



A Primary Care Guide to

Choosing Wisely® at Intermountain

Tests and Treatments Doctors and Patients Should Discuss

According to the Institute of Medicine, up to 30% of healthcare delivered in the U.S. is unnecessary and may cause harm. Patterned after the *Choosing Wisely*® campaign (www.choosingwisely.org) of the ABIM Foundation (www.abimfoundation.org), this document summarizes key areas prone to overuse or misuse of medical tests and procedures at Intermountain Healthcare. It also provides advice on underused care and preventive care visits. Links are provided to tools that summarize the evidence (**CPMs and national guidelines**), tools to reinforce best practice at the point of care (**orders, forms, and quick references**), and tools to enable conversations with patients (**patient education**).

1 WISE IMAGING

2 WISE LAB TESTS

3 WISE MEDICATIONS

4 PREVENTIVE CARE VISITS

5 UNDERUSED CARE

1. IMAGING | *Limit imaging to tests that may alter care.*

- Low back pain — Avoid imaging tests in acute low back pain unless there are red flags for serious pathology or injury.** According to the *Choosing Wisely*® lists from the [American Academy of Family Physicians](#) and the [American College of Physicians](#), lumbar imaging increases costs without improving outcomes. Intermountain's Spinal MRI Order Form provides a helpful checklist of appropriate indications for lumbar imaging.
 More information: [Spinal MRI Order](#) [Low Back Pain CPM](#) [Patient education \(English / Spanish\)](#)
- Heart — Avoid cardiac nuclear stress testing unless the indication meets national criteria.** Cardiac nuclear scans involve significant radiation, which should be avoided unless clinically indicated. *Choosing Wisely*® lists from the [American College of Cardiology \(ACC\)](#) and the [American Society of Nuclear Cardiology](#) provide guidelines on cardiac imaging, and Intermountain's CV Nuclear Stress Test Order Form (based on ACC/AHA criteria) lists appropriate indications for a nuclear scan. A stress echocardiogram can often provide the desired information, plus additional information on the heart valve and chambers, with no radiation exposure.
 More information: [CV Nuclear Stress Test Order Form](#) [Optimizing Cardiac Nuclear Stress Tests \(PowerPoint\)](#) [ACC/AHA Criteria](#)
- Suspected pulmonary embolism (PE) — Don't image for suspected PE without moderate or high pre-test probability.** According to the *Choosing Wisely*® lists from the [American College of Radiology](#) and the [American College of Physicians](#), imaging is not appropriate as the *initial* test for suspected PE. The Revised Geneva Score (and if necessary, a d-Dimer test) can help determine pre-test probability. Patients with a negative d-Dimer do not need pulmonary imaging. For pregnant patients, the first step is evaluating deep vein thrombosis (DVT) signs.
 More information: [CT for Suspected PE CPM](#) [PE in Pregnancy CPM](#)
- Osteoporosis — Avoid DEXA for screening in women younger than 65 years or men younger than 70 years with no risk factors.** According to the *Choosing Wisely*® list from the [American Academy of Family Physicians](#), DEXA screening is not cost-effective in younger patients.
- Double imaging — Avoid imaging both with and without contrast, unless absolutely necessary.** Imaging both with and without contrast is rarely needed. Consult with a radiologist if you are considering an imaging procedure with and without contrast and you're not certain that it's absolutely necessary.

2. LAB TESTS | *Limit lab tests to those with an evidence base that supports their use.*

- **Preventive care — Don't order lab tests that lack an evidence base to support their use.** Frequently over-ordered tests include urinalysis and CBC in men, chemistry panels, and TSH. See *Preventive Care Visits on page 3* for evidence-based recommendations for preventive care labs.
- **Cervical cancer screening — Don't routinely order annual HPV/Pap tests.** For example, the *Choosing Wisely*[®] list from the American Academy of Family Physicians points out that Pap tests are not helpful for women under 21 or after a hysterectomy for noncancer disease. Follow *Intermountain's Preventive Care Screening Recommendations* for cervical cancer screening, based on American Congress of Obstetricians and Gynecologists (ACOG) guidelines:
 - **Women younger than 21 years:** Cervical cancer screening is NOT needed.
 - **Women aged 21 to 29 years:** Pap test every 3 years. (Annual screening for women with immunocompromised status, HIV, or DES exposure in utero.) Note: HPV testing in women younger than 30 should only be done on a Pap test result of "ASCUS."
 - **Women aged 30 to 65 years:** Pap test combined with HPV test every 5 years. (Annual screening for women with immunocompromised status, HIV, or DES exposure in utero.)
 - **Women older than 65 years:** Pap tests are NOT needed if a woman has had 3 or more normal Pap tests in a row and no abnormal tests in the past 10 years. (Continue routine screening for women with history of cervical cancer, immunocompromised status, HIV, or DES exposure in utero.)
 - **Post cervix removal:** If hysterectomy was for benign disease, Pap tests are not needed (continue pelvic exams). If history of abnormal cell growth (CIN2/CIN3), screen annually until 3 consecutive negative Pap tests, then discontinue.
- **Other labs — Order the right test.** Limit labs to those that may alter treatment decisions or are medically necessary. See the following guidance from ARUP on several specific tests:

| Factor | Recommended | NOT recommended |
|-----------------------------------|---|--|
| Cardiac risk | Traditional risk markers: HDL + LDL, combined with other Framingham factors | Novel cardiac risk markers: Tests such as LDL fractionation testing (LDL-P, VAP testing, etc.) or homocysteine for routine screening in patients who do not have other risk factors or elevated risk |
| Vitamin D | 25-(OH)D | 1,25-(OH)D |
| H. pylori infection | Breath/stool testing | Serologic testing |
| HLA disease association | Differs per disorder | HLA testing (predictive value too poor for diagnosis of ankylosing spondylitis, etc.) |
| Inherited thrombotic disorders | Use thrombophilia testing only if it will affect treatment plans, which is uncommon | <ul style="list-style-type: none"> • Factor V Leiden by PCR • Total antigen tests (for protein C, protein S, and antithrombin deficiency) |
| Metabolic syndrome or prediabetes | Blood glucose testing and other diagnostic criteria for metabolic syndrome or prediabetes | C-peptide levels (not necessary for diagnosis) |
| Thyroid hormone | TSH, followed by free T4 if necessary | FTI and/or T3 uptake tests (outdated and not appropriate) |

More information: www.ARUPconsult.com or the [ARUP Consult iPhone app](#).

3. MEDICATIONS | *Use antibiotics and other drugs only when truly necessary; choose generics when possible.*

- **Antibiotic use — Don't prescribe antibiotics for acute rhinosinusitis or bronchitis.** According to the *Choosing Wisely*® list from the American Academy of Allergy, Asthma, and Immunology, most acute rhinosinusitis is caused by a viral infection and resolves without treatment in 2 weeks — only 0.5% to 2% of cases become bacterial infections. The *Choosing Wisely*® list from the American Academy of Family Physicians states that antibiotics are prescribed in more than 80% of outpatient visits for acute sinusitis, which accounts for 16 million office visits and \$5.8 billion in annual health care costs. Antibiotics can also contribute to antibiotic resistance. More information: [Bronchitis CPM](#) Coughs and colds patient education ([Adult English](#) / [Adult Spanish](#)) ([Pediatric English](#) / [Pediatric Spanish](#))
- **Antibiotic choice — If antibiotics are prescribed, choose a narrow-spectrum medication if possible.** Narrow-spectrum medications are less likely to cause resistance or lead to superinfection.
- **Medication administration — Don't use IV/parenteral therapies when PO would suffice.** Oral therapy is more cost effective and reduces the risk of other complications.
- **Generics — Choose generics first.** Generic medications that are **AB rated** have been proven to be as effective as brand-name medications and they save the patient money. [SelectHealth's GenericSample Program](#) waives the patient's copay/coinsurance for the first 30-day fill of select generic prescriptions.
- **Testosterone — Only prescribe testosterone in men found to have low testosterone levels.** Testosterone is not clinically proven to be effective in women and or in men who do not have a documented low testosterone level based on blood testing.

4. PREVENTIVE CARE VISITS | *Encourage preventive care visits — but not unnecessary tests.*

- **Regular visits — DO encourage preventive visits, with services based on evidence-based recommendations.** Services during preventive visits should be based on the patient's age, sex, and risk factors. More information: [Intermountain Preventive Care Recommendations](#) [USPSTF recommendations](#) [CMS Quick Reference](#) Patient education for *women* ([English](#) / [Spanish](#)), *men* ([English](#) / [Spanish](#)), and *teens* ([English](#) / [Spanish](#))
- **Lifestyle management — In the preventive care visit, DO focus on lifestyle management.** The preventive care visit is an ideal chance to work with patients on positive changes that can improve overall health and enhance their quality of life. The **5 As** framework is a proven way to help patients do this, supported by the motivational interviewing techniques and tools provided through Intermountain's Weight & Lifestyle Management CPM and tools (under development and available in mid-2013). The **5 As** framework includes the following elements:
 - **Assess** lifestyle-related risk factors, behaviors, and concerns.
 - **Advise** on personal health risks and relevant, evidence-based behavior changes.
 - **Agree** on 1 to 3 specific, measurable, behavior-change goals based on the patient's preferences and readiness to change. Document mutually agreed upon goals on a written prescription or care plan.
 - **Assist** the patient in making an action plan for reaching goals. A good action plan includes tracking and accountability, resources, social support, and ways to overcome barriers.
 - **Arrange** for follow-up, referrals, reporting mechanisms, and other assistance as necessary.
- **Labs — At a preventive care visit, order only those labs that meet evidence-based criteria.**



| Overutilized labs | Evidence-based recommendation |
|-------------------|---|
| Chemistry panels | There is no role for routine chemistry panels as part of an annual wellness visit; blood chemistry tests should be performed only if assessing specific symptoms or monitoring specific health problems |
| TSH | Only if signs/symptoms of hyper- or hypothyroidism, family history of autoimmune thyroiditis, or goiter |
| Urinalysis in men | Only if risk factors for chronic kidney disease or exam shows signs/symptoms of condition for which UA is required for diagnosis |
| CBC in men | Only if exam shows signs/symptoms of condition for which CBC is required for diagnosis |

5. UNDERUSED CARE | *Don't skip the important, evidence-based tests and treatments below.*

- **Breast cancer screening — Follow Intermountain recommendations.** For breast cancer, women ages 19 to 39 should have a clinical breast exam every 1 to 3 years; women age 40 and older should have a clinical breast exam and mammogram annually. Women with additional risk factors should start regular mammography earlier.
More information: [Intermountain Preventive Care Screening Recommendations](#)
- **Colorectal cancer screening — Follow Intermountain recommendations.** Colorectal cancer screening typically should begin at age 50 for low/normal risk patients, with follow-up intervals varying from 1 to 10 years based on the screening method and the findings on initial screening. After a negative colonoscopy, further screening (such as annual FIT or FOBT) should not be performed on asymptomatic patients during the 10-year interval until the next colonoscopy or until another colon cancer screen is indicated. Colon cancer screening can stop at age 75 or if comorbid conditions limit life expectancy. They should not occur after age 85.
More information: [Intermountain Preventive Care Screening Recommendations](#)
- **Adult vaccinations — Think beyond flu and pneumonia.** We all know it's important for adults to have regular flu and pneumonia vaccinations. But it's important to remember vaccines such as Tdap (and Td booster), Hepatitis B (especially in patients with diabetes), and herpes zoster (after age 60).
More information: [CDC/ACIP Adult Immunization Schedule](#)
- **Sleep apnea — Screen for obstructive sleep apnea as part of a wellness visit.** The STOP-BANG screen is evidence-based and easy to administer. Diagnosis and treatment of sleep apnea can reduce a patient's overall health risks, make it easier for patients to make lifestyle management changes, and improve management of other chronic conditions.
More information: [STOP-BANG Questionnaire](#) [Intermountain's Obstructive Sleep Apnea CPM](#) [Patient education \(English / Spanish\)](#)
- **Depression — Screen for depression regularly.** The PHQ-2 is an effective, brief screening tool, and can be followed by the PHQ-9 if the PHQ-2 is positive.
More information: [PHQ-9 \(PHQ-2 is first 2 questions\)](#) [C-SSRS Quick Screen](#) [Suicide CPM](#) [Depression CPM](#) [Patient education \(English / Spanish\)](#)
- **STDs — Screen for chlamydia in sexually active adults as part of preventive care.** Screen all sexually active women ages 19–24, and women age 25 and older who are at high risk (more than one sexual partner, STD history, and/or not using condoms consistently and correctly). Women with chlamydia should be screened 3 to 4 months after treatment is completed.
More information: [Intermountain Preventive Care Screening Recommendations](#)

National *Choosing Wisely*® Resources — 5 Things that Physicians and Patients Should Question

Choosing Wisely,® an initiative of the ABIM Foundation, encourages physicians, patients, and other healthcare providers to talk about medical procedures that are unnecessary (and might even cause harm). This initiative provides evidence-based recommendations from national specialty societies, along with other resources, at www.choosingwisely.org. Each list focuses on 5 specific procedures. Some of the recommendations are listed below (click the underlined titles below to open each list):



Selected lists:

- | | |
|---|---|
| Allergy, Asthma, and Immunology | Obstetrics and Gynecology |
| Cardiology | Oncology |
| Family Practice | Pediatrics |
| Gastroenterology | Radiology |
| Geriatrics | |
| Internal Medicine | |
| Nephrology | |
| Nuclear Cardiology | |

Other *Choosing Wisely*® resources:

- Consumer education: www.choosingwisely.org/doctor-patient-lists
- Twitter: [@ABIMFoundation](#)
- Medical Professionalism blog: blog.abimfoundation.org