

2014-2019



BUILDING A MOVEMENT

THE FIRST FIVE YEARS

Choosing
Wisely
Canada



MESSAGE FROM THE CHAIR

From a conversation to the national voice

Five years ago, the Choosing Wisely Canada campaign launched in partnership with the Canadian Medical Association to encourage conversations between clinicians and patients about the harms of unnecessary tests and treatments.

On April 2, 2014, with the involvement of 9 professional societies, Choosing Wisely Canada published an initial set of 40 recommendations of tests and treatments commonly used in each specialty that are not supported by evidence and could expose patients to harm.

Five years later, the conversation has deepened within the professions, and more broadly with patients and the public. There are over 70 national societies representing different professions and clinical specialties engaged in the campaign who have developed over 350 recommendations. The broad clinician engagement and growing patient and public awareness about the problem of overuse demonstrates that together we have made significant progress in fulfilling our mission.

Choosing Wisely is a unique, grassroots movement unlike any other in health care. There has been unparalleled engagement and dedication from clinicians, administrators, researchers and systems leaders. There are close to 350 quality improvement projects related to the campaign taking root across the country and 12 active provincial and territorial campaigns to help accelerate the pace of change locally. As Chair of Choosing Wisely Canada, I am proud of the sizable impact our community has had in Canada and the momentum the campaign has gained.

These achievements would not have been possible without the dedicated clinicians, patients, and partners that have contributed immensely to the campaign. This report highlights what we have accomplished together to date and envisions how we can continue to advance the campaign in the future.

From a conversation, to the national voice for reducing unnecessary tests and treatments in health care, I am excited to embark on the next chapter of the campaign.

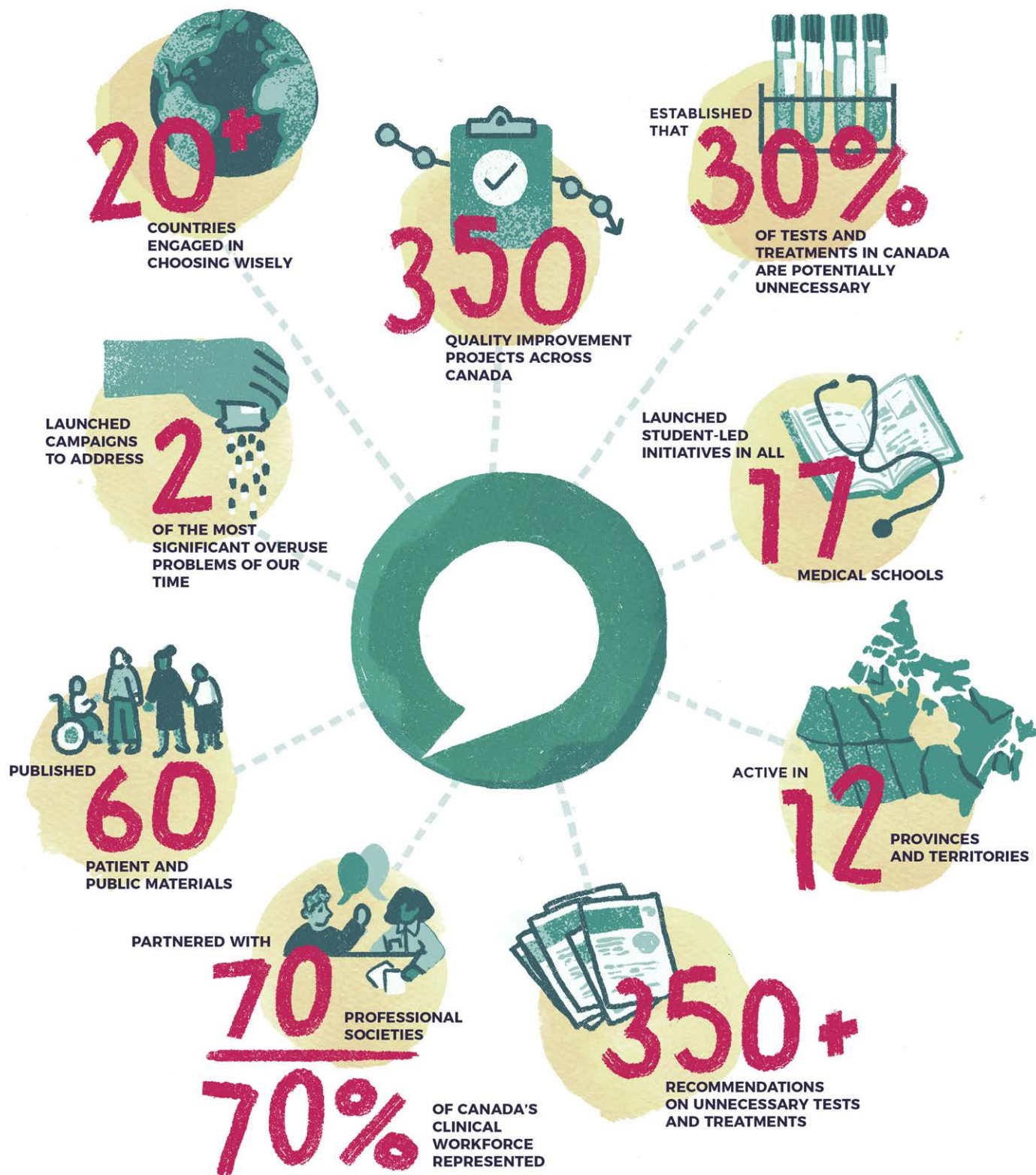
I look forward to continuing the conversation and hope you will join in the celebration of the first five years of Choosing Wisely Canada.



Dr. Wendy Levinson
Chair, Choosing Wisely Canada

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CHOOSING WISELY CANADA

BY THE NUMBERS

ABOUT THIS REPORT

Choosing Wisely Canada, in partnership with the Canadian Medical Association, launched on April 2, 2014 to help clinicians and patients engage in conversations about unnecessary tests and treatments. The campaign began in 2012 in the United States led by the American Board of Internal Medicine (ABIM) Foundation. In the past five years, Choosing Wisely Canada has become the national voice for reducing unnecessary tests and treatments, changing health care in a variety of ways, at both the frontlines and the system level.

This report highlights the major achievements from the past five years of Choosing Wisely Canada.

THE PROBLEM OF OVERUSE IN CANADA

Overuse is a significant and long-standing issue within Canadian health care. In 2017, the Canadian Institute for Health Information (CIHI), in partnership with Choosing Wisely Canada, published the report 'Unnecessary Care in Canada' which found that up to 30% of health care tests and treatments are potentially unnecessary. This report added Canadian data to the growing body of evidence worldwide demonstrating not only the extent of unnecessary tests and treatments, but the harms of overuse for individuals and health care systems.

Harms to individuals can include unnecessary exposure to radiation, medication side effects, alongside stress and anxiety. For health systems, unnecessary tests and treatments waste limited health care resources, patients and clinicians time, and can increase wait times for those who really need care.

Tackling overuse requires clinician leadership as well as a sustained commitment from many health care system stakeholders.

CLINICIAN LEADERSHIP



CLINICIAN LEADERSHIP

FROM EARLY CAREER TO PRACTICING PROFESSIONALS

Choosing Wisely Canada is now embedded across the different stages of a clinician's career - from medical school to clinical practice.

Professional leadership is at the centre of the campaign. Fostered by the Canadian Medical Association, the campaign has established partnerships with professional societies representing different clinical specialties to develop evidence-based lists of tests and treatments to question. These lists are then shared and spread through professional networks and platforms.

The campaign has had remarkable visibility with clinicians. A 2017 survey found that 88% of physicians are aware of Choosing Wisely Canada, with 40% saying that they use campaign recommendations in daily practice.

In the past five years, Choosing Wisely Canada evolved from engaging mainly physicians to include nursing, dentistry, medical radiation technologists, and pharmacy societies all engaged in reducing overuse.

HIGHLIGHTS

350+

Recommendations developed by national societies representing different clinical specialties.

74

Specialty societies engaged in the campaign representing more than **95%** of physicians and **70%** of all health professionals.

80+

Publications in peer reviewed journals related to specialties and recommendations.

4

National meetings, a unique forum for the Choosing Wisely Canada community. The National Meeting has taken place in Toronto, Calgary and Montreal.



Choosing Wisely Canada is part of a growing recognition by physicians that sometimes we cause more harm than good through overinvestigation and overtreatment. This campaign has provided me with a community of like-minded colleagues from across the country who are committed to improving patient safety and quality in our health care system and upholding our own professional values to do no harm.

Dr. Sam Campbell, Emergency Physician, Queen Elizabeth II Health Sciences Centre

MEDICAL EDUCATION



MEDICAL EDUCATION

Inspiring the next generation of physicians has been a major endeavour for Choosing Wisely Canada.

Choosing Wisely Canada has engaged medical students, residents, faculty, universities, professional organizations and regulatory bodies to embed resource stewardship principles into medical education.

A major medical education initiative is STARS (Students and Trainees Advocating for Resource Stewardship). STARS is a medical education campaign that supports student-led implementation of grassroots initiatives to advance resource stewardship in the medical school curriculum and has a presence at all **17** medical schools in Canada. To date, **4** student cohorts have participated and engaged over **170** medical student leaders.



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The campaign has become a facet of education, from didactic to clinical teaching at the bedside. It has been intertwined with the many different aspects of practicing in medicine.

Dr. William Silverstein, Resident, University of Toronto

It is inspiring to see the next generation of physicians leading efforts to advance health care quality and resource stewardship.

Dr. Brian Wong, Medical Education Lead, Choosing Wisely Canada and General Internist, Sunnybrook Health Sciences Centre

HIGHLIGHTS

- Development of Choosing Wisely medical education list in partnership with Canadian Federation of Medical Students and Fédération médicale étudiante du Québec.
- Development of Choosing Wisely resident list in partnership with Resident Doctors of Canada.
- Release of Royal College of Physicians and Surgeons of Canada Resource Stewardship Toolkits.
- Spread of STARS to **6** countries including United States, Netherlands, Japan, Norway, Italy and New Zealand.

PRIMARY CARE



PRIMARY CARE

Primary care plays a pivotal role in reducing overuse and engaging patients in shared decision-making. To deepen our work in this area, Choosing Wisely Canada has partnered closely with the College of Family Physicians of Canada (CFPC) to create resources and materials for 36,000 family physicians in Canada to help them to 'choose wisely' in practice.

The campaign continues to foster awareness and uptake of Choosing Wisely Canada recommendations in family medicine. CFPC has partnered closely on special campaigns including 'Opioid Wisely' and 'Using Antibiotics Wisely' and deepened our work on developing evidence-informed tools and resources.

HIGHLIGHTS

36,000

Posters and materials distributed to family physicians in Canada in both English and French in partnership with CFPC.

13,000

Downloads of 3 primary care quality improvement toolkits.

20+

Articles, interviews and blogs featured in the *Canadian Family Physician*, the official journal of the CFPC.

6

Provinces offering Practising Wisely, a continuing professional development program of the Ontario College of Family Physicians. Provinces include Alberta, British Columbia, Ontario, Newfoundland, Quebec and Saskatchewan.



Choosing Wisely Canada and its mission goes to the heart of what I do each day in my practice as a family physician. It is challenging but deeply rewarding to take a step back, pause and have a conversation with patients about why that medication or test will not offer any benefit and why it may cause harm. This commitment to reflective practice and continuous improvement is what makes this campaign so inspiring.

Dr. Kimberly Wintemute, Family Physician and Choosing Wisely Canada Primary Care Co-Lead

PATIENTS AND THE PUBLIC AS PARTNERS



PATIENTS AND THE PUBLIC AS PARTNERS

Conversations between clinicians and patients are at the centre of Choosing Wisely Canada. Patient organizations and associations have helped to spread and share the message that 'More Is Not Always Better'. In 2015, the campaign launched the 'More is Not Always Better' campaign to encourage patients and the public to engage in conversations about unnecessary tests and treatments. 'More Is Not Always Better' consists of posters, short videos for waiting room screens and pamphlets for patients.

Campaign partners and leaders are committed to spreading this message to patients and the public through the media, and medical offices. We conduct Ipsos Reid surveys of Canadians every two years to understand attitudes towards overuse, and awareness of Choosing Wisely Canada. Awareness of the campaign amongst Canadians has grown from 9% in 2015 to 18% in 2019.

As part of our ongoing efforts to integrate the patient voice into all aspects of the campaign, we partnered with the Canadian Foundation for Healthcare Improvement to host a strategic co-design event with patients and campaign stakeholders in February 2017. Based on this, Choosing Wisely Canada created a new Patient and Public Advisor role. Todd Sikorski and Amy Ma joined the campaign as the Patient and Public Advisors in January 2018 and actively participate in strategic decisions of the campaign.

HIGHLIGHTS

250,000

Website visits per month to access recommendations, tools and resources.

40+

Patient materials available in English and French to encourage conversations between clinicians and patients.

18%

Public awareness of Choosing Wisely Canada among Canadians. Awareness of the campaign has doubled since 2015.

15

Opinion editorials (op-eds) in national media (including French and English).



As a patient advisor involved in research related to Choosing Wisely, it means that research questions and approach consider scientific and technical issues alongside the needs of patients. Hopefully this will mean that research findings are more relevant to patients and can make an impact on not just our understanding of the science, but also on those who use the health care system.

Todd Sikorski,
Choosing Wisely Canada
Patient and Public Advisor

MORE IS
NOT
ALWAYS
BETTER



MEASURING OVERUSE



MEASURING OVERUSE

There was limited Canadian data on overuse when Choosing Wisely Canada launched in 2014. Over the past five years, researchers and campaign partners developed 22 new indicators of overuse, and published studies describing baseline rates in various peer-reviewed journals.

Most significantly, the campaign partnered with the Canadian Institute of Health Information (CIHI) to measure overuse in 8 areas covered by Choosing Wisely Canada recommendations. This led to the landmark 2017 CIHI and Choosing Wisely Canada report “Unnecessary Care in Canada”. This report established that up to 30% of tests, treatments and procedures were potentially unnecessary, and sparked a national conversation about the impact of unnecessary tests and treatments on the health system.



HIGHLIGHTS

- 30%** Of tests and treatments are **potentially unnecessary** in Canada based on CIHI and Choosing Wisely Canada report.
- 22** **Indicators** developed and published on overuse.
- 35** **Publications** related to efforts to decrease overuse.
- 3** **Provinces** participating in the Canadian Institutes for Health Research SPOR innovative Clinical Trials (iCT) grant to evaluate strategies for reducing low-value pre-operative testing and low back pain imaging.

”

We know that Choosing Wisely Canada is making an impact on raising awareness about overuse. But to understand how the campaign is driving changes to patient and system outcomes, we need good data. It is imperative to continue to advance national, provincial and local capabilities and capacity to measure overuse. This is crucial to identifying opportunities for improvement where interventions can have the most impact to tackle the complex problem of overuse.

Dr. Sacha Bhatia, Choosing Wisely Canada Evaluation Lead and Cardiologist, Women's College Hospital

KEY FINDINGS

UNNECESSARY CARE IN CANADA

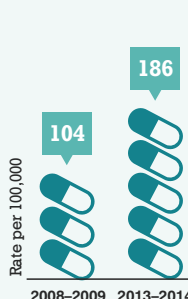


In Alberta,

30%

of patients with lower-back pain without red flags

had at least one unnecessary X-ray, CT or MRI.



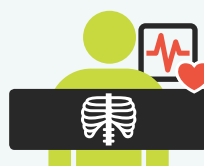
In Manitoba, Saskatchewan and B.C.,

rates of low-dose quetiapine

(commonly used to treat insomnia) increased among children and young adults age 5 to 24, even though this is not recommended by experts.



1 in 10 seniors in Canada uses a benzodiazepine (sedative-hypnotic) on a regular basis, even though this is not recommended by experts.



In Ontario, Saskatchewan and Alberta,

18% to 35%

of patients who had a low-risk procedure **had a preoperative test.**



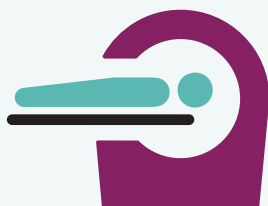
30%

of emergency department patients in Ontario and Alberta with low-risk minor head trauma **received a CT head scan.**



22%

of Canadian women age 40 to 49 **received a screening mammogram,** despite being of average risk.



In Ontario,

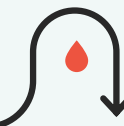
23%

of inpatients with delirium **had a potentially unnecessary head CT scan.**



Red blood cell transfusions for elective hip (12%) and knee (8%) replacements **have decreased but continue to be done across Canada,**

even though blood is a precious resource.



From CIHI & Choosing Wisely Canada 2017 Report 'Unnecessary Care In Canada'

CHOOSING WISELY IN ACTION



CHOOSING WISELY IN ACTION

Choosing Wisely Canada mobilizes and supports clinicians and organizations committed to embedding campaign recommendations into practice.

There are close to 350 documented quality improvement projects across the country. These efforts are underway in hospitals, long-term care homes, and primary care clinics.

Many of these innovative projects have been packaged into easy to follow toolkits that are broadly circulated in order to encourage widespread adoption. This has fostered a network for those looking to implement campaign recommendations in practice.

HIGHLIGHTS

350

Quality improvement projects across Canada, in hospitals, long-term care homes and primary care, with 20-40% reduction in overuse being reported.

30

Webinars for front-line clinicians as well as health care organizations and administrators on implementing recommendations in practice.

10

Quality improvement toolkits spanning the hospital, primary care, and long-term care sectors.

2

Targeted campaigns 'Opioid Wisely' and 'Using Antibiotics Wisely' launched to address significant public health issues.

DIVING INTO OVERUSE IN HOSPITALS

In 2019, Choosing Wisely Canada launched 'Diving into Overuse in Hospitals', a national campaign that aims to reduce unnecessary tests and treatments in hospital settings. The goal of the campaign is to get hospitals across Canada to join the global Choosing Wisely movement by making changes, small or large, to reduce overuse.

This targeted campaign offers the opportunity for hospitals to become designated 'Choosing Wisely Canada hospitals', recognizing their commitment to reducing unnecessary tests and treatments.



DIVING INTO OVERUSE IN HOSPITALS:

ST. MICHAEL'S HOSPITAL

St. Michael's Hospital (SMH) is an academically affiliated hospital in downtown Toronto known for innovative patient care, education and research with a focus on urban health. SMH has an institutional commitment to quality improvement, including curtailing over-utilization, which led the hospital to designate Dr. Lisa Hicks the official Choosing Wisely Lead in 2014. Having a formal clinician lead has helped the hospital prioritize the campaign and keep project momentum going over the last 4 years.

Reducing 'routine' coagulation testing in the emergency department (ED) was one of the hospital's initial Choosing Wisely undertakings. Although used anecdotally to screen for hemostatic defects in unselected patients, PT and aPTT testing were never designed nor validated to be used as such. Dr. Michelle Sholzberg, Director of the Coagulation Laboratory, saw an opportunity in 2015 for the ED, Lab Medicine, and Hematology to collaborate, ensuring evidence-based best practices were being followed.

The majority of lab testing in the ED is triggered by medical directives wherein ED nurses order from lab panels for common presentations. All SMH lab panels were reviewed and it was decided that PT/aPTT would be removed from the ED as they were uninformative as a routine test. After removal, there was a more than 60% reduction in both tests collectively. Measurement focused on the mean testing rate per month of targeted tests and the reagent costs. Balance metrics including ED length of stay and transfusion rates showed no change. Add-on test rates were assessed pre-and post-panel changes for a subset of tests (PT/aPTT) and were stable.

Dr. Hicks refers to strategies like this as 'low hanging fruit'. Her criteria for identifying low hanging fruit at any institution are simple:

- There needs to be evidence that the care is unnecessary (i.e. that the harms of over-testing outweigh the benefits);
- That the type of overutilization is common (what are the volumes of use, are your efforts being optimized in changing this process above others);
- That fixing the problem is doable (consider what behaviors and conditions are driving the overuse. Deleting automatic orders for tests and de-bundling is much easier than reducing imaging for mechanical low back pain)

Revisions to ED lab panels are a relatively simple change strategy that can result in dramatic reductions in test volumes without adversely impacting patient care.

This article first appeared on Choosing Wisely Canada's website in February 2019.

TAKING LEADERSHIP ON MAJOR PUBLIC HEALTH ISSUES



TAKING LEADERSHIP ON MAJOR PUBLIC HEALTH ISSUES

Choosing Wisely Canada has launched targeted campaigns that address the most major public health problems related to overuse. These high-priority topics were chosen due to their potential harm to patients.

USING ANTIBIOTICS WISELY

In 2017, Choosing Wisely Canada launched 'Using Antibiotics Wisely'. This national campaign helps clinicians and patients engage in conversations about unnecessary antibiotic use.

The campaign created new evidence informed tools for physicians and patients. These tools help avoid the use of antibiotics when they are not needed.



Receiving no antibiotics for a cold or flu does not mean no treatment. It just means a different approach.

Dr. Guylène Thériault, Family Physician and Choosing Wisely Canada Primary Care Co-Lead



OPIOID WISELY

In 2018, Choosing Wisely Canada launched 'Opioid Wisely'.


The campaign encourages thoughtful conversation between clinicians and patients to reduce harms associated with opioid prescribing. Central to the campaign is a set of 15 specialty-specific recommendations for when the use of opioids should not be first line therapy.

Over 30 participating organizations representing doctors, dentists, pharmacists, nurse practitioners, other health professionals, as well as patients and their families support the 'Opioid Wisely' campaign.



My 16 year old had some teeth removed and we got a prescription for enough Percocets for 24 hours, assuming he needed one every three hours. Well, because I have been involved with Choosing Wisely Canada alarm bells began ringing, and I questioned why the opiates? This experience was a bit disturbing. No one getting straightforward dental extraction who is in good health should be offered Percocet as a first line for pain killers. No one. We can do a better job.

Amy Ma, Choosing Wisely Canada Patient and Public Advisor

A stylized illustration of a dark red hand holding a small orange pill dispenser. The dispenser is tilted, and a stream of black and white capsules is falling out of it. The background is a solid dark red color.

**Sorry,
but no
amount of
antibiotics
will get
rid of your
cold.**

The best way to treat most colds, coughs or sore throats is with plenty of fluids and rest. Talk to your health care provider.



REGIONAL CAMPAIGNS

REGIONAL CAMPAIGNS

In addition to the national campaign, there are 12 active provincial and territorial campaigns that help tailor Choosing Wisely to the unique attributes of Canada's health care systems. These campaigns have brought together stakeholders in their respective province or territory, including health care delivery organizations, clinical leaders, relevant measurement and research groups, medical schools and educators, policy groups and patient groups to tackle overuse in a coordinated fashion.



CHOOSING WISELY ALBERTA



CHOOSING WISELY MANITOBA



**CHOOSING WISELY
NEW BRUNSWICK**



**CHOOSING WISELY
NEWFOUNDLAND AND
LABRADOR**



**CHOOSING WISELY
NOVA SCOTIA**



CHOOSING WISELY NUNAVUT



**CHOOSING WISELY
NORTHWEST TERRITORIES**



CHOOSING WISELY ONTARIO



**CHOOSING WISELY PRINCE
EDWARD ISLAND**



**CHOOSING WISELY QUEBEC/
CHOISIR AVEC SOIN**



**CHOOSING WISELY
SASKATCHEWAN**



CHOOSING WISELY YUKON



CHOOSING WISELY IN NORTHWEST TERRITORIES

Dr. Sarah Cook is a family physician in a large primary care group in Yellowknife, Northwest Territories. In addition to clinic-based care, Dr. Cook provides maternity care.

Choosing Wisely Canada: How have you brought the Choosing Wisely principles to your relationship with patients?

Sarah Cook: With our population of patients living in rural and remote areas, we need to be even more mindful of stewardship of resources than those with urban populations do. Every decision has big cost implications for the system, and bigger social costs for patients because care can often involve travel. I find that my patients appreciate conversations about appropriateness, and Choosing Wisely has allowed me to have deeper conversations about patient priorities and goals of care. My patients appreciate understanding the rationale for why something is—or is not—being done. I think we have historically assumed that patients always want “more.” But I have not found this to be true. Patients do not want inappropriate tests or treatments, and I am always impressed with how open they are to having that conversation. Choosing Wisely has provided me with the confidence and tools to have richer conversations with my patients.

CWC: What does Choosing Wisely mean to you as a family physician?

SC: I work in a remote region with a diverse population, more than 50% of whom identify as aboriginal. Cultural competency for a diverse population fits very well with appropriateness—we need to provide the right type of care to the right patient, by the right provider, in the right place. We are thinking about how to apply Choosing Wisely principles very specifically to our context, and to branch out from the specialty-specific lists of recommendations to use Choosing Wisely principles as a lens for appropriateness generally. For example, if a non-family physician specialist consultation is needed, does a patient need to fly to Edmonton, Alta, for a consultation and blood tests? Can we do an online consultation or videoconference with the specialist instead?

Medical travel represents a substantial health expenditure in the territory. But it is much more than the cost of the airplane travel to move people over vast distances—it is the social cost to the patient and their communities. Travel takes patients away from their family, employment, support networks, and community. This has important personal and health consequences. We know that health outcomes for aboriginal populations are worse than those for the general population, making it even more important to consider appropriateness and cultural competence for that individual. We would like to develop tools and materials for both physicians and patients to help discuss when medical travel is necessary and when it is not.

This is a portion of an article that first appeared in [Canadian Family Physician](#) in 2016.

WHAT'S NEXT?

Choosing Wisely Canada is entering a bold new chapter, building on the efforts and momentum of the past five years. The campaign will continue awareness raising activities with partners, and build on this by leading large-scale implementation projects and measure the impact locally, regionally, and nationally. The next chapter for Choosing Wisely Canada will include advancing efforts in five major areas:

1

Work together across provincial and territorial health care systems to reduce overuse in several areas of national importance.

2

Continue to advance clinician engagement and leadership and to make it easier for clinicians to 'choose wisely' in practice. This includes supporting more clinician groups to join the campaign.

3

Develop new tools to support shared decision-making among patients and clinicians, and further increase public awareness about overuse through mainstream media with 'news you can use'.

4

Accelerate grassroots implementation of campaign recommendations by clinicians and organizations, with particular emphasis on changing outdated systems that perpetuate overuse at the frontlines and using implementation science in such efforts.

5

Develop new measures of overuse and report on them over time, at the local, provincial and pan-Canadian levels. Measure the impact of the campaign on reducing overuse and in changing practice.

We hope you will join us as we embark on these challenging and exciting initiatives in the coming years. The past five years of Choosing Wisely Canada have been a success due in large part to all the incredible partners who have stepped up to take action on overuse with us. We look forward to working with you in the next chapter of the Choosing Wisely Canada movement.

SELECTED PUBLICATIONS

There is a growing library of peer-reviewed publications led by members of the Choosing Wisely Canada community. The below list is a selection of milestone publications about the campaign and the problem of overuse in Canada.

2014

CMAJ: Engaging Physicians and Patients in Conversations About Unnecessary Tests and Procedures: Choosing Wisely Canada

This publication launched Choosing Wisely Canada, and contextualized the problem of overuse for Canadian physicians.

2015

CMAJ: Preoperative Testing Before Low-Risk Surgical Procedures

Groundbreaking research which for the first time demonstrated that data from the US that up to 30% of health care was unnecessary applied to Canada.

BMJ Quality & Safety: 'Choosing Wisely': A Growing International Campaign

Articulated key principles of Choosing Wisely shared across countries.

BMJ Quality & Safety: Measuring the Effect of Choosing Wisely: An Integrated Framework to Assess Campaign Impact on Low-Value Care

Developed a measurement framework through collaboration across Choosing Wisely campaigns to drive campaign evaluation.

2016

JAMA Internal Medicine: Medical Directive for Urinary Catheter Removal by Nurses on General Medical Wards

A successful implementation project of a Choosing Wisely Canada recommendation in hospital.

Academic Medicine: Choosing Wisely for Medical Education: Six Things Medical Students and Trainees Should Question

Medical-student led publication on Choosing Wisely in medical education

2017

BMJ Quality & Safety: Engaging Patients and the Public in Choosing Wisely

Framework developed across multiple countries to support patient and public engagement in Choosing Wisely campaigns.

CMAJ Open: Frequency of and Variation in Low-Value Care in Primary Care: A Retrospective Cohort Study

Research demonstrating significant variation in overuse across primary care physicians, highlighting the need for targeted interventions.

2018

JAMA: Choosing Wisely Campaigns: A Work in Progress

Reflections on challenges and opportunities for Choosing Wisely given its significant spread internationally.

Canadian Family Physician: Choosing Wisely in Primary Care: Moving from Recommendations to Implementation

Unique primary care perspective on how to implement campaign recommendations in practice.

Journal of American Geriatrics Society: Benzodiazepine Use in Older Adults in the United States, Ontario, and Australia from 2010 to 2016

Cross-national research with baseline data from 3 countries demonstrating overuse of benzodiazepine in older adults.

2019

BMC Musculoskeletal Disorders: Imaging use for Low Back Pain by Ontario Primary Care Clinicians: Protocol for a Mixed Methods Study – the Back ON study

Early publication which will help inform CIHR innovative clinical trial across 3 provinces on Choosing Wisely Canada implementation.

BIG THANK YOU TO ALL OF OUR PARTNERS & SUPPORTERS

Professional Societies: Association of Medical Microbiology and Infectious Disease Canada | Canadian Academy of Child and Adolescent Psychiatry | Canadian Academy of Geriatric Psychiatry | Canadian Academy of Sport and Exercise Medicine | Canadian Anesthesiologists Society | Canadian Association for the Study of the Liver | Canadian Association of Advanced Practice Nurses | Canadian Association of Critical Care Nurses | Canadian Association of Emergency Physicians | Canadian Association of General Surgeons | Canadian Association of Hospital Dentists | Canadian Association of Medical Biochemists | Canadian Association of Medical Oncologists | Canadian Association of Medical Radiation Technologists | Canadian Association of Nuclear Medicine | Canadian Association of Paediatric Surgeons | Canadian Association of Pathologists | Canadian Association of Physical Medicine & Rehabilitation | Canadian Association of Radiation Oncology | Canadian Association of Radiologists | Canadian Blood and Marrow Transplant Group | Canadian Cardiovascular Society | Canadian College of Medical Geneticists | Canadian Critical Care Society | Canadian Geriatrics Society | Canadian Headache Society | Canadian Hematology Society | Canadian IBD Network of Researchers for Healthcare Growth and Improvement | Canadian Neurological Society | Canadian Nurses Association | Canadian Orthopaedic Association | Canadian Paediatric Society | Canadian Pediatric Neurosurgery Study Group | Canadian Pharmacists Association | Canadian Psychiatric Association | Canadian Rheumatology Association | Canadian Society for Surgical Oncology | Canadian Society for Transfusion Medicine | Canadian Society for Vascular Surgery | Canadian Society of Allergy and Clinical Immunology | Canadian Society of Clinical Chemists | Canadian Society of Hospital Medicine | Canadian Society of Hospital Pharmacists | Canadian Society of Internal Medicine | Canadian Society for Medical Laboratory Science | Canadian Society of Nephrology | Canadian Society of Otolaryngology: Head and Neck Surgery | Canadian Society of Palliative Care Physicians | Canadian Society of Respiratory Therapists | Canadian Society of Endocrinology and Metabolism | Canadian Spine Society | Canadian Urological Association | Canadian Association of Gastroenterology | Long Term Care Medical Directors Association of Canada | Occupational Medicine Specialists of Canada | Public Health Physicians of Canada | Society of Obstetricians and Gynaecologists of Canada | Trauma Association of Canada

Medical Associations: Alberta Medical Association | Canadian Medical Association | Doctors Manitoba | Doctors Nova Scotia | New Brunswick Medical Society | Newfoundland and Labrador Medical Association | Northwest Territories Medical Association | Ontario Medical Association | Quebec Medical Association | Saskatchewan Medical Association | Yukon Medical Association

Health System Organizations: Canada Safe Imaging | Canadian Agency for Drugs & Technologies in Health | Canadian Association of Professors of Medicine | Canadian Deprescribing Network | Canadian Federation of Medical Students | Canadian Foundation for Healthcare Improvement | Canadian Institute for Health Information | Canadian Partnership Against Cancer | Canadian Patient Safety Institute | Canadian Task Force on Preventive Health Care | College of Family Physicians of Canada | Fédération des médecins résidents du Québec | Fédération médicale étudiante du Québec | Health Quality Ontario | Ontario College of Family Physicians | Ontario Medical Students Association | Resident Doctors of Canada | Royal College of Physicians and Surgeons of Canada | Touchstone Institute

Patient Organizations: Canadian Arthritis Patient Alliance | Canadian Association of Retired Teachers | Canadian Association of Social Workers | Consumer Reports Health | Crohn's and Colitis Canada | Gastrointestinal Society | National Association of Federal Retirees | Patients Canada | Patients for Patient Safety Canada | Retired Teachers of Ontario

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Leading Campaign Partners:

ASSOCIATION
MÉDICALE
CANADIENNE



CANADIAN
MEDICAL
ASSOCIATION



UNIVERSITY OF
TORONTO

St. Michael's
Inspired Care.
Inspiring Science.

www.ChoosingWiselyCanada.org