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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. gap: unknown adherence and impact of CW recommendations

## 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

Table 2: 2014 AUA Survey Questions

1.	Did you know the AUA previously participate in Choosing Wisely?
2.	Do you find the AUA Choosing Wisely recommendations helpful to your practice?
3.	Which statement(s) do you find yourself referring to in your practice? (check all that apply)
4.	How often do you refer to the Choosing Wisely recommendations in your practice?
5.	Would you refer to the Choosing Wisely recommendations more if tools and prompts to the statement were included in your EMR?
6.	Do your colleagues refer to the AUA Choosing Wisely recommendations?
7.	What do you think are the main impediments, if any, to wider adoption of the AUA Choosing Wisely recommendations?
8.	How many years have you been practicing urology (since completion of residency or fellowship)?
9.	What is your practice setting?
10.	What Section are you a member of?
11.	Finally, which of the following categories includes your age?

- sent to 7476 members Nov 8, 2014 to Dec 14, 2014

**2nd objective:** develop a tool to evaluate adherence to the CW statements to be adapted by an electronic medical record (EMR)

- worked with Cerner to incorporate clinical decision support into system to alert providers to AUA CW recommendations
- used 2nd recommendation as example

## RESULTS

605 (8.1%) respondents similar demographics to entire membership

**Adoption** 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?"

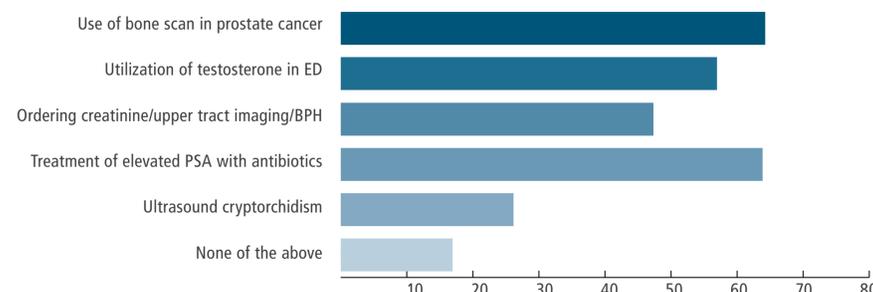
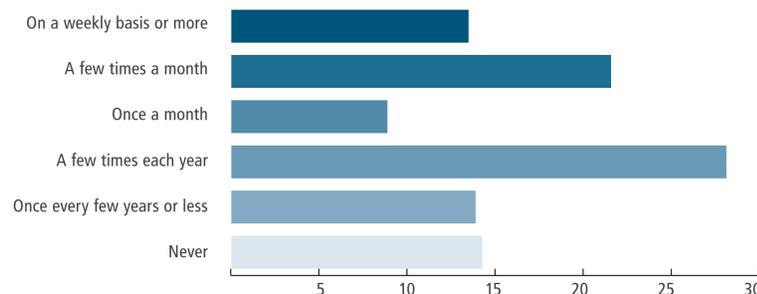


Figure 2: Responses to the survey question "How often do you refer to the Choosing Wisely recommendations in your practice?"



**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

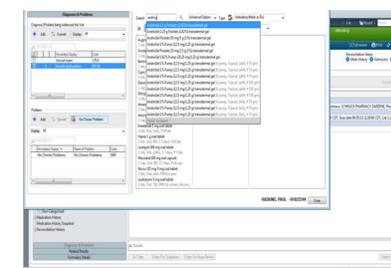
## EMR INTEGRATION

Figure 3: Integration of Choosing Wisely recommendation into electronic medical record

A: AUA Choosing Wisely Recommendation #2

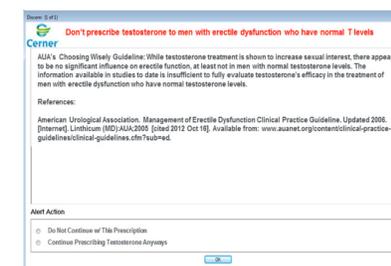
**Rule 2: Don't prescribe testosterone to men with erectile dysfunction who have normal testosterone levels**

B: Prescribing testosterone in man with erectile dysfunction



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C: Pop-up message with background information and reference



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## 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