

*Lunch & Learn Webinar*

# Choosing Wisely: Creating a Culture of High-Value Care

National Nurse-Led Care Consortium

# Choosing Wisely: Creating a Culture of High-Value Care

## February 12, 2020



Kelly Rand, MA, CPH  
Program Officer, ABIM Foundation

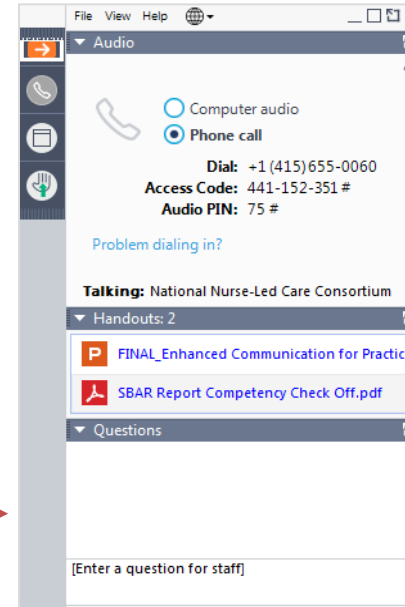
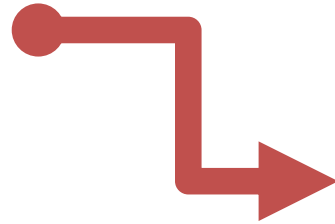


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# Housekeeping Items

To **download materials**, go to the Handouts section on your GoToWebinar control panel.

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# Choosing Wisely: Creating a Culture of High-Value Care

Kelly Rand, MA, CPH  
Program Officer, ABIM Foundation  
National Nurse-Led Care  
Consortium Webinar  
February 12, 2020





## Objectives

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- Participants will understand the impact low value care has on the US health system and the individual patient;
- Participants will become familiar with research on de-implementation science and research on communicating to patients about the risks of unnecessary and potentially harmful tests and treatments;
- Participants will see how these learnings are applied to a real-world, NP-led quality improvement project to reduce unnecessary tests and treatments.





## Find the right balance between “too much” and “not enough”

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- Low-value care or overuse: “care in the absence of a clear medical basis for use or when the benefit of therapy does not outweigh risks.”

*Chassin MR, Galvin RW. The urgent need to improve health care quality. Institute of Medicine National Roundtable on Health Care Quality. JAMA. 1998 Sep 16;280(11):1000–1005.*



# LOW-VALUE CARE

.vs

# HIGH-VALUE CARE

## EXAMPLES



Bloodwork for low-risk surgery



Use of branded drugs when generics are available



Elective/unwarranted C-sections



Spending wasted on low-value care is estimated to be between \$76 and \$101 billion each year.

For details on the strategies, go to:  
[HEALTHCAREVALUEHUB.org/low-vs-high-value-care](https://HEALTHCAREVALUEHUB.org/low-vs-high-value-care)

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## EXAMPLES



Getting a flu shot



Cancer screening when appropriate



Prenatal care



Coordinating care for complex patients



Eye screening for diabetics

Providing more high-value care could avoid costly care later, saving between \$89 and \$111 billion each year.

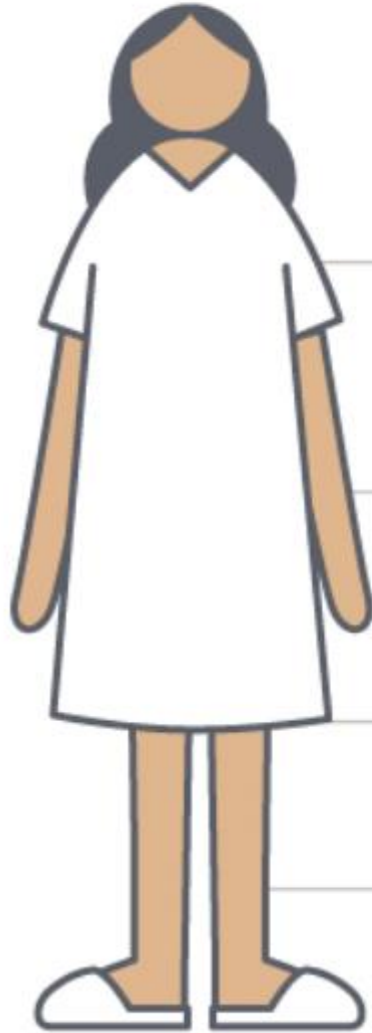


 ALTARUM  
HEALTHCARE VALUE HUB

  
FOUNDATION

 **Choosing Wisely**





## INDIVIDUALS

Unnecessary screening can lead to incidental findings that are not clinically relevant.

Unnecessary imaging increases lifetime cancer risk. For example, a CT scan has as much radiation as 200 chest X-rays.

Unnecessary medications can have side effects, and interact with other drugs. For example, overuse of benzodiazepines leads to more falls for older adults.

Needless stress and worry for patients and their families.

Patients' time wasted through follow up and needless appointments.



## PROVIDERS & ORGANIZATIONS



Provider's time wasted with needless appointments and follow up.

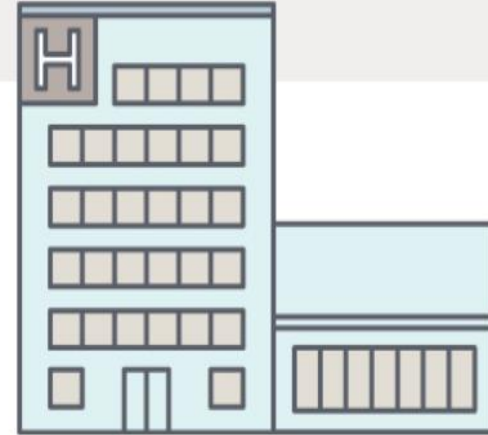


Increased wait times for patients who actually need care:

- To see specialists
- For surgical procedures
- In emergency departments



Waste of laboratory resources. Blood tests are conducted and processed that do not add value to patient care.



## HEALTH CARE SYSTEMS



Increased antimicrobial resistance broadly, driving increased antimicrobial resistant organisms and bacteria.



The public health epidemic of the opioid crisis has been driven in part by overprescribing.



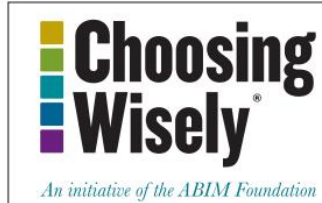
Waste of limited health care resources.

# The *Choosing Wisely*<sup>®</sup> Campaign

*Choosing Wisely* is an initiative of the ABIM Foundation to help clinicians and patients engage in **conversations** about the overuse of tests and procedures and to support physician efforts to help patients make **smart, effective choices**.



## Consumer Translation



### Hospital Hazards

#### Four practices that can harm older people

A hospital stay can be risky, especially for older people. For example, many seniors who could walk on their own and care for themselves before entering the hospital lose these abilities during their stay. They may also develop delirium (sudden, intense confusion). As part of the Choosing Wisely series, the American Academy of Nursing has identified four over-used hospital practices. These practices are usually unnecessary, and they may harm you.



**Question these hospital practices.**  
If you notice doctors or nurses using any of these practices, ask why. Explain your concerns to the nurse. Nurses can often stop these practices.

#### BED REST

**The problem:** Usually, older people spend most of their time in bed during a hospital stay. This is because we used to think that bed rest helped the body recover. But research now shows that walking helps older patients recover faster. They get out of the hospital sooner, and they can walk farther when they get home.

**Bed rest can be harmful:** When you're not active, your leg muscles get weaker. You're also more likely to become dehydrated. This can make you dizzy and lead to falls. These are serious issues because older people already have problems with dizziness and balance.

Some older patients grow so weak that they:

- Need help dressing and bathing.
- Need to go to a nursing home before they go home.



## Clinician Recommendations

Released October 16, 2014

### Don't let older adults lie in bed or only get up to a chair during their hospital stay.

Up to 65% of older adults who are independent in their ability to walk will lose their ability to walk during a hospital stay. Walking during the hospital stay is critical for maintaining functional ability in older adults. Loss of walking independence increases the length of hospital stay, the need for rehabilitation services, new nursing home placement, risk for falls both during and after discharge from the hospital, places higher demands on caregivers and increases the risk of death for older adults. Bed rest or limited walking (only sitting up in a chair) during a hospital stay causes deconditioning and is one of the primary factors for loss of walking independence in hospitalized older adults. Older adults who walk during their hospital stay are able to walk farther by discharge, are discharged from the hospital sooner, have improvement in their ability to independently perform basic activities of daily living, and have a faster recovery rate after surgery.

*These items are provided solely for informational purposes and are not intended as a substitute for consultation with a health professional. Patients with any specific questions about the items on this list or their individual situation should consult their physician or nurse.*

#### How The List Was Created



#### Sources





# IMPLEMENTATION

## Stimulating Innovation and Implementation

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The Robert Wood Johnson Foundation provided three rounds of funding to advance *Choosing Wisely*, including a three-year grant to support seven initiatives focused on reducing utilization of unnecessary tests and treatments to support multi-stakeholder community efforts.



# Inappropriate Antibiotic Prescribing Reductions

Site	Baseline	End	% Change
Sharp Rees-Stealy	24.66%	18.97%	-23%
Sutter Health	53.68%	30.43%	-43%
LA Department of Health	58.7%	32.06%	-45%
Detroit Medical Center-PHO	72.01%	24.07%	-67%
Henry Ford Health System	77.12%	23.38	-70%
St. Joseph Hospital	40.24%	30.89%	-23%
Cornerstone Health Care	30.56%	20.52%	-33%
Duke Health	78.98%	51.93%	-34%
Kaiser Permanente Washington	38.8%	23.99%	-38%
Swedish	38.57%	30.40%	-21%
Froedtert & the Medical College	74.06%	39.76%	-46%
Monroe Clinic	69.15%	26.53%	-62%

## Primary Interventions

- Providing clinical feedback and comparisons
- Using patient materials
- Educating clinicians
- Convening a workgroup and identifying clinician champions
- Incorporating clinical decision support or best practice alerts

## Other interventions included:

- Using behavioral economics with nudge posters
- Changing workflows
- Incorporating incentives

# Multi-component Intervention

1. Identification of targeted recommendations & clinicians
2. Identification of metric to be used
3. Education on recommendations & clinical pathways
4. Peer-to-peer comparison/academic detailing
5. Clinical decision support & order sets
6. Alignment of rewards, financial & non-financial
7. Preparation of patient – materials in exam room, waiting room



# RN- led Initiative: Los Angeles County Health Dept.

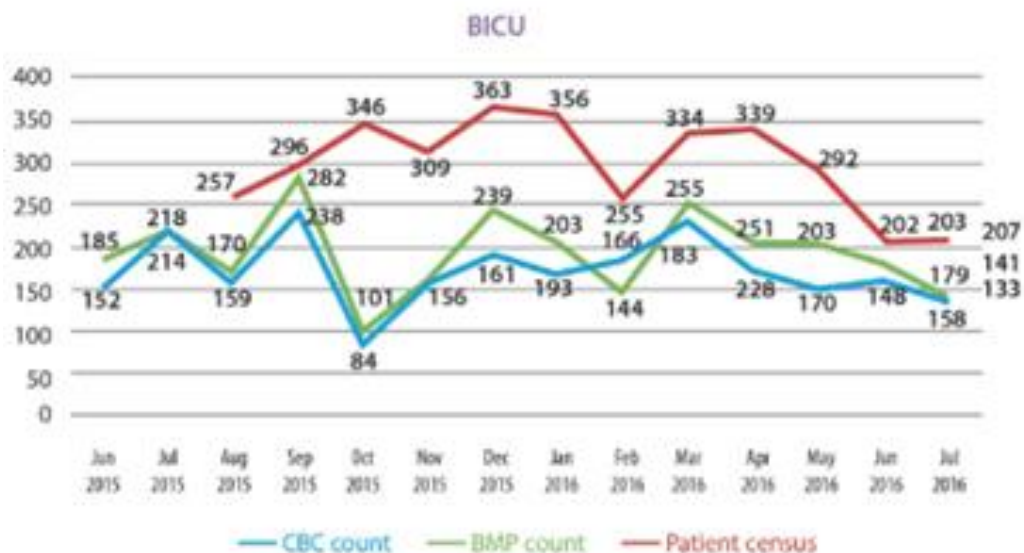
## Interventions

- Established new guidelines for pre-cataract surgery
- Changed workflows, surgery requirements
- Physician champions
- Clinical education

## Results

- 87% drop in chest X-rays
- 88% decrease in EKG testing
- 70% decrease in lab tests

# APRN-led Initiative: Vanderbilt University Medical Center



Monthly tracking of lab test use showed a decrease over time.  
 BICU = burn intensive care unit    BMP = basic metabolic panel    CBC = complete blood count



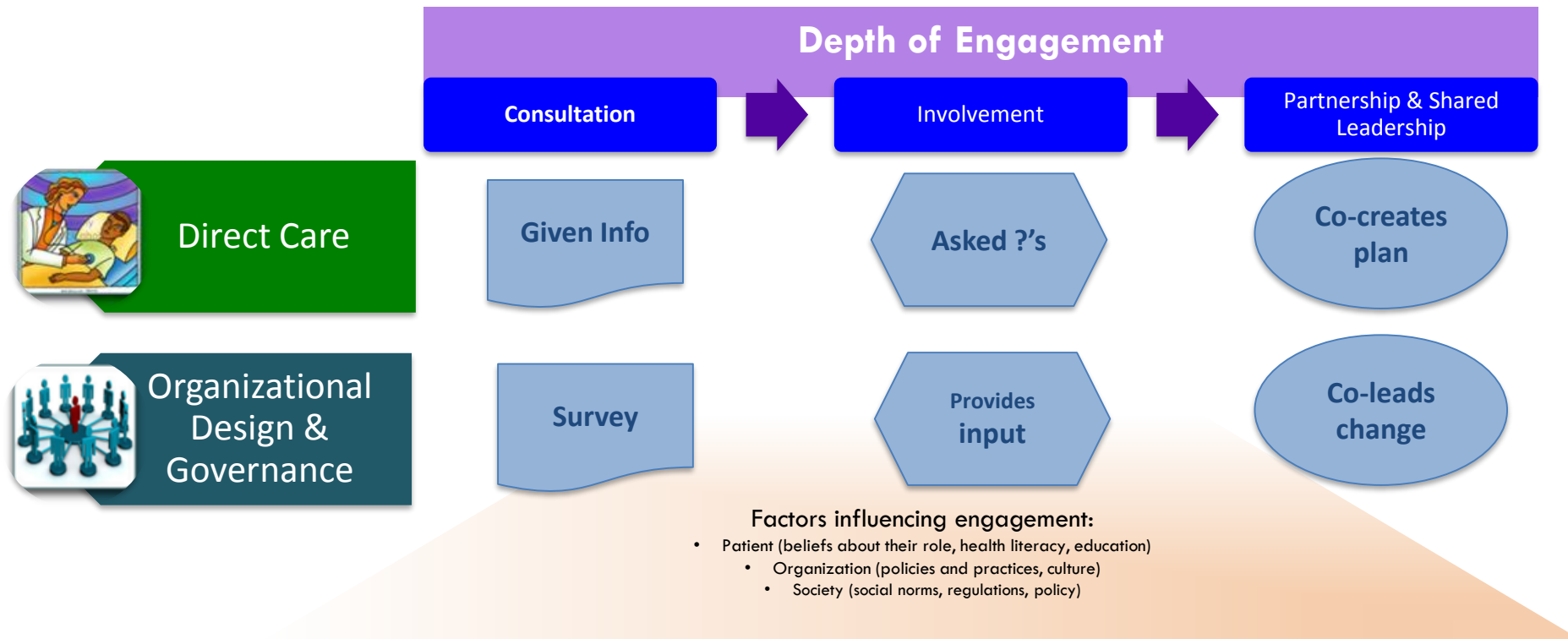
The decrease in costs reflects a decrease in chest X-ray orders, at \$326 per X-ray.  
 CVICU = cardiovascular intensive care unit



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# PATIENT ENGAGEMENT

# Continuum of Patient Engagement



# Framing the Choosing Wisely Message

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- Patients want:
  - ✓ Communication with their clinician
  - ✓ Participation in making care decisions
  - ✓ Access to information
- Focus on safety when justified
- Communicate in plain language
- Use both mass media and individual consumer approaches

*Communicating information about “what not to do” to consumer. John S Santa. BMC Medical Informatics and Decision Making 201313(Suppl 3):S2*



## Questions To Ask your Doctor

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### 5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure

- 1** Do I really need this test or procedure?
- 2** What are the risks and side effects?
- 3** Are there simpler, safer options?
- 4** What happens if I don't do anything?
- 5** How much does it cost, and will my insurance pay for it?

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# Lessons Learned on Patient Engagement

Display patient materials throughout point of care

Incorporate CW conversations into workflows

Work with marketing or community partners

Message on personal risk of physical and/or financial harm from overuse in health care

Collaborate!



**Choosing  
Wisely**

# How Well Do the Topic-Specific Brochures Work?



**Choosing Wisely**  
An initiative of the ABIM Foundation

**ABIM FOUNDATION**  
AMERICAN ACADEMY OF FAMILY PHYSICIANS

### Imaging tests for lower-back pain

You probably don't need an X-ray, CT scan, or MRI

**X**-rays, CT scans, and MRIs are called imaging tests because they take pictures, or images, of the inside of the body. You may think you need one of these tests to find out what is causing your back pain. But these tests usually don't help. Here's why:

**The tests will not help you feel better faster.**  
Most people with lower-back pain feel better in about a month, whether or not they have an imaging test.

People who get an imaging test for their back pain do not get better faster. And sometimes they feel worse than people who took over-the-counter pain medicine and followed simple steps, like walking, to help their pain.

Imaging tests can also lead to surgery and other treatments that you do not need. In one study, people who had an MRI were much more likely to have surgery than people who did not have an MRI. But the surgery did not help them get better any faster.



## *Before reading*

<16% interested in topics

## *After reading*

- **50%** interested in receiving more info;
- **66%** said they would talk to their doctor about the topic; and,
- **43%** *changed their mind* about a topic.

(2013; 2,669 respondents.)



Studies have shown that 40-80% of the medical information patients are told during office visits is forgotten immediately, and nearly half of the information retained is incorrect.

## Communicating Via Decision Aids

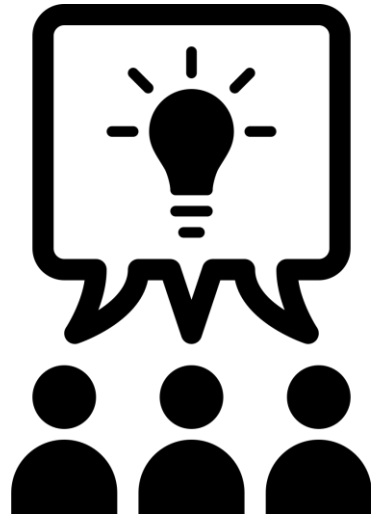
A 2011 analysis of 86 randomized clinical trials concluded that **decision aids** make patients *better informed, improve communication with doctors, and increase participation in decisions* about their care.

*Stacey, D., et al. Decision aids for people facing health treatment or screening decisions. Cochrane Database Syst Rev, 2011.*



**Choosing Wisely<sup>®</sup>**

# Resources for Choosing Wisely



Join our Learning Network  
by emailing Kate Carmody at  
[kcarmody@abim.org](mailto:kcarmody@abim.org)



[www.ChoosingWisely.org/Resources](http://www.ChoosingWisely.org/Resources)



#### Where Should I Start?

Information on the origins of the campaign, accounts from early adopters, and anecdotes from patients on the effects of overtreatment



#### Am I Choosing Wisely?

Learning modules for clinicians that help them hone communication skills, avoid unnecessary testing and overcome barriers to delivering high-value care



#### How Can I Implement *Choosing Wisely* in My Community?

Information for community organizations and employers looking to engage patients in the campaign



#### How Can I Implement *Choosing Wisely* in My Practice or Health System?

Information for clinicians or health system leaders looking to start a program at their organization



*An initiative of the ABIM Foundation*

# THANK YOU

For More Information:

[www.choosingwisely.org](http://www.choosingwisely.org) | [www.abimfoundation.org](http://www.abimfoundation.org)



@ABIMFoundation #choosingwisely

# ADDRESSING OVERUSE IN HEALTH CARE OUR ROLE IN THE PURSUIT OF HIGH VALUE CARE

**Elizabeth Vossenkemper, MSN, RN, CPNP-PC**

Robert Wood Johnson Foundation Safety Net Value Champion

Tri-Cities Community Health

Pasco, WA



**OUR VALUES**  
QUALITY | RESPECT | SERVICE

# Why?

- Consistent use of evidence based medicine in practice
- Provider frustration
- Parental confusion and low health literacy

# RWJF Fellowship and Project Selection

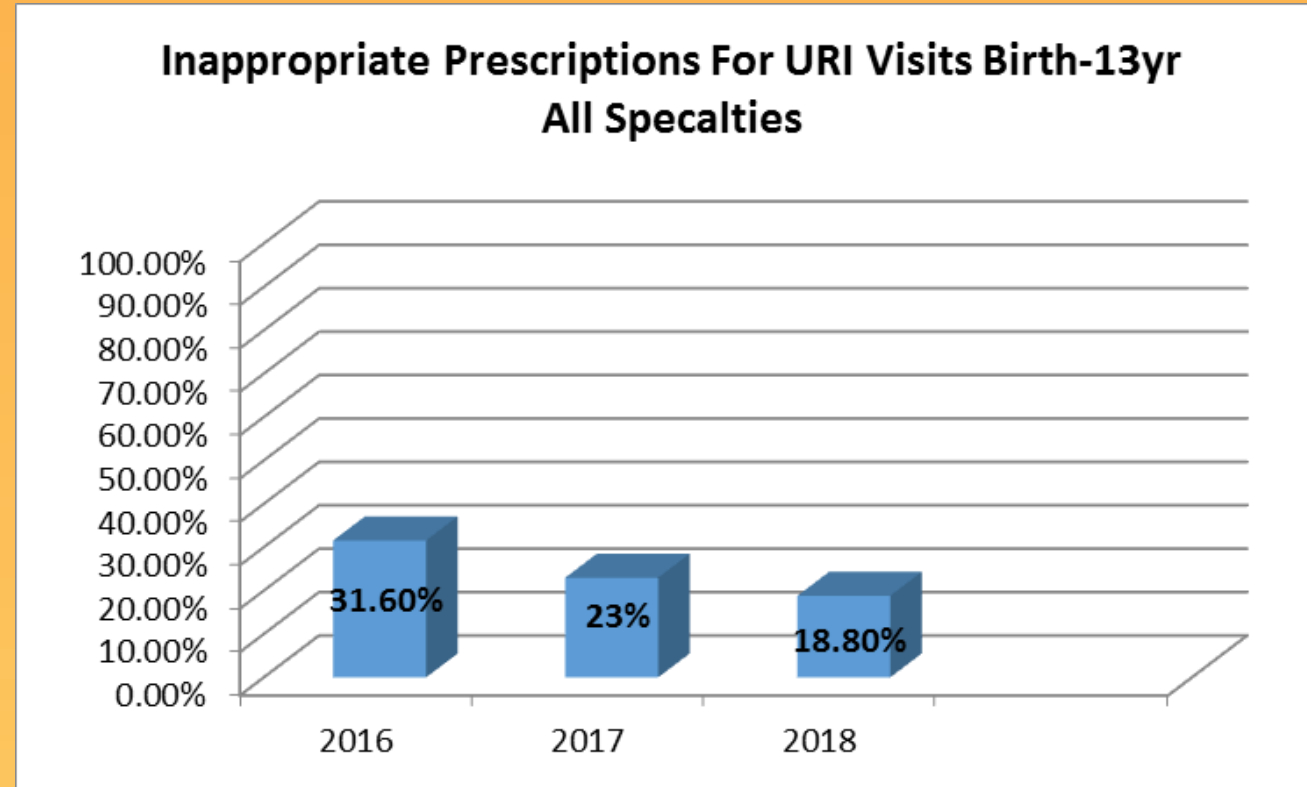
- Fellowship opportunity
- Organization and providers new to the concept of overuse/high value care
- Desired a project with clear guidelines
- Address an area of overuse that had been previously identified

# Reduction of over-the-counter pharmacological prescribing\* in acute upper respiratory infections in children birth to 13 years of age in the FQHC setting

\*antihistamines,  
expectorants,  
mucolytics and cough  
suppressants

- No evidence to support these practices
- Potential for physical and financial harm
- Poor family education on URI illness expectations

# Data Prior to Project





# Clinical Interventions

- TCCH stakeholders engagement
- Provider education and dialog
- Ancillary staff education
- URI symptom kit development
- Data collection and chart reviews
- Interventions along the way

"Things have changed in the management of URIs and I'm glad everyone is getting on board." -Pediatric ARNP

"It is nice to give the patients something right there in the office that doesn't cost them anything" - Family Practice MD

"It is great to be able to not only triage the patient, but be able to give them something that they can use at home. I think this will cut down on visits for colds." - Triage RN



# Patient Interventions

- Parent focus group
- URI kit and education materials
- Providers and nursing staff scripting

"I want to know how long my child will be sick"

"I want the doctor to tell me how to help my son"

"I don't want my child to take medicines if they don't need them"

"I just want to make sure everything is okay and that it isn't something bad.

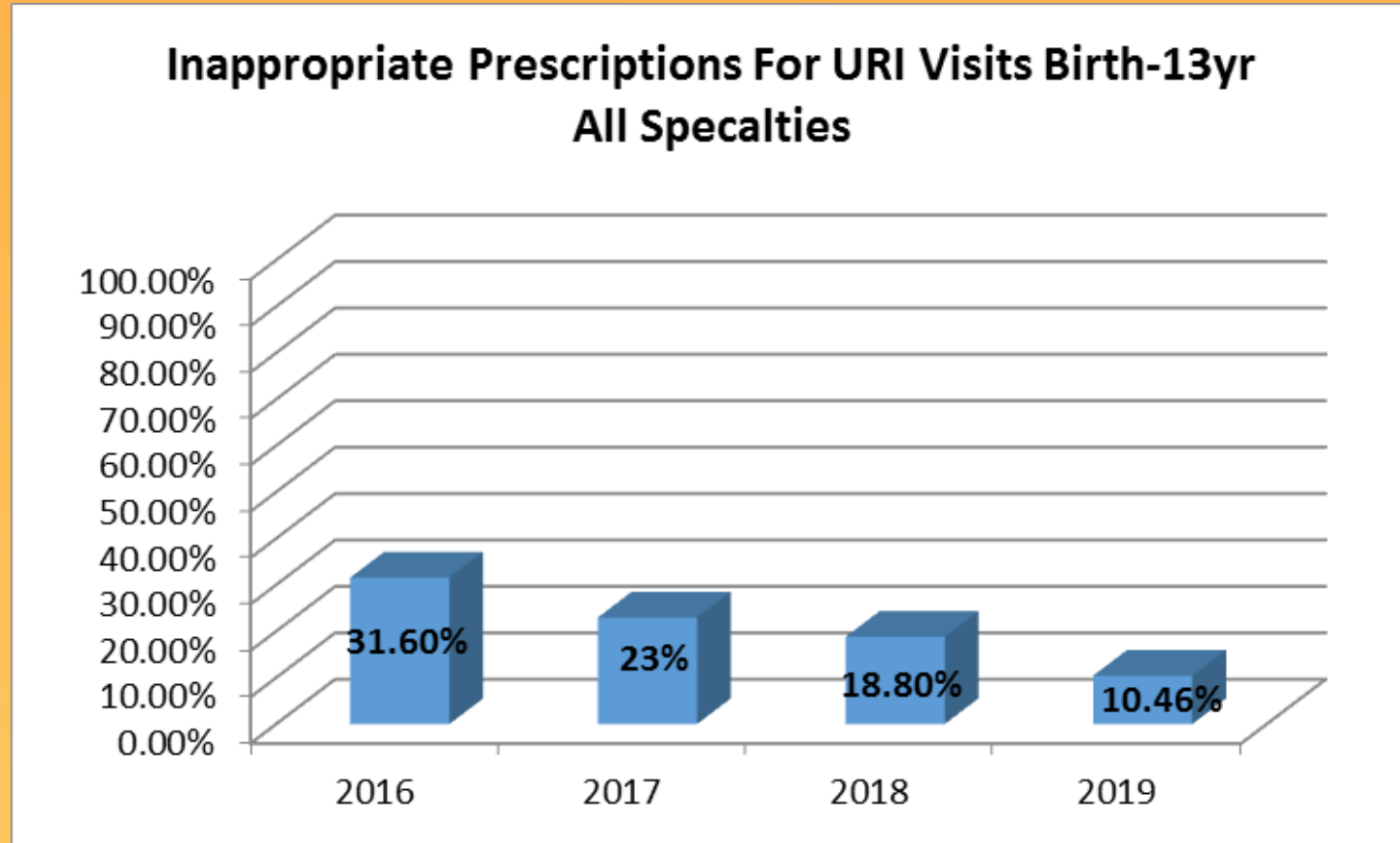
I would feel like a bad mom if I missed something"

"School makes us take them to the doctor, even when we know how to help them at home."

# URI Symptom Kit



# Results



# The Unique Role of the Nurse Practitioner within Quality Improvement Projects

## Challenges:

- Imposter syndrome
- Establishing credibility
- Difficult peer conversations

## Advantages:

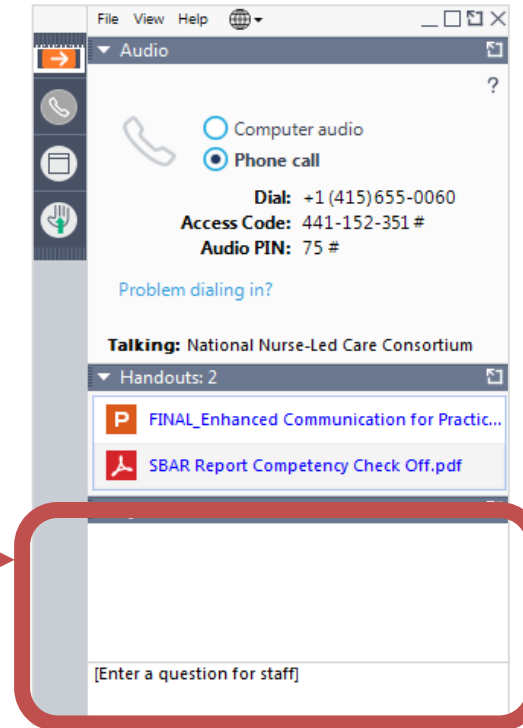
- Multi-disciplinary approach
- Hands on patient-teaching experience
- Delegating



Questions?

# Any Questions??

Please **submit questions** via the question pane in your GoToWebinar control panel or raise your hand to ask a question.



# Other Questions?

For more information on the **Nurse Practitioner Support and Alignment Network (NP SAN)**:

- Email **Jillian Bird** at [jbird@phmc.org](mailto:jbird@phmc.org)
- Visit us **online** at <http://nurseledcare.phmc.org/programs/npsan.html>
- **Stay up to date** on the latest CE opportunities: [http://bit.ly/NPSAN\\_subscribe](http://bit.ly/NPSAN_subscribe)





*#YearOfTheNurse*

2020

Nurse-Led Care



# Save the Date: A two-part series on Trauma-Informed Care in Health Centers

- Part 1: Fostering a Trauma-Informed Workplace: Models and Implementation Discussion
  - March 11, 2-3:30 pm ET
- Part 2: Creating a Trauma-Informed Patient Experience
  - March 18, 2-3:30 pm ET