



*Promoting*  
**GOOD STEWARDSHIP**  
– in Clinical Practice –

# Good Stewardship, Choosing Wisely, and Selling Sickness—Three Ways of Saying the Same Thing

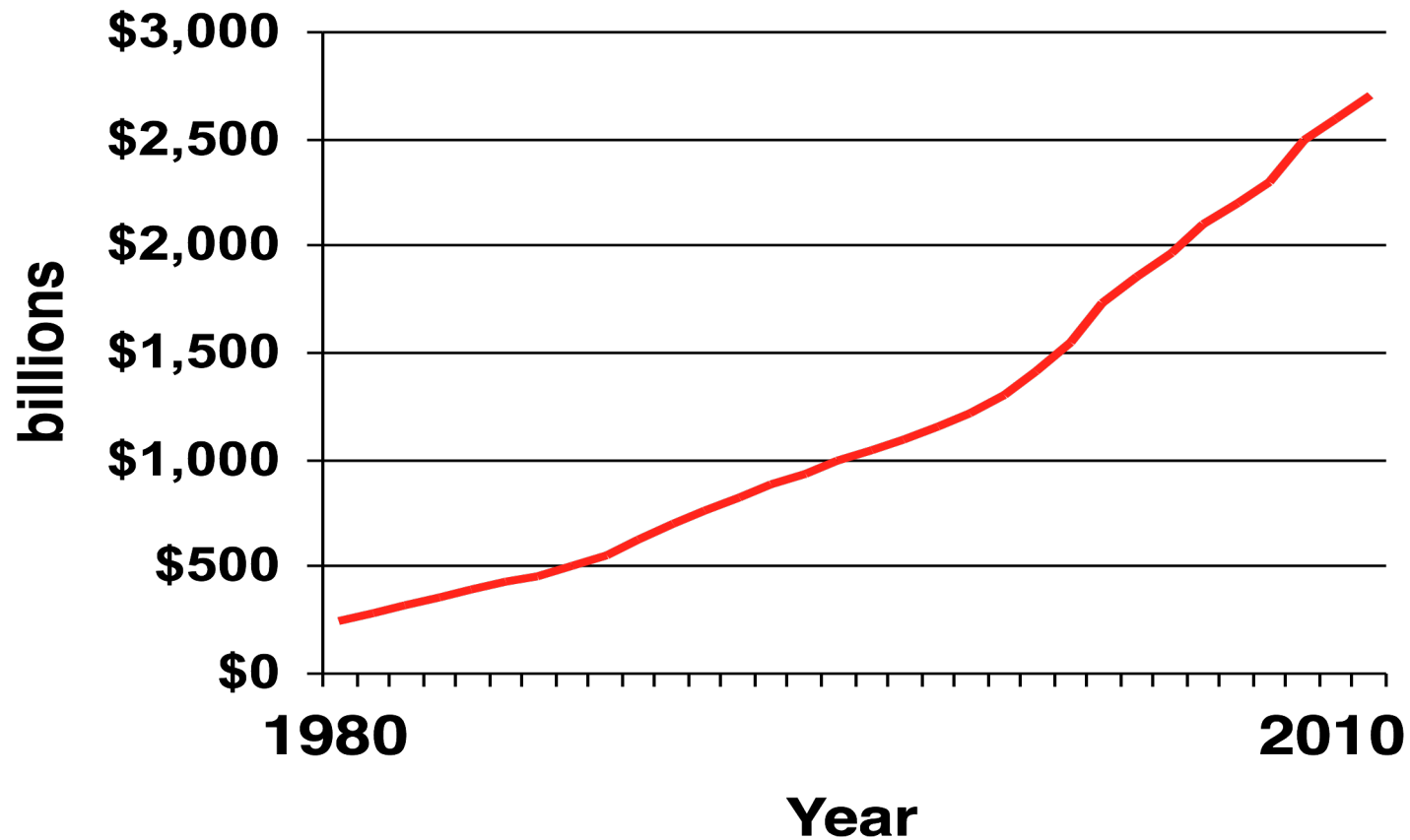
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# Disclosures

I have no financial relationships with any pharmaceutical or medical device manufacturing companies.

I serve as physician consultant to Community Catalyst as part of the Partnership for Advancing Conflict-free Medical Education.

# Health Care Costs



— National Health Expenditures

# What Physicians Can Do



The NEW ENGLAND JOURNAL of MEDICINE

Perspective  
MAY 26, 2011

## The \$640 Billion Question — Why Does Cost-Effective Care Diffuse So Slowly?

Victor R. Fuchs, Ph.D., and Arnold Milstein, M.D., M.P.H.

To avoid financial crises in federal and state governments and turmoil for health care stakeholders, U.S. health care must become more cost-effective.<sup>1</sup> The United States spends much more per

primarily on the basis of price, which would put pressure on their profits.

Large employers often resist using sponsorship of employee

# Physician's Role

- **Overuse**
  - Too soon
  - Too often
  - Too easily
- **Misuse**
  - Not indicated
  - Not supported by evidence
  - Not the first choice

# Physician's Role

- **Overuse**
  - Too soon → MRI for low back pain
  - Too often
  - Too easily
- **Misuse**
  - Not indicated
  - Not supported by evidence
  - Not the first choice

# Physician's Role

- **Overuse**
  - Too soon
  - Too often → Yearly Paps, colonoscopy
  - Too easily
- **Misuse**
  - Not indicated
  - Not supported by evidence
  - Not the first choice

# Physician's Role

- **Overuse**
  - Too soon
  - Too often
  - Too easily → “Belly aches” to GI
- **Misuse**
  - Not indicated
  - Not supported by evidence
  - Not the first choice



# Physician's Role

- **Overuse**
  - Too soon
  - Too often
  - Too easily
- **Misuse**
  - Not indicated → Antibiotics for colds
  - Not supported by evidence
  - Not the first choice

# Physician's Role

- **Overuse**
  - Too soon
  - Too often
  - Too easily
- **Misuse**
  - Not indicated
  - Not supported by evidence →
  - Not the first choice

Coronary  
Calcium Scans  
for Screening for  
Heart Disease in  
Asymptomatic  
Patients

# Physician's Role

- **Overuse**
  - Too soon
  - Too often
  - Too easily
- **Misuse**
  - Not indicated
  - Not supported by evidence
  - Not the first choice → Brand-name statins

# The Physician Charter

**the wise and  
cost-effective  
management  
of limited  
clinical  
resources**

# Ethics of Good Stewardship

“Medical care must be provided with the utmost efficiency. To do less is a disservice to those we treat, and an injustice to those we might have treated.”

— — William Osler

# Ethics of Good Stewardship

“The Doctor’s Master” — duty must be only to the patient; consideration of costs is a conflict of interest and inimical to fiduciary role of doctors

**VS.**

Blindness to the rising costs of health care will eventually compromise doctors’ ability to care for all patients who need care

# The Solution—Do Both!

Always doing  
what is best  
for the  
patient



Being  
mindful that  
resources  
are finite



## High Quality and Affordable Health Care

# Brody Perspective Piece

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

Howard Brody, M.D., Ph.D.

Early in 2009, members of major health care-related industries such as insurance companies, pharmaceutical manufacturers, medical device makers, and hospitals all agreed to forgo some future profits to show support for the Obama administration's health care reform efforts. Skeptics have questioned the value of these promises, regarding at least some of them as more cosmetic than substantive. Nonetheless, these industries made a gesture and scored some public-relations points.

N ENGL J MED 362;4 NEJM.ORG JANUARY 28, 2010

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“A Top 5 list...(restricted) to the most egregious causes of waste...can demonstrate...that we are genuinely protecting patients' interests and not simply 'rationing' care....”



# NPA Project

- **5 Things You Can Do in Your Practice**  
(Family Medicine, Internal Medicine, & Pediatrics)
  - Commonly ordered or performed
  - Not recommended or preferred action
  - Carries some risk of harm
  - If not done would improve health and reduce costs
  - Strong evidence supporting

# Top 5 List—Family Medicine

1. **Don't do imaging for low back pain within the first six weeks unless “red flags” are present**
2. **Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis within the first 7 days**
3. **Don't use DEXA screening for osteoporosis in women under age 65 or men under 70 with no risk factors**
4. **Don't order annual EKGs or any other cardiac screening for asymptomatic, low-risk patients**
5. **Don't perform Pap smears under the age of 21 or in women status post hysterectomy for benign disease**

# Top 5 List—Internal Medicine

1. **Don't do imaging for low back pain within the first six weeks unless “red flags” are present**
2. **Don't obtain blood chemistry panels (e.g. CMP, SMA-7, BMP) or urinalyses for screening in asymptomatic, healthy adults**
3. **Don't order annual EKGs or any other cardiac screening for asymptomatic, low-risk patients**
4. **Use only generic statins when initiating lipid-lowering drug therapy**
5. **Don't use DEXA screening for osteoporosis in women under age 65 or men under 70 with no risk factors**

# Top 5 List—Pediatrics

1. **Don't obtain imaging for minor head injuries without loss of consciousness or other risk factors**
2. **Advise parents not to use cough and cold medications**
3. **Use inhaled corticosteroids to control asthma appropriately**
4. **Don't prescribe antibiotics for pharyngitis unless the patient tests positive for streptococcus**
5. **Don't refer otitis media with effusion (OME) early in the course of the problem**

# Less Is More Series in Archives

## SPECIAL ARTICLE

ONLINE FIRST | LESS IS MORE

## The “Top 5” Lists in Primary Care

*Meeting the Responsibility of Professionalism*

*The Good Stewardship Working Group*

**Background:** Physicians can adhere to the principles of professionalism by practicing high-quality, evidence-based care and advocating for just and cost-effective distribution of finite clinical resources. To promote these principles, the National Physicians Alliance (NPA) initiated a project titled “Promoting Good Stewardship in Clinical Practice” that aimed to develop a list of the top 5 activities in family medicine, internal medicine, and pediatrics where the quality of care could be improved.

**Methods:** Working groups of NPA members in each of the 3 primary care specialties agreed that an ideal activity would be one that was common in primary care practice, that was strongly supported by the evidence, and that would lead to significant health benefits and re-

port for the remaining activities was strong. The second round of field testing showed strong support for all activities. The family medicine and internal medicine groups independently selected 3 activities that were the same, so the final lists reflect 12 unique activities that could improve clinical care.

**Conclusions:** Physician panels in the primary care specialties of family medicine, internal medicine, and pediatrics identified common clinical activities that could lead to higher quality care and better use of finite clinical resources. Field testing showed support among physicians for the evidence supporting the activities, the potential positive impact on medical care quality and cost,

# Phase 2

- Training videos
  - Clarify patient's true concerns
  - Provide information
  - Be courteous and respectful
  - Provide clear contingency plan
  - Assure patient agreement with plan



YouTube: Good Stewardship

[http://www.youtube.com/watch?feature=endscreen&NR=1&v=FbEjy\\_QVRXA](http://www.youtube.com/watch?feature=endscreen&NR=1&v=FbEjy_QVRXA)

# Good Stewardship vs Selling Sickness

- Change the culture of medicine
- Reform medical education
- Align incentives
- Enlist public support

# Choosing Wisely Campaign

- ABIM Foundation
  - 9 Specialty Societies initially
  - 374,000 physicians
  - 17 more societies joined yesterday!
  - Each develops their own “Top 5” list



Choosingwisely.org



# Consumer Reports



## Treating sinusitis

Don't rush to antibiotics

**M**illions 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.

