Patient-Centered Primary Care COLLABORATIVE



Implementing the Choosing Wisely® Campaign

– Practices Sharing Lessons Learned



An initiative of the ABIM Foundation



Before We Begin





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Submit your questions anytime in the box. We'll do Q&A at the end of the presentation



Please complete the post-webinar survey

About PCPCC

Patient Centered Primary Care Collaborative (PCPCC)

Mission:

To promote collaborative approaches to primary care improvement

- » Patient-Centered Care
- » Person Family Engagement
- » Patient Activation
- » Improved Cost/Quality/Experience Outcomes



Shared Principles of Primary Care



PCPCC Support and Alignment Network is a collaborative approach to improving person and family, clinician, and community strategies for engagement



PCPCC facilitates development of webinars/learning sessions, a resource library, and tools that are being spread to a wider audience through our members and supporters.



Online Initiatives Map Patient Family Enga Resource Library

- Bize-Sized Learning Modules
- Choosing Wisely (CW)
- Patient Family Engagement (PFE) Resource Library
- Y USA Community-based Resource
- Parent to Parent (P2P) Raising Special Kids Program

Visit PCPCC website for our innovative resources at **www.pcpcc.org/tcpi**

Patient-Centered Primary Care COLLABORATIVE

Today's Speakers

Patient-Centered Primary Care COLLABORATIVE



- » Kellie Slate Vitcavage
- » Maine Quality Counts



>>

»

Kelly Rand ABIM Foundation



- » Melissa Stroh
- » Kiowa District Healthcare



» Lisa Letourneau» Maine Quality Counts

Choosing Wisely: How Better Conversations Can Reduce Harm & Avoidable Costs

PCPCC SAN

Lisa M. Letourneau MD, MPH January 10, 2019

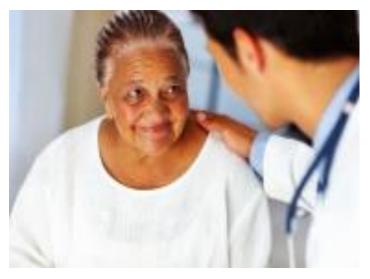


Session Objectives

- Understand background and goals of ABIM Foundation's "Choosing Wisely" campaign
- Describe efforts by several primary care groups to implement Choosing Wisely
- Identify ways that Choosing Wisely can be helpful to SANs, PTNs, & PTN participants
- Identify future opportunities for leveraging Choosing Wisely concepts, tools to reduce harm and avoidable costs

The Choosing Wisely® Campaign

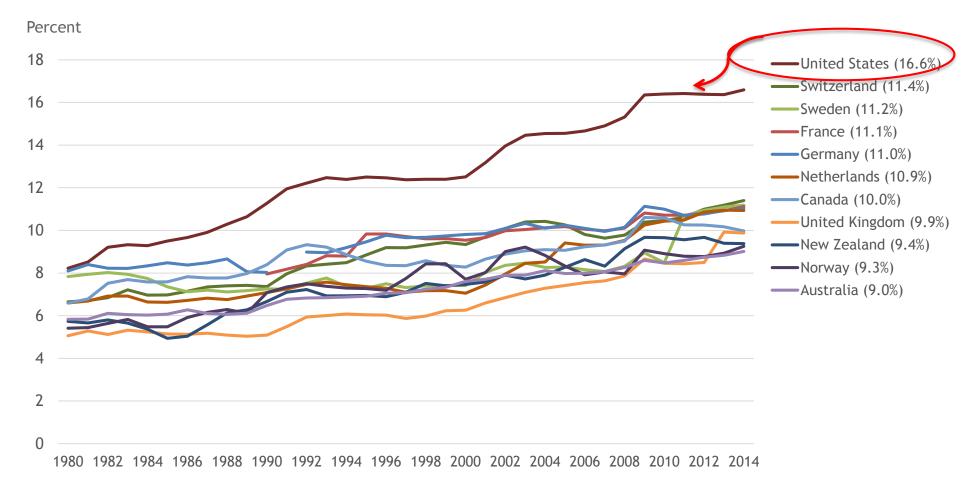
- Initiative of ABIM Foundation created in 2012
- Aims to help clinicians and patients engage in conversations about overuse of tests and procedures
- Works from "Top 5" lists from physician & other clinician specialty societies (Top 5 Things Physicians & Pts Should Question)
- Supports physician/clinician efforts to help patients make smart and effective choices



Why Is Choosing Wisely Needed?

- US health care costs high & continuing to grow
- Multiple estimates that up to 30% US health care dollars (~\$3B!) spent on wasteful tests, treatments & procedures
- Patients can be harmed: unnecessary tests and treatments compromise safety, put patients at risk
- Both patients and health care clinicians contribute i.e.
 - Patients expect tests & treatments
 - American culture of "more is better"
 - Clinicians overuse complex and expensive tests and treatments even when simpler, less invasive, less expensive alternatives available

Health Care Spending as a Percentage of GDP, 1980-2014

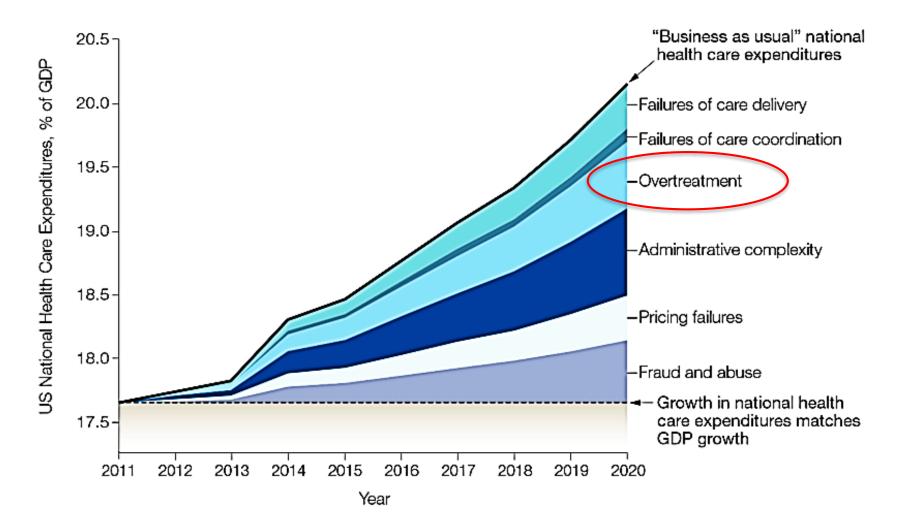


GDP refers to gross domestic product. Data in legend are for 2014. Source: OECD Health Data 2016. Data are for current spending only, and exclude spending on capital formation of health care providers.



th E. C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, *Mirror, Mirror: How the U.S. Health Care System Compares Internationally at a Time of Radical Change*, The Commonwealth Fund, July 2017.

Eliminating Waste in US Health Care



Berwick et al, JAMA. 2012;307(14):1513-1516. doi:10.1001/jama.2012.362

Initial ABIMF Choosing Wisely Efforts

- Engaged over 70 specialty societies to identify "Top 5" lists of low-value tests, procedures, treatments
- Led efforts to increase clinician awareness
- Partnered with Consumer Reports to engage public, develop consumer-oriented materials
- Developed 450+ recommendations for clinicians and patients on specific areas of low-value care
- With RWJF support, supported several rounds of funding to health systems and regional collaboratives to implement Choosing Wisely in clinical settings



Increasing Clinician Awareness

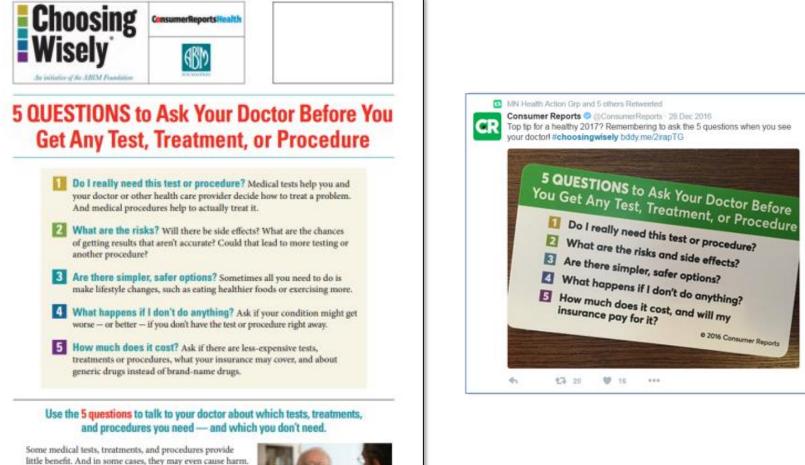
More than 70 medical society partners have joined the campaign and collectively published over 450 recommendations of unnecessary tests and treatments they say should be discussed.



Consumer Reports

#choosingwisely

Partnering With Patients, Shifting Norms



Talk to your doctor to make sure you end up with the right amount of care — not too much and not too little.

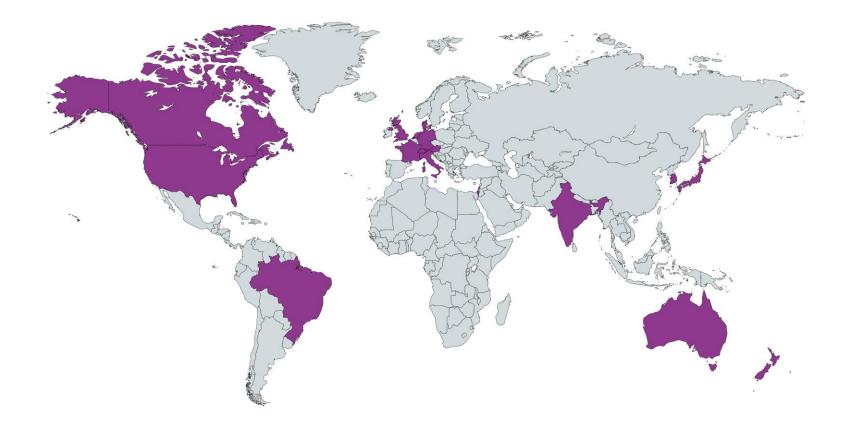




Fast Forward to 2018 Choosing Wisely...

- 80+ specialty society partners
- 540 specific Choosing Wisely recommendations
- 29 current and former grantees
- 40+ Choosing Wisely Champions
- 70+ Consumer Reports partners and distributors
- 120 patient-friendly brochures
- 19 countries

A Growing Global Movement



Australia, Austria, Brazil, Canada, Denmark, England, France, Germany, India, Israel, Italy, Japan, Netherlands, New Zealand, South Korea, Switzerland, United States, Wales

Getting to Results

Multiple Interventions:

- Establishing new clinical guidelines
- Physician champions
- Clinical education
- Provider data feedback
- Changes to EMR order sets, workflows
- "Commitment" posters

Reductions in...

- Antibiotic use (URIs)
- Routine EKG testing
- Unneeded Pap testing
- Low back pain imaging
- Unneeded DEXA tests

Effective Clinician Interventions Across Programs

Multiple interventions needed!

- Clinician feedback/peer comparisons
- Clinical champions
- Embedded clinical decision support in EMR
- Embedded changes in EMR order sets, guidelines, workflows
- Alternatives to unneeded care (e.g. URI "Care Packs")

Choosing Wisely & TCPi: A Natural Fit!

Choosing Wisely Crosswalk to Achieve the Six PFE Metrics

TCPI PFE Metrics	Relevant Patient Engagement Activities/ Tools in Choosing Wisely Programs
 PFE Metric 1: Support for Patient and Family Voices (Governance) Are there policies, procedures, and actions taken to support patient and family participation in governance or operational decision-making of the practice (Patient and Family Advisory Councils (PFAC), Practice Improvement Teams, Board Representatives, etc.)? PFE Metric 2: Shared Decision-Making (Point of Care) Does the practice support shared decision-making by training and ensuring that clinical teams integrate patient-identified goals, preferences, outcomes, and concerns into the treatment plan (e.g. those based on the individual's culture, language, spiritual, social determinants, etc.)? 	 As part of Choosing Wisely implementation, ask the practice/facility PFAC to review the program and offer input. If there is no PFAC, invite a focus group of patients / family advisors to review and comment. To learn more about how you can implement Choosing Wisely in the clinical setting – go to: www.mainequalitycounts.org/choosingwisely Train your team how to use the Choosing Wisely patient education materials about potentially overused tests/procedures to anchor conversations with patients about the risks, benefits in the context of their treatment goals and preferences. Invite your team to take the AMA StepsforwardTM "Advancing Choosing Wisely" and <u>NNE-PTN "Improving Patient Outcomes"</u> online modules. Invite your team to watch the <u>Drexel, Kognito</u> and <u>Costs-of-Care communication</u> videos.
PFE Metric 3: Patient Activation (Policy and Procedure) Does the practice utilize a tool to assess and measure patient activation?	 Place <u>Choosing Wisely "5 Questions" posters</u> prominently in waiting and exam rooms and provide wallet cards at check-in. <u>Use the Choosing Wisely Toolkit to script front</u> <u>desk and clinical personnel</u> to encourage patients to think about which questions are most important to ask the doctor when they see him/her. Conduct a PDSA to determine how often patients are using the 5 questions and the results. Download the Choosing Wisely Mobile App for both clinical recommendations and patient information: iPhone/iPad or Android
PFE Metric 4: Active e-Tool (Point of Care) Does the practice use an e-tool (patient portal or other e-connectivity technology) that is accessible to both patients and clinicians and that shares information such as test results, medication list, vitals, and other information and patient record data?	 Use the patient portal and electronic communications/email with patients who schedule visits related to one of the conditions addressed by <u>Choosing Wisely</u> (e.g., stuffy nose, low-back pain) so that they can review the information ahead of the visit. <u>Store Choosing Wisely patient education materials</u> in the EHR for easy retrieval at the point-of-care.
PFE Metric 5: Health Literacy Survey (Policy and Procedure) Is a health literacy patient survey being used by the practice (e.g., CAHPS Health Literacy Item Set)? PFE Metric 6: Medication Management (Policy and Procedure) Does the clinical team work with the patient and family to support their patient/caregiver management of medications?	 Ask the clinic/practice PFAC to review Choosing Wisely education material and recommend ways clinicians and staff should present it/use it with patients of varying health literacy levels. Use <u>Choosing Wisely patient education materials</u> to educate patients / families on appropriate use of medications such as antibiotics, opioids and certain drugs in the elderly.

PCPCC Support and Alignment Network 092617

Maine Quality Counts NNE-PTN adopted and updated 022018





TCPI - CW Metrics Crosswalk

Innovative Approaches

- UCLA/ LA County
 - Employed multiple interventions in clinical settings to reduce unneeded care
- Washington Health Alliance / WA State Choosing Wisely Collaborative
 - Published "Calculating Waste" statewide report

UCLA/ LA County: Decreasing Unnecessary Care

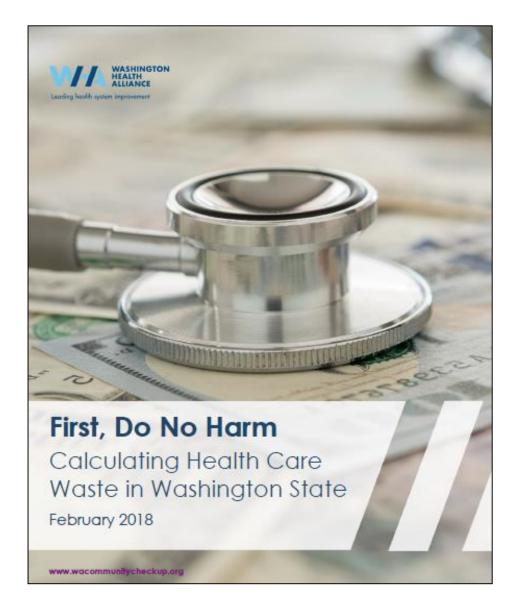
Multiple clinical interventions:

- Established new clinical guidelines
- Changed workflows and surgery requirements
- Identified physician champions
- Conducted clinical education
- Created "Commitment" posters

Significant results to date:

- 45% reduction in inappropriate antibiotic prescribing
- Reductions in unneeded testing prior to cataract surgery:
 - 100% reduction in unneeded x-rays
 - 100% decrease in unneeded EKG testing
 - 95% decrease in unneeded lab tests

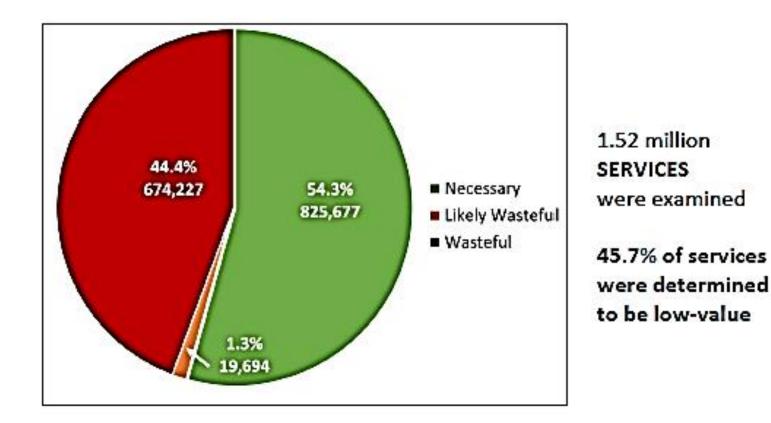
Washington Health Alliance: Calculating Health Care Waste in WA State



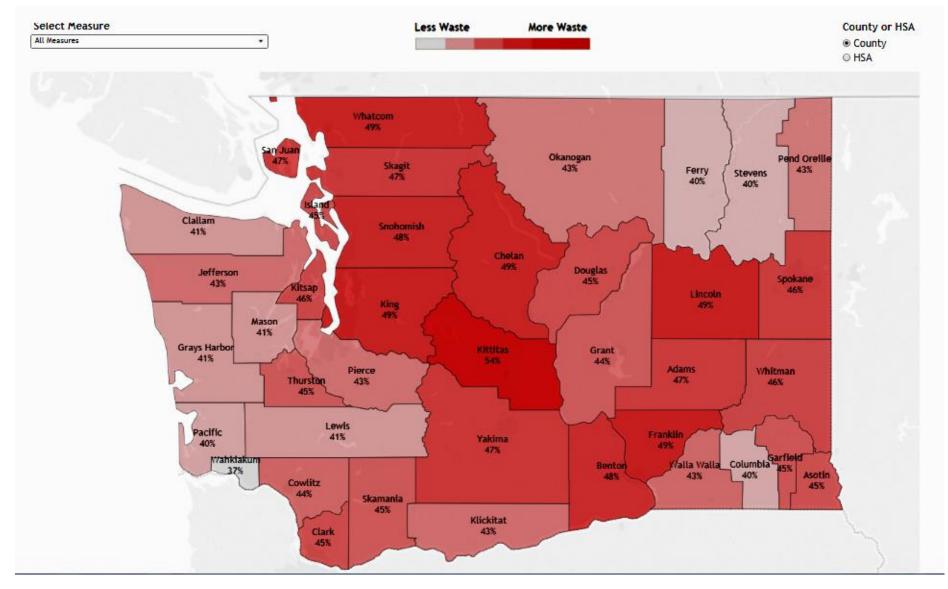
Washington Health Alliance: Calculating & Reporting Health Care Waste

Results from the Health Waste Calculator

The following is a high-level summary of the results based on the 47 Health Waste Calculator measures included in this analysis.



WA Health Alliance: Reporting Health Care Waste by County

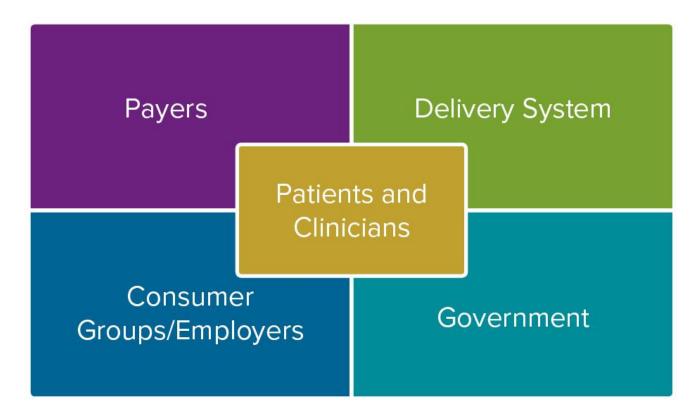


Future Opportunities: Clinicians

Clinician leaders and organizations that support them can...

- Publicly embrace efforts to reduce overuse
- Actively address myth of "more is better" with clinicians & patients
- Recognize harms of overuse: i.e. physical, emotional, and financial
- Embed point of clinician care decision aids and education
- Build CW prompts into EMR workflows, order sets
- Promote of use of "5 Questions" across care settings
- Include patient advisory or advocacy committees in planning interventions

Moving Forward: Integrating Efforts Across Sectors





An initiative of the ABIM Foundation Lisa M. Letourneau MD, MPH Clinician Advisor – ABIM-F/Choosing Wisely

Letourneau.lisa@gmail.com

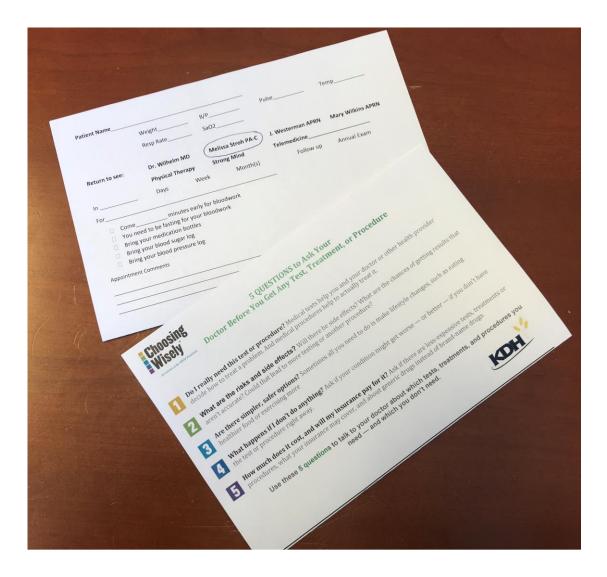
C: 207.415.4043

THANK YOU

For More Information: www.choosingwisely.org | www.abimfoundation.org

> For More Information on Implementing Choosing Wisely: Kelly Rand : krand@abim.org

Kiowa District Healthcare





The Choosing Wisely[®] Experience in Maine

Kellie Slate Vitcavage, MS Lead Project Manager kslatevitcavage@mainequalitycounts.org January 10, 2019

Maine CW Initiatives

2013 Initial Funding	CW Statewide Leadership Group/Initial CW Pilot Project w/ 4 primary care practices - <i>focus on clinical</i> <i>workflow</i>
2014 CW Meets SIM	SIM Project w/10 practices – <i>focus on CW & SDM (4 CW; 3 LBP; 3 BH)</i>
2015 Community Based Activity	CW Community Engagement w 2 communities/3 Health Systems – focus on public awareness, provider engagement, consumer outreach through partners
2017 Cost of Care	Cost of Care pilot w 2 systems - focus on Low Back Pain and integrating cost conversations in the clinical workflow
2018 NNE PTN Adoption of CW	NNE-PTN – focus on CW integration into the PFE metrics to achieve the TCPi Aims (Low Back Pain/Chronic Pain-Opioid Use focus)



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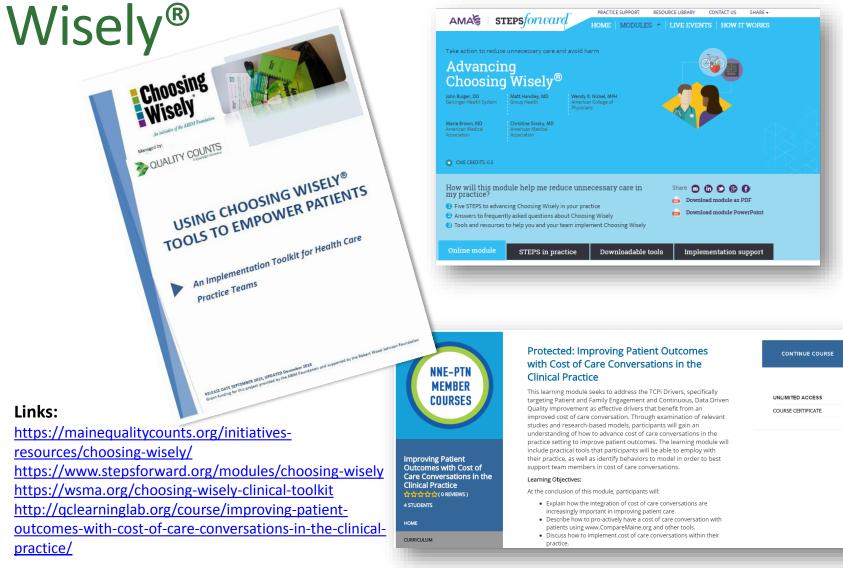
Strategies

- 1. Partnered with System Leadership/Champions
- 2. Integrated into current QI Efforts/Projects
- 3. Linked to community issues affecting quality of health

Providers	Clinical
 Medical Associations Conference presentations 	 CW materials Pre-visit Checking in Rooming
Grand Rounds	 Video monitors
• Offer MOC	 Patient/Family Advisors
 Existing resources 	Patient Portals



Clinical Tools to Advance Choosing

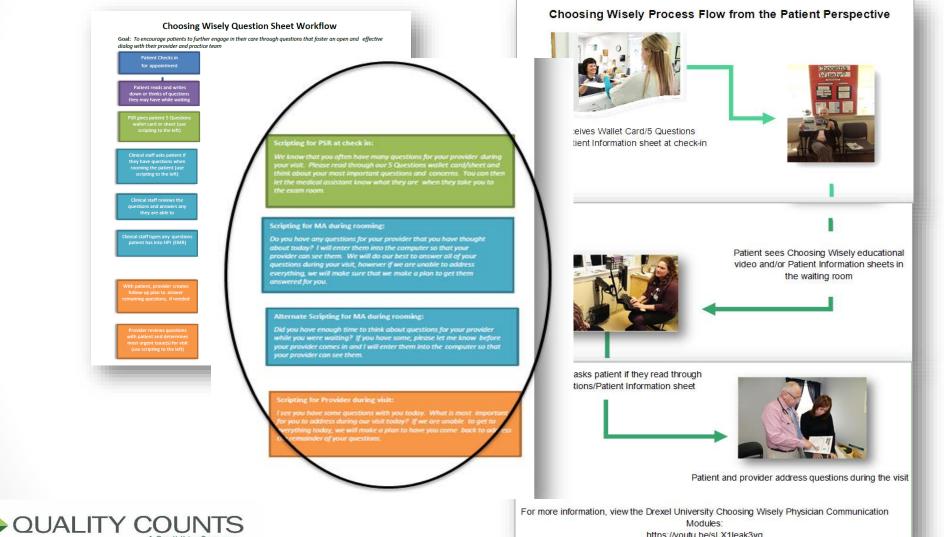


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Ex



CW Clinical Workflow/Scripting



https://youtu.be/sLX1leak3vg

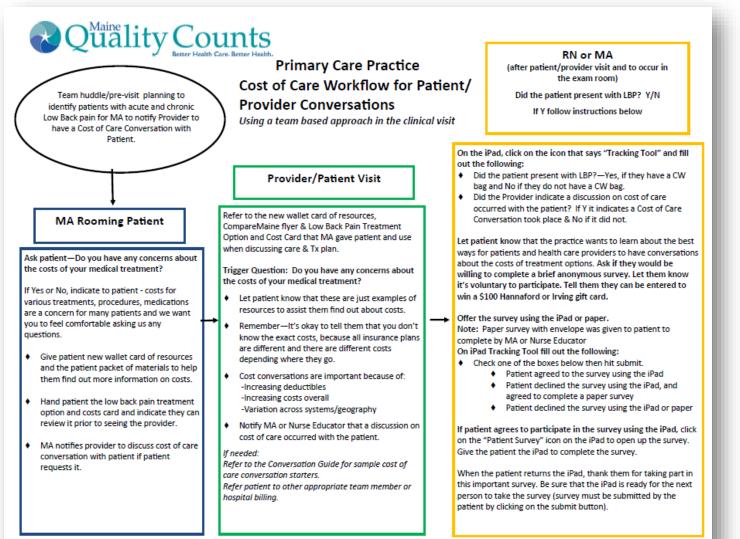
Integrating CW 5 Questions Conversations into your Workflow

Sample Patient Visit Flowchart							
Step	Actions and Considerations						
Patient/Client checks in	Posters or other signage available in the waiting room that prompt patients/clients to ask questions, to know when the practice is open or what to do after regular hours, etc.						
Patient/Client sits in waiting room	Information is handed to patients/clients at check-in that encourages them to ask questions during their visit? Patient services representative indicate that they want to ensure that their questions are answered during the visit.						
Height and weight checked in hallway ↓	Nurse, counselor or medical assistant encourages patient/client that they want to be sure they answer any questions about their care today.						
Remaining vital signs checked in exam room	Posters or other signage available in the exam room that prompt patients/clients to discuss their questions or concerns.						
Patient/Client meets with clinician/counselor ↓	Clinician/counselor encourages patient/client that they want to be sure they answer any questions about their care today and assess their confident level to manage the next steps.						
Patient/Client meets with counselor/nurse educator, etc. ↓	Nurse, counselor or medical assistant ensures that the patient fully understands their treatment protocol; confirm that all questions were answered and that they feel confident to manage the next steps.						
Patient/Client stops at billing/scheduling station	Office staff schedules follow-up appointments and reminds them if they have any questions about follow up care or next steps to call the office.						
Patient/Client leaves ↓	Patient/Client leaves with a clinical/session summary of their visit.						



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Cost of Care Conversations/WkFlow



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All Cost of Care resources can be found <u>here</u>.

Cost of Care Conversations/Scripting

Encounter Educate	Provider Many patients find it hard to	Resources (hyperlink all TX & Cost				re Conversations Guide – Me Nodel of Communication (Engage, Empat						Cost of Care Conversations	Guide
ie clear, ncise nguage &	afford their co-pays and your LBP has different treatment options. I	Information: • LBP Decision	Information: • LBP Decision					inces ink all)				PSRs - Front Desk & Check Out	
ck for lerstanding)	want to help you get as much information as possible so we can make the best decisions for your	Tool Rack Car for Patients	d		Set up/ framing	 I see that you are here today for your low back pain. 	Provide pa these mat				Encounter	PSR – Front Desk	Resources (hyperlink a
	healthcare. I recommend based upon how you are presenting today, for us to look at your treatment options other than having an Imaging Test (MRI) because you don't have any of the Red Flags present at this time.	CompareMaine Flyer Chocoing Cost of Care Conversations Guide – Providers Using the 4 E Model of Communication (Engage, Empathice, Educate & Enlist)			 We want to help answer any questions you may have, induding any treatment options, and if you have any concerns about the cost for the different treatment options. Our goal is for you get the best care with fewer problems and lower costs. I can go through the educational materials with you now and/or you can review and then ask the provider any questions. 	educational Rack Card &/or patient information sheet • LBP Decision Tool F			Resourc	Check in	 Our practice is involved in a pilot project to determine if cost of care conversations are helpful to you as part of your treatment today. This 5 Questions Rack Card (or wallet card) will help remind you what questions to ask. 	Provide patient these materials: • Choosing Wiss 5 Questions R Card and/or Wallet Card Have at the fron desk area: • CompareMain	
	 I want to make sure I've been clea about the options. Can you tell me what you understand or what you would tell a family member o friend about what we have discussed? 					for Pa • Comp Flyer	Encounter Educate (use clear.	Medical Assistant If you would like to follow up after	(hyperlink TX & Cost			Flyer • Do you have	
		Encounter	Provider	Resources (hyperlink all)	Engage (engage the	 We feel that knowing more about how to get the best treatment at a 	Social Deter	(use clear, concise language & check for	your visit today, you can work with your health insurer or to go our patient portal @(<i>do you need</i>	 LBP Decisi Tool Rack 	on Card		questions about your healthcare treatment and
ist rtner with ient on their e for best rse of	of staff) on our practice team will	Set up/ framing	 "Our goal is for you get the best care with fewer problems and lower costs." 	Case Study #1 & #2 (online module)	patient)	cost that works for you is a crucial part of helping you and your providers make the right decisions for your care. A rey oui interested about the costs for different low back pain treatments today? (Here, let's go through this LBP decision tool information before you meet with your provider)	Quest (if the arises • Refer Finan is Imp Us" le	understanding)	portol?), or talk with our patient mavigator. • I van to make sure I've been clear about the options. Can you with you would teil a family member or friend about what i have talked about? • Conosing Wisely LI Patient Sheet	Additional Patient Information: • Choosing Wisely LBP Rack Card	Aaine		costs Letter (a also have pos visual in waiti area)
an)	work with you and help you gain a better idea of how you can find or about the costs you can expect fo the different treatment options w talked about and about the best treatment option.		 "This may involve us asking new types of questions." Cost conversations are important because: 	AAFP Choosing Wisely List LBP Diagnosis & Treatment Flash Card							out	PSR - Check Out • We are trying to improve care for our patients with low back pain. During your visit today, did you discuss any low back pain issues?"	 Resources Provide patie the informati sheet about t Survey (the li
	 If you are feeling worse after a fee days, call the office so we can follow up on your LBP 		-increase deductibles -increased cost overall -variation across systems/geography	ACP LBP New Clinical Guidelines	Empathize (understand concerns)	 We will try to answer all of your questions during your visit, however if we are unable to address everything, we will make a follow up plan to get them 		Fulia		ion	 If no, then continue to check out patient as usual. No further instructions are needed. If yes, on the iPad, click on the icon 	to the survey they want to it later is on the bottom of this sheet)	
Additional Tools/Resources: • Oncoins Wisely Toolsis • Choosins Wisely Toolsis • ABM Drevel Physician Communication Video on Me • AMA Stappforward – Advancing Choosing Wisely • New LBP Guidelines from the American College of P http://nanks.org/aim/fullar/sec/250228/noninas chronic.low-beap-in-linical-paractice = R-SCAN ^{III} is a collaborative action plan that brings ra clinicians tegether to improve imaging a pprograften growing is of imaging Choosing Waley (CW) Optics, http://ncan.org/resources-land.mg/topic-specific-of- >E. Model of Communication		Engage	patient) pain? Questionnaire • What is most important to you when it comes to your health (ability to stay active, work, independence, being pain free, affording your care??	Social	_	 answered for you. I know that costs for various treatments or procedures are a 		Enlist (partner with patient on their care for best	 I know that finding out the cost of health care treatments and ser- vices can be very difficult, and we want to work with you to assist 	 Remind patient about using the iPad at check out today and 	ig the eck	that says "Tracking Tool" and fill out the following information: During today's visit – did the provider indicate that during today's visit	 iPad has the: "Tracking Too
		(engage the patient)			concern for many of our patients here, and we want you to feel comfortable asking us any questions. • To help you look at different low back pain treatment options and get an idea of the different costs for them, il also want to give you information about a vubsite called CompareNaine (refer to the flyer). • At check out, you can use our inda/computer to search the site (or work with one of our staff to show you how to get to this web-	ww nd sts u lied er). uur ze o	course of action)	you with your questions, or call our office to gain additional information after you have thought about what you would like to do. If you have some questions now, please let me know – before the provider comes in and I'll be sure that your provider knows about them.	that they can also get help from one of th staff members (care manage, social worker, patient navigator at ti practice or the system) to discuss the co: of the treatment	n p fthe ers ger/ er, t the the	someone tailed with or provided materials to this postent about the costs of low back pain treatment options? (Click on Yes or Vio) • Give the patient the information sheet about the survey. • Tell the patient – this practice is involved in a pilot project about the best ways for patients and healthcare providers to have conversations about the costs of	"Patient Sur "CompareN website	
isport for this material was provided by the Robert Wood Johns wessarily reflect the views of the Foundation.		Empathize (understand concerns)	 It sounds like you are concerned with staying active, and being pain free – so let's talk about the different treatment options. It also sounds like paying for this treatment/medicine (or test) is a 	"Your Financial Health is Important to Us" letter/poster		site and find the cost information on the different treatments recom- mended for you today)				options in detail	more	treatment options. • We are asking patients to complete a 5 minute survey about their experience of today's visit. It's voluntary to participate.	
			concern for you and may be hard for you right now. Are you worried about how your care will be paid for?		Γ				© Quartility Counts Support for this material was provided by the				
									Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.				
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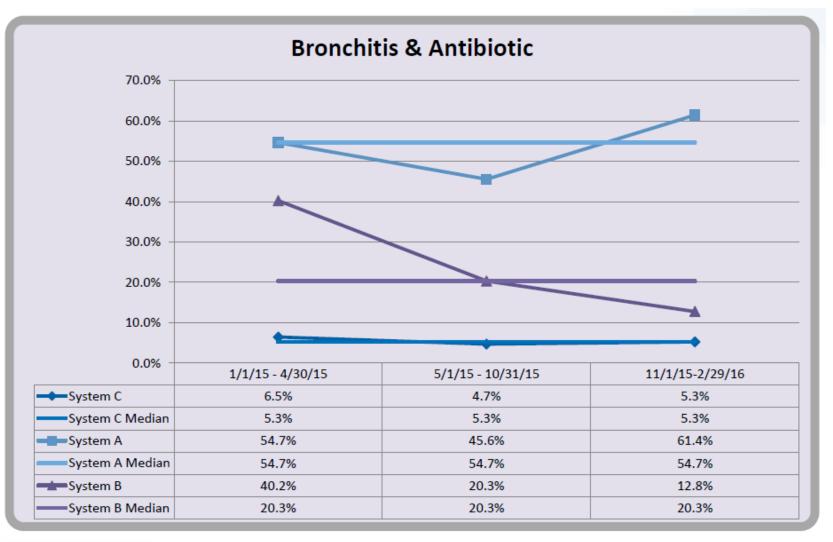
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Changing Culture - Display CW Materials





Using Data as a Tool for Progress





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Overall Lessons Learned – Start Small

- Integrate into existing Quality Improvement Initiatives *i.e. CMS's Transforming Clinical Practice Initiative, MIPS alignment, SIM*
- Incorporate Strategies to keep up the momentum

i.e. leverage community/health system needs/QI priorities – opioid epidemic, use of antibiotics, healthy aging initiatives, cost of care and overuse priorities

• Data, Data, Data

i.e. learning collaborative approach, blinded data comparison across health systems, unblinded data internally moves QI efforts forward, EMR prompts

Pilots success

i.e. provide pilot stipends, meet them where they are, customize workflows to meet their needs, use a team-based approach, integrate into what they doing already, provide implementation plans, toolkits



Lessons Learned - Practices

- Need for continued, long-term emphasis and integration
- Use signage and patient educational materials
- Be aware of change fatigue "something else new" syndrome – look for integration of efforts
- Importance of measurement & data feedback systems (e.g. frequency of use of educational handouts via EMR, track measures via EMR on benzos, antibiotics for bronchitis prescriptions)



Lessons Learned - Practices

- Educate patients early in implementation phase
- Use patient advisory committee to gain ideas, input and feedback
- Educate entire practice team *Medical Assistants* and Patient Service Representatives
- Standing Agenda Item staff meetings, provider meetings, admin/clinical meetings, quality team meetings, lunch & learns





Contact: kslatevitcavage@mainequalitycounts.org

QC Website - <u>www.mainequalitycounts.org</u>

QC Learning Management System - https://qclearninglab.org/







- Merilyn Francis, Project Director
- +1 202 417 3911
- ⊠ mfrancis@pcpcc.org
- ∞ www.pcpcc.org

Thank You



- Tanya Thabjan, Program Manager
- 1 +1 202 417 2069
- ☑ tgthabjan@pcpcc.org
- 𝗞 www.pcpcc.org