

PATIENT & PUBLIC ENGAGEMENT IN CHOOSING WISELY

TOOLKIT | VERSION 1.0

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EXECUTIVE SUMMARY

There are more than 20 countries worldwide with active or planned Choosing Wisely campaigns. Choosing Wisely International represents a collaboration of campaign leaders. One area of collaboration has been to develop an evidence-based [framework](#) on patient and public engagement in campaigns. The framework was inspired by an agreement that patient and public engagement in Choosing Wisely campaigns should be approached systematically and its efforts should be measured. This toolkit elaborates on the components of the framework with illustrative cases studies and examples of how campaigns are engaging patients and the public. The toolkit was developed by a working group comprised of Choosing Wisely campaign leaders from Canada, Australia, England, Wales, Italy and Israel. This group surveyed campaign leaders from over 20 Choosing Wisely campaigns about patient and public engagement efforts that they wanted to share in this toolkit. Key informants from 12 countries were interviewed for 28 cases. We hope that this toolkit will not only help countries with Choosing Wisely campaigns, but more generally advise on innovative approaches to engaging patients and the public in health systems.

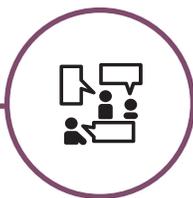


PARTNER

Collaboration with individual patients and/or patient organizations are a key priority for Choosing Wisely. Choosing Wisely campaigns have adopted various forms of partnership, depending on the national context and environment. Examples include partnerships with national consumer/patient organizations, disease-specific groups, individual patient advisors, and consumer forums.

Key Learning Points:

- Don't assume you know what patients want. It is a good idea to partner with patient organizations. You could invite their representatives to join the steering group to help co-design campaigns.
- There is value in engaging with patient and public partners early to advise, promote, and give credibility to the campaign.
- Partnerships with established patient organizations and groups are preferable to creating something new.
- Partnerships help to build trust in Choosing Wisely, reassuring people that it is not a covert rationing exercise. Patient/public partnerships also help to secure 'buy-in' from provider organizations.
- When inviting patient or public representatives to join Choosing Wisely related activities, consider how many should be invited and whether they or their organizations should be remunerated.
- Be aware that public understanding of overuse is often limited or non-existent. Be prepared to inform, discuss, and if necessary, educate people about the topic.
- Consider involving groups or individuals with broad health care interests rather than those concerned with single conditions, to demonstrate inclusivity.
- If it is difficult to establish formal partnerships, consider holding regular forms to discuss patients' concerns.



ENGAGE

Choosing Wisely projects can be made more practical and clinically relevant if they are rooted in a good understanding of patients' experiences and concerns. Some specialty societies involved in Choosing Wisely have invited patient representatives to participate in advisory group meetings, development of 'top five' lists of recommendations, implementation and quality improvement activities, and evaluation projects.

Key Learning Points:

- Specialty societies should consider partnering with patient groups that have a particular interest in their specialty.
- Consider seeking patient/public feedback on relevant events to gauge the impact of your initiatives.
- Specialty societies that lack experience working in partnership with patients may need help and encouragement to do so.
- Specialty societies should aim to use non-technical language when presenting their recommendations to ensure they can be understood by lay people.
- Invite and support patient representatives to become spokespeople for your campaign.

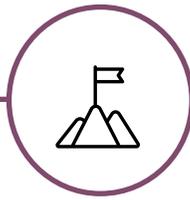


INFORM

Public education about overuse of medical interventions, and the harm and waste they can cause, is an important component of Choosing Wisely campaigns.

Key Learning Points:

- Public surveys can be very useful, both for generating case studies and for evaluating the impact of campaigns.
- Patient stories (both positive and negative) can be a powerful way to spread the message.
- Make it as easy as possible for individuals to access your materials via websites and hard copies. Social media can be very useful to reach a variety of audiences.
- Effective campaigns are imaginative and convey simple messages. Humour is often used to achieve this.
- Consider hiring a social marketing company to help launch your campaign.
- "More is not always better" has been used to good effect as a campaign slogan.
- Always test your messaging. What has worked in one country may not work in yours. Focus groups can be a good way to do this.
- Co-design your campaign strategy and resources with patient representatives wherever possible. Be prepared to adjust your message in response to feedback.
- Do not neglect opportunities to spread the message outside the medical community.



EMPOWER

Shared decision making (informing and involving patients in decisions about their care) can be one of the best ways to reduce the incidence of overuse. Many Choosing Wisely campaigns have encouraged patients to ask relevant questions in clinical consultations. Some campaigns are developing training packages to help clinicians develop skills in risk communication and patient engagement. They have also provided links to patient decision aids alongside their Choosing Wisely recommendations.

Key Learning Points:

- Question prompts can be very helpful for patients, but they should be few in number and brief to ensure they can be remembered easily.
- Patient representatives should be invited to help develop and review question prompts and other aids to decision-making.
- Many clinicians are interested in sharing decisions with patients, but it is a complex skill, often not well covered in training programmes. Consider introducing specific training workshops or e-learning for clinicians.
- Wherever possible, link patient information resources and/or decision aids to specialty 'top five' lists.

ABOUT CHOOSING WISELY INTERNATIONAL

In 2012, the first Choosing Wisely® campaign was launched in the United States as an effort to start a national dialogue on overuse. Led by the American Board of Internal Medicine (ABIM) Foundation, it grew from a concern about the harms of unnecessary medical tests, treatments, and procedures to patients and society. *Choosing Wisely* started by asking clinician societies to develop evidence-based lists of tests or treatments that patients and physicians should question. In the past six years, 20 countries and counting have launched Choosing Wisely campaigns, creating an international movement on reducing overuse.

Today, campaign efforts go far beyond list development and include a broad range of activities related to patient and public engagement.

PATIENT AND PUBLIC ENGAGEMENT

Clinicians commonly note that a major barrier to reducing overuse is patient expectations and demands for services. However, when patients are well informed about treatment options, including benefits, harms, and uncertainties, they often opt for less intervention, not [more](#). For these reasons, Choosing Wisely campaigns have made patient and public engagement a core campaign activity. Campaigns use a variety of different activities and strategies to educate patients and the public and promote a culture that ‘more is not always better’.

FRAMEWORK

The [framework](#) for patient and public engagement in Choosing Wisely centres around four pillars – partner, engage, inform, and empower – and offers a spectrum of strategies, examples, and associated measures.



PARTNER

Forming partnerships with patient or consumer organizations



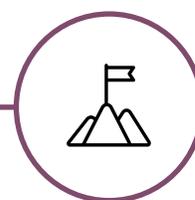
ENGAGE

Involving patient representatives in planning and steering the campaign



INFORM

Providing public information about the issues through well-designed campaigns



EMPOWER

Supporting shared decision-making with individual patient

PARTNER



PARTNER

Choosing Wisely campaigns are clinician-led but patient-centred through partnerships and collaboration with individual patients, patient organizations, and associations. Choosing Wisely campaigns have taken on various forms of partnership. Many countries have national consumer organizations that partner with the organizations that lead Choosing Wisely to research, advocate, and promote the patient and public voice in the campaign. Others may have smaller patient and public organizations that advocate for certain health interests, and many of these can partner with Choosing Wisely campaigns.

CASE 1.1 | US: PARTNERSHIP WITH CONSUMER REPORTS AND 70 OTHER ORGANIZATIONS

[Consumer Reports](#) is a national consumer group in the US that was founded in 1936 to develop information on products and services delivered for the public, including health care. The ABIM Foundation, which leads *Choosing Wisely*, partnered with Consumer Reports to help inform the public about the harms of overuse. In the past 5 years, Consumer Reports helped recruit more than 70 additional patient and consumer organizations to partner with *Choosing Wisely* and share content to the communities they serve. Consumer Reports directly communicated with these partners, sending campaign updates and patient resources on a regular basis. Examples of resources include posters, wallet cards, videos, TV/radio PSAs, and newsletters that have touched on over 100 campaign topics. Consumer Reports worked with specialty societies to create patient-friendly material written in English and Spanish that are based on society recommendations.

Consumer Reports concluded their work with *Choosing Wisely* in March 2018. The campaign continues to partner with many of the patient and consumer organizations, which are now members of a multi-stakeholder learning network that consists of community organizations, health system leaders, and health care providers. The campaign communicates directly with this network through email and provides them with access to webinars and resource libraries. In an efforts to expand patient engagement, the campaign plans to start a patient advisory committee that will include key representatives from partnered organizations.

RESOURCES

A variety of brochures, posters, wallet, rack cards, and videos that were developed for consumers.

The image displays a collection of patient resources. At the top left is a brochure with the 'Choosing Wisely' logo and the ABIM Foundation logo. It lists five questions for patients to ask their doctors. Below this is another similar brochure. To the right is a poster with the same title and questions, but with a photo of a doctor and patient. At the bottom are two video thumbnails: one with a man in a red shirt and another with a woman and a child.

CASE 1.2 | NORWAY: PARTNERSHIP WITH THE NORWEGIAN PATIENT ASSOCIATION

The Norwegian Medical Association leading Choosing Wisely Norway has established partnership with patients as a top priority. They are building a partnership with the Norwegian Patient Association, an umbrella organization that helps patients with complaints or concerns about the health care system. Choosing Wisely Norway leaders chose to partner with the Norwegian Patient Association as they are seen as focused on the interests of all patients in the country.

The leader of the [Norwegian Patient Association](#) is a member of the Choosing Wisely Norway steering committee. The Norwegian Patient Association also provides the campaign with stories of harm to patients from overuse. The patient stories are used to develop cases for clinician learning and training as well as provide broad communications about the campaign. Further, Choosing Wisely Norway is working to increase partnerships on a regional level by inviting patient representatives from hospital boards to act as spokespeople.

Choosing Wisely Norway leaders believe that partnerships with patient organizations will give the campaign broad public support. They anticipate some resistance from active patient organizations who advocate for more care for their cause, not less.

Choosing Wisely Norway hopes the patient stories and messaging developed with the Norwegian Patient Association will resonate with the public and help foster trust around the campaign.

CONTACT PAGE

This is a contact page found on website for the Norwegian Patient Organization. It provides a contact box to submit your story for information, advice, and support

www.pasient.no

Ta kontakt – vi hjelper deg!

Vi lytter til historien din, gir informasjon, råd og støtte.

Vi gjennomgår journalen for å avdekke svikt og feilbehandling og bistår med å klage. Hjelpen er gratis.

Hjelpen er gratis.

SEND OSS EN MELDING

Navn

E-post

Telefon nummer

Fortell oss hva det gjelder

Jeg er ikke en robot  reCAPTCHA
Personvern - Villkår

Send

CASE 1.3 | CANADA: PATIENT AND PUBLIC ADVISOR ROLES

Canada does not have a national consumer organization similar to Consumer Reports in the United States. When Choosing Wisely Canada first launched in 2014, it looked to one of its founding partners, the Canadian Medical Association (CMA), for opportunities to build relationships with patient and public organizations. The CMA had a patient council, which included representatives from national disease focused and consumer organizations and associations such as the Retired Teachers' Associations and the Retired Federal Employees' Association.

The campaign began by forming relationships with these groups and in 2017 it partnered with the Canadian Foundation for Health Improvement (CFHI) to deepen the patient engagement strategy. With the assistance of CFHI, a co-design meeting bringing together patient and representatives from patient organizations was held to discuss the campaigns' patient and public engagement strategy.

One of the major insights from this meeting was that the patient voice was needed in Choosing Wisely Canada's core team of staff. Building on the insights from this meeting, Choosing Wisely Canada advertised a role for a 'Patient and Public Advisor'. A terms of reference document was distributed to campaign partner organizations. After obtaining applications and conducting interviews, two individuals with considerable experience in patient engagement were recruited and have joined the campaign team for a one-year term. The advisors role and individuals were introduced on the [campaign website](#) and through a newsletter. The patient and public advisors offer strategic advice across all aspects of the campaign and have joined working groups and committees related to research, conferences and campaign materials.

Overall, Choosing Wisely Canada emphasized that to deepen their patient engagement efforts, there was a need to think outside the box. Every country has a different environment and configuration of organizations representing patients and the public, and each campaign has a different governance structure. With the absence of a steering committee, Choosing Wisely Canada chose to only involve two patient and public advisors, as they believed it was most appropriate to match patient and public members to the small 15-person core team. They also emphasized remunerating advisors to adequately compensate them for their time and contributions.

TERMS OF REFERENCE

An excerpt of the terms of reference for the patient advisor role



Responsibilities would focused on determining and driving strategy associated with Choosing Wisely Canada's patient and public engagement. Further, they would be a resource as an 'early sounding board' for aspects of the campaign related to patients and the public. All of the work of the public representative would be done in collaboration with other members of the Choosing Wisely Canada staff.

Terms: Participation & Remuneration

The public representative would be remunerated for their time and engagement with Choosing Wisely Canada at a rate to be discussed. The expectation would be that this individual participate in meetings either remotely or in person, and be accessible by telephone or email with a reasonable response time.

CASE 1.4 | JAPAN: ENGAGEMENT STRATEGIES WITH THE PUBLIC AND MEDIA

The idea of ‘less is more’ is widespread in Japanese culture. A similar expression from a Chinese proverb – “too much is still too little” – has helped instill a broad awareness of the harms of overuse. The familiarity of this concept and concern for the sustainability of the health care system has allowed the Japanese public to be receptive to Choosing Wisely Japan campaign messages. Public engagement is a core strategy of the campaign, as efforts are taken to inform and empower patients. As soon as the campaign launched in 2015, they partnered with the [Consumer Organization in Medicine and Law](#). This group has more than 30 years of experience working with the public and their role is to help patients who have experienced harm from the health care system and to advocate for improvements. The leader of this group is very active in government and on influential national patient safety activities. This organization releases patient pamphlets with health tips and information. In particular, they have published a booklet with 10 tips that encourage effective conversations between patients and their providers.

いしゃ かじょう
医者にかかる10箇条
あなたが「いのちの主人公・からだの責任者」

- ① 伝えたいことはメモして準備
- ② 対話の始まりはあいさつから
- ③ よりよい関係づくりはあなたにも責任が
- ④ 自覚症状と病歴はあなたの伝える大切な情報
- ⑤ これからの見通しを聞きましょう
- ⑥ その後の変化も伝える努力を
- ⑦ 大事なことはメモをとって確認
- ⑧ 納得できないときは何度でも質問を
- ⑨ 医療にも不確実なことや限界がある
- ⑩ 治療方法を決めるのはあなたです

認定NPO法人 ささえあい医療人権センター COML

TEN TIPS FOR BECOMING A WISE PATIENT

1. Prepare memos for what you would like to ask your doctor
2. Start the conversation with greetings
3. Form a good relationship with your physician
4. Your symptoms and history are important information for you to know
5. Ask for what you can expect from now on
6. Update on changes in symptoms
7. Use the memos to ensure you discuss important issues
8. If you are not convinced, continue to ask questions
9. Understand that there are uncertainties in health care
10. You are the one to decide what treatment you want to receive

The original Chinese proverb from the “The Analects of Confucius” (Book 11-16)
子貢問、師與商也孰賢乎、子曰、師也過、商也不及、曰、然則師愈與、子曰、過猶不及也
(孔子「論語 先進第十一」)

Choosing Wisely Japan also has a partnership with a medical journalist with strong connections to citizen groups. The campaign has been featured in all of the countries' major newspapers, including entertainment papers and peer reviewed journals. Overall, campaign leaders use various approaches to spread awareness broadly among patients, the public and clinicians.

ARTICLE

An [article](#) from The Japan Times that discusses the harms of overuse and introduces Choosing Wisely Japan

Experts caution against idea that more is better in medical care

BY TOMOKO OTAKE
STAFF WRITER

Since Japan established universal health coverage in 1961, it has ceaselessly worked to expand its health care services, in the belief that providing more extensive coverage for a wide

CASE 1.5 | ITALY: PARTNERSHIPS WITH ALTROCONSUMO AND PARTECIPASALUTE

The Choosing Wisely Italy campaign was launched by the Slow Medicine association as a movement to promote appropriateness in health care through dialogue with the public. Their mission is facilitated by patient and consumer organizations [Altroconsumo](#) and [Partecipasalute](#). In Italy, [patient organizations](#) are emerging to expand the impact of individual professional organizations, lobbying at local, national, and international levels to draw attention from local health authorities.

Altroconsumo is a non-profit consumer organization that provides information on products and services, while Partecipasalute ('Participate in Health Care') is a group of patient associations coordinated by the Mario Negri Institute (non-profit research center) in collaboration with the Italian Cochrane Centre and the medical journalism agency Zadig. These groups work to promote better health care and shared decision-making among patients, associations, and the public. Members of both associations are involved in the steering committee at Choosing Wisely Italy. Members of both associations are involved in the steering committee at Choosing Wisely Italy. Their main roles are to discuss the recommendations submitted by medical societies and provide suggestions to make them readable and useful for a general public. An example of this is an infographic produced by Partecipasalute describing five tips for patients to make wiser health decisions.

Gruppo Italiano per una Sanità Partecipata

5 passi utili per fare buone scelte per la salute

- Quando chiedi un esame di controllo o un farmaco ricordati che "Chiedere di più non significa necessariamente curarsi meglio" e tieni presente che:**
 - Se il medico non ti prescrive esami o farmaci può essere la cosa giusta per te
 - Fare controlli a tappeto può essere inutile e dannoso
 - Nuovi farmaci ed esami non sono necessariamente migliori di quelli già disponibili
- Se il medico ti prescrive un esame di controllo, un farmaco o un intervento chirurgico ricordati che "Fare di più non significa fare meglio" e chiedi:**
 - Cosa succede se non faccio questo esame/trattamento?
 - Ci sono alternative più semplici e sicure?
 - Ho veramente bisogno di questo esame/trattamento?
 - Quali sono i rischi?
 - Che spese devo affrontare?
- Prima di andare dal medico, prepara una lista delle domande che vorresti fare o dei dubbi che vuoi chiarirti. Può essere utile anche preparare un elenco dei sintomi.**
- Durante la visita chiedi al medico di scrivere le indicazioni che ti dà e, se vuoi saperne di più, chiedi dove poter trovare altre informazioni, opuscoli o siti Internet. Condividi sempre con il tuo medico le informazioni che trovi.**
- Se devi fare un esame di controllo o un intervento chirurgico, informati su quanti esami o interventi di quel tipo sono stati fatti in un anno dal medico e dal reparto a cui ti rivolgi. Puoi chiederlo al medico di medicina generale, allo specialista, alle associazioni di pazienti o cercare su Internet.**

Per saperne di più

- PROGETTO "FARE DI PIÙ NON SIGNIFICA FARE MEGLIO" di Slow Medicine: <http://www.slowmedicine.it/fare-di-piu-non-significa-fare-meglio/la-storia-di-choosing-wisely.html>
- ESAMI INUTILI: ecco quali evitare: <http://www.altroconsumo.it/salute/diritti-del-malato/speciali/esami-inutili/2>
- QUALITÀ, CORRETTEZZA E AGGIORNAMENTO DELL'INFORMAZIONE MEDICA IN RETE: il MisuraSiti: http://www.partecipasalute.it/cms_2/node/18
- VALUTAZIONE CAMPAGNE INFORMATIVE SULLA SALUTE: rispondi al questionario: http://www.partecipasalute.it/cms_2/node/18
- ALTRE DOMANDE DA FARE AL MEDICO: sito dell'Istituto Superiore di Sanità: http://www.ismg-iss.it/news_domande_medico_2
- VALUTAZIONE DEGLI ESITI DEGLI INTERVENTI SANITARI: Programma Nazionale Esiti: <http://95.110.213.190/PNEed1/4/index.php>
- DOVE SONO LE PROVE? Una migliore ricerca per una migliore assistenza sanitaria: http://www.partecipasalute.it/cms_2/node/2479

segreteria.gispa@gmail.com

CASE 1.6 | AUSTRALIA: CONSUMER STAKEHOLDER ROUNDTABLES

Choosing Wisely Australia from the outset has actively engaged consumer organizations in campaign strategic decision-making. When the campaign first launched, NPS MedicineWise (facilitators of Choosing Wisely in Australia) partnered with the Consumers Health Forum (CHF), Australia's national consumer health advocacy organization, to co-design and co-host a consumer stakeholder roundtable. The main goals of the event were to:

- Introduce the campaign,
- Identify opportunities for partnership, and
- Obtain feedback to inform the consumer engagement strategy in Australia.

Together, they mapped out relevant organizations and invited representatives to attend the forum. Representatives from key consumer organizations, community organizations, and health professional groups attended. The roundtable was facilitated by an independent contractor and included presentations from NPS MedicineWise, CHF, a clinician, and consumer representatives. There was also a panel discussion and facilitated small-group discussions on various aspects of Choosing Wisely Australia, including key messages, strategies, and resources.

The roundtable was a meaningful exercise to gain an understanding of what the public needs, not just what health experts believe they need. Feedback from the roundtable found consumers wanted the campaign to focus on supporting better conversations with clinicians. They advised against making the campaign a "brochure generating exercise" and instead focus on improving health literacy. This meant improving the quality of discussions with clinicians about the risks, alternatives, and options for their health. Further, feedback highlighted the need to test messaging for local audiences rather than just assuming that what has worked internationally will resonate with Australians.

The timing of the roundtable early in the campaign was important; there was sufficient information generated to share about the campaign, but it was early enough that patient and public partner input could inform strategy.

EVENT DETAILS

The event details and objectives from the roundtable agenda

CHOOSING WISELY AUSTRALIA CONSUMER ROUNDTABLE

Event details

Date:	Wednesday 9 September 2015
Time:	10:00 – 16:00 EST
Venue:	Level 7, 418a Elizabeth Street, Surry Hills NSW 2010 NPS MedicineWise office
Host:	Co hosted by NPS MedicineWise and Consumers Health Forum of Australia

Event objectives

- Orient and familiarise attendees with the Choosing Wisely Australia initiative
- Outline the benefits of the Choosing Wisely Australia initiative
- Identify the opportunities and set an action plan for supporting the consumer campaign

ENGAGE



ENGAGE

Choosing Wisely campaigns have brought together health care professionals, patients, and the public to engage in conversation about overuse, allowing them to voice their concerns and share ideas on overcoming challenges together. For example, national clinician societies have engaged patients in list development, resulting in recommendations that are more clinically significant and practical for patients. In addition, organizations implementing quality improvement and implementation efforts have engaged patients and the public in their advisory committees and work. Patients have collaborated with clinical leads on implementation projects that work to improve the value of care and help translate lists into practice. These collaborations demonstrate the breadth of engagement opportunities in campaigns and the practical impacts of that result from them.

CASE 2.1 | NEW ZEALAND: CONSUMER COMMENTARY SESSIONS

Choosing Wisely New Zealand holds an annual national symposium bringing together 80-100 health care professionals and patient and public representatives. To expand patient and public participation in the symposium, organizers incorporated “consumer perspectives” after every session to encourage patient and public representatives to ask questions and share opinions.

To attract patient and public representatives to the symposium, organizers contacted members of the public that were familiar with the health care field. This included extending invitations to 4-5 consumers associated with hospital boards that had an interest in learning about Choosing Wisely New Zealand. To ensure the event remains accessible to consumers, Choosing Wisely New Zealand provides reimbursement and/or a stipend to attendees.

CONSUMER COMMENTARY

An example of allotted time for consumer commentary at the end of the morning session

Morning tea 11.15 - 11.35	
Special interest groups. Group work identified at registration, topics include:	
<ul style="list-style-type: none"> • Polypharmacy 	
<ul style="list-style-type: none"> • Working in general practice and links to ED 	
<ul style="list-style-type: none"> • Medico legal issues for Choosing Wisely 	
<ul style="list-style-type: none"> • Competencies for medical education and next steps for student groups 	
<ul style="list-style-type: none"> • Working with nursing and allied health professionals 	
<ul style="list-style-type: none"> • Involving consumers 	
Discussion on best ideas from each special interest group of session 2	
Consumer perspectives	

Organizers found the addition of consumer perspectives to be very effective in engaging patient and public representatives at the symposium. They plan to continue these efforts and extend invitations to experts to speak on the topic of patient and public engagement. Choosing Wisely New Zealand was also able to add one of the consumers who attended the symposium to their national advisory committee and advise on future engagement opportunities.

FEEDBACK

The campaign conducted an evaluation report which analyzed data from 47% of attendees. Notably, many of the responses to what attendees thought was the most important thing they learned alluded to patient engagement.

List the most important things you have learned today.

Need to involve consumers X 14

6 D's of shared decision-making X 3

Not to rely on P value X 7

Overuse, underuse, misuse theory.

Pathways links X 5

HQSC site has a section on "Involving Consumers" X 2

Useful references x 3

Collaboration and communication x 3

It's worth taking the time to ascertain patient values.

What matters to the patient/family.

Communication with colleagues in different centres.

Give the patient a chance to engage in the decision making.

Framing risk/harm.

"What matters to you" "chance of benefit, chance of harm"

Do we train/coach our clinicians on how they listen and communicate with patients?

CMC will engage with PHOs.

Learnt exactly what the movement is about.

CW is about the patient in front of you and the next one.

Standards can help, but it's about delivery of effective quality care.

Potential to use work from Austin on flow charts etc

How Australia (Austin Health) integrated.

Shared obstacles.

Keep going until it becomes commonplace.

To recognise cognitive bias.

Promotion of the message – good ideas from Austin Health examples x 2

Evaluating the evidence.

The importance of health literacy x 2

CASE 2.2 | CANADA: CANADIAN RHEUMATOLOGY ASSOCIATION LIST

In 2015, the Canadian Rheumatology Association (CRA) partnered with Choosing Wisely Canada to develop their list of [recommendations](#). This group used a multistage evidence-based process to produce each of the five candidate items and remarkably included patient collaborators in the process. The items were reviewed by the CRA Choosing Wisely Methodology subcommittee, CRA Board Directors, and 3 patient members of the Canadian Arthritis Patient Alliance (CAPA).

[CAPA](#) is a strong voice in the Canadian rheumatology patient community and is very active in creating educational material and informing patients. The patients who participated in the subcommittee were all individuals living with rheumatic diseases in three different provinces across the country. The patients were engaged in all components of list development including the research process and review material. In addition to helping develop the recommendations, the patients advised Choosing Wisely Canada on the creation of two patient pamphlets related to the CRA list.

PATIENT PAMPHLETS

One of the pamphlets on bone-density tests co-created with the patients involved in the recommendations

www.choosingwiselycanada.org/bone-density-tests

**Bone-Density Tests:
When you need them—and when you don't**

Choosing Wisely Canada

A bone-density test is a way to measure the strength of your bones. The test, called a DEXA scan, is a kind of X-ray.

Many people get a bone-density test every few years. The main reason to have the test is to find and treat serious bone loss, called osteoporosis, and prevent fractures and disability. Most men and women under age 65 probably don't need the test because:

Most people do not have serious bone loss.

Most people have no bone loss or have mild bone loss (called osteopenia). Their risk of

Risk factors include:

- Breaking a bone in a minor accident

CASE 2.3 | ISRAEL: RECOMMENDATIONS FROM THE ASSOCIATION OF FAMILY PHYSICIANS

Choosing Wisely Israel encourages societies to engaged patients in list development. In particular, the Association of Family Physicians in Israel asked patients to review and provide feedback on their list of tests and treatments family physicians should question. They connected with the Israel Patients Rights Association, a non-profit organization, which helps patients and their families receive necessary health care services. The association published the recommendations in their newsletter and sent it to partner patient organizations for feedback. Further, campaign leaders met with 12 patients face-to-face to have conversations about the list.

This experience provided important insights regarding patient expectations of common tests and treatments. For example, patients expected imaging for low back pain (LBP) to help diagnose their conditions and therefore help with pain management strategies. Studies show that this is not the case, and in fact imaging for LBP often causes more downstream low value care and is only beneficial if surgery is anticipated. With the feedback from patients, the recommendation was changed to provide additional information about treatment options such as physical therapy, activity, and pain medication that would help patients manage their pain appropriately.

The feedback from patients helped clinicians better understand the patient perspective on overuse, and important communication strategies to avoid unnecessary tests and treatments. As a next step, Choosing Wisely Israel is hoping to strength its relationships with patients and form long-term partnerships.

CASE 2.4 | UK: SPECIALTY SOCIETIES INVOLVING PATIENTS

The [Choosing Wisely UK](#) campaign is led by the Academy of Medical Royal Colleges, the coordinating body for the UK's medical royal colleges and faculties. Shared decision making is a core emphasis of Choosing Wisely UK. To help embed this into the campaign, the Academy asks medical specialties to engage patient and the public in the development of Choosing Wisely lists. The Academy provides guidelines to specialties with criteria to help support this.

The Academy leverages existing patient or advisory committees and representatives to contribute to topic selection of patient information materials. Specialties with past experience in patient and public involvement were more likely to contribute fully to list development. In contrast, groups that didn't have a strong patient presence (such as pathology, emergency medicine) had patients take on more of a consultation role, i.e. reviewing the items. The Academy had to be mindful of these differences when assessing whether the criteria for patient involvement were met.

The Academy believes that the focus on involving patients and the public in their recommendations allows the lists to be more useful for shared decision-making. For example, the recommendations avoid absolute phrases such as "do not do," as they discourage conversation with patients.

Overall, providing patient and public representatives the opportunity to contribute to list development is a step forward in reflecting patient values in the campaign.

It is important that this work is done consistently across specialties and that it is of high standard and in accordance with the principles of Choosing Wisely, explained below. The chosen recommendations should:

Be relevant to the specialty: Each college or specialty society should focus on identifying interventions within their own clinical practice.

Have an impact on patients and/or the NHS: The unnecessary intervention should result in an unwanted effect on patients (side effects, psychological, etc) or a drain on NHS resources. Thus, limiting the intervention would have a positive impact on patients and the NHS as a whole. The participating colleges and specialty societies should prioritise in their recommendation, interventions that would have a big positive impact.

Be evidence based: The colleges or specialty societies should always choose recommendations that are supported by evidence. They should clearly state the strength of the evidence and based on that make a recommendation that the intervention should:

- Not be undertaken at all
- Only used on rare occasions
- Discussed with the patient and used according to patients' informed preferences

Actively involve patients and the public: The colleges or specialty societies should always involve patients and the public in the production of the recommendations.

Be measurable and implementable: Thought must be given by the Colleges and specialty societies into how the proposed recommendations could be implemented into clinical practice and how the effect could be measured.

All recommendations produced by Colleges and Specialist Societies will be proposals and will be reviewed by the Choosing Wisely Steering group to assure that they follow the set principles and process before being adopted as Choosing Wisely Recommendations.

RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in Children's Health

ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH
CHOOSING WISELY – PATIENT ENGAGEMENT

ROADSHOW REVIEW

Patient engagement – consultation findings

Consultation Brief

To explore the Choosing Wisely recommendations with children, young people and their families to support the College's submission.

Methodology

Children, young people and their families from across the UK supported to share their views and ideas through a mixed methods approach between March – May 2016. These included:

- Online survey
- Activity based workshop
- Semi-structured interview

During March – May, online surveys focused on capturing a steer from children, young people and their families on whether they agreed with the recommendations for submission based on the evidence collaged by the RCPCH.

Activity based workshops took place from January - April as part of a wider programme of consultation on communication in healthcare settings.

Semi-structured interviews took place in May focused on the RCPCH recommendations for choosing wisely.

Children, Young People and Families Participation

GUIDE

The guide that colleges and specialist societies participating in the Choosing Wisely UK campaign are asked to follow

METHODOLOGY

The methodology from the Royal College of Paediatrics and Child Health. Children and their families were involved in the development of the recommendation

CASE 2.5 | US: TOOLS TO ENGAGE PATIENTS IN QI INITIATIVES

Choosing Wisely in the US is working with the [Patient-Centered Primary Care Collaborative \(PCPCC\)](#) to encourage primary care sites to incorporate the campaign as a strategy to improve care and enhance patient engagement. The partnership is working to inform providers about the significance of patient engagement and how the *Choosing Wisely* model can be used in quality improvement (QI) initiatives.

Choosing Wisely worked with the PCPCC to develop an introductory [webinar](#) that informs providers on the benefits of patient engagement and offers tools and examples that will assist providers in engaging patients and families. They are also collaborating on a “[Break Through](#)” series and will be working with 5-10 health care teams to guide them through the implementation process. *Choosing Wisely* will be meeting with clinics/teams one-on-one to assess needs and develop a plan, leading virtual learning events, and providing access to a learning platform for discussion and links to resources.

One of the main lessons from the [campaign’s community-based projects](#) was that primary care practices lacked a systematic approach to engage patients; once projects were implemented, practices were unsure how to involve patients. For this reason, the Institute for Patient and Family-Centered Care helped create a two-page tool that outlines ways to engage patients as a means to help implement *Choosing Wisely* into practice. It provides questions to consider before implementation and ideas and strategies to involve patients and families.

This collaboration with the PCPCC will provide insight on how to guide practices and encourage them to think about engagement prior to implementation. It seeks to provide practical tools that not only emphasize the need for engagement but also teach clinicians in primary care practices how to work toward it.

QI TOOL

Excerpts from the tool created by the Institute for Patient and Family Centered Care

GETTING STARTED

- Determine which of the ways above you will use to involve patients/families
- Ask staff and clinicians to identify individuals (patient or family) who, can listen and share their thoughts effectively, are naturally curious, can see more than one side of an issue, and want to make a difference.
- Create information for potential patient family advisors about what you are hoping to accomplish, why it’s important and how they can help you. This information can be shared in the exam room, or in a short letter/email/ or posting a flyer.
- Select those individuals whose interests are aligned with your goals for implementation.

PATIENT AND FAMILY INSIGHTS CAN HELP YOU!

There are many ways to involve patients and families to help answer the questions above and plan implementation strategies. Consider any of the ideas below to facilitate patient and family voices inform your implementation:

- Sit down with one patient who has had many tests and share a relevant CW tool and ask if this could have been useful to them if it had been available
- Provide a long list of topics that could be addressed through CW, and ask patients to make a short list of which items would be most impactful from their perspective.
- Bring together a small group of patients to review a small list of specific tools that could be implemented and ask them which they like best and why. Integrate that information into

CASE 2.6 | WALES: “WHAT MATTERS TO YOU/ME” DAY

Making Choices Together, the Choosing Wisely campaign in Wales, partnered with 1000 Lives Wales, the national quality improvement organization to lead a ‘what matters to you’ day. The theme of ‘what matters to you’ originated in Scotland and was aimed at encouraging clinicians and patients to engage in more open conversations and shared decision-making. Individuals were encouraged to communicate on social media or in their organizations about what is important to them and health care professionals were encouraged to share how they are working to ensure patient-centered care. These conversations mainly took place on Twitter (with the hashtag #WMTY) led by the 1000 Lives Wales account. The success of this campaign was attributable to the number of followers of the 1000 Lives Twitter page and the efforts of the organization’s communications team that designed the material and utilized their strategies to attract attention.

SOCIAL MEDIA

An example of the images that were circulated to promote the initiative.



SOCIAL MEDIA

An example of health care professionals sharing how they are increasing quality for patients

SOCIAL MEDIA

An example of the images that were circulated to promote the initiative



The goal of the day was to increase awareness of the topic and produce encourage dialogue. Anecdotally, this has been viewed as a success but the campaign has yet to evaluate the impact of its efforts. As they continue with these initiatives, they hope to work towards translating conversations from social media more broadly into the community.

CASE 2.7 | AUSTRALIA: CONSUMER WORKING GROUP

Choosing Wisely Australia and its consumer partner, the Consumers Health Forum (CHF), established a working group to co-produce content for use in primary care settings. This working group includes consumers, health professionals, and representatives from primary health networks. These networks are responsible for commissioning services in primary care throughout Australia. Together, this group co-designed a process for getting Choosing Wisely Australia content into primary care in order to improve conversations with consumers and healthcare providers. They identified priorities: (1) to provide guidance to primary care providers on how to integrate the campaign into practice, (2) to continue to inform the public through mainstream media, and (3) to develop a “conversation starter kit” to help spread awareness.

The conversation starter kit is a new resource for consumer advocates to help raise awareness and engagement for Choosing Wisely Australia among other consumer advocates. The idea of the “conversation starter kit” came from feedback that some patients, particularly those who are of consumer networks associated with hospitals, had opportunities to present and share information about the campaign to other consumers, but didn’t have the resources to do so. This toolkit will be a free resource that can be downloaded online for patient advocates to be able to provide up-to-date and expert information about the campaign.

The toolkit will include an introduction to Choosing Wisely Australia, how to talk about the campaign, and tools for shared decision-making. These tools include a new video illustrating how to have conversations with one’s health professional, a fact sheet on tips for communicating with providers, and links to the ‘5 Questions’ resource. One of the key elements of the tool kit is that it is co-designed and co-developed with consumers for consumers.

The group is planning to evaluate the toolkit to understand how the toolkit is used and evaluate its impact.

CASE 2.8 | US: COMMUNITY CONVERSATIONS ABOUT OVERUSE

Choosing Wisely in the US partnered with [Baby Boomers for Balanced Health Care](#), a citizen group focused on challenging the cultural belief that more care is better health care. This group believes that citizens should take the lead in the cultural conversation, as social institutions (governments, hospitals, and physicians) are susceptible to being accused of engaging in rationing and profit mongering. This group also believes that baby boomers in particular have an important voice in this conversation as they are the generation who came of age in abundance and were led to believe that more is always better, including for health care.

They advocate for “Goldilocks health care – not too much and not too little but just right.” They have a comprehensive website that explains the concept of overuse, its impact, and how individuals can avoid unnecessary care. Further, they provide resources for individuals to help reduce overuse on a societal level, and have developed guides for small-group community conversations. They developed a video of a facilitated group discussion on overuse, as well as resources for individuals to help lead it. These include a sample invitation to the conversation, an audio guide to help with the facilitation, and contacts to obtain more information and guidance, if needed.

Why a Citizen Group?
Why a Group of Baby Boomers?
Why the Focus on Culture Expectations? Aren't There Other Culprits?
How Will We Know We Are Succeeding?
We Are Spending Too Much on Health Care and Getting Too Little
Personal Impact: How Does Overspending in Health Care Affect Each of Us?
Societal Impact: How Does Overspending in Health Care Affect Our Communities?
Join us! Here's what you can do:

WEBSITE

Example of information offered on their website, written by citizens for citizens.

ARE WE OVERDOSING ON HEALTH CARE?

[Your Name] and

BABY BOOMERS FOR BALANCED HEALTH CARE

INVITE YOU

TO A SMALL GROUP CONVERSATION ABOUT TODAY'S CULTURAL BELIEF THAT MORE HEALTH CARE IS BETTER HEALTH CARE

[Place and time]

Until recently, most people were concerned about getting too little health care. This is still a concern for many.

But a new problem has crept upon us in recent decades: too much health care. This means too many tests, procedures, and services that don't help and can harm. We are overdosing on health care.

INVITATION

A template of an invitation that others can use to lead their own conversation and invite others to engage



VIDEO

A video of a community conversation that the group led, spanning over an hour and ten minutes

INFORM



INFORM

An important role of Choosing Wisely campaigns is providing education about the harms of overuse. Evidence suggests that effective messaging about the harms of overuse should emphasize the importance of communication between clinicians and patients. Ultimately, messaging should be well-planned, evidence-based, and if possible, guided by researchers and communications [professionals](#).

Choosing Wisely campaigns have created innovative methods to inform patients and the public. Press and social media are commonly used to promote awareness and circulate material, including images, videos, pamphlets, and other consumer resources.

CASE 3.1 | CANADA AND NEW ZEALAND: SURVEY DATA ON PATIENT ATTITUDES

Surveying patients and the public is one way that campaigns can inform their publicly-facing messaging and content. For example, Choosing Wisely campaigns in the United States, Canada, New Zealand and Italy have worked with patient associations and consumer organizations to survey patients and the public. Survey questions have focused on personal experiences and awareness of overuse. The insights from these surveys have been used to educate clinicians about patient attitudes and awareness, as well as inform campaign strategies. Results of these surveys have also been shared publicly through campaign publications and reports (see Canadian Institute for Health Information 'Unnecessary Care in Canada' report, 2017). In addition, survey instruments and questions have been shared and made publicly available in order to support regional and local survey development (see [National Poll on Health Aging](#), University of Michigan).

Survey results have demonstrated that respondents experience overuse in their own clinical care (e.g. one in five New Zealanders believe that they have had a doctor recommend a test or treatment that was not necessary; one in four Italians believed that they were prescribed an unnecessary test or treatment in past 12 months). Further, survey results demonstrate that a vast majority of consumers understand that unnecessary tests and treatments are a quality problem for the health care system, (80% in Italy) but also believe it is primarily the physician's responsibility to decrease overuse (77% in Canada).

Highlight
Public awareness of and attitudes toward the CWC campaign

The Choosing Wisely Canada campaign marks a point where physicians, patients and government all agree on unnecessary care.

A 2015 Ipsos Reid survey asked Canadians about their awareness of the Choosing Wisely campaign and general attitudes toward unnecessary care.

About 1 in 4 Canadians were recommended a test or treatment by a doctor that they did not feel was necessary for their health.

Nearly 1 in 10 Canadians said that they were aware of the Choosing Wisely campaign.

62% of Canadians agreed that there is a significant amount of unnecessary health care in the system.

67% of participants believed patient demand is more responsible for unnecessary care than decisions by physicians.

72% of Canadians agreed that primary responsibility for decreasing inappropriate use of services rests with physicians.

42% of participants said they expect a prescription or a test when they visit the doctor, when asked about personal expectations.

More than 90% of respondents said that patients need more support and/or tools to make decisions surrounding necessary health care.

For more information

NATIONAL POLL ON HEALTHY AGING
HEALTHYAGINGPOLL.ORG

Poll Questions

March 2018
Too Much of a Good Thing? Overuse of Health Care

Questions were answered by respondents age 50-80.
Think about all the different kinds of tests, treatments, and procedures that people get in the United States.

How much do you agree or disagree with the following statements

Q1. Health care providers in general often recommend medications, tests, or procedures that patients do not really need.

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree

Q2. My own health care provider often recommends medications, tests or procedures that I do not really need.

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree

Q3. In the last 12 months, has a health care provider recommended a medication, test or procedure that you felt you did not need?

1. Yes
2. No
3. Don't know

Q4. What did you feel was not needed?

1. A medication such as a prescription or over the counter medication
2. A test such as an x-ray, blood test or similar test
3. A procedure such as a surgery

Q5. Did you fill the prescription anyway?

1. Yes
2. No, but I plan to
3. No

Q6. Did you have the test done anyway?

1. Yes
2. No, but I plan to
3. No

Q7. In the last 12 months, has a health care provider told you that you did not need a medication, test or procedure that you thought you needed?

1. Yes
2. No
3. Don't know

Q8. What did you feel was needed?

1. A medication such as a prescription or over the counter medication
2. A test such as an x-ray, blood test or similar test
3. A procedure such as a surgery

27

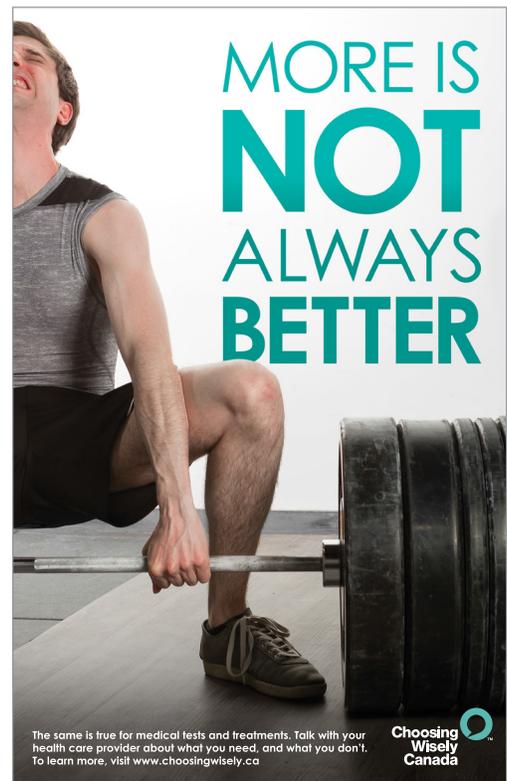
CASE 3.2 | CANADA AND NEW ZEALAND: 'MORE IS NOT ALWAYS BETTER'

More is not always better is a common phrase for Canadians and has been used as the basis for publicly-facing Choosing Wisely campaigns. The idea first came from a survey of Canadians which demonstrated a common perception among that more health care is better care.

Campaign leaders in Canada decided address this through an education campaign; they wanted a message that would be communicated to a broad audience in plain language. Choosing Wisely Canada did not have the capacity to develop a direct to consumer marketing campaign. To support this initiative, they hired a social marketing firm to produce posters and videos that conveyed scenarios in daily life where more is not better with the goal that patients make this connection to medicine. Prior to dissemination, Choosing Wisely Canada worked with three academic family health team sites to pilot the products of the ['More Is Not Always Better' campaign](#).

POSTERS

Examples of the posters created by Choosing Wisely Canada



TOOLKIT COMPONENTS

COMPONENT	DESCRIPTION
More Is Not Always Better posters	Posters are 11x17 and are intended to be posted in the waiting room. Three versions are available.
Four Questions poster	Posters are 8.5x11 and are intended to be posted in the exam room.
Four Questions tent cards	Tent cards are intended to be placed in the waiting room.
More Is Not Always Better video clip	A 30 second silent video clip can be downloaded from www.vimeo.com/ChoosingWiselyCanada and played on waiting room TV screens.
Physician list of recommendations	Created by Canadian physicians through their national medical specialty societies, this evidence-based list contains specialty-specific tests and treatments commonly overused.

After piloting, 'More Is Not Always Better' posters were disseminated along with a toolkit that included the following:

The goal of the marketing campaign was to display posters in “retail spaces” of health care – environments with large volumes of patients passing through. The posters and supporting toolkit were mailed out to over 30,000 family physicians through the national family medicine journal in both English and French. Choosing Wisely Canada also partnered with large community laboratories (Lifelabs and Dynacare) to distribute posters in their waiting spaces. Further, the [silent video clip](#) was shared to be played in waiting room TV screens. It is important to note that Choosing Wisely Canada covered the costs of printing and distribution.

New Zealand has taken inspiration from Canada and incorporated similar messaging into its campaign. They hired a local designer to adapt the Canadian images and match Choosing Wisely New Zealand’s brand. Further, they received feedback from consumer networks associated with the Health Quality & Safety Commission and Partners in Care on a version of the ‘washing machine’ 15 second clip. Overall, many found the metaphor to be relatable, liked the simplicity of the images, and believed it stimulated thought; however, some respondents cautioned that not everyone will understand the significance of the message and it will not be able to reach those who are visually impaired. The campaign has discussed the possibility of adding sound, but this is complicated by the already noisy environment of doctors’ waiting rooms.

**Consumer feedback on the proposed ‘washing machine’ 15 second TVC
to be run on Health TV
January 2018**

The following feedback has been received from members of the Health Quality & Safety Commission’s consumer network, and other networks of Partners in Care staff.

- I like the visual metaphor- it should get people’s attention.
- I like it, the image is great, the machine frothing over metaphor is relate-able.
- “I do love this ad however the silence will only attract a certain group of the population , so like the idea of adding some sound even it is only to attract attention. especially for the elderly whom are more likely to have a lot of medications”
- “Brilliant! Succinct and got me wondering if my wife actually really needs to be taking all the pills that she has accumulated over the years. Well done.”

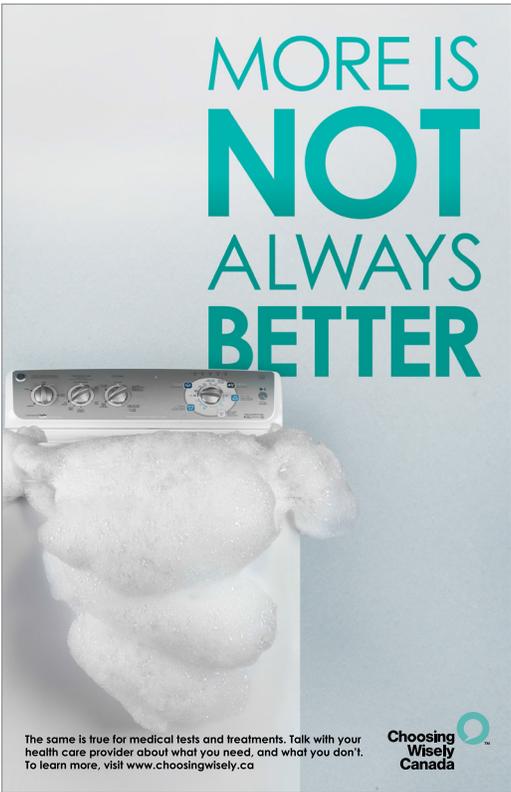
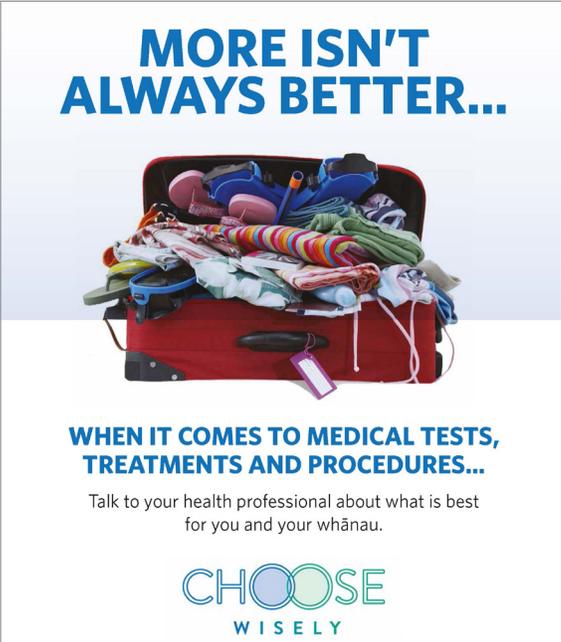
FEEDBACK

An excerpt from the consumer feedback of the ‘washing machine’ silent clip

Similar to Canada, Choosing Wisely New Zealand sent digital and hard copy posters to hospital consumer groups and advertised the images in their [newsletter](#). They sent the washing machine clip to some primary care and outpatient clinics who displayed them on Health TV (screens in waiting rooms). As well, Choosing Wisely New Zealand has sent copies to the Shortland St set, a long-running local TV drama set in a hospital, in the hopes that it will be displayed on camera.

POSTERS

Examples of how images were adapted to two different campaigns.



CASE 3.3 | CANADA: CHOOSING WISELY CANADA AND THE MEDIA

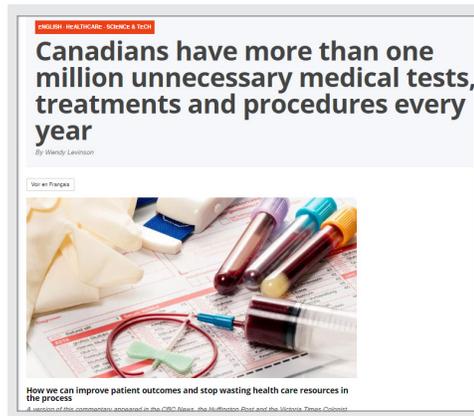
Choosing Wisely Canada has welcomed media exposure to raise awareness of overuse. In Toronto, where the core team is located, there are ample opportunities to contribute to local media. For example, the campaign has contributed articles to a weekly 'Doctor's Notes' column in The Toronto Star. However, as a national voice, the campaign wanted to ensure that they had broader media reach across the country.

In 2017, the campaign partnered with the EvidenceNetwork.ca, an organization that creates original content on policy topics for publication in the mainstream media. EvidenceNetwork.ca recognized the demand by local, regional and national editors for evidence-based health content and analysis, and provides free expert-written opinion editorials (op-eds), podcasts, posters, and infographics. The campaign emphasizes that these op-eds are written for the general public audience as "news you can use." They believe that if the goal is to reach the public, the articles should be written in plain language and be relevant to individual readers.

Choosing Wisely Canada believes this partnership has and continues to have a great impact on informing the public about overuse. It has helped the campaign increase its reach. Op-eds are republished in local newspapers across the country, and are also translated and published in Quebec, the country's French province. Choosing Wisely Canada has also utilized this partnership and other relationships with the media to spread awareness of new lists and subcampaigns.

ARTICLES

On the left is an example of an original article written by Choosing Wisely published in the EvidenceNetwork.ca, and on the right an example of it republished in CBC News.



Links to the articles:

- [Medicine is not just a science, it's an art](#)
- [Canadians have more than one million unnecessary medical tests, treatments and procedures every year](#)
- [Obstetricians and gynecologists target reductions in unnecessary care that may harm patients and cost the health system](#)
- [Pharmacists, doctors warning seniors about risk of long-term use of sleeping pills](#)
- [Turning the tide on the harm of opioids](#)
- [More not always better for prescriptions](#)

CASE 3.4 | SWITZERLAND: HUMOUROUS MESSAGING

Choosing Wisely Switzerland has taken a number of unique approaches to share the campaign with the public. They chose to use surprise and humour and believe that by creating material that was humorous, they would diffuse resistance to the topic and help to foster discussion.

The campaign hired a cartoonist to prepare visual vignettes on topics related to Choosing Wisely Switzerland. The first series of illustrations address overuse of proton pump inhibitors, benzodiazepines, and overall health care. The second series of illustrations highlights polypharmacy.

It is notable that the diverse campaign team – physicians, administrative staff, families – were involved in the brainstorming process. These illustrations have been distributed in the campaign’s interprofessional symposium events and emailed to individual physicians by physician organizations. As well, the images come with short descriptions to help foster discussions with patients and the public.

The campaign is now extending the opportunity to collaborate on messaging to Swiss students. They connected with journalists working for regional newspapers to help publicize their competition “Choosing Wisely – The best cure for you.” They’ve invited students aged 8-18 to submit short original films. The winner of the competition will receive a prize of 1,000 francs while the second and third prize will receive 750 and 500, respectively. The winners will be announced in an awards ceremony that will take place during the 2018 Choosing Wisely symposium in Zurich and be publicized on national and international media.

POSTERS

Posters developed on benzodiazepine overuse



POSTERS

Posters developed on overuse of PPI



POSTERS

Posters developed on Vitamin D testing & overuse of PPI



The best cure for you



ATTENTION: THE DOCUMENTATION RELATING TO THE APPLICATION IS BEING REVIEWED, IN PARTICULAR THE AGE OF THE PARTICIPANTS WILL BE REVIEWED AND THE NEW DEADLINE OF THE COMPETITION, WHICH WILL BE SET IN 2019. ENTRIES ARE SUSPENDED UNTIL FURTHER NOTICE.

 [COMPETITION NOTICE](#)

 [PRESS RELEASE](#)

 [FORMAT SCENE](#)

 [PRE-REGISTRATION FORM ANNOUNCEMENT OF PARTICIPATION WITHOUT COMMITMENT TO THE COMPETITION THE BEST CARE FOR YOU 2018](#)

 [APPLICATION FORM FOR THE COMPETITION THE BEST CARE FOR YOU 2018](#)

WEBSITE

Please see the link for more information about the "The best cure for you" competition, including a press release, application form, and sample scene for context:

www.eoc.ch/comunicazione/Eventi/Choosing-Wisely/cw/la-campagna-EOC/La-miglior-cura-per-te.html

CASE 3.5 | NORWAY: FOCUS GROUP TESTING

Choosing Wisely Norway conducted focus groups to test campaign material prior to launching. They hired a company known and trusted for testing consumer products. There were two focus groups with 10 people each from various educational and professional backgrounds. One group included individuals who were under the age of 40, while the other included those over 40. Each group was presented with short animations that the campaign had created with a multimedia company. The focus groups were not given any background information on the creators behind the videos nor the topics. After being shown the videos, the group was asked who they thought created them, what the messages were, and how they understood them. Further, consumers were presented with two versions of a Choosing Wisely Norway logo in different colours and asked which they preferred.

The results of the focus group are summarized below:

- Individuals believed that the videos were from the health authorities of Norway
- Consumers initially had a very little understanding of overuse, but after an explanation of the topic, they felt it was a positive message
- When informed that the video was delivered by the medical association, they viewed the topic more favorably than had the video come from the government

Choosing Wisely Norway chose to do a focus group for two main reasons. First, they wanted to test the material produced by the agency they hired. Second, they wanted to gather evidence that messaging on the harms of overuse can be communicated to the public. Prior to producing the campaign material, the group received backlash from other colleagues regarding skepticism that the public will be able to accept the message. However, the focus group demonstrated that if relayed correctly, members of the public are able to understand the topic of overuse and are favourable to the concept of avoiding overuse. Overall, the campaign recommends working with a company that has experience testing consumer products in order to develop communications which have clear and effective messaging to a diverse audience.

The campaign was able to use the results of the focus group to change their material, and now they've produced videos that they believe are more effective at relaying messaging to the general public. The new videos will be disseminated via social media, including Facebook and Instagram, and will have links to the Choosing Wisely Norway website. They believe they will be effective in promoting the message given that the younger physicians' union within the medical association has a strong online presence.

Summary focus group 1.

Focus group 1, March 15th. Age 45-71 years

Participants:

1. W, 49, works in health insurance.
2. W, 57, disabled
3. W, 59, works in health services
4. W, 61, works in a workers union
5. W, 62, dentist assistant
6. M, 69, retired
7. M 45, works with IT at the Oslo university hospital trust
8. M, 71, retired teacher

First animation - about headache

- Some laughter
- Participant perceives the message as: "many people google and get scared"
- One think that the message is to open up for more dialog between patient and doctor, and possible that you can log on to a doctor chat service.
- A couple has experienced how google gives them strange and worrisome answers
- One notes that the figure is not sitting in an ergonomically correct position, and that it signifies stress, and that the message is not to google, because you get stressed and unsecure.
- One find the animation sloppy, and point out that it should have been more elaborated.

Second animation - about headache

- Participants thinks the message is not to google. One think that such a message is to general, since not everyone is "stupid enough " to believe everything that's written on the internet.
- One is worried that the example is about headache, which can actually be dangerous, and you should call 911 if you get headache. The rest of the group opposes

FEEDBACK

A section from the results of one of the focus groups conducted

CASE 3.6 | AUSTRALIA: “SAVE THE SCRIPT” FILM COMPETITION

NPSMedicineWise, the organization that facilitates Australia’s Choosing Wisely campaign, partnered with Tropfest, an Australian short film competition and the largest short film competition in the world. Together, they invited filmmakers to create a 45 second short film on the topic of antibiotic overuse. There was no specification on genre or style of film, and contestants were provided “Need to Know” facts and key messages on antibiotic overuse. The winner would receive over \$10,000 and the opportunity to receive global exposure via Tropfest’s film festival and platforms. For NPS MedicineWise, the \$10,000 dollar prize was a small price to pay relative to what it would have costed them to commission a video campaign. Likewise for contestants, the promotional incentive was considerable given that Tropfest has kickstarted many filmmaking careers.

The campaign ran a complementary social media outreach effort ‘Every Day in May’ to link to the Australian cold and flu season. Not only were film entries accepted “every day in May,” but a fact on antibiotic overuse was shared daily via social media. To enter the campaign, contestants were asked to publicize their video on social media (either via Vimeo, YouTube, Facebook, Twitter Video, and Instagram Video) and tag @npsmedicinewise and #savethescript in the description. Over 100 videos were submitted and a panel of judges helped select the 30 finalists and winner. The winning film, ‘The Pick Up,’ was played at Tropfest’s outdoor film festival, an event that attracted around 100,000 attendees.



VIDEO

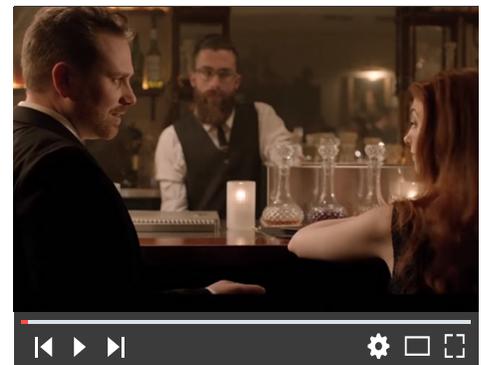
A video released by NPS MedicineWise to promote the competition

www.youtube.com/watch?v=68g_8QNAIMA

NPS MedicineWise had rights to use the top 30 films in its campaigns and events for two years. The winning video was used in the annual Antibiotic Awareness Week campaign and was even picked up by some TV channels. Since these films were used in a number of ways, the campaign couldn’t directly measure their impact, but they were able to evaluate the antibiotics program as a whole. Overall, they are confident that this film competition had an impact on the success of its antibiotic overuse awareness work, and they hope to continue to leverage similar opportunities with future film festivals.

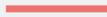
VIDEO

The winner of the competition, “The Pick Up.” The plot focused on a man “picking up” a woman at the bar named Gonorrhoea. After stating how glad he was to be able to take antibiotics, the woman informed him of resistance. This left the man visibly startled and hesitant to pursue the encounter.



www.youtube.com/watch?v=XJeXkjzUmF0

EMPOWER



EMPOWER

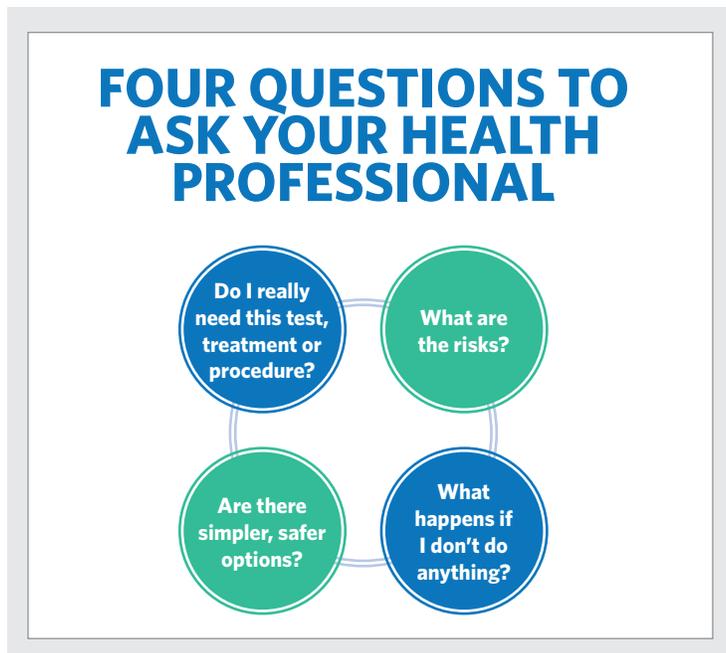
Shared decision-making and efforts to improve patient-centred care have emphasized improving clinician and patient conversations and communication. Simply informing patients is unlikely to be sufficient; conversations are needed to address patient concerns, fears, and perceptions. Asking patients what is important to them can lead to more appropriate test and treatment choices without reducing satisfaction. Evidence has demonstrated that shared decision-making can reduce unnecessary tests and treatments, such as elective surgical procedures, prostate specific antigen (PSA) tests, and use of antibiotics for upper respiratory tract [infections](#).

Choosing Wisely campaigns have leveraged shared decision-making as a means to address patient expectations and reduce demand for unnecessary tests and treatments. Shared decision-making depends on an ability to relay complex information, particularly regarding risk, and answer questions to allow for informed choices. Campaigns have created resources and education programs to assist clinicians and patients to have more successful discussions. Notably, a number of countries have produced their own set of questions that patients are encouraged to ask of their health care providers, and many innovative strategies have been used to test and display these questions. Further, Choosing Wisely campaigns are forming partnerships to train clinicians to provide better environments for patients to feel comfortable to ask questions. Ultimately, these efforts strive to improve the quality of discussion to reduce overuse.

CASE 4.1 | INTERNATIONAL: QUESTIONS TO ASK PHYSICIANS

Choosing Wisely in the US in partnership with Consumer Reports, first published a list of five questions for patients to ask their doctor. Today, a number of international campaigns have developed variations of this list. Although these questions are fundamentally similar, each international campaign has shaped the questions to fit local contexts.

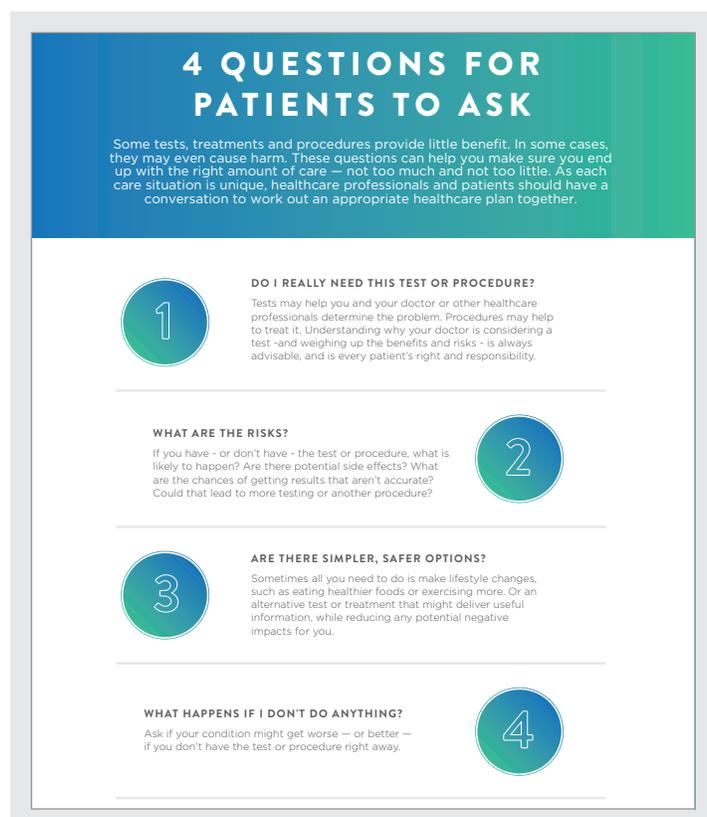
This toolkit highlights the cases of New Zealand and Wales in developing a list of questions for patients to ask health care professionals.



POSTER

Choosing Wisely New Zealand's list of questions

Prior to releasing their poster “Questions to Ask Your Health Professional” Choosing Wisely New Zealand presented these questions to patient groups in order to determine if the content and messaging was well received. They initially presented the questions to two patient groups – one associated with the New Zealand Health Quality & Safety Commission and the other with the health regulatory authorities – and received feedback from patients during the meeting and via email. A major change was removing the final question, “how much does it cost?” Choosing Wisely New Zealand received feedback that some physicians don’t always know the fees, and further, there are many more cost variables to account for with patients, including travel or time taken off work.



POSTER

The campaign initially released their list with brief explanations next to each question. With further feedback, they simplified the images to just the four questions as patients did not find the explanations useful nor did they have the time to read through them.

These questions have been disseminated through social media and to clinician offices. A student working with Choosing Wisely New Zealand will continue to evaluate the questions, and particularly, test the idea of only using one question, that is “Is it okay to ask?” Reaching all population groups with Choosing Wisely messages relevant to those groups is a key future focus for New Zealand. A significant concern for the campaign are unintended effect of increasing health disparities. Future work will include understanding the relevance of Choosing Wisely messages to Māori and Pacific people, so these messages can be delivered in a culturally appropriate and effective way.

Through their experience developing the questions, the leaders of the campaign emphasize the need to shape the questions to fit the needs of the nation’s citizens. Different health care systems cultivate different priorities for patients, and the questions need to reflect them.



POSTER

The current version of the questions contains only the first three questions. The third was dropped as anecdotally both clinicians patients could usually only remember three.

The campaign in Wales, Making Choices Together, based their questions on those produced by The Health Foundation in the UK and modified them based on consultations with patient groups and the general public. The questions are distributed online and in clinical settings. Notably, they are presented as videos in family medicine clinics and outpatient hospital rooms.

Making Choices Together campaign leaders sought feedback from various sources, including public representatives in their steering group, cancer patient associations in hospitals, and learning disabilities support groups. They also held an open event for the public to contribute their ideas. The group continues to look for feedback regarding the language, design, and complexity of the questions to ensure the resource is empowering patients to ask questions about their health care.

For example, many groups emphasized the importance of how terminology is used on the poster. The campaign received feedback that the word “patient” could imply suffering and inequality in the clinical encounter. Additionally, feedback noted that the imagery on the poster should reflect the diversity and ethnicities of the country.

Overall, the developers of these questions stress to keep the questions simple, use language that is understandable, and use images that are reflective of the population. It is important to note that although consultation with experts and patients is critical in the beginning phase, there is unlikely to be wording that suits everyone so an executive decision must ultimately be made.

QUESTIONS FROM OTHER CAMPAIGNS:

FOUR QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER

- 1) Do I really need this test, treatment or procedure?
- 2) What are the downsides?
- 3) Are there simpler, safer options?
- 4) What happens if I do nothing?

Talk about what you need, and what you don't.
To learn more, visit www.choosingwisely.ca



An initiative of the ABIM Foundation



5 QUESTIONS to Ask Your Doctor 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 health 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 doctor 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 doctor to make sure you end up with the right amount of care — not too much and not too little.



www.choosingwisely.org/patient-resources
©2016 Consumer Reports

Wat zijn mijn mogelijkheden?

Wat zijn de voordelen en nadelen van die mogelijkheden?

Wat betekent dat in mijn situatie?



5 QUESTIONS TO ASK YOUR DOCTOR OR OTHER HEALTH CARE PROVIDER BEFORE YOU GET ANY TEST, TREATMENT OR PROCEDURE

Some tests, treatments and procedures provide little benefit. And in some cases, they may even cause harm. Use the 5 questions to make sure you end up with the right amount of care — not too much and not too little.

- 1 DO I REALLY NEED THIS TEST, TREATMENT OR PROCEDURE?** Tests may help you and your doctor or other health care provider determine the problem. Treatments, such as medicines, and procedures may help to treat it.
- 2 WHAT ARE THE RISKS?** Will there be side effects to the test or treatment? What are the chances of getting results that aren't accurate? Could that lead to more testing, additional treatments or another procedure?
- 3 ARE THERE SIMPLER, SAFER OPTIONS?** Ask if there are alternative options to treatment that could work. Lifestyle changes, such as eating healthier foods or exercising more, can be safe and effective options.
- 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, treatment or procedure right away.
- 5 WHAT ARE THE COSTS?** Costs can be financial, emotional or a cost of your time. Where there is a cost to the community, is the cost reasonable or is there a cheaper alternative?



Adapted from material developed by Consumer Reports. Choosing Wisely Australia is an initiative enabling clinicians, consumers and healthcare stakeholders to start important conversations about unnecessary tests, treatments and procedures. With a focus on high-quality care, Choosing Wisely Australia is led by Australia's medical colleges, societies and associations, and facilitated by NPS MedicineWise. Responsible care is a key to provide accurate information at the time of creation. This information is not intended to replace the advice of a doctor or other healthcare provider. For more information, visit www.choosingwisely.org.au. ©2016 Consumer Reports

FOUR QUESTIONS TO ASK MY DOCTOR OR NURSE TO MAKE BETTER DECISIONS TOGETHER

1. What are the Benefits?
2. What are the Risks?
3. What are the Alternatives?
4. What if I do Nothing?

CASE 4.2 | UK: PATIENT DECISION AIDS

An element of shared-decision making is ensuring that patients receive clear, unbiased, and evidence-based information. [Patient decision-aids](#) are a useful resource to encourage conversation between patients and clinicians about the options available for their care. Evidence shows that these aids improve informed decision-making and although patients request decision aids, they are often [not available or received by patients](#).

Choosing Wisely UK has asked its medical specialties to provide decision-aids along with each recommendation. Given the number of aids already available, they asked each specialty to select and/or update those already available, many of which are developed by the [National Health Service](#). Most of these decision aids include option grids and they are distributed online along with the recommendations. They are designed to be used in consultation with patients – typically the physician will print it off and go through it together with the patient.

[Elements of patient decision-aids:](#)

- A description of the condition and symptoms
- The likely prognosis with and without treatment
- Test, treatment and self-management options and outcome probabilities
- What's known from the evidence and what's not known (uncertainties)
- Illustrations to help people understand what it would be like to experience some of the most frequent side-effects or treatment complications (often using patient interviews)
- A means of helping people clarify their preferences
- References and further sources of information
- Authors' funding source and declarations of interest
- Date of production and due date of next update

CASE 4.3 | NETHERLANDS' CONSULTKAARTEN 'OPTION GRIDS' RESOURCE TO PROMOTE SHARED DECISION-MAKING

Choosing Wisely Netherlands was inspired by the [Option Grid Collaborative](#), a non-for-profit group of patient representatives, medical experts, and clinicians that work together to create Option Grids. These grids are tools comprised of summary tables that compare potential treatments or options for certain conditions.

Given its benefit for shared decision-making, Choosing Wisely Netherlands sought to create these tools for patients. However, due to a Creative Commons license, all Option Grids must be published in English – not Dutch. Therefore, they created their own versions called Consultkaarten, consultation cards that are based off of Option Grids. Researchers associated with the campaign produce grids based off guidelines, together with patient and medical associations. They have developed Consultkaarten for [topics](#) including osteoarthritis of the knee and hip, Parkinson's disease, heavy menstrual bleeding, eczema, and epilepsy, among others. Questions include 'how does this work?' 'will I have less pain after the treatment?' and 'what are the risk and possible side effects of the treatment?' They work with an agency to rewrite the grids in a B1 language level based on the [Common European Framework of Reference for Languages](#), a framework that categorizes the complexity of language from A-C. It is believed that 70% of Dutch population operates at this level.

The [Consultkaarten](#) are distributed online and physicians are notified with newsletters. As this group continues to develop more grids, they hope that they will be posted along the guidelines for relevant conditions. Further, they hope to produce grids that cater to individuals with cognitive impairments or mental disabilities. As well, they hope to produce these resources for young children, perhaps by using illustrations.

OPTION GRID

A Consultkaart for arthritis of the knee. Questions are listed on the left column while subsequent columns refer to a particular option or treatment



ARTROSE IN DE KNIE:

behandelmogelijkheden

Heeft u last van artrose in uw knie? Deze Consultkaart kan u en uw orthoeped helpen om uw mogelijkheden voor behandeling te bespreken. Let op: een kunstknie wordt vaak pas later gekozen, als de andere behandelingen niet of onvoldoende werken. Hoeveel klachten u heeft kan erg veranderen. Soms kan een halve knieprothese of een standcorrectie ook mogelijk zijn. Deze behandelingen worden in deze Consultkaart niet besproken. Vraag eventueel uw orthoeped hiernaar.

BEHANDEL-MOGELIJKHEDEN	UW LEEFTIJD VERANDEREN	PIJNSTILLERS SLIKKEN	INJECTIES IN UW KNIE	U KRIJGT EEN KUNSTKNIE (knieprothese)
Hoe werkt de behandeling?	<ul style="list-style-type: none"> - U krijgt adviezen voor het veranderen van uw leefstijl. - Het advies kan gaan over actief bewegen en voeding. - Een fysiotherapeut of diëtist kan u eventueel begeleiden. - U kunt daarnaast eventueel pijnstillers slikken. 	<ul style="list-style-type: none"> - U slikt paracetamol. - Helpt de paracetamol niet? Dan kunt u een NSAID slikken. Dit is een pijnstiller en een ontstekingsremmer die u op recept kunt krijgen. - Heeft u veel bijwerkingen van de NSAID? Dan kunt u minder NSAID slikken én paracetamol. - Helpt de NSAID ook niet? Dan kunt u Tamadol slikken. Dit is een zwaardere pijnstiller die u op recept kunt krijgen. - Het kan helpen als u daarnaast uw leefstijl verandert. 	<ul style="list-style-type: none"> - Uw arts geeft u een injectie met Corticosteroid in uw knie. - Het kan helpen als u daarnaast uw leefstijl verandert. - Een injectie met Hyaluronzuur, bloedplaatjes (PRP) of stamcellen raden wij niet aan. We weten niet goed wat het effect is. 	<p>In het ziekenhuis</p> <ul style="list-style-type: none"> - U gaat onder narcose of krijgt een ruggenprik. - Uw arts vervangt uw knie door een kunstknie. - U blijft 2 tot 5 dagen in het ziekenhuis. <p>Als u weer thuis bent</p> <ul style="list-style-type: none"> - U gebruikt 3 tot 6 weken bloedverdunners. - U loopt 4 tot 6 weken met krukken. - U krijgt 3 tot 6 maanden fysiotherapie. - Na ongeveer een half jaar loopt u weer normaal. - Het totale herstel kan een jaar duren.
Heb ik minder pijn na de behandeling?	Door een sterker lichaam en betere conditie heeft u waarschijnlijk na een paar weken minder pijn.	Vaak vermindert de pijn direct. Werkt een pijnstiller niet? Dan kunt u een sterkere pijnstiller proberen.	Meestal verminderen de zwelling en de pijn binnen 1 week. De injectie werkt meestal meerdere weken tot maanden. Als de klachten terugkomen, kan de arts u eventueel opnieuw een injectie geven.	Meestal wordt de pijn na de operatie geleidelijk minder. Soms wordt de pijn niet minder. Na een jaar zeggen 83 van de 100 patiënten (83%) dat de pijn minder of veel minder is geworden.
Wat zal ik na de behandeling weer kunnen?	Als de pijn minder wordt, kunt u zich makkelijker bewegen. Door beweging kan de pijn óók weer minder worden.	Als de pijn minder wordt, kunt u zich makkelijker bewegen. Door beweging kan de pijn óók weer minder worden. Gaat u intensief bewegen? Dan kan het helpen als u vooraf pijnstillers slikt.	Als de pijn minder wordt, kunt u zich makkelijker bewegen. Door beweging kan de pijn óók weer minder worden.	De meeste patiënten kunnen zich makkelijker bewegen. Rustige sporten zoals wandelen, zwemmen, golfen en fietsen kunt u veilig doen. Balsporten, zoals basketbal, voetbal en volleybal, of hardlopen kunt u beter niet doen.
Wat zijn risico's en mogelijke bijwerkingen van de behandeling?	Er zijn geen risico's of bijwerkingen. Als u meer beweegt en afvalt, wordt de kans dat de artrose erger wordt juist kleiner.	<ul style="list-style-type: none"> - Paracetamol heeft weinig bijwerkingen. - NSAID's zorgen bij 10 tot 30 van de 100 patiënten (10-30%) voor maag-darmklachten, zoals misselijkheid, buikpijn en diarree. Soms zorgt NSAID voor stoornissen in de nierfunctie, hoge bloeddruk of huiduitslag. - Tamadol zorgt bij meer dan 10 van de 100 patiënten (>10%) voor misselijkheid en duizeligheid. 1 tot 10 van de 100 patiënten (1-10%) heeft last van obstipatie, braken, een droge mond, zweten, hoofdpijn, slaperigheid, vermoeidheid en verwijde bloedvaten. 	<ul style="list-style-type: none"> - Na veel injecties is er een klein risico dat het kraakbeen in uw knie beschadigt. Hierdoor wordt de artrose erger. - Heel soms krijgt een patiënt een allergische reactie op een infectie. - Ongeveer 2 van de 100 patiënten (2%) hebben een paar dagen na de injectie gewrichtspijn en zwelling. - Bij patiënten met diabetes kunnen de bloedsuikers tijdelijk ontregeld zijn. 	<ul style="list-style-type: none"> - Minder dan 1 van de 100 patiënten (1%) krijgt een infectie aan de wond die behandeld moet worden. - Heel soms krijgt een patiënt een infectie aan de kunstknie. Dan is een nieuwe operatie nodig. - Soms laat de kunstknie na een tijdje los. Dan is ook een nieuwe operatie nodig. - 2 van de 100 patiënten (2%) krijgen bloedstolsels in het been. - De risico's op complicaties zijn groter als u andere aandoeningen heeft, rookt of te zwaar bent. - De kans dat de kunstknie vervangen moet worden, hangt af van uw leefstijl en hoeveel u beweegt. Over het algemeen moet een kunstknie na 15 tot 20 jaar vervangen worden.

De Consultkaart Artrose in de knie is ontwikkeld met ondersteuning van het Kennisinstituut van de Federatie Medisch Specialisten. Voor meer informatie zie www.consultkaart.nl.




CASE 4.4 | WALES AND THE UK: TRAIN THE TRAINERS

Shared decision making ensures that patients are well-informed about their health care choices. To encourage shared decision making practices between clinicians and patients, Choosing Wisely campaigns have developed ‘train the trainer’ programs. These programs provide clinicians with opportunities to learn and practice skills in shared decision-making, enabling them to in turn train other providers in their local hospitals/practices.

Making Choices Together in partnership with Cardiff University and local health boards, are working to offer training programs to clinicians across the National Health Service. They asked each provider organization to select three individuals, preferably clinicians, that have some experience in quality improvement and education. These individuals will be trained using modules created by The Health Foundation with the goal that they will become better prepared to educate clinicians back in their local settings. The first module in this project has been delivered and well received. A standardized process will be implemented to evaluate clinicians and the program at large. They hope that in the long-term, there will also be online materials for clinicians to access remotely.

If possible, the group advises to involve local citizens in these sessions. While developing the program, they have been learning that physicians are much more influenced by hearing directly from patients that they feel uninvolved in the decision-making process than from physicians colleagues. They believe that having patients give direct feedback to clinicians is much more powerful.

AGENDA

Agenda of the training sessions and how the objectives are arranged

Day one (Summer 2018)	Day two (Autumn 2018)
<p>Introduction to Shared Decision Making: Principles, skills and evidence base</p> <ul style="list-style-type: none"> • Introduction to shared decision making • The role of shared decision making in the Prudent Healthcare Agenda in Wales • Shared Decision Making Skills Workshop – key skills for using this approach in routine consultations • Barriers and facilitators to implementing shared decision making in routine clinical settings – practical tips on how to overcome the key challenges 	<p>Training the Trainers: Delivering training & planning implementation</p> <ul style="list-style-type: none"> • Reflection and review of your experiences to date • Training the Trainer – we will provide further training on how to deliver this training to your colleagues (including the resources) • Planning for implementation - we will use the learning from a national shared decision making implementation programme (MAGIC) to help you plan for implementation in your own organisations
<p>Follow up support</p>	
<p>The trainers will continue to offer support to each learner / learner group beyond the two initial training days. They will arrange meetings to support the development of implementation plans, trouble-shoot, and facilitate further implementation. The trainers will also attend the first training session set up by each learner / learning group to support the trainer (advise, feedback, and encourage reflection).</p>	



Training the Trainers in Shared Decision Making

Action Planning

Following the completion of Workshop 1, we would like you to start thinking about your next steps. How will you use what you have learnt today to start making changes in your team or organisations?

Please complete the following form, and send it to Natalie Joseph-Williams (josephni1@cardiff.ac.uk) within two weeks of attending Workshop 1. We will revisit the plans during Workshop 2, which will take place later in the year.

REFLECTION

Excerpt of a guided reflection meant to be completed by individuals after the first workshop

The Train the Trainer workshop in the UK brought together three national initiatives – MAGIC (Making Good Decisions in Collaboration), Choosing Wisely UK led by the Academy of Medical Royal Colleges, and the Perioperative Medicine Programme led by the Royal College of Anaesthetists. The Perioperative Medicine Programme advertised the program to their physicians via email, and also extended the invite for physicians from any specialties to join. A priority of the training was to make it interactive, incorporating lectures, role play scenarios, and debriefing sessions. The workshops were successful in challenging clinicians to practice shared decision-making and reflect on their experiences as a group. Organizers sought to create role play scenarios based on the full spectrum of care; as this workshop mostly included physicians involved in perioperative care, the interactions ranged from the moment of contemplation of surgery to full recovery.

Organizers hope that participating clinicians are able to use what they learned to lead similar workshops in their own hospitals/practices. Further, organizers hope to set up phone calls and interview attendees to gather feedback and updates on whether local programs have been established.



Key Resources

Reports and Papers

1. King's Fund Report: No Decision About Me Without Me

- Coulter A, Collins A. Making shared decision-making a reality: no decision about me, without me. London: The King's Fund; 2011. https://www.kingsfund.org.uk/sites/default/files/Making-shared-decision-making-a-reality-paper-Angela-Coulter-Alf-Collins-July-2011_0.pdf

A comprehensive overview of Shared Decision Making, including tools and decision aids, consultation styles, looking at barriers to implementation and strategies to roll out shared decision making across the NHS.

2. Summary of the lessons from the MAGIC Programme

RESOURCES

Examples of resources that were provided for participants

CASE 4.5 | CANADA: COMMUNICATION TOOLKIT

The Royal College of Physicians and Surgeons of Canada (Royal College) is the body that oversees medical specialists in Canada. It sets national standards for medical education and continuing professional development. One standard is the CanMEDS framework, which outlines the essential competencies of a physician. These standards are integrated into the Royal College's accreditation standards, objectives of training, and in all Canadian medical schools. In 2015, it revised this framework and incorporated resource stewardship, alongside quality improvement and safety, as additional competencies for specialist training. Residency training programs needed to demonstrate that their residents were trained in these core areas. Many programs felt that they were not able to provide this training as there was a gap in available faculty with experience teaching and assessing these skills. This led to the Royal College partnering with the College of Family Physicians Canada and Choosing Wisely Canada to provide a resource that post graduate medical programs across the country can use to integrate teaching and assessment of resource stewardship in their programs.

A group of clinicians and researchers developed a [three-part toolkit](#) focused on: (1) resource stewardship foundations, (2) quality improvement projects, and (3) communication skills. The communications toolkit provides a framework that educators can use to teach and assess residents on communication with patients and families that request a medically unnecessary test and/or treatment. Along the way, they collaborated with residents to get feedback of the content and make sure that cases presented were realistic.

The toolkit provides a PowerPoint Presentation of the framework, along with faculty development guides for the educators. The format of the teaching session is up for the post-graduate programs to decide, and this flexibility is reflected in the toolkit. Programs are given instructions on how to tailor the content based on the setting (e.g. the specialty, the size of the group, the assessment style). This allows it to be applicable to all fields and programs, and ultimately tailored in a way that provides more meaning to residents. In addition to providing sample cases, the guide encourages educators to use their own examples that reflect the discipline they are teaching or reference the recommendations on the Choosing Wisely Canada website for inspiration.

TOOLKIT

The presentation of the tool kit along with its resources

www.royalcollege.ca/rcsite/canmeds/resource-stewardship-e

Communication Toolkit

Communicating with Patients and Families About Resource Stewardship



Focussed on communication skills, this toolkit provides a framework that you can use to teach your residents how to communicate with patients and families that request a medically unnecessary test/treatment.

- PowerPoint Presentation
- Preceptor Guide
- A "How-To" Guide on Developing Cases for Role Play
- Assessment rating scales

Five steps to have a conversation with patients and their families

1. Elicit patient and/or their families' concerns
2. Demonstrate empathy and acknowledge patient / family concerns
3. Engage in shared decision making process
 - a. Discuss risks and benefits
 - b. Provide reassurance using health information/decision aids
 - c. Reinforce key points with written information
4. Provide clear recommendation(s)
5. Agree on a plan of action and document

FRAMEWORK

The [framework](#) for engaging patients in shared-decision making

CHOOSING WISELY CONVERSATIONS RATING SCALE

Criteria for Counselling Patients Regarding Unnecessary Tests

	1 (Not done)	2 (Attempted, but incomplete or not always effective)	3 (Excellent complete and done effectively)
1. ELICIT PATIENT CONCERNS			
• Asked about the patient's concerns (that make them want the test)	1	2	3
• Commented on non-verbal cues that indicated that the patient had concerns	1	2	3
Overall Impression on Eliciting Patient Concerns	1	2	3
2. EMPATHY			
• Told the patient that their concerns were understandable	1	2	3
• Allowed the patient time to express their concerns	1	2	3
• Told the patient that their emotional reaction was understandable	1	2	3
Overall Impression on Empathy	1	2	3
3. SHARED DECISION MAKING			
• Described benefits and potential risks of the test	1	2	3
• Explained why ordering the test was not necessary	1	2	3
• Used clear language and avoided medical jargon	1	2	3
• Provided visual tools or decision aids	1	2	3
Overall Impression on Shared Decision Making	1	2	3
4. CONFIRM AGREEMENT			
• Briefly summarized treatment plan	1	2	3
• Offered the patient the opportunity to ask additional questions	1	2	3
• Confirmed with the patient their agreement with the treatment plan	1	2	3
• Offered a follow-up appointment to re-visit concerns	1	2	3
• Provided a clear description of symptoms/red flags that should alert an earlier follow-up	1	2	3
Overall Impression on Confirming Agreement with Patient	1	2	3
5. GENERAL COMMUNICATION SKILLS			
• Degree of coherence in the interview	1	2	3
• Used appropriate verbal expression	1	2	3
• Used appropriate non-verbal expression	1	2	3
• Responded to patient's needs	1	2	3
• Checked for patient's understanding of the information provided	1	2	3

ASSESSMENT SCALE

An [example](#) of some of the criteria involved in the assessment scale

CASE 4.6 | UK: SHARED DECISION-MAKING E-LEARNING MODULES

The inspiration for this collaborative project came from efforts in Australia to educate physicians on shared decision-making and risk communication in practice. The Australian Commission on Safety and Quality in Health Care created four e-learning modules with patient case studies to educate health care professionals. Its success at delivering evidence-based content and providing realistic patient scenarios encouraged individuals at The Academy of Medical Royal Colleges to develop similar resources. The Academy collaborated with the Winton Centre for Risk and Evidence Communication, based at the University of Cambridge to adapt the material for the UK and provide specialty-specific modules. The content will mainly be distributed to physicians through the royal colleges but will be freely available to any health care professional working in the National Health Service. They will be measuring the demographics of users (e.g. profession, subspecialty, years in practice) and collect qualitative data through feedback.

While developing the original Australian content, the group received feedback from physicians to make it as evidence-based and practical as possible. They have been cautioned against using the modules to simply explain the concept of shared decision-making; rather, physicians would like to be taught how to use it and be provided with specific examples that are related back to patients.



VIDEOS

Links to the e-learning modules can be found on the University of Cambridge, Winton Centre for Risk and Evidence Communication: www.moodle.wintoncentre.uk

CASE 4.7 | WALES: PATIENT LEADERS TRAINING

Public Health Wales is working with patients and community members on a Patient Leader Program. This program helps patients lead changes in their health system. It selects 10 individuals to join three days of interactive workshops. These workshops aim to teach skills such as goal setting, emotional intelligence, communication and coaching skills, dialogue and influencing skills, and conflict resolution.

Participants who completed the pilot of the project evaluated the course as excellent or very good. Several of the participants became involved in shared decision-making training for clinical teams and co-producing a care pathway for breast cancer patients. Therefore, these sessions are a potential avenue to contribute skills and further motivate patients to get involved.

AGENDA

The agenda for the training program

Day 1

Morning

- Welcome and introductions
- Setting the scene – programme aims and model of learning
- Developing goals
- Emotional intelligence

Afternoon

- Communication and coaching skills
- Summary and Review

Day 2

Morning

- Dialogue and influencing skills
- Developing self-awareness

Afternoon

- Mindful awareness
- Summary and Review

Day 3 will build on communication skills (including assertiveness and influencing skills) but time has also been allowed to include other topics that participants identify and agree should be included. The day will close with 'moving forward' and planning next steps.

CASE 4.8 | AUSTRALIA: FOCUS GROUP TESTING

Consistent feedback from Australian consumers regarding the Choosing Wisely message is that a barrier to better conversations is that they do not always feel like they have permission to ask questions. With this barrier in mind, Choosing Wisely Australia has focused on developing and testing messaging that encourages patients to feel empowered to ask questions and seek more information from their health care provider.

One area of work has been to assess the challenges of using the 5 questions resource in hospital environments. The hospital environment carries particular challenges:

- Patients are more likely to be uncertain and anxious
- Patients feel less in control of the encounter
- Patients feel less certain as to who to ask questions

Given the complexity of this setting, NPS MedicineWise, the organization that facilitates Choosing Wisely Australia, conducted focus groups with both consumers and hospital health professionals to evaluate the effectiveness of concepts that were created to support an environment where people are encouraged to ask questions.

Two rounds of focus groups were conducted (see Table 1). Groups were asked about the concept formats, the message, and the use of imagery.

TABLE 1:

GENERAL PUBLIC FOCUS GROUP	HEALTH CARE PROFESSIONAL AND CONSUMER ADVOCATE FOCUS GROUP
Included patients and/or carers for a patient who have used hospital services in the past year	Included junior doctors, senior doctors, nurses, pharmacists, and consumer advocates

Major themes arising from the focus groups:

- Patients preferred concepts that welcomed questions but did not pressure people to ask them.
- Messaging that supported any question (rather than right or good questions) was preferred
- Respondents wanted to see images of real healthcare professionals (not models or stock photos) that appear friendly
- The use of wit or metaphor in the concepts was not supported; patients wanted messages that were literal and straight to the point.

POSTERS

Examples of the final images co-developed with hospital staff with feedback from the focus groups:



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