Jennifer Doggett, Alison Barrett and Cate Carrigan reported on the 2022 Choosing Wisely Australia National Meeting – Virtual event, for the Croakey Conference News Service.
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Time for “top down” and systems approaches to drive better value healthcare

Introduction by Croakey: Choosing Wisely Australia launched in 2015 to promote a national dialogue on unnecessary tests, treatments and procedures, and to support people to choose healthcare that is supported by evidence.

Established by NPS MedicineWise in partnership with Australia’s health professional colleges, societies and associations, Choosing Wisely Australia challenges the way we think about healthcare, questioning the notion ‘more is always better’.

Over the past six years, the initiative has been successful in driving grassroots changes to the delivery of healthcare. But many participants at the recent Choosing Wisely Australia National meeting suggested that it is now time to complement this approach with “top down” strategies to address the system wide factors and levers driving the ongoing provision of low value care.

Croakey’s Jennifer Doggett reports on the discussions below, for the Croakey Conference News Service.
Jennifer Doggett writes:

Successful efforts to reduce low value healthcare were profiled at the recent Choosing Wisely Australia National meeting, including a program that has reduced the use of benzodiazepines in older people in Canada.

Other such efforts targeted low-value transfusion practices, while others sought to ensure telehealth consultations were directed to patients who are most likely to benefit from them.

This grassroots approach was described by Choosing Wisely Australia’s Chief Executive Officer, Katherine Burchfield, in her introduction to the event as bringing together health professionals, consumers and services with a common paradigm in order to drive a change in the culture of healthcare.

However, a number of presenters and participants suggested that the effectiveness of this approach was being limited by systemic factors working against addressing low value care.

Dr Wendy Levinson, Chair of Choosing Wisely Canada, referenced a recent article in The New England Journal of Medicine, titled ‘Ten Years of Choosing Wisely to Reduce Low-Value Care’.

The author, Dr Elizabeth Rourke, from Brigham and Women’s Hospital and Harvard Medical School in Boston, argues that the political compromises that have allowed Choosing Wisely to flourish, specifically the lack of an explicit focus on the funding mechanisms of low value care, have also rendered the initiative “toothless”.

“Choosing Wisely has allowed doctors (and medical societies) to look like they are addressing low-value care without actually being forced to make any substantive changes,” she writes.

A system issue

Levinson acknowledged that Choosing Wisely has struggled to demonstrate its impact in the Canadian health system and argued that this was partly due to the limitations of its grassroots approach to reducing low value care.

“Overuse is not just about conversations between clinicians and patients, it’s also a system issue,” she said.

Levinson suggested that the future direction for Choosing Wisely should include both a top down/systems change approach as well as grassroots action.

“The Choosing Wisely lists have been terrific but they are just a first step. Local implementation is also great and creates energy but it is insufficient to demonstrate broader change.

“We need to look at where local action can be scaled up to systems change. There are some cases where we can stop paying for low value services, for example, folate supplementation or routine vitamin D testing.

“Ordering systems for tests should also restrict certain services, such as knee arthroscopy, until specific criteria are met,” she said.

Levinson went on to clarify that Choosing Wisely could not have taken a top down approach initially as this would have been seen by clinicians as an attempt to ration services.

However, she believes that now this initiative has established enough credibility with clinicians to prevent this from occurring.
Role of research

The contribution that research can make to de-implementing low value care at the service and system-wide levels was outlined by Associate Professor Denise O’Connor, from Monash University and Cabrini Health.

O’Connor discussed the findings of three systematic reviews of the models, theories and frameworks on de-implementation of low value care which she said could be used to scale up local initiatives to the system level.

She also emphasised the benefits of scaling up successful grassroots initiatives.

“Even small effects with modest changes at an individual level can have a big impact at the population level,” she said.
The patient journey

Participants in the breakout session, which was a discussion on how to promote alignment with the health system, also commented on the need to address systemic barriers to the de-implemention of low value care.

Dr Fiona van Leeuwen commented on how health system structures and processes can obstruct the delivery of high value care.

“The healthcare system is almost completely unaligned with the patient journey and this bothers me a lot,” she said.

She suggested that one way Choosing Wisely could address this issue is to map the patient journey through all services and treatments, including the private sector.

“Why not follow that patient journey supported by best practice and target all the spots along that journey that are ineffective, inefficient or dangerous?”

van Leeuwen also stressed the need to include the private sector when looking at reducing low value care.

“Don’t forget the patient journey includes the private system – we can’t do Choosing Wisely and ignore the role of private health, in areas like the provision of MRIs [magnetic resonance imaging].”

In the same session, Dr Emma-Leigh Synnott raised the importance of the health funding system in incentivising low value care.

“We are funded to do more under activity based funding. What constitutes good health delivery is not always guided by good clinical care decisions.

“We need to go back to understanding health economics as a driver and get better participatory democracy to empower consumers to help guide clinicians to deliver holistic healthcare,” she said.

Context matters

Professor Rachelle Buchbinder is a rheumatologist and epidemiologist and the author (with orthopaedic surgeon Dr Ian Harris) of the recently published book Hippocrasy, which argues that overdiagnosis and overtreatment are endemic in modern medicine, resulting in patient harms and an inefficient use of resources.

In her keynote address, Buchbinder also stressed the need for a systems-wide approach to reducing low value care. “We’ve done grass roots and now need to do top down as well as a coordinated approach across all levels of the health system,” she said.

Buchbinder argued that not much has changed since the release of this 2015 report from The Grattan Institute, ‘Questionable care: avoiding ineffective treatment’, and suggested that Choosing Wisely should look at broad factors affecting healthcare provision, such as the political context, regulations, financial drivers, and societal cultures.
She made some specific suggestions to address systemic levers:

- Formal consideration of over-diagnosis and overtreatment in health technology assessments
- Rapidly de-implement tests and treatment – tougher policy decisions to reduce influence of industry
- Introducing conditional funding for new treatments and technologies (which can then be removed if found to be ineffective)
- Incentivising high value care.

Buchbinder also stressed the importance of increasing consumer involvement in research, adding that it was important to get consumers actively engaged in the research questions and presenting results of work, and not just involving them superficially.

She gave the example of a research project that included a journalist on the research team, which she argued helped the research get a platform in the mainstream media.

The road ahead

In her closing address, Burchfield acknowledged that it was taking time for Choosing Wisely to get traction but added that “…we are doing important work with a lot of value and hope and there is lots to come”.

She agreed on the need to look at the whole system, both top down and bottom up, and stressed that this is a journey that will take time.

Burchfield also emphasised that the value of Choosing Wisely comes from being an international and voluntary initiative grounded in grassroots change with the ability to “sit alongside” and connect with systems levers.

“Choosing Wisely has the ability to connect the dots – to look not just at one system, area of care or group of consumers – and to ground our tools and resources in the science of behaviour change,” she said.
Burchfield concluded by stating that Choosing Wisely has great brand momentum and opportunities to do more, including thinking about how to connect top down with bottom up, and identify key national priorities and coordinate action across the country.

More news

On Twitter check out the discussions: #CWANM22

Also follow this Twitter list of participants.

Bookmark this link for the Croakey Conference News Service coverage. Also see our coverage of the 2019 and 2018 conferences.

Published on Wednesday, May 11, 2022
Engaging doctors in reducing low value care

What will help doctors play a more active role in tackling low value healthcare and ensuring healthcare is more sustainable?

This question was a recurring theme at the recent Choosing Wisely Australia National meeting, as Jennifer Doggett reports for the Croakey Conference News Service.

As Croakey has reported from other recent conferences – including the Green Health Forum and a summit on value-based care – the conversations that took place at #CWANM22 are also happening more widely.

Jennifer Doggett writes:

Medical practitioners have an important role in addressing low value healthcare, but there are many structural and other barriers to their contributions in this area.

Speakers in both plenary and breakout sessions at the recent Choosing Wisely Australia National meeting identified the need for systemic efforts and reforms to better support doctors in tackling low value care.

Suggestions included introducing compulsory clinical epidemiology for all medical and specialist training, increasing the use of decision support tools, and removing Medicare Benefits Schedule (MBS) item numbers for low value care.
Medical education

One key strategy identified was to target medical education and training in order to influence medical cultures and ensure doctors are aware of the need to reduce low value from the start of their professional lives.

Professor Wendy Levinson, Chair of Choosing Wisely Canada, provided an example of their successful grassroots medical education campaign, Choosing Wisely STARS (Students and Trainees Advocating for Resource Stewardship).

This program identifies medical students with an interest in this area and supports them to catalyse grassroots, student-led initiatives to advance a focus on high value healthcare in medical education.

Levinson reported that in Canada the STARS program had resulted in a number of changes to the curriculum from the ground up, such as embedding problem-based learning.

She encouraged Australia to also consider adopting this program.

“These are the leaders of the future and they care about sustainability,” she said.

Listening to consumers

The importance of doctors listening to and partnering with consumers to understand their needs and concerns was highlighted by Professor Anne Duggan, the Chief Medical Officer at the Australian Commission on Safety and Quality in Health Care (ACSQHC).

In her keynote address, Duggan focussed on her own journey as a clinician and described how listening to patients describe the psychological and social impact of Crohn’s Disease on their lives made her aware that consumers with chronic conditions need more than just treatment and medication.
Duggan described the structural barriers that can prevent doctors from spending the time to listen to patients’ experiences, particularly those with intermittent rather than ongoing conditions.

“The system doesn’t deal well with patients whose conditions flare up unexpectedly. We need to build patient input into reflective practices about how clinicians deliver care,” she said.

This includes embedding feedback on healthcare variation into clinical governance processes to ensure that clinicians use both data on their own clinical practices as well as feedback from consumers to reflect on how they can improve the quality of care they provide.

“So much clinical variation is because we are not listening to consumers,” she said, suggesting the need for a systemic approach so clinicians have the opportunity to learn from variations in their practice, taking into account consumer preferences, which are one reason for healthcare variation.

She highlighted the role of the ACSQHC in addressing low value care and identified two of the National Safety and Quality Health Service standards as key: clinical governance and partnering with consumers.

“If we get these two right, all the others will happen,” she said.
Health worker engagement

The importance of working with doctors and other healthcare workers to improve both outcomes and efficiency was highlighted in a presentation by Dr Niharika Garud from the University of Melbourne.

Garud described research she had undertaken which combined and mapped three independent datasets including:

- Self-reported healthcare worker data
- Insurance-related outcomes
- Hospital outcomes.

By analysing and triangulating this data, Garud investigated whether healthcare worker engagement impacted outcomes such as acquired complications and readmissions. She also looked at the impact of engagement on spending and overall efficiency.

This research demonstrated that healthcare worker engagement has a positive outcome on patient outcomes, wellbeing and service efficiency.

In fact, the study found that for every one percent increase of employee engagement, there is a three percent reduction in hospital acquired infections.

Given that a reduction in hospital acquired complications delivers a significant reduction in costs, Garud argued that increasing healthcare worker engagement was an important sustainability strategy.

She also discussed the drop in their engagement during the COVID-19 pandemic, and stressed the need to do further investigation of this “great resignation” due to its significant implications for quality and safety.

She suggested that the likely causes go beyond simply work stress or job pressure and also include broader factors such as the impact of lack of job security, particularly for those on short term contracts.

“Shealthcare workers are already operating under extreme pressures. When life stresses such as financial insecurity are added this gets worse. How can we expect higher levels of engagement from workers who don’t know if they have a secure job?”

Garud also stressed the need for a systemic approach to mental wellbeing, and said organisations that talk about and address this issue have much higher levels of engagement and retention than organisations that see mental wellbeing as an individual responsibility.

“Wellbeing is a ‘we’ problem not an ‘I’ problem,” she said.
Doctors driving over-treatment

In her keynote address, Professor Rachelle Buchbinder, a rheumatologist, epidemiologist and author (with orthopaedic surgeon Dr Ian Harris) of the recently published book Hippocrasy, identified a number of ways in which doctors contribute to over treatment, including relying on medical intervention over natural history and the over-estimation of medical effectiveness.

Buchbinder attributed this to a range of different causes, including doctors’ need to feel effective, which provides them with an incentive to think they can do more than they can.

She also identified poor science literacy among clinicians as a reason why many over-emphasise personal experience when making clinical decisions.

Buchbinder described how advances in medicine can result in low value care, such as when the development of new and more sensitive tests creates ‘diseases’ that aren’t a problem.

She gave as an example the widening diagnosis of diabetes in pregnant women, which she said has caused harm without improving outcomes for women or babies.

Buchbinder had a number of recommendations for participants wanting to take a more systematic approach to addressing low value care. These included:

- Compulsory clinical epidemiology for all medical and specialist training
- Educating doctors that advice and education is “not doing nothing” it is care to patient – often better than an active intervention.
- Increasing the use of decision support tools
- Introducing compulsory criteria for tests likely to be over-used.
- Including context and lay summaries in imaging reports
- Placing signs in waiting rooms stating that the health service is a Choosing Wisely practice, which encourages patients to ask questions (she acknowledged that this idea came from consumer advocate Jan Donovan)
- Developing a “medical watch” program along the lines of “media watch” which dispels common health care myths
- Removing MBS item numbers where there is evidence for low value care (as recommended by the Medicare Benefits Review Taskforce).

She also highlighted the need for more regulation and assistance to help doctors reduce unwarranted variations in practice.

“Clinical care standards are helpful to understand what care we should deliver and what patients should expect – I would like to see clinicians actively embracing the standards among their peers as best practice,” she said.

While acknowledging the important role that consumers play in addressing low value care, Buchbinder also emphasised that doctors are an important influence over consumers’ attitude to care options.

“Patient expectations largely come from us, that’s why they think we can fix everything and more is better,” she said.
Other perspectives

Other participants provided their perspectives on this issue in the interactive sessions.

Dr Robyn Lindner, a program manager at NPS MedicineWise, highlighted the important role of Choosing Wisely in helping clinicians implement changes in their practice and engage consumers. She said this differentiates it from top-down quality improvement processes.

Dr Lisa Rasmussen from Mercy Health argued that nurse practitioners should play a much bigger role in addressing low value care and also emphasised the importance of centralised data.

GP Dr Fiona van Leeuwen reminded participants that when talking with patients about Choosing Wisely, it’s important to remember that you can’t choose something that you don’t know exists.

“Patients have been a neglected but powerful component of potential change – we can’t ask them to make decisions about their treatment if they don’t know what options exist,” she said.

Nicholas Elmitt, policy manager from the Australian Medical Association, commented that it is important to be careful about assuming it is a problem when doctors deviate from best practice guidelines. He cited research showing that consumers have a broader definition of the health system than providers.

Finally, Professor Wendy Levinson reminded participants to acknowledge the progress that has been made, while also taking responsibility for building on this success in the future.

“We didn’t talk about this 10 years ago but culture change takes time and we need to be patient,” she said.

“Overuse is not sustainable – after COVID, every health system in the world will be under pressure. Clinicians need to step up to make healthcare more sustainable.”
Despite policy interventions, treatment guidelines and audits, it is hard to get the clinicians to change prescribing behaviour without nudges or forced functions in electronic prescribing software. Keen if others have comments.

Participant comment in the discussion forum

Published on Wednesday, May 18, 2022
Introduction by Croakey: As Australians demonstrate their support for political action on climate change, “strong, determined leadership” in the healthcare sector is driving changes to promote sustainability and reduce the carbon footprint of services.

Many examples of such initiatives were profiled at the recent Choosing Wisely Australia National Meeting.

Choosing Wisely Australia (CWA) is part of a global healthcare initiative to improve the safety and quality of healthcare by reducing unnecessary tests, treatments and procedures. Presenters pointed out the clear links between reducing unnecessary and low value care and minimising the system’s carbon footprint.

The new Federal Government has promised to implement a national climate and health strategy, and the Climate and Health Alliance has previously released a framework for this strategy. It recommends establishing national and subnational plans by 2023 to decarbonise healthcare by 2035, and supporting the health sector to lead on mitigation of healthcare-related greenhouse gas emissions.
Jennifer Doggett writes:

Reducing low value healthcare has clear safety and quality of life advantages for patients and can also make a real difference to the impact that the health system has on the environment and climate change.

In her introductory presentation to the conference, Choosing Wisely Australia CEO Katherine Burchfield highlighted the importance of reducing unnecessary tests, treatments and procedures, given that low value care in Australia contributes to 20 percent of the waste in the health system.

Chair of Choosing Wisely Canada, Dr Wendy Levinson, agreed that this should be a priority for the Choosing Wisely movement globally, adding that in Canada five percent of greenhouse gases come from healthcare.

Levison discussed the “hidden” environmental impact of many medical tests and treatments, such as a CT scan, which she said has the equivalent carbon footprint of driving a car for 32.5km.

“Reducing low value care is good for patients and good for the environment,” she said.

Burchfield also emphasised the equity implications of sustainability, explaining that it is important to ensure we have enough resources to deliver high quality healthcare for all so that our health system is capable of meeting our needs into the future.

The breakout sessions showcased specific projects being undertaken across the health system in order to reduce unnecessary care and improve health system sustainability.

Green rhinos and pharmacy

A presentation from Grace Wong, Senior pharmacist at Western Health and founder of Pharmacists for the Environment Australia, reported on the work being done by the Western Health Pharmacy Department to establish a pharmacy environmental sustainability program.

Wong reported the findings of a 2018 study showing that pharmaceuticals and hospitals are the main contributors to the carbon footprint of the health system in Australia.

She described her role as the “Green Champion” of the pharmacy department in contributing to the local sustainability action plan for the hospital network, part of its environmental management roadmap.
Part of this action plan is a commitment to develop and support environmental sustainability ideas. This involved brainstorming sessions with staff, many of whom were new to the idea that their work could impact the environment and climate change.

At the brainstorming sessions, waste management was identified as a key priority and an initial rubbish bin audit found that the department produced 100,000 kilograms of waste per year – the equivalent of 55 adult rhinoceroses.

Wong launched a “green rhinos” education campaign, which resulted in interventions to reduce waste, including changing to recycled paper in their printers, going paperless where possible and organising for a local recycler to take their polystyrene.

Wong discussed how pharmaceutical waste is a complex issue, with ethical, legal and practical dimensions involving many layers of healthcare management and health professionals.

As well as grassroots action, she has been the project lead on the Victorian Pharmaceutical Waste Advisory Group, which developed the Victorian Framework for the handling and disposal of pharmaceutical waste.
Guideline compliance for colonoscopies

Dr Corey Joseph and Dr Jonathan Foo, from the Cabrini Institute, outlined the results of an audit they conducted on colonoscopies performed at six Victorian public hospitals.

This audit looked at whether colonoscopies targeting people at increased risk of bowel cancer were being performed in accordance with current evidence-based guidelines.

The audit found that only 30 percent of colonoscopies were concordant with current guidelines, with 47 percent performed too early and eight percent too late. In 15 percent of cases colonoscopies were recommended but not indicated based on evidence.

![Slide from presentation by Dr Corey Joseph and Dr Jonathan Foo](image)

To increase concordance with guidelines, Foo and Joseph recommended tailored strategies to address barriers to implementation and to optimise treatment recommendations.

Imaging reports and low value care

Caitlin Farmer, a PhD candidate from Monash University, undertook a systematic review of modifications to diagnostic imaging reporting to determine if they improved patient care.

She found some evidence that modifying reports may improve patient care, specifically if the reports include information about appropriate care.

![Slide from presentation by Caitlin Farmer](image)

Conclusions

Low certainty evidence that modifying reports, particularly if this includes specific information about appropriate care, may improve patient care

Other ways of modifying reports such as altering the language, context, lay summaries could be of value but require testing

![Slide from presentation by Caitlin Farmer](image)
Decision aids to improve treatment decisions

Joshua Zadro, an NHMRC Emerging Leadership Fellow from the University of Sydney, presented his research into whether a decision aid for shoulder surgery improved treatment decisions and outcomes.

Zadro said one reason for this might be that the decision aid was introduced to patients after most of them had already seen a surgeon and decided on a treatment. He suggested that further research should look at whether it could have more impact if used earlier in the treatment journey.

Evidence-based antipsychotic prescribing

Antipsychotic prescribing in people admitted to hospital with dementia or delirium was the focus of a study conducted by pharmacists Caitlin Hardman and William Tumusiime.

They audited a sample of patients with dementia or delirium over 65 and found that over half had been prescribed antipsychotics without evidence of adherence to prescribing guidelines (which include trying other strategies first).

This led them to conclude that many doctors are using anti-psychotics as a first approach to treating people with delirium and dementia, which is problematic given that the evidence indicates that these medications are not beneficial for most people.
Another finding from the study was a clear lack of management plans for antipsychotic review post-discharge, despite the fact that ongoing use of these medications was high risk.

Hardman and Tumusiime recommended the introduction of limitations on the prescribing of antipsychotics and requirements for regular reviews and de-prescribing. They also suggested mandating antipsychotic discharge plans.

**Limiting unnecessary pathology**

Dr Holly Theile reported on a project she conducted with colleagues at the Sunshine Coast University Hospital to limit unnecessary preoperative pathology tests.

Initial research undertaken as part of the project found that 41 percent of patients had incorrect pathology. This led to the development of new protocols to reduce unnecessary testing and ensure patients do not have to incur the inconvenience and risks associated with tests they do not need.

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**Action at Mercy Health**

Two presentations focussed on action being taken by Mercy Health to decrease their carbon footprint and support the sustainability of the health system.

Dr Lisa Rasmussen, Clinical Lead, Care for People and Planet Strategy, at the Mercy Hospital for Women, described work being undertaken at the Mercy to increase sustainability. This includes establishing a new emergency department “green team”, including a GP liaison officer and an overall waste and recycling strategy, currently being finalised.

Rasmussen stressed the need for “strong determined leadership and brave models for change” in order to address climate crisis.

Sharon Desmond, Group Manager, Caring for People and Planet at Mercy Health, presented a poster outlining Mercy Health’s Caring for People and Planet strategy, a comprehensive approach to climate change and social justice action.

This strategy included appointing a Choosing Wisely Sustainability Officer to engage with clinicians across Mercy Health’s Health Services, and embed Choosing Wisely as usual business.
So far the strategy has resulted in the development of Local Area Sustainability Plans for operational areas and Choosing Wisely plans for individual clinical areas.

At the conclusion of 2022, Mercy Health will evaluate, celebrate and communicate their climate mitigation successes, and will be a case study for other health services to investing in resource to embed Choosing Wisely as a key response to the climate emergency.

Choosing Wisely Champions

The winners of the inaugural Choosing Wisely champions also highlighted the relationship between reducing low value care and health system sustainability.

Professor Beena Kumar, program director of pathology at Monash Health, was the winner of the organisation category.

Kumar received this award for her work on a pathology stewardship project which introduced a traffic light model to encourage clinicians to stop and think before ordering tests.

Winner of the consumer category, Deb Letica, described how proactive awareness raising of Choosing Wisely and five questions can help consumers discuss whether a test or treatment is needed.

“We all need to question tests and why we want it. When bulk billed we think it’s free but someone is paying. When costs are invisible patients have no idea what the carbon footprint is,” she said.

New approaches needed

The need to take a systemic approach to reducing the health system’s carbon footprint was the focus of a keynote address from Dr Arnagretta Hunter, a physician, cardiologist and the Human Futures Fellow, College of Health and Medicine, Australian National University.

Hunter described climate change as a major health challenge and criticised the traditional approach of medicine, which she said is too focussed on biology of disease.

She stressed the importance of the social determinants of health, including environmental factors such as clean air and water, and highlighted the scale of this issue, pointing out that during the recent heatwaves in India around 10 percent of the world’s population was living in heat stress.

She also said that even in well-resourced areas people die in heatwaves.
Hunter stressed the important role of healthcare in combating climate change, given that seven percent of Australia’s carbon footprint comes from the health sector.

She urged the health sector to decarbonise as quickly as possible and suggested that the key factor here was to address “Scope 3 emissions” (emissions from all that is consumed through healthcare, including pharmaceuticals, disposables, construction and food).

Hunter said focus is often on the electricity system (Scope 2 emissions) but this only makes a small part of the health system’s carbon footprint, and that expanding the discussion to focus on Scope 3 emissions would see serious change in the health system carbon footprint.

By reducing low value care, the health sector will also decrease its carbon footprint. Hunter echoed the concerns of others at the Choosing Wisely meeting about systemic barriers to achieving this goal.

“Interventions carry a much greater carbon footprint than conversations. But even when conversations are better quality care, our system prioritises intervention,” she said.

Hunter hopes that the recent experience of extreme weather, which she estimates has impacted 50 percent of the Australian population, has led to increased awareness of the need for climate action.

She cited economics as the main barrier to reducing low value care in the health system.

“Hospitals – both public and private – make money out of doing stuff. If we cut this back by reducing low and no value healthcare, then our hospital system would run differently. This could affect the income of doctors and shareholders.”

She argued for the deep adoption of Choosing Wisely, which she said would dramatically change the health system, potentially resulting in fewer hospital admissions, and more investment in physical activity, social engagement and working arrangements so people have time to improve and maintain their health.

“I don’t buy the argument that patients always want stuff done,” Hunter said. “In my experience if there is a relationship of trust, it’s possible to have an honest conversation which allows patients to make an informed decision. Many of them will then choose not to go ahead with a low value test or treatment. But a system which rewards high volumes and doesn’t reward saying ‘no’ to treatment works against this.”

Hunter argued that Choosing Wisely can address these incentives but stressed the difficulties involved in pitching strategies to reduce low value care to a hospital manager if this means reducing incomes and changing roles of staff. She also argued for better mechanisms for prioritising who needs care in the public health system.
She is also a strong supporter of doctors speaking out on climate change, given that they see the impacts of global warming on their patients.

“Wicked policy problems like climate change and obesity require a whole-of-system response. If we silo ourselves, we prevent progress in working across different disciplines,” she said.

“We need to get out of our lane – when we stay in our narrow speciality, we do our health system and society a disservice.”

Twitter analytics

During the period of Croakey’s coverage, 69 Twitter accounts participated in the #CWANM22 discussions, sending 893 tweets and creating more than 10.6 million Twitter impressions (1 May-26 May, 2022).

To stay in touch, follow this Twitter list of participants.
Listen to this podcast – Choosing Wisely for better healthcare

Solutions and barriers to reducing the waste and harm of low value healthcare were highlighted at the recent Choosing Wisely Australia National meeting, which brought together health professionals, researchers and consumers.

Some of the successful initiatives profiled included a Canadian program to reduce low value transfusion practices, research pinpointing low value procedures, and efforts encouraging consumers to take a proactive and questioning approach to their healthcare.

Suggestions included introducing compulsory clinical epidemiology for all medical and specialist training, increasing the use of decision support tools, and removing Medicare Benefits Schedule (MBS) item numbers for low value care.

CroakeyVOICES caught up with some of the participants as part of Croakey Conference News Service coverage of the event.
You can track Croakey’s coverage of the Conference here.

Listen to this podcast – Choosing Wisely for better healthcare

#CWANM22

Published on Monday, May 30, 2022

Featuring in the podcast are:

- **Professor Rachelle Buchbinder**: Rheumatologist and epidemiologist and the co-author with Dr Ian Harris of the book, Hippocrasy: How doctors are betraying their oath.

- **Debra Letica**: Choosing Wisely consumer advocate.

- **Dr Wendy Levinson**: Chair of Choosing Wisely Canada.

- **Dr Arnagretta Hunter**: Physician and cardiologist, and Human Futures Fellow Australian National University.

- **Linda Beaver**: Consumer advocate with the Consumers Health Forum and author at Health Voices.

- **Katherine Burchfield**: CEO, Choosing Wisely Australia and NPS Medicinewise.

This podcast is part of Croakey Conference News Service coverage of the event #CWANM22.
In our final post from the recent Choosing Wisely Australia National Meeting, we compile some tweets that give an overview of the discussions. Also read the Croakey Conference News Service stories here.

Jennifer Doggett @JenniferDoggett · May 3
For some background on today’s Choosing Wisely national meeting, check out Croakey’s coverage of previous @NPSMedicineWise events and initiatives. We’ve been talking about how important this work is since 2015!
. #CWANM22 croakey.org/?s=choosing+wi...

dr arnagretta hunter @cbr_heartdoc
Would love to see some current and future politicians attend meetings like this. Spending more on healthcare doesn’t always improve outcomes. Spending on science, compassion and good communication, #SpendingWisely a good health policy. #ValueCaring #auspol #healthcare
Croakey News @CroakeyNews · May 3
Uncle Alan, Chairperson of the Metropolitan Land Council, acknowledges the Gadigal People of the Eora Nation, the land upon where the meeting is hosted. Hear their cry, ‘always was, always will be,’ he says. #CWANM22

Jennifer Doggett @JenniferDoggett · May 3
Uncle Alan reminding delegates at #CWANM22 of the importance of caring for country and learning from Indigenous people's about sustainability.

Debbie Rigby @DRugby56 · May 3
More is not always better when it comes to healthcare
@ChooseWiselyAU @NPSMedicineWise #CWANM22

5 QUESTIONS TO ASK YOUR DOCTOR OR OTHER HEALTH CARE PROVIDER BEFORE YOU GET ANY TEST, TREATMENT OR PROCEDURE

1. DO I REALLY NEED THIS TEST, TREATMENT OR PROCEDURE?
Tests may help you and your doctor or other health care provider determine the problem. Treatments, such as medicines, and procedures may help to treat it.

2. WHAT ARE THE RISKS?
Will there be side effects to the test or treatment? What are the chances of getting results that aren't accurate? Could that lead to more testing, additional treatments or another procedure?

3. ARE THERE SIMPLER, SAFER OPTIONS?
Ask if there are alternative options to treatment that could work. Lifestyle changes, such as eating healthier foods or exercising more, can be safe and effective options.

4. WHAT HAPPENS IF I DON'T DO ANYTHING?
Ask if your condition might get worse — or better — if you don’t have the test, treatment or procedure right away.

5. WHAT ARE THE COSTS?
Costs can be financial, emotional or a cost of your time. Where there is a cost to the community, is the cost reasonable or is there a cheaper alternative?
You can track Croakey's coverage of the Conference here.

Jennifer Doggett @JenniferDoggett · May 3
Dr Wendy Levinson, Chair of Choosing Wisely Canada, highlights the uptake of Choosing Wisely across the world in both affluent and low/middle income countries. #CWANM22

Jennifer Doggett @JenniferDoggett · May 3
Dr Niharika Garud discusses the “great resignation” of health care workers due to the stresses of the COVID-19 pandemic - a major ongoing issue for health care quality and safety. #CWANM22

Jennifer Doggett @JenniferDoggett · May 3
Professor Denise O’Connor, Monash University and Cabrini Health, discusses the theories and frameworks that health services can draw on when looking to de-implement low value care. #CWANM22
You can track Croakey’s coverage of the Conference here.

Croakey News @CroakeyNews - May 3

I am loving the regular Moving Wisely breaks- great reminder to have a quick break from the screen & stretch the legs. My side-kick Shadow is also appreciative of some attention! #CWANM22 @AlisonSBarrett

#DogsofCroakey

Jennifer Doggett @JenniferDoggett - May 3

Anastazia Keegan, Haematologist, King Edward Memorial Hospital, providing evidence-based recommendations to deal with the unprecedented shortage of blood products, due to #COVID19 and recent natural disasters. #CWANM22

1. Do not use peri-operative transfusion for otherwise reversible anaemia prior to elective surgery
2. Do not transfuse red blood cells for iron deficiency where there is no haemodynamic instability
3. Do not transfuse more units of blood than necessary
4. Do not order a group and crossmatch when a group and antibody screen would be appropriate
5. Do not transfuse standard doses of fresh frozen plasma to correct a mildly elevated (1.8) international normalised ratio prior to a procedure

Jennifer Doggett @JenniferDoggett - May 3

Lower back pain is completely over-medicalised according to Professor Rachelle Buchbinder, Monash University and Cabrini Health. One key reason is the lack of scientific literacy among doctors. #CWANM22
You can track Croakey’s coverage of the Conference here.

**Croakey News** @CroakeyNews · May 3

Dr Arnagretta Hunter is the final keynote for the day with her presentation titled ‘reducing low value care for environmental sustainability.’

#CWANM22 @cbr_heartdoc

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**Jennifer Doggett** @JenniferDoggett · May 3

Dr Arnagretta Hunter, shows attendees the view out of the Canberra Hospital window during the bushfires of 2019/20

@cbr_heartdoc #CWANM22

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**Croakey News** @CroakeyNews · May 3

The closing panel includes @RachelleBuchbin @cbr_heartdoc, as well as consumer representative @DebraLetica #CWANM22

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Twitter wrap from Choosing Wisely #CWANM22
You can track Croakey’s coverage of the Conference here.

To stay in touch, follow this Twitter list of participants.

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