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Choosing Wisely: Our List

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Abstract

In February 2013, the American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF) released its list of 5 recommendations of diagnostic and therapeutic interventions that physicians and patients should question, as part of the American Board of Internal Medicine (ABIM) Foundation's Choosing Wisely campaign. This commentary outlines the impetus for the AAO-HNSF to join the campaign, our list of 5 recommendations, how they were developed, and our future involvement with the campaign. The AAO-HNSF's 5 recommendations are (1) don't order a computed tomography (CT) scan of the head/brain for sudden hearing loss, (2) don't prescribe oral antibiotics for uncomplicated acute tympanostomy tube otorrhea, (3) don't prescribe oral antibiotics for uncomplicated acute external otitis, (4) don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis, and (5) don't obtain CT or magnetic resonance imaging in patients with a primary complaint of hoarseness prior to examining the larynx.

Keywords

Choosing Wisely, otolaryngology, quality improvement, clinical practice guidelines

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Background

Choosing Wisely, an initiative of the American Board of Internal Medicine (ABIM) Foundation, aims to promote thoughtful conversations between physicians and their patients on the use of certain tests, procedures, and treatments to reduce unnecessary and potentially harmful diagnostic and therapeutic interventions. Each of the campaign's partners is asked to identify (initially) 5 items within its specialty that physicians and patients should question. According to the ABIM Foundation, each list provides ''specific, evidence-based recommendations physicians and patients should discuss to help make wise decisions about the most appropriate care based on their individual situation.''[1]

Nine medical specialties published initial lists of recommendations in April 2012. The American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF) was invited to participate in the second phase of the campaign; our recommendations were released in February 2013. In total, the ABIM Foundation has now partnered with 25 medical societies that have released more than 130 items as part of the campaign. A third phase of the campaign is also being planned.[2]

The campaign has already resulted in constructive conversation with the public and the medical community, and it has garnered much media attention.[3-5] Indeed, Consumer Reports, which has partnered with the ABIM Foundation to lead consumer engagement efforts, estimates that tens of millions of consumers have been reached by the campaign to date.

Development of the AAO-HNSF List

The American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) Patient Safety and Quality Improvement (PSQI) Committee was charged by the AAO-HNSF Board of Directors with leading the list's development. The goal was to have a transparent and inclusive process for selection of list recommendations. Therefore, the PSQI committee solicited input from members of the Specialty Society Advisory Council (SSAC), as well as all AAO-HNS and AAO-HNSF committees.

Altogether, the PSQI committee reviewed 20 distinct items for the campaign; the items represented the full spectrum of practice in otolaryngology. The list was narrowed by reviewing SSAC and committee support, supporting clinical

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Table 1. American Academy of Otolaryngology–Head and Neck Surgery Foundation: 5 Things Physicians and Patients Should Question

1. Don't order a computed tomography scan of the head/brain for sudden hearing loss.[9]

Computed tomography scanning is expensive, exposes the patient to radiation, and offers no useful information that would improve initial management. Computed tomography scanning may be appropriate in patients with focal neurologic findings, a history of trauma, or chronic ear disease.

2. Don't prescribe oral antibiotics for uncomplicated acute tympanostomy tube otorrhea.[10,11]

Oral antibiotics have significant adverse effects and do not provide adequate coverage of the bacteria that cause most episodes; in contrast, topically administered products do provide coverage for these organisms. Avoidance of oral antibiotics can reduce the spread of antibiotic resistance and the risk of opportunistic infections.

3. Don't prescribe oral antibiotics for uncomplicated acute external otitis.[7]

Oral antibiotics have significant adverse effects and do not provide adequate coverage of the bacteria that cause most episodes; in contrast, topically administered products do provide coverage for these organisms. Avoidance of oral antibiotics can reduce the spread of antibiotic resistance and the risk of opportunistic infections.

4. Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis.[6]

Imaging of the paranasal sinuses, including plain film radiography, computed tomography, and magnetic resonance imaging, is unnecessary in patients who meet the clinical diagnostic criteria for uncomplicated acute rhinosinusitis. Acute rhinosinusitis is defined as up to 4 weeks of purulent nasal drainage (anterior, posterior, or both) accompanied by nasal obstruction, facial pain/pressure/fullness, or both. Imaging is costly and exposes patients to radiation. Imaging may be appropriate in patients with a complication of acute rhinosinusitis, patients with comorbidities that predispose them to complications, and patients in whom an alternative diagnosis is suspected.

5. Don't obtain computed tomography or magnetic resonance imaging in patients with a primary complaint of hoarseness prior to examining the larynx.[8]

Examination of the larynx with mirror or fiber-optic scope is the primary method for evaluating patients with hoarseness. Imaging is unnecessary in most patients and is both costly and has potential for radiation exposure. After laryngoscopy, evidence supports the use of imaging to further evaluate (1) vocal fold paralysis or (2) a mass or lesion of the larynx.

evidence (such as AAO-HNSF clinical practice guidelines), and the current use (frequency) of the test, procedure, or treatment. Ultimately, 6 recommendations were submitted to SSAC members for ranking, and the top 5 items were submitted to the Board of Directors for approval. At the time of list development, 4 of the 5 recommendations approved by the Board were supported by AAO-HNSF clinical practice guidelines.[6-9] The fifth item, related to tympanostomy tube otorrhea, is now also supported by an AAO-HNSF guideline.[10]

The AAO-HNSF List

The 5 items are each supported by a few explanatory sentences, and their supporting evidence is provided (**Table 1**). A 1-page version of the list is now available online at http://www.entnet.org/choosingwisely.

AAO-HNS Member Input

The PSQI Committee developed the list through a transparent, open process that solicited input from all stakeholders. Each recommendation includes appropriate exceptions for atypical patients and situations; as such, the recommendations are not intended to be ''never events.'' We welcome input from AAO-HNS members, both about the current list of recommendations and suggestions for future lists. Please forward suggestions to the AAO-HNSF quality improvement staff at qualityimprovement@entnet.org.

The Future

The AAO-HNSF will begin development of a second list in the latter half of 2013. In the interim, we are working with Consumer Reports to create patient summaries of our items. We will continue to communicate with otolaryngologists regarding the campaign and hope you will find value in the resources available on our website at http://www.entnet.org/choosingwisely. We hope that the AAO-HNSF's participation in the Choosing Wisely campaign will help all AAO-HNS members engage patients more constructively in our ongoing efforts to provide the best and most appropriate care.

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