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

**Version for QI CPD, focusing on measurability**

Stratified by Quality Improvement (QI) Pillar

January 2021

Suggestions for clinicians using this list:

1. Review recommendations to identify those that have relevance for your community, team or practice (Yes or No column). Is there interest or energy around the topic?
2. Then consider the “Yes” recommendations for ease of implementation and measurement. Where will you get data – from the EMR? From your community or hospital lab? Hospital or other database? Manual tabulations done in your office? Indicate in this column if the project is “do-able” from that standpoint – 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 Choosing Wisely 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** | **Possible ways of Measuring** | **Can we Measure?****Yes/No** |
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| 1 | Don’t use antibiotics for acute asthma exacerbations without clear signs of bacterial infection. | Respiratory Medicine | SafetyEffectiveness |  | Search bills for dx 493, concurrent antibiotic Rx givenLink to [The Cold Standard Toolkit](https://choosingwiselycanada.org/perspective/the-cold-standard/) |  |
| 2 | 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 | EffectivenessEfficiency  |  | Search for dx COPD (492 or 496) and presence of pulmonary function test or spirometry result. If CPPs not complete, search by common medication (tiotropium) |  |
| 3 | 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 | EffectivenessEfficiency |  | Search for dx or bill 493 and presence of pulmonary function or spirometry result; could stipulate age range eg >= 6 years |  |
| 4 | Don’t use antibiotics in adults and children with uncomplicated sore throats | Emergency Medicine | EffectivenessPatient Safety |  | Search bills for dx 460 and Rx antibiotic posted; could stipulate age rangeLink to [The Cold Standard Toolkit](https://choosingwiselycanada.org/perspective/the-cold-standard/) |  |
| 5 | Don’t use antibiotics in adults and children with uncomplicated acute otitis media | Emergency Medicine | EffectivenessPatient Safety |  | Search bills for dx 382 and antibiotic Rx given; could stipulate age rangeLink to [The Cold Standard Toolkit](https://choosingwiselycanada.org/perspective/the-cold-standard/) |  |
| 6 | 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 SafetyEffectiveness |  | Search bills for dx 460, 466 or 461 and antibiotic Rx postedLink to [The Cold Standard Toolkit](https://choosingwiselycanada.org/perspective/the-cold-standard/) |  |
| 7 | 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 | EffectivenessPatient Safety |  | Search CPP for Rx for PPI > a durationLink to [Bye-bye PPI Toolkit](https://choosingwiselycanada.org/perspective/ppi-toolkit/) |  |
| 8 | Don’t use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium. | GeriatricsHospital MedicinePsychiatry | EffectivenessPatient SafetyPatient-Centredness |  | Search CPP for Rx sedative-hypnotic for > a duration, restrict to age >= 65Link to [Feeling Drowsy Without Feeling Lousy Toolkit](https://choosingwiselycanada.org/perspective/toolkit-benzos-primary-care/) |  |
| 9 | Don't use antipsychotics as first choice to treat behavioural and psychological symptoms of dementia. | GeriatricsPsychiatryLong Term Care | EffectivenessPatient SafetyPatient-Centredness |  | Search CPP for Rx anti-psychotic, restrict to age >= 65Link to [When Psychosis Isn’t the Diagnosis Toolkit](https://choosingwiselycanada.org/perspective/antipsychotics-toolkit/) |  |
| 10 | 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 |  | Search lab results for TSH, T3, T4 results appearing on same date; OR request data per clinician from labLink to [Understand the Gland Toolkit](https://choosingwiselycanada.org/perspective/toolkit-t4-t3/) |  |
| 11 | 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 | EffectivenessAccess |  | Search for all thyroid U/S; then chart audit for indication |  |
| 12 | Don’t do imaging for lower-back pain unless red flags are present | Family MedicineEmergency MedicineOccupational MedicineRadiologySpine SocietyPhysical Medicine & Rehabilitation | AccessEffectivenessPatient SafetyPatient-Centredness |  | Ask for administrative (billing) data to be searched in your region (e.g. ICES data available by FHO in Ontario). Request 847 dx code billed, followed by imaging bill within a time frame (e.g. 6 weeks) |  |
| 13 | Don’t do annual screening blood tests unless directly indicated by the risk profile of the patient | Family Medicine | Effectiveness |  | Search bills for Preventive Care visit with either concurrent bill for blood work or blood results appearing in a time frame |  |
| 14 | 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-CentrednessEffectivenessPatient Safety |  | Search mammogram result in women < 50; audit charts for record of shared decision-making |  |
| 15 | Don’t order thyroid function tests in asymptomatic patients | Family Medicine | EffectivenessPatient-Centredness |  | Search labs for >=2 TSH results in past two years in charts where CPP has no dx 244, 242, or 714, and where 650 has not been billed in past 2 yearsThis search has been developed and run through CPCSSN; can be requested |  |
| 16 | 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 |  | Search CPP for Rx glyburide in age >= 65 OR search > age threshold and A1c < 7.5% |  |
| 17 | Don’t prescribe opioid analgesics or combination analgesics containing opioids or barbiturates as first line therapy for the treatment of migraine. | Headache | EffectivenessPatient-CentrednessPatient Safety |  | Search CPP for dx 346 and active opioid Rx |  |
| 18 | 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 |  | Search bills for dx 595 with concomitant Quinolone Rx |  |
| 19 | 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 | EffectivenessPatient Safety |  | Meds list or MAR search of LTC patients taking threshold # of meds |  |
| 20 | 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 |  | Search CPP for NSAID Rx with concurrent dx 401, 428, 586 |  |
| 21 | 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 |  | Search Meds List for presence of both ACEI and ARB |  |
| 22 | 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 MedicineRheumatology | EffectivenessAccess |  | Search EMR for presence of BMD results at < 2 year intervals |  |
| 23 | Do not routinely use antipsychotics to treat primary insomnia in any age group. | Psychiatry | EffectivenessPatient Safety |  | Search bills and/or CPP for dx insomnia with concurrent Rx antipsychotic |  |