Adopting AUA Choosing Wisely Statements in Urologic Practice

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BACKGROUND:
AUA goals: curb use of unnecessary tests
- introduction of 5 CW statements Feb. 2013
- statements developed by AUA Choosing Wisely Workgroup based on AUA guidelines
- final recommendations selected by the workgroup through a consensus process and approved by AUA Board

TABLE 1: 2013 AUA Choosing Wisely Statements

| 1 | A routine bone scan is unnecessary in men with low-risk prostate cancer. |
| 2 | Don’t prescribe testosterone to men with erectile dysfunction who have normal testosterone levels. |
| 3 | Don’t order creatinine or upper-tract imaging for patients with benign prostatic hyperplasia (BPH). |
| 4 | Don’t treat an elevated PSA with antibiotics for patients not experiencing other symptoms. |
| 5 | Don’t perform ultrasound on boys with cryptorchidism. |

METHODS
Context: 2014-2015 AUA Leadership Course with support of AUA
1st objective: survey AUA members regarding adherence, exposure and obstacles to CW statements
- 11 question survey developed

RESULTS
Adoption
- 605 (8.1%) respondents similar demographics to entire membership
- 56.9% unaware of CW statements
- 75.8% of those aware found them helpful
- 26.5% felt they were using CW appropriate amount in practice

Figure 1: Responses to the survey question "Which statement(s) do you find yourself referring to in your practice?" (check all that apply)

<table>
<thead>
<tr>
<th>Use of bone scan in prostate cancer</th>
<th>50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilization of testosterone in ID</td>
<td>45</td>
</tr>
<tr>
<td>Ordering creatinine/upper-tract imaging/BPH</td>
<td>40</td>
</tr>
<tr>
<td>Treatment of elevated PSA with antibiotics</td>
<td>35</td>
</tr>
<tr>
<td>Ultrasound cryptorchidism</td>
<td>30</td>
</tr>
<tr>
<td>None of the above</td>
<td>20</td>
</tr>
</tbody>
</table>

Barriers
- 58.5% would use CW if provided with tools in EMR
- 45% thought main impediment: lack of publicity
- 16% no impediments
- 10.8% lack of applicability/relevance to practice
- 6.5% inadequate quality of content in CW recommendations

CONCLUSIONS
CW recommendations important to practicing urologists, and therefore also their patients
CW statements require more publicity (especially through AUA) to promote adherence
Partnering with EMR providers offers potential to develop a clinical tool to promote and measure adherence to the CW statements
Further strategies needed to improve adherence
Limitations of study:
- low response rate
- survey 19 months after CW introduction - too soon?
- 5 additional CW statements introduced 2015