

**LETTER IN RESPONSE TO: "CJEM DEBATE SERIES: #CHOOSINGWISELY – THE CHOOSING WISELY CAMPAIGN WILL NOT IMPACT PHYSICIAN BEHAVIOUR AND CHOICES"**

*To the editor:* As campaign leaders and research partners, we are pleased that the Choosing Wisely Canada (CWC) campaign was the subject of debate and engagement in *CJEM*. The campaign is centred on conversations between clinicians and patients about unnecessary tests and treatments, and it is heartening to see it generating conversations between colleagues and trainees.

We also want to join this conversation. Lys et al. noted that it can take an estimated 17 years for knowledge translation of new advances.<sup>1</sup> CWC is only 4 years old, and we do not have the luxury of waiting to see the campaign's impact. We recognize that the development and dissemination of recommendations alone do not lead to optimized care, and that active strategies addressing barriers to de-implementation are needed.<sup>2</sup> To address important questions raised by Lang et al. regarding how CWC "can demonstrate meaningful change," we have recently launched the CWC Implementation Research Network (CWC-IRN), involving 12 provincial and territorial campaigns to establish a learning healthcare system on de-implementation.<sup>1</sup> Initial planned work within CWC-IRN will include six pragmatic clinical

trials across three regions in partnership with local clinicians, patients, researchers, and delivery organizations.

The aim of the CWC-IRN is to develop robust approaches to support de-implementation priorities identified by campaign recommendations. It is important that efforts to implement CWC recommendations use current state-of-the-science approaches and methods from implementation science, and that there are opportunities for learning across the country to avoid unnecessary duplication. Implementation science is the study of the determinants, process, and outcomes of implementation. The CWC-IRN will combine implementation science and the context of local clinicians and healthcare organizations to ensure that de-implementation strategies developed are evidence-based, as well as provide practical guidance and tools for healthcare systems wishing to introduce evidence-based practices.

Finally, we'd like to address a comment by Lang et al. to integrate and align more cost data into the campaign. The campaign is not focused on cost saving, but rather on improving quality. For example, there are over 20 campaign recommendations on antibiotics. The costs of unnecessary antibiotics are much more than just monetary. As described by Lys et al., antibiotic overuse has driven the global problem of antibiotic resistance.

We hope that continued and robust physician leadership and engagement in the campaign, as evident in the *CJEM* Debate Series, can help us advance our collective efforts to tackle overuse and see meaningful change.

**Karen Born, PhD\***  
**Andrea Patey, PhD†**  
**Jeremy Grimshaw, MBChB, PhD‡**  
**Wendy Levinson, MD§**

\*Institute of Health Policy, Management & Evaluation, University of Toronto, Toronto, ON.

†Ottawa Hospital Research Institute, Ottawa, ON.

‡Department of Medicine, University of Ottawa, Ottawa, ON.

§Department of Medicine, University of Toronto, Toronto, ON.

#### REFERENCES

1. Atkinson P. A *CJEM* Debate Series: #ChoosingWisely – The Choosing Wisely campaign will not impact physician behaviour and choices; 2018. Available at: <https://doi.org/10.1017/cem.2017.402> (accessed April 13, 2018).
2. Grimshaw JM, Thomas RE, MacLennan G, Fraser C, Ramsay CR, Vale L, Whitty P, Eccles MP, Matowe L, Shirran L, Wensing M, Dijkstra R, Donaldson C. Effectiveness and efficiency of guideline dissemination and implementation strategies. *Health Technol Assess* 2004;8(6):iii-72.