Patient Safety

Choosing Wisely seeks to minimize patient harm by encouraging shared decision-making, discouraging tests and treatments with little benefit, and recognizing the effect of financial toxicity. Given that a recent analysis found that 87.5% of the services the campaign addressed carried a high or moderate risk of direct harm or starting an unnecessary cascade of care,8 it is fair to say the campaign may have helped keep patients safe.

Overuse Is an Equity Issue

Overuse is prevalent in racial and ethnic minority groups, leading to “a possible double jeopardy for minority patients: long understood to be at risk of receiving less effective care, they also appear often to be often at risk of receiving more ineffective care.”9,10 Additionally, because high costs substantially impede access, patients with lower incomes from all racial and ethnic groups are particularly vulnerable to financial harm from unnecessary care. In focus groups, about half the participants with lower incomes initially agreed that “more care was better,” but questioned that assumption after hearing statistics about low-value care’s prevalence.10

The Future of Choosing Wisely

The ABIM Foundation agrees wholeheartedly with those who have pointed out that Choosing Wisely can only be part of the solution to the problem of low-value care; much still must happen at the system, physician, and policy levels. To achieve the outcomes that the campaign and its constructive critics would like to see, organizational leaders will need to take advantage of the tools that Choosing Wisely has offered, engaging clinical teams in prioritizing measuring and seeking to eliminate low-value care. They should also, of course, study and report on their experience.

Choosing Wisely was initially intended to raise awareness, with specialty societies as the primary partners. Efforts to work with health systems were limited to learning how to implement recommendations. An expanded effort would include health systems and medical practices, with an explicit focus on the reduction of overuse broadly, including looking at explicit cost metrics. This could include statewide efforts that encompass a broader group of collaborators, such as health plans, employers, quality improvement organizations, information technology and electronic medical records firms, data aggregators, and consumer groups. These organizations could use data to provide continuous feedback and improvement on targets defined by Choosing Wisely. States with all-payer claims databases would be particularly well positioned to secure the data needed to profile physicians and medical groups, helping them better understand where questionable services are delivered—and their financial and health outcomes for patients.
ARTICLE INFORMATION
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Corresponding Author: Timothy J. Lynch, JD, ABIM Foundation, 510 Walnut St, Ste 1700, Philadelphia, PA 19106 (tlynch@abim.org).

Author Affiliations: American Board of Internal Medicine, Philadelphia, Pennsylvania (Baron); ABIM Foundation, Philadelphia, Pennsylvania (Baron, Lynch, Rand).

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