



*An initiative of the ABIM Foundation*



# Reunião do Projeto Choosing Wisely Brasil Pacientes

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Rio de Janeiro, 30 de Setembro de 2016

# O que é o Choosing Wisely®

Choosing Wisely® é uma iniciativa da ABIM Foundation\* para estimular *profissionais de saúde* e *pacientes* a:

1. Conversarem mais apropriadamente sobre o uso correto e no momento adequado, de exames diagnósticos e intervenções em saúde – evitando procedimentos desnecessários e potencialmente iatrogênicos.
2. Fazerem escolhas mais ‘corretas’ e efetivas no processo de cuidado em saúde.

Link: [www.choosingwisely.org](http://www.choosingwisely.org)

\*ABIM Foundation was created by the [American Board of Internal Medicine](http://www.abim.org) (ABIM) in 1989.

# O que é o Choosing Wisely®

## Histórico

Em 2012, o *American Board of Internal Medicine* iniciou nos Estados Unidos a campanha Choosing Wisely, que poderia ser traduzido como "usando de sabedoria nas escolhas" ou "**escolhendo sabiamente**".

**Choosing Wisely** é uma campanha que vai ao encontro do paradigma **Less is More**.

Seria impositivo e mal recebido se o *American Board of Internal Medicine* iniciasse uma campanha contra condutas normalmente adotadas por especialidades médicas. Desta forma, ao invés de criticar os especialistas, foi solicitado a cada especialidade que apontassem condutas médicas correntes que não deveriam estar sendo adotadas. Agora eles tinham a responsabilidade da auto-crítica.

Experiências do Choosing Wisely:

Canadá, Inglaterra, Alemanha, Itália, Holanda, Suíça, Austrália, Nova Zelândia e Japão.

Agrupados no denominado Choosing Wisely International, coordenado por Dra. Wendy Levinson.

Esta iniciativa serve de inspiração para qualquer país que insiste em imitar o padrão americano de consumo de recursos pseudo-científicos.

O Brasil é um deles.

# O que é o Choosing Wisely®

## Paradigmas

*Choosing Wisely* recomenda o que **não devemos fazer**.

**Paradigma diferente:** não somos treinados a discutir o que não devemos fazer. Lógica do Indiana Jones na busca do Santo Graal – Escolher o Simples e Eficaz.

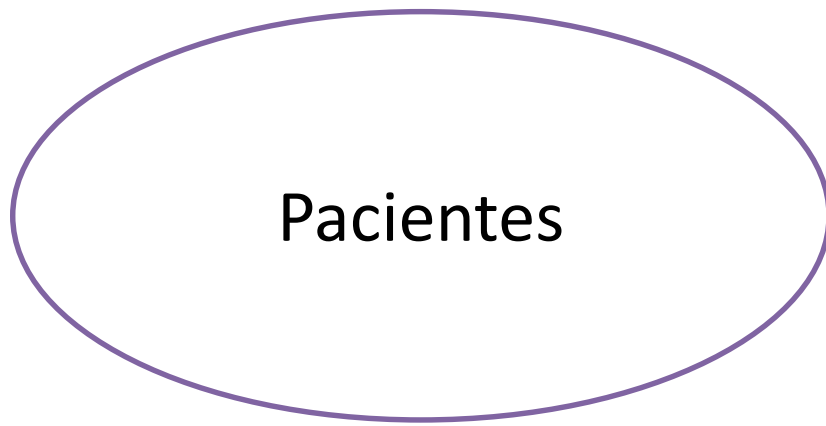
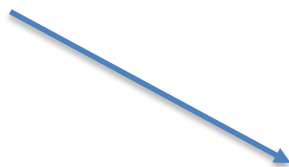
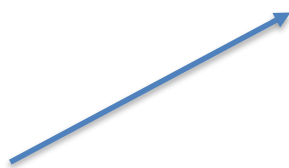
Os *guidelines* falam muito mais no que devemos fazer.

*E as recomendação do não-fazer (recomendação grau III) normalmente se limitam a condutas comprovadamente deletérias.* No entanto, além da prova do dano, há outras razões para não adotarmos condutas.

Motivos para não se adote certas condutas:

- 1) Terapia prejudicial - isso é óbvio, portanto **não é o foco principal do *Choosing Wisely***.
- 2) Terapia desconhecida quanto à sua eficácia (não há demonstração) - há tantos exemplos de condutas que fogem à plausibilidade extrema, porém são adotadas sistematicamente, baseadas em crenças.
- 3) Terapia comprovadamente ineficaz, embora segura - isso também se faz, pois muitas vezes ensaios clínicos negativos não são valorizados por irem de encontro a nossas crenças.
- 4) Testes diagnósticos ou prognósticos aplicados em situações inúteis (fúteis), trazendo resultados potencialmente prejudiciais (*overdiagnosis*).

**Choosing Wisely**



# Contribuição da ANS – Iniciativa da Fiocruz

## Contexto

A iniciativa da ANS de ampliar a participação de representantes de usuários / pacientes nos fóruns constituídos pela Agência nasceu no contexto das discussões iniciadas no Grupo de Trabalho Externo (GTE) de Órteses, Próteses e Materiais Especiais.

Parceria – Contribuição da ANS á Iniciativa do Proqualis/Fiocruz (<http://proqualis.net/>) para construção de informações / orientações aos pacientes no escopo do *Choosing Wisely Brasil*.

# Pauta da Reunião

## ***Pauta:***

### **1. Choosing Wisely Brasil – Pacientes – 5 áreas de interesse:**

- a. Oncologia – sugestão: Cuidados de Fim de Vida**
- b. Cardiologia**
- c. Cuidado ao Idoso – sugestão: Polimedicação**
- d. OPME**
- e. Parto – sugestão: contexto do Parto Adequado**

### **2. Hackaton ANS – Qualidade da Atenção e Informação ao Paciente**

### **3. Debate: Como Fazer? Traduzir? Adaptar? Criar algo novo?**

# Things to Question®

Uma parte importante do Choosing Wisely dos diferentes países, é compost de uma lista com *“Things to Question”*

que oferece recomendações específicas relacionadas a exames, procedimentos ou patologias, baseadas em evidência científica atual, dirigida a profissionais de saúde e pacientes.

*Exemplo: Choosing Wisely Australia*

[5 questions to ask your doctor or healthcare provider before you get any test, treatment, or procedure](#)



## 5 QUESTIONS TO ASK YOUR DOCTOR OR OTHER HEALTH CARE PROVIDER BEFORE YOU GET ANY TEST, TREATMENT OR PROCEDURE

Some tests, treatments, and procedures provide little benefit. And in some cases, they may even cause harm. Use the 5 questions to make sure you end up with the right amount of care — not too much and not too little.

- 1** **DO I REALLY NEED THIS TEST OR PROCEDURE?** Tests may help you and your doctor or other health care provider determine the problem. Procedures may help to treat it.
- 2** **WHAT ARE THE RISKS?** Will there be side effects? What are the chances of getting results that aren't accurate? Could that lead to more testing or another procedure?
- 3** **ARE THERE SIMPLER, SAFER OPTIONS?** Sometimes all you need to do is make lifestyle changes, such as eating healthier foods or exercising more.
- 4** **WHAT HAPPENS IF I DON'T DO ANYTHING?** Ask if your condition might get worse — or better — if you don't have the test or procedure right away.
- 5** **WHAT ARE THE COSTS?** Costs can be financial, emotional or a cost of your time. Where there is a cost to the community, is the cost reasonable or is there a cheaper alternative?

For further information visit [choosingwisely.org.au](http://choosingwisely.org.au)

Join the conversation  
@ChooseWiselyAU

Adapted from material developed by Consumer Reports.

Choosing Wisely Australia® is an initiative enabling clinicians, consumers and healthcare stakeholders to start important conversations about unnecessary tests, treatments and procedures. With a focus on high quality care, Choosing Wisely Australia is being led by Australia's medical colleges and societies and facilitated by NPS MedicineWise.

Reasonable care is taken to provide accurate information at the time of creation. This information is not intended as a substitute for medical advice and should not be exclusively relied on to manage or diagnose a medical condition. Choosing Wisely Australia® disclaims all liability (including for negligence) for any loss, damage or injury resulting from reliance on or use of this information. Read the full disclaimer at [www.choosingwisely.org.au](http://www.choosingwisely.org.au)



# We're Choosing Wisely – Helping Patients Choose Care

## *Video – Helping Patients Choose Care*



Link: <https://www.youtube.com/watch?v=FgQ-JuRDkl8>

# Choosing Wisely Australia: the word on the street

*Vídeo – Choosing Wisely Australia: the word on the street*



**Link:** [https://www.youtube.com/watch?v=FebuhWK\\_7Sg](https://www.youtube.com/watch?v=FebuhWK_7Sg)

# Linguagem Visual das Campanhas para Pacientes



MORE IS  
**NOT**  
ALWAYS  
**BETTER**

The same is true  
for medical tests  
and treatments.



## Treating sinusitis: Don't rush to antibiotics



Millions of people are prescribed antibiotics each year for sinusitis, a frequent complication of the common cold, hay fever, and other respiratory allergies. In fact, 15 to 21 percent of all antibiotic prescriptions for adults in outpatient care are for treating sinusitis. Unfortunately, most of those people don't need the drugs. Here's why:

### The drugs usually don't help.

Sinusitis can be painful. People with the condition usually have a stuffy nose combined with yellow, green, or gray nasal discharge plus pain or pressure around the eyes, cheeks, forehead, or teeth that worsens when they bend over. But sinus infections almost always stem from a viral infection, not a bacterial one—and antibiotics don't work against viruses. Even when bacteria are the cause, the infections often clear up on their own in a week or so. And antibiotics don't help ease allergies, either.

### They can pose risks.

About one in four people who take antibiotics have side effects, such as stomach problems, dizziness, or rashes. Those problems clear up soon after stopping the drugs, but in rare cases antibiotics can cause severe allergic reactions. Overuse of antibiotics also promotes the growth of bacteria that can't be controlled easily with drugs. That makes you more vulnerable to antibiotic-resistant infections and undermines the good that antibiotics can do for others.

### So when are antibiotics necessary?

The drugs usually aren't needed unless a sinus infection has been around for more than 10 days.

## Tratando a Sinusite: Não Corra para os Antibióticos

1. Os medicamentos nem sempre ajudarão!
2. Eles podem te expor a riscos!
3. Então quando os antibióticos são necessários!
4. Como você deve tratar a Sinusite?

a. Rest. That's especially important in the first few days when your body needs to channel its energy into fighting the virus. It also helps to elevate your head when lying down to ease postnasal drip.

Drink. Warm fluids can help thin nasal secretions and loosen phlegm.

Boost humidity. Warm, moist air from a bath, shower, or a pan of recently boiled water can loosen phlegm and soothe the throat.

Gargle. Use half a teaspoon of salt dissolved in a glass of warm water.

Rinse your nose. Saltwater sprays or nasal irrigation kits (such as Neti Pot –Lota) might make you feel better.

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# Exemplos de Cards para Pacientes Oncologia

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American Society of Clinical Oncology



American Society of Clinical Oncology

## Five Things Physicians and Patients Should Question

The American Society of Clinical Oncology (ASCO) is a medical professional oncology society committed to conquering cancer through research, education, prevention and delivery of high-quality patient care. ASCO recognizes the importance of evidence-based cancer care and making wise choices in the diagnosis and management of patients with cancer. After careful consideration by experienced oncologists, ASCO highlights ten categories of tests, procedures and/or treatments whose common use and clinical value are not supported by available evidence. These test and treatment options should not be administered unless the physician and patient have carefully considered if their use is appropriate in the individual case. As an example, when a patient is enrolled in a clinical trial, these tests, treatments and procedures may be part of the trial protocol and therefore deemed necessary for the patient's participation in the trial.

These items are provided solely for informational purposes and are not intended to replace a medical professional's independent judgment or as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their health care provider. New evidence may emerge following the development of these items. ASCO is not responsible for any injury or damage arising out of or related to any use of these items or to any errors or omissions.

**1 Don't use cancer-directed therapy for solid tumor patients with the following characteristics: low performance status (3 or 4), no benefit from prior evidence-based interventions, not eligible for a clinical trial, and no strong evidence supporting the clinical value of further anti-cancer treatment.**

- Studies show that cancer directed treatments are likely to be ineffective for solid tumor patients who meet the above stated criteria.
- Exceptions include patients with functional limitations due to other conditions resulting in a low performance status or those with disease characteristics (e.g., mutations) that suggest a high likelihood of response to therapy.
- Implementation of this approach should be accompanied with appropriate palliative and supportive care.

**2 Don't perform PET, CT, and radionuclide bone scans in the staging of early prostate cancer at low risk for metastasis.**

- Imaging with PET, CT, or radionuclide bone scans can be useful in the staging of specific cancer types. However, these tests are often used in the staging evaluation of low-risk cancers, despite a lack of evidence suggesting they improve detection of metastatic disease or survival.
- Evidence does not support the use of these scans for staging of newly diagnosed low grade carcinoma of the prostate (Stage T1c/T2a, prostate-specific antigen (PSA) <10 ng/ml, Gleason score less than or equal to 6) with low risk of distant metastasis.
- Unnecessary imaging can lead to harm through unnecessary invasive procedures, over-treatment, unnecessary radiation exposure, and misdiagnosis.

**3 Don't perform PET, CT, and radionuclide bone scans in the staging of early breast cancer at low risk for metastasis.**

- Imaging with PET, CT, or radionuclide bone scans can be useful in the staging of specific cancer types. However, these tests are often used in the staging evaluation of low-risk cancers, despite a lack of evidence suggesting they improve detection of metastatic disease or survival.
- In breast cancer, for example, there is a lack of evidence demonstrating a benefit for the use of PET, CT, or radionuclide bone scans in asymptomatic individuals with newly identified ductal carcinoma in situ (DCIS), or clinical stage I or II disease.
- Unnecessary imaging can lead to harm through unnecessary invasive procedures, over-treatment, unnecessary radiation exposure, and misdiagnosis.

**4 Don't perform surveillance testing (biomarkers) or imaging (PET, CT, and radionuclide bone scans) for asymptomatic individuals who have been treated for breast cancer with curative intent.**

- Surveillance testing with serum tumor markers or imaging has been shown to have clinical value for certain cancers (e.g., colorectal). However for breast cancer that has been treated with curative intent, several studies have shown there is no benefit from routine imaging or serial measurement of serum tumor markers in asymptomatic patients.
- False-positive tests can lead to harm through unnecessary invasive procedures, over-treatment, unnecessary radiation exposure, and misdiagnosis.

**5 Don't use white cell stimulating factors for primary prevention of febrile neutropenia for patients with less than 20 percent risk for this complication.**

- ASCO guidelines recommend using white cell stimulating factors when the risk of febrile neutropenia, secondary to a recommended chemotherapy regimen, is approximately 20 percent and equally effective treatment programs that do not require white cell stimulating factors are unavailable.
- Exceptions should be made when using regimens that have a lower chance of causing febrile neutropenia if it is determined that the patient is at high risk for this complication (due to age, medical history, or disease characteristics).

## Campanha do Choosing Wisely Canada:

### End of life care

Care at the end of life for  
advanced cancer patients:  
When to stop cancer  
treatment

# Exemplos de Cards para Pacientes Cardiologia

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American College of Cardiology



## Five Things Physicians and Patients Should Question

**1 Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.**

Asymptomatic, low-risk patients account for up to 45 percent of unnecessary "screening." Testing should be performed only when the following findings are present: diabetes in patients older than 40-years-old; peripheral arterial disease; or greater than 2 percent yearly risk for coronary heart disease events.

**2 Don't perform annual stress cardiac imaging or advanced non-invasive imaging as part of routine follow-up in asymptomatic patients.**

Performing stress cardiac imaging or advanced non-invasive imaging in patients without symptoms on a serial or scheduled pattern (e.g., every one to two years or at a heart procedure anniversary) rarely results in any meaningful change in patient management. This practice may, in fact, lead to unnecessary invasive procedures and excess radiation exposure without any proven impact on patients' outcomes. An exception to this rule would be for patients more than five years after a bypass operation.

**3 Don't perform stress cardiac imaging or advanced non-invasive imaging as a pre-operative assessment in patients scheduled to undergo low-risk non-cardiac surgery.**

Non-invasive testing is not useful for patients undergoing low-risk non-cardiac surgery (e.g., cataract removal). These types of tests do not change the patient's clinical management or outcomes and will result in increased costs.

**4 Don't perform echocardiography as routine follow-up for mild, asymptomatic native valve disease in adult patients with no change in signs or symptoms.**

Patients with native valve disease usually have years without symptoms before the onset of deterioration. An echocardiogram is not recommended yearly unless there is a change in clinical status.

**5** In response to new science showing that complete revascularization of all significantly blocked arteries leads to better outcomes in some heart attack patients, the American College of Cardiology (ACC) has withdrawn its *Choosing Wisely* recommendation that patients and caregivers examine whether this practice is truly necessary.

To read the complete statement from ACC on this recommendation please visit:  
<http://www.cardiosource.org/news-media/media-center/news-releases/2014/09/choosing-wisely-statement.aspx>

# Papel da Mídia e dos Veículos de Comunicação

## News and media

The focus of Choosing Wisely Australia® is on having that all-important community conversation. Find out what's being discussed.

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