

Putting it All Together: The Critical Role of Patients

The logo for Consumer Reports, featuring the text "ConsumerReports" in a bold, sans-serif font. The letter "o" in "Consumer" is red, and the "R" in "Reports" is also red. A registered trademark symbol (®) is located at the end of the text.

John Santa MD MPH
Director, Health Ratings Center
Consumer Reports
December 11, 2012

Disclosures

- Employed by Consumers Reports:
 - Independent of industry, non profit, non partisan, consumer advocacy organization.
 - Multimedia company, publisher of Consumer Reports, ConsumerReports.org
- 20 million readers a month, older, affluent, well educated, “savvy buyers”
- Focused for 76 years on providing an alternative perspective to advertising and promotion

The New York Times

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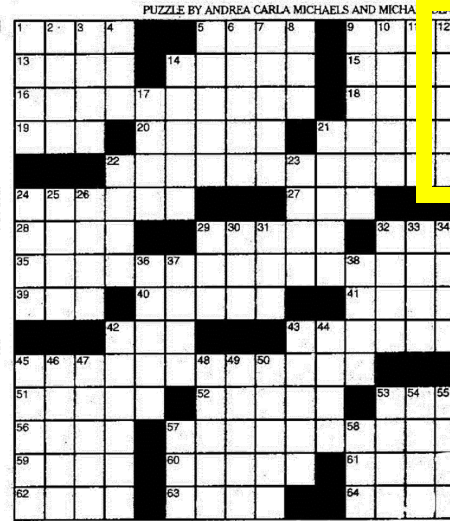
NEW YORK, MONDAY, AUGUST 25, 2008

Crossword Edited by Will Shortz

PUZZLE BY ANDREA CARLA MICHAELS AND MICHAEL

12. Consumer Reports employee

- ACROSS**
- 1 Opposed to
 - 5 Leg part below the knee
 - 9 Come from
 - 12 Have as a definition
 - 14 Tour of duty
 - 15 Singsong syllables
 - 16 Be very potent
 - 18 Londoner, e.g., for short
 - 19 "Seats sold out" sign
 - 20 Singer Ronstadt
 - 21 "Pet" annoyance
 - 22 Social hierarchy
 - 24 Shout before "Open up!"
 - 27 Toronto's prov.
 - 28 Neighbor of Yemen
 - 29 Capital of Bolivia
 - 32 Engine additive brand
 - 35 Very best puppy or kitten
 - 39 Pig's place
 - 40 Moth-repellent wood
 - 41 Lower-priced spread
 - 42 RR stop
 - 43 Burr and Copland
 - 45 Miscellaneous coins
 - 51 Dark
 - 52 "Steppenwolf" writer Hermann
 - 53 Fuss
 - 56 Squad
 - 57 Got ready to kiss
 - 59 Tent floor, maybe
 - 60 Lucy's pal on "I Love Lucy"
 - 61 Go ballistic
 - 62 Kill
 - 63 Requirement
 - 64 Ed with the 1967 hit "My Cup Runneth Over"
- DOWN**
- 1 Concert equipment
 - 2 Within easy reach
 - 3 Stuffed tortilla
 - 4 What a quill may be dipped in
 - 5 Reeked
 - 6 Language of India
 - 7 Of an old Andean empire
 - 8 To the _____ degree
 - 9 Physicist Einstein
 - 10 Got along
 - 11 Dead's opposite
 - 12 Consumer Reports employee
 - 14 Zest
 - 17 Baldwin of "30 Rock"
 - 21 Kind of scheme that's fraudulent
 - 22 Like the sky at dawn or sunset
 - 23 Aim
 - 24 Boston _____
 - 25 Leave out
 - 26 Like some delicate lingerie
 - 29 Inc., in England
 - 30 "I get it!"
 - 31 The "p" in m.p.g.
 - 32 Normandy town in W.W. II fighting
 - 33 College freshman, usually
 - 34 Experts
 - 36 Eight-piece band
 - 37 Accomplishment
 - 38 Ripped
 - 42 Meager
 - 43 Photographer Adams
 - 44 Ripening agent
 - 45 Strokes on the green
 - 46 Hollywood's Ryan or Tatum
 - 47 Barton of the Red Cross
 - 48 Water park slide
 - 49 "Men in Trees" actress Anne
 - 50 Inquired
 - 53 Father of Cain and Abel
 - 54 Hill you might drive a buggy over
 - 55 Chooses, with "for"
 - 57 Quill, sometimes
 - 58 Eisenhower years, e.g.



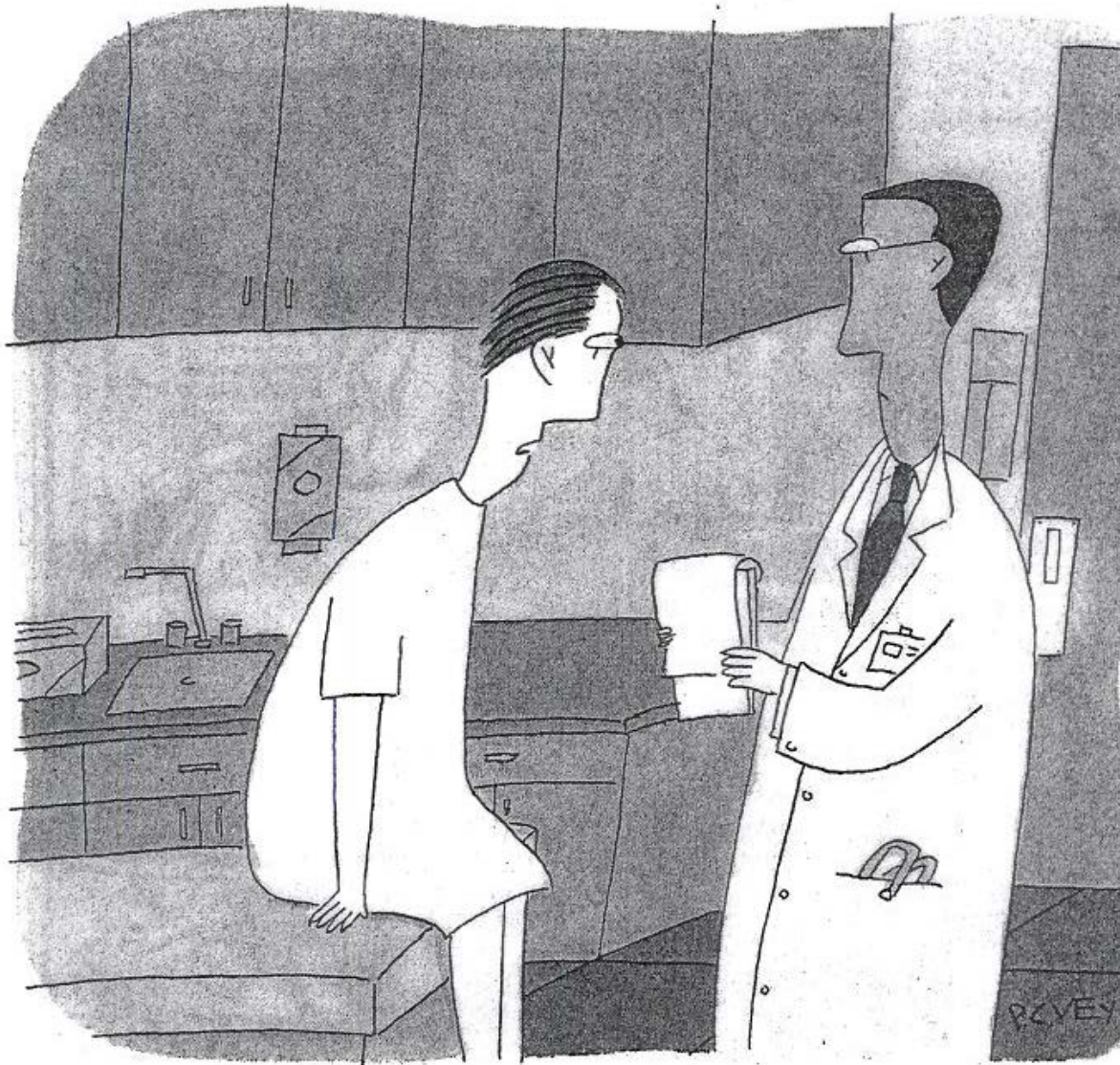
8/25/08 (No. 1625)

ANSWER TO PREVIOUS PUZZLE

P L A S T I C I N E I R A Q
 H A V E A N I D E A V E R B
 O B I T U A R I E S Y A M S
 B O A T S C O D E S S O N
 O R T O D U M B L E D O R E
 S S E T O T E S T O N I A
 R I I T E T W E A K
 S T A M I T S L A T E R L S
 L I T R A S S U R E
 A R M L E T S T I S J A M
 S W I T C H E R O O L O C O
 H O Y T E N A M S O L O S
 E M A G W H Y A M I H E R E
 R A G E H O O T E N A N N Y
 S N I T O R N A T E N E S S

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"If I don't think it's going to work, will it still work?"

Systems are perfectly designed to get the results they achieve.



Shared Priorities??

- Stimulate/Facilitate a culture of improvement....in practice....and in consumer understanding and participation.
- Support professionalism
 - Altruism (putting patients' needs first)
 - Self Regulation
 - Transparency (to peers, patients and the public)

Consumer Reports Approach

- Trust...Independence...Transparency
- Confrontation...Collaboration
- Partnerships....that push and pull
- If you break it.....you need to fix it.
- Market tools
 - Overuse strategies
 - Comparisons

OVERUSE

Choosing Wisely is an initiative of the **ABIM Foundation** 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.

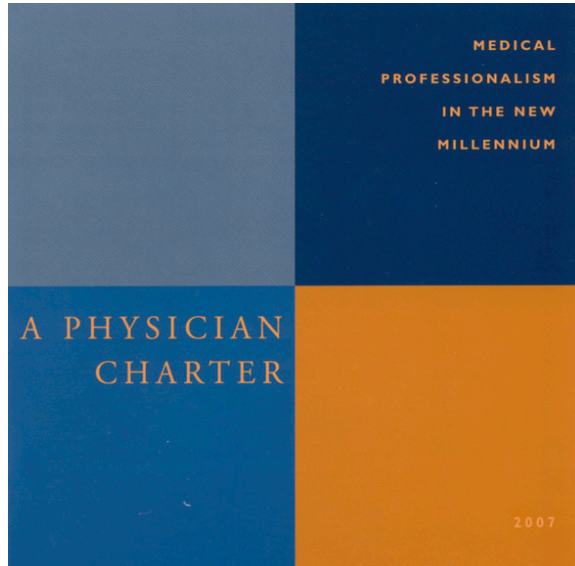
Components of the Campaign

- ***Messengers and Collaborators***
 - 30+ specialty societies, Consumer Reports, multiple consumer organizations—and growing
- ***Communicate Messages***
 - Specialty societies, Consumer Reports, and ABIM Foundation
- ***Activate***
 - Concrete action around unnecessary tests and procedures

Why stewardship? Why now?

- Health care expenditures are increasing at unsustainable rates
 - Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011
- There is waste in the health care system—some say as much as 30%
 - Jack Wennberg, Dartmouth Center for the Evaluative Clinical Sciences.
- One third of all physicians acquiesce to patient requests for tests and procedures—even when they know they are not necessary
 - Campbell EG, et al. Professionalism in medicine: results of a national survey of physicians. *Ann Intern Med.* 2007; 147(11):795-802
- Physician decisions account for 80% of all health care expenditures
 - Crosson FJ. Change the microenvironment. *Modern Healthcare and The Commonwealth Fund* [Internet]. 2009; Apr 27

ACP Foundation/ABIM Foundation/EFIM Physician Charter



Fundamental Principles

- Primacy of patient welfare
- Patient autonomy
- Social justice

A Commitment to

- Professional competence
- Honesty with patients
- Patient confidentiality
- Maintaining appropriate relations with patients
- Improving quality of care
- Improving access to care
- **A just distribution of finite resources**
- Scientific knowledge
- Maintaining trust by managing conflicts of interest
- Professional responsibilities



An initiative of the ABIM Foundation

What is the Physician's Role in Choosing Wisely?

The *Charter's* commitment to a just distribution of finite resources specifically calls on **physicians to be responsible** for the appropriate allocation of resources and to scrupulously avoid superfluous tests and procedures.

Medicine's Ethical Responsibility for Health Care Reform — The Top Five List

“A Top 5 list also has the advantage that if we restrict ourselves to the **most egregious causes of waste**, we can demonstrate to a skeptical public that we are genuinely protecting patients’ interests and not simply ‘rationing’ health care, regardless of the benefit, for cost-cutting purposes.”

Howard Brody, MD, PhD

New England Journal of Medicine



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Call to the Profession: Where are the Health Care Cost Savings?

Deficit pressures are making cost control inevitable. It will only be successful if physicians stop looking to others to find solutions and focus on approaches that improve the care for patients with chronic illnesses.

-Ezekiel J. Emanuel, MD, PhD

VIEWPOINT

Where Are the Health Care Cost Savings?

Ezekiel J. Emanuel, MD, PhD

AS OF JULY 2010, THE UNITED STATES SPENT \$2.6 TRILION per year on health care.¹ It is not just the level of spending that is of concern but the rate of growth over time. During the last 30 years, the growth in US health care spending has been 2.1% more per year than growth in gross domestic product (GDP). This is why the percentage of GDP attributable to health has nearly doubled in 30 years. At this rate, projections suggest that by 2040 1 of every 3 dollars will be spent on health care and by 2080, it will be nearly 1 of every 2 dollars.² In 2010, the entire GDP of France was \$2.56 trillion, the world's fifth-largest economy. That means US health care spending is equivalent to the world's fifth-largest economy.

False Cost Control

Physicians often gravitate to cost control proposals that do not involve their own role and changing their practices, whereas policymakers may propose solutions that will not significantly reduce costs. In assessing cost control proposals, 2 criteria are fundamental. One criterion is that 2% growth in health care costs over growth in GDP amounts to \$52 billion a year; serious proposals are aimed at reducing the growth in health care costs to 1% over GDP growth. Consequently, anything short of \$26 billion in savings is not credible. A second criterion is that cost control proposals should transform the delivery of care and lead to improved quality as well as patient and physician satisfaction.

Malpractice Costs. Physicians frequently cite malpractice premiums and the cost of defensive medicine as drivers of high costs. A recent Congressional Budget Office (CBO) analysis estimated that a package of reforms consisting of a \$250,000 cap on noneconomic damages, a \$500,000 cap on punitive damages, reducing the statute of limitations (1 year for adults and 3 years for children), and implementing tort share liability could reduce malpractice premiums by 10% (\$3.5 billion per year) and reduce defensive medicine for the entire health care system by 0.3% (\$7 billion), for a total savings of approximately \$11 billion or 0.5% of national health care spending per year.³ No reliable data indicate that other malpractice reforms would generate cost savings.

Importantly, more than 30 states have instituted similar caps and limits. If these measures have reduced costs, they are insufficient to counter other factors increasing costs. In addition, physicians in those states, such as California, do not seem to indicate that the practice environment is better. There is little research on the effects of malpractice caps on quality, although 1 study cited by the CBO suggested that caps lowered the quality

of care.⁴ This suggests that limits on malpractice liability would not likely both reduce costs and improve quality.

Insurance Company Profits. Another proposed cost control mechanism focuses on the profits of insurance companies. In 2010, the combined profits of the 5 largest insurers—Wellpoint, United, Aetna, Humana, and Cigna—increased substantially, reaching \$11.7 billion.⁵ It may be worthy to reduce these profits, but in the scheme of \$2.6 trillion in national health care spending, this amount constitutes just 0.5% of total spending.

Drug Costs. In 2010, the United States spent \$262 billion on prescription drugs, 10% of total health care spending.⁶ There is a worrisome trend that new drugs and biologics costing tens of thousands of dollars per year do not provide cures, but achieve only modest disease benefits. One approach to cost savings is drug importation, which would allow brand-name drugs sold at lower prices in Canada or other countries to be imported into the United States. Assuming the logistical and supply problems were solved, the CBO estimated that importation could save approximately 1% of drug costs, an insignificant \$2.6 billion.⁷

Another approach might be to substitute generic drugs for brand-name drugs. Between 2004 and 2009, use of generic drugs increased substantially from 57% to 75% of all prescriptions.⁸ Despite this change, costs for health care and for prescription drugs have both increased by approximately 27% during those years. By increasing generic prescription levels to 100%—an unrealistic level—CBO estimated that an additional \$900 million could be saved for Medicare Part D in 2009.⁹ Of the \$502 billion spent on Medicare in 2009, this would amount to a savings of less than 0.2%. The US Department of Health and Human Services recently concluded that increased savings from expanding generic use "are likely to be small relative to total spending on drugs"—not to mention total health care costs.

"The Million Dollar Babies." Many physicians believe the US health care system expends excessive amounts on so-called "million dollar babies"—patients who spend long periods in intensive care units and require tracheostomies, gastrostomy tubes, and myriad other interventions. However, an analysis of nearly 20 million commercially insured patients revealed that only 255 patients had consumed more than \$1 million each on health care expenditures in 2010. Extrapolating to the entire health care system suggests these patients use 0.5% of all health care costs. Even if all costs attributed to care of these "million dollar babies" could be eliminated, there are not enough of such patients to significantly reduce health care spending. Expanding this group to patients who consume more than \$250,000

Author Audio Interview available at www.jama.com.

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Scan for Audio Interview

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How the Lists Were Created

- Societies were free to determine the process for creating their lists
- Each item was within the specialty's purview and control
- Procedures should be used frequently and/or carry a significant cost
- Should be generally-accepted evidence to support each recommendation
- Process should be thoroughly documented and publicly available upon request

Actions

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American College of Radiology



Five Things Physicians and Patients Should Question

1

Don't do imaging for uncomplicated headache.

Imaging headache patients absent specific risk factors for structural disease is not likely to change management or improve outcome. Those patients with a significant likelihood of structural disease requiring immediate attention are detected by clinical screens that have been validated in many settings. Many studies and clinical practice guidelines concur. Also, incidental findings lead to additional medical procedures and expense that do not improve patient well-being.

2

Don't image for suspected pulmonary embolism (PE) without moderate or high pre-test probability of PE.

While deep vein thrombosis (DVT) and PE are relatively common clinically, they are rare in the absence of elevated blood d-Dimer levels and certain specific risk factors. Imaging, particularly computed tomography (CT) pulmonary angiography, is a rapid, accurate and widely available test, but has limited value in patients who are very unlikely, based on serum and clinical criteria, to have significant value. Imaging is helpful to confirm or exclude PE only for such patients, not for patients with low pre-test probability of PE.

3

Avoid admission or preoperative chest x-rays for ambulatory patients with unremarkable history and physical exam.

Performing routine admission or preoperative chest x-rays is not recommended for ambulatory patients without specific reasons suggested by the history and/or physical examination findings. Only 2 percent of such images lead to a change in management. Obtaining a chest radiograph is reasonable if acute cardiopulmonary disease is suspected or there is a history of chronic stable cardiopulmonary disease in a patient older than age 70 who has not had chest radiography within six months.

4

Don't do computed tomography (CT) for the evaluation of suspected appendicitis in children until after ultrasound has been considered as an option.

Although CT is accurate in the evaluation of suspected appendicitis in the pediatric population, ultrasound is nearly as good in experienced hands. Since ultrasound will reduce radiation exposure, ultrasound is the preferred initial consideration for imaging examination in children. If the results of the ultrasound exam are equivocal, it may be followed by CT. This approach is cost-effective, reduces potential radiation risks and has excellent accuracy, with reported sensitivity and specificity of 94 percent.

5

Don't recommend follow-up imaging for clinically inconsequential adnexal cysts.

Simple cysts and hemorrhagic cysts in women of reproductive age are almost always physiologic. Small simple cysts in postmenopausal women are common, and clinically inconsequential. Ovarian cancer, while typically cystic, does not arise from these benign-appearing cysts. After a good quality ultrasound in women of reproductive age, don't recommend follow-up for a classic corpus luteum or simple cyst <5 cm in greatest diameter. Use 1 cm as a threshold for simple cysts in postmenopausal women.

These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their physician.

Choosing Wisely Lists Announced

April 4, 2012

JAMA[®]

The Journal of the American Medical Association

The New York Times

**USA
TODAY**

AP

CardioSource
American College of Cardiology

AFP

AARP

THE WALL STREET JOURNAL.

Medscape

msnbc.com

PBS NEWSHOUR

TIME

THE HUFFINGTON POST

The Washington Post

abc **WORLD NEWS**
WITH DIANE SAWYER

n p r

FOX NEWS
.com
Fair & Balanced

CBS NEWS

ConsumerReports.org[®]

KHN
KAISER HEALTH NEWS

CNN

Forbes

The New York Times

The Opinion Pages

AGA Perspectives

medpagetoday's
KevinMD.com
Social media's leading physician voice



JOURNAL OF CLINICAL ONCOLOGY

WebMDSM

REUTERS

Choosing Wisely Partners

Societies Released Lists in April 2012

- American Academy of Allergy Asthma & Immunology
- American Academy of Family Physicians
- American College of Cardiology
- American College of Physicians
- American College of Radiology
- American Gastroenterological Association
- American Society of Nephrology
- American Society of Nuclear Cardiology
- American Society of Clinical Oncology

Consumer Groups

Through Partnership with Consumer Reports

- AARP
- Alliance Health Networks
- Leapfrog Group
- Midwest Business Group on Health
- Minnesota Health Action Network
- National Business Coalition on Health
- National Business Group on Health
- National Center for Farmworker Health
- National Hospice and Palliative Care Organization
- National Partnership for Women & Families
- Pacific Business Group on Health
- SEIU
- Union Plus
- Wikipedia

Societies Releasing Lists in Fall 2012

- American Academy of Hospice and Palliative Medicine
- American Academy of Neurology
- American Academy of Ophthalmology
- American Academy of Otolaryngology-Head and Neck Surgery
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American College of Rheumatology
- American Geriatrics Society
- American Society for Clinical Pathology
- American Society of Echocardiography
- American Urological Association
- Society of Cardiovascular Computed Tomography
- Society of Hospital Medicine
- Society of Nuclear Medicine and Molecular Imaging
- Society of Thoracic Surgeons
- Society of Vascular Medicine

Societies Releasing Lists in 2013

- American College of Surgeons
- American Headache Society

ConsumerReportsHealth

**Choosing
Wisely**

An initiative of the ABIM Foundation


What's Next?

- Next scheduled announcement in Feb 2013 of Five Things Physicians and Patients Should Question
- Continue the conversations among physicians and between physicians and patients
- Continued rollout of Consumer Reports patient-oriented descriptions of Choosing Wisely lists

Consumer Reports

Consumer Reports is a partner in Choosing Wisely and will support the effort by creating patient-friendly materials based on the society recommendations and engaging a coalition of consumer communication partners to disseminate content and messages about appropriate use to the communities they serve.

ConsumerReportsHealth


Choosing Wisely 

An initiative of the ABIM Foundation

When to say 'Whoa!' to doctors

A guide to common tests and treatments you probably don't need

- EKGs and exercise stress tests
- Imaging tests for headaches
- Treating sinusitis
- Imaging tests for lower-back pain
- Bone-density tests
- Pap tests
- Treating heartburn and GERD



Robust Topic Themes

- Screening tests
 - EKG
 - Exercise test
 - Pap smear
 - Bone density
 - Heart imaging
 - Colon cancer
- Diagnosis of common symptoms
 - Low back pain
 - Headache
 - Allergy
 - Fainting
- Preoperative evaluations
 - Chest Xray
 - Heart imaging
- Common treatments
 - Antibiotics
 - Heartburn meds
 - Anti-inflammatories
- Disease approach
 - Cancer
 - Chronic kidney failure/dialysis

Impact of Topics

- Large volume of unnecessary screening tests being performed
- Many of the most common symptoms targeted—back pain, URI, headache, allergy, heartburn
- Three of the most common drug classes selected
- Overall---millions of decisions, billions of dollars

Choosing Wisely Consumer Content

- 2 page consumer friendly translations of consumer oriented topics
- Low literacy English versions of selected topics
- Longer “stories” about more complex topics: dialysis, cancer
 - Cancer (ASCO) “Even in cancer more may not be better”
- Spanish translations of selected topics
- Videos of selected topics

Our Approach

- Cobrand information to build trust
- Develop content with professional societies using a mutual consent process
- Provide alternatives to the overused service/product
- Develop plain language versions
- Disseminate via a large consumer network

Sample Content

 <p>Choosing Wisely[®]</p> <p><i>An initiative of the ABIM Foundation</i></p>	
	
	

EKGs and exercise stress tests

When you need them for heart disease—and when you don't

If you have chest pain or other symptoms of heart disease, an electrocardiogram (EKG) or exercise stress test can be lifesaving. The same is true if you have a history of heart disease or are at very high risk for it. But in other cases, you should think twice. Here's why.

The tests usually aren't necessary for people without symptoms.

With an EKG, electrodes attached to your chest record your heart's electrical activity. When an EKG is done as you walk or jog on a treadmill, it's called an exercise stress test. If you have symptoms of heart disease or are at high risk for it, both can help determine your chances of having a heart attack and help you and your doctor decide how to treat the problem.





But the tests are less accurate for lower-risk people and often have misleading results. Yet many people without symptoms of heart disease get the tests as part of their routine checkup. For example, in a 2010 Consumer Reports survey of nearly 1,200 people between the ages of 40 and 60 with no history of heart disease or heart-disease symptoms, 39 percent said they had undergone



an EKG during the previous five years and 12 percent said they had an exercise stress test.

They can pose risks.

EKGs and exercise stress tests won't harm you directly. But both can produce inaccurate results that trigger follow-up tests that can pose risks. Those include CT angiography, which can expose you to a radiation dose equal to 600 to 800 chest X-rays, and standard coronary angiography, an invasive procedure that exposes you

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Treating heartburn and GERD

Use Nexium, Prilosec, and related drugs carefully

If you have heartburn, or a feeling of burning pain in your upper abdomen or lower chest, you might be tempted to try a powerful drug such as Nexium, Prevacid, or Prilosec. Those drugs, called proton pump inhibitors (PPIs), can be good choices for severe or frequent heartburn. But in most cases PPIs aren't necessary. And when they are, consider using the lowest dose necessary for as short a time as possible. Here's why.

You might not need a PPI.

A PPI can help if you have heartburn more than twice a week for several weeks, or a condition called gastroesophageal reflux disease (GERD). But studies suggest that up to 70 percent of people taking a PPI were never diagnosed with GERD. Instead, they might have less serious heartburn, which can often be eased with dietary and other lifestyle changes and, if necessary, antacids like Rolaids and Tums or another class of medication, known as H₂ blockers, such as Pepcid AC and Zantac.

The drugs can pose risks.

High doses of PPIs, and taking them for a year or longer, has been linked to an increased risk of



bone fractures. Long-term use might also deplete magnesium blood levels, which, in turn, can trigger muscle spasms, irregular heartbeats, and convulsions. Another complication of long-term use is an intestinal infection called Clostridium difficile that can lead to severe diarrhea, fever and, in rare cases, death. PPIs can also interact with other medications. For example, omeprazole (Prilosec) can reduce the blood-thinning effect of the drug

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Treating sinusitis

Don't rush to antibiotics

Millions of people are prescribed antibiotics each year for sinusitis, a frequent complication of the common cold, hay fever, and other respiratory allergies. In fact, 15 to 21 percent of all antibiotic prescriptions for adults in outpatient care are for treating sinusitis. Unfortunately, most of those people probably don't need the drugs. Here's why.

The drugs usually don't help

Sinusitis can be uncomfortable. People with the condition usually have congestion combined with yellow, green, or gray nasal discharge plus pain or pressure around the eyes, cheeks, forehead, or teeth that worsens when they bend over. But sinus infections almost always stem from a viral infection, not a bacterial one—and antibiotics don't work against viruses. Even when bacteria are responsible, the infections usually clear up on their own in a week or so. And antibiotics don't help ease allergies, either.

They can pose risks

About one in four people who take antibiotics have side effects, including stomach prob-



lems, dizziness, or rashes. Those problems clear up soon after stopping the drugs, but in rare cases antibiotics can cause severe allergic reactions. Overuse of antibiotics also encourages the growth of bacteria that can't be controlled easily with drugs. That makes you more vulnerable to antibiotic-resistant infections and undermines the benefits of antibiotics for others.

Tools and resources

Detailed resources can be found at:

www.consumerhealthchoices.org.

ConsumerReportsHealth

The screenshot shows the ConsumerHealthChoices website. At the top, there is a navigation bar with links for Home, About us, Collaborators, Campaigns, What we offer, and Connect with us. The main header features the 'ConsumerHealthChoices' logo and a search bar. Below the header, the 'Campaign: Choosing Wisely' is highlighted, with the tagline 'educating consumers about appropriate care'. The 'Choosing Wisely' logo is prominently displayed, along with the text 'An initiative of the ABIM Foundation'. A sub-navigation bar includes 'About the campaign', 'Collaborators', 'Methods', 'Dissemination', and 'Commentary'. The 'About the campaign' section is active, containing a paragraph about the campaign's goal and a list of campaign materials. The materials list includes: Bone-Density Tests (AAFP), EKGs and Exercise Stress Tests (AAFP), Imaging Tests for Back Pain (AAFP), Imaging Tests for Headaches (ACR), Pap Tests (AAFP), Treating Heartburn and GERD (AGA), Treating Sinusitis (AAAAI), Treating Sinusitis (AAFP), and Choosing Wisely: When to say 'Whoa!' to doctors. The page footer includes the 'ConsumerReportsHealth' logo and the 'Choosing Wisely' logo with the text 'An initiative of the ABIM Foundation'.

Consumer Initiatives

- Change the physician/consumer culture
 - “Culture beats strategy”
 - Long term
 - Must start with trusted sources
 - Physician and consumer brands together
- Identify effective strategies
 - For Employers
 - For Unions

Culture Initiatives

- Large scale information campaign focused on doctors and patients and their interaction
- Use trusted brands---Consumer Reports, Physician specialty societies
- Consider community consortiums willing to take on overuse
- Use all appropriate distribution channels including carriers but focus on culture change that prepares for strategies.

Wikipedian in Residence



The screenshot shows the Wikipedia page for the "Wikipedia:Health Article Review Project". The page is titled "Wikipedia:Health Article Review Project" and is a redirect from "Wikipedia:HealthReview". The main content area features a large heading "Welcome to the Health Article Review Project" with the subtext "Improve the quality of a health-related article on Wikipedia in 20 minutes!". To the right, there are "Key resources" including "Wikipedia:MEDICINE", "WP:TEAHOUSE", and "WP:HELP". Below the welcome message is a "Contents" list with 11 items, including "What is this?", "Read this in 2 minutes, finish everything within 20!", "Create an account and login, then return to this page", "Put your name on the below list", "Find a reference", "Copy this, then paste it on the bottom of an article's talk page", "Go to an article to add your fact", "Support", "About", "Follow up", and "References". A video player is embedded on the right side of the page, showing a man in a blue shirt standing in front of a whiteboard with "WP:HARP" written on it. The video player has a play button and a caption: "This is a two-minute tutorial video which explains how Wikipedia newcomers can start participating in the project. If you watch this two-minute video, that and two minutes to setup means you get started in four minutes." The page also includes a sidebar with navigation links such as "Main page", "Contents", "Featured content", "Current events", "Random article", "Donate to Wikipedia", "Wikipedia Shop", "Interaction", "Help", "About Wikipedia", "Community portal", "Recent changes", "Contact Wikipedia", "Toolbox", and "Print/export". The top of the page has a search bar and links for "Create account" and "Log in".

Project page [Talk](#) [Read](#) [Edit](#) [View history](#)

Wikipedia:Health Article Review Project

From Wikipedia, the free encyclopedia
(Redirected from [Wikipedia:HealthReview](#))

**Welcome to the
Health Article Review Project**
Improve the quality of a health-related article on Wikipedia
in 20 minutes!

Key resources

Shortcuts:
[WP:HEALTHREVIEW](#)
[WP:HARP](#)

- [Wikipedia:MEDICINE](#), for information about Wikipedia health articles
- [WP:TEAHOUSE](#), a place for beginners to get fast answers to Wikipedia questions
- [WP:HELP](#), for help using Wikipedia

Contents [hide]

- 1 What is this?
- 2 Read this in 2 minutes, finish everything within 20!
- 3 Create an account and login, then return to this page
- 4 Put your name on the below list
- 5 Find a reference
- 6 Copy this, then paste it on the bottom of an article's talk page
- 7 Go to an article to add your fact
- 8 Support
- 9 About
- 10 Follow up
- 11 References

What is this? [edit]

If you have never edited Wikipedia, and you are an expert in a field of health, then in 20 minutes, this guide will help you post a proposal to add missing content to a Wikipedia article.

Health Actions Not to Do: Lessons for Consumer Decision-Making

- People tend to continue acting in ways they have acted in the past.
- Focusing people's attention on different aspects of the same information can alter people's ultimate decisions.
- People tend to choose positively described options when they perceive options as safe, and people tend to choose negatively described options when they perceive options as risky.
- People process information both analytically and experientially, and as such the emotional content of messages must be considered
- Decision aids can help

COMPARISONS

Ratings

- Hospital Errors/Safety
 - 3rd leading cause of death in US=Errors/Safety (Pronovost August 2012)
 - Safety composite with novel elements
- Physician performance
 - Society of Thoracic Surgeons
 - Regional Health Improvement Collaboratives
- Health Plans
- Drugs
- Prevention Tests


2012 STS data—one heart surgery market

Group	Composite	Survival	Complications	Meds	LIMA
1	2 Star	98%	83%	94%	94%
2	2 Star	98%	83%	82%	95%
3	2 Star	99%	83%	95%	98%
4	1 Star	98%	76% 1 star	75%	96%
5	3 Star	98%	88%	97%	99%
6	2 Star	99%	87%	90%	95%
7	3 star	99%	90%	94%	95%

Special Report for Massachusetts residents

How Does Your Doctor Compare?

- ▶ **Exclusive:** Patients rate 487 adult, family & pediatric practices
- ▶ **How to get the best care**
- ▶ **Quiz:** Does your physician measure up?



**GUIDE TO
PRIMARY CARE
PHYSICIANS IN
MASSACHUSETTS**
PAGE 10

Comparing quality and cost

The highest-quality care isn't necessarily the most expensive, as this chart shows. Under "Quality" and "Cost," higher scores (3 or 4) indicate higher quality and lower cost, respectively. A bullet under "Good value" identifies groups that scored well on both measures.

Group name	Better ← → Worse		
	4 3	2 1	
	Quality	Cost	Good value
Northwest Family Physicians	4	4	•
Entira Family Clinics	4	3	•
HealthPartners Clinics	4	3	•
Park Nicollet Clinics	4	2	
Allina Medical Clinics	4	2	
Aspen Medical Group	4	2	
Quello Clinic	4	2	
Stillwater Medical Group	3	4	•
Blaine/Fridley/Rosedale Medical Centers	3	3	•
North Memorial Clinics	3	3	•
Lakeview Clinics	3	3	•
Buffalo Clinic	3	3	•
Apple Valley Medical Clinic	3	3	•
Ridgeview Clinics	3	3	•
Edina Family Physicians	3	2	
HealthEast Clinics	3	2	
Fairview Clinics	3	2	
North Clinic	2	3	

Source for cost and quality data: HealthPartners, 2012 (www.healthpartners.com/costandquality).

Heart/Vascular Prevention Test Ratings

Men, 45-54, Asymptomatic

<u>HEART TEST</u>	<u>RATING</u>	<u>BENEFITS</u>	<u>RISKS</u>	<u>COST</u>
Blood Pressure	●	Substantial	Minimal	Minimal
Cholesterol	●	Substantial	Minimal	Minimal
Blood glucose (diabetes)	○	Minimal	Minimal	Minimal
C-reactive protein	◐	Minimal	Minimal	Minimal
Clogged peripheral arteries	◐	Minimal	Moderate	Substantial
Clogged carotid arteries	●	None	Moderate	Substantial
Abdominal aortic aneurysm	●	None	Moderate	Substantial
Electrocardiogram (EKG or ECG)	●	None	Moderate	Moderate
Stress test (EKG)	●	None	Moderate	Moderate

Cardiovascular Screening Tests in Healthy 40-60 year olds

- 44% had a low rated screening test
- Most common was EKG, followed by stress test and ultrasound
- Significant overestimation of risk
- High levels of promotion especially focused on imaging

2010 Survey of Consumer Reports Subscribers

Cardiovascular Screening Tests in Healthy 40-60 year olds

- 11% had a MD conversation about FU if test abnormal
- 9% discussed accuracy of test
- 4% knew about potential complications
- 1% discussed with MD whether test saved lives

2010 Survey of Consumer Reports Subscribers

Opportunities on the Horizon

- Imaging
 - Image Gently
- Devices
- Cost
- Transparency
 - Open Notes

What price an MRI: \$504 or \$2,520?

These are actual prices paid by large employers nationwide, as collected by the Healthcare Blue Book. The low prices represent the 10th percentile, and the high prices the 90th percentile. The “fair” price is based on Healthcare Blue Book’s own evaluation.

Test or treatment	Low	Fair	High
Brain MRI	\$ 504	\$ 560	\$ 2,520
Chest X-ray	40	44	255
Colonoscopy	800	1,110	3,160
Complete blood count	15	23	105
Hip replacement	19,500	21,148	43,875
Hysterectomy	8,000	8,546	16,480
Knee replacement	17,800	19,791	42,750
Knee arthroscopy	3,000	3,675	7,350
Laminectomy (spine surgery)	8,150	11,744	25,760
Laparoscopic gallbladder removal	5,000	6,459	12,480
Tubal ligation	2,865	3,183	5,729
Transurethral prostate removal	4,000	4,409	8,875
Ultrasound, fetal	120	169	480
Vasectomy	700	1,003	2,100



Inviting patients to read their doctors' visit notes

Results: 11 797 of 13 564 patients with visit notes available opened at least 1 note (84% at BIDMC, 92% at GHS, and 47% at HMC). Of 5391 patients who opened at least 1 note and completed a postintervention survey, 77% to 87% across the 3 sites reported that open notes helped them feel more in control of their care; 60% to 78% of those taking medications reported increased medication adherence; 26% to 36% had privacy concerns; 1% to 8% reported that the notes caused confusion, worry, or offense; and 20% to 42% reported sharing notes with others. Volume of

electronic messages from patients did not change. After the intervention, few doctors reported longer visits (0% to 5%) or more time addressing patients' questions outside of visits (0% to 8%), with practice size having little effect; 3% to 36% of doctors reported changing documentation content; and 0% to 21% reported taking more time writing notes. Looking ahead, 59% to 62% of patients believed that they should be able to add comments to a doctor's note. One out of 3 patients believed that they should be able to approve the notes' contents, but 85% to 96% of doctors did not agree. At the end of the experimental period, 99% of patients wanted open notes to continue and no doctor elected to stop.

“When you’re through learning,
you’re through.”

John Wooden

Former UCLA basketball coach

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