

April 24, 2014

Re: NASS Continues Its Support of Choosing Wisely List

Dear NASS Membership,

In a recently published article, "[Are docs 'Choosing Wisely'?](#)," Kaiser Health News analyzes recommendations made as part of the American Board of Internal Medicine (ABIM) Foundation's Choosing Wisely campaign. The campaign, which began in 2012, is aimed at promoting conversations between physicians and patients about the most appropriate evidence-based care options. NASS, a partner of the Choosing Wisely campaign, released a list of "[Five Things Physicians and Patients Should Question](#)" in October 2013, joining over 50 other medical societies in this effort.

While NASS appreciates Kaiser Health News' perspective, we think it is important to remember that the basic aim of the campaign is to stimulate discussion about the necessity of various tests and treatments. Providing resources that promote patient engagement and empowerment is an integral step in improving the health care delivery system and decreasing health care costs. "Choosing Wisely is not focused on avoiding tests or procedures as a way to lower health care costs, but instead is focused on avoiding harm and eliminating waste. A byproduct of fewer patients receiving unnecessary care will be fewer dollars spent on health care," noted the Chair of the NASS Choosing Wisely Task Force, F. Todd Wetzel, MD. There is a subtle but important distinction in ensuring the most appropriate care in partnership with the patient. This will help eliminate waste and save healthcare dollars rather than simply just cutting costs without consideration of appropriateness of evaluation or treatment.

NASS' recommendations were developed after careful review of the medical evidence. Potential areas of overutilization in spine care were considered and evidence-based recommendations developed. Due to gaps in the scientific literature, NASS was unable to develop straightforward recommendations for some prominent spinal procedures, including fusion. However, all of the recommendations not only promote patient engagement, but also have the potential for significant cost savings. For example, using imaging guidance while performing elective spinal injections has been shown to aid in correct needle placement thereby maximizing the diagnostic accuracy and therapeutic efficacy of the injection.¹ Failure to use appropriate imaging may result in inappropriate placement of medication, thereby decreasing the efficacy of the procedure, increasing the need for additional care and ultimately increasing the cost of care. The recommendation to avoid advanced imaging within the first six weeks of non-specific acute low back pain in the absence of red flags impacts the entire health care system, including spine care physicians who own their own imaging equipment. Patient safety was also a high priority when developing this list; hence, the recommendation against using Bone Morphogenetic Protein (rhBMP) for routine anterior cervical spine fusion surgery. NASS agrees with the article that use of BMP in the anterior cervical spine has decreased over recent years; however, use has unfortunately not completely ceased. Because the complications associated with BMP in routine anterior cervical spine fusion surgery can be catastrophic, the Choosing Wisely Task Force felt it important to include this statement.

NASS continues to be a strong supporter of the Choosing Wisely Campaign, appropriate patient care and responsible use of healthcare resources. "NASS' commitment to high-quality spine care aligns with Choosing Wisely's mission to promote high-quality, cost-effective care

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to patients,” said Dr. Wetzel. For more information on the Choosing Wisely campaign, visit: :
<https://www.spine.org/Pages/ResearchClinicalCare/QualityImprovement/ChoosingWisely.aspx>
or <http://www.choosingwisely.org/>.

Sincerely,

NASS Executive Committee

1-NASS Evidence-Based Guideline: North American Spine Society (NASS). Diagnosis and treatment of degenerative lumbar spinal stenosis. Burr Ridge (IL): North American Spine Society (NASS); 2011. 104 p.

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