

## VIEWPOINT

# Choosing Wisely Campaigns

## A Work in Progress

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**Choosing Wisely**, a campaign to stimulate conversations between physicians and patients about unnecessary tests, treatments, and procedures, began in the United States in 2012. It was designed as a national campaign about overuse. Yet since its launch, the campaign has spread to more than 20 countries worldwide. Choosing Wisely has been hailed by some as a success, evident in its spread internationally and measured through structure and process indicators, such as recommendations developed, societies engaged, and physicians apprised. The conversation has been stimulated, and now delivery systems and clinical practices are beginning to develop interventions that go beyond conversations and recommendations. The success of the campaign in the next 5 years will be measured by the ongoing engagement of physicians in these interventions and, more importantly, associated outcomes. The effectiveness of quality improvement efforts by these delivery systems will determine how influential campaigns are in actually reducing unnecessary tests and treatments—a true measure of benefit.<sup>1</sup>

The concepts of diffusion of innovation are relevant to understanding the success to date of Choosing Wisely campaigns and to informing strategies that would ensure future viability. This Viewpoint uses diffusion of innovation science to explore factors that facilitated the spread of Choosing Wisely campaigns and how these enabling factors can address challenges in dissemination and implementation.

There are various examples of movements to shift medical culture that had early momentum and resulted in significant changes but were met with major challenges around influence and outcomes. Nearly 2

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decades ago, the quality and safety movement galvanized the medical community worldwide by identifying the extent to which preventable errors and lapses in safety were occurring. This fostered tremendous growth in organizations and associations committed to quality and safety, including system-wide quality improvement interventions and better measurement strategies. Although many clinicians and health care organizations worldwide have taken these on with enthusiasm, there has been disappointment on the extent to which these changes have had an effect.<sup>2</sup> Successive quality improvement collaboratives, first the 100 000 Lives Campaign, followed by the 5 Million Lives campaign, were criticized for not sufficiently

engaging practicing clinicians and other health care professionals, for not considering local context in which improvements are implemented, and importantly, for having disappointingly weak effect on outcomes.<sup>3</sup>

How can Choosing Wisely organizers learn from the success and pitfalls of other movements and innovations in medicine?

In an overview of the theory and research related to the effective spread of innovation, Berwick described 3 characteristics: (1) perceptions of the innovation, (2) characteristics of people who adopt it, and (3) contextual factors influencing diffusion.<sup>4</sup> These factors are relevant to the campaigns' spread to date and have implications for the future.

#### Perception of the Innovation

##### Alignment With Norms and Values

Innovations that are compatible with norms and values of adopters are more likely to be successful. Choosing Wisely focuses on conversations between physicians and patients, the basis of clinical interactions. A concern in advancing campaigns is maintaining the focus on professionalism and ensuring physician autonomy in making decisions with patients.

##### Simplicity of the Innovation

Compared with other health quality and safety innovations, the name "Choosing Wisely" and the statement "5 things physicians and patients should question" are plain language. Consistency in these terms is important to help ensure that clinicians, patients, and the public associate addressing overuse with conversations and shared decision making.<sup>5</sup>

In general, most people are not eager to change their old habits, and new innovations need to offer a relative advantage over the old ways of doing things. For a new approach to take hold, it must make outcomes better or pro-

cesses simpler. Following Choosing Wisely recommendations could make clinical care better and could ease administrative burdens, although the recommendations may precipitate longer discussions with patients. In an increasingly technology-dominant health care environment, how can these recommendations be streamlined and integrated with clinical care? Some implementation strategies have focused on alerts in computer physician order entry systems to notify physicians of a particular recommendation.

##### "Reinvention" of the Innovation

Research demonstrates higher uptake if users can adapt or "reinvent" innovations to their own setting.

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Reinvention is particularly critical for innovations that arise spontaneously and are spread through horizontal decentralized networks.<sup>6</sup> As campaigns shift from recommendation development toward implementation, staying consistent with this principle can foster grassroots implementation. This is in contrast to top-down implementation strategies, which in the context of quality and safety initiatives have often failed to engage physicians.

### The People Who Innovate and Adopt Innovation

#### Networks and Peer Communication

Social and relational networks relying on personal influence are critical for diffusion with physicians. Choosing Wisely campaigns and list development processes are embedded in national medical associations and specialty societies, and established and credible leaders are engaging their colleagues. This may be the most important attribute because it involves respected physicians speaking about shared professional values to other physicians about overuse, and this approach has much more credibility than when these discussions were led by individuals not involved in clinical care or outside the profession. Maintaining physician leadership for Choosing Wisely is critically important given the bureaucratization of patient safety and quality efforts, and concerns that governments or payers will co-opt campaigns to save limited health care dollars.

#### Moving From Innovation to Adoption

Individuals who adopt an innovation are often characterized on a continuum as leaders, early adopters, early majority, late majority, and laggards. The early majority, among whom widespread adoption occurs, are convinced more by reports of effectiveness and personal familiarity than by data. This fits with the anecdotes that have been shared among physicians about the potential effect of campaigns. Innovations are broadly adopted when it is perceived to be the new status quo. In this case, Choosing Wisely has begun to shift physician attitudes about overuse from a perception that it is an unavoidable adverse effect of modern medicine to a consideration that overuse is an unacceptable quality problem that can be addressed. This broader adoption by individual physicians and health care organizations will likely require more evidence of the effects on outcomes. More system-level data are needed on outcomes, and this is a strategic priority for Choosing Wisely campaigns.

### Contextual Factors That Influence Diffusion

Although there are concerns about government motivations, to date Choosing Wisely campaigns have aligned diverse groups of stakeholders in medicine and health care systems (such as patient organizations, national clinician societies, and health administrators) on shared goals. Health care reform in the United States and elsewhere—emphasizing payment reform and shifting from volume to value—has made the campaign even more relevant. In other single-payer health care systems, budgetary pressures provide similar impetus. As organizations continue to react to such changes and shape strategy, Choosing Wisely offers an approach that could align physician, patient, and payer interests.

In many countries, health system leaders and managers are partnering with physicians on implementation strategies of campaign recommendations. Although the evidence base for Choosing Wisely is still modest, there is a growing literature demonstrating reductions in utilization through implementation. For example, in Canada and the United States, pilot projects that include well-thought-out interventions to implement recommendations have returned good preliminary results.<sup>7</sup> Ultimately, the key to sustained uptake of Choosing Wisely will be more systematic collection and diffusion of this kind of evidence at the system level.

### Conclusions

The Choosing Wisely campaign has grown and spread beyond what was anticipated at its outset, but there are significant challenges ahead to achieve widespread effect on the quality and safety of care—major objectives of Choosing Wisely. Advancements in implementation and evidence showing the positive effect on clinical outcomes are necessary to build upon the success to date. The campaign is akin to a tool that has many recommendations and a physician engagement strategy focused on leveraging professionalism to improve care. Whether there will be widespread use of that tool by delivery systems is still to be seen. Early indicators of implementation of the recommendations are promising but not conclusive.

Evidence-based medicine informs the clinician worldview that success is determined by rigorous data showing an effect on outcomes. The spread of Choosing Wisely internationally demonstrates that the campaign has been well received, but now it needs to demonstrate effectiveness in improving outcomes and making a difference on measures of quality and safety that matter to clinicians and patients.

#### ARTICLE INFORMATION

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