Jennifer Doggett reported on Choosing Wisely Australia’s National Meeting – #OktoAsk2018, held in Canberra on 30 May, 2018, for the Croakey Conference News Service.

Croakey is a social journalism project for public health based in Australia. http://croakey.org
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Reviewing progress of the Choosing Wisely movement – and challenges ahead

Since launching in the United States in 2012, the Choosing Wisely campaign has spread further than was expected, but now faces the challenge of demonstrating its “effectiveness in improving outcomes and making a difference on measures of quality and safety that matter to clinicians and patients”.

That is the verdict of an article in the May 15 edition of JAMA examining the impact of this movement to tackle overuse of tests, treatments and procedures, which has now spread to more than 20 countries.

The article further notes: “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 processes simpler.”

Daniel Wolfson, one of the article’s authors and a prominent figure in the Choosing Wisely movement internationally, was a keynote speaker at the 2018 Choosing Wisely Australia National Meeting in Canberra.

The second such annual event, the meeting provided “an opportunity for health professionals, consumers, researchers, funders and policy makers to come together to discuss, engage and network on topics related to reducing unnecessary care”.

Jennifer Doggett, spoke with Daniel Wolfson, Executive Vice President and Chief Operating Officer of the not-for-profit ABIM Foundation, about the importance of grass roots and relationship-based approaches, amongst other topics.
Jennifer Doggett writes:

Daniel Wolfson has been involved with Choosing Wisely in the USA since its inception in 2012 and is a passionate advocate for this unique and profession-led campaign.

“Choosing Wisely arose from an initiative that asked speciality societies to nominate five practices within their speciality that harmed rather than benefitted patients. This led to a broader campaign focussed on reducing low value or harmful care,” Wolfson explained.

“From its inception Choosing Wisely has been led by clinicians and strongly based within the context of medical practice. This is one important reason for its success. It takes into account factors often ignored when trying to impose changes to health care, such as respect for clinicians’ professionalism and the dynamics and power relations that characterise medical consultations,” he said.

Instead of being driven by rigid goals and targets, Wolfson explained that Choosing Wisely is guided by a set of health care principles. These include the importance of evidence, transparent decision-making and informed choices. These are values shared by both providers and consumers, and Choosing Wisely seeks to align these values through messages such as ‘more is not better’ and ‘quality over quantity’.

Supporting consumers

Supporting consumers to become more active participants in their care is a key component of Choosing Wisely.

“Patient education and the development of information resources targeting consumers has been a major feature of the campaign in the US. The overall aim of this is to even the playing field and address the information asymmetry that so often characterises medical consultations,” Wolfson said.

He added that for Choosing Wisely to be successful “…both the health care provider and the consumer need to be armed with the information and skills required to have a meaningful conversation about care options.”

The ‘Choosing Wisely’ advantage

Wolfson identified this grass roots and relationship-based approach as giving Choosing Wisely an advantage over a traditional approach to quality improvement. He said:

“Choosing Wisely focuses primarily on the relationship between the provider and consumer, and empowers both to make better decisions. This contrasts with a more ‘management-driven’ approach to influencing medical practice. In this way Choosing Wisely strengthens the intrinsic motivation and ability of doctors to provide the best care to their patients.”

As well as being more successful in driving change, Wolfson noted that this approach also leads to greater clinician engagement and “…more creative ideas and problem solving than a ‘top down’ campaign.”
Another important feature of the Choosing Wisely campaign is that it supports the autonomy of clinicians and the diversity of individual consumers:

“There are no absolutes with Choosing Wisely. Sometimes after discussing their options, consumers and their health care providers will choose a test or procedure and this is OK. The important thing is that they have considered the evidence and made an informed choice.”

**USA vs Australia**

Wolfson praised the role of NPS MedicineWise in implementing Choosing Wisely Australia and stressed how lucky Australia is to have the organisation. In particular, he identified its national scope and ability to both disseminate advice on quality improvement and provide infrastructure support as valuable contributors to its success.

He also highlighted the importance of NPS MedicineWise collecting national data to assess the success of Choosing Wisely Australia’s strategies, enabling national sharing of information and practices.

This, he said, “increases uptake and awareness and helps promote successful changes”, and will add to the success of Choosing Wisely Australia in driving positive changes.

There is some impressive evidence that Choosing Wisely has been successful at a local level in the USA, in particular in relation to the use of antibiotics, imaging and laboratory tests. However, due to the fragmented health system in the USA, there is no national data on its impact.

This is why Wolfson is keen for Australia to take the lead in evaluating the impact of Choosing Wisely Australia on a national scale.

“In Australia you have the valuable opportunity to measure success through a centralised database,” he said. “This will identify the most successful strategies and strengthen the impact of the campaign.”

Wolfson identified one of the key differences in the approach to Choosing Wisely between Australia and USA as the ‘collective approach’ to health care in Australia. He attributes this largely to our public health care system which fosters community ownership of the health system, rather than the more individualistic, ‘n=1’ culture in the USA.

**Implementation challenges**

Wolfson said one of the main challenges to implementation of Choosing Wisely in the USA was the challenge of reaching the diversity of medical practices, many of which are small and operate independently of larger hospital and health care networks.

He also noted that a time-based fee-for-service funding system which rewards clinicians for providing ‘more services’ was a real barrier to the promotion of quality over quantity in health care. He said:

“Clearly a per capita funding system, where funding is allocated based on patient numbers and includes both quality and process measures, is better than a volume or time-based funding system.

The more we base providers’ reimbursement on volume, the harder it will be to promote the key message of Choosing Wisely: that more is not necessarily better.”
Disadvantaged populations

One of the next priorities for Choosing Wisely in the USA is implementing the campaign in disadvantaged and minority populations.

“This is the frontier of Choosing Wisely in the USA,” Wolfson explained. He said:

“We are currently going through the process of adjusting the campaign to suit different population groups. The principles will remain the same but the way they are realised could be quite different, due to the different relationships that people from disadvantaged and minority groups may have with health care providers.”

Interestingly, Wolfson reported that research indicates that the ratio of low value care to appropriate care in populations under-served by the health system is around the same as that for the general population.

However, due to the lack of trust that often exists between disadvantaged communities and mainstream health services, the ‘Choosing Wisely conversation’ between providers and consumers might focus more on how to provide optimal care, rather than on reducing unnecessary care.

Regional focus

Another current focus of Choosing Wisely in the USA is to work at a state level on establishing statewide learning collaboratives to develop a regional approach to reducing low value and unnecessary care.

This has the benefit that consumers in the region hear a consistent message from their health care providers, which strengthens the overall impact of the campaign and accelerates change.
Changing conversations, cultures and systems: the movement to tackle overuse in healthcare

The 2018 Choosing Wisely Australia National Meeting in Canberra was an opportunity for wide-ranging conversations that shared some of the experiences, success stories and challenges facing the movement to tackle overuse in healthcare.

Jennifer Doggett reports on the discussions below – featuring speakers from the United States, New Zealand and across Australia – for the Croakey Conference News Service.

Jennifer Doggett writes:

The Welcome to Country from Ngunawal elder Wally Bell set the tone for the day by stressing the importance of family, community and environment for health, reminding participants that “we all need country to survive”.

This holistic approach was echoed by the CEO of NPS MedicineWise, Dr Lynn Weekes, who invited delegates to reflect on Indigenous people’s understanding of medicine as a broad concept, involving family, spirit and country.
She challenged everyone attending to “probe deeply and have meaningful conversations” during the day, emphasising the role of Choosing Wisely in supporting meaningful relationships between health care providers and consumers.

She also highlighted the need for more action in “bringing consumers with us into the conversation”, a theme that was taken up later in many of the sessions.

Views from the United States

Daniel Wolfson, Executive Vice-President and Chief Operating Officer of the ABIM Foundation, gave an overview of the genesis of the Choosing Wisely campaign in the USA.

As previously reported, Wolfson has been instrumental in leading Choosing Wisely in the USA. He described how the campaign arose from concerns among physicians about the overuse of health care.

He outlined how the key messages of the campaign were developed in an environment in which talking about overuse of health care resources was “toxic” as it implied the rationing of resources.
Wolfson explained how the language of Choosing Wisely was carefully selected, given this environment, so that it focuses on the positive aspects of making evidence-based decisions about health care, rather than the implications these decisions have for reducing the overuse of resources.

He identified one of the major achievements of Choosing Wisely (USA) as the “major cultural change” involved in normalising discussions about health resource use among physicians and in the media.

Examples that reflected this change were a shift in the debate on health care “from an emphasis on thoroughness to one on appropriateness”, and a change from asking: “Why DIDN’T we order that test?”, to asking: “Why DID we order that test?”

Creating a culture

A number of stories presented at the event highlighted the diverse ways in which Choosing Wisely Australia has been successful in improving quality care and resource use in different areas of the Australian health system.

Dr David Rosengren, Deputy Executive Director Operations at Metro North Hospital and Health Services in Brisbane (pictured), described how he and his team had worked to embed the Choosing Wisely message and principles in all aspects of their operations.

Rather than focus on specific interventions, Rosengren described their “value-based employment program”, which fosters a culture where staff at all levels are encouraged to suggest ideas to reduce waste and improve the value of resource use.

Rosengren gave the example of a suggestion made by a theatre nurse to reduce bags of unused blood being wasted in operating theatres. He told how the nurse had suggested putting an alarm clock on the esky containing the blood, to enable operating theatre staff to monitor when it needed to be returned to the refrigerator, if not required. As a result of this simple and low-cost action, Rosengren reported that the service had not wasted a single bag of blood in the past eighteen months.
Choosing Wisely principles also had been applied at Metro North Hospital and Health Services in the way patients were instructed to fast prior to surgery.

Rosengren described how previously patients scheduled for surgery were all instructed to fast in line with the time-frame for their scheduled surgery.

However, due to constantly changing schedules and priorities within the busy public hospital, many of these patients ended up not undergoing surgery at the scheduled time. This meant that many patients would fast unnecessarily, leading to poor patient experience and potentially adding to their health problems.

As a result of the application of Choosing Wisely principles, patients now are only told to fast when they are called to theatre. Rosengren highlighted the benefits to both patients and the hospital of this simple change, which doesn’t cost any money but which significantly increases patient satisfaction.

**Scaling and embedding**

A number of speakers raised the importance of sharing and disseminating learnings from the many different approaches to Choosing Wisely.

Daniel Wolfson described some of the challenges that this posed in the USA with a privatised and very fragmented health system. In fact, he reported that to date only five US states had expressed interest in being involved in the Choosing Wisely campaign.

He praised the role of NPS MedicineWise as a national body able to work across the country in sharing information and influencing health care policies and programs.

Camilla Radia-George, Manager of Innovation Projects at Safer Care Victoria, presented a project focused on scaling and embedding Choosing Wisely strategies throughout the Victorian health system.

She explained how Better Care Victoria, in partnership with NPS MedicineWise and Austin Health, is scaling up the Champion Health Services program implemented by Austin Health to ten additional sites across Victoria.

The aim of this project is to reduce low value care and improve outcomes for patients, clinicians and the health care system overall. It involves funding for 11 services to work together and problem solve a range of issues using a Choosing Wisely approach.

Radia-George explained how this project will provide valuable lessons on how successful projects can in future be scaled up to have a broader application across the health system.

**Clinician ownership**

The importance of Choosing Wisely as a clinician-owned and grass-roots program (rather than a ‘top down’ approach to change management) was emphasised by several speakers and participants.

Dr Paul Buntine, an emergency physician from Box Hill Hospital, presented one example of how peer-education applying Choosing Wisely principles can successfully improve quality care and resource management in hospital settings.
He described the ‘No Unnecessary Tests’ (or NUTS) program developed at Box Hill Hospital, which has resulted in some major reductions in unnecessary and low value care; for example, a reduction in unnecessary imaging for pulmonary embolism and a 50 percent reduction in venous gas testing in the Emergency Department.

The key to the success of this project, as described by Buntine, was the peer-to-peer approach, which engaged younger doctors in presenting the evidence on the appropriate use of these tests to their peers.

**Allied health matters**

The application of Choosing Wisely to allied health was also covered in a presentation by Dr Joshua Zandro, a physiotherapist and post-doctoral research fellow from the University of Sydney.

He presented the results of a project aiming to increase the evidence-based use of X-rays for ankle trauma and discussed some of the challenges in implementing Choosing Wisely principles in this area.

Zandro said one of the main barriers to the successful implementation of projects such as this is that “physios don’t like guidelines and think that their patients get good results from low value care”.

He referenced some additional research he is undertaking on physiotherapists’ attitudes and the barriers/facilitators to improving care through evidence-based strategies as a useful tool for the future implementation of Choosing Wisely strategies in physiotherapy.

He also noted that measuring changes in care in allied health is more difficult than in medical practices as there are no allied health MBS item numbers.
Pathology results

The scale of potential savings that can result from the Choosing Wisely approach to reducing unnecessary and low value care was highlighted by the presentation by Malcolm Stringer, CEO of Pathology Queensland (the largest supplier of pathology in the public sector in Queensland).

Stringer reported estimates that between $4 million and $22 million per year is available in potential savings in Queensland alone through improving pathology use. He emphasised this should not be seen as a cost cutting goal as these resources could then be re-invested into the health system to achieve greater benefits elsewhere.

He described a successful Choosing Wisely project: the introduction of ‘Re-test rules’ that prohibit the duplication of pathology tests on patients, within a defined time window. This was based on data showing that different areas of the hospital would sometimes order duplicate tests, rather than checking to see if these tests had already been ordered.

Stringer stated that in 2017 this project had saved $781,000. He added that while this was impressive, Pathology Queensland had identified further improvements could be made as the project involved identifying duplicate tests only at the laboratory – meaning that the patient had already undergone the collection of a testing sample, thus exposing them to unnecessary and sometimes invasive procedures.

A further improvement to this project is planned, which will involve the roll out of integrated medical record and electronic ordering to reduce the initial ordering of unnecessary pathology tests.
You can track Croakey's coverage of the conference here.

Changing conversations, cultures and systems: the movement to tackle overuse in healthcare

#OKToAsk2018

Jennifer Doggett @JenniferDoggett · May 29
Malcolm Stringer, general manager of Pathology Queensland outlining efforts to reduce unnecessary path testing #OKtoAsk2018

Nadine Hillock @nadinehillock · May 29
'5-25% of pathology requests generated by clinicians are 'inappropriate' in that their results have no impact on patient care' - Malcom Stringer #ChoosingWisely #oktoask2018 #CWA2018 #OverTesting

Our goal – managing demand for pathology services

Studies show that anywhere from 5 - 25% of pathology requests generated by clinicians are 'inappropriate' in that the results have no impact on patient care. Future studies indicate that intervention reduces inappropriate testing by up to one-third. Reducing inappropriate testing at Pathology Queensland has the potential to deliver customer savings of $1.3M - $22 M per annum in pathology charges.

Collaborative management of pathology utilisation results in customer savings

How do we identify inappropriate pathology requests?

What interventions are effective?

Jennifer Doggett @JenniferDoggett · May 29
Malcom Stringer: difference in rate of PSA tests in men over 85 across Qld regions #OKtoAsk2018

Enhanced SPR – the value of patient demographics

Count of prostate tests per 1000 for male patients older than 85 years of age

Choosing wisely: prostate testing in men with no signs or symptoms and who are ≤65 years experiencing low or no risk. http://www.choosingwisely.org.au/recommendation/psa-test-at-risk-lifestyle-1-3

Choosing wisely: prostate testing in men with no signs or symptoms and who are ≤65 years experiencing low or no risk. http://www.choosingwisely.org.au/recommendation/psa-test-at-risk-lifestyle-1-3

Choosing wisely: prostate testing in men with no signs or symptoms and who are ≤65 years experiencing low or no risk. http://www.choosingwisely.org.au/recommendation/psa-test-at-risk-lifestyle-1-3
Challenges

The meeting also highlighted some of the challenges facing the further implementation of Choosing Wisely principles and projects across the Australian health system.

A number of speakers and participants identified the current time-based, fee-for-service funding system as a significant barrier to the further application of Choosing Wisely principles.

GP Dr Walid Jammal noted that:

“Choosing Wisely is an opportunity to support GPs’ intrinsic desire to do a good job. However, the current system works against us – it rewards transactions and does not support high value care.

We need to move from a transactional fee-for-service model that drives everything through the doctor towards a system that supports teamwork and quality care where each person in the practice is used to the best of their ability.”

This was supported by Consumers Health Forum of Australia CEO, Leanne Wells, who stated that:

“We have an outdated fee-for-service funding model that does not support quality care. We need to look at how primary health care and general practice can organise to be more flexible and agile in order to respond to patient needs.”

Jammal identified two current opportunities on the health reform agenda to support Choosing Wisely: the MBS Review; and the Health Care Homes trial.

He suggested that the MBS Review could consider instilling ‘appropriateness’ into item number descriptions in order to reduce low value care and that the Health Care Homes trial needs to focus on changing financial structures to enable nurses and other primary health care providers to work alongside doctors.

He argued for a systemic approach to embedding Choosing Wisely principles into the workflow of health professionals, stating: “Don’t make Choosing Wisely more work – make it easy to do the right thing.”

Negotiating medical hierarchies and cultures

During a “Champion Health Services” panel discussion, speakers raised resistance from senior doctors to Choosing Wisely initiatives and the importance of encouraging junior doctors to become innovators and quality improvers.

They emphasised the important role of Choosing Wisely advocates in teaching young doctors about quality improvement, resource management and other issues they don’t get taught at medicine school.

This was echoed by comments from participants, although one delegate made the point that there are many older doctors who are committed to Choosing Wisely and that an open mind and willingness to change established practices was more important than age.

The challenge of changing entrenched medical cultures and practices was also raised throughout the day.
Daniel Wolfson stressed how difficult it is for many health professionals to “unlearn some basic things they learned in training”. He also emphasised the importance of adopting multiple strategies for influencing behaviour change as patterns of behaviour are so ingrained and it is often very difficult to shift established practices.

Co-design and consumers

Consumer issues were a major focus of the meeting, and the need for a continued focus on consumer partnerships was stressed by Leanne Wells and a number of consumer advocate participants.

In her presentation and a subsequent interview, Wells discussed the significant efforts still required to ensure that the promising progress being made by Choosing Wisely Australia is sustained over the long term.

Along with some of the other presenters and participants, Wells highlighted the need to address systemic barriers to improving the interactions between health care providers and consumers.

She flagged the need for “big discussions on where we take primary health care reform and how payment systems sit around patient-centred models of care”, and said:

“There is still a culture in the health system that it’s not OK for consumers to question providers, either because of a belief about their respective roles or just the pressure created by time and financial drivers.

We shouldn’t be naïve in thinking that Choosing Wisely Australia can overcome the systemic barriers that exist in our health system to the provision of quality, consumer-centred care, and it is likely that progress of Choosing Wisely will plateau unless some of those broader system reforms are taken seriously.”

Wells also argued against the use of the term “engaging consumers”, which she said was often used to mask tokenistic or superficial consumer input into a health policy or program.

She argued for a more meaningful approach to collaboration between consumers and health professionals, which includes co-design at all levels of the system. “There is no design without co-design,” she said.

Wells cited Choosing Wisely Australia as a good example of co-design and welcomed the “solid intent” of NPS MedicineWise to make the concept of a consumer partnership real.

However, she also acknowledged that collaborative practice between consumers and health care providers is a journey in which there is still a long way to travel and that significant learning needs to occur before this can become “business as usual”.

Wells also argued against the use of the term “engaging consumers”, which she said was often used to mask tokenistic or superficial consumer input into a health policy or program.
Building trust

The issue of trust between consumers and healthcare providers was discussed extensively at the National Meeting as an essential criterion for the successful implementation of Choosing Wisely principles and projects.

Daniel Wolfson asked participants to consider how to build trust in healthcare, highlighting the challenges involved in building the trust necessary to make informed and evidence-based decisions within the context of a relationship in which neither party might know the other well.

He argued that the context for effective individual consumer-provider relationships has to be a broad community trust in institutions and health professionals.

One example he provided of a breakdown in trust in this area is the anti-vaccination movement, which does not respect institutions or health professionals.

One challenge to consumers’ trust in health care providers was raised by a participant, who asked why the community should trust health professionals to self-regulate when this system had led to so much low value and harmful care being provided.

Legal concerns

Associate Professor Nola Ries from the University of Technology, Sydney, outlined some of the medico-legal drivers of low value care, debunking the common assumption that this is primarily driven by fear of litigation.

She outlined her research demonstrating that doctors often overestimate their risk of being sued and that their perceptions of legal requirements are a greater determinant of their practices than the reality.

Margaret Faux, a lawyer and medical billing expert attending the session, questioned how to reconcile the concept of medical necessity with the lower threshold of “appropriateness” promoted by Choosing Wisely advocates, to ensure doctors are not open to legal action from consumers or insurance funds.

Ries explained that doctors who have a more accurate and positive view of law provide less unnecessary care and that therefore it was important to educate health professionals so they have a more nuanced understanding of their legal obligations.

She called for a shift from defensive practices (which prevent trust) to preventive practices (which promote trust), acknowledging that this would need a change of cultures and attitudes to achieve.
Focus on FACTS

The key learnings from the day were neatly summed up by NPS MedicineWise Client Relations Manager Dr Robyn Lindner who used the acronym ‘FACTS’ to identify the main take-home messages as follows:

Focus: don’t try to take on everything, stay focused on what can be achieved even if it seems like a small step.

Accountability: don’t lose sight of the need for accountability in improving quality of care and the use of health care resources.

Conversations, communication, common language: these are crucial and need to occur at all levels, including between health providers from different sectors of the health system as well as between health providers and consumers.

Trust: trust is the foundation of the relationship between consumers and health care providers. Without trust nothing can be achieved.

Silos: get rid of silos in the health system, both between clinical specialties as well as between consumers and professionals. Silos create barriers to change and obstruct trust and communication.
Tweet reports from #OKtoAsk2018

From @JenniferDoggett on Twitter: Daniel Wolfson, Executive Vice President and COO of ABIM Foundation being introduced to a kangaroo in Julie McCrossin’s backyard #OKtoAsk2018

Jennifer Doggett @JenniferDoggett · May 29
A foggy morning in Canberra for the Choosing Wisely National Meeting @ChooseWiselyAU #OKtoAsk2018
Welcome to Country

Julie McCrossin @JulieMcCrossin · May 29
#OKtoAsk2018 @ChooseWiselyAU Respect & Care for country & each other

Jennifer Doggett @JenniferDoggett · May 29
Wally Bell reminding us about the importance of the 1967 referendum and the Mabo decision for Indigenous people. Also calling on his land and ancestral spirits to protect us while on Ngunawal land. #OKtoAsk2018

Choosing Wisely Aust @ChooseWiselyAU · May 29
Thank you to Ngunawal Elder, Wally Bell for his Welcome to Country at #OktoAsk2018 #ReconciliationWeek2018
You can track Croakey's coverage of the conference here.

Dr Robyn Lindner, NPS MedicineWise

Choosing Wisely Aust @ChooseWiselyAU • May 29
Our MC @JulieMcCrossin getting the @ChooseWiselyAU story so far from @RobynLindner #OKtoAsk2018

Tammy Dinh @DinhTammy • May 29
Scaling up for sustainable culture change. Victoria’s Choosing Wisely Scaling Collaboration showcased @ChooseWiselyAU National Meeting 2018. @SaferCareVic @BetterCareVic #OktoAsk2018

Melissa Cadzow @MelissaCadzow • May 29
Robyn Lindner. We want to support health consumers in having good conversations with their health practitioners. As well as creating permissible environments. Promote the 5 questions. Working with partners. Translate to primary care. More info later today. #OKtoAsk2018

Nadine Hillock @nadinehillock • May 29
Understanding the drivers of inappropriate care is important in implementing behaviour change - Dr Robyn Lindner - #ChoosingWisely Australia #OKtoASK2018 #PrimaryCare #ConsumerEngagement
You can track Croakey's coverage of the conference here.

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*Dr Robyn Linder discusses the challenges of promoting behaviour change in primary care* #OKtoAsk2018

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*Current and future priorities for the NPS in implementing Choosing Wisely Aus recommendations* #OktoAsk2018

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*Dr Robyn Linder: the next stage is to share and transfer the learnings from individual projects to other health services and systems, e.g. state health systems. EG current @SaferCareVic project partnering with Austin Health.* #OKtoAsk2018

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*Dr Robyn Linder, explains to delegates at #OKtoAsk2018 how medical colleges generate lists of tests, procedures and treatments which are over-used. These become the focus and starting point for Choosing Wisely conversations. One example is imaging for lower back pain.*
You can track Croakey's coverage of the conference here.

Daniel Wolfson, ABIM Foundation

Jennifer Doggett @JenniferDoggett · May 29
Daniel Wolfson Executive Vice President and COO of ABIM Foundation being introduced to a kangaroo in Julie McCrossin's backyard! #OKtoAsk2018

Nadine Hillock @nadinehillock · May 29
Core principles of #ChoosingWisely, includes ownership by the specialities - Daniel Wolfson - #OKtoAsk2018 #CWA2018 Canberra

Core Principles Guide the Movement

Specialty Controlled

Frequently Used or Costly

Transparent Process

Evidence-Based

Jennifer Doggett @JenniferDoggett · May 29
Daniel Wolfson: Choosing Wisely focusses on quality and safety, not cost. Important not to use words that imply cost cutting. ‘Choosing Wisely’ is a positive message which aligns with the values of clinicians and consumers. #OKtoAsk2018

Jennifer Doggett @JenniferDoggett · May 29
Daniel Wolfson: Choosing Wisely arose out of a Physicians Charter, which included a commitment to being good stewards of health care resources #OKtoAsk2018

Tweet reports from #OKtoAsk2018 #OKToAsk2018
You can track Croakey’s coverage of the conference here.

Tweet reports from #OKtoAsk2018

Jennifer Doggett @JenniferDoggett · May 29
Daniel Wolfson on the power of conversation #OKtoAsk2018

Jennifer Doggett @JenniferDoggett · May 29
Daniel Wolfson: We can’t practice medicine on the basis of the 1 in 10 million possibility of something occurring. #OKtoAsk2018

Jennifer Doggett @JenniferDoggett · May 29
Daniel Wolfson: Stories are important for Choosing Wisely, data moves minds, stories move hearts. #OKtoAsk2018

Jennifer Doggett @JenniferDoggett · May 29
Daniel Wolfson: Choosing Wisely focusses on quality and safety, not cost. Important not to use words that imply cost cutting. ‘Choosing Wisely’ is a positive message which aligns with the values of clinicians and consumers. #OKtoAsk2018

Jennifer Doggett @JenniferDoggett · May 29
Daniel Wolfson: Choosing Wisely arose out of a Physicians Charter, which included a commitment to being good stewards of health care resources #OKtoAsk2018

Jennifer Doggett @JenniferDoggett · May 29
Talking about overuse was taboo in USA as it meant talking about rationing – Choosing Wisely normalised it in the press and we normalised in among physicians. This was a major cultural change. @WolfsonD #OKtoAsk2018

Leanne Wells @LeanneWells63 · May 29
Shows the value of taking a #collectiveimpact approach to @ChooseWiselyAU and having a ‘backbone’ organisation to do the coordination on a national scale #OKtoAsk2018

Jennifer Doggett @JenniferDoggett
If we had @NPSMedicineWise in USA we would be in a much better situation. As it is we only have 5 states interested in implementing the campaign. @wolfsonD #OKtoAsk2018
Champion health services panel

Dr Matthew Anstey – Intensivist, Sir Charles Gairdner Hospital; Chair, Choosing Wisely Advisory Group.

Therese Kelly – Project Manager, Choosing Wisely - Gold Coast Health.

Asmara Jammali-Blasi – Project Lead, Choosing Wisely State Collaborative (Victoria), Austin Hospital.

Dr Paul Buntine – Emergency Physician, Box Hill Hospital.
Dr Derek Sherwood, Ophthalmologist, Nelson Eye Specialists, Chair Council of Medical Colleges in New Zealand: ‘Working with students and educators to include Choosing Wisely in medical culture’
You can track Croakey’s coverage of the conference [here](https://croakey.com.au/).

Dr Derek Sherwood: important to include Choosing Wisely principles incorporated into post-graduate medical training and part of accreditation process for training #OKtoAsk2018

Dr Derek Sherwood: Medical schools have a strong influence over future prescribing - Canadian research. This means Choosing Wisely needs to start in medical school. #OKtoAsk2018

Dr Derek Sherwood describes three strands of Choosing Wisely in NZ: working with clinicians/services; working with consumers; and working with professions. #OKtoAsk2018

Integrate #ChoosingWisely into medical education - easier than changing behaviour later when practising clinically- Dr Derek Sherwood discussing progress of choosing wisely initiative in NZ #OKtoAsk2018 @ChooseWiselyNZ

CHOOSING WISELY – three strands

- Working with health professionals, organisations and services to identify areas of over investigation or over treatment based on evidence
- Working with the consumers and patient to change attitudes to over investigation or over treatment
- Educating the professions so Choosing Wisely becomes business as usual
Spreading the Choosing Wisely message to engage the healthcare community

@JenniferDoggett
May 29
Karen Thrift discusses the role of educational outreach in promoting Choosing Wisely in general practice. #OKtoAsk2018

Jennifer Doggett @JenniferDoggett - May 29
Lyndell Coutts, Communications Lead and Vanessa Simpson, Clinical Lead, presenting on communications strategies used by @ChooseWiselyAU. #OKtoAsk2018

@JenniferDoggett
May 29
Consumers want images of real healthcare professionals and warm and inviting messages that create an environment in which asking questions is welcomed. #OKtoAsk2018
You can track Croakey's coverage of the conference here.

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**Gary Power, Deputy Chair, Consumer Advisory Group Royal Brisbane and Women's Hospital**

- **Melissa Cadzow** @MelissaCadzow · May 29
  Consumer Leader Gary Power, from the Consumer Advisory Group at Royal Brisbane and Women’s Hospital, sharing how they introduced Choosing Wisely - starts a conversation that can last all the way through - treating with patients not at patients is his mantra #OKToAsk2018

- **Jennifer Doggett** @JenniferDoggett · May 29
  Gary Power: We need a recalibration of language on both sides of the fence, consumers and practitioners #OKToAsk2018

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**Dr Paresh Dawda, GP and Director, Prestantia Health**

- **Jennifer Doggett** @JenniferDoggett · May 29
  Patients get an average of 18 seconds to explain their problem in a medical consultation before the doctor interrupts them @pareshdawda #OKToAsk2018

- **Jennifer Doggett** @JenniferDoggett · May 29
  GP Dr Paresh Dawda includes the 5 questions on his referral docs and suggests his patients review these before seeing the specialist #OKToAsk2018

- **Jennifer Doggett** @JenniferDoggett · May 29
  Dr Paresh Dawda: doctors and patients want the same thing, but might differ on how we get there. Consultations only need to be 40 seconds longer to have a meaningful conversation so time is not a key barrier. #OKToAsk2018
You can track Croakey's coverage of the conference here.

#OKToAsk2018 Tweet reports from #OKtoASK2018

**Leanne Wells** @LeanneWells63 · May 29
What a great and simple suggestion @pareshdawda - embedding and reinforcing the 5 #ChoosingWisely questions at appropriate opportunities - a small but good example of embedding in business as usual #OKToAsk2018

**Melissa Cadzow** @MelissaCadzow
Include 5 Choosing Wisely questions as standard on referrals so that patient is ready for visit to specialist @pareshdawda #OKToAsk2018

**Jennifer Doggett** @JenniferDoggett · May 29
Gary Power, Dr Parsh Dawda and Julie McCrossin discuss how to spread the Choosing Wisely message to the broader healthcare community #OKtoAsk2018

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**Other reports**

**Jennifer Doggett** @JenniferDoggett · May 29
Mal Duong presents the results of research into optimising communications with GPs after de-prescribing decisions in hospital #OKtoAsk2018

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Choosing Wisely Aust @ChooseWiselyAU · May 29
2016 @ChooseWiselyAU Student Award winner, Caitlin Lock, talks about her abstract on the benefits of Choosing Wisely in ED. #OKtoAsk2018

The RACP @TheRACP · May 29
rACPevolveClinical Champion and @TheRACP Fellow @HarrietHiscock discusses the barriers to reducing low-value care with @zadro_josh @WolfsonD & Dr Matthew Antsey. @ChooseWiselyAU #OKtoAsk2018

Kristen Pearson @kayjaypears · May 29
Great to be representing @northernhealth_ at the @ChooseWiselyAU learning how to partner with consumers and say #OKtoAsk2018
Posters

See the CHF poster.

You can track Croakey's coverage of the conference here.
You can track Croakey's coverage of the conference here.

See the Commission poster.

Tweet reports from #OKtoAsk2018
Feedback from participants

Daniel Wolfson @WolfsonD · May 30
Wonderful to have worked with @JulieMcCrossin - mindful, soulful and insightful. #choosingwisely @ChooseWiselyAU Thank you @NPSMedicineWise for the opportunity to connect to your growing community.

Julie McCrossin @JulieMcCrossin · May 30
1/3 @WolfsonD is inspiring in his commitment to clinical leadership, patient partnerships, transparency of processes & building trust for good conversations between patients & clinicians so they choose wisely together @ChooseWiselyAUS @CHFotAustralia @NPSMedicineWise #OKtoAsk2018

Melissa Cadzow @MelissaCadzow · May 29
Seriously, how good is @JulieMcCrossin? Awesome interview style. Just don’t try grabbing the microphone off her :-) #OKtoAsk2018

Dr Tanya Robertson @TanyaIndy1
#OKtoASK2018 Julie McCrossin has us laughing already at the 2018 Choosing Wisely National meeting. A great day ahead for this important work

Simon Towler @towlersc · May 29
At Choosing Wisely - having Daniel Wolfson participate in many sessions today has added real value - his comments reinforce the universal nature of the message in our healthcare systems #OKtoAsk2018
You can track Croakey's coverage of the conference here.

Selfies and snaps

Teresa vaccaro @fatfishcom • May 30
End of a great day @ChooseWiselyAU highlighting the art of meaningful conversations between healthcare professionals and consumers to make positive change. Thanks everyone for such stimulating conversations #OKtoAsk2018

Julie McCrossin @JulieMcCrossin • May 30
I had a significant costume failure while MC of major symposium in Canberra yesterday. Gaffer-taped my notes to my chest. An emergency physician came to my aid. @ChooseWiselyAU @throatsurgeon @swallowgroup @HeadNeckNZ #OKtoAsk2018

Asmara Jammali-Blasi @Asmara_JB
Sharing the stage with some fantastic Choosing Wisely Champions. Thanks @ChooseWiselyAU for the opportunity. #OKtoAsk2018 @DinhTammy @BetterCareVic @Austin_Health
You can track Croakey’s coverage of the conference here.

#OKToAsk2018 Tweet reports from #OKtoAsk2018

Further reading

Read the Medical Republic article

Read the Croakey coverage of last year’s meeting.
You can track Croakey's coverage of the conference here.

Twitter Analytics

Below are the Twitter analytics, via Symplur, for the period of Croakey's coverage (25 May-3 June). The Twitter transcript is here.

Croakey Conference News Service

• Reporting by Jennifer Doggett
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