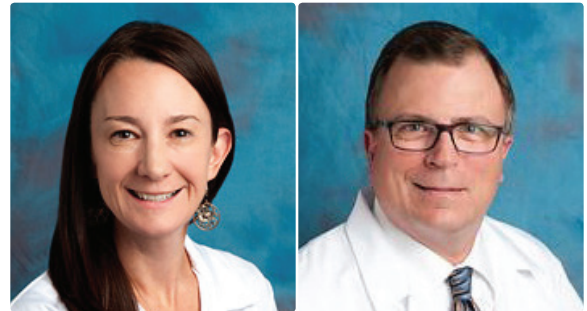


Kaiser Permanente Georgia

Background

Founded in 1945, Kaiser Permanente is a not-for-profit health plan currently serving 12.2 million members in eight states and the District of Columbia.¹ The Kaiser Permanente Georgia (KP Georgia) region has 25 medical offices in 14 counties, representing around 300,000 members. KP Georgia’s *Choosing Wisely* initiative focused on adult primary care and included 170 physicians.



Problem

Key leaders including Scott Pugel, MD, Physician Program Director of Resource Stewardship and Helen Ward, MD, FCCP, Senior Physician Director of Inpatient Quality Management and Hospital Services collected data among provider practices to determine areas of overuse of medical services in ambulatory care within their medical group.

Solution

Drs. Pugel and Ward collaborated with Georgia’s Chief of Adult Primary Care on four priority program wide ambulatory care reduction initiatives, including: complete blood counts (CBCs) and electrocardiograms (EKGs) during routine physical exams, bone density scans among women and men without risk factors, and imaging for uncomplicated headaches. *Choosing Wisely*[®] recommendations included ones from the American Academy of Family Physicians,² the American College of Radiology,³ and the Society of General Internal Medicine.⁴

Choosing Wisely Recommendation	Adult Primary Care 2015 (compared to 2013)
Do not do DEXA screens on women under 65 and men under 70.	800 fewer unwarranted DEXA screens a year
Do not use a CBC as a routine screening test.	26,000 fewer unwarranted CBCs a year at a physical
Do not order annual EKGs for low risk patients.	6,500 fewer unwarranted EKGs a year at a physical
Do not do imaging for uncomplicated headaches.	60 fewer unwarranted CT/MRI scans a year

Communication planning included strategy development, stakeholder identification and stakeholder mapping. KP Georgia leaders showed provider practice variation by creating un-blinded monthly reports; accuracy was ensured by detailing reports to individual patients. The report development and delivery process included specification development and drafting and ratification of specific reports by specialty chiefs. Leadership also responded quickly to individual concerns about reporting in order to build trust in the data.

KP Georgia executive medical leaders formally announced the *Choosing Wisely* initiatives at a business meeting. Each of the initiatives was piloted with a two-month targeted rollout, in which the CMO collaboratively worked with hub or regional providers on their specific regional initiative. Once a success in a hub, the initiative was rolled out throughout KP Georgia. In addition to leadership support, awareness building and provider data and feedback, clinicians received CME-accredited training and education and access to a specially developed *Choosing Wisely* toolkit that included hyperlinks and pre-printed handouts/posters. Concurrently, the KP Georgia health plan communicated with its members about *Choosing Wisely* and the specific initiatives.

Challenges

- **Clinician Ownership.** KP Georgia leaders recognized that providers had limited time to dedicate to the initiative.
- **Working with complex *Choosing Wisely* guidelines.** KP Georgia addressed this barrier by utilizing department resources, including both its electronic health record and data analytics team.
- **Initial staff pushback.** A group of clinicians initially did not support the *Choosing Wisely* reduction initiatives; several months passed before clinical practices altered significantly. This barrier further emphasized the need for strong clinician data.

Keys to Success

- **Engage in shared decision making.** Benefits of shared decision making included outcome quality, patient and clinician satisfaction, increased adherence, decreased utilization of resource-intensive, preference-sensitive procedures, and reduction in patient anxiety.
- **Generate strong data.** To combat initial negative feedback from some staff members, leaders were persistent in presenting monthly reports. “There was value in having data repetition,” Dr. Pugel said.
- **Coding.** “There were hundreds of codes that we had to go through; working with strong coders and developers who could see holes was essential,” Dr. Ward said. Leaders focused on implementing *Choosing Wisely* recommendations that they felt the majority of clinical staff members would agree with. “Application of the coding was particular, if we were coming across a controversial area, we would not include it,” Dr. Pugel said.
- **Create a *Choosing Wisely* Toolkit.** KP Georgia equipped providers and staff with initiative-specific *Choosing Wisely* toolboxes, including helpful hyperlinks and pre-printed handouts/posters.
- **Establish strong leadership.** Key leaders including the chief medical officer were critical in portraying the importance of *Choosing Wisely* throughout KP Georgia. Generating both buy-in and message consistency from these leaders was key to developing support for *Choosing Wisely* throughout KP Georgia.
- **Organizational Adoption:** “Spirit of the Campaign.” Be open to examining practice variation within teams and departments. Be aggressive in seeking new opportunities for improvement.
- **Determine a sustainability plan.** Once per year, KP Georgia leaders distribute overuse reduction results to clinicians. “Our project has [been] sustained much more robustly than we originally thought,” Dr. Ward said.

Core Interventions

- Robust communication plan to clinicians and patients about *Choosing Wisely*
- Un-blinded provider level data feedback
- CME education for clinicians
- Creation of a *Choosing Wisely* toolkit for clinicians
- Patient education at point of care and through health plan



Choosing Wisely® is an initiative of the ABIM Foundation.

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