

# Viewpoint

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Perhaps it's not surprising that Christine Cassel, MD, pioneered the program called *Choosing Wisely*. Earning an undergraduate degree in philosophy at the University of Chicago seems like a good foundation for such an ultimate pursuit. In between she earned a medical degree from the University of Massachusetts, followed by internship and residency at the University of California San Francisco. Today Dr. Cassel is president and CEO of the Washington, DC-based National Quality Forum (NQF), a public service organization that reviews, endorses and recommends use of standardized healthcare performance measures. Previously Dr. Cassel served as president and CEO of the American Board of Internal Medicine (ABIM) and the ABIM Foundation, where she helped launch *Choosing Wisely*, which aims to reduce unnecessary medical tests and procedures via physician/patient discussion. A leading expert in geriatric medicine, medical ethics and quality of care, Dr. Cassel is one of 20 scientists chosen by President Obama to serve on the President's Council of Advisors on Science and Technology, was a founding member of the Commonwealth Fund's Commission on a High Performance Health System, and served on the IOM committees that wrote the influential reports "To Err is Human" and "Crossing the Quality Chasm." Wise choices indeed.

**There is broad agreement that the overuse of healthcare resources—from duplicative tests to unnecessary procedures—is a significant problem in this country. How does the *Choosing Wisely* campaign work to address this issue?**

*Choosing Wisely* is one of the initiatives I'm most proud of in my career. It arises from observation of the growing overuse of tests and procedures in healthcare. Yet efforts to reduce such overuse have been met with resistance that it's rationing or regulatory intervention.

*Choosing Wisely* puts at the center of decision-making the people who belong there: the doctor and patient. It doesn't involve payers or the government. It builds on the admirable professionalism of the professional societies. Two years ago—stimulated by discussions by bioethicists, the *New England Journal of Medicine*, academics and other thought leaders—we identified areas of overuse. We said every specialty should pick five things that are overused. Patients can say, "Doctor, do I really need this?" The point is to deliver



CHRISTINE CASSEL, MD,  
PRESIDENT & CEO, NQF

patient-centered care and discern what is best for the patient—not fall into an automatic default mode.

**Specialty societies have rallied behind the *Choosing Wisely* campaign, not to mention "Consumer Reports." How are these organizations contributing to this effort?**

What's really exciting is that societies like the American College of Physicians, the American Academy of Family Physicians, the American College of Cardiology and the American College of Radiology threw their support behind the initiative and today about 40 specialty societies have created lists of tests and

procedures that they decided are overused.

The key question quickly became how can we help consumers get hold of this information? Happily "Consumer Reports" has taken up the *Choosing Wisely* campaign, featured it in special issues of the magazine and on its website and recruited many supporting consumer organizations. So it's really gotten legs.

Kudos to all these organizations. We don't give them financial support and much of this is going to have a negative

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impact on fee-for-service revenue. Their professionalism is admirable from an economic side. We all think this is the right thing to do.

**After many successful years with the American Board of Internal Medicine and the ABIM Foundation, what prompted you to join the National Quality Forum (NQF)?**

I'm very proud of the work I did at ABIM but after 10 years I thought it was time for a new challenge. My career has generally followed this 10-year model and I made that decision before considering NQF. When the search committee contacted me, I knew the position would fit my passion for consumer health. NQF relies on rigorous scientific information, but its goal is to make that information available to the public.

**What role can and should quality measurement play in supporting safe, high-quality, and lower cost care? How does NQF fit into that picture?**

You really can't improve quality of care without measuring it. You can't improve what you can't measure. Quality is a key measure in all industries. In a world in which we're increasingly paying for value rather than volume, measuring quality becomes even more important.

NQF is unique in that it's a private-sector not-for-profit that has brought to the table all the necessary players: payers, providers and consumers. We have a majority of representation by consumers and employers. We don't create measures but we review them and endorse them only if they meet certain standards. So consumers and physicians can trust that a particular quality measure is vetted and reliable. The goal is less administrative burden for patients and doctors.

**What can we expect to see from NQF in the coming years?**

One reason I came here was to work on the issue of alignment among quality agencies and measures. It's a good thing

we have so many quality organizations on a national level. NQF's goal is to create an efficient endorsement process that's responsive and real time and that sends providers a consistent message. We want to bring people together with shared goals, set priorities for the nation and select from all the many measures. I'm hoping to work with private payers in a way that will reduce the burden of reporting on the part of the provider and also make it easy for consumers to understand.

**What's the biggest change you've seen in healthcare over your career?**

I don't know if you can pick just one, however, the exploding availability of data over the past decade through the

Internet and other information sources certainly stands out. There will be even more dramatic changes during the next three to five years. We live in a world awash with data, especially in terms of prices and cost regionally. In the next three to five years that data will grow exponentially especially related to

quality of care. The big issue is the need to turn that data into information for consumers. That demand will fuel the rise of entrepreneurial firms that develop consumer-driven apps. Part of the culture change involves providers and payers learning to understand that we all need feedback to improve.

**What advice would you give to a young person seeking to enter the healthcare field?**

I'd say, "Do it!" It's been a wonderful career for me. The mission is there to help people stay healthy, care for people who are sick and to comfort families. And it never gets boring. There's change all the time, lots of flexibility and you can work anywhere. For a young person, the sky's the limit because you don't have to be limited to a single role. You start in patient care and shift to organizational leadership, public health, a consumer organization or become an entrepreneur.

*~ Chuck Appleby  
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