

# 'POEMs' suggest new recommendations for the Choosing Wisely campaign

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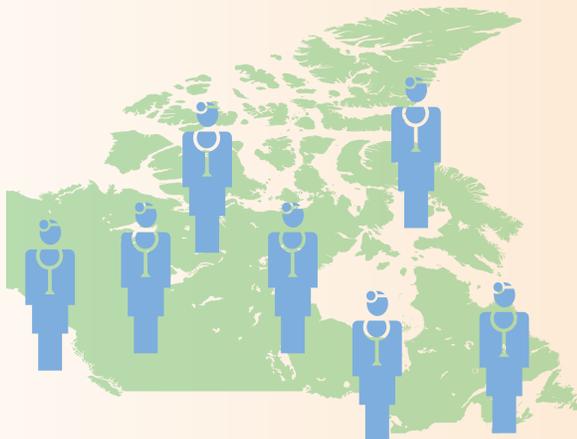
Many questionable procedures are yet to be addressed by the Choosing Wisely campaign. We used a novel method to identify clinical studies that showed results consistent with the principles of this campaign. The method is based on crowdsourcing of synopses known as POEMs (Patient Oriented Evidence that Matters). The analysis of POEM ratings submitted by physician members of the Canadian Medical Association identified the top POEMs of 2015 consistent with the principles of the Choosing Wisely campaign.

- 251 unique POEMs were delivered in 2015
- 322,284 POEM ratings were analyzed (1,284 per POEM)
- Rater profile (2014 data)
  - 3718 MDs rated at least one POEM
  - 3222 (87%) are in full-time or part time practice
  - 2855 (77%) are GP/FP
  - 2475 (67%) are GP/FP in practice

## 1 Daily InfoPOEM



## 2 The crowd (doctors)



## 3 IAM questionnaire (with 3 types of patient benefit)



- This information will help to improve this patient's health status, functioning or resilience (i.e., ability to adapt to significant life stressors)
- This information will help to prevent a disease or worsening of disease for this patient
- This information will help to avoid unnecessary treatment, diagnostic procedures, preventive interventions or a referral, for this patient

## 4 Top POEMs of 2015 Consistent with the Principles of the Choosing Wisely Campaign

	POEM TITLES	CLINICAL ACTIONS TO CONSIDER
MUSCULOSKELETAL DISEASE	ARTHROSCOPY NOT BENEFICIAL IN DEGENERATIVE KNEE PAIN	In middle-aged or older patients with knee pain and degenerative knee disease, do not recommend arthroscopic meniscectomy and/or debridement before a trial of exercise therapy to reduce pain and improve physical functioning.
	NO LONG-TERM BENEFIT OF ARTHROSCOPIC SURGERY FOR MENISCAL TEARS IN MIDDLE AGED PERSONS	In middle-aged patients with a meniscal tear and little or no osteoarthritis, do not recommend arthroscopic surgery for the outcomes of improved long-term pain or function before a trial of conservative management.
	PREGABALIN = PLACEBO IN NEUROGENIC CLAUDICATION FROM SPINAL STENOSIS	In patients with spinal stenosis, pregabalin (Lyrica) is no more effective than active placebo (low-dose diphenhydramine [Benadryl]) at increasing exercise tolerance or decreasing pain.
	GABAPENTIN = EPIDURAL STEROID FOR RADICULAR PAIN	In patients with lumbosacral radicular pain due to a herniated disk or spinal stenosis, do not request an epidural injection of methylprednisolone with a local anesthetic before a trial of gabapentin (Neurontin).
	SPINAL STENOSIS: PHYSICAL THERAPY BEFORE SURGERY	In patients with image-confirmed lumbar stenosis, do not recommend decompression surgery before a trial of six weeks of physical therapy.
	PLATELET-RICH PLASMA INJECTIONS ARE NOT SUPERIOR TO HYALURONIC ACID FOR KNEE DEGENERATIVE JOINT DISEASE	In patients with symptomatic knee degenerative joint disease, do not prescribe platelet rich plasma injections over hyaluronic acid.
	STEROID INJECTION DOES NOT IMPROVE RESPONSE TO EXERCISE THERAPY FOR KNEE OSTEOARTHRITIS	In patients with knee osteoarthritis who are not morbidly obese, do not routinely inject methylprednisolone before a trial of exercise therapy.
CARDIOVASCULAR DISEASE	NAPROXEN ALONE MAY BE BEST FOR ACUTE LOW BACK PAIN	In patients with acute low back pain and no history of trauma, do not routinely prescribe naproxen plus oxycodone/acetaminophen or naproxen plus cyclobenzaprine over naproxen alone as first line treatment.
	POST-MI BETA BLOCKERS DO NOT DECREASE MORTALITY	In patients receiving optimal chronic treatment after an MI, do not prescribe a beta blocker to improve overall survival beyond 30 days.
	MORE THAN ONE YEAR OF DUAL ANTIPLATELET THERAPY AFTER STENT MORE HARMFUL THAN BENEFICIAL	In patients with drug-eluting stents who did not experience a coronary event during the first year, do not prescribe dual antiplatelet therapy beyond one year.
	NO BENEFIT TO SCREENING WITH CT ANGIOGRAPHY FOR ASYMPTOMATIC CAD IN ADULTS WITH DIABETES	In adults with type 1 or type 2 diabetes mellitus and no indication of existing CAD, do not request coronary CT angiography to screen for this condition.
	ADDING SITAGLIPTIN DOES NOT REDUCE OR INCREASE THE RISK OF CARDIOVASCULAR OUTCOMES	In patients with type 2 diabetes, do not prescribe sitagliptin (Januvia) to reduce the risk of cardiovascular events.
ANTICOAGULATION AND VENOUS THROMBOEMBOLISM	IN T2DM, INTENSIVE GLUCOSE CONTROL MODESTLY REDUCES CV EVENTS, BUT NOT MORTALITY, AFTER 10 YEARS	In people with type 2 diabetes, do not routinely offer intensive glycemic control to prevent cardiovascular events.
	MORE HARM THAN GOOD WITH BRIDGE THERAPY IN LOW-RISK VENOUS THROMBOEMBOLISM PATIENTS	In patients with venous thromboembolism, especially those already at low risk of recurrence, do not prescribe bridge anticoagulant therapy during the warfarin (Coumadin) interruption period.
	BRIDGING ANTICOAGULATION IN PATIENTS WITH ATRIAL FIBRILLATION ASSOCIATED WITH MORE CARDIOVASCULAR EVENTS AND BLEEDING	In patients with atrial fibrillation who are receiving anticoagulation therapy and are undergoing a surgical procedure, do not provide bridging anticoagulation.
	PERIOPERATIVE BRIDGING ANTICOAGULATION UNHELPFUL FOR INVASIVE PROCEDURES	In patients with atrial fibrillation who undergo an elective invasive procedure, do not prescribe bridging anticoagulation.
MISCELLANEOUS	ROUTINE CT SCANS FOR OCCULT MALIGNANCY NOT USEFUL IN PATIENTS WITH UNPROVOKED VENOUS THROMBOEMBOLISM	In patients with unprovoked venous thromboembolism, do not request CT of the abdomen and pelvis to detect occult malignancy.
	TREATING LOW VITAMIN D LEVELS IS INEFFECTIVE IN POSTMENOPAUSAL WOMEN EXERCISE, BUT NOT VITAMIN D, DECREASES THE RISK OF FALLS THAT CAUSE INJURY IN OLDER WOMEN	In typical community-dwelling postmenopausal women younger than 75 years, do not routinely prescribe vitamin D to improve bone mineral density, muscle strength, functional status, or risk of falls.