



*An initiative of the ABIM Foundation*

# Using Choosing Wisely® Tools to Empower Patients

*An Implementation Toolkit  
For Health Care Providers*



*“Grant funding for this project provided by the ABIM Foundation and supported by the Robert Wood Johnson Foundation.”*

*Developed by Maine Quality Counts, October 2015*

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*This Implementation Toolkit is a suggested guide to assist practices in thinking about how to incorporate CW into their own workflow. We hope you will find this guide useful in your efforts.*

*Grant funding for this project provided by the ABIM Foundation and supported by the Robert Wood Johnson Foundation.*

*- October 2015*

## Choosing Wisely Process Flow from the Patient Perspective



Patient receives Wallet Card/5 Questions sheet and Patient Information sheet at check-in



Patient sees Choosing Wisely educational video and/or Patient Information sheets in the waiting room



Clinical staff asks patient if they read through the 5 Questions/Patient Information sheet



Patient and provider address questions during the visit

For more information, view the Drexel University Choosing Wisely Physician Communication Modules:

<https://youtu.be/sLX1leak3vg>

## Choosing Wisely Question Sheet Workflow

Goal: Encourage patients to further engage in their care through questions that foster an open and effective dialog with their provider.

PSR gives patient 5 Questions Wallet Card or Sheet at check-in

**Script:** We know that you may have many questions for your provider. Please read through our 5 Questions Wallet Card/Sheet and think about your most important questions and concerns. You can let the Medical Assistant know what your questions are when they bring you to the exam room.

Patient reads materials and thinks of questions they may have while waiting.

While rooming the patient, clinical staff asks patient if they have any questions for their provider.

**Script:** Do you have any questions for your provider today? I'll enter them in the computer so your provider can see them. We'll do our best to answer all of your questions during today's visit, and if we're unable to address everything, we'll make a plan to get answers for you.

Clinical staff reviews patient's questions and answers any they are able to.

Clinical staff reviews patient's questions and answers any they are able to.

**Alternate Script:** Did you have time to think about questions for your provider while you were waiting? If you have any questions, please let me know before your provider comes in and I'll enter them in the computer so your provider can see them.

Clinical staff types patient's questions into HPI (EMR)

Provider reviews questions with patient and determines most urgent issue(s) for visit

**Script:** I see you have some questions with you. What is most important for us to address during our visit today? If we are unable to get to everything today, we will make a plan to have you come back to address the remainder of your questions.

Working with patient, provider creates follow-up plan to answer any remaining questions, as needed.

Patient leaves visit with a follow-up plan

### 3 Easy Ways for Practices to Get Started

Make Choosing Wisely a standard agenda item for:

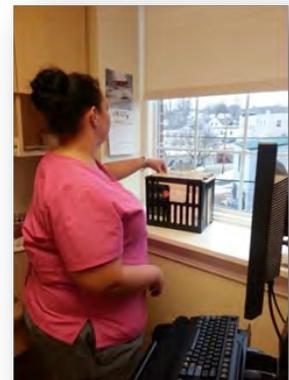
- staff meetings
- Provider meetings
- Clinical/admin meetings

1. Educate medical staff and practice team on Choosing Wisely



2. Construct a Choosing Wisely bulletin board in your waiting room

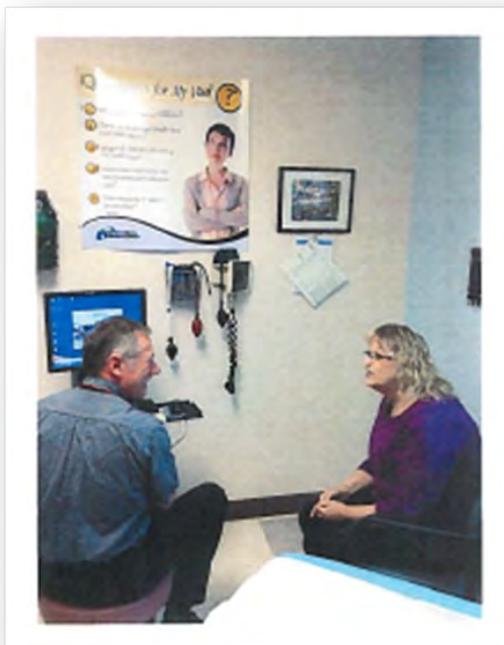
3. Hang the 5 Questions Poster in exam rooms and set up file folders with patient information sheets for easy access during visits



## Where to Hang the 5 Questions Poster in the Exam Room

In order to maximize patient engagement, posters should be hung where they can serve as a reminder to both patient and provider during their conversation.

### Correct Placement



### Incorrect Placement



Photos courtesy of Central Maine Health Care. CMHC branded Choosing Wisely materials for their initiative to engage patients and providers.

# Develop or use Educational Videos for Waiting Room

Patient Education for the Waiting Room: Video Links

Example videos that could be used to develop a 20-30 minutes video clip or to add into existing internal TV monitor system

## **Videos on Antibiotics:**

<http://www.consumerreports.org/cro/2014/03/when-you-think-you-need-antibiotics-but-really-don-t/index.htm>

[http://www.consumerreports.org/cro/2014/03/when-you-think-you-need-antibiotics-but-really-don-t/index.htm?video\\_id=4285970453001](http://www.consumerreports.org/cro/2014/03/when-you-think-you-need-antibiotics-but-really-don-t/index.htm?video_id=4285970453001)

Choosing Wisely: “Antibiotics” by Consumer Health Choices on Vimeo at <https://vimeo.com/89760045>

Myths About Antibiotics by Consumer Health Choices

[http://www.consumerreports.org/cro/magazine/2015/06/6-big-myths-about-antibiotics/index.htm?video\\_id=4285970453001](http://www.consumerreports.org/cro/magazine/2015/06/6-big-myths-about-antibiotics/index.htm?video_id=4285970453001)

## **Videos on Low Back Pain:**

[Imaging for low back-pain \(talking head physician\)](#)

[Grassroots low back-pain video](#)

## **Video on 5 Questions to Ask Your Doctor:**

5 Questions to Ask Your Doctor:

<https://vimeopro.com/consumerhealthchoices/portfolio/video/99658899>

Choosing Wisely, Talking with your Doctor:

<https://vimeopro.com/consumerhealthchoices/portfolio/video/89756088>

Choosing Wisely, More Medicine is Not Always Better:

<https://vimeopro.com/consumerhealthchoices/portfolio/video/90271586>

# Lessons Learned from previous Choosing Wisely Pilots in Maine

1. Engage entire practice team early – had work station links to Choosing Wisely on all provider laptops and exam room computers.
2. Reinforced use of guidelines and compliance
3. Specialties educated & incorporated guidelines
4. Post Choosing Wisely materials where patients and staff can see them often
5. Focus on patient education:
  - a. Bulletin board in waiting room
  - b. Hand out Choosing Wisely 5 Questions wallet card and/or poster at check in
  - c. Provide CW patient education sheets to patients during rooming process when relevant to reason for visit
  - d. Engage their patient advisory group to continue to focus on Choosing Wisely
  - e. Closed circuit TV for waiting room to showcase Choosing Wisely videos
6. Provide information to staff on what the process is for a patient to pursue the price of a treatment, procedure, etc..

## Posters

- Posters need to be big and eye-catching
- Place the posters in eye-line
- Have as many up as possible

## 5 Question Sheets/Wallet Cards

- MUST be addressed by provider/clinical staff – worst thing to do is to ask and then not answer
- Patients are OK with questions being put on hold as long as they are acknowledged
- Optimal time to review the 5 Questions/Patient Information Sheets is in the waiting room
- Have suggested questions available for patients to get thought process going
- Patients want as many questions as possible – need to limit for provider/clinical buy-in
- To set the stage, send information ahead of the visit to start the dialog between patient and provider

## Videos

- Cartoon videos seemed childish and demeaning
- Patients did not identify with “stereotypical” elderly patients (those who were elderly)
- Video loop or TV production must be long enough so that patients don’t see the same one multiple times
- Online videos may have a copyright – YouTube videos need permission to be played in public spaces
- Sound level must be appropriately balanced

## Media

- Have as many mediums sending the same message as possible (i.e. posters, wallet cards, 5 Question and patient information sheets, TV monitor)
- Needs to be visible, colorful and attention grabbing
- Television in the waiting room to play informational videos
- Television must have appropriate media input (i.e., USB, DVD, WiFi)

## Price List

- Price list must be available for provider to use for decision making (or someone they can refer the patient to for more information)
- Recommend providing a laminated copy of the price list in same place in each exam room  
Educate staff to not give “estimates” but to use for informational purposes only
- Patients care more about their cost after insurance over total cost, but this information is difficult to provide

### **Provider Feedback from pilots**

- Patients seemed to appreciate the effort from the clinical team about helping patients get their questions “out there”, even if we weren’t able to answer them all on the same day
- I think it gave my Medical Assistant (MA) more confidence to come forward and help with agenda setting within the visit
- I had an adult patient come in whose mother usually does all the talking for him. He came in for the first time on his own, and he filled out the question sheet we prepared for him. It was nice to get to know what he was thinking for the visit
- It changed the dynamics between us – patient/client became more active in the treatment and said something to the effect of, “A doctor hasn’t ever asked me about what I thought before, I thought it didn’t matter, and I’m glad that you did.”
- Patients were very receptive, interested, and involved in participating in the process – we all need to question our assumptions about patients’ perceptions and desires

### **Medical Assistant Feedback from pilots**

- We had a sheet for patients to write their questions on and not a lot of patients are filling out the sheet, but they do seem to have more questions when I ask, so it is generating some thought

### **Patient Feedback from pilots**

- Oh this is great, I always have a hard time remembering what I want to talk about

# Informational ideas from other Health Care Organizations

## 1. Intermountain Healthcare Flash Cards and Care Practice Models (CPMs)

**ADULT EVIDENCE-BASED RECOMMENDATIONS AND RESOURCES** 2013

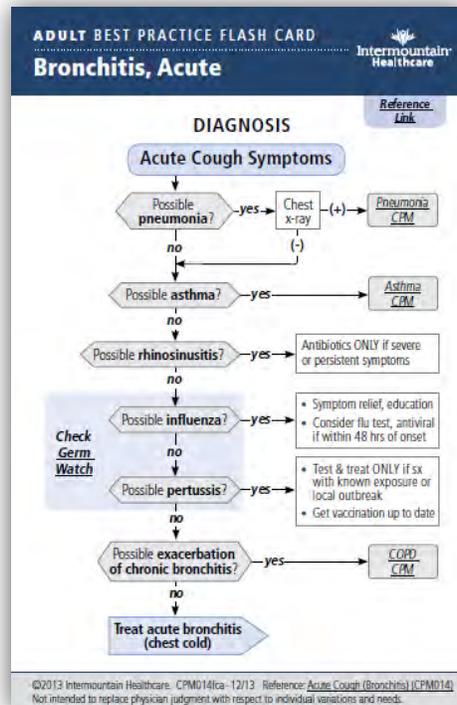
**A Primary Care Guide to Choosing Wisely® at Intermountain**  
Tests and Treatments Doctors and Patients Should Discuss

According to the Institute of Medicine, up to 30% of healthcare delivered in the U.S. is unnecessary and may cause harm. Patterned after the Choosing Wisely® campaign ([www.choosingwisely.org](http://www.choosingwisely.org)) of the ABIM Foundation ([www.abimfoundation.org](http://www.abimfoundation.org)), this document summarizes key areas prone to overuse or misuse of medical tests and procedures at Intermountain Healthcare. It also provides advice on underused care and preventive care visits. Links are provided to tools that summarize the evidence (CPMs and national guidelines), tools to reinforce best practice at the point of care (orders, forms, and quick references), and tools to enable conversations with patients (patient education).

**1 WISE IMAGING**   **2 WISE LAB TESTS**   **3 WISE MEDICATIONS**   **4 PREVENTIVE CARE VISITS**   **5 UNDERUSED CARE**

**1. IMAGING** | Limit imaging to tests that may alter care.

- Low back pain** — Avoid imaging tests in acute low back pain unless there are red flags for serious pathology or injury. According to the Choosing Wisely® lists from the American Academy of Family Physicians and the American College of Physicians, lumbar imaging increases costs without improving outcomes. Intermountain's Spinal MRI Order Form provides a helpful checklist of appropriate indications for lumbar imaging. More information: [Spinal MRI Order](#) [Low Back Pain CPM](#) [Patient education \(English / Spanish\)](#)
- Heart** — Avoid cardiac nuclear stress testing unless the indication meets national criteria. Cardiac nuclear scans involve significant radiation, which should be avoided unless clinically indicated. Choosing Wisely® lists from the American College of Cardiology (ACC) and the American Society of Nuclear Cardiology provide guidelines on cardiac imaging, and Intermountain's CV



## 2. Safe Antibiotic Poster (Nudging Poster), Illinois Department of Public Health

**Safe Antibiotic Use:**  
An Important Message From Your Providers

Dear Patient,

We want to give you some important information about antibiotics.

- Antibiotics only fight infections caused by bacteria.
- Antibiotics will **NOT** help you feel better if you have a viral infection like:
  - Cold or runny nose
  - Bronchitis or chest cold
  - Flu
- If you take antibiotics when you don't really need them, they can cause more harm than good:
  - You might feel worse
  - You can get diarrhea, rashes, or yeast infections
  - Antibiotics may **NOT** work when you really need them because antibiotics make bacteria more resistant to them. This can make future infections harder to treat.

What can you do as a patient? Talk with me about the treatment that is best for you. Follow the treatment plan that we discuss.

As your healthcare provider, I will give you the best care possible. I am dedicated to avoid prescribing antibiotics when they are likely to do more harm than good. If you have any questions, please ask me, your nurse, or your pharmacist.

Sincerely,

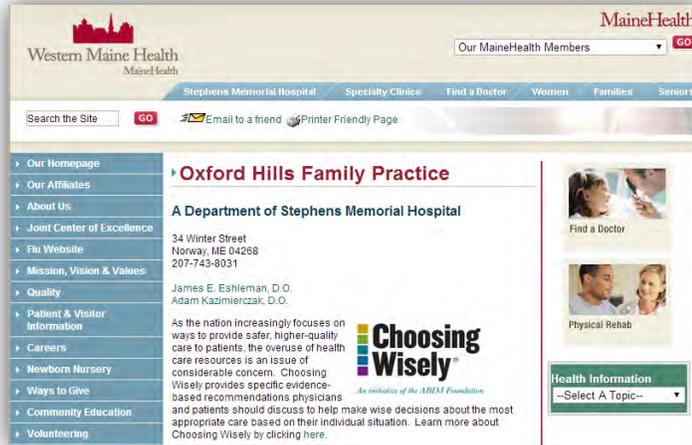
Provider photo   Provider photo   Provider photo   Provider photo

Signature   Signature   Signature   Signature

Facility Logo   **JIDPH**

**The best care is the right care.**  
**Only use antibiotics when needed.**

### 3. Place Choosing Wisely Information on Health System/Practice Websites



### 4. Create opportunities for local media coverage



## **Appendix A**

# **Choosing Wisely Clinical Evidence Based Lists for the 3 focus areas**

## Five Things Physicians and Patients Should Question

1

### Don't treat asymptomatic bacteremia with antibiotics.

Inappropriate use of antibiotics to treat asymptomatic bacteremia (ASB), or a significant number of bacteria in the urine that occurs without symptoms such as burning or frequent urination, is a major contributor to antibiotic overuse in patients. With the exception of pregnant patients, patients undergoing prostate surgery or other invasive urological surgery, and kidney or kidney pancreas organ transplant patients within the first year of receiving the transplant, use of antibiotics to treat ASB is not clinically beneficial and does not improve morbidity or mortality. The presence of a urinary catheter increases the risk of bacteremia, however, antibiotic use does not decrease the incidence of symptomatic catheter-associated urinary tract infection (CAUTI), and unless there are symptoms referable to the urinary tract or symptoms with no identifiable cause, catheter-associated asymptomatic bacteremia (CA-ASB) does not require screening and antibiotic therapy. The overtreatment of ASB with antibiotics is not only costly, but can lead to *C. difficile* infection and the emergence of resistant pathogens, raising issues of patient safety and quality.

2

### Avoid prescribing antibiotics for upper respiratory infections.

The majority of acute upper respiratory infections (URIs) are viral in etiology and the use of antibiotic treatment is ineffective, inappropriate and potentially harmful. However, proven infection by Group A Streptococcal disease (Strep throat) and pertussis (whooping cough) should be treated with antibiotic therapy. Symptomatic treatment for URIs should be directed to maximize relief of the most prominent symptom(s). It is important that health care providers have a dialogue with their patients and provide education about the consequences of misusing antibiotics in viral infections, which may lead to increased costs, antimicrobial resistance and adverse effects.

3

### Don't use antibiotic therapy for stasis dermatitis of lower extremities.

Stasis dermatitis is commonly treated with antibiotic therapy, which may be a result of misdiagnosis or lack of awareness of the pathophysiology of the disease. The standard of care for the treatment of stasis dermatitis affecting lower extremities is a combination of leg elevation and compression. Elevation of the affected area accelerates improvements by promoting gravity drainage of edema and inflammatory substances. The routine use of oral antibiotics does not improve healing rates and may result in unnecessary hospitalization, increased health care costs and potential for patient harm.

4

### Avoid testing for a *Clostridium difficile* infection in the absence of diarrhea.

Testing for *C. difficile* or its toxins should be performed only on diarrheal (unformed) stool, unless ileus due to *C. difficile* is suspected. Because *C. difficile* carriage is increased in patients on antimicrobial therapy, and patients in the hospital, only diarrheal stools warrant testing. In the absence of diarrhea, the presence of *C. difficile* indicates carriage and should not be treated and therefore, not tested.

5

### Avoid prophylactic antibiotics for the treatment of mitral valve prolapse.

Antibiotic prophylaxis is no longer indicated in patients with mitral valve prolapse for prevention of infective endocarditis. The risk of antibiotic-associated adverse effects exceeds the benefit (if any) from prophylactic antibiotic therapy. Limited use of prophylaxis will likely reduce the unwanted selection of antibiotic-resistant strains and their unintended consequences such as *C. difficile*-associated colitis.

## How This List Was Created

The Infectious Diseases Society of America's (IDSA) Quality Improvement Committee (QIC) directed the development of IDSA's *Choosing Wisely*<sup>®</sup> list of Five Things Physicians and Patients Should Question. The Committee identified a preliminary list of inappropriate and overused clinical practices. A list of five items was drafted and then vetted by the QIC and revisions were made according to a workgroup consensus. The finalized list was then submitted for approval to the IDSA Board of Directors.

IDSA's disclosure and conflict of interest policy can be found at [www.idsociety.org/Index.aspx](http://www.idsociety.org/Index.aspx).

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### About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

To learn more about the ABIM Foundation, visit [www.abimfoundation.org](http://www.abimfoundation.org).



### About the Infectious Diseases Society of America

The Infectious Diseases Society of America (IDSA) is proud to partner with the *Choosing Wisely*<sup>®</sup> campaign to raise awareness of inappropriate, wasteful clinical actions that harm patients and lead to costly health care. Supporting the aims of *Choosing Wisely*, IDSA is committed to evidence-based medicine and develops clinical practice guidelines that inform the use of high-quality, truly necessary medicine. Founded in 1963, IDSA represents more than 10,000 infectious diseases physicians and scientists devoted to patient care, prevention, population health, education and research in the area of infectious disease (ID). Our members care for patients of all ages with serious infections, including meningitis, pandemic influenza, pneumonia, tuberculosis, surgical infections, immunocompromised cancer or transplant patients who have life-threatening infections caused by uncommon or drug-resistant microorganisms, HIV and AIDS patients, and new and emerging infections, such as Middle East respiratory syndrome (MERS), and Ebola.

For more information on infectious diseases specialists and IDSA, please visit the IDSA website, [www.idsociety.org](http://www.idsociety.org).



For more information or to see other lists of Things Physicians and Patients Should Question, visit [www.choosingwisely.org](http://www.choosingwisely.org).

## Fifteen Things Physicians and Patients Should Question

1

### Don't do imaging for low back pain within the first six weeks, unless red flags are present.

Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs. Low back pain is the fifth most common reason for all physician visits.

2

### Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.

Symptoms must include discolored nasal secretions and facial or dental tenderness when touched. Most sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own. Despite consistent recommendations to the contrary, antibiotics are prescribed in more than 80 percent of outpatient visits for acute sinusitis. Sinusitis accounts for 16 million office visits and \$5.8 billion in annual health care costs.

3

### Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.

DEXA is not cost effective in younger, low-risk patients, but is cost effective in older patients.

4

### Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.

There is little evidence that detection of coronary artery stenosis in asymptomatic patients at low risk for coronary heart disease improves health outcomes. False-positive tests are likely to lead to harm through unnecessary invasive procedures, over-treatment and misdiagnosis. Potential harms of this routine annual screening exceed the potential benefit.

5

### Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.

Most observed abnormalities in adolescents regress spontaneously, therefore Pap smears for this age group can lead to unnecessary anxiety, additional testing and cost. Pap smears are not helpful in women after hysterectomy (for non-cancer disease) and there is little evidence for improved outcomes.

## Fifteen Things Physicians and Patients Should Question

6

### **Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age.**

Delivery prior to 39 weeks, 0 days has been shown to be associated with an increased risk of learning disabilities and a potential increase in morbidity and mortality. There are clear medical indications for delivery prior to 39 weeks and 0 days based on maternal and/or fetal conditions. A mature fetal lung test, in the absence of appropriate clinical criteria, is not an indication for delivery.

7

### **Avoid elective, non-medically indicated inductions of labor between 39 weeks, 0 days and 41 weeks, 0 days unless the cervix is deemed favorable.**

Ideally, labor should start on its own initiative whenever possible. Higher Cesarean delivery rates result from inductions of labor when the cervix is unfavorable. Health care clinicians should discuss the risks and benefits with their patients before considering inductions of labor without medical indications.

8

### **Don't screen for carotid artery stenosis (CAS) in asymptomatic adult patients.**

There is good evidence that for adult patients with no symptoms of carotid artery stenosis, the harms of screening outweigh the benefits. Screening could lead to non-indicated surgeries that result in serious harms, including death, stroke and myocardial infarction.

9

### **Don't screen women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk for cervical cancer.**

There is adequate evidence that screening women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk provides little to no benefit.

10

### **Don't screen women younger than 30 years of age for cervical cancer with HPV testing, alone or in combination with cytology.**

There is adequate evidence that the harms of HPV testing, alone or in combination with cytology, in women younger than 30 years of age are moderate. The harms include more frequent testing and invasive diagnostic procedures such as colposcopy and cervical biopsy. Abnormal screening test results are also associated with psychological harms, anxiety and distress.

## Fifteen Things Physicians and Patients Should Question

11

### **Don't prescribe antibiotics for otitis media in children aged 2–12 years with non-severe symptoms where the observation option is reasonable.**

The “observation option” refers to deferring antibacterial treatment of selected children for 48 to 72 hours and limiting management to symptomatic relief. The decision to observe or treat is based on the child’s age, diagnostic certainty and illness severity. To observe a child without initial antibacterial therapy, it is important that the parent or caregiver has a ready means of communicating with the clinician. There also must be a system in place that permits reevaluation of the child.

12

### **Don't perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2–24 months.**

The risks associated with radiation (plus the discomfort and expense of the procedure) outweigh the risk of delaying the detection of the few children with correctable genitourinary abnormalities until their second UTI.

13

### **Don't routinely screen for prostate cancer using a prostate-specific antigen (PSA) test or digital rectal exam.**

There is convincing evidence that PSA-based screening leads to substantial over-diagnosis of prostate tumors. Many tumors will not harm patients, while the risks of treatment are significant. Physicians should not offer or order PSA screening unless they are prepared to engage in shared decision making that enables an informed choice by patients.

14

### **Don't screen adolescents for scoliosis.**

There is no good evidence that screening asymptomatic adolescents detects idiopathic scoliosis at an earlier stage than detection without screening. The potential harms of screening and treating adolescents include unnecessary follow-up visits and evaluations due to false positive test results and psychological adverse effects.

15

### **Don't require a pelvic exam or other physical exam to prescribe oral contraceptive medications.**

Hormonal contraceptives are safe, effective and well-tolerated for most women. Data do not support the necessity of performing a pelvic or breast examination to prescribe oral contraceptive medications. Hormonal contraception can be safely provided on the basis of medical history and blood pressure measurement.

## How This List Was Created (1–5)

The American Academy of Family Physicians (AAFP) list is an endorsement of the five recommendations for Family Medicine previously proposed by the National Physicians Alliance (NPA) and published in the *Archives of Internal Medicine*, as part of its Less is More™ series. The goal was to identify items common in primary care practice, strongly supported by the evidence and literature, that would lead to significant health benefits, reduce risks and harm, and reduce costs. A working group was assembled for each of the three primary care specialties; family medicine, pediatrics and internal medicine. The original list was developed using a modification of the nominal group process, with online voting. The literature was then searched to provide supporting evidence or refute the activities. The list was modified and a second round of field testing was conducted. The field testing with family physicians showed support for the final recommendations, the potential positive impact on quality and cost, and the ease with which the recommendations could be implemented.

More detail on the study and methodology can be found in the *Archives of Internal Medicine* article: [The “Top 5” Lists in Primary Care.](#)

## How This List Was Created (6–10)

The American Academy of Family Physicians (AAFP) has identified this list of clinical recommendations for the second phase of the *Choosing Wisely* campaign. The goal was to identify items common in the practice of family medicine supported by a review of the evidence that would lead to significant health benefits, reduce risks, harms and costs. For each item, evidence was reviewed from appropriate sources such as evidence reviews from the Cochrane Collaboration, and the Agency for Healthcare Research and Quality. The AAFP’s Commission on Health of the Public and Science and Chair of the Board of Directors reviewed and approved the recommendations.

In the case of the first two items on our list – “Don’t schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age” and “Don’t schedule elective, non-medically indicated inductions of labor between 39 weeks, 0 days and 41 weeks, 0 days unless the cervix is deemed favorable” – we collaborated with the American College of Obstetricians and Gynecologists in developing the final language.

## How This List Was Created (11–15)

The American Academy of Family Physicians (AAFP) has identified this list of clinical recommendations for the third phase of the *Choosing Wisely*® campaign. The goal was to identify items common in the practice of family medicine supported by a review of the evidence that would lead to significant health benefits, reduce risks, harms and costs. For each item, evidence was reviewed from appropriate sources such as the Cochrane Collaboration, the Agency for Healthcare Research and Quality and other sources. The AAFP’s Commission on Health of the Public and Science and Board of Directors reviewed and approved the recommendations.

AAFP’s disclosure and conflict of interest policy can be found at [www.aafp.org](http://www.aafp.org).

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Founded in 1947, the American Academy of Family Physicians (AAFP) represents 105,900 physicians and medical students nationwide. It is the only medical society devoted solely to primary care. Approximately one in four of all doctor's office visits are made to family physicians. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focused on integrated care.



For information about health care, health conditions and wellness, please visit the AAFP's award-winning consumer website, [www.familydoctor.org](http://www.familydoctor.org).

For more information or to see other lists of Five Things Physicians and Patients Should Question, visit [www.choosingwisely.org](http://www.choosingwisely.org).

## Ten Things Physicians and Patients Should Question

1

### Don't recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral assisted feeding.

Careful hand feeding for patients with severe dementia is at least as good as tube feeding for the outcomes of death, aspiration pneumonia, functional status and patient comfort. Food is the preferred nutrient. Tube feeding is associated with agitation, increased use of physical and chemical restraints and worsening pressure ulcers.

2

### Don't use antipsychotics as the first choice to treat behavioral and psychological symptoms of dementia.

People with dementia often exhibit aggression, resistance to care and other challenging or disruptive behaviors. In such instances, antipsychotic medicines are often prescribed, but they provide limited and inconsistent benefits, while posing risks, including over sedation, cognitive worsening and increased likelihood of falls, strokes and mortality. Use of these drugs in patients with dementia should be limited to cases where non-pharmacologic measures have failed and patients pose an imminent threat to themselves or others. Identifying and addressing causes of behavior change can make drug treatment unnecessary.

3

### Avoid using medications other than metformin to achieve hemoglobin A1c <7.5% in most older adults; moderate control is generally better.

There is no evidence that using medications to achieve tight glycemic control in most older adults with type 2 diabetes is beneficial. Among non-older adults, except for long-term reductions in myocardial infarction and mortality with metformin, using medications to achieve glycated hemoglobin levels less than 7% is associated with harms, including higher mortality rates. Tight control has been consistently shown to produce higher rates of hypoglycemia in older adults. Given the long time frame to achieve theorized microvascular benefits of tight control, glycemic targets should reflect patient goals, health status and life expectancy. Reasonable glycemic targets would be 7.0 – 7.5% in healthy older adults with long life expectancy, 7.5 – 8.0% in those with moderate comorbidity and a life expectancy < 10 years, and 8.0 – 9.0% in those with multiple morbidities and shorter life expectancy.

4

### Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.

Large-scale studies consistently show that the risk of motor vehicle accidents, falls and hip fractures leading to hospitalization and death can more than double in older adults taking benzodiazepines and other sedative-hypnotics. Older patients, their caregivers and their providers should recognize these potential harms when considering treatment strategies for insomnia, agitation or delirium. Use of benzodiazepines should be reserved for alcohol withdrawal symptoms/delirium tremens or severe generalized anxiety disorder unresponsive to other therapies.

5

### Don't use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.

Cohort studies have found no adverse outcomes for older men or women associated with asymptomatic bacteriuria. Antimicrobial treatment studies for asymptomatic bacteriuria in older adults demonstrate no benefits and show increased adverse antimicrobial effects. Consensus criteria has been developed to characterize the specific clinical symptoms that, when associated with bacteriuria, define urinary tract infection. Screening for and treatment of asymptomatic bacteriuria is recommended before urologic procedures for which mucosal bleeding is anticipated.

## Ten Things Physicians and Patients Should Question

6

### Don't prescribe cholinesterase inhibitors for dementia without periodic assessment for perceived cognitive benefits and adverse gastrointestinal effects.

Although some randomized control trials suggest that cholinesterase inhibitors may improve cognitive testing results, it is unclear whether these changes are clinically meaningful. It is uncertain whether these medicines delay institutionalization, improve quality of life or lessen caregiver burden. No studies have investigated benefits beyond a year nor clarified the risks and benefits of long-term therapy. Clinicians, patients and their caregivers should discuss treatment goals of practical value that can be easily assessed and the nature and likelihood of adverse effects before beginning a trial of Cholinesterase inhibitors. If the desired effects (including stabilization of cognition) are not perceived within 12 weeks or so, the inhibitors should be discontinued.

7

### Don't recommend screening for breast, colorectal, prostate or lung cancer without considering life expectancy and the risks of testing, overdiagnosis and overtreatment.

Cancer screening is associated with short-term risks, including complications from testing, overdiagnosis and treatment of tumors that would not have led to symptoms. For prostate cancer, 1,055 older men would need to be screened and 37 would need to be treated to avoid one death in 11 years. For breast and colorectal cancer, 1,000 older adults would need to be screened to prevent one death in 10 years. For lung cancer, much of the evidence for benefit from low dose CT screening for smokers is from healthier, younger patients under age 65. Further, although screening 1,000 persons would avoid four lung cancer deaths in six years, 273 persons would have an abnormal result requiring 36 to get an invasive procedure with eight persons suffering complications.

8

### Avoid using prescription appetite stimulants or high-calorie supplements for treatment of anorexia or cachexia in older adults; instead, optimize social supports, discontinue medications that may interfere with eating, provide appealing food and feeding assistance, and clarify patient goals and expectations.

Unintentional weight loss is a common problem for medically ill or frail elderly. Although high-calorie supplements increase weight in older people, there is no evidence that they affect other important clinical outcomes, such as quality of life, mood, functional status or survival. Use of megestrol acetate results in minimal improvements in appetite and weight gain, no improvement in quality of life or survival, and increased risk of thrombotic events, fluid retention and death. In patients who take megestrol acetate, one in 12 will have an increase in weight and one in 23 will have an adverse event leading to death. The 2012 AGS Beers criteria lists megestrol acetate and cyproheptadine as medications to avoid in older adults. Systematic reviews of cannabinoids, dietary polyunsaturated fatty acids (DHA and EPA), thalidomide and anabolic steroids have not identified adequate evidence for the efficacy and safety of these agents for weight gain. Mirtazapine is likely to cause weight gain or increased appetite when used to treat depression, but there is little evidence to support its use to promote appetite and weight gain in the absence of depression.

9

### Don't prescribe a medication without conducting a drug regimen review.

Older patients disproportionately use more prescription and non-prescription drugs than other populations, increasing the risk for side effects and inappropriate prescribing. Polypharmacy may lead to diminished adherence, adverse drug reactions and increased risk of cognitive impairment, falls and functional decline. Medication review identifies high-risk medications, drug interactions and those continued beyond their indication. Additionally, medication review elucidates unnecessary medications and underuse of medications, and may reduce medication burden. Annual review of medications is an indicator for quality prescribing in vulnerable elderly.

10

### Don't use physical restraints to manage behavioral symptoms of hospitalized older adults with delirium.

Persons with delirium may display behaviors that risk injury or interference with treatment. There is little evidence to support the effectiveness of physical restraints in these situations. Physical restraints can lead to serious injury or death and may worsen agitation and delirium. Effective alternatives include strategies to prevent and treat delirium, identification and management of conditions causing patient discomfort, environmental modifications to promote orientation and effective sleep-wake cycles, frequent family contact and supportive interaction with staff. Nursing educational initiatives and innovative models of practice have been shown to be effective in implementing a restraint-free approach to patients with delirium. This approach includes continuous observation; trying re-orientation once, and if not effective, not continuing; observing behavior to obtain clues about patients' needs; discontinuing and/or hiding unnecessary medical monitoring devices or IVs; and avoiding short-term memory questions to limit patient agitation. Pharmacological interventions are occasionally utilized after evaluation by a medical provider at the bedside, if a patient presents harm to him or herself or others. If physical restraints are used, they should only be used as a last resort, in the least-restrictive manner, and for the shortest possible time.

## How This List Was Created (1–5)

The American Geriatrics Society (AGS) established a work group chaired by the Vice Chair of Clinical Practice and Models of Care Committee (CPMC). Work group members were drawn from that committee, as well as the Ethics, Ethnogeriatrics and Quality and Performance Measurement (QPMC) committees. AGS members were invited to submit feedback and recommendations as to what they thought should be included in the list via an electronic survey. The workgroup first narrowed the list down to the top 10 potential tests or procedures. The workgroup then reviewed the evidence and sought expert advice to further refine the list to five recommendations, which were then reviewed and approved by the AGS Executive Committee and the Chairs/Vice Chairs of CPMC, Ethics and QPMC.

## How This List Was Created (6–10)

The American Geriatrics Society (AGS) used the same work group from its first list to develop its second list. The group was chaired by the Chair of Clinical Practice and Models of Care Committee (CPMC). Work group members were drawn from that committee, as well as the Ethics, Ethnogeriatrics and Quality and Performance Measurement (QPMC) committees. AGS members were invited to submit feedback and recommendations as to what they thought should be included in a *Choosing Wisely*<sup>®</sup> list via an electronic survey. The workgroup then narrowed the list down and reviewed the evidence, seeking expert advice to further refine the list to five recommendations, which were then reviewed and approved by the AGS Executive Committee and the Chairs/Vice Chairs of CPMC, Ethics and QPMC.

On April 23, 2015, AGS revised items 2,3,6,7,8 and 10. [Read more about these changes and rationale.](#)

AGS' disclosure and conflict of interest policy can be found at [www.americangeriatrics.org](http://www.americangeriatrics.org).

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### About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.



To learn more about the ABIM Foundation, visit [www.abimfoundation.org](http://www.abimfoundation.org).

### About the American Geriatrics Society

The American Geriatrics Society (AGS) works to improve the health, independence and quality of life of all older people. Our geriatrics health professional members work together to provide interdisciplinary, patient- and family-centered team care to older adults. The society also works to bring the knowledge and expertise of geriatrics health professionals to the public via [www.healthinaging.org](http://www.healthinaging.org).



To learn more about the AGS, please visit [www.americangeriatrics.org](http://www.americangeriatrics.org).

For more information or to see other lists of Five Things Physicians and Patients Should Question, visit [www.choosingwisely.org](http://www.choosingwisely.org).

**Appendix B**  
**Choosing Wisely Patient Information Sheets for the**  
**3 focus areas**

# Choosing Wisely<sup>®</sup>

*An initiative of the ABIM Foundation*

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 IDSA  
Infectious Diseases Society of America

 ABIM  
FOUNDATION

## Colds, flu, and other respiratory illnesses in adults:

### When you need antibiotics—and when you don't

If you have a sore throat, cough, or sinus pain, you might expect to take antibiotics. After all, you feel bad, and you want to get better fast. But antibiotics don't help most respiratory infections, and they can even be harmful. Here's why.

#### **Antibiotics kill bacteria, not viruses.**

Antibiotics fight infections caused by bacteria. But most respiratory infections are caused by viruses. Antibiotics can't cure a virus.

Viruses cause:

- All colds and flu.
- Almost all sinus infections.
- Most bronchitis (chest colds).
- Most sore throats, especially with a cough, runny nose, hoarse voice, or mouth sores.

#### **Antibiotics have risks.**

Antibiotics can upset the body's natural balance of good and bad bacteria. Antibiotics can cause:

- Nausea, vomiting, and severe diarrhea.
- Vaginal infections.
- Nerve damage.
- Torn tendons.
- Life-threatening allergic reactions.



Many adults go to emergency rooms because of antibiotic side effects.

#### **Overuse of antibiotics is a serious problem.**

Wide use of antibiotics breeds “superbugs.” These are bacteria that become resistant to antibiotics. They can cause drug-resistant infections, even disability or death. The resistant bacteria—the superbugs—can also spread to family members and others.

## Overuse of antibiotics leads to high costs.

Drug-resistant infections usually need more costly drugs and extra medical care. And sometimes you need a hospital stay. In the U.S., this costs us over \$20 billion a year.

## You may need an antibiotic if you have one of the infections listed below.

**You have a sinus infection that doesn't get better in 10 days.** Or it gets better and then suddenly gets worse.

**You have a fever of 102° F, or fever over 100.6° F for 3 days or more, green or yellow mucus, or face pain for three or more days in a row.**

## You have bacterial pneumonia.

- Symptoms can include cough with colored mucus, fever of at least 100.6° F, chills, shortness of breath, and chest pain when you take a deep breath.
- The diagnosis is made with a physical exam and a chest x-ray.

## You have whooping cough (pertussis).

- The main symptoms are fits of severe, rapid coughing. They may end with a “whoop” sound.
- The diagnosis should be checked with a swab of the throat.
- Your family may need antibiotics also.

## You have strep throat.

- Symptoms include sudden throat pain, pain when swallowing, a fever of at least 100.6 F, and swollen glands.
- The diagnosis should be done with a rapid strep test, which uses a swab of the throat.

If your doctor does prescribe antibiotics, follow the directions carefully and take all your pills. This helps prevent the growth of superbugs.

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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[ConsumerHealthChoices.org/about-us/](http://ConsumerHealthChoices.org/about-us/).

## Advice from Consumer Reports

# How to manage respiratory infections

### Try to avoid them.

Wash your hands often and well with plain soap and water. And get these vaccines:

- **Flu (influenza) vaccine.** Get this once a year. October or November is best.
- **Pneumonia vaccine.** When you turn 65, get two shots, a year apart. If you are younger and have heart, lung, or liver disease, diabetes, problems with alcohol, or you smoke, ask your doctor if you should get the shots.
- **Tdap vaccine** for tetanus, diphtheria, and pertussis (whooping cough). All adults should get this once. Then get a tetanus-diphtheria booster shot every 10 years. Pregnant women should get a Tdap shot during their third trimester.

### Relieve symptoms.

- Get plenty of rest and drink lots of fluids.
- Use a humidifier and clean it daily.
- **Ease pain and reduce fever** with: *Acetaminophen* (Tylenol and generic) *Ibuprofen* (Advil and generic)
- **For nasal discomfort** use saline (salt water) drops or spray.
- **To soothe a sore throat**, gargle with salt water, drink warm beverages, or eat or drink something cool.
- **To ease a cough**, breathe steam from a kettle or shower. For mild, short-term relief, try an over-the-counter cough medicine that has *dextromethorphan*. See a doctor if coughing lasts three days or more.



# Choosing Wisely<sup>®</sup>

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AMERICAN ACADEMY OF  
FAMILY PHYSICIANS



## Imaging tests for lower-back pain

When you need them—and when you don't

**B**ack pain can be excruciating. So it seems that getting an X-ray, CT scan, or MRI to find the cause would be a good idea. But that's usually not the case, at least at first. Here's why.

### **They don't help you get better faster.**

Most people with lower-back pain feel better in about a month whether they get an imaging test or not. In fact, those tests can lead to additional procedures that complicate recovery. For example, a study that looked at 1,800 people with back pain found that those who had imaging tests soon after reporting the problem fared no better and sometimes did worse than people who took simple steps like applying heat, staying active, and taking an OTC pain reliever. Another study found that back-pain sufferers who had an MRI in the first month were eight times more likely to have surgery, and had a five-fold increase in medical expenses—but didn't recover faster.

### **They can pose risks.**

X-rays and CT scans expose you to radiation, which can increase cancer risk. One study projected 1,200 new cancers based on the 2.2 million CT scans of the lower back performed in



the U.S. in 2007. While back X-rays deliver less radiation, they're still 75 times stronger than a chest X-ray. That's especially worrisome to men and women of childbearing age, because X-rays and CT scans of the lower back can expose testicles and ovaries to radiation. And the tests often reveal spinal abnormalities that could be completely unrelated to the pain. For example, one study found that 90 percent of older people who reported no back pain still had spinal abnormalities that showed up on MRIs. Those findings can cause needless worry and lead to

unnecessary follow-up tests and procedures such as injections or sometimes even surgery.

### **They're often a waste of money.**

An X-ray of the lower back ranges from about \$200 to \$290, an MRI from \$880 to \$1,230, and a CT scan from \$1,080 to \$1,520, according to [HealthCareBlueBook.com](http://HealthCareBlueBook.com). Imaging also accounts for a big chunk of the billions Americans spend on lower-back pain each year, not only for the tests themselves, but also the unnecessary interventions they trigger.

### **When do imaging tests make sense?**

It can be a good idea to get an imaging test right away if you have signs of severe or worsening nerve damage, or a serious underlying problem such as cancer or a spinal infection. Red flags that can make such testing worthwhile include a history of cancer, unexplained weight loss, fever, recent infection, loss of bowel or bladder control, abnormal reflexes, or loss of muscle power or feeling in the legs. In other cases, you probably don't need an imaging test for at least several weeks after the onset of your back pain, and only after you've tried the self-care measures described at right.

#### **USING THIS INFORMATION**

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## **Consumer Reports Advice**

# **How should you treat lower-back pain?**

Most people get over back pain in a few weeks, and these simple steps might help.

• **Stay active.** Resting in bed for more than a day or so can cause stiffness, weakness, depression, and slow recovery.



• **Apply heat.** A heating pad, electric blanket, or warm bath or shower relaxes muscles.

• **Consider over-the-counter medicines.** Good options include painrelievers such as acetaminophen (Tylenol and generic) or anti-inflammatory drugs such as ibuprofen (Advil and generic) and naproxen (Aleve or generic).

• **Sleep comfortably.** Lying on your side with a pillow between your knees or on your back with a few beneath them might help.

• **Talk with your doctor.** If symptoms don't improve after a few days, consider seeing a doctor to make sure that the problem doesn't stem from a serious underlying health problem. If the pain is severe, ask about prescription painrelievers.

• **Consider alternatives.** If you don't feel better after four weeks or so, it might be worth talking with your doctor about other options, including physical therapy, chiropractic care, yoga, massage, acupuncture, cognitive-behavioral therapy, and progressive muscle relaxation. More invasive choices, such as surgery, should be considered only if those other treatments don't help.

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# Insomnia and anxiety in older people

## Sleeping pills are usually not the best solution

**N**early one third of older people in the U.S. take sleeping pills. These drugs are called “sedative-hypnotics” or “tranquilizers.” They affect the brain and spinal cord.

Doctors prescribe the drugs for sleep problems. The drugs are also used to treat other conditions, such as anxiety or alcohol withdrawal.

Usually older adults should try nondrug treatments first. According to the American Geriatrics Society, there are safer and better ways to improve sleep or reduce anxiety. Here’s why:

### **Sleeping pills may not help much.**

Many ads say that sleeping pills help people get a full, restful night’s sleep. But studies show that this is not exactly true in real life. On average, people who take one of these drugs sleep only a little longer and better than those who don’t take a drug.

### **Sleeping pills can have serious, or even deadly side effects.**

All sedative-hypnotic drugs have special risks for older adults. Seniors are likely to be more sensitive to the drugs’ effects than younger adults.

And these drugs may stay in their bodies longer.



The drugs can cause confusion and memory problems that:

- More than double the risk of falls and hip fractures. These are common causes of hospitalization and death in older people.
- Increase the risk of car accidents.

### **The new “Z” drugs also have risks.**

Most ads are for these new drugs. At first, they were thought to be safer. But recent studies suggest they have as much or more risk than the older sleep drugs.

### **Try nondrug treatments first.**

Get a thorough medical exam. Sleep problems can be caused by depression or anxiety, pain, restless leg syndrome, and many other conditions.

Even if an exam does not turn up an underlying cause, you should try other solutions before you try drugs. (See tips in the box to the right.)

### Kinds of sleeping pills (sedative-hypnotics)

All of these pills have risks, especially for older adults:

#### Barbiturates

- Secobarbital (Seconal and generic)
- Phenobarbital (Luminal and generic)

#### Benzodiazepines

For anxiety:

- Alprazolam (Xanax and generic)
- Diazepam (Valium and generic)
- Lorazepam (Ativan and generic)

For insomnia:

- Estazolam (generic only)
- Flurazepam (Dalmane and generic)
- Quazepam (Doral)
- Temazepam (Restoril and generic)
- Triazolam (Halcion and generic)

#### "Z" drugs

- Zolpidem (Ambien and generic)
- Eszopiclone (Lunesta)
- Zaleplon (Sonata and generic)

### Over-the-counter drugs may not be a good choice.

Side effects of some drugs can be especially bothersome for seniors: next-day drowsiness, confusion, constipation, dry mouth, and difficulty urinating. Avoid these over-the-counter sleep drugs:

- Diphenhydramine (Benadryl Allergy, Nytol, Sominex, and generic)
- Doxylamine (Unisom and generic).
- Advil PM
- Tylenol PM

### When to try sedative-hypnotic drugs.

Consider these drugs if the sleep problems are affecting your quality of life and nothing else has helped. But your health-care provider should watch you carefully to make sure that the drug is helping and not causing bad side effects.

## Advice from Consumer Reports

### Tips for better sleep

- **Exercise.** Physical activity helps people sleep better. But avoid vigorous activity for several hours before bedtime.
- **Keep a routine.** Try to go to bed and wake up at about the same time every day, even on weekends.
- **Try not to eat right before bedtime.** Eat three hours or more before going to bed.
- **Avoid caffeine after 3 p.m.** Some people need to avoid caffeine even earlier.
- **Limit alcohol.** Alcohol causes sleepiness at first, followed by wakefulness.
- **Create the right environment.** Keep the bedroom peaceful. And avoid mental excitement before bedtime.
- **Avoid bright lights.** Watching a bright screen can make you stay awake.
- **Control pets.** Pets disrupt sleep if they are on and off the bed, taking up space, or wanting to be let out.
- **If you don't fall asleep soon, get out of bed and do something that will make you sleepy, such as reading.** Return to bed after you start to feel drowsy.



For additional information, visit [healthinaging.org](http://healthinaging.org).

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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**Antibiotics**  
When you  
need them—  
and when  
you don't

A guide to when  
and how to use  
antibiotics to  
help you and your  
loved ones avoid  
drug resistance

Dear Friends,

February 2014



For 75 years, Consumer Reports has published information that helps consumers make better choices about the things they buy and use. Our readers expect us to tell them what works and what does not, no matter if it's refrigerators, TVs, or health care products.

The information in this article is about a health product that almost all of us have used—antibiotics. Antibiotics have saved millions of lives. But in the future, they might not work, because we are using them far too much. When we use an antibiotic, it kills most bacteria. However, a few bacteria survive—they “resist” the antibiotic and take over and multiply. When this happens, antibiotics don't work. This article explains when you need antibiotics—and when you don't.

All of us—patients and doctors—are using too many antibiotics. There is a lot of pressure to use them, from friends, family, and advertising. In my own practice, I am sad to say, I gave antibiotics to some patients even though I knew that they probably would not work. They wanted antibiotics, and I did not want to disappoint them.

It is especially important for hospitals to use antibiotics carefully. When hospitals overuse them, it can quickly lead to life-threatening antibiotic-resistant infections.

Farms, restaurants, and grocery stores play an important role too. Most of the antibiotics sold in the U.S. are used by the meat industry on animals that aren't even sick. Consumers Union is working to stop the routine use of antibiotics on healthy livestock.

As part of the ABIM Foundation's campaign, Choosing Wisely, Consumer Reports is bringing attention to the overuse of health care services and products, including antibiotics. Please join us, over 50 physician professional societies, and millions of consumers in realizing that more medicine, antibiotics included, is not always better.

Sincerely,

A handwritten signature in black ink that reads "John Santa". The signature is stylized and cursive.

John Santa, MD MPH  
Director

Consumer Reports Health

[www.ConsumerHealthChoices.org/Choosing](http://www.ConsumerHealthChoices.org/Choosing)

# Choosing Wisely<sup>®</sup>

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## Antibiotics

### When you need them—and when you don't

**A**ntibiotics are strong medicines that can kill bacteria. But we have overused antibiotics for many years. As a result, we now have bacteria that resist antibiotics. Resistant bacteria cause infections that are harder to cure and more costly to treat.

Antibiotic-resistant infections can strike anyone.

They can be passed on to others. For example, more and more healthy young people are getting skin infections from MRSA, a

bacteria that resists many common antibiotics. MRSA is spreading in households, daycare, schools, camps, dorms, gyms, team sports, and the military.

Try to protect yourself and your loved ones. Here's what you need to know to help prevent resistance:

**Drug-resistant infections kill at least 23,000 children and adults in the U.S. every year.**

**Taking antibiotics makes you more likely to get a resistant infection in the future.**

Sometimes you need antibiotics to prevent or treat an infection. But half of antibiotics prescriptions are not needed.

It is normal to have bacteria on your skin and in your body. Many bacteria are harmless. They can even keep you healthy. When you use an antibiotic, it kills most bacteria, including the friendly ones. But a few bacteria survive. These resistant bacteria can multiply and take over.

#### **Antibiotics have side effects.**

Each year, 14,000 Americans die from severe diarrhea caused by antibiotics. Other side effects include vaginal infections, nausea and vomiting. Serious allergic reactions include blistering rashes, swelling of the face and throat, and breathing problems. Some antibiotics can cause permanent nerve damage and torn tendons.

#### **Resistant infections cost a lot.**

Resistant infections usually need more costly drugs, more medical care or longer hospital stays. It costs over \$40,000 extra to treat a resistant bloodstream infection in one hospital patient. Resistant infections cost \$20 billion each year.



## Do You Need Antibiotics?

People use antibiotics incorrectly for many common conditions. Medical organizations are alarmed about this problem and have listed some of these conditions below.

### RESPIRATORY INFECTIONS

#### Children's sore throat, cough, runny nose

*American Academy of Pediatrics*

**The problem:** Different conditions need different treatments:

- Colds, flu and most other respiratory infections are caused by a virus. Antibiotics don't kill viruses.
- Bronchitis is usually caused by a virus or an irritant in the air like cigarette smoke.
- Strep throat is caused by bacteria. Symptoms include fever, redness and trouble swallowing. But most children with those symptoms do not have strep throat. Your child should get a strep test before taking antibiotics.

#### Consider antibiotics if:

- A cough doesn't get better in 14 days.
- The doctor diagnoses a bacterial illness, like strep throat.

#### Sinus infections (sinusitis)

*American Academy of Allergy, Asthma & Immunology  
American Academy of Family Physicians*

**The problem:** Sinusitis is almost always caused by a virus. Symptoms include a stuffed-up feeling, a runny nose and pain in the face. Even when bacteria are the cause, the infections usually clear up on their own in about a week.

#### Consider antibiotics only if:

- You don't get better after 10 days.
- You get better and then worse again.
- You have a high fever and thick, colored mucus for three or more days in a row.

### EAR INFECTIONS

#### Children's ear infections

*American Academy of Family Physicians*

**The problem:** Most ear infections improve on their own in two or three days, especially in children age two or older. Give your child over-the-counter pain relievers for a few days, and avoid antibiotics. Take your child to a doctor if symptoms aren't better in two to three days or they get worse at any time.

#### Get antibiotics right away for:

- Babies age six months or younger.
- Children from six months to two years old with moderate to severe ear pain.
- Children age two or older with severe symptoms.

#### Children with ear tubes

*American Academy of Otolaryngology-Head & Neck Surgery*

**The problem:** For children with ear tubes, antibiotic eardrops work better than oral antibiotics. Drops go straight through the ear tube into the middle ear—where most children's ear infections are. Drops are also less likely to cause resistant bacteria.

#### Consider oral antibiotics if the child:

- Is very ill.
- Needs antibiotics for another reason.
- Doesn't get better with eardrops.

#### Swimmer's ear

*American Academy of Otolaryngology-Head & Neck Surgery*

**The problem:** Swimmer's ear is caused by water trapped in the ear canal. Usually, over-the-counter eardrops help as much as antibiotics, and they don't cause resistance. But if you have a hole or tube in your eardrum, check with your doctor first. Non-prescription eardrops could damage your hearing.

#### If you do need antibiotics:

- Antibiotic eardrops work better than oral antibiotics against swimmer's ear.
- Consider oral antibiotics if the infection spreads beyond the ear or you have other conditions, such as diabetes, that increase the risk of complications.



## EYE INFECTIONS

### Pink eye

*American Academy of Ophthalmology*

**The problem:** Pink eye is usually caused by a virus or allergy, so antibiotics don't help. Even bacterial pink eye usually goes away on its own within 10 days.

#### Consider antibiotics for bacterial pink eye if:

- You have a weak immune system.
- Pink eye doesn't get better in a week without treatment.
- The eye is very swollen or painful or develops a thick, pus-like discharge.

### Eye injections

*American Academy of Ophthalmology*

**The problem:** Injections are a common treatment for some eye diseases. After the injection, doctors often prescribe antibiotic eye drops to prevent infection. But the risk of infection is very low, because the eye is cleaned with a germ-killing solution before the injection. Antibiotics don't lower the risk, and they can irritate the eye.

#### Consider antibiotics if:

You have a bacterial eye infection with signs like redness, swelling, tearing, pus, and vision that is getting worse. Don't get an injection until the infection clears up.

## URINARY TRACT INFECTIONS

### Urinary tract infections in older people

*American Geriatrics Society*

**The problem:** Doctors often find bacteria in a routine urine test and prescribe antibiotics to people

with no symptoms of a urinary tract infection (UTI). But older people often have bacteria in their urine, with no UTI. The drugs are not helpful in those cases.

#### Consider antibiotics if:

- An older person has UTI symptoms, like pain or burning in urinating or a strong urge to go often.
- Older people without UTI symptoms should only be tested and treated for bacteria in their urine before certain procedures. These include prostate surgery or some procedures to remove kidney stones or bladder tumors.

## SKIN INFECTIONS

### Eczema

*American Academy of Dermatology*

**The problem:** Eczema causes dry, itchy, red skin. Doctors may try to control it with antibiotics. But antibiotics don't help the itching, redness, or severity. To control eczema, moisturize your skin and avoid things that irritate it. Ask your doctor about a medicated cream or ointment to relieve itching and swelling.

#### Consider antibiotics only if there are signs of a bacterial infection, such as:

- Bumps full of pus
- Cracks and sores that ooze pus
- Honey-colored crusting
- Very red or warm skin
- Fever

### Surgical wounds

*American Academy of Dermatology*

**The problem:** Wounds from skin surgery—such as removal of a skin cancer—usually have a very low risk of infection. Antibiotics don't lower the risk. Most wounds heal just as well with petroleum jelly (Vaseline and generic).

#### Consider antibiotics only if:

- The wound is in an area of the body with a higher risk of infection, such as the groin.
- The wound actually shows signs of infection—such as redness, pain, swelling, warmth, pus, drainage, crusting or fever.

# Steps to reduce use of antibiotics

Try to avoid infections in the first place. If you do get one, use antibiotics correctly. The following steps can help:

### Wash your hands often

- Use plain soap and water.
- Wash for at least 20 seconds.
- Or use an alcohol-based hand sanitizer like Purell if soap and water are not available.
- Avoid antibacterial hand cleaners.
- Wash before preparing or eating food.
- Wash after using the bathroom, changing a diaper, sneezing, coughing, handling garbage and coming home from public places.
- Wash before and after treating a cut or wound or being near a sick person.

### At home

- Don't share personal items like towels, razors, tweezers and nail clippers.
- Keep kitchen and bathrooms clean. You can clean surfaces with soap and water. Try to avoid products with added antibacterials.
- Don't put purses, diaper bags, or gym bags on the kitchen table or counter.
- Wash wounds with regular soap and water. Use over-the-counter antibiotic products such as neomycin (Neosporin and generic) or bacitracin only for cuts that look dirty.

### At the gym

- Wipe exercise equipment with alcohol-based sprays or wipes.
- Put a clean towel over workout mats.
- Keep cuts and scrapes clean, dry and covered.
- Shower right after exercising, and use clean towels.

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### Work with your doctor

- Don't push for antibiotics with your doctor. If you don't have a bacterial infection, ask how to relieve symptoms.
- Fight it off. If symptoms are mild and complications unlikely, ask if you can delay treatment for a few days.
- Get recommended vaccines and flu shots. Ask about vaccines for pneumonia and meningitis.
- Take antibiotics as prescribed. Don't skip doses or stop the medicine early.
- Don't use leftover antibiotics to treat an infection. Taking the wrong medicine allows bacteria to multiply.

### In the hospital

- Don't get shaved with a razor before surgery. The nicks can attract bacteria.
- Make sure healthcare providers and visitors wash their hands with soap and water or an alcohol-based hand sanitizer.
- Visitors shouldn't touch surgical wounds or dressings.
- Ask every day if catheters or other tubes can be removed. They can lead to urinary tract or bloodstream infections.



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## Consumer Reports Health

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**Appendix C**  
**Choosing Wisely 5 Questions Poster**  
**Choosing Wisely 5 Questions Antibiotics Poster**



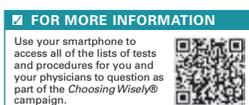
# 5 QUESTIONS to Ask Your Health Care Provider Before You Get Any Test, Treatment, or Procedure

- 1 Do I really need this test or procedure?** Medical tests help you and your health care 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 foods 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 the 5 questions to talk to your health care provider 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 health care provider to make sure you end up with the right amount of care—not too much and not too little.



<http://consumerhealthchoices.org/campaigns/choosing-wisely/>

# 5 QUESTIONS to Ask Your Health Care Provider Before You Take Antibiotics

**1 Do I really need antibiotics?** Antibiotics fight bacterial infections, like strep throat, whooping cough and symptomatic bladder infections. But they don't fight viruses—like common colds, flu, or most sore throats and sinus infections. Ask if you have a bacterial infection.

**2 What are the risks?** Antibiotics can cause diarrhea, vomiting, and more. They can also lead to “antibiotic resistance”—if you use antibiotics when you don't need them, they may not work when you do need them.

**3 Are there simpler, safer options?** Sometimes all you need is rest and plenty of liquid. You can also ask about antibiotic ointments and drops for conditions like pink eye or swimmer's ear.

**4 How much do they cost?** Antibiotics are usually not expensive. But if you take them when you don't need them, they may not work for you in the future—and that may cost you a lot of time and money.

**5 How do I safely take antibiotics?** If your health care provider prescribes antibiotics, take them exactly as directed, even if you feel better.

Use these **5 questions** to talk to your health care provider about when you need antibiotics—and when you don't.

Antibiotics can help prevent or treat some infections. But if you use them for the wrong reason, they may cause unnecessary harm.

Talk to your health care provider to make sure you only use antibiotics for the right reasons—and at the right time.

**FOR MORE INFORMATION**

Use your smartphone to access our complete Choosing Wisely report on antibiotics.



# **Appendix D**

## **Choosing Wisely 5 Questions Wallet Card**

***How do I talk with my health care provider about tests, treatments, and procedures?*** *(flip over to get the conversation started)*



*An initiative of the ABIM Foundation*



[www.mainequalitycounts.org/choosingwisely](http://www.mainequalitycounts.org/choosingwisely)

**5 QUESTIONS** to Ask Your Health Care Provider  
Before You Get Any Test, Treatment or Procedure:

- 1** Do I really need this test or procedure?
- 2** What are the risks?
- 3** Are there simpler, safer options?
- 4** What happens if I don't do anything?
- 5** How much does it cost?

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