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**Choosing Wisely Canada Recommendations that Apply to Primary Care**

Stratified by QI Pillar (searchable by keyword)

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*Dr. Kimberly Wintemute at Choosing Wisely Canada and Dr. Alex Singer at the University of Manitoba have compiled a list of recommendations that may pertain to primary care; it draws from the recommendations put forward by all medical societies. It can be helpful in identifying quality improvement opportunities in any practice.*

Suggestions for family physicians, primary care teams, and / or trainees using this list:

1. Review recommendations to identify those that have relevance for your community, team or practice (Yes or No column).
2. Review the “Yes” recommendations for ease of implementation and measurement. Consider how easy it will be to galvanize interest and energy for the topic; and where you will get the data (eg. EMR? Community or hospital lab? Hospital or other database? Manual tabulations done in your office?). Indicate in this column if the project is “do-able” – Yes or No.
3. Recommendations that have two “Yes” responses are potential QI projects.

Note:

Patient Safety and Effectiveness are the relevant QI pillars for most recommendations. However, the point can be made that the pillars of Timeliness (Access) and Efficiency are important in all potential situations that entail clinicians spending time in ways that do not add value to patient care. Unnecessary clinical activity has two negative consequences: it increases wait times for patients who genuinely require access to the system; and it occupies clinicians, taking them away from activities that have true impact.

| **Choosing Wisely Canada Recommendation** | **Society List(s)** | **QI Pillar** | **Relevant for us?**  **Yes/No** | **Easy to Implement & Measure?** |
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| **Don’t perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.** | Cardiology | Effectiveness  Access |  |  |
| **Don’t perform echocardiography as routine follow-up for mild, asymptomatic native valve disease in adult patients with no change in signs or symptoms.** | Cardiology | Effectiveness  Access |  |  |
| **Don’t order annual electrocardiograms (ECGs) for low-risk patients without symptoms.** | Cardiology | Effectiveness  Efficiency |  |  |
| **Don’t prescribe antibiotics in adults with bronchitis/asthma and children with bronchiolitis.** | Emergency Medicine | Effectiveness  Patient Safety |  |  |
| **Don’t prescribe antibiotics after incision and drainage of uncomplicated skin abscesses unless extensive cellulitis exists.** | Emergency Medicine | Effectiveness  Patient Safety |  |  |
| **Don’t use antibiotics in adults and children with uncomplicated sore throats** | Emergency Medicine | Effectiveness  Patient Safety |  |  |
| **Don’t use antibiotics in adults and children with uncomplicated acute otitis media** | Emergency Medicine | Effectiveness  Patient Safety |  |  |
| **Don’t recommend routine or multiple daily self-glucose monitoring in adults with stable type 2 diabetes on agents that do not cause hypoglycemia.** | Endocrinology and Metabolism  Family Medicine | Effectiveness  Patient-Centredness |  |  |
| **Don’t routinely order a thyroid ultrasound in patients with abnormal thyroid function tests unless there is a palpable abnormality of the thyroid gland.** | Endocrinology and Metabolism | Effectiveness  Access |  |  |
| **Don’t use Free T4 or T3 to screen for hypothyroidism or to monitor and adjust levothyroxine (T4) dose in patients with known primary hypothyroidism.** | Endocrinology and Metabolism | Effectiveness |  |  |
| **Don’t routinely test for Anti-Thyroid Peroxidase Antibodies (anti – TPO).** | Endocrinology and Metabolism | Effectiveness |  |  |
| **Don’t do imaging for lower-back pain unless red flags are present** | Family Medicine  Emergency Medicine  Occupational Medicine  Radiology  Spine Society  Physical Medicine & Rehabilitation | Access  Effectiveness  Patient Safety  Patient-Centredness |  |  |
| **Don’t use antibiotics for upper respiratory infections that are likely viral in origin, such as influenza-like illness, or self-limiting, such as sinus infections of less than seven days of duration** | Family Medicine | Patient Safety  Effectiveness |  |  |
| **Don’t order screening chest X-rays and ECGs for asymptomatic or low risk outpatients** | Family Medicine | Effectiveness  Patient Safety |  |  |
| **Don’t screen women with Pap smears if under 21 years of age or over 69 years of age** | Family Medicine | Effectiveness |  |  |
| **Don’t do annual screening blood tests unless directly indicated by the risk profile of the patient** | Family Medicine | Effectiveness |  |  |
| **Don’t routinely measure Vitamin D in low risk adults** | Family Medicine  Pathology | Effectiveness |  |  |
| **Don’t routinely do screening mammography for average risk women aged 40 – 49. Individual assessment of each woman’s preferences and risk should guide the discussion and decision regarding mammography screening in this age group** | Family Medicine | Patient-Centredness  Effectiveness  Patient Safety |  |  |
| **Don’t do annual physical exams on asymptomatic adults with no significant risk factors** | Family Medicine | Effectiveness  Access |  |  |
| **Don’t order DEXA (Dual-Energy X-ray Absorptiometry) screening for osteoporosis on low risk patients** | Family Medicine | Effectiveness  Access |  |  |
| **Don’t order thyroid function tests in asymptomatic patients** | Family Medicine | Effectiveness  Patient-Centredness |  |  |
| **Don’t continue opioid analgesia beyond the immediate postoperative period or other episode of acute, severe pain** | Family Medicine | Patient Safety |  |  |
| **Don’t initiate opioids long-term for chronic pain until there has been a trial of available non-pharmacological treatments and adequate trials of non-opioid medications** | Family Medicine | Patient Safety  Effectiveness |  |  |
| **Don’t maintain long term Proton Pump Inhibitor (PPI) therapy for gastrointestinal symptoms without an attempt to stop/reduce PPI at least once per year in most patients.** | Gastroenterology | Effectiveness  Patient Safety |  |  |
| **Avoid using an upper GI series to investigate dyspepsia.** | Gastroenterology | Effectiveness  Patient Safety |  |  |
| **Avoid colorectal cancer screening tests on asymptomatic patients with a life expectancy of less than 10 years and no family or personal history of colorectal neoplasia.** | General Surgery | Effectiveness  Patient-Centredness  Access |  |  |
| **Don’t use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.** | Geriatrics  Hospital Medicine  Pathology  Urology | Effectiveness  Patient Safety |  |  |
| **Don’t use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.** | Geriatrics  Hospital Medicine  Psychiatry | Effectiveness  Patient Safety  Patient-Centredness |  |  |
| **Don't use antipsychotics as first choice to treat behavioural and psychological symptoms of dementia.** | Geriatrics  Psychiatry  Long Term Care | Effectiveness  Patient Safety  Patient-Centredness |  |  |
| **Avoid using medications known to cause hypoglycemia to achieve hemoglobin A1c <7.5% in many adults age 65 and older; moderate control is generally better.** | Geriatrics | Patient Safety |  |  |
| **Don’t order neuroimaging or sinus imaging in patients who have a normal clinical examination, who meet diagnostic criteria for migraine, and have no “red flags” for a secondary headache disorder.** | Headache  Radiology | Effectiveness  Access  Patient Safety |  |  |
| **Don’t prescribe acute medications or recommend an over-the-counter analgesic for patients with frequent migraine attacks without monitoring frequency of acute medication use with a headache diary.** | Headache | Effectiveness |  |  |
| **Don’t prescribe opioid analgesics or combination analgesics containing opioids or barbiturates as first line therapy for the treatment of migraine.** | Headache | Effectiveness  Patient-Centredness  Patient Safety |  |  |
| **Don’t perform CT or MRI routinely to monitor benign focal liver lesions (e.g. focal nodal hyperplasia, hemangioma).** | Hepatology | Effectiveness  Patient-Centredness  Patient Safety |  |  |
| **Don’t repeat hepatitis C viral load testing in an individual who has established chronic infection, outside of antiviral treatment.** | Hepatology | Effectiveness  Patient-Centredness |  |  |
| **Don’t prescribe alternate second-line antimicrobials to patients reporting non-severe reactions to penicillin when beta-lactams are the recommended first-line therapy.** | Infectious Disease | Patient Safety |  |  |
| **Don’t use steroids (e.g., prednisone) for maintenance therapy in inflammatory bowel disease (IBD)** | Inflammatory Bowel Disease | Effectiveness  Patient Safety |  |  |
| **Don’t use abdominal computed tomography (CT) scan to assess inflammatory bowel disease (IBD) in the acute setting unless there is suspicion of a complication (obstruction, perforation, abscess) or a non-IBD etiology for abdominal symptoms** | Inflammatory Bowel Disease | Patient Safety |  |  |
| **Don’t do a urine dip or urine culture unless there are clear signs and symptoms of a urinary tract infection (UTI)** | Long Term Care | Effectiveness  Patient Safety |  |  |
| **Don’t continue or add long-term medications unless there is an appropriate indication and a reasonable expectation of benefit in the individual patient** | Long Term Care | Effectiveness  Patient Safety |  |  |
| **Don’t order screening or routine chronic disease testing just because a blood draw is being done** | Long Term Care | Effectiveness |  |  |
| **Don’t use non-invasive prenatal detection of fetal aneuploidies by cell-free DNA as a diagnostic test.** | Medical Genetics | Effectiveness |  |  |
| **Don’t make medical decisions based on results of direct to consumer genetic testing (DTC-GT) without a clear understanding of the limitations and validity of the test** | Medical Genetics | Effectiveness |  |  |
| **Don’t collect urine specimens for culture from adults who lack symptoms localizing to the urinary tract or fever unless they are pregnant or undergoing genitourinary instrumentation where mucosal bleeding is expected** | Medical Microbiology | Effectiveness  Patient Safety  Patient-Centredness |  |  |
| **Don’t routinely collect or process specimens for *Clostridium difficile* testing when stool is non-liquid (i.e., does not take the shape of the specimen container) or when the patient has had a prior nucleic acid amplification test result within the past 7 days** | Medical Microbiology | Effectiveness |  |  |
| **Don’t obtain swabs from superficial ulcers for culture as they are prone to both false positive and false negative results with respect to the cause of the infection** | Medical Microbiology | Effectiveness |  |  |
| **Don’t prescribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes, including diabetes.** | Nephrology | Patient Safety |  |  |
| **Don’t prescribe angiotensin converting enzyme (ACE) inhibitors in combination with angiotensin II receptor blockers (ARBs) for the treatment of hypertension, diabetic nephropathy and heart failure.** | Nephrology | Patient Safety |  |  |
| **Don’t use nuclear medicine thyroid scans to evaluate thyroid nodules in patients with normal thyroid gland function.** | Nuclear Medicine | Effectiveness  Patient Safety |  |  |
| **Don’t repeat DEXA scans more often than every two years in the absence of high risk or new risk factors.**  **Don’t repeat dual energy X-ray absorptiometry (DEXA) scans more often than every 2 years.** | Nuclear Medicine  Rheumatology | Effectiveness  Access |  |  |
| **Avoid the use of routine episiotomy in spontaneous vaginal births.** | Obstetrics & Gynecology | Effectiveness  Patient Safety |  |  |
| **Don’t do electronic fetal monitoring for low risk women in labour; use intermittent auscultation.** | Obstetrics & Gynecology | Effectiveness  Patient Safety |  |  |
| **Don’t perform routine urinalysis (protein, glucose) at every antenatal visit (in low risk normotensive women).** | Obstetrics & Gynecology | Effectiveness  Efficiency |  |  |
| **Don’t use meperidine for labour analgesia due to its long-acting active metabolites and negative effects on neonatal behaviours.** | Obstetrics & Gynecology | Patient safety |  |  |
| **Don’t routinely screen women with Pap smears if under 21 years of age or over 69 years of age.** | Obstetrics & Gynecology | Effectiveness |  |  |
| **Don’t screen for ovarian cancer in asymptomatic women at average risk.** | Obstetrics & Gynecology | Effectiveness |  |  |
| **Don’t routinely order hormone levels including estradiol, progesterone, follicle-stimulating hormone and luteinizing hormone in postmenopausal women or after a hysterectomy, either to diagnose menopause or to manage hormone therapy.** | Obstetrics & Gynecology | Effectiveness  Efficiency |  |  |
| **Don’t endorse clinically unnecessary absence from work.** | Occupational Medicine | Patient-Centredness  Effectiveness |  |  |
| **Don’t repeat chest X-rays when screening exposed workers for asbestosis unless clinical indications are present.** | Occupational Medicine | Effectiveness  Patient Safety |  |  |
| **Don’t perform routine cancer screening, or surveillance for a new primary cancer, in the majority of patients with metastatic disease.** | Oncology | Patient-Centredness |  |  |
| **Don’t delay or avoid palliative care for a patient with metastatic cancer because they are pursuing disease-directed treatment.** | Oncology  Palliative Care | Patient-Centredness |  |  |
| **Don’t deliver care (e.g., follow-up) in a high-cost setting (e.g., inpatient, cancer center) that could be delivered just as effectively in a lower-cost setting (e.g., primary care).** | Oncology | Patient-Centredness  Effectiveness  Access |  |  |
| **Don’t use glucosamine and chondroitin to treat patients with symptomatic osteoarthritis of the knee.** | Orthopedics | Effectiveness |  |  |
| **Don’t use oral antibiotics as a first line treatment for patients with painless ear drainage associated with a tympanic membrane perforation or tympanostomy tube unless there is evidence of developing cellulitis in the external ear canal skin and pinna** | Otolaryngology | Effectiveness  Patient Safety |  |  |
| **Don't order neck ultrasound to investigate odynophagia (discomfort or pain with swallowing) or globus sensation** | Otolaryngology – Head and Neck Surgery | Effectiveness |  |  |
| **Don’t order a routine ultrasound for umbilical and/or inguinal hernia.** | Pediatric Surgery | Effectiveness |  |  |
| **Don’t order a routine ultrasound for children with undescended testes.** | Pediatric Surgery  Urology | Effectiveness |  |  |
| **Don’t delay referral for undescended testes beyond 6 months of age.** | Pediatric Surgery | Effectiveness |  |  |
| **Don’t image a midline dimple related to the coccyx in an asymptomatic infant or child.** | Pediatric Neurosurgery | Effectiveness |  |  |
| **Don’t routinely use acid blockers or motility agents for the treatment of gastroesophageal reflux in infants** | Pediatrics | Effectiveness  Patient Safety |  |  |
| **Don’t administer psychostimulant medications to preschool children with Attention Deficit Disorder (ADD), but offer parent-administered behavioural therapy.** | Pediatrics | Effectiveness  Patient Safety |  |  |
| **Don’t routinely do a throat swab when children present with a sore throat if they have a cough, rhinitis, or hoarseness as they almost certainly have viral pharyngitis.** | Pediatrics | Effectiveness  Efficiency |  |  |
| **Don’t recommend the use of cough and cold remedies in children under six years of age** | Pediatrics | Effectiveness  Patient Safety |  |  |
| **Don’t delay advance care planning conversations.** | Palliative Care | Patient-Centredness |  |  |
| **Don’t use stool softeners alone to prevent opioid induced constipation.** | Palliative Care | Effectiveness  Patient-Centredness |  |  |
| **Don’t treat asymptomatic urinary tract infections in catheterized patients** | Physical Medicine & Rehabilitation | Effectiveness  Patient-Centredness |  |  |
| **Don’t regularly prescribe bed rest and inactivity following injury and/or illness unless there is scientific evidence that harm will result from activity** | Physical Medicine & Rehabilitation | Effectiveness  Patient-Centredness |  |  |
| **Don’t order prescription drugs for pain without considering functional improvement** | Physical Medicine & Rehabilitation | Effectiveness  Patient Safety  Patient-Centredness |  |  |
| **Don’t recommend carpal tunnel release without electrodiagnostic studies to confirm the diagnosis and severity of nerve entrapment** | Physical Medicine & Rehabilitation | Effectiveness  Patient Safety  Patient-Centredness |  |  |
| **Do not use SSRIs as the first-line intervention for mild to moderately depressed teens.** | Psychiatry | Effectiveness  Patient-Centredness  Patient Safety |  |  |
| **Do not use psychostimulants as a first-line intervention in preschool children with ADHD.** | Psychiatry | Effectiveness  Patient-Centredness |  |  |
| **Do not routinely use antipsychotics to treat primary insomnia in any age group.** | Psychiatry | Effectiveness  Patient Safety |  |  |
| **Don’t initiate long-term maintenance inhalers in stable patients with suspected COPD if they have not had confirmation of post-bronchodilator airflow obstruction with spirometry** | Respiratory Medicine | Effectiveness  Patient Safety |  |  |
| **Don’t perform CT screening for lung cancer among patients at low risk for lung cancer.** | Respiratory Medicine | Effectiveness  Efficiency  Patient Safety |  |  |
| **Don’t treat adult cough with antibiotics even if it lasts more than 1 week, unless bacterial pneumonia is suspected (mean viral cough duration is 18 days).** | Respiratory Medicine | Effectiveness  Patient Safety |  |  |
| **Don’t initiate medications for asthma (e.g., inhalers, leukotriene receptor antagonists, or other) in patients ≥ 6 years old who have not had confirmation of reversible airflow limitation with spirometry, and in its absence, a positive methacholine or exercise challenge test, or sufficient peak expiratory flow variability.** | Respiratory Medicine | Effectiveness  Patient Safety |  |  |
| **Don’t use antibiotics for acute asthma exacerbations without clear signs of bacterial infection.** | Respiratory Medicine | Safety  Effectiveness |  |  |
| **Don’t order ANA as a screening test in patients without specific signs or symptoms of systemic lupus erythematosus (SLE) or another connective tissue disease (CTD).** | Rheumatology | Effectiveness |  |  |
| **Don’t order an HLA-B27 unless spondyloarthritis is suspected based on specific signs or symptoms.** | Rheumatology | Effectiveness |  |  |
| **Don’t prescribe bisphosphonates for patients at low risk of fracture.** | Rheumatology | Effectiveness  Patient Safety |  |  |
| **Don’t order an MRI for suspected degenerative meniscal tears or osteoarthritis** | Sport & Exercise Medicine | Effectiveness  Efficiency  Patient-Centredness |  |  |
| **Don’t prescribe opiates as first line treatment for tendinopathies** | Sport & Exercise Medicine | Patient Safety |  |  |
| **Don’t order orthotics for asymptomatic children with pes planus (flat feet)** | Sport & Exercise Medicine | Effectiveness  Patient-Centredness |  |  |
| **Don’t order an MRI as an initial investigation for suspected rotator cuff tendinopathy** | Sport & Exercise Medicine | Effectiveness  Efficiency  Patient-Centredness |  |  |
| **Don’t perform unnecessarily frequent ultrasound examinations in asymptomatic patients with small abdominal aortic aneurysms. Aneurysms smaller than 4.5cm in diameter should undergo ultrasound surveillance every 12 months.** | Vascular Surgery | Effectiveness |  |  |