

must spend away from work and other responsibilities, time and resources healthcare staff must direct away from other patients in greater need, and system delays due to unnecessary or overused resources. On a larger scale, wasteful healthcare spending affects other sectors within the provincial budget, such as education. Finally, downstream costs for patients who receive unnecessary testing include follow-up appointments, further procedures, long-term side effects, nosocomial infections, and antimicrobial resistance.

Ultimately, the campaign hopes to encourage practitioners that in medicine, more care is not always better.

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#### References

1. Alberta figures based on unpublished provincial laboratory data, 2013.
2. Ontario figures based on Ontario Health Insurance Plan (OHIP) codes for HLA-B27. Data provided by the Institute for Clinical Evaluative Sciences (ICES), March 9 2015.
3. CRA Choosing Wisely Recommendations. Available at: [www.rheum.ca/en/the\\_cra/choosing\\_wisely\\_canada1](http://www.rheum.ca/en/the_cra/choosing_wisely_canada1).

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## HAVE YOU BEEN CHOOSING WISELY?

Have you been choosing wisely? Have you developed an innovative initiative to implement any of the CRA Choosing Wisely recommendations?

Share them with us! Send them to [claire@rheum.ca](mailto:claire@rheum.ca) and you may be featured in a future CRAJ article.



UNIVERSITÉ DE  
SHERBROOKE

## Choosing Wisely at the Université de Sherbrooke

In 2014, one year after the launch of the national **Choosing Wisely Canada** campaign, physicians—including rheumatologists—in Sherbrooke organized some local conferences about the issues, and the urgency to act, regarding the subject of appropriate use of scarce medical resources. After initial enthusiasm, the desire to pursue the **Choosing Wisely** philosophy progressively wore off, and no concrete changes in practice were observed. Inspired by successful experiences at other Canadian medical institutions, the Université de Sherbrooke aimed to adopt a better strategy in 2016 to actually change medical practice.

We recently received an internal grant to develop IT resources to continually promote wise choices. In our hospital, diagnostic tests are prescribed by a computerized physician order entry (CPOE) system. Our approach will be to add a function to the software to automatically generate a pop-up window presenting the **Choosing Wisely Canada** recommendation as clinical decision support for some targeted radiologic tests. For instance, in a CPOE prescription for a magnetic resonance imaging (MRI) scan for lower back pain, a pop-up will briefly remind users of its recognized scientific indications. A second function will generate a dashboard allowing physicians and residents to consult their own statistics about tests prescribed within the last year, comparing themselves anonymously to their peers. This exercise will allow physicians to easily obtain Type 3 credits from the CRCSP.

Even if we are now more optimistic than in 2014, we remain conscious that changing practice is probably one of the biggest institutional challenges. We hypothesize that a few inexpensive electronic resources promoting continuous educational feedback could be a pragmatic strategy to promote changes in practice patterns.

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