March 22, 2018 – Preconference workshops 2:30 - 5:30 PM Parallel Workshop

Choosing Wisely Italy for students and physicians in training: meeting with Wendy Levinson

Coordinators Sandra Vernero and Nicola Montano

- Introductions of students and physicians in training

- Brief talk about overuse—what it means and evidence it exists (15 minutes) – Wendy Levinson

- An interactive discussion on how students and physicians in training experience overtesting and overtreatment (do they see it? do they talk about it on rounds etc?)

- Brief summary about the present status of Choosing Wisely Italy (10 minutes) – Sandra Vernero

- The experience with students in Canada - Wendy Levinson

- What students and physicians in training might be able to do in Italy—small groups

- Large group discussion about next steps

- Conclusions: Wendy Levinson, Nicola Montano, Sandra Vernero
March 22, 2018 – Preconference workshop
Choosing Wisely Italy for students and physicians in training:
meeting with Wendy Levinson

Brief summary about the present status of Choosing Wisely Italy

Sandra Vernero  MD – s.vernero@slowmedicine.it
Co-founder and Vice-Chair of Italy’s Slow Medicine
Coordinator of the campaign “Doing more does not mean doing better- Choosing Wisely Italy”
Italy’s Slow Medicine

Measured
*Doing more does not mean doing better*

Respectful
*People’s values, expectations and desires are different and inviolable*

Equitable
*Appropriate and good quality care for all*

https://www.slowmedicine.it/index.php/it/
“Doing more does not mean doing better – Choosing Wisely Italy”

Launched by Italy’s Slow Medicine - December 2012

Each Italian professional society engaged in the project develops a list of top 5 tests and treatments whose necessity should be questioned and discussed as:

- they are commonly used in Italy

- they have been shown by the currently available evidence not to provide any meaningful benefit to at least some major categories of patients for whom they are commonly ordered

- they may cause patient harm

Physician and patient should have conversations and discuss the use of these tests and treatments, in view of wise and shared choices.

PARTNERSHIP between physicians and other health professionals & patients and citizens.
OVERUSE of TESTS and TREATMENTS

• WASTE of RESOURCES

• CLINICAL ERROR

- direct damage from inappropriate tests and treatments (Xrays and contrast media, side effects of drugs, interactions among drugs...)

- damage by false positives and overdiagnosis from inappropriate tests >> anxiety and stress, further tests also invasive, inappropriate interventional and surgical treatments (overtreatment)
The campaign “Doing more does not mean doing better - CHOOSING WISELY ITALY”, promoted by Slow Medicine, aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices.

The campaign is based on the responsibility of physicians and other health professionals and the participation of patients and citizens.

www.choosingwiselyitaly.org
SLOW MEDICINE is the PROMOTER of the campaign

MAIN PARTNERS:

• The National Federation of Medical Doctors’ and Dentists’ Colleges (FNOMCeO)
• The National Federation of Nursing Professions Orders (FNOPI)
• Regional Health Agency Tuscany Region
• Partecipa Salute, established by IRCCS-Mario Negri, Italian Cochrane Centre and Zadig srl.
• Altroconsumo, a consumers’ association
• The Federation of Social and Health Care of the Autonomous Province of Bolzano
• Change Institut in Turin
• Zadig editorial and journalistic company
The top 5 recommendations were released in 2014 from:

1. The Italian Association of **Dietetics and Clinical Nutrition** – ADI
2. The Italian Association of **Hospital Cardiologists**– ANMCO
3. The Italian Association of **Radiation Oncology** – AIRO
4. The Italian Board of Medical **Oncology** Directors – CIPOMO (first review)
5. The **Cochrane Neurosciences Field** in Italy – CNF - 1st List (first review)
6. The Italian Society of **Allergy, Asthma and Clinical Immunology** – SIAAIC
7. The Italian Society of **Pediatric Allergy and Immunology** – SIAIP
8. The Italian College of **General Practice and Primary Care** (SIMG)
9. The Italian Society of **Medical Radiology** – SIRM
10. The Italian Federation of **Registered Nurses' Colleges** - IPASVI with Italian Specialty Societies of **Nurses** of: Operating Theater, Stomacare, Skin Ulcers, Hospital Medicine – AICO, AIOSS, AIUC, ANIMO

http://www.choosingwiselyitaly.org/index.php/it/le-raccomandazioni
Five Recommendations from the Italian College of General Practice and Primary Care (SIMG) 2014

1. Don’t routinely prescribe imaging for low back pain without warning signs or symptoms (Red Flags)

2. Don’t routinely prescribe antibiotics for acute upper airway infections. Assess the opportunity in patients at risk of lower respiratory tract infection or in case of clinical worsening after a few days.

3. Don’t routinely prescribe Proton Pump Inhibitors (PPI) in patients without risk factors for ulcer disease. In gastroesophageal reflux disease prescribe the lowest dose that can control symptoms and educate the patient to desirable withdrawal periods.

4. Don’t prescribe therapies with anti-inflammatory drugs (NSAIDs) without initial and periodical assessment in each patient of the actual clinical indications and of the side effects risk at that time.

5. Don’t routinely prescribe benzodiazepines or Z-drugs in elderly patients in case of insomnia as first choice treatment. Physicians should always recommend intermittent use of these drugs. In case of chronic use, evaluate both the indications and the possible occurrence of side effects.
The top 5 recommendations were released in 2015 from:

1. Associazione Culturale **Pediatri** – ACP
2. The Italian Association of **Nuclear Medicine and Molecular Imaging** - AIMN
3. The Italian Association of **Medical Diabetologists** – AMD
4. The Italian Association of **Medical Endocrinologists** - AME
5. The Italian Association of **Doctors of the Hospital Directions** – ANMDO
6. The Italian Association for the Promotion of appropriate care in **Obstetrics, Gynaecology and Perinatal Medicine** – ANDRIA
7. The **Cochrane Neurosciences Field** in Italy – CNF - 2nd list
8. The Italian College of **Vascular Surgery** Directors
9. The Scientific Society of **Forensic Medicine** of Italian NHS Hospitals – COMLAS
10. The Italian Association for **Cardiovascular Prevention, Rehabilitation and Epidemiology** - GICR-IACPR
11. The Italian Federation of Associations of **Hospital Internal Medicine** – FADOI - 1st list
12. The Italian Federation of Associations of **Hospital Internal Medicine** – FADOI - 2nd list
13. The Italian section of the International Society of **Doctors for the Environment** – ISDE
14. The Italian Society of **Clinical Biochemistry and Clinical Molecular Biology** – SIBIOC
15. The Italian Society of **Palliative Care** – SICP
16. The Italian Society of **Clinical Pharmacy and Therapy** – SIFACT
17. The Italian Society of **Human Genetics** – SIGU
18. The Italian Society of **Nephrology** – SIN
19. The Italian Society for **Medical Education** (SIPeM)
Five Recommendations from the Italian Society for Medical Education (SIPeM) 2015

1. Don't use non-interactive lectures as the main teaching method. Privilege the use of interactive methods instead.

2. Don't address topics about clinical or organization choices without considering their ethical, social and inter-professional aspects, patient's expectations and values, and the most appropriate teaching setting (hospital, primary care).

3. Avoid non-structured oral exams, and don't use only cognitive tools of technical knowledge in the assessment of practical skills.

4. Don't let learners perform procedures directly on patients, without having practiced them in an appropriate simulated model, and without proper tutorial supervision.

5. Don't use only cognitive tests with a prevalent biological focus in the selection of candidates for the access to undergraduate and postgraduate medical and health sciences schools.
The top 5 recommendations were released in 2016 from:
1. the College of Italian Rheumatologists - CReI
2. The Italian Society of Pediatric Nephrology – SINePe
3. The Italian Society of Clinical Pathology and Laboratory Medicine – SIPMeL (1st list)
4. The Italian Association of Physiotherapists – AIFI
5. The Italian Association of Urology Nurses - AIURO
6. The Italian Association of Critical Care Nurses - ANIARTI
7. The Italian Association of Hospital Medicine Nurses – ANIMO
8. The Italian Federation of Registered Nurses' Colleges - IPASVI - Pediatric Nursing Area

The top 5 recommendations were released in 2017 from:
1. The Italian Association of Hospital Gastroenterologists and Digestive Endoscopists – AIGO
2. The Academy for the Study of Parkinson's Disease and Movement Disorders - LIMPE-DISMOV Academy
3. The Italian Society of Andrology and Sexuality Medicine - SIAMS
4. The Italian Society for Infant Respiratory Diseases – SIMRI
5. The Italian Society of Clinical Pathology and Laboratory Medicine – SIPMeL (2nd list)
6. The Italian Society for Preventive and Social Pediatrics – SIPPS
7. National Association of Nurses for the Prevention of Hospital Infections - ANIPIO
The 220 recommendations in Italy
www.choosingwiselyitaly.org

- Primary prevention - 3
- Tests (imaging, laboratory, cardiological, other) - 94
- Treatments (drugs, other) - 77
- Other procedures (healthcare) - 41
- Other procedures (medical education) - 5
1. Imaging in low back pain
2. Antibiotics for infections of upper airway
3. Proton pump inhibitors
4. Non Steroid Anti-inflammatory Drugs
5. Benzodiazepines in the elderly
6. Preoperatory chest x-rays
7. MRI of the knee
8. Allergy tests for drugs or food
9. Food intolerance tests
10. Formula supplement in the first days of life
11. Inhaled corticosteroids in upper respiratory tract illness in children
12. Blood glucose monitoring in diabetic patients
13. X-rays in children with pneumonia
14. Five actions for us and the environment
15. Thyroid ultrasound
16. Equivalent Drugs
17. Prevention and early detection of colon cancer
The network “Slow Hospitals and Community Healthcare” is committed to actively participate in the Choosing Wisely campaign and in other Slow Medicine projects.


‘Choosing Wisely’: a growing international campaign

Wendy Levinson,1 Marjon Kallee,2 R Sacha Bhatia,1 Daniel Wolfson,3 Sam Shortt,4 Eve A Kerr,5 On behalf of the Choosing Wisely International Working Group

ABSTRACT

Much attention has been paid to the inappropriate underuse of tests and treatments but until recently little attention has focused on the overuse that does not add value for patients and may even cause harm. Choosing Wisely is a campaign to engage physicians and patients in conversations about unnecessary tests, treatments and procedures. The campaign began in the United States in 2012, in Canada in 2014 and elsewhere around the world. It has been adopted by many countries, including Australia, New Zealand, Chile, South Africa and others. The campaign is led by physicians and aims to improve the quality of care by identifying low-value services and expecting prescribers to stop using them.

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Choosing Wisely International

During their 3\textsuperscript{rd} International Roundtable, held in Rome, on May 2016, 16 Countries have founded \textit{Choosing Wisely International}, with the aim of working together to share strategies and tools, disseminate best practices and define public policy approaches.

1. Australia
2. Austria
3. Brazil
4. Canada
5. South Korea
6. Denmark
7. France
8. Germany
9. Japan
10. Italy
11. New Zealand
12. Netherlands
13. England
14. Switzerland
15. USA
16. Wales

Rome: May 11-13, 2016