

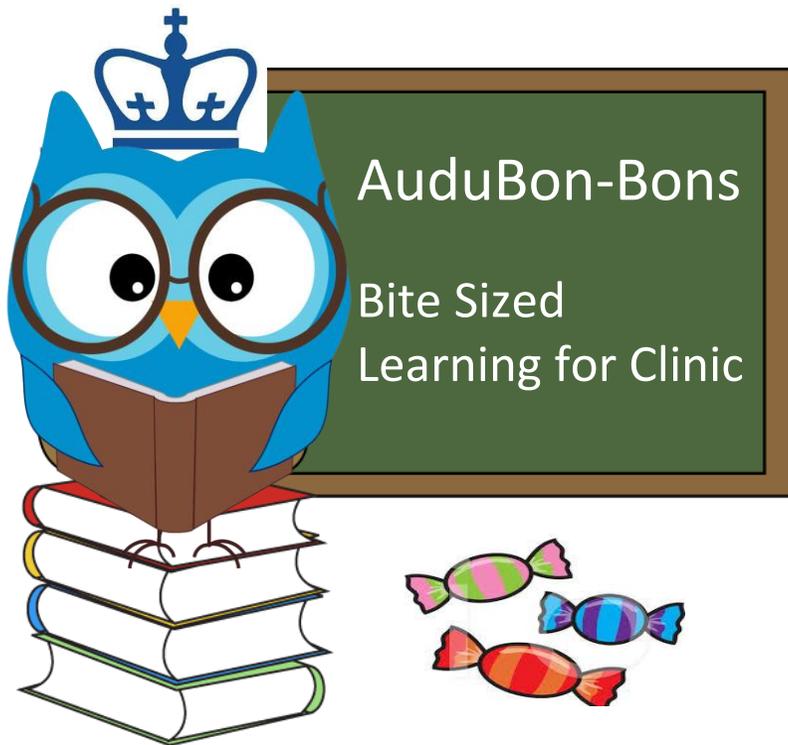
CHOOSING WISELY

Week 42

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Reading Assignment:
Choosing Wisely – ACOG Recommendations

Available at:
Choosing Wisely App (on iPhone/iPad)
or
www.choosingwisely.org



LEARNING OBJECTIVES



- To gain familiarity with the Choosing Wisely campaign and its mission
- To review ACOG's list of "Things Physicians and Patients Should Question" with a focus on items relevant to ambulatory Ob/Gyn
- To become more comfortable counseling patients about medical tests that may be unnecessary



CASE VIGNETTE

- Ms. Dulce Búho is a 38yo G1P1 woman who presents to your office for an annual well-woman visit and offers no complaints.
- As you complete a focused history and physical, she notes that you didn't do a pap smear or mention plans to order a pelvic ultrasound. She states that her previous gyn provider did these tests every year "to check for cancer." She asks if you can do the same?



FOCUSED HISTORY

- What elements of this patient's history would you reference in your counseling?
 - POB: 1 FT NSVD
 - GYN: Regular menses/Q30d x 4d
No cysts/fibroids/STI
No abnormal pap smears - Last done 1 year ago
NILM/HPV(-)
 - PMH: None
 - PSH: None
 - Meds: None
 - ALL: NKDA
 - FamHx: **No hx Breast/Uterine/Ovarian/Colon cancer**



PERTINENT PHYSICAL EXAM FINDINGS

- What elements of this patient's physical exam would you reference in your counseling?

Vulva: Normal external female genitalia; no lesions

Vagina: Well-rugated, healthy mucosa; no discharge

Cervix: Os closed; No CMT

Uterus: Anteverted, NT; ~6-8wk size

Adnexae: No mass/tenderness b/l





An initiative of the ABIM Foundation

CHOOSING WISELY

- A campaign launched in 2012 by the ABIM Foundation enlisting medical specialty societies, including ACOG, to submit lists of tests or procedures in its clinical domain that are performed too often
- Each item on the list must include 3 elements:
 - Be within that society's clinical **domain**
 - Be done **frequently** in practice and incur real **costs**
 - Be **evidence-based** recommendations



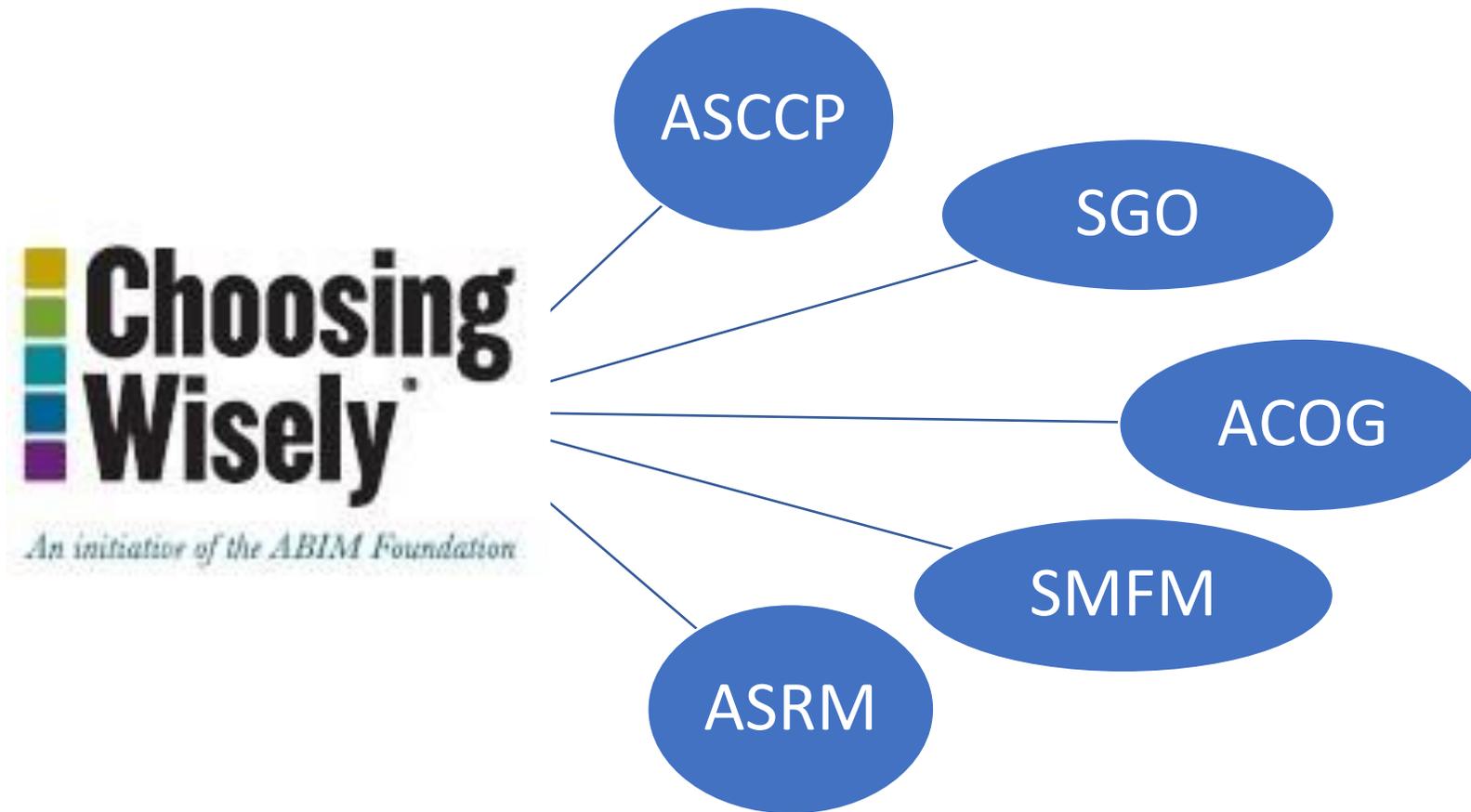
MISSION

Promote conversations between clinicians and patients by helping patients choose care that is:

- Supported by evidence
- Not duplicative of other tests or procedures already received
- Free from harm
- Truly necessary



OB/GYN SOCIETIES





An initiative of the ABIM Foundation

The American College of Obstetricians and Gynecologists



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Ten Things Physicians and Patients Should Question



Ambulatory Care

- Scheduling non-medically indicated deliveries
- Cervical cancer screening
- Ovarian cancer screening
- Prenatal ultrasound
- Prenatal bed rest



SCHEDULING ELECTIVE NON-MEDICALLY INDICATED DELIVERIES

- **Don't schedule elective, non-medically indicated inductions 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
- **Don't schedule elective, non-medically indicated inductions of labor between 39 weeks and 0 days and 41 weeks and 0 days unless the cervix is deemed favorable**
 - Higher Cesarean delivery rates result from inductions of labor when the cervix is unfavorable



CERVICAL CANCER SCREENING

- **Don't perform routine annual cervical cytology screening (Pap tests) in women 30-65 years of age**
 - In average risk women, annual cervical cytology screening has been shown to offer no advantage over screening performed at 3-year intervals
- **Don't treat patients who have mild dysplasia of less than two years in duration**
 - Most women with CIN 1 on biopsy have a transient HPV infection that will usually clear in less than 12 months and, therefore, does not require treatment



OVARIAN CANCER SCREENING

- **Don't perform pelvic ultrasound in average risk women to screen for ovarian cancer**
 - The positive predictive value of screening for ovarian cancer is low, and most women with a positive screening test result will have a false-positive result
- **Don't screen for ovarian cancer in asymptomatic women at average risk**
 - Because of the low prevalence of ovarian cancer and the invasive nature of the interventions required after a positive screening test, the potential harms of screening outweigh the potential benefits



PRENATAL ULTRASOUND

- **Don't perform prenatal ultrasounds for non-medical purposes, for example solely to create keepsake videos or photographs**
 - The U.S. Food and Drug Administration considers keepsake imaging as an unapproved use of a medical device
 - The American Institute of Ultrasound in Medicine also discourages the non-medical use of ultrasound for entertainment purposes



BED REST DURING PREGNANCY

- **Don't routinely recommend activity restriction or bed rest during pregnancy for any indication**
 - Information to date does not show an improvement in birth outcome with the use of bed rest or activity restriction, but does show an increase in loss of muscle conditioning and thromboembolic disease



COUNSELING

- How would you counsel this patient regarding her inquiries about **annual screening for cervical cancer and ovarian cancer**?
 - The new guidelines from the American Cancer Society and others say that **you can have the Pap test every five years**—as long as you have a test for the human papillomavirus, or HPV, at the same time. HPV is a sexually transmitted infection that can cause cervical cancer, and a negative HPV test with a negative Pap test are sufficient reassurance to wait five years.
 - **Ultrasounds are not good at finding early ovarian cancer.** They often show cysts that are benign (not cancer). This can lead to unnecessary surgery.



COUNSELING

Let's try to counsel the following patients:

- 20 y.o. G0 requesting Pap test as part of annual gyn exam
- 43 y.o. G2P2 with occasional missed periods in the past six months stating her friend advised her to request an FSH level to “check for menopause”



SOCIAL DETERMINANTS OF HEALTH

ABIM and the RWJ Foundation conducted focus groups with all participants falling into a “low income” category.

Participant Breakdown: 39% Black 36% Hispanic 24% White

- About half of participants expressed mistrust of their doctors and/or cynicism about their doctors’ care decisions.
- Virtually all participants] talked about how they believed the care they want is almost always the care they need. In fact, most initially said they would go to another doctor if their doctor did not provide the specific treatment they desired and acquiesce to their wishes as patients
- Because the participants felt strongly that they already knew what care was best for the, they initially were quite concerned and upset that a doctor might not prescribe a drug or order a test at the patient’s request

This insight taps most closely into the fears patients have from historical marginalization. Patients want to understand that their request is not being denied but that the clinician is trying to guide them to a better, safer option and that, if appropriate, their request might be fulfilled in the future



EVIDENCE

Reference

- American Board of Internal Medicine. “Communication About Overuse with Vulnerable Populations.” https://www.choosingwisely.org/wp-content/uploads/2019/10/Communicating-About-Overuse-to-Vulnerable-Population_FINAL.pdf. Oct. 2019. Robert Wood Johnson Foundation



EPIC Phrase

- .BBonChooseWiselySono
- Description: Keepsake ultrasound counseling
- The patient was counseled that prenatal ultrasounds are an integral part of a woman's prenatal care. While obstetric ultrasound has an excellent safety record, the U.S. Food and Drug Administration considers keepsake imaging as an unapproved use of a medical device. The American Institute of Ultrasound in Medicine also discourages the non-medical use of ultrasound for entertainment purposes. Keepsake ultrasounds are not medical tests and should not replace a clinically performed sonogram.



EVIDENCE

References

- Wolfson, D., Santa, J. and Slass, L., 2014. Engaging physicians and consumers in conversations about treatment overuse and waste: a short history of the choosing wisely campaign. *Academic Medicine*, 89(7), pp.990-995.
- Choosing Wisely (R) [Internet] 2015 Available from:<http://www.abimfoundation.org/Initiatives/Choosing-Wisely.aspx>.
- Ten Things Physicians and Patients Should Question: The American College of Obstetrics and Gynecology Choosing Wisely Campaign in collaboration with the ABIM Foundation. 2016 Available at: <https://www.choosingwisely.org/societies/american-college-of-obstetricians-and-gynecologists/>
- Induction of labor. ACOG Practice Bulletin No. 107. American College of Obstetricians and Gynecologists. *Obstet Gynecol* [Internet]. 2009 Aug;114(2 Part 1):386–97.
- ASCCP. Five Things Physicians and Patients Should Question. Choosing Wisely, an Initiative of the American Board of Internal Medicine Foundation. [Internet]. Available at: <http://www.choosingwisely.org/clinician-lists/#parentSociety=ASCCP>
- Screening for cervical cancer. Practice Bulletin No. 131. American College of Obstetricians and Gynecologists. *Obstet Gynecol*. 2012 Nov;120(5):1222-38.
- American Society for Reproductive Medicine. Ten things physicians and patients should question. Available at: www.choosingwisely.org/wp-content/uploads/2015/02/ASRM-Choosing-Wisely-List.pdf.

