American Hospital Association™

Advancing Health in America

High Value Care Collaborative

August 2018

AHA Physician Alliance

Shaping the future of care through collaboration.

Lead Well. Be Well. Care Well.

Learn more at aha.org/physicians

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AGENDA

- Welcome
- Overview
  - Curriculum
  - Mentors
- Co-sponsors:
  - Costs of Care
  - ABIM Foundation (Choosing Wisely)
- High-Value Care Culture Survey

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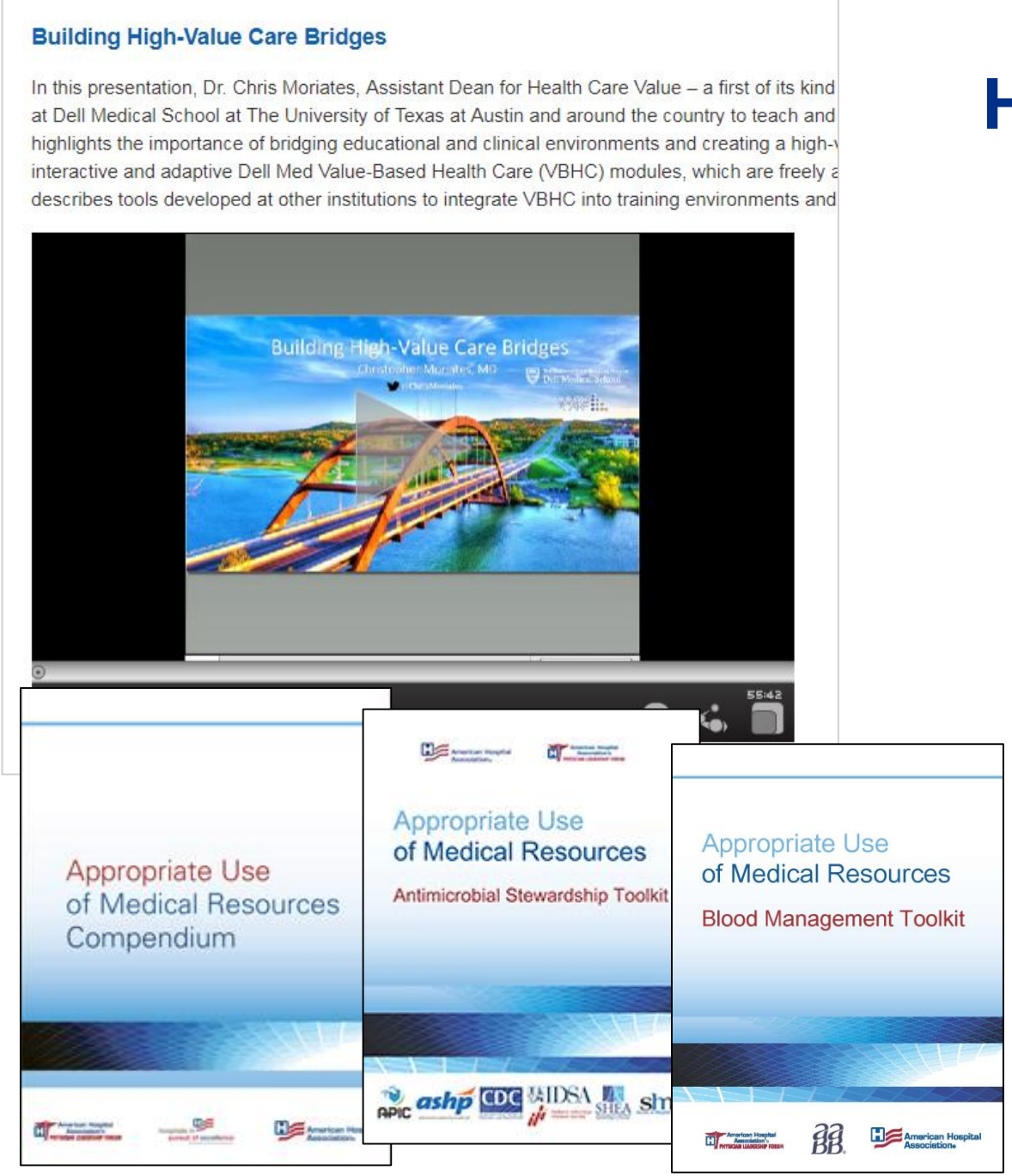

High-Value Care Collaborative

- Website of resources https://www.aha.org/high-value-care-resources
- How it works
- Webinar schedule https://www.aha.org/high-value-care-webinars
- Team support

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Curriculum

High-Value Care Collaborative Curriculum

All Program Materials: https://www.aha.org/high-value-care-program-materials
Overall Webinar Schedule: https://www.aha.org/node/37003

Month	Phase	Topic	Lead	Description	Resources/Supporting tools
Aug-Sept	Establish Team	Webinar (1): Kick Off	AHA and partner team leads	Review collaborative objective, program, timeline, teams High Value Care Cultural Assessment review	Program timeline and resource library overview High Value Care Culture Domains: http://www.highvaluecareculturesurvey.com/four-domains/ Survey: http://www.highvaluecareculturesurvey.com/using-the-survey/ Additional Resources: http://www.highvaluecareculturesurvey.com/articles-and-resources/
		Identify collaborative working team	Collaborative Participants	List of working team members, roles and contact info	AHA guideline on collaborative team composition https://www.aha.org/node/37001 Team Charter design canvas: http://designabetterbusiness.com/toolbox/#/tools/teamcharter
		Complete High Value Care Culture Survey	Collaborative Participants	All team members should review the High Value Care Culture domains, resources and complete the survey as a pre-assessment.	High Value Care Culture Domains: http://www.highvaluecareculturesurvey.com/four-domains/ Survey questions: http://www.highvaluecareculturesurvey.com/using-the-survey/ (*Please note, link will be sent with the survey to complete for purposes of the program)* Additional Resources: http://www.highvaluecareculturesurvey.com/articles-and-resources/
		Determine area(s) of inappropriate use to address	Collaborative Participants	Description of current problem with inappropriate use, causes, current hurdles and enemies of the goal	Choosing Wisely: Where Should I Start? http://www.choosingwisely.org/where-should-i-start/ Choosing Wisely: Clinician Lists

Mentors

Alpesh Amin, MD
Professor & Chair of Medicine and Executive Director, Hospitalist Program, University of California, Irvine

Amy Compton-Phillips, MD
EVP & Chief Clinical Officer, Providence Health & Services

Reshma Gupta, MD
Medical Director for Quality and Value & Assistant Professor, Division of General Internal Medicine & Health Services Research, UCLA Health
Outreach and Evaluation Director, Director of Teaching Value in Healthcare Learning Network, Costs of Care

Sunny Jha, MD
Clinical Assistant Professor of Anesthesiology
Keck School of Medicine, University of Southern California

Chris Moriates, MD
Associate Professor, Department of Internal Medicine
Assistant Dean for Healthcare Value
Department of Medical Education
Dell Medical School
The University of Texas at Austin

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Neel Shah, MD, MPP

Founder and Executive Director, Costs of Care

Assistant Professor of Obstetrics, Gynecology and Reproductive Biology

Harvard Medical School

Director, Delivery Decisions Initiative, Ariadne Labs

THE CHOOSING WISELY® CAMPAIGN

American Hospital Association
High Value Care Collaborative Opening Webinar
August 6, 2018

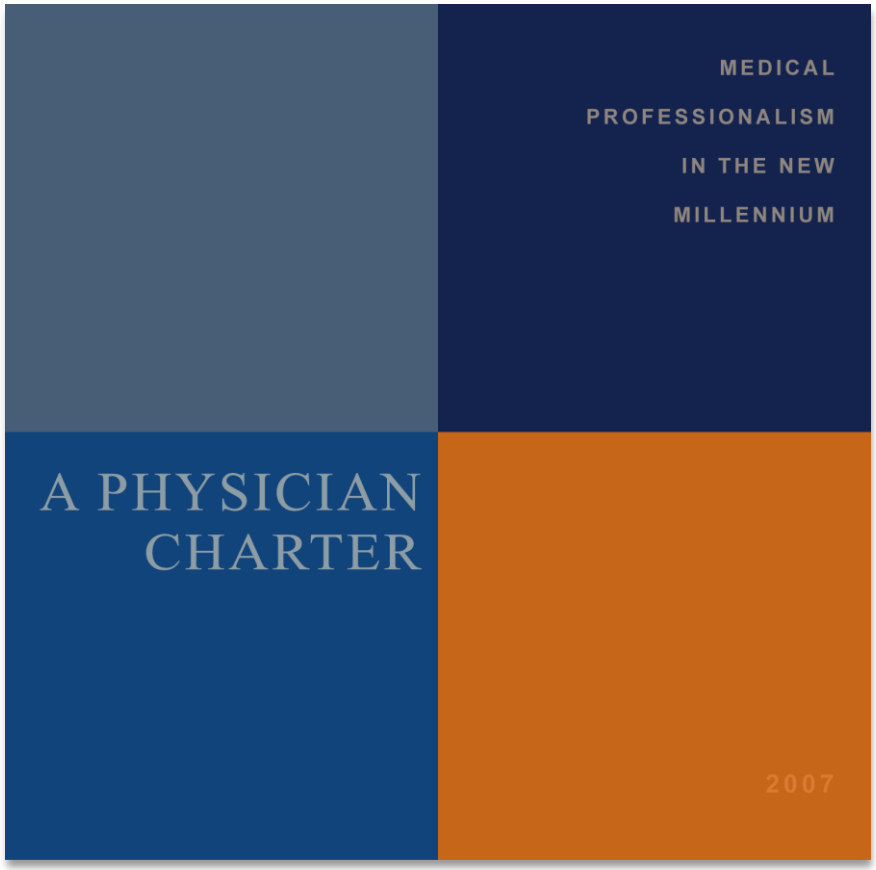
ABIM FOUNDATION | Choosing Wisely®

Choosing Wisely®

An initiative of the ABIM Foundation

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**.

The Guide Star of Professionalism



3 Fundamental Principles

- Primacy of patient welfare
- Patient autonomy
- Social justice

10 Commitments

- Professional competence
- Honesty, confidentiality and appropriate patient relations
- Improving quality of care
- Improving access to care
- Just distribution of resources
- Scientific knowledge
- Avoiding conflict of interest
- Professional code of conduct

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Lessons Learned

- Power of messaging and framing
- Simple rules
- Engagement and partnership
- Bottom-up approach with support
- Need for system and performance improvement approaches

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Multi-Component Intervention

- Identify **targeted recommendations** & **clinicians**
- Identify **metric** to be used
- **Education** on recommendations & clinical pathways
- **Peer-to-peer** comparison/ academic detailing
- Clinical **decision support** & **order sets**
- **Align rewards**, financial & non-financial
- **Prepare patient** – materials in exam room, waiting room

The "Top 12" Recommendations That Are Reducing Overuse

April 18, 2018

ABIM Foundation staff identified a "Top 12" list of *Choosing Wisely* recommendations that drove the largest decrease in unnecessary tests and procedures. This list was created using an analysis of reports created by the incremental cost-effectiveness ratio (ICER) and successful implementation projects gathered through grantee metrics, peer-reviewed journals and an informal environmental scan of implementation within *the Choosing Wisely* learning network. Sources included 18 peer-reviewed journals, 14 health systems and 34 self-reported results from learning network members. Success was defined as a 10 percent decrease in unnecessary tests or procedures. Analysis by ICER and implementation published in peer-reviewed journals was weighted.

The *Choosing Wisely* "Top 12" include:

1. **Use of antibiotics in patients with upper respiratory infections** – *Based on recommendations from American Academy of Allergy, Asthma, & Immunology, American Academy of Family Physicians, American Academy of Pediatrics, American College of Emergency Physicians* and *Infectious Diseases Society of America*

2. **Imaging for nonspecific low back pain** – *Based on recommendations from American Academy of Family Physicians, American Association of Neurological Surgeons and Congress of Neurological Surgeons, American Chiropractic Association, American College of Emergency Physicians, American College of Physicians, American Society of Anesthesiologists-Pain Management and North American Spine Society*

3. **Imaging for uncomplicated or stable headaches** – *Based on recommendations from American College of Radiology*

4. **Vitamin-D testing** – *Based on recommendations from American Academy of Pediatrics, American Society for Clinical Pathology and Endocrine Society*

5. **Repetitive CBC and labs** –*Based on recommendations from Critical Care Societies Collaborative and Society of Hospital Medicine*

6. **In-patient blood utilization** – *Based on recommendations from AABB, American College of Obstetricians and Gynecologists, American Society of Anesthesiologists, American Society of Hematology, Critical Care Societies Collaborative and Society of Hospital Medicine*

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7. **Routine annual cervical cytology screening (Pap** tests) – *Based on recommendations from American College of Obstetricians and Gynecologists and American Society for Colposcopy and Cervical Pathology*

8. **Benzodiazepines for adults 65 years of age and older** – *Based on recommendations from American Academy of Nursing and American Geriatrics Society*

9. **Preoperative testing in patients scheduled to undergo low- and/or intermediate-risk non-cardiac surgery** – *Based on recommendations from American Academy of Ophthalmology, American College of Physicians, American College of Radiology, American College of Surgeons, American Society of Anesthesiologists, American Society for Clinical Pathology, American Society of Echocardiography and Society of Thoracic Surgeons*

10. **Telemetry in non-invasive care unit** – *Based on recommendations from Society of Hospital Medicine*

11. **Antibiotics beyond 72 hours for inpatients with no signs of** infection – *Based on recommendations from Society for Healthcare Epidemiology of America*

12. **DEXA** scans – *Based on recommendations from American Academy of Family Physicians and American College of Rheumatology)*

Interested in implementing *Choosing Wisely* and engaging patients? Get started with resources and advice for clinicians, health care professionals, community organizations and employers looking to implement *Choosing Wisely* and engage patients.

READ MORE:

- Choosing Wisely at the Right Time
- Helping Patients Take Care of Themselves

ICER Baseline Reports

In 2014, the ABIM Foundation, with support from the Robert Wood Johnson Foundation, provided funding to the Institute for Clinical and Economic Review (ICER) to provide brief analyses on several specialty societies' *Choosing Wisely* recommendations around commonly overused tests and treatments.

Each of the reports, entitled "*Choosing Wisely*® Recommendation Analysis: Prioritizing Opportunities for Reducing Inappropriate Care," explore current practice variation and costs, and examine the sociological forces that contribute to the overuse use of the tests and treatments. Each report also includes a summary rating of the extent and harms of overuse, the difficulty of practice change, and the potential for savings.

Baseline reports are available for recommendations around:

- Carotid Artery Stenosis Screening in Asymptomatic Patients
- PCI For Stable Ischemic Heart Disease
- Annual PAP Testing in Women 30-65 Years of Age
- Imaging for Nonspecific Low Back Pain
- Imaging for Uncomplicated Headache
- Preoperative Stress Testing

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American College of Emergency Physicians
American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Five Things Physicians and Patients Should Question

1

Avoid computed tomography (CT) scans of the head in emergency department patients with minor head injury who are at low risk based on validated decision rules.

Minor head injury is a common reason for visiting an emergency department. The majority of minor head injuries do not lead to injuries such as skull fractures or bleeding in the brain that need to be diagnosed by a CT scan. As CT scans expose patients to ionizing radiation, increasing patients' lifetime risk of cancer, they should only be performed on patients at risk for significant injuries. Physicians can safely identify patients with minor head injury in whom it is safe to not perform an immediate head CT by performing a thorough history and physical examination following evidence-based guidelines. This approach has been proven safe and effective at reducing the use of CT scans in large clinical trials. In children, clinical observation in the emergency department is recommended for some patients with minor head injury prior to deciding whether to perform a CT scan.

2

Avoid placing indwelling urinary catheters in the emergency department for either urine output monitoring in stable patients who can void, or for patient or staff convenience.

Indwelling urinary catheters are placed in patients in the emergency department to assist when patients cannot urinate, to monitor urine output or for patient comfort. Catheter-associated urinary tract infection (CAUTI) is the most common hospital-acquired infection in the U.S., and can be prevented by reducing the use of indwelling urinary catheters. Emergency physicians and nurses should discuss the need for a urinary catheter with a patient and/or their caregivers, as sometimes such catheters can be avoided. Emergency physicians can reduce the use of indwelling urinary catheters by following the Centers for Disease Control and Prevention's evidence-based guidelines for the use of urinary catheters. Indications for a catheter may include: output monitoring for critically ill patients, relief of urinary obstruction, at the time of surgery and end-of-life care. When possible, alternatives to indwelling urinary catheters should be used.

3

Don't delay engaging available palliative and hospice care services in the emergency department for patients likely to benefit.

Palliative care is medical care that provides comfort and relief of symptoms for patients who have chronic and/or incurable diseases. Hospice care is palliative care for those patients in the final few months of life. Emergency physicians should engage patients who present to the emergency department with chronic or terminal illnesses, and their families, in conversations about palliative care and hospice services. Early referral from the emergency department to hospice and palliative care services can benefit select patients resulting in both improved quality and quantity of life.

4

Avoid antibiotics and wound cultures in emergency department patients with uncomplicated skin and soft tissue abscesses after successful incision and drainage and with adequate medical follow-up.

Skin and soft tissue infections are a frequent reason for visiting an emergency department. Some infections, called abscesses, become walled off and form pus under the skin. Opening and draining an abscess is the appropriate treatment; antibiotics offer no benefit. Even in abscesses caused by Methicillin-resistant *Staphylococcus aureus* (MRSA), appropriately selected antibiotics offer no benefit if the abscess has been adequately drained and the patient has a well-functioning immune system. Additionally, culture of the drainage is not needed as the result will not routinely change treatment.

5

Avoid instituting intravenous (IV) fluids before doing a trial of oral rehydration therapy in uncomplicated emergency department cases of mild to moderate dehydration in children.

Many children who come to the emergency department with dehydration require fluid replacement. To avoid the pain and potential complications of an IV catheter, it is preferable to give these fluids by mouth. Giving a medication for nausea may allow patients with nausea and vomiting to accept fluid replenishment orally. This strategy can eliminate the need for an IV. It is best to give these medications early during the ED visit, rather than later, in order to allow time for them to work optimally.

Clinical Recommendations

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American College of Emergency Physicians®
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Avoid unnecessary treatments in the ER

A discussion with the doctor can help you make the best decision

It can be hard to say "No" in the emergency department. But talking with your emergency room (ER) doctor may help you avoid costly testing.

That's why the American College of Emergency Physicians lists three common procedures you should know about:

- CT scans of the head for minor injury
- Urinary catheters
- Antibiotics and cultures for abscesses

CT scans of the head for minor injury.
A CT scan uses X-rays to create a picture of the brain. If your head injury is not serious, a CT scan does not give useful information to the doctor. A medical history and physical exam help the doctor determine if your injury is minor. This can help you avoid a CT scan.

CT scans have risks and cost a lot. CT scans use radiation, which can increase the risk of cancer. Children, especially infants, have greater risks because their brains are still developing.

Services in the ER cost a lot, because of fees for doctors, services, and facilities. A CT scan can add over $2,000 to your costs.

Consumer Translation

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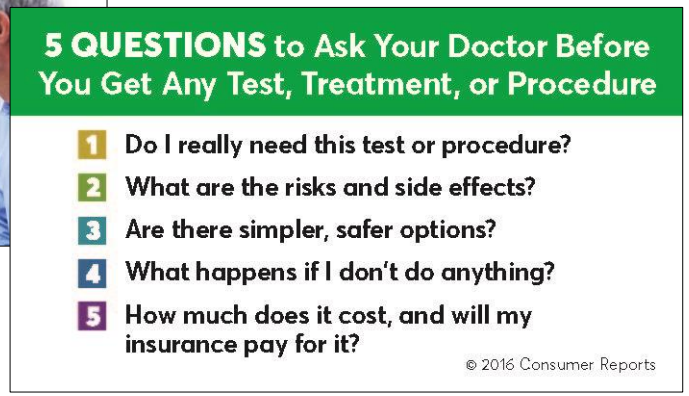
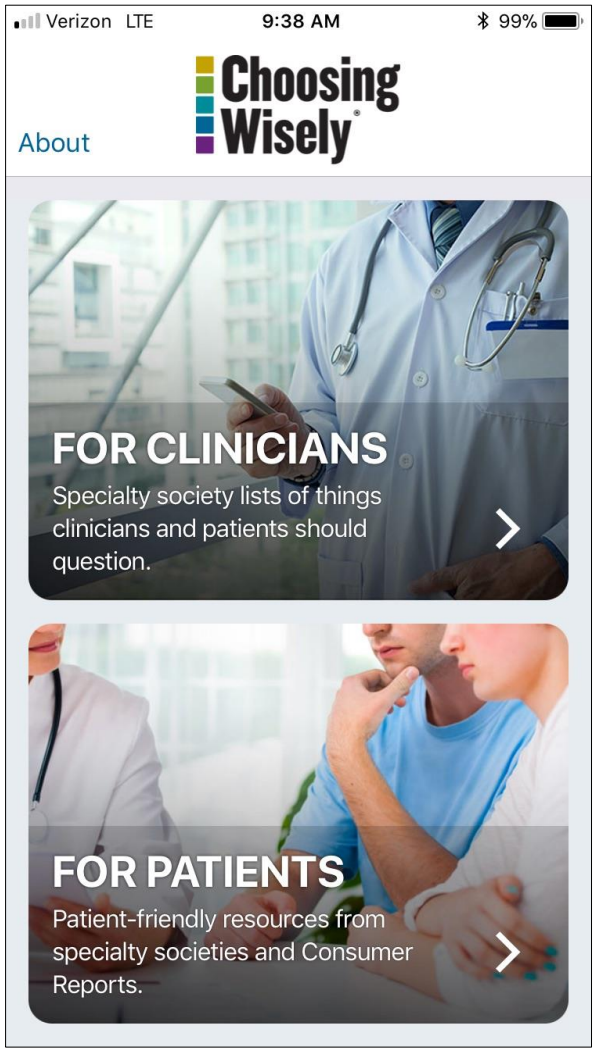
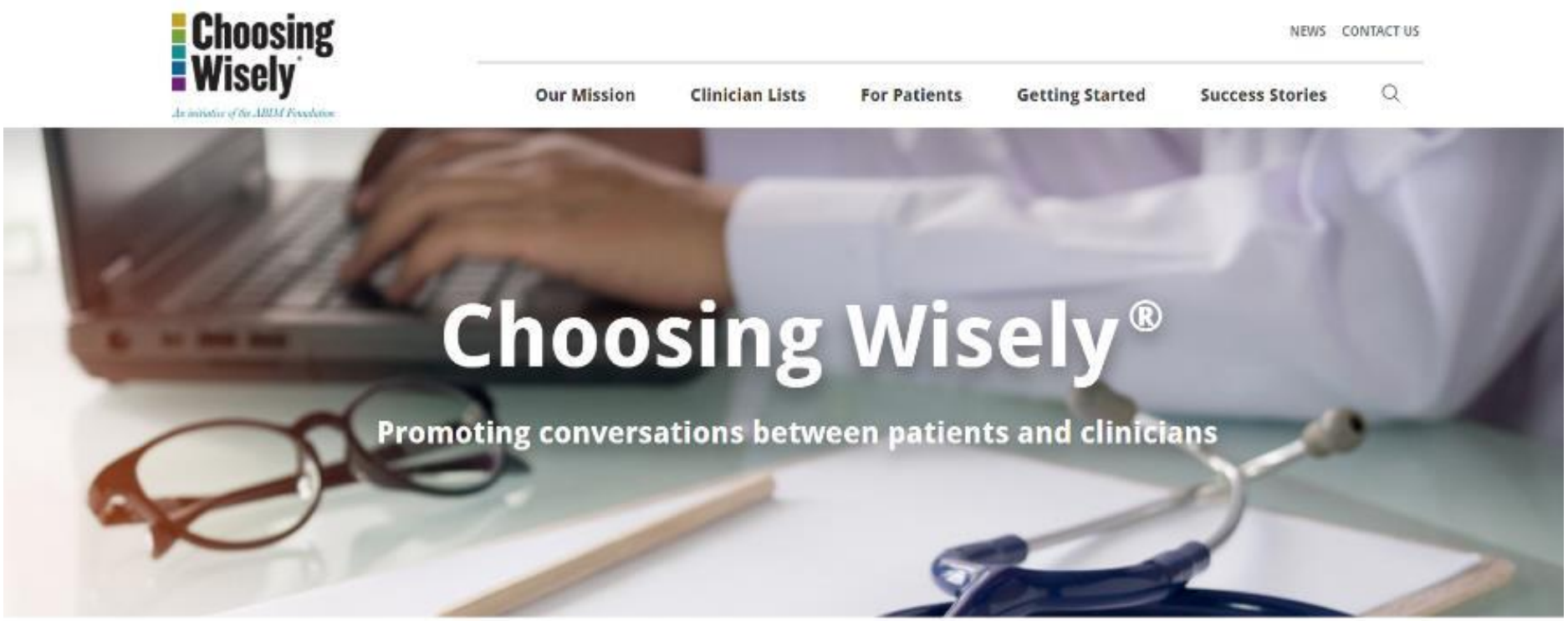
Patient Brochures
Wallet Cards
Mobile App





Choosing Wisely Website



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 he… skills, avoid unnecessary testing and o… high-value care

Tools for clinicians

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

Resources and advice for clinicians, health care professionals, community organizations and employers looking to implement *Choosing Wisely* and engage patients.

Getting Started

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 Practice or Health System?
Information for clinicians or health system leaders looking to start a program at their organization

How Can I Implement *Choosing Wisely* in My Community?
Information for community organizations and employers looking to engage patients in the campaign

- RESOURCE LIBRARY
- LISTS OF RECOMMENDATIONS
- CONTACT

Get the App

Download the *Choosing Wisely* app on your **iPhone/iPad** or **Android** device.

UPDATES FROM THE FIELD

Monthly updates on organizations advancing *Choosing Wisely*.

Email SIGN UP

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NEWS

Our Mission | Clinician Lists | For Patients | Getting Started | Success Stories

Resources for physicians who want to start Choosing Wisely

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

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

Whether looking to implement *Choosing Wisely* on a large or small scale, the following resources can help guide physicians looking to align their practice with the campaign.

Getting Started

- The Institute for Clinical and Economic Review completed **an analysis of several of the *Choosing Wisely* recommendations** that explore current practice variation and costs, and examine the sociological forces that contribute to the overuse of the tests and treatments. Each report also includes a summary rating of the extent and harms of overuse, the difficulty of practice change, and the potential for savings. *(These recommendations might be a good starting place for deciding which recommendations to focus on implementing.)*
- Email Washington State Health Alliance to **request technical specifications** that include 11 claims-based measures of *Choosing Wisely* recommendations and three clinical-based measures. All are updated to ICD-10. If you are interested in implementation, these measures are all *Choosing Wisely*-specific.

Guides and Toolkits

- Part of its Steps
  physicians advan
- The American So
  are links to artic
  resources.

Interactive instructional modules

Other Resources to Address Overuse

- The Centers for Disease Control and Prevention's "**Get Smart About Antibiotics**" campaign addresses the dangers of unnecessary antibiotics. This information can be used in conjunction with the *Choosing Wisely* materials to help inform providers about the push to reduce antibiotics prescriptions.
- Modules created by Kognito walk users through **simulated encounters** from either the patient or provider point of view to aid conversations about avoiding unnecessary antibiotics.
- Part of its Steps Forward set of practice improvement strategies, the American Medical Association created a **module to help physicians advance *Choosing Wisely*** in their practice.
- These **interactive instructional modules** were intended to enhance physician and patient communication around the specialty society recommendations from the *Choosing Wisely* campaign.
- These **videos** can be used on your website, social media or in your waiting room to raise awareness about *Choosing Wisely*.

Physician Communication Modules

The ABIM Foundation funded the Drexel University College of Medicine to develop a set of interactive instructional modules to enhance physician and patient communication around the specialty society recommendations from the *Choosing Wisely* campaign. Developed in collaboration with nine medical specialty societies, these modules are designed to help physicians, patients and other health care stakeholders think and talk about overuse of health care resources by providing strategies for physicians to build trust and address patient attitudes and beliefs that more care is not always better care.

Modules

- ABIM Foundation*
- American Academy of Allergy, Asthma & Immunology
- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Cardiologists
- American College of Physicians
- American College of Radiology
- American Gastrointestinal Association
- American Society of Nephrology
- American Society of Nuclear Cardiology

The *Choosing Wisely* communication modules are available to all users free of charge and are not intended for commercial use.

How to Navigate the Modules

Interactive Instruction Modules

- AAFP MODULE WELCOME
  - Selection Criteria
  - Pretest
- ABOUT CHOOSING WISELY
  - Introduction
  - Rationale
  - Learning Goals
  - Principles
  - References
- KEY SKILLS
  - Clear Information
  - Elicit Concerns
  - Empathy
  - Confirm Agreement
  - Video Example
  - References
- THE 5 RECOMMENDATIONS
  - Avoid routine X-ray
  - Viral Rhinosinusitis
  - Avoid routine DEXA
  - Avoid routine EKG
  - Avoid PAP under 21
- POST-TEST
- HAND-OUTS

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American Academy of Family Physicians' Choosing Wisely® Communication Module

Bellinda K. Schoof, MHA, CPHQ, Doug Campos-Outcalt, MD, MPA, and Pamela M. Duke, MD

Provide Clear Information Based on Best Evidence

Patients want their doctor to provide health-related information and often feel they are not getting enough information.

- Studies show that patients want their physician to provide information(1).
- Physicians overestimate the time they spend educating patients and underestimate how much information their patients want(2).
- Studies have shown that clinical outcomes such as blood pressure improve when physicians provide clear information(3).
- Effective patient education improves adherence to plans (4); and,
- Patient education programs that include self-management strategies result in reduced healthcare utilization, less lost work time and improvement in symptoms(5).

Click on the video to see an example of how to provide clear information based on best evidence.

- Explain your recommendations using the guidelines as a reference.
- Keep explanations simple and avoid medical jargon.
- Acknowledge that guidelines are not a "one size fits all."
- You may need to discuss key evidence about risks, benefits and research supporting the guidelines.
- Use written materials to support your recommendations.

Monthly E-newsletter

Updates from the Field

June 2018

- Using Blood Wisely
- Updates on an Epidemic: Efforts to Promote Safe Opioid Prescribing
- Implementing *Choosing Wisely* in Rural Communities
- *Choosing Wisely* Summer Reads

May 2018

- Report: Engaging patients in *Choosing Wisely*
- Helping Patients Get Some Shut-Eye at Mount Sinai
- Two New *Choosing Wisely* lists
- New Grant to Continue *Choosing Wisely* Implementation Efforts

April 2018

- Choosing Wisely at the Right Time
- The "Top 12" Recommendations That Are Reducing Overuse
- Helping Patients Take Care of Themselves

March 2018

- Smart Care California Dashboard Drives Alignment

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Learning Networks and Communities

Resource Emails

- **Health System Leaders** – Tim Lynch, Senior Director of Programs, at tlynch@abim.org
- **Choosing Wisely Learning Network** – Kelly Rand, Program Manager, at krand@abim.org

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Learning and Research Communities

ABIM FOUNDATION®

COSTS of CARE

AcademyHealth

Teaching Value in Health Care/ Costs of Care – Reshma Gupta at r44gupta@ucla.edu

Research Community on Low-Value Care – Rosina Pradhananga at Rosina.Pradhananga@AcademyHealth.org

System and Performance Improvement

- Programmed 180 Choosing Wisely recommendations into EHR
- Alerted physicians who attempted to order test or treatment referenced by Choosing Wisely
- Links to society recommendation and Consumer Reports materials
- **$6 million** in annual cost savings in aggregate from implementing Choosing Wisely recommendations across system

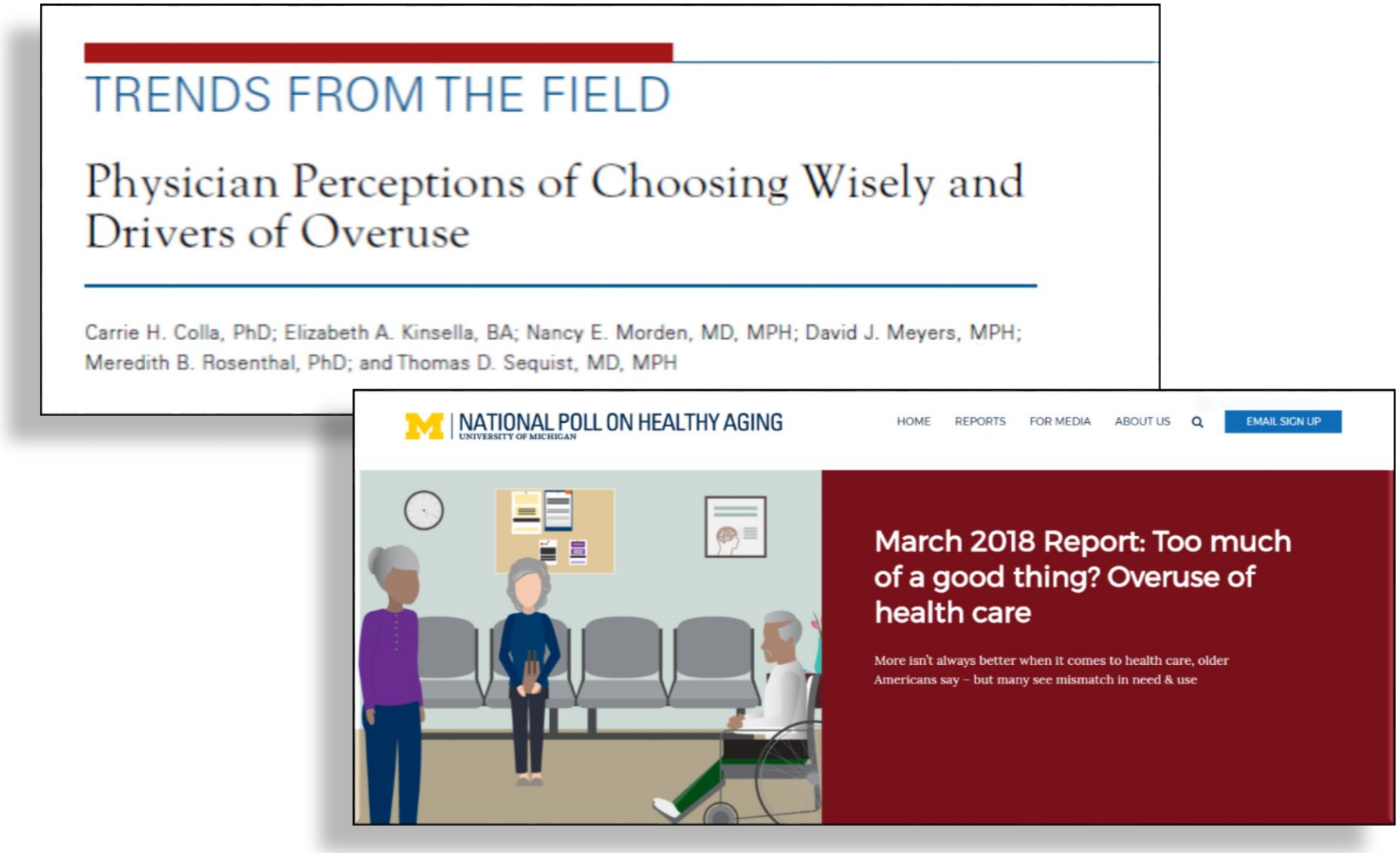
Scott Weingarten, MD
Senior Vice President
Chief Clinical Transformation Officer

CEDARS-SINAI®

Evidence of Cultural Change

From why didn't you order that test to why did you order that test?

From thoroughness to appropriateness



Reduction in Lab Work, Imaging

Interventions

- Clinical decision support
- Comparative performance feedback
- Best practice alerts
- Patient education mate
- Physician champions

Results

- Henry Ford
  - 57% decrease in Vitamin D tests
  - 27% decrease in imaging for low back pain
- Detroit Medical Center
  - 33% drop in Vitamin D tests

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Reduction in Pre-Op Screenings

Interventions

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

Results

- 37% drop in chest X-rays
- 83% decrease in EKG testing
- 87% decrease in lab tests

HEALTH

VALUE Added

6 more mos. of improved vision

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THANK YOU

For More Information:

www.choosingwisely.org | www.abimfoundation.org

@ABIMFoundation #choosingwisely

Creating a High-value Care Culture

Understand how to Measure and Target Improvements

Reshma Gupta, MD, MSHPM

- UCLA Health, Medical Director for Quality and Value
- Costs of Care, Outreach and Evaluation Director, Director of Teaching Value in Healthcare Learning Network
- Assistant Professor, Division of General Internal Medicine & Health Services Research, UCLA

Twitter: @ReshmaGuptaMD

Partners


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of CARE


Robert Wood Johnson Foundation

Objectives

- Discuss the role of culture in creating a high-value care environment

- Discuss the High-value Care Culture Survey
  - Purpose
  - Development
  - Approach to understand results

Culture is the Water We Swim In and Takes Time to Change

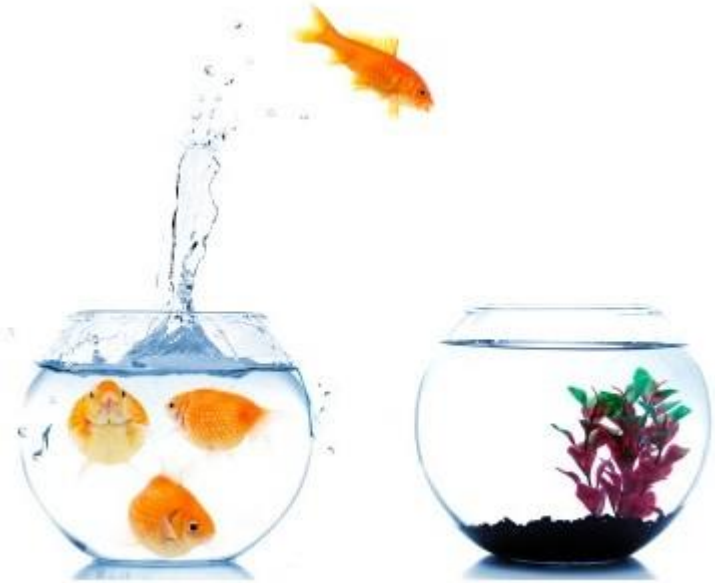
Academic Medicine, November 26, 2016

Swimming Upstream: Creating a Culture of High-Value Care

Reshma Gupta, MD, MSHPM, and Christopher Moriates, MD

Abstract

As health system leaders strategize the best ways to encourage the transition toward value-based health care, the underlying culture—defined as a system of shared assumptions, values, beliefs, and norms existing within an environment—continues to shape clinician practice patterns. The current prevailing medical culture contributes to overtesting, overtreatment, and health care waste. Choosing Wisely lists, appropriateness criteria, and guidelines codify best practices, but academic medicine as a whole must recognize that faculty and trainees are all largely still operating within the same cultural climate. Addressing this culture, on both local and national levels, is imperative for engaging clinicians in reforms and creating sustained changes that will deliver on the promise of better health care value. This Perspective outlines four steps for health system leaders to understand, cultivate, and maintain cultural changes toward value-based care: (1) Build



If healthcare practitioners are fish, high value care culture is the water we swim in.

COSTS of CARE

(Gupta, Moriates. “Swimming Upstream: Creating a Culture of High-value Care.” Acad Med. 2016.)
(Ravasi, Shultz. “Responding to organizational identity threats: Exploring the role of organizational culture.” Acad Manag J. 2006.)

Culture is Associated with Overuse and Clinical Outcomes

- 97% of emergency medicine physicians reported unnecessary imaging testing. Authors believe reflects a cultural response to uncertainty.
- Institutional culture and policies are associated with medical trainees feeling compelled to offer the choice of resuscitation in all clinical situations regardless of whether they believed it was clinically appropriate.
- Systematic review found consistent association between positive organizational culture and outcomes including mortality.
- Higher patient safety culture survey scores are associated with clinical behaviors and improved patient outcomes across health systems

(Kanzaria HK. Acad Emerg Med 2015.)
(Dzeng E. JAMA Intern Med 2015.)
(Braithwaite J. BMJ Open. 2017.)
(Singer S. Health Serv Res. 2009.)
(Berry JC. J Patient Saf 2016.)

Hidden Curriculum = part of culture

- Imbalanced focus on identifying rare cases
- Sins of omission > sins of commission
- Misperception that considering cost is not aligned with patient interests

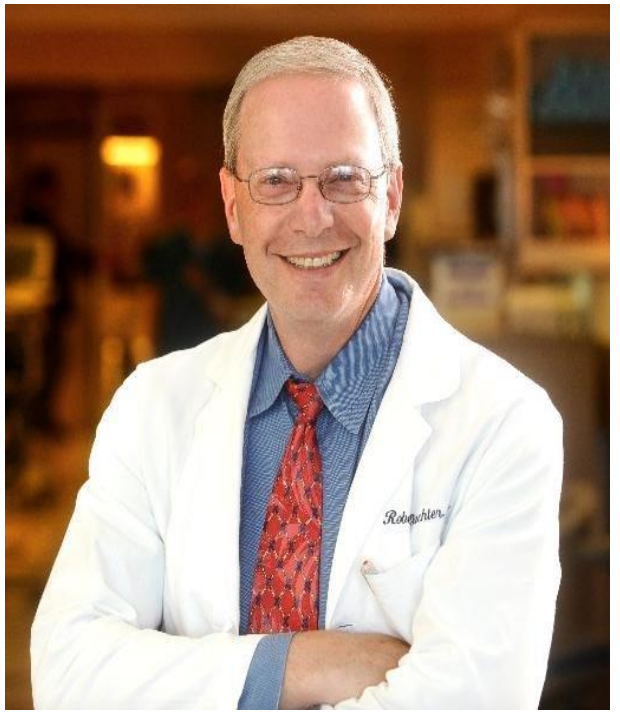
COSTS of CARE

Organizations and Addressing Culture

"Organizations will generally try to create needed change without addressing, budgeting for, or having the patience for culture change.

- God bless them if they are successful.
- The vast majority won't be.

Leaders cannot create culture, but they MUST create the conditions for a great one to emerge."



Robert Wachter, 2016.

COSTS of CARE

Objectives

- Discuss the role of culture in creating a high-value care environment

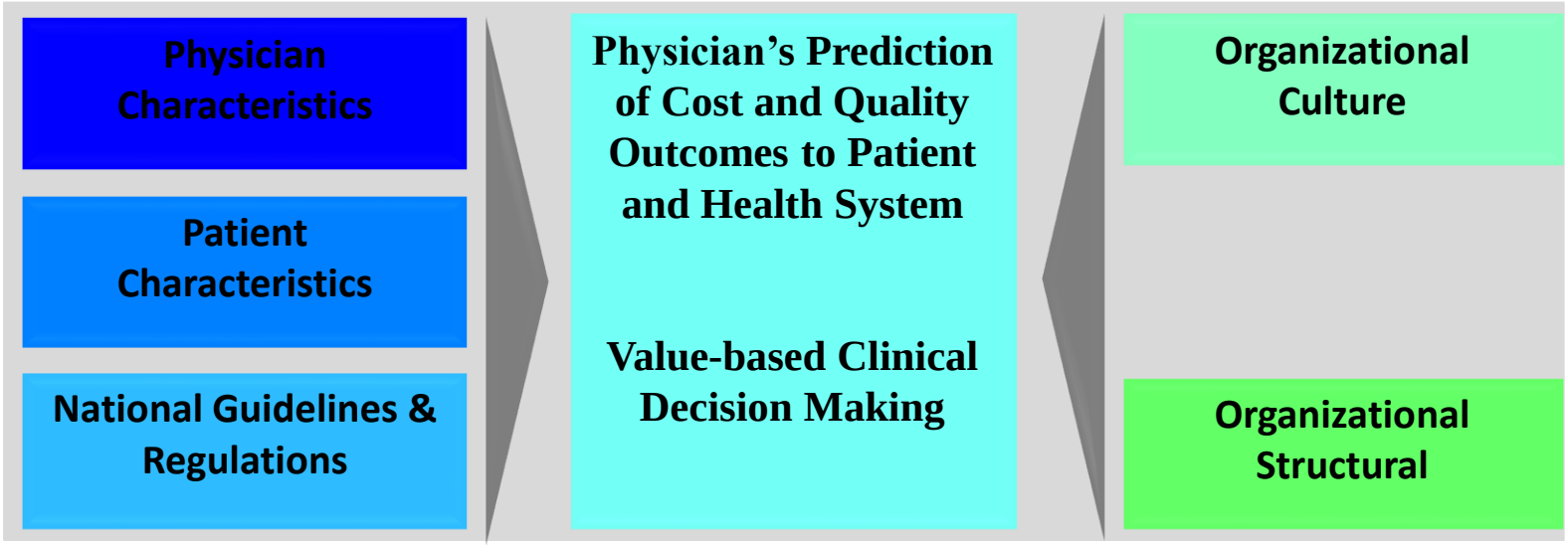
- Discuss the High-value Care Culture Survey
  - Purpose
  - Development
  - Approach to understand results

Developing a High Value Care Culture Survey (HVCCS™)

Patient safety culture surveys are widely used in hospitals for benchmarking and identifying areas of improvement. No such tool exists for HVCC.

Methods:

1. Create a High Value Care Culture Conceptual Model



2. Develop Survey Items: Modified Delphi Process (nationally representative key stakeholders, n=28)

3. Survey Administration:

Center A
81 residents, 47 hospitalists
Response rates %(N): Residents: 98% (79)
Hospitalists: 83% (39)

Center B
81 residents, 44 hospitalists
Response rates %(N): Residents: 77% (62)
Hospitalists: 77% (34)

www.highvaluecareculturesurvey.com

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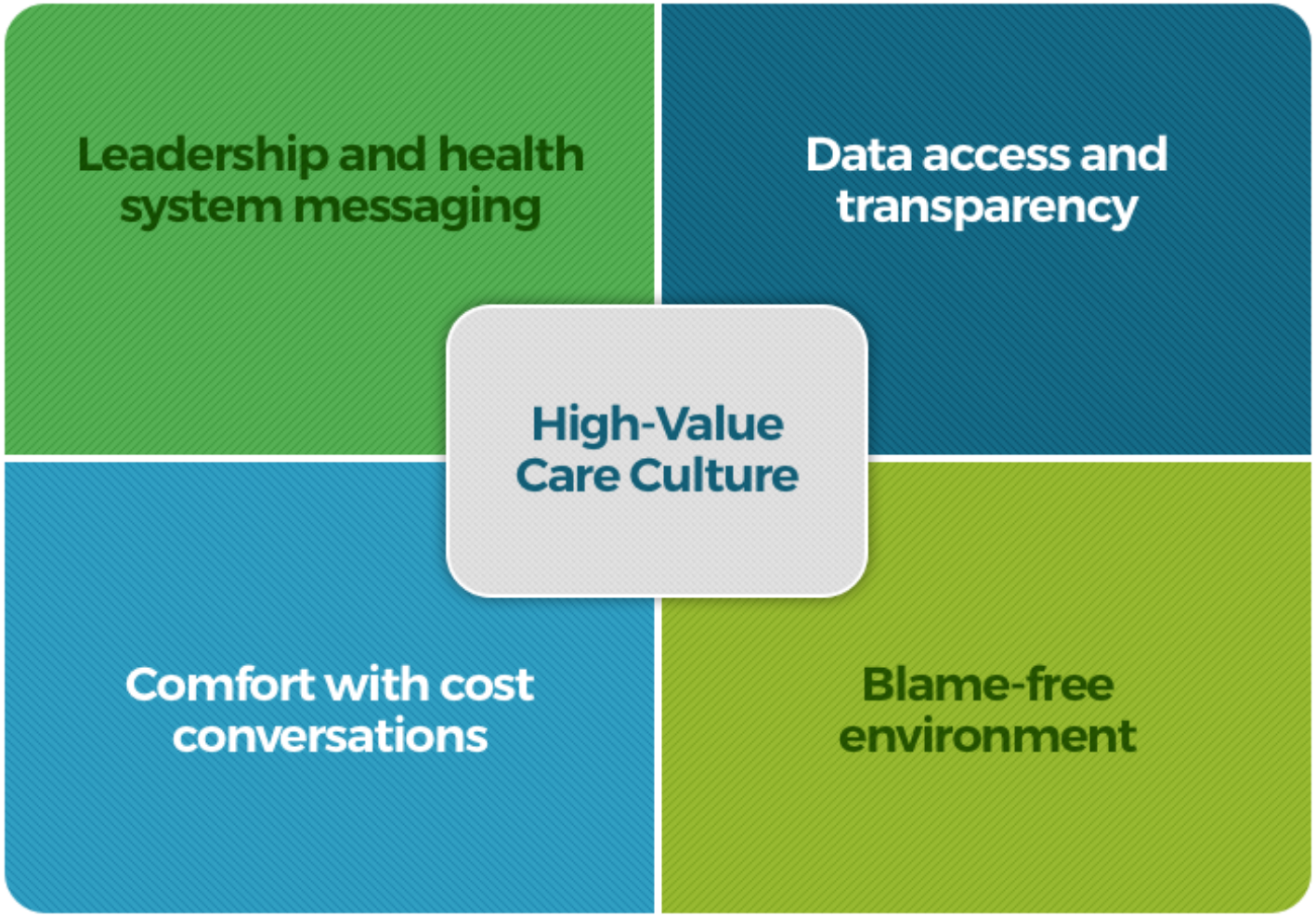
Culture Survey Findings

High-Value Care Culture Survey
(HVCCS™, www.highvaluecareculturesurvey.com)



Scores differed consistently across the two pilot centers. (Center B had higher HVCCS scores overall and in 3 of 4 domains tested).

HVCCS positively correlated with institution's CMS Value-Based Purchasing scores.

(Gupta R, Moriates C, Harrison JD, et al. BMJ Qual & Saf. 2016)

Culture Survey Conclusions and Next Steps

Conclusions:

- Health system leaders and program directors can use this survey to identify target areas for improvements and monitor the effects of high value care initiatives.
- Provides initial support for reliability and validity of the HVCCS.

12 Site Follow-up Study:

- Medicine residents and hospitalists completed the HVCCS across 4 university, 4 community, 4 county centers. HVCCS and Value-based Purchasing scores correlated.

Medical Center Type	Spearman Rank Correlation (r)	P-value
Community and University Medical Centers	0.71	0.047

Value-based purchasing scores do not adjust for patient sociodemographic factors. Further evaluation is needed among county medical centers.

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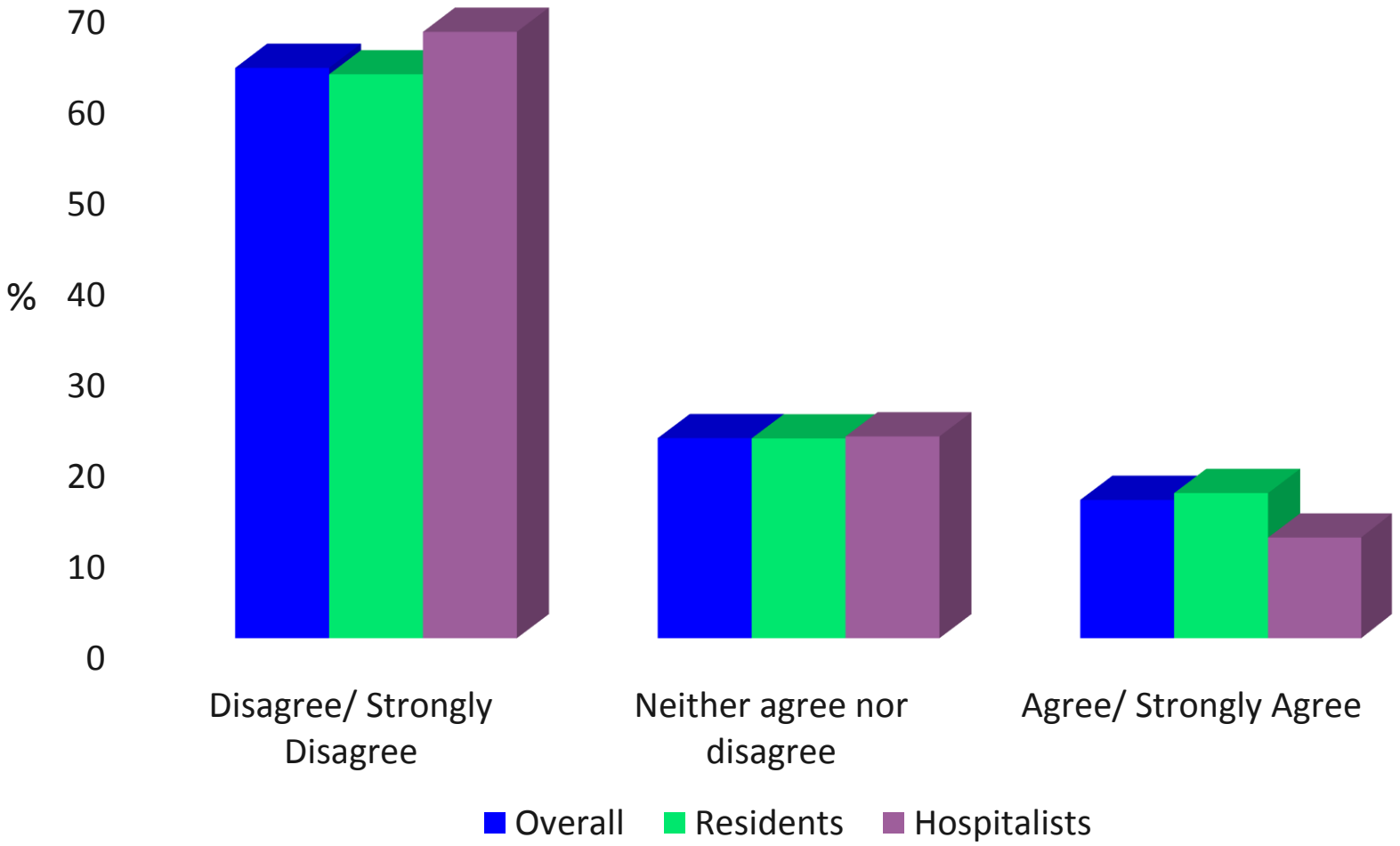
(Gupta R. "The Association of Hospitalist Productivity Payments and High-Value Care Culture." Acad Med. 2018.)
(Gupta R. "High-Value Care Culture among the Future Physician Workforce." 2018.)

Leadership and Health System Messaging

- Consists of 17 questions.
- Covers engagement with frontline clinicians, leadership visibility and support, high quality communication about quality and safety of care, role modeling, and pride and formal training in value-based care.
- Low scores among individual questions in this factor can identify areas for improvement.
- It will be important to review the specific questions for which your clinicians report lower scores and identify with your team and coach where there are opportunities to improve.

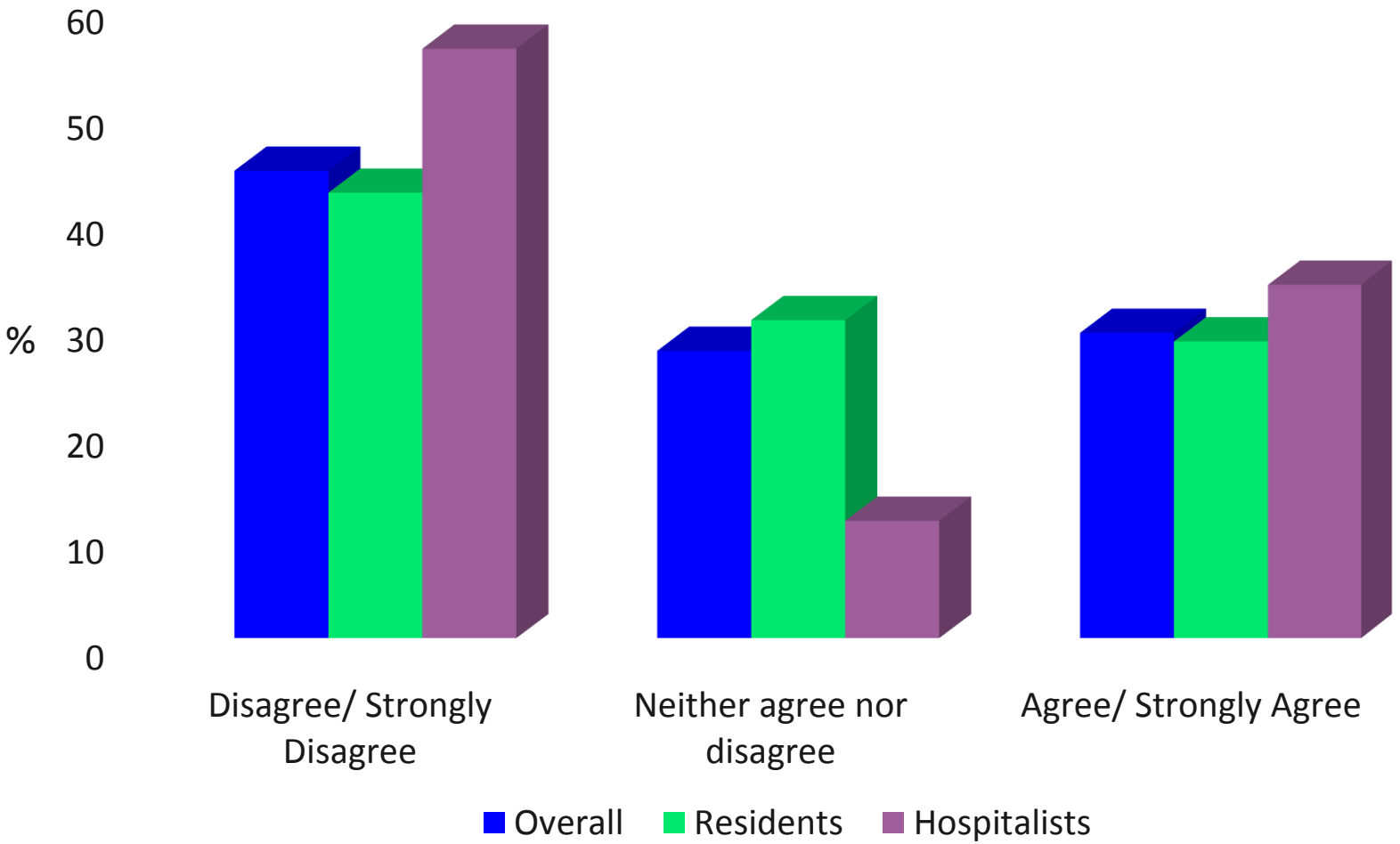
Example) Supervisors in my group review my performance based on decisions that lead to delivering quality care at lower cost…



More than half of clinicians disagree that supervisors review value performance.

Data on value performance could be provided to supervisors, and expectations could be established to incorporate this into routine evaluations.

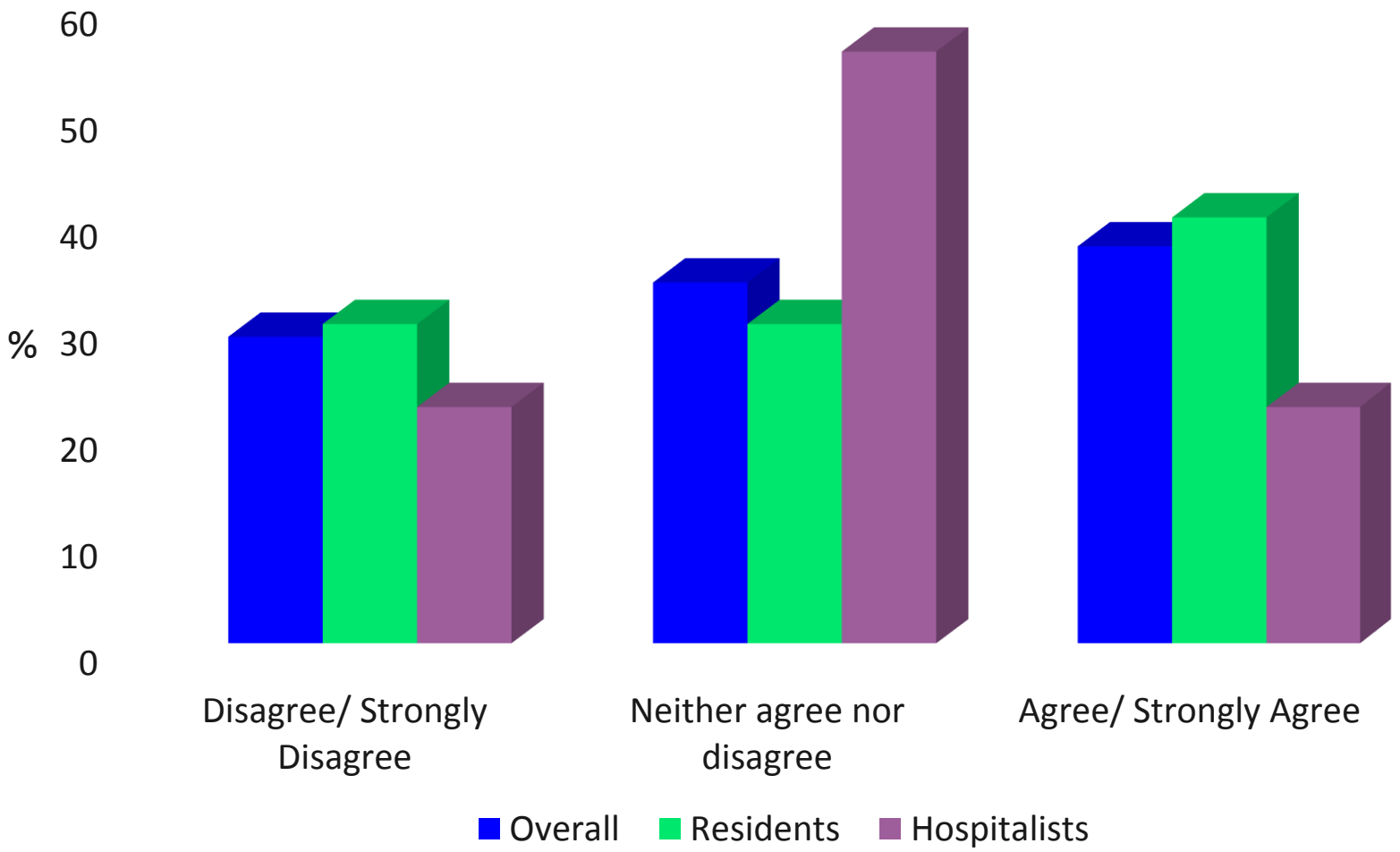
Example) My group is actively implementing projects that address costs of care…



Nearly 45% of clinicians disagree that their group is actively implementing projects.

Leadership could develop systems to encourage initiatives including financial or non-financial incentives, competitions, and resource support.

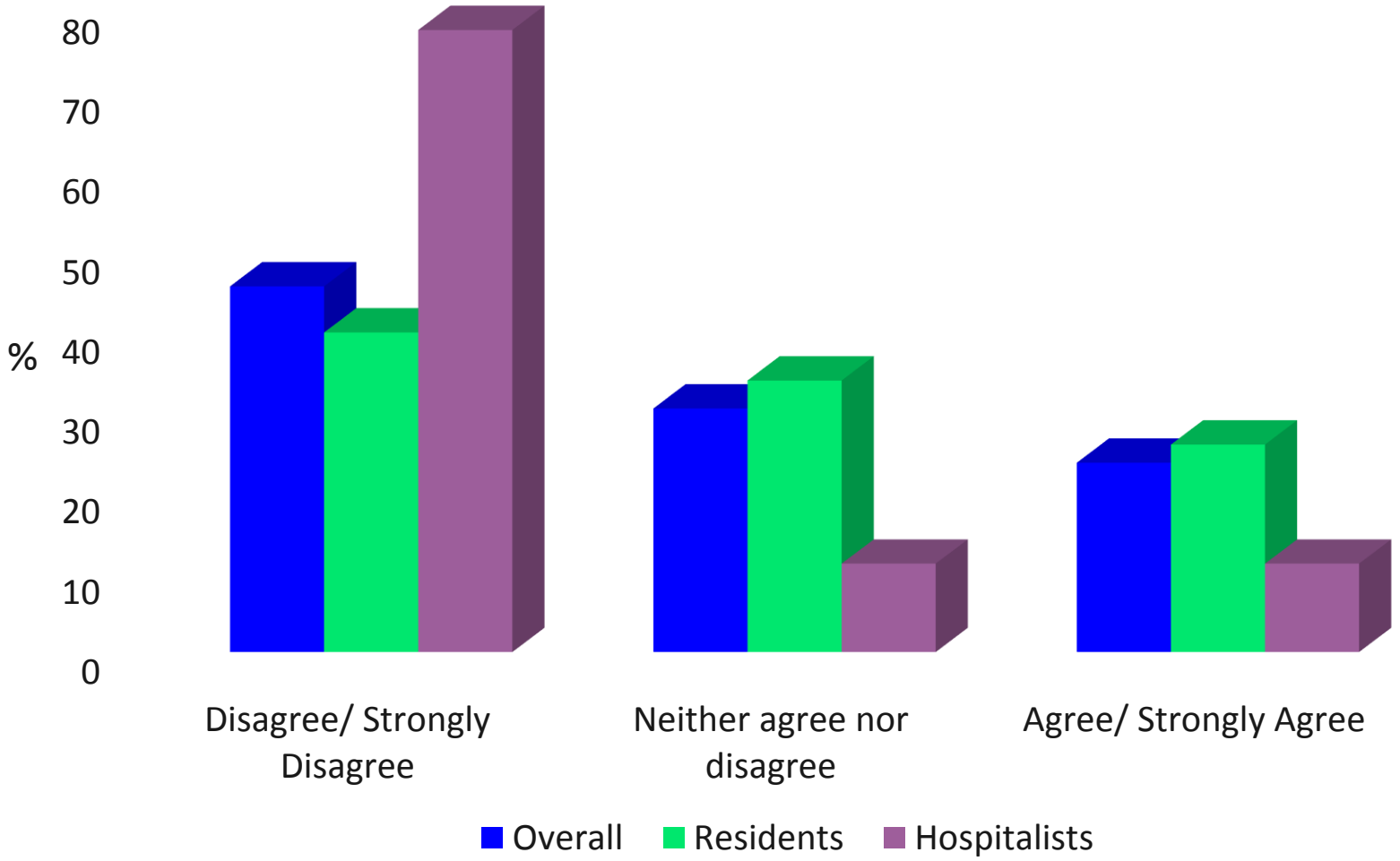
Example) My group openly discusses ways to deliver quality care at lower cost within my group…



Only 37% of clinicians agree that their groups have open discussions.

Leaders could create time in meetings and evaluations to discuss methods and concerns to improve high value performance.

Example) My group has formal training to address healthcare value…



46% of clinicians disagree that their groups have formal training.

Leaders could create protected time and suggest resources to clinicians to gain skills in high-value decision making.

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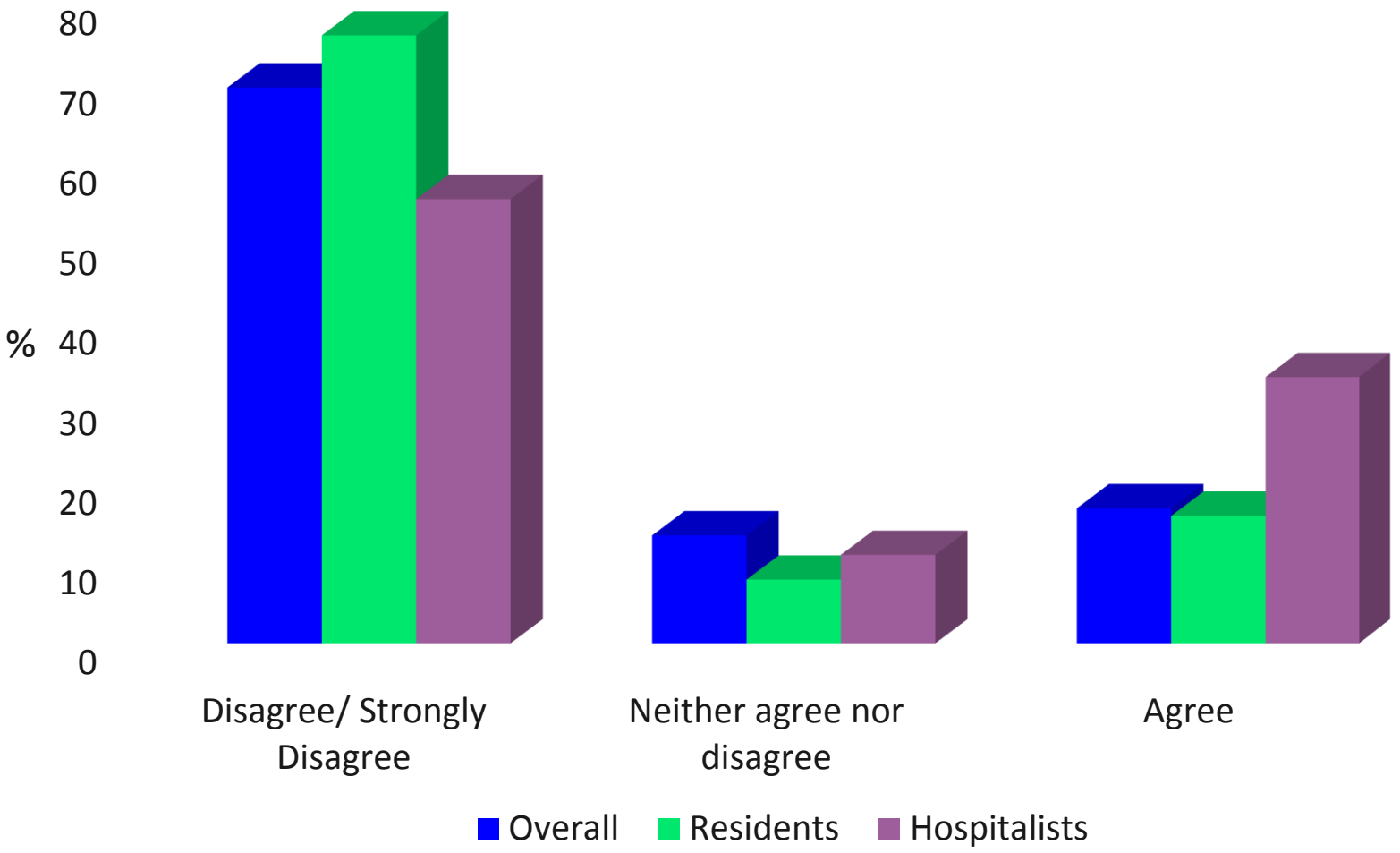
Data Access and Transparency

- Consists of two questions.

- This second factor focuses on the availability of cost data for frontline clinicians.

Questions: (Disagree to Agree Scale)
Clinicians in my group have access to information about the costs of tests and procedures they order or provide
When clinicians in my group have questions about costs, they know where to go to find answers.

Example) When clinicians in my group have questions about costs, they know where to go to find answers…



There is agreement about lack of access to cost information.

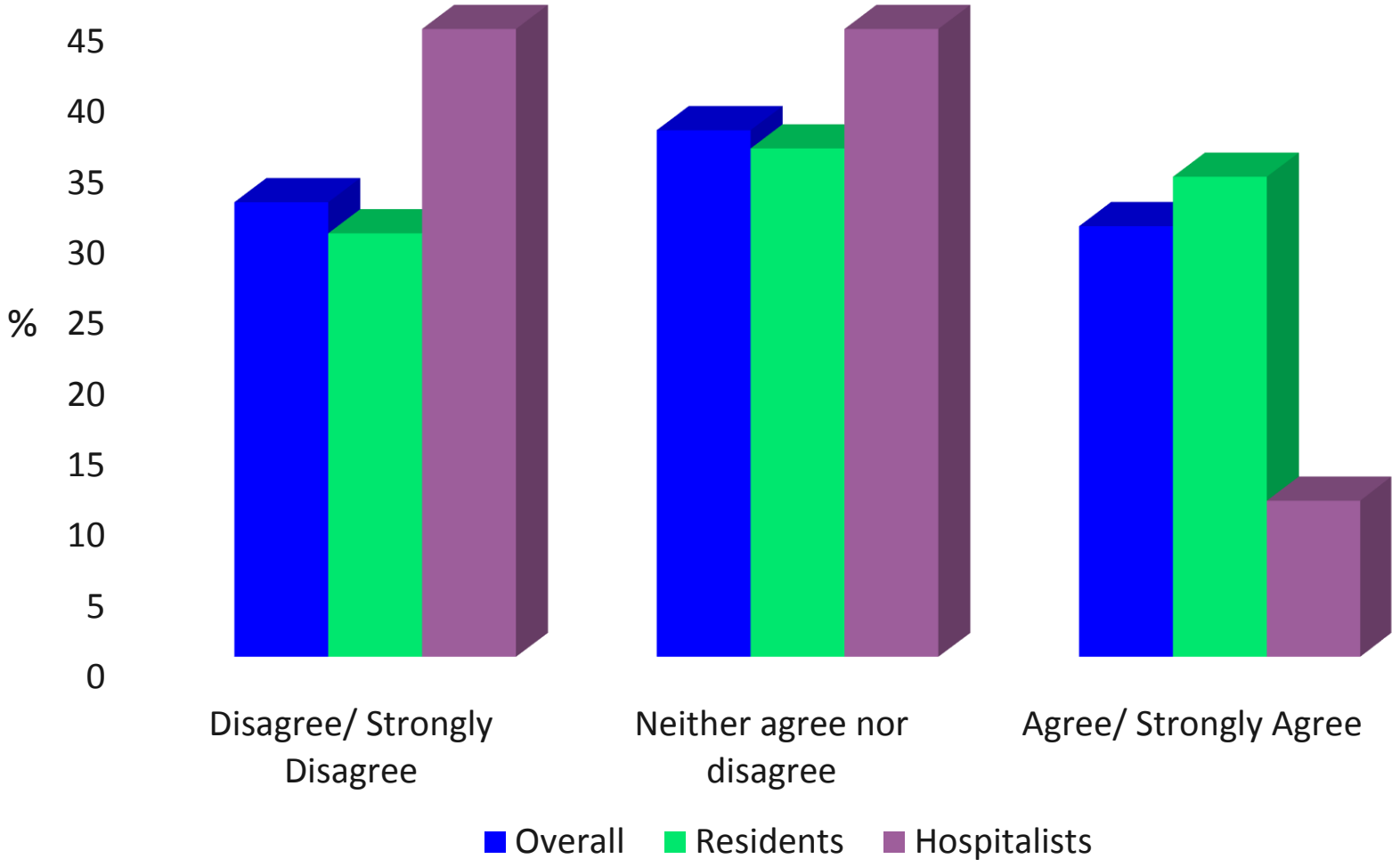
Centers with lower scores in this domain may need to prioritize creating reliable cost databases and providing this data to clinicians.

Comfort with Cost Conversations

- Consists of three questions.
- This factor covers comfort of clinicians to have conversations about costs of care with patients.
- Recent studies show that patients are worked about healthcare costs and want to talk about costs with their physicians.

Questions: (Disagree to Agree Scale)
Patients that I see are uncomfortable discussing costs of tests or treatments
Clinicians in my group are uncomfortable discussing costs of tests or treatments with patients
Clinicians in my group feel that it is not the role of physicians to discuss costs of tests or treatments with patients

Example) Clinicians in my group are uncomfortable discussing costs of tests or treatments with patients…



There is great variability in responses with only 1/3 who disagree.

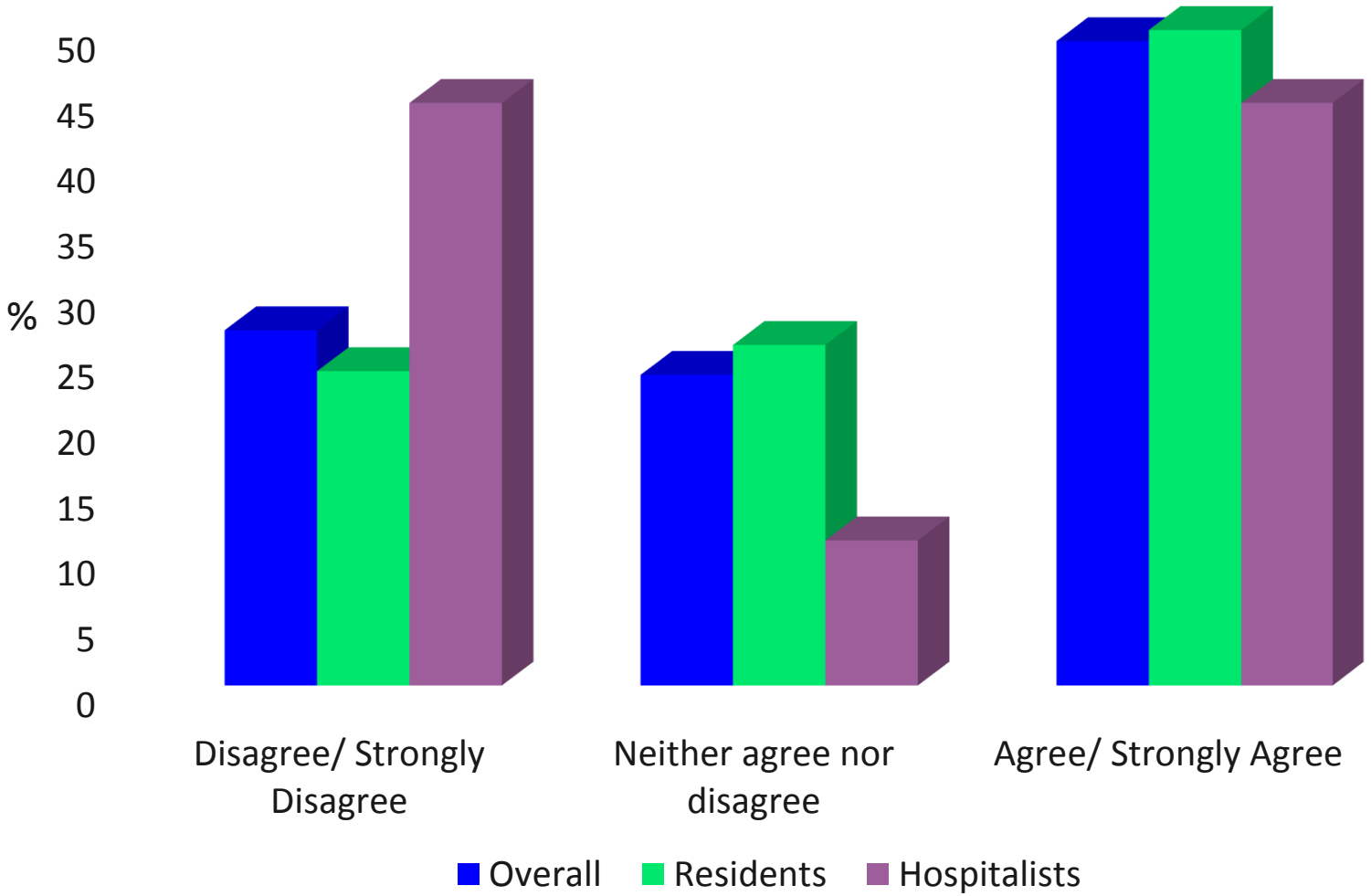
Consider training clinicians to have discussions about the costs of their care with patients.

Blame-free Environment

- Consists of two questions.
- Focuses on a sense of individual blame within divisions, practice groups and training programs.

Questions: (Disagree to Agree Scale)
In my group, clinicians' fear of legal repercussions affects how often they order unneeded tests or procedures
Individual clinicians get blamed for medical or surgical complications

Example) In my group, clinicians' fear of legal repercussions affects how often they order unneeded tests or procedures…



Nearly 50% of clinicians agree.

Consider focusing on promoting evidence-based practice and giving clinicians information to fairly weight the risks and benefits of defensive medicine.

Consider creating a non-punative environment with system leaders.

Approaching Data

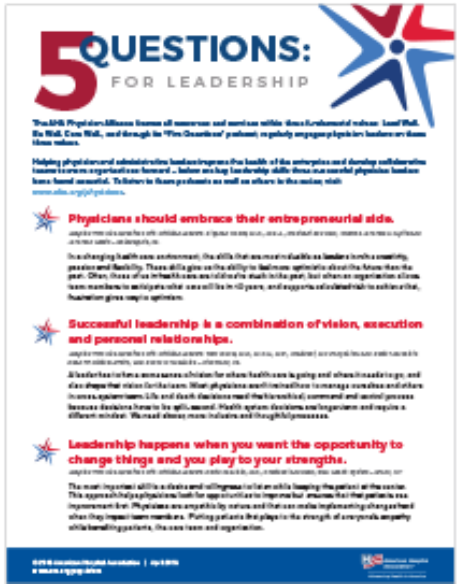
- There are no goal benchmarks for metrics at this time, though we can use this survey to compare to other hospital groups. We recommend instead for you as a group to use the results to identify potential areas for improvement and to monitor/measure for success.

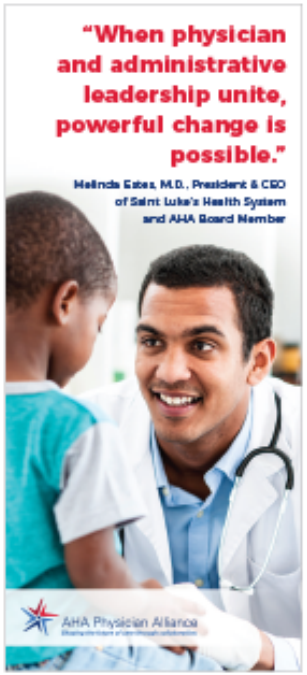
- These are complex issues and improvement may require additional infrastructure. We do not expect to get to 100% for each metric.

- We suggest working closely with your coaches to plan out when and how to administer surveys to obtain high response rates (e.g. required meetings, using on-line formats to email). We suggest administering at baseline and at 6 or 12 month time points.

- Coaches can also help reflect on areas of opportunity.

We hope the HVCCS™ will help you begin improving culture at your institutions!





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