AAHPM RECOMMENDS

5 THINGS

PHYSICIANS AND PATIENTS SHOULD QUESTION IN HOSPICE AND PALLIATIVE MEDICINE

ACADEMY AMONG NATIONAL MEDICAL SPECIALTY PARTNERS IN *CHOOSING WISELY*® INITIATIVE

On February 21, 2013, AAHPM joined 16 other medical specialty societies in the second wave of the national *Choosing Wisely* campaign. At a live press event held in Washington, DC, each participating medical society released its list of five commonly ordered but potentially unnecessary treatments whose medical efficacy is not supported by the research evidence.

These "Five Things Physicians and Patients Should Question" can result in more harm than good to the patient while potentially wasting finite resources for the healthcare system. AAHPM's list was a little different for including a recommendation not to delay referral for palliative care for seriously ill patients who could benefit from this service. However, it also highlighted medical regimens that may not be efficacious for patients receiving palliative or hospice care.

The national *Choosing Wisely* campaign was launched in April 2012 by the ABIM Foundation, affiliated with the American Board of Internal Medicine. At that time, nine specialty societies each named five treatments of questionable value, such as ordering CT scans or antibiotics for chronic sinusitis or chest X rays prior to outpatient surgery for patients with an unremarkable history and physical exam.

AAHPM joins the second round of this multiyear campaign, with a third wave already under way. *Choosing Wisely* extends principles and techniques from the patient safety and medical quality movements to considerations of healthcare costs, benefits, and waste in order to spur a national conversation about overuse and engage physicians to be better stewards of healthcare resources.

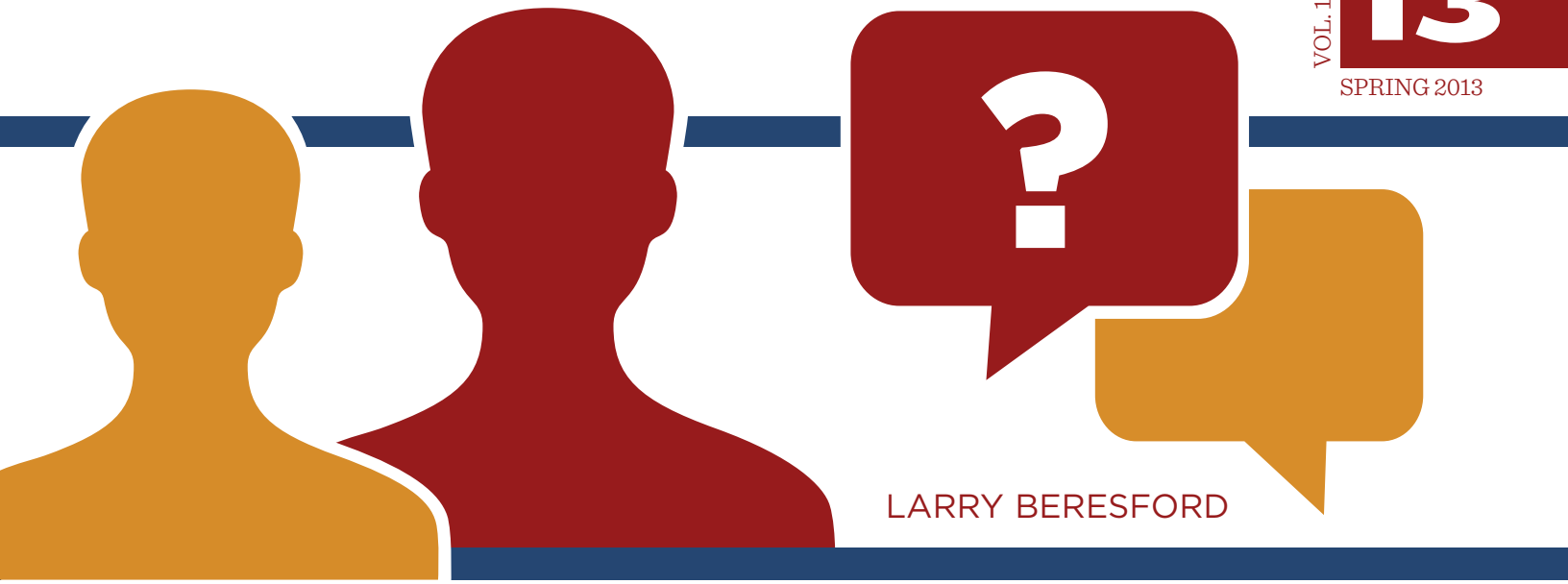
"We are pleased with AAHPM's list and appreciate the time and rigor its committee showed in developing these recommendations," says ABIM Foundation Executive Vice President and Chief Operating Officer Daniel Wolfson, MHSA. When the initial *Choosing Wisely* lists were announced last year, Wolfson said they sparked "a thoughtful, rational conversation about what care is truly necessary. We are hopeful that AAHPM's list helps continue these important conversations between physicians and patients."

A Transparent Process

Choosing Wisely has been widely publicized in the professional and consumer media, and campaign partner *Consumers Reports* is disseminating plain-language materials about the named treatments in order to help patients engage with their physicians. The National Hospice and Palliative Care Organization has joined with a dozen consumer-oriented groups committed to helping spread the message to professional and consumer audiences.

The ABIM Foundation directed participating medical societies to use a transparent, well-documented process in compiling their lists of treatments that lie within their specialty's purview, are often ordered, and for which there is good evidence to support the recommendation that doctors think twice before ordering them. AAHPM's *Choosing Wisely* recommendations to doctors include the following:

- Offer assisted oral feeding rather than percutaneous feeding tubes for patients who have advanced dementia, because the latter don't increase survival and can lead to painful side effects, such as pressure ulcers.
- Deactivate implanted cardioverter-defibrillator (ICD) devices, if that is consistent with patient and family goals, as these devices can needlessly and painfully shock patients with advanced disease.
- Avoid the use of topical Ativan-Benadryl-Haldol (ABH) gel—a commercial mix of lorazepam, diphenhydramine, and haloperidol—in treating nausea, as the evidence suggests that these drugs are not effectively absorbed through the skin and could delay other therapies that would relieve the patient's nausea.



LARRY BERESFORD

AAPHM's other recommendations are to encourage earlier referrals for palliative care, even when the patient is pursuing disease-directed treatments, and to suggest a single-fraction dose of palliative radiation therapy for patients who have uncomplicated painful bone metastasis rather than multiple fractions, as is often done currently. The single fraction is supported by 2011 guidelines from the American Society for Radiation Oncology and is less burdensome for the patient and family. (For a complete list of AAHPM's five Choosing Wisely recommendations, with a review of and citations for the evidence base behind them, see the sidebar or visit the AAHPM website at: www.aahpm.org/choosingwisely)

Sensitive to Tone

Last summer, AAHPM President Timothy E. Quill, MD FAAHPM, who represented the Academy at the February 21, 2013, press conference in Washington, DC, appointed a special 12-member *Choosing Wisely* task force of leading hospice and palliative medicine physicians and representatives of AAHPM committees. The task force was chaired by board member Daniel Fischberg, MD PhD FAAHPM, of the Pain and Palliative Care Department at The Queen's Medical Center in Honolulu, HI.

The task force solicited input from AAHPM's 17 special interest groups, reviewed the evidence base, and developed a short list, which it then shared with Academy members, asking for their comments and rankings. Seven hundred comments from 300 respondents helped the task force pare the list down to five treatments, and this list was approved by AAHPM's Executive Committee. (This process is described in greater detail in an article in the February 2013 issue of the *Journal of Pain and Symptom Management:* www.jpsmjournal.com/article/S0885-3924(13)00021-3.)

"When the ABIM Foundation asked the Academy to participate in *Choosing Wisely*, my first thought was: 'Great; awesome,'" says Dr. Fischberg. "But my second thought was that it would be a very tough job. Our challenge was to work with a short turnaround—with heroic assistance from Academy staff in compiling the evidence base, while still keeping the process extremely inclusive and transparent. We reached out to every member of the Academy, and their input informed our decision-making process," he says.

"We were also very sensitive to tone," Dr. Fischberg says. "Our field can be vulnerable to charges that treatments might be withheld to save money. The balance we tried to strike was to focus on rational treatment choices, based on the medical evidence, but more importantly, how doing unnecessary, unbeneficial treatments can actually be harmful to patients and may delay treatments that would have more benefit."

"In a way, the whole concept of *Choosing Wisely* is inherent in the practice of palliative care, perhaps more than other medical specialties, because we try to craft carefully thought-out care plans centered on the needs of individual patients, while minimizing their pain and maximizing their quality of life. In that sense, it's a natural extension of what we already do," says task force member Laura C. Hanson, MD MPH, codirector of the University of North Carolina Palliative Care Program in Chapel Hill. "We're not about stopping treatments but about highest-value, optimal treatments for each patient."

A Focus on Quality of Care

AAHPM Executive Vice President C. Porter Storey, Jr., MD FACP FAAFPM, notes that the *Choosing Wisely* process does not involve absolutes and that different treatment approaches may be appropriate under specific circumstances. These decisions should still happen at the patient's bedside as part of the physician's practice of medicine. "But if you choose to do one of them, you should know what the evidence says about efficacy. Plus, your patients may have questions about it. These are issues that should be discussed with your patient," he says.

Dr. Fischberg hopes professionals and consumers alike appreciate that the Academy's *Choosing Wisely*

recommendations are motivated by the desire to ensure that medical interventions provide the most benefit and the least harm to patients. "We were focused on quality in our deliberations but with an understanding that, often, a secondary effect is to reduce healthcare costs. In our view, every one of the treatments on our list is about improving the quality of care," he explains. "But you never know how messages like these will be received or get translated into news media and sound bites."

For example, the feeding tube recommendation may generate a lot of discussion and will require careful explanation by physicians. "We were very clear that we weren't talking about not feeding patients—but the percutaneous route has demonstrated problems for these patients, and there are alternatives," he says.

"We know our members share our mission of enhancing quality of care for people with serious illnesses," Dr. Fischberg says. "We hope this process offers a useful tool for physicians—even if our list isn't exactly the same list they might have proposed. It would be wonderful if our members are out on the front lines spreading the message in the spirit in which it was intended."

Choosing Wisely Task Force member Joan Teno, MD MS, professor of health services, policy, and practice at Brown University, Providence, RI, notes that the field of hospice and palliative medicine has worked hard to come of age as a medical specialty. "It's really important, with palliative care becoming a recognized medical specialty, that we develop an authoritative evidence base and share that evidence base with our members," says Dr. Teno. "We need to practice medical care consistently with the best available evidence. Sometimes the choice is obvious, and sometimes it's not. We need to constantly ask questions about our interventions, and to make sure they're safe and efficacious. *Choosing Wisely* is a big step forward for us in pursuing that authoritative evidence base. I'm proud that AAHPM took this on, and I think our recommendations are very good ones."

How to Use the Lists

Academy members have an opportunity to use this list of recommendations to improve quality of care in their local communities, says Eric Widera, MD, director of hospice and palliative care at the San Francisco Veterans Administration Medical Center in San Francisco, CA, and a task force member. "It starts with just talking about it in your hospice or palliative care service. Bring it up with other members of the interdisciplinary team. Have frank discussions and then develop appropriate policies and procedures," says Dr. Widera.

FIVE THINGS PHYSICIANS AND PATIENTS SHOULD

1 Don't recommend percutaneous feeding tubes in patients with advanced dementia; instead, offer oral assisted feeding.

In advanced dementia, studies have found feeding tubes do not result in improved survival, prevention of aspiration pneumonia, or improved healing of pressure ulcers. Feeding tube use in such patients has actually been associated with pressure ulcer development, use of physical and pharmacological restraints, and patient distress about the tube itself. Assistance with oral feeding is an evidence-based approach to provide nutrition for patients with advanced dementia and feeding problems; in the final phase of this disease, assisted feeding may focus on comfort and human interaction more than nutritional goals.[1-10]

2 Don't delay palliative care for a patient with serious illness who has physical, psychological, social, or spiritual distress because they are pursuing disease-directed treatment.

Numerous studies—including randomized trials—provide evidence that palliative care improves pain and symptom control, improves family satisfaction with care, and reduces costs. Palliative care does not accelerate death and may prolong life in selected populations. [11-18]

3 Don't leave an implantable cardioverter-defibrillator (ICD) activated when it is inconsistent with the patient/family goals of care.

In about a quarter of patients with ICDs, the defibrillator fires within weeks preceding death. For patients with advanced irreversible diseases, defibrillator shocks rarely prevent death, may be painful to patients, and are distressing to caregivers and family members. Currently, there are no formal practice protocols to address deactivation; less than 10% of hospices have official policies. Advance care planning discussions should include the option of deactivating the ICD when it no longer supports the patient's goals.[19-22]

The Choosing Wisely list can spark exploration of other procedures that are similarly deserving of the professional's questioning. "What are the other things we do that are similar to these five in being ineffective, potentially harmful, and commonly ordered without meaningful benefit? Then consider strategies to change that practice," Dr. Widera says.

"As consultants, we don't have complete control over these decisions. But we have control over developing systems of care—for example, outpatient palliative care clinics for patients who have serious illnesses and are still receiving curative treatments. That's where the recommendations can really hit home," Dr. Widera says. Less than 10% of hospices currently have protocols for how to discontinue defibrillators in patients with life-limiting illnesses, but it may be possible to initiate discussions about discontinuation while patients are still in the hospital.

Dr. Hanson reminds Academy members to include other members of the professional palliative care team in their strategies for incorporating *Choosing Wisely* recommendations and their evidence-based underpinnings into practice. "We also need to disseminate them through training, teaching, and grand rounds presentations within our health systems."

Another task force member, Thomas J. Smith, MD FACP, director of palliative medicine at Johns Hopkins Medical Institutions in Baltimore, MD, says the *Choosing Wisely* campaign represents a unique approach that encourages doctors to tell their patients and families about treatments they *should not* pursue because they don't offer benefit. "Let's use our resources wisely, since we spend twice as much per person on health care as any other country, and that trend cannot continue," he says.

"AAHPM is to be commended for taking up this cause. Many times we are not the doctors who initiate these therapies, but we can still help our patients choose wisely," Dr. Smith says. However, the campaign won't have a big impact on AAHPM members unless they choose to get involved and make good use of the tools it offers. "We can become more vocal advocates with our neurology, GI, cardiac, and radiation therapy colleagues, taking the 'Top Five' paper to them, along with a plate of fresh gingersnaps, sharing the medical evidence with food, in order to try to change the behavior of our colleagues who initiate these procedures," he quips.

Larry Beresford is a freelance medical journalist in Oakland, CA. He can be reached at larryberesford@hotmail.com or followed on Twitter: @larryberesford.

QUESTION IN HOSPICE AND PALLIATIVE MEDICINE

4 Don't recommend more than a single fraction of palliative radiation for an uncomplicated painful bone metastasis.

As stated in the American Society for Radiation Oncology (ASTRO) 2011 guideline, single-fraction radiation to a previously unirradiated peripheral bone or vertebral metastasis provides comparable pain relief and morbidity compared with multifraction regimens while optimizing patient and caregiver convenience. Although it results in a higher incidence of later need for retreatment (20% vs. 8% for multifraction regimens), the decreased patient burden usually outweighs any considerations of long-term effectiveness for those with a limited life expectancy.[23]

5 Don't use topical lorazepam (Ativan), diphenhydramine (Benadryl), haloperidol (Haldol; "ABH") gel for nausea.

Topical drugs can be safe and effective, such as topical nonsteroidal anti-inflammatory drugs for local arthritis symptoms. However, though topical gels are commonly prescribed in hospice practice, antinausea gels have not been proven effective in any large, well-designed, or placebo-controlled trials. The active ingredients in ABH are not absorbed to systemic levels that could be effective. Only diphenhydramine (Benadryl) is absorbed via the skin and then only after several hours and erratically at subtherapeutic levels. It is therefore not appropriate for "as-needed" use. The use of agents given via inappropriate routes may delay or prevent the use of more effective interventions.[24, 25]

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References:

For a complete list of references, visit www.aahpm.org/choosingwisely.