Re: Clinical Decisions Made in Primary Care Clinics Before and After Choosing Wisely™

To the Editor: Kost and Genoa demonstrated that physician adherence to guidelines for 5 low-value clinical decisions improved through educational interventions.1 They concluded that “primary care physicians respond to training and publicity in low-value care.” This intervention strategy decreased physician-initiated testing that provide little clinical value. In this way, the Choosing Wisely initiative may help to achieve the health care triple aim.2 However, the authors failed to explain why there were drastic differences in responses among the intervention groups. Of the 5 clinical decisions that were targeted, 2 groups (antibiotics for acute sinusitis, dual-energy X-ray absorptiometry for osteoporosis screening) improved in adherence markedly, and 3 groups (cervical cancer screening, heart disease screening, back pain imaging) did not change significantly. This disparity merits thoughtful discussion and a call for further research.

The authors propose that the groups showing no improvement shared very high adherence before the intervention, “limiting the opportunity for change.” This is an ideal without thoughtful examination of both successful and unsuccessful interventions to achieve the health care triple aim, we must discover interventions that will help physicians avoid low-value testing. We cannot reach this ideal without thoughtful examination of both successful and unsuccessful interventions for low-value decisions.

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References

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The above letter was referred to the authors of the article in question, who offer the following reply.

Response: Re: Clinical Decisions Made in Primary Care Clinics Before and After Choosing Wisely™

To the Editor: We thank Dr. Gladwell for his thoughtful comments regarding our article about the impact of the Choosing Wisely campaign on clinical decisions made in primary care clinics. As he notes, achieving value in health care is a critical component of improving our health care system. Thus it is necessary to know what kinds of interventions might be successful at increasing the rates of high-value care.

Space limitations precluded a full discussion of limitations in our study, so we welcome Dr. Gladwell’s elaboration of the known limitations of the quasi-experimental design we used. Clinics were not randomly assigned, and all received the educational intervention and exposure to the launch of the Choosing Wisely campaign. We agree that it is not possible to quantify all potential aspects of this exposure. The launch of the Choosing Wisely campaign on clinical decisions made in primary care clinics before and after Choosing Wisely. J Am Board Fam Med 2015;28:471–4.