

# Building Partnerships with Patients and Families in Adoption of Choosing Wisely<sup>®</sup> Tools

PCPCC Support and Alignment Network

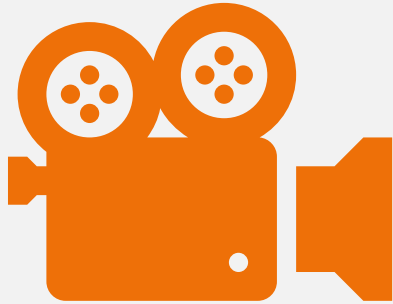
American Board of Internal Medicine Foundation (ABIMF)

Institute for Patient- and Family-Centered Care (IPFCC)

Northern New England Practice Transformation Network (NNE PTN)

April 20, 2018

# Before We Begin



We will send you  
the recording



Participate in the  
conversation!

Add your comments to  
the chat box



Submit your questions  
anytime

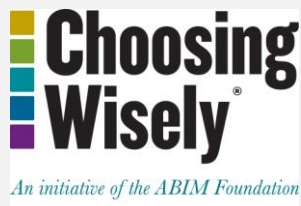
We'll do Q&A at the  
end of the  
presentation!



# Today's Speakers



Kelly Rand, MA, CPH  
Program Manager



Mary Minniti, CPHQ  
Senior Policy & Program  
Specialist



Kellie Slate Vitcavage, MS  
Project Manager, Consumer and  
Community Engagement



# Objectives

- Explore Choosing Wisely as a strategy for improving care and enhancing patient and family engagement
- Learn how implementation of Choosing Wisely effectively engages patients at the point of care and increases shared decision making
- Discover how involving patient and family advisors positively impacts implementation of Choosing Wisely tools into your practice





1. Setting the Stage: Person & Family Engagement in TCPI and Benefits
2. Choosing Wisely Initiative
3. PTN Case Study: Adoption and Support
4. Patient and Family Partnerships with Choosing Wisely Implementation
5. Resource Review
6. Q & A

## How We'll Spend Our Time



- Promote broad **payment and practice reform** in primary care and specialty care.
- Promote **care coordination** between providers of services and suppliers.
- Establish **community-based health teams** to support chronic care management.
- Promote **improved quality** and **reduced cost** by developing a collaborative of institutions that support practice transformation.



**TCPi** | Transforming Clinical  
Practice Initiative

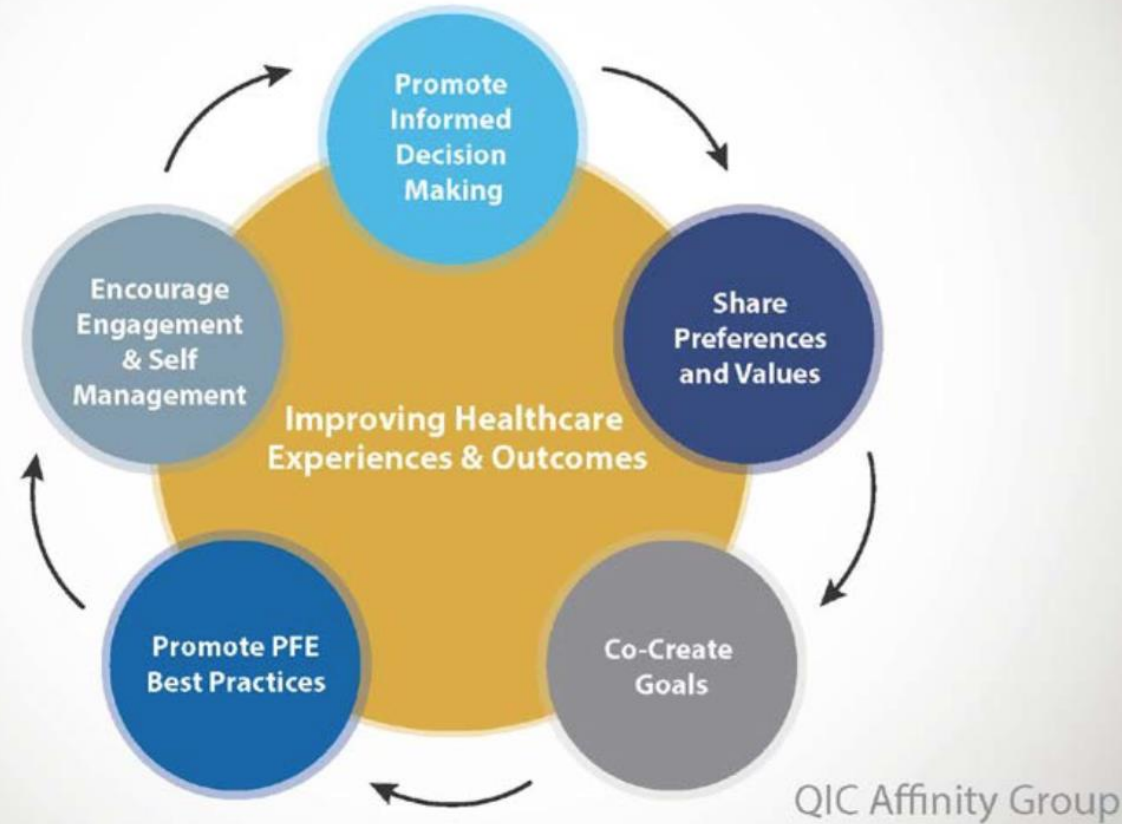
## KEY AIM

Sustain efficient care delivery by reducing unnecessary testing and procedures



# A Strategic Framework

## Person & Family Engagement Cycle





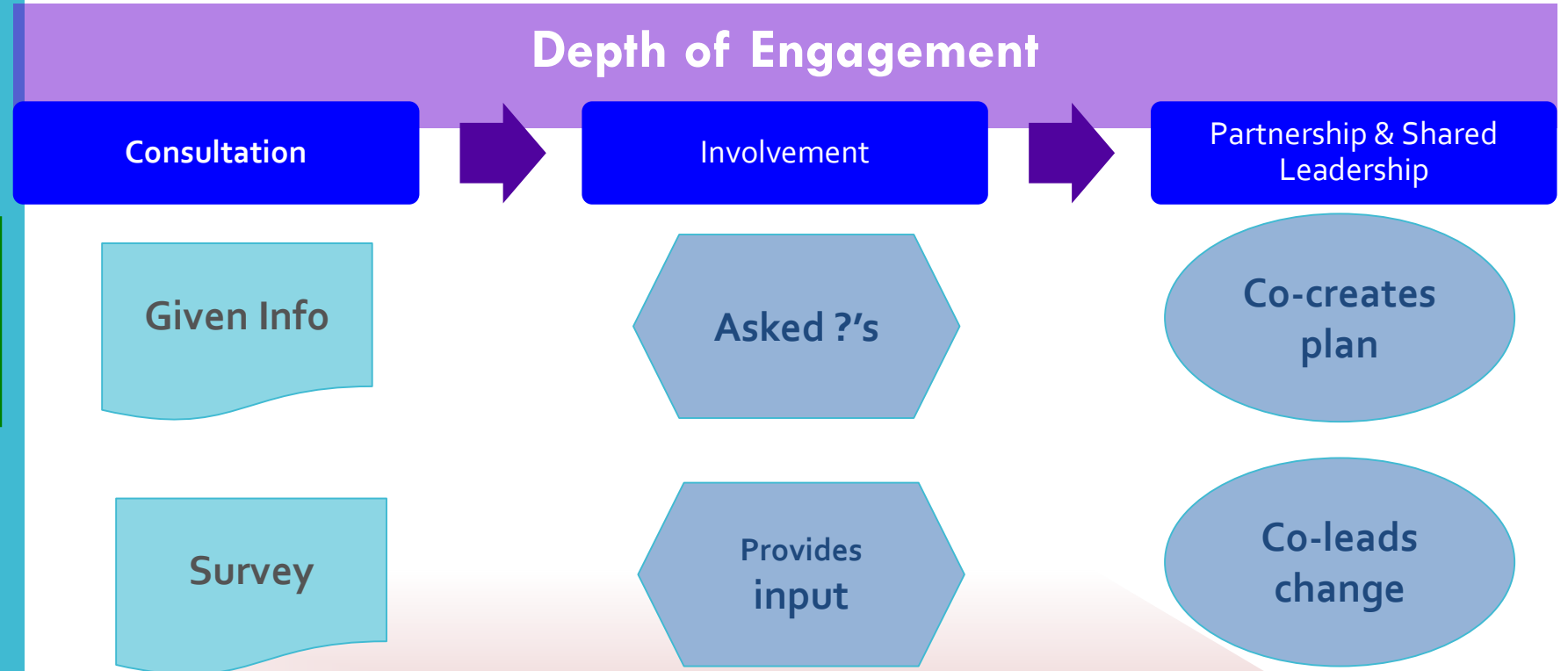
PFE is a  
Primary  
Driver!

## Quality Payment Program

- **Quality Measures (60% of MIPS score)**
  - Patient satisfaction
  - Medication management
- **Advancing Care Information (25% of MIPS score)**
  - Patient portals, Summary of Care, e-Prescribing, patient-specific health education
- **Improvement Activities (15% of score)**
  - Medicaid patient engagement
  - Patient and family engagement in QI
  - TCPI participation



# Continuum of Patient Engagement



Direct Care



Organizational  
 Design &  
 Governance

### Factors influencing engagement:

- Patient (beliefs about their role, health literacy, education)
  - Organization (policies and practices, culture)
  - Society (social norms, regulations, policy)



Person and  
Family  
Engagement  
Performance  
Metrics

Governance

- **Support for Patient and Family Voices**

Point of  
Care

- **Shared Decision Making**
- E-tool Use

Policy and  
Procedure

- **Patient Activation**
- Health Literacy Survey
- Medication Management



## PFE Metrics:

- Shared Decision-Making
- Patient Activation
- Patient Voice

- TCPI Change Tactics:
  - 1.1 Patient and family engagement
  - 1.2 Team-based relationships
  - 1.5 Coordinated care delivery
  - 1.6 Organized, evidence-based care
- PAT Milestones: 2,3,4,5,9,18

**TCPi** | Transforming Clinical  
Practice Initiative

Let Choosing Wisely Help You Meet  
TCPI Requirements!



## Key Lever for Transformational Change

*In a growing number of instances where truly stunning levels of improvement have been achieved...*

*Leaders of these organizations often cite—putting **patients and families in a position of real power and influence**, using their wisdom and experience to redesign and improve care systems—as being the single most powerful transformational change in their history.*



# Extensive Evidence on PFE



NATIONAL ACADEMY OF MEDICINE

Leadership • Innovation • Impact | for a healthier future

DISCUSSION PAPER

## Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care

**Susan B. Frampton, Ph.D.**, Planetree; **Sara Guastello**, Planetree; **Libby Hoy**, PFCCpartners; **Mary Naylor, Ph.D., F.A.A.N., R.N.**, University of Pennsylvania School of Nursing; **Sue Sheridan, M.B.A., M.I.M., D.H.L.**, Patient-Centered Outcomes Research Institute; **Michelle Johnston-Fleece, M.P.H.**, National Academy of Medicine

January 2017

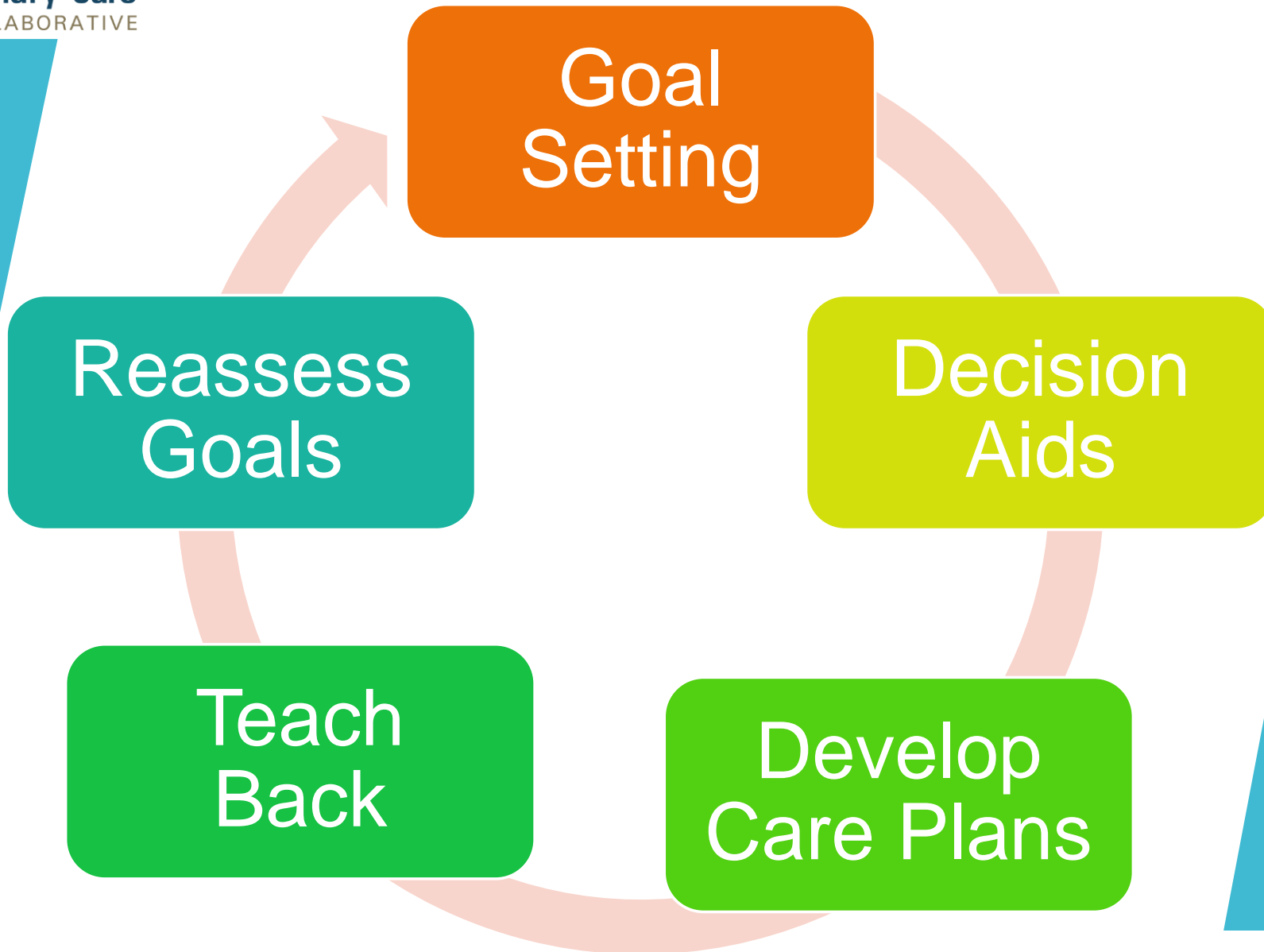
**ABSTRACT** | Patient and family engaged care (PFEC) is care planned, delivered, managed, and continuously improved in partnership with patients and their families (as defined by the patient) in a way that integrates their preferences, values, and desired health outcomes. This vision represents a shift in the role patients and families play in their own care teams, as well as in ongoing quality im-



## Compelling Evidence

- Improvement in staff experience, retention, reduction in job stress and burnout
- Improved transitions of care, decrease in unnecessary readmissions
- Increased patient and family success in self-management, improved quality of life, reduced illness burden
- Reduced rates of hospitalization, emergency room utilization, shorter LOS and cost per case







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.







# ***Choosing Wisely: Effective Tools for Creating Partnerships***

Kelly Rand, MA, CPH  
Program Manager  
ABIM Foundation





# 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**.



# Engagement and Partnership



## Lessons Learned

---

- Alignment of values and framing
- Simple rules
- Engagement and partnerships
- Bottom-up approach with support
- Need for system and performance improvement approaches
- Need for patient and family engagement



## Framing the Choosing Wisely Message

---

- 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: Several resources with similar messaging, and all easy to use.

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

**ABIM FOUNDATION**

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

- 1 Do I really need this test or procedure?** Medical tests help you and your doctor or other health provider decide how to treat a problem. And medical procedures help to actually treat it.
- 2 What are the risks?** Will there be side effects? What are the chances of getting results that aren't accurate? Could that lead to more testing or another procedure?
- 3 Are there simpler, safer options?** Sometimes all you need to do is make lifestyle changes, such as eating healthier food or exercising more.
- 4 What happens if I don't do anything?** Ask if your condition might get worse — or better — if you don't have the test or procedure right away.
- 5 How much does it cost?** Ask if there are less-expensive tests, treatments or procedures, what your insurance may cover, and about generic drugs instead of brand-name drugs.

Use these **5 questions** to talk to your doctor about which tests, treatments, and procedures you need — and which you don't need

Some medical tests, treatments, and procedures provide little benefit. And in some cases, they may even cause harm.

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

[www.choosingwisely.org/patient-resources](http://www.choosingwisely.org/patient-resources)  
©2016 Consumer Reports

Brochures / Posters

Learn more:  
[www.choosingwisely.org/patient-resources](http://www.choosingwisely.org/patient-resources)

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

**ABIM FOUNDATION**

### 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?**

© 2016 Consumer Reports

Wallet Cards

Don't know what to ask your health care provider?  
Here are 5 QUESTIONS.

- 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?**

Rack Cards

The top video thumbnail shows a cartoon character in a red shirt standing in front of a wall with colorful sticky notes. The bottom video thumbnail shows a black and white photograph of an elderly woman sitting at a desk with a young child, with a video player interface at the bottom showing a progress bar at 0:19 / 0:30.

Videos



# 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 show pictures, or images, of the inside of the body. You may think you need one of these tests to find out what's 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 feel better faster. And some times 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 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 information
- 66% said they would talk to their doctor about the topic
- 43% *changed their mind* about a topic

(2013; 2,669 respondents)





## Break Through with *Choosing Wisely*

Participating in *Choosing Wisely* help aligns your work with Aim 5 of TCPI to “sustain efficient care delivery by reducing unnecessary testing and procedures.”

- Groups commit to launching projects at their institutions to reduce at least three overused tests or treatments by 20% over a 12-14 month period.
  - Collection of resources and “lessons learned”
  - Individual virtual consultations with ABIM Foundation staff
  - Bi-monthly “check-in” sessions





*An initiative of the ABIM Foundation*

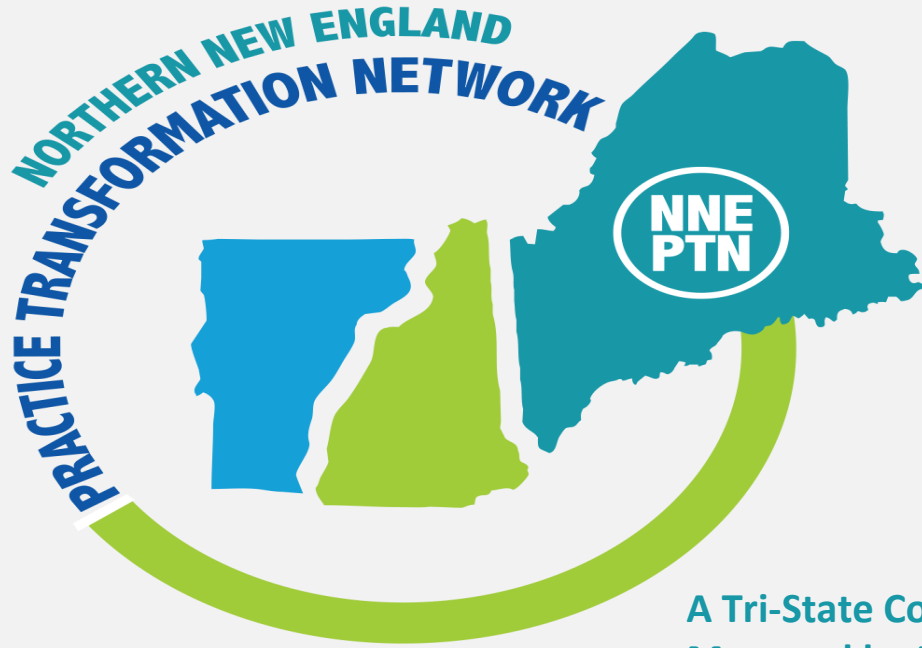
# THANK YOU

For More Information:

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



@ABIMFoundation #choosingwisely

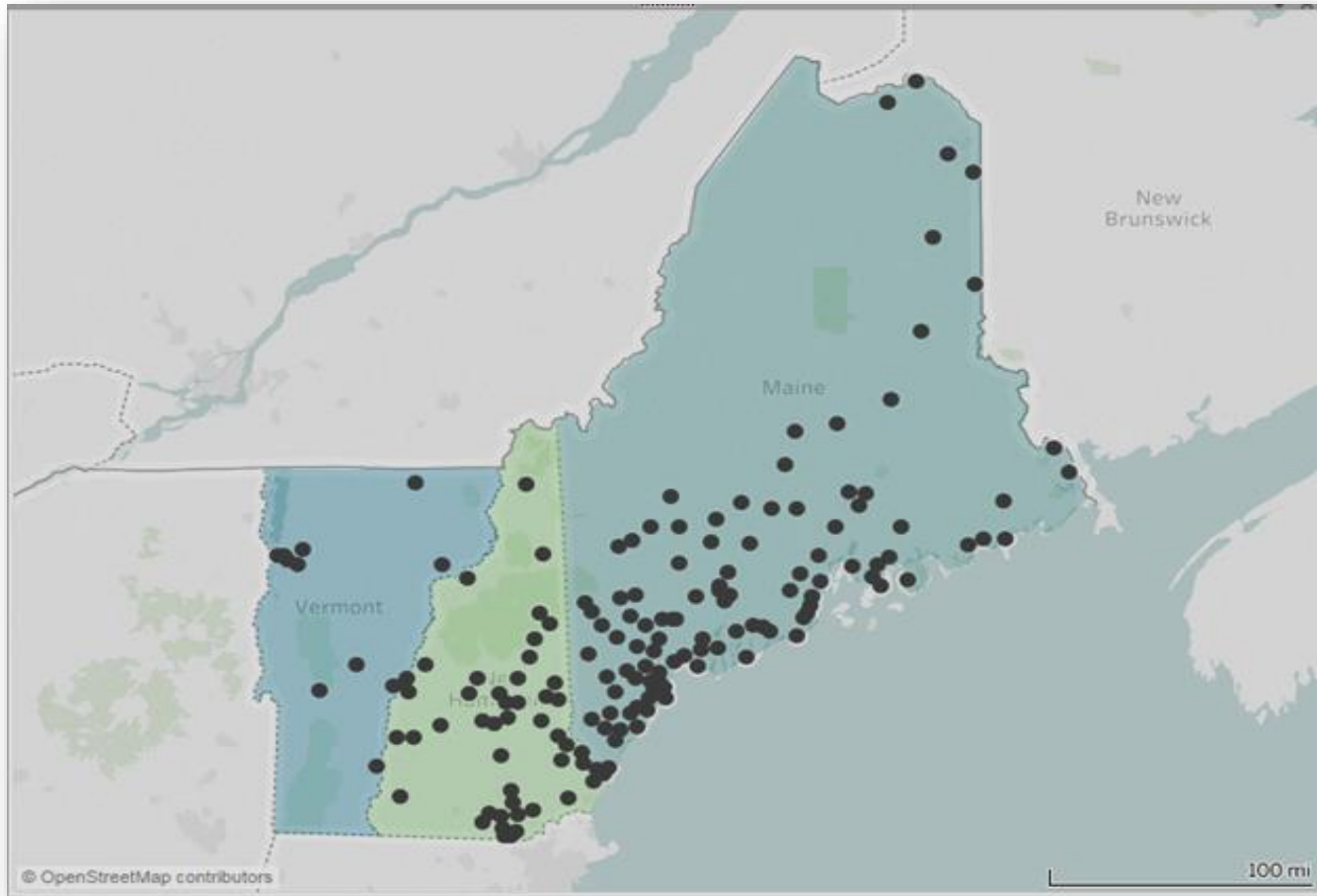


Using Choosing Wisely® tools & tactics as a strategy for improving care and enhancing patient and family engagement/activation

A Tri-State Collaborative Program  
Managed by Maine Quality Counts



# NNE-PTN Transformation Comes in all Sizes

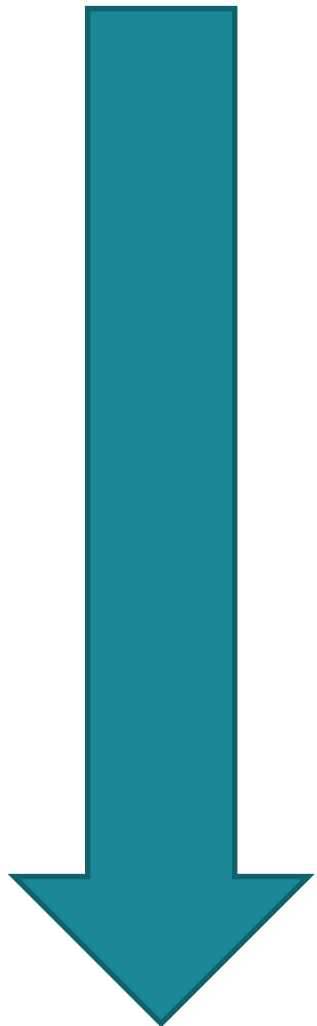


**NNE- PTN is located in a very rural area of New England and includes Maine, New Hampshire and Vermont.**

***We work with 337 (93% small/rural) practices across the three states representing 2,346 providers.***

# Our Experience Timeline

---



## **Initially – pre NNE-PTN:**

- Initial Pilot - 4 Primary Care Practices
  - 5 Focus Areas
  - General use of Choosing Wisely into the workflow

[\(Using Choosing Wisely® Tools to Empower Patients: An Implementation Toolkit for Health Care Practice Teams\)](#)

## **1<sup>st</sup> Spread:**

- Spread into the State Innovation Model (SIM) – Patient Provider Partnership on Shared Decision-Making
  - Low Back Pain and general use of Choosing Wisely into the workflow

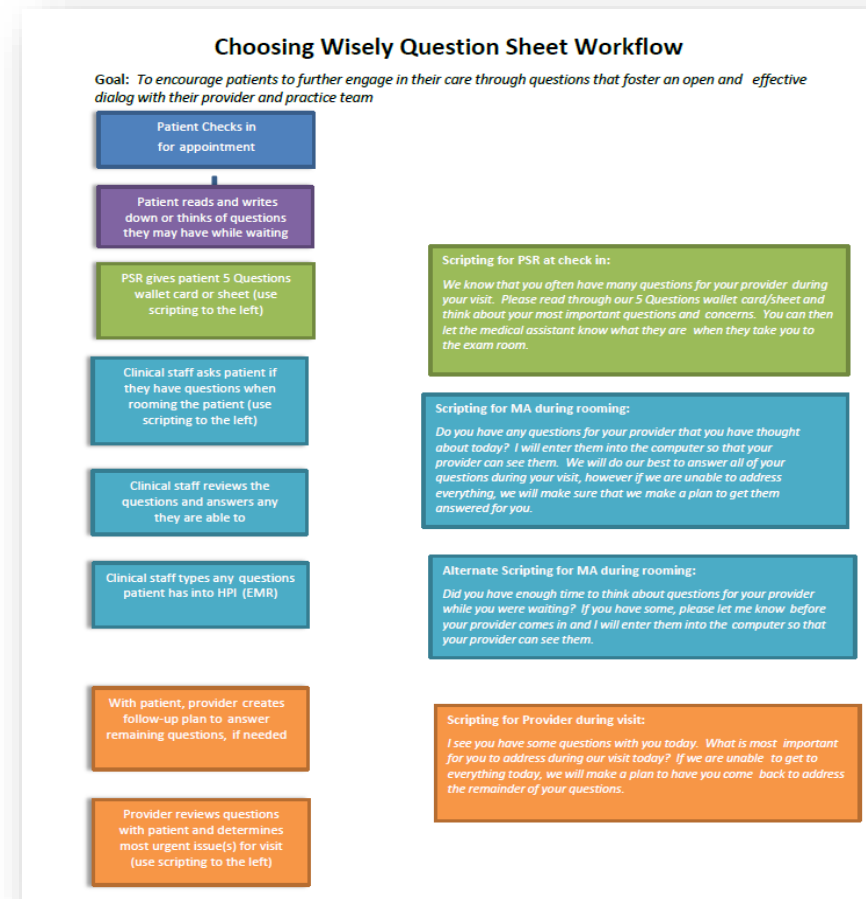
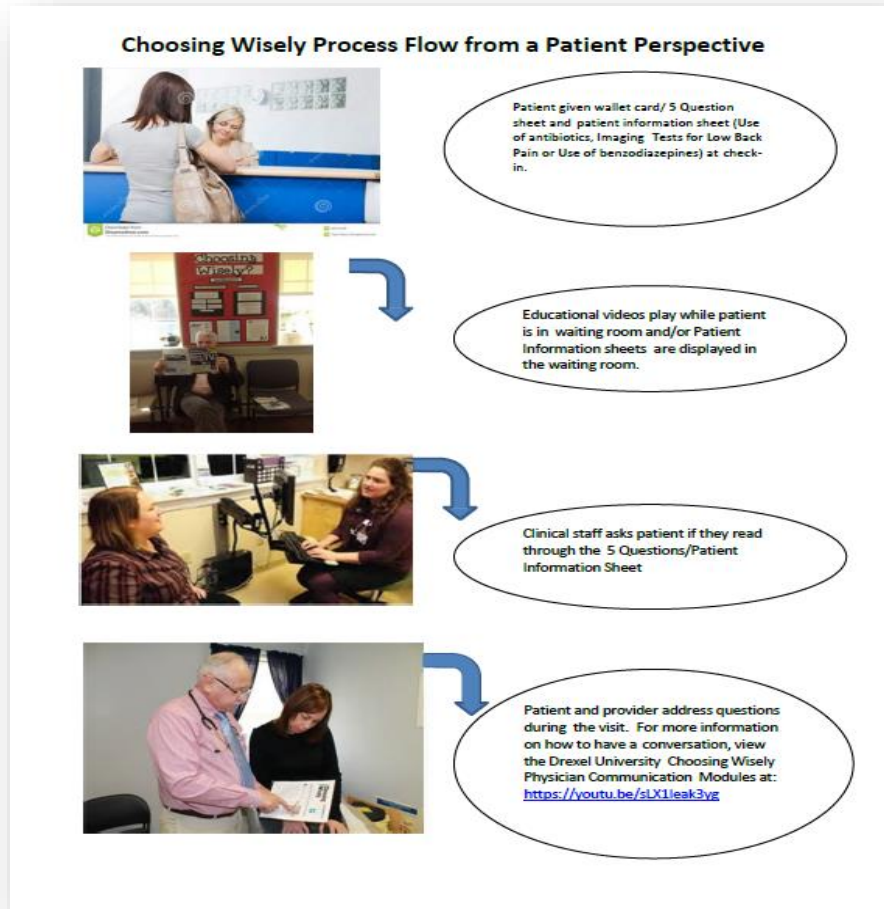
## **2<sup>nd</sup> Spread:**

- 3 Health Systems & Community Engagement
- Low Back Pain and Cost of Care Conversations in the clinical visit
- Managing Chronic Pain through the Caring for ME initiative

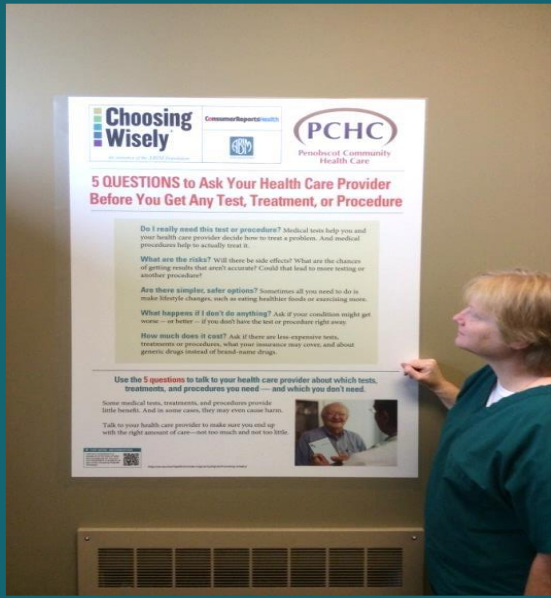
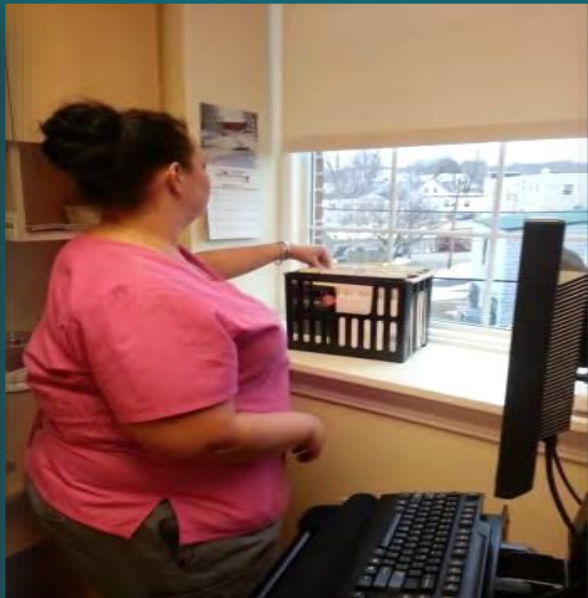


# Integrating CW into the workflow

- ❑ Best Practices
- ❑ Lessons Learned



# Visuals are Important = Culture Change



# Choosing Wisely – Opportunity for PTNs

---

- Addresses key elements of TCPI Change Package
- Change Concept 1: Person & Family-Centered Care:
  - 1.1: Patient & Family Engagement
    - 1.1.3: Collaborate with patients & families**  
**Milestone:** Practice can demonstrate that it encourages patients and families to collaborate in goal setting, decision making, and self-management
  - 1.6: Organized, evidence-based care
    - 1.6.5: Reduce unnecessary tests**  
**Milestone:** Practice has reduced unnecessary tests, as defined by the practice
  - 3.4: Efficiency of operation
    - 3.4.2: Eliminate waste whenever possible**  
**Milestone:** Practice has streamlined workflows, and can demonstrate value of all steps in processes





# NNE-PTN Adoption

## 3<sup>rd</sup> Spread: NNE-PTN

Initially aimed at decreasing unnecessary imaging for Low Back Pain

### High Achievers:

- An orthopedic group in coastal Maine
- A large health system in the mid-coast area

### Clinical Team and Patient Interventions

- Cost of Care Conversations - Clinical Workflows and scripting
- Patient Decision Aids including cost comparisons, wallet card of resources, nudging poster

Next Steps: imaging for uncomplicated headaches, decrease ED UR, chronic pain and behavioral health



# Cost of Care Conversations –Team Based Approach



## Primary Care Practice Cost of Care Workflow for Patient/ Provider Conversations

Using a team based approach in the clinical visit

**RN or MA**  
(after patient/provider visit and to occur in the exam room)  
Did the patient present with LBP? Y/N  
If Y follow instructions below

Team huddle/pre-visit planning to identify patients with acute and chronic Low Back pain for MA to notify Provider to have a Cost of Care Conversation with Patient.

**Provider/Patient Visit**  
Refer to the new wallet card of resources, CompareMaine flyer & Low Back Pain Treatment Option and Cost Card that MA gave patient and use when discussing care & Tx plan.

**Trigger Question:** Do you have any concerns about the costs of your medical treatment?

- Let patient know that these are just examples of resources to assist them find out about costs.
- Remember—it's okay to tell them that you don't know the exact costs, because all insurance plans are different and there are different costs depending where they go.
- Cost conversations are important because of:
  - Increasing deductibles
  - Increasing costs overall
  - Variation across systems/geography
- Notify MA or Nurse Educator that a discussion on cost of care occurred with the patient.

If needed:  
Refer to the Conversation Guide for sample cost of care conversation starters.  
Refer patient to other appropriate team member or hospital billing.

On the iPad, click on the icon that says "Tracking Tool" and fill out the following:

- Did the patient present with LBP?—Yes, if they have a CW bag and No if they do not have a CW bag.
- Did the Provider indicate a discussion on cost of care occurred with the patient? If Y it indicates a Cost of Care Conversation took place & No if it did not.

Let patient know that the practice wants to learn about the best ways for patients and health care providers to have conversations about the costs of treatment options. Ask if they would be willing to complete a brief anonymous survey. Let them know it's voluntary to participate. Tell them they can be entered to win a \$100 Hannaford or Irving gift card.

Offer the survey using the iPad or paper.  
Note: Paper survey with envelope was given to patient to complete by MA or Nurse Educator  
On iPad Tracking Tool fill out the following:

- Check one of the boxes below then hit submit.
  - Patient agreed to the survey using the iPad
  - Patient declined the survey using the iPad, and agreed to complete a paper survey
  - Patient declined the survey using the iPad or paper

If patient agrees to participate in the survey using the iPad, click on the "Patient Survey" icon on the iPad to open up the survey. Give the patient the iPad to complete the survey.

When the patient returns the iPad, thank them for taking part in this important survey. Be sure that the iPad is ready for the next person to take the survey (survey must be submitted by the patient by clicking on the submit button).

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.

## Team-based Workflow Template

## Team-based Communication Scripting Template

Cost of Care Conversations Guide – Medical Assistants  
Using the 4 E Model of Communication (Engage, Empathize, Educate & Enlist)

| Engage   | Medical Assistant  | Resources (Supportive role)  |
|--|--|--|
| <b>Set up / Opening</b>  | <ul style="list-style-type: none"> <li>I see that you are here today for your low back pain.</li> <li>We want to help answer any questions you may have, including any treatment options, and if you have any concerns about the cost for the different treatment options.</li> <li>Our goal is for you to get the best care with fewer problems and lower costs.</li> <li>I can go through the educational materials with you now and/or you can review and then ask the provider any questions.</li> </ul>   | <ul style="list-style-type: none"> <li>Provide patient these materials:                             <ul style="list-style-type: none"> <li>Choosing Wisely Low Back Pain Educational Back Card &amp;/or patient information sheet</li> <li>LBP Decision Tool Back Card for Patients</li> <li>CompareMaine Flyer</li> </ul> </li> <li>Social Determinants Questionnaire (if the need arises)</li> </ul> |
| <b>Engage (Engage the patient)</b>   | <ul style="list-style-type: none"> <li>Do you know anything more about how to get the best treatment at a cost that works for you is a choice part of helping you and your providers make the right decision for your care.</li> <li>Are you interested about the costs for different low back pain treatments today? (If yes, let's go through this LBP decision tool information before you meet with your provider)</li> </ul>  | <ul style="list-style-type: none"> <li>Check on the cost of the visit (if you have a CW bag, it's free).</li> <li>Provide patient the information sheet about the survey. (The link to the survey is in the bottom of this sheet)</li> </ul>   |
| <b>Empathize (Empathize the patient)</b>                                       | <ul style="list-style-type: none"> <li>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 these answered for you.</li> <li>I know that costs for various treatments or procedures are a concern for many of our patients here, and we want you to feel comfortable asking us any questions.</li> <li>To help you look at different low back pain treatment options and get an idea of the different costs for them, I can want to give you information about a website called CompareMaine (refer to the Flyer)</li> <li>All check out, you can use the iPad/computer to search the site or work with one of our staff to show you how to get to this website and find the cost information on the different treatments to see what number fits you best?</li> </ul>  | <ul style="list-style-type: none"> <li>Additional Patient Information:                             <ul style="list-style-type: none"> <li>Choosing Wisely LBP Back Card</li> <li>Choosing Wisely LBP Patient Information Sheet</li> </ul> </li> </ul>  |
| <b>Educate (Partner with patient on their care for best outcome of action)</b> | <ul style="list-style-type: none"> <li>Many patients find it hard to afford their copay and your LBP has different treatment options. I want to help you get as much information as possible so we can make the best decision for your healthcare.</li> <li>Unemployment based upon how you are presenting today, but so to look at your treatment options other than having an ongoing visit (300) because you don't have any of the Back Pain treatment at this time.</li> <li>Costs to make sure I've been clear about the options. Can you tell me what you understand or what you would like a better understanding of?</li> <li>Know that finding out the cost of health care treatments and services can be very difficult, some of staff on our practice team will work with you and help you get a better idea of how you can find out about the costs you can expect for the different treatment options we talked about and about the best treatment options.</li> <li>If you are feeling better after a few days, call the office to see how we can help.</li> </ul> | <ul style="list-style-type: none"> <li>Additional Patient Information:                             <ul style="list-style-type: none"> <li>Choosing Wisely LBP Back Card</li> <li>Choosing Wisely LBP Patient Information Sheet</li> </ul> </li> </ul>  |
| <b>Enlist (Partner with patient on their care for best outcome of action)</b>  | <ul style="list-style-type: none"> <li>Thank you for your interest about today with your low back pain?</li> <li>What is most important to you when it comes to your health? (ability to stay active, work, independence, being pain free, affording your care?)</li> </ul>  | <ul style="list-style-type: none"> <li>Additional Patient Information:                             <ul style="list-style-type: none"> <li>Choosing Wisely LBP Back Card</li> <li>Choosing Wisely LBP Patient Information Sheet</li> </ul> </li> </ul>  |
| <b>Empathize (Empathize the patient)</b>                                       | <ul style="list-style-type: none"> <li>It sounds like you are concerned with staying active, and being pain free – so let's talk about the different treatment options.</li> <li>It also sounds like getting the best treatment/medication for you is a concern for you and may be hard for you right now. Are you worried about how your care will be paid for?</li> </ul>  | <ul style="list-style-type: none"> <li>Additional Patient Information:                             <ul style="list-style-type: none"> <li>Choosing Wisely LBP Back Card</li> <li>Choosing Wisely LBP Patient Information Sheet</li> </ul> </li> </ul>  |

Cost of Care Conversations Guide – Providers  
Using the 4 E Model of Communication (Engage, Empathize, Educate & Enlist)

| Engage                                   | Medical Assistant   | Resources (Supportive role)   |
|--|---|---|
| <b>Set up / Opening</b>                  | <ul style="list-style-type: none"> <li>Thank you for your interest about today with your low back pain?</li> <li>What is most important to you when it comes to your health? (ability to stay active, work, independence, being pain free, affording your care?)</li> </ul>   | <ul style="list-style-type: none"> <li>Additional Patient Information:                             <ul style="list-style-type: none"> <li>Choosing Wisely LBP Back Card</li> <li>Choosing Wisely LBP Patient Information Sheet</li> </ul> </li> </ul> |
| <b>Engage (Engage the patient)</b>       | <ul style="list-style-type: none"> <li>Thank you for your interest about today with your low back pain?</li> <li>What is most important to you when it comes to your health? (ability to stay active, work, independence, being pain free, affording your care?)</li> </ul>   | <ul style="list-style-type: none"> <li>Additional Patient Information:                             <ul style="list-style-type: none"> <li>Choosing Wisely LBP Back Card</li> <li>Choosing Wisely LBP Patient Information Sheet</li> </ul> </li> </ul> |
| <b>Empathize (Empathize the patient)</b> | <ul style="list-style-type: none"> <li>It sounds like you are concerned with staying active, and being pain free – so let's talk about the different treatment options.</li> <li>It also sounds like getting the best treatment/medication for you is a concern for you and may be hard for you right now. Are you worried about how your care will be paid for?</li> </ul> | <ul style="list-style-type: none"> <li>Additional Patient Information:                             <ul style="list-style-type: none"> <li>Choosing Wisely LBP Back Card</li> <li>Choosing Wisely LBP Patient Information Sheet</li> </ul> </li> </ul> |

# Cost of Care - Patient Decision Aids



**Do you have questions about your healthcare treatment and costs? We want to help!**



We know that the cost of medicines and healthcare services can influence your decisions. The costs you pay can vary by several factors such as the type of treatment you need, if you have insurance, your type of coverage, and where you receive services. We want to help you to find the treatment options that are best for you that you can afford.

**How can your health care provider help?**

- ✓ We will work as a team to give you the best care possible.
- ✓ We promise to help you make cost-informed choices.
- ✓ We will discuss with you lower-cost treatments that may be just as effective for your health.
- ✓ We will help you understand what you will pay for the treatment options we discuss.

**What can you do as a patient?**

- ✓ Talk to us about your cost concerns.
- ✓ Find out what your insurance plan and network covers.
- ✓ Look up costs of procedures or treatments at [www.CompareMaine.org](http://www.CompareMaine.org) and compare costs of prescription medicines at [www.GoodRx.com](http://www.GoodRx.com)
- ✓ If you are uninsured, having insurance problems or need help finding a way to get health care, call the Consumer for Affordable Healthcare Helpline at 1-800-965-7476 or visit [www.maine.cahc.org](http://www.maine.cahc.org) for assistance.

**Be In The Know About Health Care Costs!**

Costs can vary depending on type of treatment, location, & your insurance coverage.

- 1** Talk with your provider about treatment options & how to find out about costs.
- 2** Visit [www.CompareMaine.org](http://www.CompareMaine.org) to see differences in procedure costs by insurance & location.
- 3** Contact your insurance for the amount you will need to pay.
- 4** No insurance? Speak with DFD's Patient Assistance Coordinators either Tia or Cami at (207) 524-3501.



- CompareMaine** (average procedure costs at different facilities in Maine) [www.comparemaine.org](http://www.comparemaine.org)
- GoodRX** (prescription drug pricing information) [www.goodrx.com](http://www.goodrx.com)
- Aetna** <https://www.aetna.com/individuals-families/using-your-aetna-benefits/find-form.html>
- Anthem** <https://www13.anthem.com/cp/web/capitalone/cost-and-quality-of-procedures>
- Community Health Options** <https://www.healthoptions.org/>
- Harvard Pilgrim Health Care** [https://www.harvardpilgrim.org/portal/page?\\_pageid=213\\_3835992&\\_dad=portal&\\_schema=PORTAL](https://www.harvardpilgrim.org/portal/page?_pageid=213_3835992&_dad=portal&_schema=PORTAL)
- United Healthcare** <https://www.myuhc.com/member/prewelcome.do?currentLanguageFromPreCheck=en>

To access the above go to [comparemaine.org](http://comparemaine.org) and click on Resources

**Low Back Pain Treatment Options and Costs**



Costs can vary depending on type of treatment, location, and your insurance coverage.

- 1 Talk with your provider about low back pain treatment options and costs.
- 2 Visit [CompareMaine.org](http://CompareMaine.org) to see differences in procedure costs by insurance and location.
- 3 Contact your insurance provider for the amount you will need to pay.
- 4 If you don't have insurance, contact the facility to ask what services will cost.



Options can range in cost:

- \$ - free or low cost**
  - Heating pad
  - Staying active
  - Stretching/yoga
- \$\$ - some cost**
  - Over the counter pain relievers (e.g. Advil, Aleve)
  - Prescription medications\* (e.g. muscle relaxants)
- \$\$\$ - higher cost**
  - Physical Therapy
  - Massage
  - Acupuncture
  - Osteopathic Manipulative Medicine
  - Chiropractic care
- \$\$\$\$ - highest cost**
  - Imaging\*\*
  - Surgery

Sample costs from [CompareMaine.org](http://CompareMaine.org):

| Service                                 | Maine Average | Maine Range     |
|---|---------------|-----------------|
| Physical therapy to one or more regions | \$47          | \$28 - \$154    |
| X-ray of lower spine                    | \$156         | \$49 - \$180    |
| MRI of lower spine                      | \$1,021       | \$311 - \$1,912 |

note: information is based on 2014 - 2015 claims, CompareMaine.org

Keep in mind:  
 \*Narcotic pain meds (opioids) are not recommended for low back pain.  
 \*\*Imaging is usually not recommended for low back pain within the first 6 weeks of symptoms onset.

If your low back pain doesn't get better after treatment or worsens, contact your health care provider.

All Cost of Care resources can be found [here](#).



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

**Imaging tests for lower-back pain**  
 You probably do not need an X-ray, CT scan, or MRI

**Consumer Reports Health**  
 Based on an analysis of nearly 100,000 prescriptions

**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 there are usually better ways to find out.

The tests do not help you feel better faster. Most people with lower-back pain feel better on their own 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. Some 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.

Imaging tests have risks. X-rays and CT scans use radiation. Radiation has harmful effects that can add up. It is best to avoid radiation when you can.

**Consumer Reports Advice**  
**How should you treat lower-back pain?**

Most people get over back pain in a few weeks, and these simple steps might help:

- **Stay active.** Keeping in bed for more than a few days can make your back pain worse. Get up and move around. Try walking, stretching, and gentle exercises.
- **Apply heat.** In heating pads, electric blankets, or heat lamps can relieve muscle tension.
- **Consider over-the-counter medicines.** Over-the-counter medicines such as acetaminophen (Tylenol) and generic or brand-name nonsteroidal anti-inflammatory drugs (such as ibuprofen, naproxen, and celecoxib) can help with pain and swelling.
- **Stay comfortable.** Lying on your side with a pillow between your knees or on your back with a few towels under your feet might help.
- **Talk with your doctor.** If your pain does not improve after a few days, consider seeing a doctor to make sure that the problem doesn't stem from a serious underlying health problem. If the pain is severe, and about persists for more than 6 weeks.
- **Consider alternatives.** If you don't feel better after that week or so, it might be worth talking with your doctor about other options, including physical therapy, chiropractic care, yoga, massage, acupuncture, cognitive behavioral therapy, and progressive muscle relaxation. Some business therapies, such as surgery, should be considered only if these other treatments don't help.



# Choosing Wisely & Cost of Care Materials

## Choosing Wisely Tools

- CW 5 Questions Poster
- CW 5 Questions Rack card & Wallet card
- CW Patient Information Sheets
- CW Low Back Pain Rack Card

[All materials downloadable at: http://www.choosingwisely.org/patient-resources/](http://www.choosingwisely.org/patient-resources/)

[Download the Choosing Wisely Mobile App](#)

[Choosing Wisely Tools & Resources \(MQC learning Modules\)](#)

[Choosing Wisely's 500+ Specialty Society Recommendations](#)

[Strategies to Embed Choosing Wisely in the Workflow \(Using Choosing Wisely to Empower Patients Toolkit\)](#)

[Transformation Rx Vlog: Appropriate Use of Care – Engaging Patients and Care Teams Using the Choosing Wisely Approach](#)

[AMA Stepsforward® – Advancing Choosing Wisely](#)

[ABIM Physician Communication Modules funded by the Drexel University College of Medicine](#)

[Choosing Wisely in Washington- Washington Health Alliance](#)

## Cost of Care Tools

- Cost of Care Low Back Pain Treatment Options Patient Decision Aid
- Diagnosis and Treatment Flash Card
- Cost of Care Conversation Guides for Full Team (Provider, MA/RN, PSR)
- Cost of Care Nudging Letter/poster

[All materials downloadable through the Maine Quality Costs learning module: Cost of Care Conversations](#)

[Compare the costs and quality of healthcare procedures in Maine](#)

[Practicing Provider discussing how to embed the use of Cost of Care materials into the practice setting utilizing all members of the team](#)

[Webinar: "Engage the Patient in Overuse at the Point of Care"](#)

[Webinar: "Eliminating Low Value Care AKA Waste"](#)

[Peter Ubel podcast on Health, Bioethics and Behavioral Economics](#)

[NRHI Getting to Affordability Initiative](#)



# Clinical Outcomes

## Aim 5

### Reduce Unnecessary Testing & Procedures




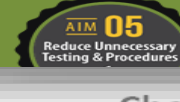
*Committed to reducing 1,634 unnecessary images for low back pain by end of 2019*



***As of Q9 - 1,184 patients were not exposed to radiation from unnecessary imaging!!!  
(And we saved \$1,045,825)***

# Achieving the Aims through PFE

## Using PFE Metrics to Achieve the TCPI Aims

| TCPI AIMS  | NNE-PTN Contributing Metric  | PFE Interventions   | PFE Examples   |
|--|--|---|--|
|  <p><b>ATM 02</b><br/>Improve Health Outcomes</p>                     | <p>Hypertension – Controlling High Blood Pressure (BP &lt;140/90) (NQF 0018)</p> <p>Depression Screening/Follow Up (NQF 0418)</p> <p>Tobacco Screening &amp; Cessation (NQF 0028)</p>        | <p>Million Hearts – NH blood pressure patient wallet cards, exam room posters, correct blood pressure</p> <p>Encourage the use of Apps on smartphones to track BP daily (i.e. Blood Pressure Watch app or Smart BP Tracker app)</p> <p><a href="#">ACP's Hypertension patient information</a></p> <p><a href="#">"How Confident are you?" questionnaire to measure patient activation (Dr. Wasson article)</a></p>  | <ul style="list-style-type: none"> <li>PFE #1-Practice has a process in place for including the perspective and active voice of the patient and family in the governance of the practice.</li> <li>PFE #2-Practice is using methods to promote and teach shared decision making so that patients (and their families according to patient preference) are authentically part of the care team.</li> <li>PFE #3-Practice is using standardized tools that measure a patient's skills, confidence or knowledge to self-manage their health. Examples may include: The Patient Activation Measure (PAM), AHRQ's Question Builder, motivational interviewing or teach-back techniques to improve patients awareness and self-management, etc.</li> <li>PFE #4-Does the practice have an e-tool (patient portal or other #-Connectivity technology)</li> </ul>  |
|  <p><b>ATM 03</b><br/>Reduce Unnecessary Utilization</p>              | <p>Admissions (overall) – Inpatient UR (Hedis)</p> <p>Readmissions (30 Day All Cause) (NQF 1768)</p> <p>Emergency Department – Ambulatory Care Sensitive Conditions Utilization</p>          | <p><b>Choosing Wisely-generic</b></p> <p><a href="#">Choosing Wisely patient information on avoiding unnecessary care in the Emergency Room</a></p> <p><a href="#">Choosing Wisely patient information on imaging for uncomplicated headaches</a></p> <p><a href="#">Choosing Wisely patient information on OverUse Rack Card</a></p> <p><a href="#">Other Choosing Wisely materials</a> patient information sheets</p> <p><a href="#">Choosing Wisely 5 Questions Rack Card</a></p> <p><a href="#">Choosing Wisely 5 Questions wallet cards, posters</a></p> <p>Choosing Wisely app for iPhone/iPad or Android device/smartphone</p> | <ul style="list-style-type: none"> <li>PFE #2-Practice is using methods to promote and teach shared decision making so that patients (and their families according to patient preference) are authentically part of the care team.</li> <li>PFE #3-Practice is using standardized tools that measure a patient's skills, confidence or knowledge to self-manage their health. Examples may include: The Patient Activation Measure (PAM), AHRQ's Question Builder, motivational interviewing or teach-back techniques to improve patients' awareness and self-management, etc.</li> <li>PFE #5-Practice systematically addresses health literacy through universal precautions and assessing how well patients understand information provided to help them manage their health, supplements instructions with appropriate materials (such as videos, models, pictures, etc.) Organizes information so that most important points stand out and repeats this information for the patients (using tools such as Ask Me 3 from the National Patient Safety Foundation). Uses feedback from patient and family advisors to revise health brochures, new patient letters, instructions and materials to ensure readability and comprehension.</li> <li>PFE #6-Practice is using a systematic, standard method in place to evaluate and support patients and their caregivers in medication self-management. Provides brochures or booklets to patients that will help explain why medications are important and will help them succeed with their care goals.</li> </ul>                           |
|  <p><b>ATM 04</b><br/>Generate Cost Savings</p>                       | <p>UR driven (Admissions, Readmits, ED Utilization)</p> <p>Resulting from Outcomes Improvement</p> <p>Limiting Unnecessary Testing and Procedures (Imaging for Low Back Pain) (NQF 1598)</p> | <p><b>Choosing Wisely – Low Back Pain</b></p> <p><a href="#">Choosing Wisely Low Back Pain patient information</a></p> <p><a href="#">Choosing Wisely Low Back Pain rack card</a></p> <p><b>Cost of Care - Low Back Pain</b></p> <p><a href="#">Low back pain patient decision aid</a></p> <p><a href="#">Low back pain clinical workflow</a></p> <p><a href="#">Wallet card of resources</a></p> <p><a href="#">nudging poster</a></p> <p>Low Back Pain scripting templates: <a href="#">providers</a>, <a href="#">MAs</a>, <a href="#">Front desk</a></p>  | <ul style="list-style-type: none"> <li>PFE #2-Practice is using methods to promote and teach shared decision making so that patients (and their families according to patient preference) are authentically part of the care team.</li> <li>PFE #3-Practice is using standardized tools that measure a patient's skills, confidence or knowledge to self-manage their health. Examples may include: The Patient Activation Measure (PAM), AHRQ's Question Builder, motivational interviewing or teach-back techniques to improve patients awareness and self-management, etc.</li> <li>PFE #5-Practice systematically addresses health literacy through universal precautions and assessing how well patients understand information provided to help them manage their health, supplements instructions with appropriate materials (such as videos, models, pictures, etc.) Organizes information so that most important points stand out and repeats this information for the patients (using tools such as Ask Me 3 from the National Patient Safety Foundation). Uses feedback from patient and family advisors to revise health brochures, new patient letters, instructions and materials to ensure readability and comprehension.</li> <li>PFE #6-Practice is using standardized tools that measure a patient's skills, confidence or knowledge to self-manage their health. Examples may include: The Patient Activation Measure (PAM), AHRQ's Question Builder, motivational interviewing or teach-back techniques to improve patients awareness and self-management, etc.</li> </ul> |
|  <p><b>ATM 05</b><br/>Reduce Unnecessary Testing &amp; Procedures</p> | <p>Advanced Imaging for Low Back Pain (NQF 0052)</p>   | <p><b>Other Activation Tools</b></p> <p>AHRQ's <a href="#">Be More Involved in Your Health Care</a> brochure for patients</p> <p>AHRQ's <a href="#">"Taking Care of Myself: A Guide for when I Leave the Hospital"</a></p> <p>Use <a href="#">health literacy precautions toolkit</a> and use</p>   | <ul style="list-style-type: none"> <li>PFE #2-Practice is using shared decision making tools that could include Choosing Wisely® materials, other decision aids, advanced care planning tools, etc.</li> </ul>   |

## Choosing Wisely Crosswalk to Achieve the Six PFE Metrics

| TCPI PFE Metrics  | Relevant Patient Engagement Activities/ Tools in Choosing Wisely Programs   |
|---|---|
| <p><b>PFE Metric 1: Support for Patient and Family Voices (Governance)</b></p> <p>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.)?</p>                | <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>To learn more about how you can implement Choosing Wisely in the clinical setting – go to:</b> <a href="http://www.mainequalitycounts.org/choosingwisely">www.mainequalitycounts.org/choosingwisely</a></p>   |
| <p><b>PFE Metric 2: Shared Decision-Making (Point of Care)</b></p> <p>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.)?</p> | <ul style="list-style-type: none"> <li>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.</li> <li>Invite your team to take the <a href="#">AMA Stepsforward™ "Advancing Choosing Wisely"</a> and NNE-PTN <a href="#">"Improving Patient Outcomes"</a> online modules.</li> <li>Invite your team to watch the <a href="#">Drexel</a>, <a href="#">Kognito</a> and <a href="#">Costs-of-Care communication</a> videos.</li> </ul> |
| <p><b>PFE Metric 3: Patient Activation (Policy and Procedure)</b></p> <p>Does the practice utilize a tool to assess and measure patient activation?</p>   | <ul style="list-style-type: none"> <li>Place <a href="#">Choosing Wisely "5 Questions" posters</a> prominently in waiting and exam rooms and provide wallet cards at check-in. <a href="#">Use the Choosing Wisely Toolkit to script front desk and clinical personnel</a> to encourage patients to think about which questions are most important to ask the doctor when they see him/her. Conduct a PDSA to</li> </ul>  |



# Importance of PFE to VBC Transition

---

The TCPI Person and Family Engagement (PFE) Program Metrics will help in the transition to value based care related to MIPS:

## For Example – Low Back Pain:

- ✧ **PFE Metric 2 – Shared decision-making among clinicians & patients** *(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.)*
  
- ✧ **2018 MIPS Improvement Activities (IA)** – The PFE metrics are linked to Quality Payment Program MIPS Improvement Initiatives. In calculating the overall MIPS score, Improvement Activities are 15% of the overall MIPS score.
  - IA\_BE\_2 – Use of QCDR to support clinical decision making
  - IA\_BE\_8 – Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive
  - IA\_BE\_11 – Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan
  - IA\_BE\_12 – Use evidence-based decision aids to support shared decision-making
  - IA\_BE\_15 – Engagement of patients, family and caregivers in developing a plan of care
  - IA\_CC\_9 – Implementation of practices/processes for developing regular individual care plan





# Education Advancing CW & PFE

The screenshot shows the course page for "Improving Patient Outcomes with Cost of Care Conversations in the Clinical Practice". The page features a blue header with the "Maine Quality Counts LEARNING LAB" logo and navigation tabs for "WELCOME", "GETTING STARTED", and "PROGRAMS". A large blue box on the left contains the "NNE-PTN COURSES" logo and the course title. The main content area includes a description of the learning module, which aims to address TCPI Drivers and improve cost of care conversations. It lists learning objectives such as explaining the importance of cost of care conversations, describing how to pro-actively have these conversations with patients, and identifying ways to use the practice team in the clinical workflow.

<http://qclearninglab.org/course/improving-patient-outcomes-with-cost-of-care-conversations-in-the-clinical-practice/>

The screenshot shows the course page for "Spend Your Health Care Dollars Wisely". The page features a blue header with the "Maine Quality Counts LEARNING LAB" logo and navigation tabs for "WELCOME", "GETTING STARTED", "PROGRAMS", and "ALL COURSES". A large blue box on the left contains the "NNE-PTN COURSES" logo and the course title. The main content area includes a welcome message and a list of topics to be covered, such as how widely costs vary, how widespread unnecessary tests are, and how to find quality health services for less money. It also includes a "How to Begin" section with instructions on how to register or login.

<http://qclearninglab.org/course/spend-your-health-care-dollars-wisely/>

NNE-PTN –  
distributing Choosing  
wisely information on  
decreasing imaging for  
Low Back pain



Designed by Maine Quality Counts





# NNE-PTN Organizational Partners



**Catherine Fulton, MS, CPHQ**

Executive Director

Vermont Program for Quality in Healthcare, Inc.



**Larry Clifford**

Executive Director

Maine Quality Counts



**Jeanne Ryer, MS**

Director

New Hampshire Citizens Health Initiative

# Thank you!

**Kellie Slate Vitcavage, MS**

[kslatevitcavage@mainequalitycounts.org](mailto:kslatevitcavage@mainequalitycounts.org)



# Patients and Family as Implementation Partners





**Janice Tufte**  
Patient Partner

*"At my clinic, Choosing Wisely Options are built into the EMR. Low Value Care is studied, many recommendations are Implemented into clinical practice. Recently while at a clinic visit I noticed a Choosing Wisely subject matter flyer posted in the treatment room.*

*I have been involved with the PCORI funded ABIM/Academy Health "Low Value Care Research" Project where I participate as a Patient Partner Stakeholder.*

*If I am seeing a Physician / Clinician for a specific condition or treatment, I research the CW Patient list to see if there are recommendations pertaining to the issues."*

<http://www.academyhealth.org/about/programs/advancing-research-reduce-low-value-care>

<http://www.choosingwisely.org/new-academyhealth-and-abim-foundation-partnership-to-accelerate-research-on-reducing-low-value-care/>



INSTITUTE FOR PATIENT- AND  
FAMILY-CENTERED CARE

# Inviting Patient and Family Participation

## Patients and families bring insights about:

- How to introduce practice changes to better engage others
- What Choosing Wisely tools are most useful to them
- Where to place materials/tools to increase visibility
- Which messages will build shared decision-making partnerships
- How to evaluate success of implementation



# Outcomes and Benefits

- Health care professionals & staff make fewer assumptions about what patients or families “want.”
- Advisors “see things differently” and ask “why do you do it this way?”
- Advisors challenge what’s possible.
- Patients/Families are motivators – provide hope and dampens cynicism
- Reduces burden for healthcare team
- Creates better tools to meet patient needs and “activate” patients as full partners
- Provides information to help make better business decisions
- Broadens perspectives – acting into new ways of thinking





# Implementation of Choosing Wisely with Patient and Family Participation

## Inviting Patient and Family Participation in Implementation of Choosing Wisely® Tools

The mission of *Choosing Wisely* (CW) is to promote conversations between clinicians and patients that help patients choose care that is supported by evidence, not duplicative of other tests or procedures already received, and free from harm.

Participating clinicians have identified more than 540 tests, treatments, and procedures that are unnecessary and performed too frequently. The *Choosing Wisely* website [www.choosingwisely.org](http://www.choosingwisely.org) has many tools available to support these important conversations with patients and their families.

### QUESTIONS TO CONSIDER WHEN IMPLEMENTING CHOOSING WISELY

- Which topics/tests/procedures are most relevant to our practice?
- How do we create a team-based workflow process that is efficient and effective in building partnerships with patients and their families? What is needed to make it sustainable?
- **What CW tools** (posters, brochures, rack cards, wallet cards, information on using the mobile phone app, etc.) should we select and how will they be used in the practice? Where should they be placed to achieve high impact and visibility?
- How can our clinic communicate our CW program to patients and their families?
- What messages will help start meaningful conversations with our patients and their families?
- How might we evaluate the success of our implementation efforts?

### PATIENT AND FAMILY INSIGHTS CAN HELP YOU!

Patients and families can help answer the questions above and plan implementation strategies. Consider the ideas below to ensure that patient and family perspectives inform your implementation:

- Sit down with one patient and share a CW tool that is relevant to tests or treatments they have had. Ask whether and how the information could have been useful to them in making decisions.
- Provide a list of topics that could be addressed through CW, and ask patients to select items that would be most impactful from their perspective.
- Bring together a small group of patients and family members to review a small number of specific tools that could be implemented and ask them which they like best and why. Integrate that information into implementation decisions.
- Invite 2-3 patients or family members to join a workgroup planning the implementation of Choosing Wisely.
- Ask a few patient portal users to rate the value of receiving a Choosing Wisely link via the portal and to suggest what messages might engage other patients to review the information before an office visit.
- Walk through the clinic with a few patients and ask for suggestions on where CW materials would be most visible and accessible to patients and families.
- Ask a few patients and family members to help you develop scripts/messages for clinicians to use when they talk about the CW program to other patients and families.

olicit input from patients on how to customize patient education on CW materials so they better reach/match your patient population.  
Establish a project advisory group of patient and family advisors to participate throughout the project — in the planning, implementation, and evaluation.  
Invite patient and family advisors to role play with staff and clinicians and serve as coaches to practice how to have a conversation about CW with patients and families.

### GETTING STARTED

Determine which of the ways listed above you will use to involve patients/families.  
Ask staff and clinicians to help identify potential patient and family advisors—individuals who can listen and share their thoughts effectively, are naturally curious, can see more than one side of an issue, and want to make a difference who will partner with clinic on this effort. Create information for potential patient and family advisors about what you are hoping to accomplish, why it's important and how they can help you. This information can be shared in a flyer/brochure posted in exam rooms or in a short letter/email.  
Select those individuals whose experiences and interests match your goals for CW implementation.

### LEARN HOW OTHER PRACTICES INVOLVE PATIENTS AND FAMILIES AS PARTNERS IN TRANSFORMATION

Quality Counts first incorporated *Choosing Wisely* into its Patient Centered Medical Home as part of the Aligning Forces For Quality (AF4Q) project. The strategic emphasis was on engagement and establishment of patient advisory groups and patient advisors at the site level. Four pilots in primary care practices had great success in recruiting patient advisors to work with the practices specifically on creating tangible ways to engage patients in their own health care decisions through *Choosing Wisely*. Read more about their efforts at:  
<http://ipfcc.org/bestpractices/maine-quality-counts.html>.

For more information about working with patient and family advisors to improve your practice is available at [www.pcpc.org/tcpi](http://www.pcpc.org/tcpi).



# Join the Break Through Collaborative!



An initiative of the ABIM Foundation

Patient-Centered  
Primary Care  
COLLABORATIVE

## Break Through with *Choosing Wisely*

Join a growing learning network dedicated to exploring and sharing ways to reduce unnecessary health care by implementing *Choosing Wisely*®, an ABIM Foundation initiative to encourage conversation between clinicians and patients about appropriate care. Participating in *Choosing Wisely* help aligns your work with Aim 5 of CMS's Transforming Clinical Practice Initiative (TCPI) to "sustain efficient care delivery by reducing unnecessary testing and procedures."

This specially designed program for clinics and clinical teams will provide technical assistance and support to five to ten groups that commit to launching projects at their institutions to reduce utilization of at least three overused tests, treatments or procedures by 20 percent over a 12–14-month period.

Partners will receive a collection of resources and "lessons learned" that are tailored to different practice settings, such as hospitals, large multi-specialty practices, and small independent practices.

They will also receive two individual virtual consultations with ABIM Foundation staff, including a physician consultant: an information-gathering session to assess their needs and a "wrap-up" session to transition participants into additional learning network activities. Partners will also participate with the full cohort of clinics and/or teams in bi-monthly "check-in" sessions that will provide ongoing advice and facilitate learning between groups. Informal coaching and email communication will occur throughout the project.

- **Educational Materials**

- Access to patient brochures, videos and tools

- **Best Practices**

- Dissemination of patient-focused and provider-focused best practices on implementation

- **Case Study Examples**

- Qualitative reporting on "lessons learned" and most effective tactics from patient engagement projects of *Choosing Wisely* grantees

**Partners will have access to:**

- webinars with targeted topics for patient, family and consumer engagement
- guided discussions
- monthly emails
- shared library of resources
- connections to others working on similar activities
- shared Facebook platform for discussion



*Choosing Wisely*® is an initiative  
of the ABIM Foundation.

To join or receive more information,  
email program manager Kelly Rand at [krand@abim.org](mailto:krand@abim.org).

For more information email Kelly Rand at [krand@abim.org](mailto:krand@abim.org)

A free on-line learning community dedicated to partnerships with patients and families to improve and transform care across all settings.



INSTITUTE FOR PATIENT- AND  
FAMILY-CENTERED CARE

*PFCC.Connect*

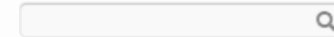
The screenshot shows the website's navigation bar with the following items: HOME, COMMUNITIES (with a dropdown arrow), MY NETWORKS, DIRECTORY, EVENTS (with a dropdown arrow), PARTICIPATE (with a dropdown arrow), a search box with the text 'search' and a magnifying glass icon, BROWSE (with a dropdown arrow), and HELP/FAQS. Below the navigation bar is a main content area with a large heading 'Join the Discussion' and a sub-heading 'Ask or answer questions with your peers.' followed by the text 'Our dynamic discussion groups explore best practices in patient- and family-centered care.' To the right of this section is an 'ANNOUNCEMENTS' section with an 'ADD' button. Below the announcements is a section titled 'NEW FEATURES ON PFCC.CONNECT' with a sub-heading 'BY: MARY MINNITI, 16 DAYS AGO' and the text 'Go to your profile and complete it! Then look under Network and see how many people that have similar roles or backgrounds as you! [More](#)'.

<http://pfcc.connect.ipfcc.org/home>





# Webinars, Tools, Resources to Strengthen Your PFE Efforts!



## Improving Care Through Partnership with Patients, Families & Communities

The PCPCC's **Support & Alignment Network (SAN)** provides technical assistance to practice improvement teams to foster partnerships with patients, family caregivers, and community-based organizations to achieve common goals of improved care, better health, and reduced costs.

Our work is supported by the Centers for Medicare and Medicaid Services (CMS), through the [Transforming Clinical Practice Initiative \(TCPI\)](#). This four-year initiative (2015-2019) is designed to assist more than 140,000 clinicians achieve large-scale health transformation. [Learn More](#)



Patients & Caregivers



Clinicians & The Care Team



Administrators & The Qi Team



THANK YOU!



INSTITUTE FOR PATIENT- AND  
FAMILY-CENTERED CARE

[www.ipfcc.org](http://www.ipfcc.org)

Mary Minniti, CPHQ  
[mminniti@ipfcc.org](mailto:mminniti@ipfcc.org)

Questions?



# Contact Us!

- Merilyn Francis, Program Director  
mfrancis@pcpcc.org
- Jacinta Smith, Program Manager  
jsmith@pcpcc.org

<https://www.pcpcc.org/tcpi>

