#OKtoAsk2019

Marie McInerney reported on Choosing Wisely Australia’s National Meeting – #OKtoAsk2019 for the Croakey Conference News Service. The meeting was held in Melbourne on 30 May, 2019.

Croakey is a social journalism project for public health based in Australia. http://croakey.org
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Time to declare war on wasteful and unnecessary health treatments?

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

Craig Reucassel was MC at Choosing Wisely Australia event

The latest news from the movement to reduce unnecessary use of tests and treatments was profiled at a conference in Melbourne on 30th May.

The article below previewed the event.

Marie McInerney writes:

Experts from very different worlds of media and medicine will share their insights on how to reduce overuse of medical tests and over-diagnosis of health conditions at the 2019 Choosing Wisely Australia National Meeting in Melbourne.

Craig Reucassel, the host of ABC TV’s hit series, War on Waste, will MC the event and share lessons on how the award-winning program sparked massive individual and community action to reduce Australia’s spiralling waste production.

Among many other powerful stunts over three seasons, the show packed more than 50,000 takeaway coffee cups into a Melbourne tram to highlight how many get thrown away every half hour in Australia, and also picked systematically through the rubbish of neighbourhoods and schools.
While the show also shone a big light on systemic waste issues, from excess packaging to the failure of recycling processes in Australia, it spread the message that “an enormous amount can change just by changing your habits and your awareness”.

Reucassel will be joined at the meeting by Trish Greenhalgh, Professor of Primary Health Care Sciences, who will deliver a keynote address on “the challenges of spread and scale-up”.

Greenhalgh leads a Knowledge into Action study program at Oxford University that investigates the gap “between what we know from research evidence and what we do in the clinic, at the bedside and around the policymaking table” that has remained stubbornly difficult to close despite a generation of research into implementation science.

She tweeted a preview of her talk before leaving the UK earlier this week.

Both speakers will be able to offer different insights on key questions at the third annual Choosing Wisely meeting, to be attended by 230 health professionals, researchers, consumer advocates and government representatives from across the country.

Those questions include:

- How do health services and systems scale up innovative efforts to reduce unnecessary medical interventions to have system-wide impact and sustainability?
- How do we build a consumer movement ready and able to question their healthcare providers about whether tests, treatments or procedures are necessary and suitable – especially when both think it’s the other pressing for more interventions?
The meeting will also hear how Victoria is delivering the first state government-funded “scale-up” of Choosing Wisely for 11 health services, an approach that’s being watched with interest by other states and territories.

**History and impact**

Choosing Wisely has experienced significant growth since its launch in Australia in 2015, and now has 79 health and consumer organisations signed up as members and actively implementing ways to reduce unnecessary interventions.

They range from reducing unnecessary pathology tests across a number of emergency departments in Melbourne’s eastern suburbs to one health service’s focus on improving wound management after investigations revealed “duplication of services, inefficient use of consumables, high cost of consumables, repeat presentations and confusion for patients”.

Choosing Wisely has also helped generate 194 recommendations from peak medical and health colleges of the tests, treatments, and procedures that healthcare providers and consumers should question, from the use of antibiotics in patients with upper respiratory infections to imaging for non-specific low back pain.

Twenty-six recommendations were added in 2018, including an inaugural list from the Pharmaceutical Society of Australia (PSA) on prescription, over-the-counter and complementary medicines.

The PSA and other health groups may need to factor in different definitions of “unnecessary” and “harmful” following research showing that pharmaceuticals contributed to 19 per cent of the carbon footprint of Australia’s healthcare system, which was in turn responsible for seven percent of national greenhouse gas emissions.

**A first**

This will be the first national meeting for Steve Morris, CEO of NPS MedicineWise, which facilitates Choosing Wisely in Australia.

Morris has previously been Chief Pharmacist for South Australia and Executive Director of SA Pharmacy and originally hails from the UK, where he was Deputy Chief Executive of the National Prescribing Centre.

He says he has joined Choosing Wisely at a “transformative time”, as it grows into new areas of healthcare education, advocacy and research, including a two-year investigation into how health professionals’ fears of being sued can lead to them prescribing low-value care.

Speaking to Croakey ahead of the event, Morris said Choosing Wisely is now looking to replicate the strong engagement it has seen so far from the hospital sector with the primary health care sector and to “turbo-charge” consumer engagement, with an overall focus on building scale and sustainability into service and system level initiatives.
There is much support in Australia and internationally for Choosing Wisely, which began in the US in 2012 and has spread to 22 countries worldwide, amid growing evidence that overdiagnosis and overtreatment are common, harmful to patients, and expensive.

There is also growing evidence of the initiative’s benefits, including reductions reported by US hospitals in unnecessary cardiac monitoring, inappropriate tests, imaging, and blood transfusions, according to an editorial published last year in the BMJ.

**Systemic concerns**

But that article also highlighted how many factors conspire to drive demand for inappropriate or wasteful treatments, including “knowledge gaps, cognitive biases, risk aversion, poor coordination between specialties, commercial pressures, uncritical media coverage, and overoptimistic clinicians”.

There’s been concern also that Choosing Wisely recommendations can focus too much on “low hanging fruit” and recognition in Australia also that many systemic issues, like fee for service funding, are critical drivers of unnecessary tests, treatments and medications.

Alison Verhoeven, CEO of the Australian Healthcare & Hospitals Association, told Croakey she welcomes how Choosing Wisely has engaged clinicians and consumers in a discussion about limiting low-value care, “which is important from the perspectives of safety and quality of care as well as costs of care”.

But low-value care is “only one part of the value equation”. She said:

> “There’s broader work to be done on: understanding and addressing variation in care; the outcomes that matter to patients; and how the health system might move from rewarding volume of care to incentivising high value care.”

Morris acknowledges the implications of these broader issues but says Choosing Wisely still can do very effective work without having to “pick a fight with some of the systems issues”.

A big part of that he says is through winning “heart and soul buy-in”, from clinicians, representative groups, health services and consumers, for cultural and behavioural change.

Some areas to target were highlighted recently by Choosing Wisely’s latest survey of GPs, specialists and hospital staff in member health services.

They identified that difficulties in accessing patient information from other clinicians is a common reason for requesting unnecessary medical tests, treatments or procedures, along with patient expectations, potential for medical litigation and uncertainty of diagnosis.
Choosing Wisely has also published lessons from its five original Champion Health Services — Austin Health (Victoria), Monash Health (Victoria), Royal Brisbane and Women’s Hospital (Queensland), Sir Charles Gairdner Hospital (Western Australia), and Western Australia Country Health Service (Wheatbelt) — on what works to change culture and behaviour.

Published last year in *The Medical Journal of Australia*, they included:

**Lesson 1: Engage multidisciplinary teams**

Engagement of staff across all levels and disciplines is recommended, with a whole-of-hospital approach preferable:

- executive engagement is essential to provide leadership and remove roadblocks
- senior clinician leadership is critical as key influencers
- consumers provide valuable insights and can meaningfully contribute to successful implementation
- students and junior medical staff are keen to be part of the decision making process and are a valuable resource
- clinical school representatives should be included on steering committees.

**Lesson 2: Dedicate resources**

Allocation of sufficient resources to support implementation is critical. This includes:

- provision of project support in form of a project resource (failure to allocate a dedicated resource is seen as a major barrier to success)
- allocation of non-clinical time for clinical leads to engage
- information and communication tools to drive engagement
- access to data and associated supports
- multidisciplinary steering committee that has executive support.

Morris said Choosing Wisely does not want to spark pilot initiatives that “generate great enthusiasm but are easily forgotten” but rather to embed the principles into ‘business as usual’, such as Royal Brisbane Hospital has done.

“We want to demonstrate that you can build them to scale and then that they will be sustainable,” he said.

Croakey has reported from the last two Choosing Wisely national meetings. Read our coverage below from the 2018 national meeting and the 2017 national meeting.

See the program and abstracts here.
On the power of poetic praxiology, and seven principles of change in complex systems

Researchers and health reformers have been urged to hone their skills in story-telling and to unlearn scientific teachings that do not value the power of narrative.

In arguing for the merits of detailed case narratives, Professor Trish Greenhalgh provided a case study in “poetic praxiology” during her keynote presentation to the recent Choosing Wisely Australia National Meeting in Melbourne.

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Marie McInerney writes:

A leading international health academic and practitioner has recommended seven principles for bringing about change in complex systems, and called for less reliance on “gold standards” like randomised controlled trials (RCTs) and more on “the power” of stories and relationships.

Professor Trish Greenhalgh, who is Professor of Primary Health Care Sciences at Oxford University, also urged GPs and others in primary care to join the Choosing Wisely campaign to reduce unnecessary and sometimes harmful tests, treatments and procedures, saying there is “huge potential” for overtreatment and overdiagnosis in primary care.
And she called for the wider health sector to “work actively” with the media to address fake news and unscientific debates in the wake of developments like Brexit, which she said is now posing major implications for health and health care in the United Kingdom.

An international leader in thinking about complex systems change, Greenhalgh was in Melbourne as keynote speaker at the 2019 Choosing Wisely Australia National Meeting.

She told participants that science and academia have gone “a little bit overboard” on RCTs, long seen as gold standard building blocks for evidence-based medicine, though she admits she is only alive thanks to their efficacy.

“I’m a cancer survivor and I was treated with a package of treatment that had been tested in an RCT, so I’m not opposed to RCTs.”

But she said they “work a lot better when you’re assessing a drug than they do when you’re assessing a complex innovation”.

She said:

“\textbf{Yes, they are a brilliant way, the best way, of eliminating most of the biases, and demonstrating that ‘a’ is better than ‘b’ under different conditions.}\n
\textbf{But if what we want to do is change what we do in the real world, they’re an absolute disaster of a methodology.}”

\section*{Complex systems}

Greenhalgh’s keynote address was about the challenges of spreading and scaling up change in complex systems, a big focus now for the Choosing Wisely movement in Australia as it looks to achieve greater scale and sustainability for the initiatives already undertaken in individual sites and services.

Her address included a detailed look at her ongoing (and as yet unpublished) work with The George Institute for Global Health in Sydney, which is evaluating its TORPEDO (Treatment of Cardiovascular Risk using Electronic Decision Support) that involved the Health Tracker app for GPs.

While it “wasn’t a disaster by any means”, Greenhalgh said there were lessons to be learnt from an initiative that followed so many of the recognised processes but saw “patchy uptake” by clinicians and no documented change in patient outcomes.

Greenhalgh has led work in this area, co-developing the so-called NASSS framework, to provide “an evidence-based, theory-informed, and pragmatic framework to help predict and evaluate the success of a technology-supported health or social care program”.

\begin{quote}
\textbf{VALUE TO GOVERNMENT}
\begin{itemize}
\item Improved public health syste
\item Decreased health care costs
\item Improved patient outcomes
\end{itemize}
\end{quote}

\begin{quote}
\textbf{VALUE TO GP WHO WERE KEEN ON FOLLOWING GUIDELINE}
\begin{itemize}
\item It got my sort of information out of the medical record and told me what actually you have to go hunting for.
\item BUT increased consultant length + actual treatment GP income
\end{itemize}
\end{quote}

\begin{quote}
\textbf{VALUE TO GP WHO WERE TRYING TO MAKE A LIVING}
\begin{itemize}
\item For some GPs, using HealthTracker shows that you’re a 21st century doctor and you’re doing the right thing.
\item For others, “patients are looking for a GP who speaks their language, they’re not looking for these following guidelines.”
\end{itemize}
\end{quote}
It was developed in response to evidence that many promising technological innovations in health and social care are not adopted, are abandoned, or fail in attempts to scale them up or spread them.

In her keynote, she applied to the TORPEDO project three different theoretical lenses on change that she and co-author Vhrysanthi Papoutsi outlined in detail in an article published last month in the BMJ (and summarised in the slide below):

The tricky part, she said, is that it is not really possible to carve up projects or innovations and apply just one of the lenses to implementation or evaluation.

She said:

“The point is, analytically, we can separate these things out but when you’re looking at a big program, trying to implement a change, you’re probably looking through all of these lenses and probably more.

Complex phenomena are unpredictable, inherently unsolvable, filled with interdependencies.

Where on earth do you start, for example, with climate change?”

**Seven principles**

Looking to offer solutions in the absence of a “blueprint” for change, Greenhalgh recommended seven useful principles to adopt when planning major change programs in conditions of complexity (they are discussed in more depth in the BMJ article).

Some, she said, have been identified by other researchers:

1. Acknowledge unpredictability: “contemplate that there may be more than one possible future”.
2. Recognise self-organisation: “expect local teams to play around with whatever you’ve asked them to do and adapt it to something that will work there”.
3. Facilitate interdependencies: “and perhaps spot new ones.”
4. Encourage ‘sense making’ – “bring people together to talk, argue, and raise questions even if they can’t solve things”.

She and Papoutsi had added three more:

5. Develop adaptive capacity in staff – “Teach your staff to be able to make judgments when the data is incomplete, when things are a bit confusing…”

6. Attend to human relationships – “It’s a heck of a lot easier to work through problems if you like each other. If you’re working with people who hate each other you’ll never get there.”

7. Harvest conflict productively – “We talk far too much about resolving conflicts and reaching consensus.” Teams and projects should look to build trust, to be “okay about the fact we disagree and use our different perspectives on the problem to produce a multifaceted solution”.

Asked to summarise her key messages, Greenhalgh said “we need to develop the capacity of individuals to make judgments and use their common sense, to tinker with things, adapt things locally, use their imagination, use creativity, ‘sense make’, to get together and talk about the issues and muddle through with solutions”.

“These are not very formulaic and they don’t sound very scientific but, actually, when you’re working in a complex system, they’re very important.”
“Tell the story!”

Greenhalgh also gave a shout out to Greek organisation theorist Haridimos Tsoukas, whose message is “don’t simplify, complexify” and that “rich narratives allow us to learn by understanding the particular for its own sake rather than as an example of something”.

She said one of his key requirements for writing good accounts of quality improvement or change management is “poetic praxiology” which she interpreted as: “Use good terminology, use metaphors, use imagery to bring it to light – don’t be boring!”.

That too was part of what she wanted Choosing Wisely participants to take away from her address, the need to “tell the story – and in rich detail!”

It’s an approach she’s famously taken, challenging the “spurious hierarchy of systematic over narrative reviews” in both her research and the way she presents her work.

That’s included in her article published last year in the Journal of Evaluation in Clinical Practice titled: Of lamp posts, keys, and fabled drunkards: A perspectival tale of four guidelines.

In it she examines the tension – “both philosophical and practical” – between the average result from a population study and the circumstances and needs of an individual patient via her own personal account of “evidence-based” trauma care.

A keen athlete, Greenhalgh told how she had suffered major fractures and other injuries in a high-impact bike accident but, aged 55 at the time, found herself “prematurely assigned to the script of ‘older person with fall’” narrative in her diagnosis and treatment.

Her team has just won a grant from the UK Medical Research Council to look at the narrative case study as a legitimate form of research, and she told Croakey that she doesn’t buy the idea that it’s difficult for scientists or other researchers to tell a strong story.

“I think one of the problems is that when we are trained as scientists and academics, we get trained out of the habit of telling stories,” she said.

“We get told you’ve got to ‘abstract’, you’ve got to produce these things called variables and manipulate the variables and draw graphs and these diagrams all full of boxes and arrows.”
Telling stories is much easier than that, she said, urging academics and scientists to “regain our confidence in the richly described case narrative”.

She said:

"Stories have characters, they have plots, they have unfolding action, stories are image rich, they’re emotionally laden, they’re the sorts of things that really kind of hook you in.

I think you need to unlearn all that training, that says 'no, no, it's unscientific'.

Tell it like it was, we want all the holes in it, we want the problems, the way people felt, we want the uncertainties."

"Inspired"

The Choosing Wisely conference showcased a range of initiatives in Australia from tailoring the use of opioids on discharge from hospital and better urine sample collection for young precontinent children to the first state government-funded “scale-up” of Choosing Wisely in Victoria.

Throughout the day Greenhalgh commented on or asked questions about presentations and posters, and later told Croakey she had been “inspired” by what was happening in Australia.

However, she said that, as a GP with more than 30 years’ experience, she had both observed and been told of a significant gap in Choosing Wisely take-up.

So far, the strongest work was happening in hospitals, despite there being plenty of room for improvement in primary care, where “there is huge potential for over-investigating and over-treating those patients and perhaps over-applying some formulaic approaches”, she said.

Greenhalgh said the primary care sector had been “pivotal” in the rollout of Choosing Wisely in the UK, and she hoped GPs would become more engaged in this movement for change in Australia.

Addressing fake news

In an interview with Croakey, Greenhalgh also warned about the implications to health and health care of “oversimplifying” important public debates and of “fake news”.

She said Brexit, the decision for the UK to leave the European Union, was “a great example of a highly complex issue that has been oversimplified by politicians, the press and by the voting public” into a binary question that was now threatening serious health consequences.
“If Britain leaves the EU without a full agreed deal, I think there is quite a lot of evidence that we are going to have big health problems, we are going to have shortages of doctors, (and) of nurses, shortages of essential medical supplies and the predictions suggest there are going to be deaths, and that troubles me greatly as a clinician and as a citizen which is why I do a lot of campaigning on social media,” she said.

Her comments came the day after Boris Johnson, the frontrunner in the Tory leadership contest in the UK, was summoned to court to face accusations of misconduct in public office over claims that he lied by saying Britain gave £350 million a week to the European Union.

That advertising often implied the money would otherwise go to support Britain’s National Health Service.

“How that (case) is going to play out, we don’t know, but there was certainly evidence of, should we say, politicians being economic with the truth,” Greenhalgh said.

Asked whether health advocates should have done more to highlight health concerns with Brexit, Greenhalgh said other regions could learn from the Africa Watch website run by investigative journalists to promote accuracy and honesty in public debate.

Its work on challenging misinformation had been raised by fellow panelists at the 2017 Global Evidence Summit she attended in a session on “evidence-based practice in an era of fake news”.

“I can open up The Lancet and find you plenty of evidence that not vaccinating one’s children is usually a bad idea, but most of the lay public don’t read The Lancet – how do they interpret a claim by, for example, a politician or a leading celebrity…

“I think we should be working actively with journalists and the press because many of them are responsible. We need to make sure we’re working in partnership, rather than in an adversarial relationship with the press,” she said.

Watch the interview

Amongst other things, Greenhalgh discusses structural problems with general practice in Australia.
From Twitter

Trisha Greenhaigh 🌍PeoplesVote 🏷️@trishgreenhaigh · May 29
Morning Melbourne

Marie Mcinerney @marie mcinerney · May 29
Elder Ron Jones is delivering the Welcome to Country at #OKtoAsk2019 on behalf of the the Wurundjeri people of the Kulin Nations

Marie Mcinerney @marie mcinerney · May 29
Hearing from Wurundjeri Elder Ron Jones about his family’s history - his great great granduncle was William Barak, with deep roots in the Coranderrk story in Victoria #OKtoAsk2019
You can track Croakey’s coverage of the conference here.

On the power of poetic praxiology, and seven principles of change in complex systems

#OKtoAsk2019

David Rosengren
@rosengrend

Awesome title to capture attention for the keynote at the @ChooseWiselyAU national meeting today #OKtoAsk2019
To create rich pictures of change in orgs, we need: open world ontology, performative epistemology, and a poetic praxeology - “use metaphors, imagery, bring it to life” - @trishgreenhalgh #OKToAsk2019

Prof Trisha Greenhalgh - Using richly described case studies can help us when confronted with “FUPS” data (Flawed, Uncertain, Proximate & Sparse) #OktoAsk2019

How can we deal with data that is flawed, uncertain, proximate or sparse? @trishgreenhalgh @ChooseWiselyAU #OkToAsk2019
On the power of poetic praxiology, and seven principles of change in complex systems

#OKtoAsk2019

You can track Croakey's coverage of the conference here.
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On the power of poetic praxiology, and seven principles of change in complex systems

#OKtoAsk2019

On Twitter, follow @trishgreenhalgh
What can we learn from the champions of the Choosing Wisely movement?

The recent Choosing Wisely Australia National Meeting in Melbourne heard from clinicians and others at the forefront of efforts to reduce low value care.

Marie McInerney writes:

“Why do we do the things we do?”

This question was recently put to a high level group of clinicians, researchers and facilitators from Queensland Health at a meeting seeking to develop an action plan for reducing low value care in Queensland’s public hospitals.

“(It’s) the way we do things” was one of the responses selected by nearly 40 percent of respondents.

This was by far and away the most common reason given, with ‘funding and incentives’ nominated by nine percent, and ‘patient expectations/understanding’ by just six percent.

For Associate Professor Ian Scott, who asked the question and presented these results at the recent Choosing Wisely meeting in Melbourne, this revelation prompted the need for a new combined social and cognitive approach to changing clinician behaviour to reduce unnecessary and sometimes harmful tests and treatments.

Scott, who is Director of Internal Medicine and Clinical Epidemiology at the Princess Alexandra Hospital in Brisbane, said there was a need to move beyond sole reliance on traditional knowledge translation strategies like clinical guidelines, education outreach, and audits, which represent “pretty small beer” in terms of practice change.

Dr Doug Travis addresses #OkToAsk2019. Image via tweet by Choosing Wisely Australia
Instead, he suggested looking at interventions like “cognitive huddles” (getting together in clinical teams to tease out assumptions and “unlearn” low value care habits) and the “normalisation of deviance” (being prepared to question cognitive biases and challenge the status quo).

Scott’s approach is leading to the introduction of a modular critical thinking skills course in the Princess Alexandra’s medical undergraduate studies to acquaint student doctors with “the psychology of how we think and (about) biases that can affect our thinking simply because we’re humans and we’re as gullible as anyone else”, he said.

**Systemic traction**

It may prove to be another spoke in the wheel for the Choosing Wisely initiative, which – having captured the imagination and effort of many medical colleges, health services and hospitals across Australia – is now looking to gain system-wide traction.

After four years, Choosing Wisely is setting its sights on how to shift from a range of single projects and interventions at a local level into being an ethos and a movement – embedded in systems, powered by champions, and self-sustaining (or at least internally funded, as a key Victorian central health agency chair made clear).

A key part of that mission involves bringing together many of those champions at a national conference each year, to showcase success and dismantle or at least dissect hurdles.

The recent third annual meeting did that again, showcasing the first state-wide scale-up of Choosing Wisely in Victoria, launching a new toolkit to fire up consumers, and raising questions about climate change and why GPs and the broader primary care system have been slower than hospitals (and GPs in the UK) to get on board.

Professor Trish Greenhalgh, an international expert in complex systems change who was keynote speaker at the meeting, was particularly impressed by Scott’s presentation.

“There’s so much wisdom in this, this is really great stuff,” she said, urging him to publish.

**Drivers of low value care**

Scott told the meeting he had observed two main drivers of low value care.

One is where ingrained practices from medical school training or early years as a junior doctor are perpetuated as a belief, habit or “ritual”, despite having been found to be outmoded, ineffective or even harmful.

The other is decisions that, in one context can be adaptive, but “become maladaptive” in other contexts, like:

- commission bias – a tendency to do something or seen to do something even if it’s not supported by robust evidence and may do harm
- impact bias – that over-estimates benefits and underestimates harms of intervention
- extrapolation bias – that assumes effects seen in one group of patients will be automatically replicated among a wider spectrum of patients, and
- pro-innovation bias – a tendency to see “bright new shiny” tests and treatments as automatically better than old ones.
The meeting also was told of findings from St Vincent’s Hospital in Melbourne of three key drivers for unnecessary testing: a culture of having always done things that way in the unit, a fear of missing clinical deterioration, and no standard or decision making support tool to guide clinical decision making.

Enabling reflection

Scott’s proposal is for a process that brings together clinicians who operate at the frontline – the hospital unit, medical department, or general practice “microsystem” – and engages all the key stakeholders, not only doctors, but also pharmacists, allied health, nurses and patients.

The process then looks to have a “credible messenger” raise a low value care problem, encourage everyone to dissect their own decision-making “rationales” when confronted with powerful patient stories and data about waste and outcomes, and then for “ownership of the problem and how to address it to pass to the whole group, not just the messenger”.

“In our department we have ‘clinical conundrum sessions’ where we talk about these questions in a non-judgmental fashion and develop departmental policy around things we will no longer do,” Scott told the meeting.

“(It’s) to try to get people to think and reflect about their own thinking, what drives them to do the things they do and to see ‘okay, perhaps I need to understand that what I once believed is no longer valid’,” he said.

An issue of concern often raised is that Choosing Wisely is unable to pull systemic levers, such as fee-for-service funding that can drive clinician behaviour.

Systemic issues were raised also by conference MC Craig Reucassel, from the ABC’s hit series War on Waste, who said the shift in plastic shopping bag consumption and culture in Australia had come, not through greater awareness, but due to a price signal of having to pay for a bag.

Scott said there is no doubt that health system levers influence behaviour, through financial incentives, guidelines and performance standards, but he thinks we “tend to overrate” their influence on individual decision making, which is more about “belief systems”.
Watch this interview with Associate Professor Ian Scott.

**Tackling opioid prescribing**

The power of “unlearning” was another strong theme at the conference, including from Associate Professor Matthew Anstey, an intensive care specialist at Sir Charles Gairdner Hospital in Perth and a Choosing Wisely champion, who talked about the need to change patterns of prescribing opioids on discharge from hospital.

Anstey still has a vivid memory from intensive care training in Melbourne of an 18-year-old patient who fractured his ankle while playing basketball. The orthopaedic surgeon put a screw in his ankle, and the young man was discharged the next day with oxycodone.

“As an 18-year-old might do, he went out to a party, had a misadventure with that box of oxycodone and some alcohol, and had a respiratory arrest,” Anstey remembered.

“He basically left the ICU a month later in a persistent coma, which is probably the worst outcome he could have thought to have.”

Anstey and his team recently researched opioid prescribing patterns, and investigated practices at Sir Charles Gairdner with a survey of nearly 100 patients from the orthopaedics, general surgery and medical wards.

While they found some appropriate patterns and protocols, including specialist input from the hospital’s pain service and prescriptions of simple analgesics, there were some problems.

The main concerns were that almost half of the patients were discharged with opioids even though they hadn’t been given any on the day before leaving, only 16 percent got a tailored volume – the rest just got the standard PBS boxes of 20 oxycodone tablets or 56 pregabalin tablets – and fewer than one in four had a “weaning plan”.

It’s a big worry, Anstey said, given that opioid medicine deaths in Australia exceed heroin deaths by a significant margin.

The hospital is changing its practices. Doctors are now required to develop a weaning plan, and to give an expected timeline for recovery, and the team is surveying patients to find out how many tablets they took after discharge to try to come up with recommended baseline volumes.

Anstey said there have already been quick unexpected benefits. His team reported back to one medical department that their prescribing patterns did not fit with standard analgesia guidelines. At a follow up audit, there was a significant reduction in the prescription of opioids on discharge.
Anstey said: “An amazing amount of information can be fed back that changes people’s behaviour because people want to change, they don’t want to do the wrong thing.”

### Choosing lower greenhouse gas emissions?

Climate change is not explicitly on the agenda for Choosing Wisely, despite research showing that healthcare contributes to seven percent of Australia’s greenhouse gas emissions, with most caused by hospitals and pharmaceuticals, whose production, packaging and distribution are carbon intensive.

However, that may shift with Victoria’s Health and Human Services Department funding work to look at the environmental sustainability of Choosing Wisely initiatives at the Austin Hospital in Melbourne.

Dr Simon Judkins, who is based at the Austin Hospital and is president of the Australasian College for Emergency Medicine (ACEM), said the work is looking at how reductions in tests affect the hospital’s carbon footprint.

“We know every time you order a urine sample, it goes up in a plastic container, goes up in a plastic bag,” he said. “If we can reduce the inappropriate tests and only do the ones that are necessary, we’re going to see a significant impact on our carbon footprint.”

Judkins also pointed to work being done at Western Health, another Choosing Wisely partner, led by anaesthetist Dr Forbes McGain that is looking to save **140 tonnes** of carbon dioxide emissions per year – the equivalent to taking 40 Australian cars off the road – after switching the types of gas they use during procedures.

These sorts of measures to reduce low value care and the impact on the environment are another way of engaging a broader scope of clinicians in the Choosing Wisely initiative, he said.

“I think (climate change) does need to be on the agenda of Choosing Wisely…I think it has to be on the agenda of all health organisations,” he said.

### Watch these interviews

Dr Simon Judkins and Safer Care Victoria manager Camilla Radia-George:
Judkins and ACEM president elect Dr John Bonning from New Zealand speak about Choosing Wisely opportunities and barriers (including pharmaceuticals and tribalism) in both countries:

Scaling up

The Austin Hospital’s early involvement in Choosing Wisely may soon lead to a nationwide scale-up of the initiative based on insights from a year-long Safer Care Victoria scaling collaboration of the initiative in 11 health services across the state.

Associate Professor Steve Morris, CEO of NPS MedicineWise, which facilitates Choosing Wisely, told the meeting that Victoria was the first state to fund the expansion of Choosing Wisely Australia across its hospital network and others were watching with interest.

The Victorian roll out is being independently evaluated, with full results expected by September 2019. In the interim, it has released a new toolkit showcasing case studies and resources.

Watch the interview below, where NPS MedicineWise CEO Steve Morris speaks about the day’s highlights and what is on Choosing Wisely’s agenda to come.

Better Care Victoria

Leading a presentation of the collaboration’s work at the Choosing Wisely meeting, Better Care Victoria Chair Dr Doug Travis warned that change is hard and labour intensive.

“It’s not about a manual, a memo or edict, it’s about conversations, facts, evidence, hard work, forgiveness and repetition,” he said.

From Better Care Victoria’s point of view as a centralised agency, it was also about a new way of doing business, not just about “awarding grants and posting out a cheque”.

You can track Croakey’s coverage of the conference here.
Instead, it’s taken a very proactive response to the collaboration, sending project officers out to the sites with multifaceted behaviour change strategies, toolkits and workshops, education and guidelines and, where applicable, changes to electronic ordering systems.

This was, Travis said, a message to government that “change costs money”.

But he also had a warning to the “senior people in the room” that sustained action has to come from within, and that the first round of funding for the Victorian collaboration “was to demonstrate to you that it works”.

He said:

“It’s good for the patients, your staff love doing it, it’s a no brainer, so do the hard yards.

The only way to sustain this process is to embed a low value care evaluation process within a funded, encouraged and supported framework within your institutions.”
Sustaining momentum

In a number of presentations, collaboration members talked about trying to address some of the risks of “erosion over time” of Choosing Wisely initiatives, particularly of how to sustain momentum if there is no longer a dedicated project officer.

For Western Health, a successful strategy was getting the service’s communications team involved, and putting out some effective messages like these below:

For St Vincent’s Melbourne, it was a combination of executive support, senior medical engagement, and strong results to date.

There was much more detailed advice on opportunities and challenges, including some insights from a high profile panel discussion.
Takeaways included:

- Executive buy-in and the support and engagement of the Board is critical (Dr Paul Eleftheriou, Chief Medical Officer, Western Health), particularly when dealing with groups that might be seen as “resistant” – “seeing me there flying the flag is critical, the staff needs to know we are putting our money where our mouth is”.

- However, talking about “overcoming resistance” may not be useful with those who are not yet converts to the cause, because it can imply they are “stubborn and stupid”, when they are being asked to stop doing something that they currently believe is excellent care (Professor Trish Greenhalgh).

- Greenhalgh also advised that she didn’t think the failure of a Chief Executive to engage has to be a show stopper as long as they are not actively sabotaging. “If you can stay under the radar you can get a lot done without a CE’s backing.”

**Power dynamics**

MC Craig Reucassel raised a big question about why consumers or patients should be expected to have to ask Choosing Wisely’s 5 Questions to challenge health professionals on whether tests or treatments are necessary.

“You’re the ones with the degrees and genius, what have we got to do with it?” he asked.

Greenhalgh agreed, saying there was an important power dynamic involved, and that health professionals had a responsibility also to be their patients’ advocates, particularly when they were very unwell.

“When you’re very sick, you want to hand over your care to the doctor or nurse,” she said.

But she said there is no doubt from the evidence that involvement of patients in the health system, to the extent that they are able and wish, improves outcomes.

Jan Donovan, from the Consumers Health Forum of Australia, which partnered with Choosing Wisely to release this **Conversation Starter Kit** at the meeting, agreed about the importance of shared decision making which had been well documented in the UK.

“It found that people’s expectations about their treatment is much more realistic, the options they choose fit their values, it reduces unnecessary tests and treatments, and also reduces GP visits and hospital admissions. This is the key to transforming our system.”
And finally, here is news about award winning research by PhD student Dr Jonathan Kaufman that has produced a simple, gentle way of collecting infant urine samples. It won best student abstract submission at the meeting.
From Twitter

Ian Scott’s presentation

Marie McInerney @mariamcinerney · May 29
Where are we now on changing clinician behaviours on unnecessary tests, treatments etc #OKtoAsk2019 Prof Ian Scott

Dr Joanna Lawrence @DrJoannaL · May 29
Discussing the challenging of changing clinician behaviour - doing what we were taught to do..... Is it still right? #oktoask2019 @ChooseWiselyAU

Changing clinician behaviour

- Identify and target the most potent behavioural change barriers
  - Lack of knowledge/awareness
  - Lack of agreement
  - Cognitive biases
  - Motivation
  - Self-efficacy
    - KSA and autonomy
- Avoid negative feedback seen as judgemental, punitive, derogatory
  - ‘reactance’
- Avoid use of restrictions, penalties, sanctions

Changing clinician behaviour

Change facilitation

- Nudge strategies
  - Compact, patient prompts, shared decision making
- Peer group discussions, cognitive huddles (‘clinical conundrums’)
  - Deliberating boundaries
- Normalisation of deviance
  - Guideline challenge
- Data and decision support
- Ongoing longitudinal outcome feedback loops
  - Not random audits
- Intrinsic rewards (professional)
- Permissions
- Forcing functions (use sparingly) in EMR
  - eg. eliminate some CPOE options, compulsory indication or justification fields
- Unit guidelines, performance standards, funding incentives, service agreements
What can we learn from the champions of the Choosing Wisely movement?

#OKtoAsk2019

Other presentations

**InsideRadiology** @InsideRadiology · May 29
Remember it is always #OktoAsk2019 @ChooseWiselyAU
Great presentation on reducing noise to engage consumers & referrers by Julia Firth

**Marie McInerney** @mariemcinerney · May 29
Here’s findings from Austin Health’s Wee Loong ong study that found significant change in radiation oncology practice 2013-17 in line with the Choosing Wisely recs, but some may need to be revised to reflect rapidly evolving evidence #OktoAsk2019

Are We Choosing Wisely in Radiation Oncology Pra...
To evaluate the adoption of the Royal Australian and New Zealand College of Radiologists Choosing Wisely (CW) radiation oncology recommendations before and... redjournal.org
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@JudkinsSimon talks re launching project called ‘Just give the routine tests a rest’. “Some patients need a transfusion at the end of the day they’ve had so many blood tests.” #OKtoAsk2019

Tammy Dinh @DinhTammy - May 29
So proud of our Victorian health services! The honesty and willingness to share experiences at the @ChooseWiselyAU National Meeting has been amazing! Thank you guys! @BetterCareVic @SaferCareVic #OktoAsk2019

Asmara Jammal-Blasi @Asmara_JIB - May 29
So proud of two of our Choosing Wisely Victorian Collaboration sites sharing their sustainability strategies today @western_health @StVincentsWeb @ChooseWiselyAU #OktoAsk2019
What can we learn from the champions of the Choosing Wisely movement? #OKtoAsk2019

Marie McInerney @marie mcinerney • May 29
Lessons in implementing Choosing Wisely principles in orgs and importantly how to sustain momentum without a dedicated project officer. One key takeaway: important not to talk re CW as a resource intensive project but as a movement to be embedded in culture #OkToAsk2019

Helen Baxter @HBmedlib • May 29
Hearing great examples for effectively sustaining the @ChooseWiselyAU movement from @Asmara JB and @DinhTammy. "There’s no such thing as a one size fits all approach" #OkToAsk2019

Choosing Wisely Aust @ChooseWiselyAU • May 29
How do we sustain Choosing Wisely with the support of consumers? Insights from @PipBrennan from Health Consumers’ Council, WA and Jan Donovan, Board member @CHFofAustralia #OkToAsk2019 #choosingwisely

Marie McInerney @marie mcinerney • May 29
Pip Brennan @hconcwa - acknowledges @ChooseWiselyAU for engaging strongly with consumers but suggests for next year: "if you’re going to have a consumer insights panel have a consumer on the panel" #OkToAsk2019

Marie McInerney @marie mcinerney • May 29
Now hearing consumer insights at #OkToAsk2019: Pip Brennan, @hconcwa and Jan Donovan, Board member at @CHFofAustralia - urging great consultation with consumers and community, especially when dealing with culturally diverse communities.

Marie McInerney @marie mcinerney • May 29
Lessons from a Choosing Wisely project: Integrate into existing governing structure. Engage PR dept if you have one - helps define the problem, sell the initiative. Strong team r’ships, top to bottom: “make your project sustainable, embedded into workplace culture” #OKtoAsk2019

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Twitter analytics

For the period of our coverage of the conference (29 May – 9 June), 323 Twitter accounts sent 1,029 tweets using the conference hashtag, creating 6.8 million Twitter impressions, according to Symplur analytics.

Read the Twitter transcript here.

See a playlist of six video interviews with speakers and participants; three of these were broadcast live via the Periscope app, where they had a total of 911 views.

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Croakey Conference News Service

- Reporting by Marie McInerney
- Editing by Melissa Sweet
- Layout and design by Mitchell Ward