

Choosing Wisely Canada[®] Cancer Initiative

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Background

Choosing Wisely Canada[®] is a campaign modelled after Choosing Wisely[®] in the USA, and aims to identify low value, unnecessary, or harmful services that are frequently used within the Canadian healthcare system. It is also intended to start the conversation between physicians and patients on ensuring high-quality health care while avoiding the use of unnecessary tests, procedures and treatments that do not add value to the quality of care. In developing the lists, the Canadian national specialist societies were requested to follow the guidelines below¹.

- Development process is thoroughly documented and publicly available
- Recommendations are within the specialty's scope of practice
- Tests, treatments or procedures included are those that are frequently used and may expose patients to harm or stress
- Recommendations are supported by evidence

The first wave was released on April 2, 2014 and included eight Canadian national specialist societies. The second wave will be released in the Fall of 2014.

To help create the cancer specific list for Choosing Wisely Canada[®], a Tri-Society Task Force was convened by the Canadian Partnership Against Cancer (the Partnership) in late 2013. The Task Force included representatives from the Canadian Association of Radiation Oncology (CARO), Canadian Association of Medical Oncologists (CAMO) and Canadian Society of Surgical Oncology (CSSO). Through a multipronged consensus process, the group has narrowed down the list to 10 low value, unnecessary, or harmful practices.

Objective

To describe the process involved in developing the final draft Choosing Wisely Canada[®] cancer list of low value, unnecessary, or harmful services that are frequently used in the Canadian healthcare system.

Methods

Task Force

In late 2013, a Tri-Society Canadian Cancer Task Force was convened and supported by the Partnership. The Task Force consisted of seven members, including two members from each of the Canadian Association of Medical Oncologists (CAMO), Canadian Association for Radiation Oncology (CARO) and Canadian Society of Surgical Oncology (CSSO), as well as an expert advisor.

Consensus Process

1. Identification Of The Initial List

Using the Choosing Wisely[®] USA list and physician expert opinion, cancer-related items pertaining to screening, diagnosis and treatment were included in the initial list of practices for the Task Force members to consider.

2. Long List

The initial list was narrowed down based on six guiding principles:

- Evidence of low value/harm
- Frequency of use
- Cost and opportunity cost
- Clarity of the item
- Feasibility of measurement
- Relevance to the Canadian cancer context

The Task Force and its societies' memberships were given the opportunity to vote on the inclusion and exclusion of practices using an electronic survey. For the first section of the survey, respondents voted for the inclusion or exclusion of practices for the long list, while the second section provided the opportunity to suggest additional practices.

3. Short List

The long list was reduced to a short list through an electronic survey. For each practice the respondents were asked to consider (within the following framework): Size of the population impacted, frequency of use, cost, degree of harm, and potential for change. A voting threshold of $\geq 50\%$ was used into include the practice on the short list. After voting was completed, the Task Force further deliberated and a consensus-based ranked final list was created.

4. Draft Final List

Practices considered for the draft final list were specifically selected based on the criteria listed in Figure 1. The Task Force provided final approval of the list. Currently, we are in the process of seeking endorsement of this draft list from each cancer society. The multipronged consensus process is illustrated in Figure 2.

Figure 1: Criteria for Choosing Wisely Canada[®] Cancer Practices

- Recommendations should be based on evidence of low value and/or harm
- Recommendations should target practices or services that are frequently used
- Recommendations should lead to a reduction in healthcare costs (including opportunity cost)
- Recommendations should be clear and understandable
- Recommendations should be feasible and measurable
- Recommendations should be relevant and appropriate to the Canadian context

Results

The initial list included 66 practices from the Choosing Wisely[®] USA list and suggestions from the Task Force. These practices are classified in Figure 3.

The long list included 41 practices, and the short list included 19 practices. The draft final list incorporates 10 cancer practices identified as low value, unnecessary, or harmful services that are frequently used within the Canadian healthcare system. Of these 10 practices, 5 were new suggestions, 3 practices were revised from existing published practices, and 2 were adopted from existing lists. Additionally, of the 10 practices, 5 practices were general to all disease-sites, 4 practices were disease-site specific, and 1 was related to general screening practice.

Figure 3: Initial Practice List Classification

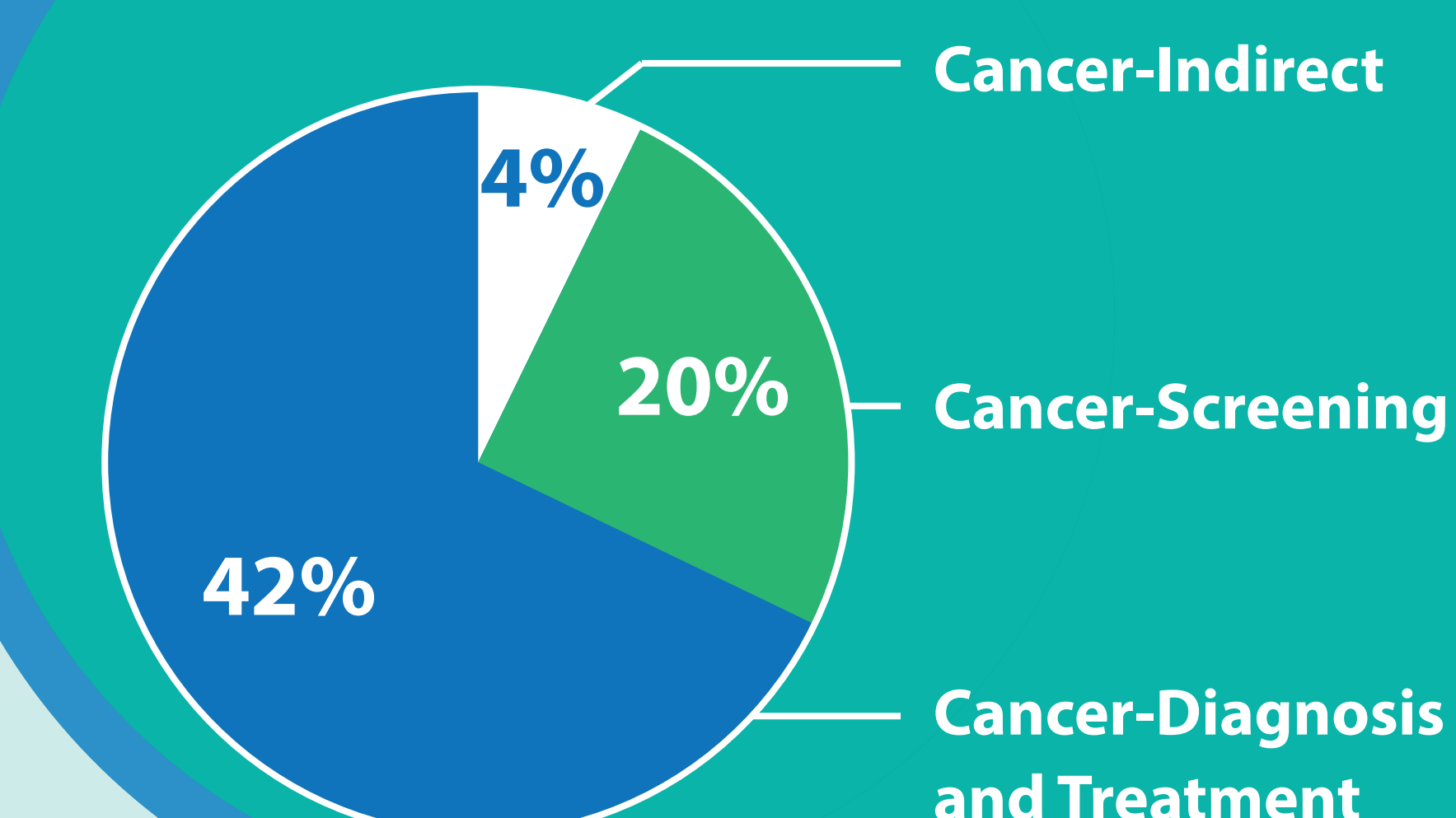
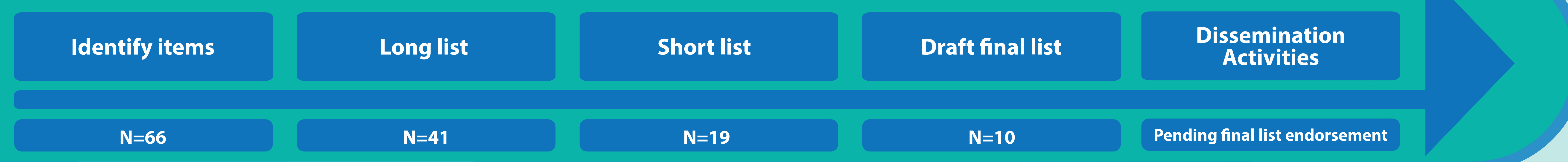


Figure 2: Choosing Wisely Canada[®] Cancer Process



Conclusion

The Choosing Wisely Canada[®] Cancer initiative is a collaborative health services approach to identify relevant low value, unnecessary or harmful services that are frequently used within Canada. Through facilitation by the Partnership, the 3 professional oncology societies (CSSO, CAMO and CARO) were able to develop a cancer-specific list of practices using a multipronged consensus process. The final list is currently being considered for endorsement before public dissemination.

References

¹ Choosing Wisely Canada[®] website: <http://www.choosingwiselycanada.org/recommendations/>