More Is Not Always Better Backgrounder

CHOOSING WISELY CANADA MISSION

Choosing Wisely Canada is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.

To date, 45 different medical and surgical specialties have joined the Choosing Wisely Canada campaign, representing over 90% of physicians in Canada. Societies representing these specialties have developed evidence-based lists of "top 5" tests and treatments for which there is strong evidence of overuse, waste, or even possible harm to patients. Over 150 physician recommendations have been released across this wide spectrum of specialties. Over 25 corresponding lay language patient materials have also been released to help facilitate the conversation with patients.

For more information on Choosing Wisely Canada, and to view all physician recommendations and patient materials, please visit our website, www.ChoosingWiselyCanada.org. To browse our recommendations and patient materials with ease, download our mobile app by searching for "Choosing Wisely Canada" in your Apple App or Google Play store.

62% of Canadians agree that there is a significant amount of unnecessary care in the health care system

92% of Canadians believe patients need more support to know which services are really necessary for their health

68% of Canadian family physicians agree that more tools are needed to help them make decisions about which services are inappropriate for their patients

MORE IS NOT ALWAYS BETTER PHILOSOPHY & APPROACH

Since the launch of Choosing Wisely Canada in April 2014, significant effort has gone into educating physicians and mobilizing the health care provider community to adopt the published recommendations. And these efforts are beginning to pay off as impressive results are beginning to emerge across different clinical settings across Canada.

However, these provider-driven efforts are not enough. There is evidence suggesting that patients also play an important role in driving unnecessary care. In fact, in a recent survey of Canadians conducted by Ipsos Reid for Choosing Wisely Canada, 67% of respondents said that "patient demands are responsible for more unnecessary use of health services than are decisions by physicians". Clearly, the perception that "more is better" needs to be addressed.

The More Is Not Always Better campaign will do the following:

1. Promote the message that in medicine as it is in life, "more is not always better"
2. Educate patients about when they might need a particular test or treatment, and when they don't
3. Encourage patients to talk with their doctor about unnecessary care.

The More Is Not Always Better campaign includes posters and videos that will present patients with scenarios in daily life where more is clearly not better, and make the connection that the same is also true when it comes to medicine.

These messages will flood waiting room TV screens (via short videos), walls (via posters) and patient education racks (via patient handouts). Working with a number of partners, we aim to reach up to 5 million patients in the clinical setting.

A dedicated patient website with engaging multi-media and educational materials, presented in easy to navigate format will be released. The website, www.ChoosingWisely.ca, will be linked to Choosing Wisely Canada's primary website, but will be a standalone resource for patients. A social media and PR campaign will help launch the website and will specifically target patients.

TOOLKIT COMPONENTS

COMPONENT	DESCRIPTION
More Is Not Always Better posters	Posters are 11x17 and are intended to be posted in the waiting room. Three versions are available.
Four Questions poster	Posters are 8.5x11 and are intended to be posted in the exam room.
Four Questions tent cards	Tent cards are intended to be placed in the waiting room.
More Is Not Always Better video clip	A 30 second silent video clip can be downloaded from www.vimeo.com/ChoosingWiselyCanada and played on waiting room TV screens.
Physician list of recommendations	Created by Canadian physicians through their national medical specialty societies, this evidence-based list contains specialty-specific tests and treatments commonly overused.
Patient pamphlet sample	Patient pamphlets are published by specialty societies on topics that correspond to Choosing Wisely Canada physician recommendations. The pamphlets are lay language and intended to facilitate conversations with patients on tests, treatments and procedures that are unnecessary.

QUESTIONS OR COMMENTS

We are most grateful for your participation in this important initiative. If you have any questions, please do not hesitate to contact us by email (info@ChoosingWiselyCanada.org) or by phone (416-864-6060 x 77548).

INCREASE YOUR KNOWLEDGE

Confronting Unnecessary Care: Choosing Wisely Canada is an accredited online module available through www.mdCME.ca. The module reviews the issue of unnecessary care in Canada and describes the resources and clinical guidelines available through Choosing Wisely Canada.

MORE IS NOT ALWAYS BETTER

The same is true for medical tests and treatments. Talk to your doctor about what you need, and what you don't. To learn more, visit www.choosingwisely.ca

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Choosing Wisely Canada™

FOUR QUESTIONS
TO ASK YOUR DOCTOR

1) Do I really need this test, treatment or procedure?

2) What are the downsides?

3) Are there simpler, safer options?

4) What happens if I do nothing?

Talk to your doctor about what you need, and what you don't. To learn more, visit www.choosingwisely.ca

Choosing Wisely Canada™

Choosing Wisely Canada™

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA
ASSOCIATION MÉDICALE CANADIENNE
CANADIAN MEDICAL ASSOCIATION
Forum on General Family and Practice Issues

Eleven Things Physicians and Patients Should Question

1 Don't do imaging for lower-back pain 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.

2 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.

Bacterial infections of the respiratory tract, when they do occur, are generally a secondary problem caused by complications from viral infections such as influenza. While it is often difficult to distinguish bacterial from viral sinusitis, nearly all cases are viral. Though cases of bacterial sinusitis can benefit from antibiotics, evidence of such cases does not typically surface until after at least seven days of illness. Not only are antibiotics rarely indicated for upper respiratory illnesses, but some patients experience adverse effects from such medications.

3 Don't order screening chest X-rays and ECGs for asymptomatic or low risk outpatients.

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. Chest X-rays for asymptomatic patients with no specific indications for the imaging have a trivial diagnostic yield, but a significant number of false positive reports. Potential harms of such routine screening exceed the potential benefit.

4 Don't screen women with Pap smears if under 21 years of age or over 69 years of age.

- Don't do screening Pap smears annually in women with previously normal results
- Don't do Pap smears in women who have had a hysterectomy for non-malignant disease

The potential harm from screening women younger than 21 years of age outweighs the benefits and there is little evidence to suggest the necessity of conducting this test annually when previous test results were normal. Women who have had a full hysterectomy for benign disorders no longer require this screening. Screening should stop at age 70 if three previous test results were normal.

5 Don't do annual screening blood tests unless directly indicated by the risk profile of the patient.

There is little evidence to indicate there is value in routine blood tests in asymptomatic patients; instead, this practice is more likely to produce false positive results that may lead to additional unnecessary testing. The decision to perform screening tests, and the selection of which tests to perform, should be done with careful consideration of the patient's age, sex and any possible risk factors.

6 Don't routinely measure Vitamin D in low risk adults.

Because Canada is located above the 35° North latitude, the average Canadian's exposure to sunlight is insufficient to maintain adequate Vitamin D levels, especially during the winter. Therefore, measuring serum 25-hydroxyvitamin D levels is not necessary because routine supplementation with Vitamin D is appropriate for the general population. An exception is made for measuring Vitamin D levels in patients with significant renal or metabolic disease.

7 Don't routinely do screening mammography for average risk women aged 40 - 49.

If, after careful assessment of women less than 50 years of age, their risk profile for breast cancer is low, the benefit of screening mammography is also quite low. Furthermore, for this age group there is a greater risk of a false-positive and consequently undergoing unnecessary or harmful follow-up procedures.

8 Don't do annual physical exams on asymptomatic adults with no significant risk factors.

A periodic physical examination has tremendous benefits; it allows physicians to check on their healthy patients while they remain healthy. However, the benefits of this check-up being done on an annual basis are questionable since many chronic illnesses that benefit from early detection take longer than a year to develop. Preventive health checks should instead be done at time intervals recommended by guidelines, such as those noted by the Canadian Task Force on the Periodic Health Examination.

9 Don't order DEXA (Dual-Energy X-ray Absorptiometry) screening for osteoporosis on low risk patients.

While all patients aged 50 years and older should be evaluated for risk factors for osteoporosis using tools such as the osteoporosis self-assessment screening tool (OST), bone mineral density screening via DEXA is not warranted on women under 65 or men under 70 at low risk.

10 Don't advise non-insulin requiring diabetics to routinely self-monitor blood sugars between office visits.

While self-monitoring of blood glucose (SMBG) for patients with diabetes is recommended by certain groups to help monitor glycemic control, for most adults with type II diabetes who are not using insulin, many studies have shown that routine SMBG does little to control blood sugar over time.

11 Don't order thyroid function tests in asymptomatic patients.

The primary rationale for screening asymptomatic patients is that the resulting treatment results in improved health outcomes when compared with patients who are not screened. There is insufficient evidence available indicating that screening for thyroid diseases will have these results.

How the list was created (1 - 5)

The Canadian Medical Association's (CMA) Forum on General and Family Practice Issues (GP Forum) is a collective of leaders of the General Practice sections of the provincial and territorial medical associations. To establish its *Choosing Wisely Canada* Top 5 recommendations, each GP Forum member consulted with their respective GP Section members to contribute candidate list items. Items from the American Academy of Family Physicians' Choosing Wisely® list were among the candidates. All candidate list items were collated and a literature search was conducted to confirm evidence-based support for the items. GP Forum members discussed which of the thirteen items that resulted should be included. Agreement was found on eight of them. Family physician members of the CMA's e-Panel voted to select five of the eight items. These five items were then approved by the provincial and territorial GP Sections. The College of Family Physicians of Canada is a member observer of the GP Forum and was involved in this list creation process. The first four items on this list are adapted with permission from the Five Things Physicians and Patients Should Question.

How the list was created (6 - 11)

The Canadian Medical Association's (CMA) Forum on General and Family Practice Issues (GP Forum) is a collective of leaders of the General Practice sections of the provincial and territorial medical associations. Items 6 - 11 were selected from ten candidate items that were originally proposed for items 1 - 5. GP Forum members discussed which of these items should be included and agreement was found on eight of them. As was done for the first wave, family physician members of the CMA's e-Panel voted to select five of the eight items; however, subsequent discussions by the GP Forum resulted in six items being chosen. Feedback on these six items was then obtained from the provincial/territorial GP Sections. The College of Family Physicians of Canada is a member observer of the GP Forum and was involved in this list creation process.

The GP Forum was dissolved as of August 2015.

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About The CMA's Forum on General and Family Practice Issues

The Canadian Medical Association's (CMA) Forum on General and Family Practice Issues (GP Forum) is a proud partner of the Choosing Wisely Canada campaign. The GP Forum is a group of family physician leaders in every province and one territory (NWT) in Canada. These individuals are members or chairs of that jurisdiction's Section of General Practice. It also includes representation from the following organizations: the College of Family Physicians of Canada, the Canadian Medical Protective Association, the Society of Rural Physicians of Canada, Canadian Forces Health Services, the Canadian Association of Internes and Residents, the Canadian Federation of Medical Students and one CMA Board member who is a family physician. The primary purpose of the GP Forum is to provide expertise and advice to the CMA on issues concerning primary health care. Note: The GP Forum was dissolved as of August 2015.

About The College of Family Physicians of Canada

The College of Family Physicians of Canada (CFPC) is a proud partner of the *Choosing Wisely Canada* campaign. The CFPC represents more than 30,000 members across the country. It is the professional organization responsible for establishing standards for the training, certification and lifelong education of family physicians. The College provides quality services and programs, supports family medicine teaching and research, and advocates on behalf of family physicians and the specialty of family medicine. The CFPC accredits postgraduate family medicine training in Canada's 17 medical schools.undergraduate and continuing medical education and encourages the development of research in oncologic surgery. The CSSO believes in facilitating communication between surgeons whose primary interest lies in the field of oncology and encourages the formation of surgical oncology training programs among Canadian Universities.

About Choosing Wisely Canada

Choosing Wisely Canada is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.

For more information on *Choosing Wisely Canada* or to see other lists of Five Things Physicians and Patients Should Question, visit www.choosingwiselycanada.org. Join the conversation on Twitter @ChooseWiselyCA.

Choosing Wisely Canada™

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA | LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

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Treating sinusitis

Don't rush to antibiotics

Millions of people are prescribed antibiotics each year for sinusitis, a frequent complication of the common cold, hay fever, and other respiratory allergies. In fact, 15 to 21 percent of all antibiotic prescriptions for adults in outpatient care are for treating sinusitis. Unfortunately, most of those people don't need the drugs. Here's why:

The drugs usually don't help.
Sinusitis can be painful. People with the condition usually have a stuffy nose combined with yellow, green, or gray nasal discharge plus pain or pressure around the eyes, cheeks, forehead, or teeth that worsens when they bend over. But sinus infections almost always stem from a viral infection, not a bacterial one—and antibiotics don't work against viruses. Even when bacteria are the cause, the infections often clear up on their own in a week or so. And antibiotics don't help ease allergies, either.

They can pose risks.
About one in four people who take antibiotics have side effects, such as stomach problems, dizziness, or rashes. Those problems clear up soon after stopping the drugs, but in rare cases antibiotics can cause severe allergic reactions. Overuse of antibiotics also promotes the growth of bacteria that can't be controlled easily with drugs. That makes you more vulnerable to antibiotic-resistant infections and undermines the good that antibiotics can do for others.

So when are antibiotics necessary?
They're usually required only when symptoms last longer than a week, start to improve but then worsen again, or are very severe. Worrisome symptoms that can warrant immediate antibiotic treatment include a fever over 38.6°C, extreme pain and tenderness over your sinuses, or signs of a skin infection, such as a hot, red rash that spreads quickly. When you do need antibiotics, the best choice in many cases is amoxicillin, which typically costs about $4 and is just as effective as more expensive brand-name antibiotics. Note that some doctors recommend CT scans when they suspect sinusitis. But those tests are usually necessary only if you have frequent or chronic sinusitis or you're going to have sinus surgery.

How should you treat sinusitis?

Most people recover from sinusitis caused by colds in about a week, but several self-help steps may bring some relief sooner:

Rest. That's especially important in the first few days when your body needs to channel its energy into fighting the virus. It also helps to elevate your head when lying down to ease postnasal drip.

Drink. Warm fluids can help thin nasal secretions and loosen phlegm.

Boost humidity. Warm, moist air from a bath, shower, or a pan of recently boiled water can loosen phlegm and soothe the throat.

Gargle. Use half a teaspoon of salt dissolved in a glass of warm water.

Rinse your nose. Saltwater sprays or nasal irrigation kits (such as Neti Pot) might make you feel better.

Use over-the-counter remedies with caution.

- Nasal drops or sprays containing oxymetazoline (such as Otrivin, Drixoral and generic) can cause rebound congestion if used for longer than three days.
- The benefits of oral decongestants (such as Sudafed) rarely outweigh the risks or side effects.
- Unless significant allergies are present, it's best to skip antihistamines since they don't ease cold symptoms very much and can cause bad side effects.

Choosing Wisely Canada™

Canadian Association of Radiologists
L'Association canadienne des radiologistes

The College of Family Physicians of Canada
Le Collège des médecins de famille du Canada

Association médicale canadienne
Canadian Medical Association

Forum on General and Family Practice Issues

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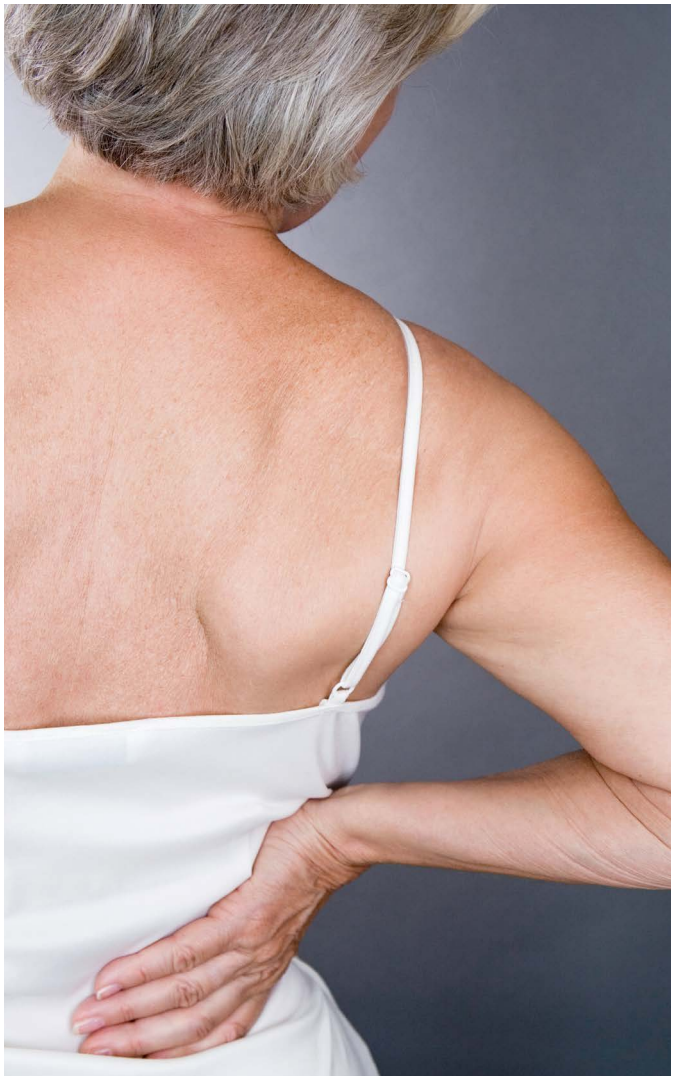
Imaging tests for lower back pain

When you need them—and when you don't



Back 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, one large study of 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 over-the-counter (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, but didn't recover faster.

They can pose risks.
X-rays and CT scans expose you to radiation, which can increase cancer risk. While back x-rays deliver less radiation, they still can give 75 times more radiation 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. Furthermore, the tests often reveal spinal abnormalities that could be completely unrelated to the pain. Those findings can cause needless worry and lead to unnecessary follow-up tests and procedures such as injections or sometimes even surgery.

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 alert your doctor that imaging may be 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.

If none of these additional symptoms is present, 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.

How should you treat lower back pain?

Your doctor can advise you on how best to treat your 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 pain relievers such as acetaminophen (Tylenol and generic) or anti-inflammatory drugs such as ibuprofen (Advil and generic) and naproxen (Aleve and generic).

Sleep comfortably. Lying on your side with a pillow between your knees or lying on your back with a few pillows beneath your knees 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 pain relievers.