



Choosing Wisely in Vulnerable Populations

Dr. Lisa Letourneau



An initiative of the ABIM Foundation

BEFORE WE BEGIN

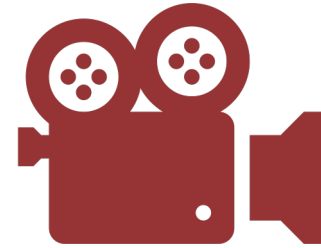
The screenshot displays the GoToWebinar interface. At the top, there are icons for Webcams, Zoom, and Screenshot. Below these is the Speaker Panel, which contains two silhouettes representing participants. A red circle with the number 4 and an arrow points to a horizontal bar below the speaker panel, which is used to adjust its size. Below the speaker panel is the Slide Show, which displays a slide titled "Exploring Peer Support in Ambulatory Care - Lessons from the Field" with an illustration of healthcare professionals. On the right side, the GoToWebinar Control Panel is visible. It includes an Audio section with "MUTED" status and options for "Computer audio" and "Phone call". Below the audio section is a "Talking:" section with a "Handouts: 2" dropdown. A red circle with the number 1 and an arrow points to this dropdown. Below the handouts are links for "Resources.pdf" and "Slides.pdf". At the bottom of the control panel is a "Questions" section with a text input field labeled "Type question here." and a "Send" button. A red circle with the number 2 and an arrow points to this input field. A red circle with the number 3 and an arrow points to the Handouts icon in the control panel's sidebar.

1. Click the Handouts pane to download slides and additional resource materials.
2. Submit your questions anytime by typing in the box. We'll do Q&A at the end of each session.
3. Raise your hand () if you'd like to speak, ask questions, or participate in the conversations – You will be unmuted
4. Adjust the size of the speaker panel and the slide show

AFTER THE WEBINAR



Please complete the post-webinar survey. Your feedback will be appreciated!



We will send you the recording and post the slides and additional materials for download at www.pcpcc.org/webinars



ABOUT PCPCC



Patient Centered Primary Care Collaborative (PCPCC)

Mission:

To promote collaborative approaches to primary care improvement

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

PCPCC Support and Alignment Network (PCPCC SAN)

is a collaborative approach to improving person and family, clinician, and community strategies for engagement



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

- Online Initiatives Map
- Size-Sized Learning Modules
- PFCC.Connect by IPFCC
- Choosing Wisely (CW)
- Patient Family Engagement (PFE) Resource Library
- Y USA Community-based Resource
- Parent to Parent (P2P) Raising Special Kids Program

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

Our Speakers for Today



Lisa Letourneau
MD, MPH, FACP
PCPCC



Kelly Rand MA, CPH
ABIM Foundation

Objectives:

- Gain an understanding of lessons learned from safety net organizations who have implemented Choosing Wisely
- Become familiar with tools to help implement in this setting
- Hear insights gathered from low income patients on overuse

Implementing Choosing Wisely in Safety Net Settings

- Literature review
- Focus group conversations
- 1:1 interviews with Choosing Wisely “alums” from safety net settings

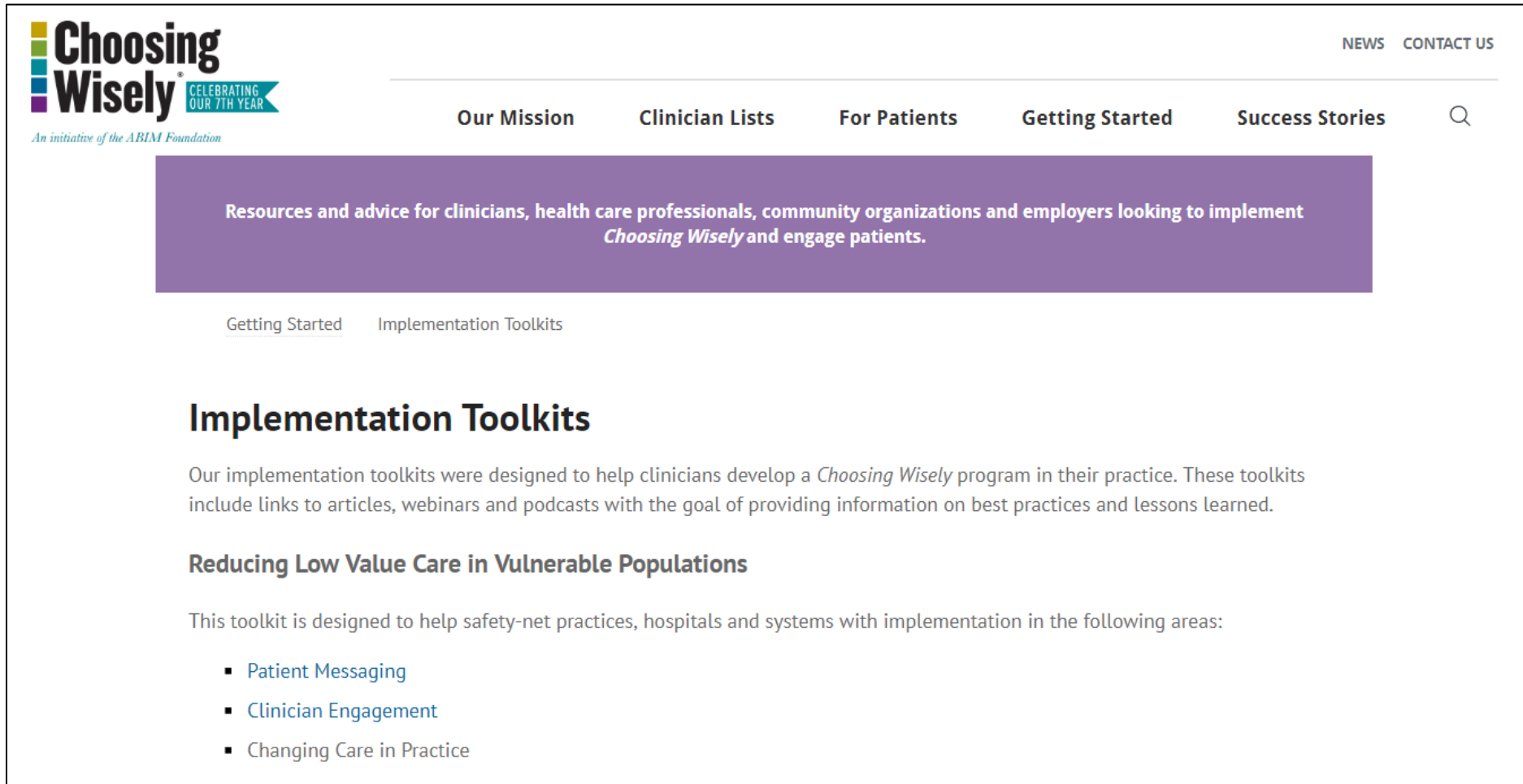
“Overuse of low-value care is common among patients without insurance or with Medicaid. Rates of low-value and high-value care were similar among physicians serving vulnerable patients and other physicians.”

- Low-Value Medical Services in the Safety-Net Population. Barnett ML, Linder JA, Clark CR, Sommers BD. JAMA Intern Med. 2017 Jun 1;177(6):829-837.

Building CW Toolkit for Decreasing LVC in Safety-Net Settings

- *Framework:*
 - Supporting effective patient messaging
 - Engaging clinicians
 - Changing care in practice
- *Structure:*
 - Brief tips: “Five things to consider...”
 - Quick resources
 - More in-depth reading

Safety-Net Setting Toolkit



The screenshot shows the top portion of the Choosing Wisely website. The header includes the logo on the left, navigation links (Our Mission, Clinician Lists, For Patients, Getting Started, Success Stories) in the center, and links for NEWS and CONTACT US on the right. A purple banner below the navigation contains the text: "Resources and advice for clinicians, health care professionals, community organizations and employers looking to implement *Choosing Wisely* and engage patients." Below the banner, there are two breadcrumb links: "Getting Started" and "Implementation Toolkits". The main heading is "Implementation Toolkits", followed by a paragraph explaining that the toolkits are designed to help clinicians develop a *Choosing Wisely* program. Below this is a sub-heading "Reducing Low Value Care in Vulnerable Populations" and a paragraph stating the toolkit is designed to help safety-net practices, hospitals, and systems. A bulleted list follows, listing three areas: Patient Messaging, Clinician Engagement, and Changing Care in Practice.

Choosing Wisely
CELEBRATING OUR 7TH YEAR
An initiative of the ABIM Foundation

NEWS CONTACT US

Our Mission Clinician Lists For Patients Getting Started Success Stories

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

[Getting Started](#) [Implementation Toolkits](#)

Implementation Toolkits

Our implementation toolkits were designed to help clinicians develop a *Choosing Wisely* program in their practice. These toolkits include links to articles, webinars and podcasts with the goal of providing information on best practices and lessons learned.

Reducing Low Value Care in Vulnerable Populations

This toolkit is designed to help safety-net practices, hospitals and systems with implementation in the following areas:

- [Patient Messaging](#)
- [Clinician Engagement](#)
- [Changing Care in Practice](#)

Patient Engagement

If you have five minutes...

Consider these five things when communicating with vulnerable patients about low-value care:



- 1 Many patients want to be active participants in their healthcare decisions. Clinicians can build trust by engaging in active listening to them.
- 2 Consider including these crucial components of your *Choosing Wisely* conversations: Frame the message in a positive; outline the risks and benefits; and explain the care plan and next steps.
- 3 Involve your care team so patients hear the *Choosing Wisely* message in multiple ways from multiple people.
- 4 Reinforce your message with posters, decision aids and additional patient-centered materials.
- 5 Partner with your organization's communications staff and community partners to help spread the message that more care is not always better care.

Clinician Engagement

If you have five minutes...

Five things to consider when working to decrease low-value care when serving vulnerable populations:

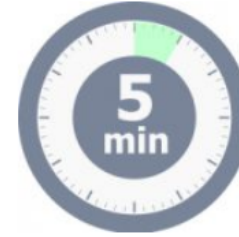
- 1 Keep the focus of clinician-patient conversations on improving patient safety (vs. decreasing health care costs).
- 2 Be sure to present your recommendations respectfully and non-judgmentally.
- 3 Involve your care team so patients hear the *Choosing Wisely* message in multiple ways from multiple people.
- 4 Be aware that most patients value your time with them more than the tests or treatments you order; patients generally appreciate and are open to honest conversations.
- 5 Consider coupling conversations that focus on reducing LVC with complimentary messages re: opportunities to increase high value care (e.g. preventive care).



Changing Care in Practice

If you have five minutes...

Consider these five things when implementing a Choosing Wisely QI project:



1

Identify the problem: consider working to reduce frequently unneeded testing or treatments that occur at least 40% of the time in your institution.

2

Consider “balancing” overuse and safety measures with “do no harm” messaging, and/or pairing a low-value care reduction initiative with efforts to increase high-value care (e.g. promoting evidence-based preventive screening).

3

Use a multi-intervention model when implementing quality improvement efforts to reduce low-value care.

4

Incorporate *Choosing Wisely* into practice workflows.

5

Engage patient and family advisors in planning and implementing your improvement efforts.



Case Study 1: Veteran Affairs' Multifaceted Intervention

- Multi-faceted intervention to promote advance care planning discussion at group of Veterans' Health Administration outpatient clinics:
 - Physician reminders
 - Chart reminder flags
 - A booklet sent to intervention patients in advance of their appointment
 - A postcard reminder to review the booklet
 - A meeting with a social worker to answer questions or complete an advance directive
- Resulted in nearly two-fold increase in key measures compared with control group:
 - Advance care planning discussions (64 percent vs. 38 percent)
 - Advance care planning chart notes (47 percent vs. 24 percent)
 - Living wills (48 percent vs. 23 percent),

Pearlman RA, Starks H, Cain KC, Cole WG. Improvements in advance care planning in the Veterans Affairs System: Results of a multifaceted intervention. Arch Intern Med. Mar 28 2005;165(6):667-674.



Case Study 2: San Francisco Health Network



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Interventions

- Displayed radiation exposure information for CT scan
- Displayed Medicaid reimbursement information for ultrasound, MRI and CT scans
- Conducted web-based survey to assess primary care clinicians' perceived utility



Results

- Ratio of CTs to ultrasounds declined by 15%
- Ratio of MRIs to ultrasounds declined by 13%.
- Survey reached 63% of primary care clinicians
- Safety (radiation exposure) information was more influential than cost information



**Choosing
Wisely**

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Case Study 3: LA County + USC Medical Center

Interventions include:

- Establishing new clinical guidelines
- Changing workflows and surgery requirements
- Physician champions
- Clinical education
- Commitment posters

Results:

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



Case Study 4: Cornerstone Health System

Interventions include:

- Clinical pathways in EMR
- Peer-to-peer training
- Changes to order sets
- Provider feedback
- Patient materials

Results:

- 33% reduction in inappropriate antibiotic prescribing
- 45% reduction DEXA scans
- 76% reduction too-frequent Pap tests

CORNERSTONE HEALTH CARE		PCMH Pre-Visit Planning Worksheet	
Name: Sanders, Stevie		Provider: LENNON, YATES, M.D.	
MRN: 4780160	DOB: 10/09/1990	Appt Date/Time: 8/19/2016 8:45:00 AM	
Reason for Visit: nexplanon removal R/S FR PREV NO SHOW			
Thank you for helping us provide you with the high quality healthcare you deserve.			
1. What is your primary language ? English Spanish Other _____			
2. Will you share your race with us ? Yes No			
If yes: Asian Black Hispanic White Multi Other _____			
3. Have you smoked within the last week ? Yes No			
4. Please list any serious diseases that your parents, children, brother, or sister has or has had.			
a. Relation: _____		Disease: _____	
b. Relation: _____		Disease: _____	
c. Relation: _____		Disease: _____	
d. Relation: _____		Disease: _____	
5. Do you take an aspirin each day ? Yes No			
Your last recorded bone density test is:		If not correct, approximately when ?	
Your last tetanus shot was:		If not correct, approximately when ?	
Your last meningococcal vaccine was:		If not correct, approximately when ?	
Your last HPV/Gardasil vaccine was:		If not correct, approximately when ?	
Your last recorded pap smear was:		If not correct, approximately when ?	
Have you signed up for our Electronic Patient Portal ? Yes No			
- This portal allows you 24/7 access to much of your health information, including labs done at our medical practice.			
We would like for you to sign up. Can we start your sign up today ? Yes No			
Patient Signature: _____			



Overuse Messaging to Vulnerable Populations

Kelly Rand

Methodology:



Philadelphia, PA



Hartford, CT

- Four focus groups
 - Nov. 2018 – Philadelphia, PA
 - Dec. 2018 – Hartford, CT
- 33 participants; ~8 per group
 - Women (17) and Men (16)
 - Black (13), Hispanic (12), White (8) Participants
- All “low-income”
 - <250% of FPL
- Frequent healthcare consumers
 - at least 4x per year
- Mixed insurance coverage
 - 15 Medicaid; 12 commercial; 5 none

Core Findings:

Choosing Wisely message concepts resonate with underserved patients.

- ✓ Some medical care is ineffective and unnecessary.
- ✓ Some common prescriptions, procedures and tests are overused and should be questioned.
- ✓ Patients and physicians should have conversations about what is the *right* care for the patient's condition.
- ✓ Regardless of a patient's income, insurance status, ethnicity or other factors, his/her opinions must be part of any medical decision making.
- ✓ Implicit contradictions in participants' replies show a health care system in transition and provide initial insights into the barriers and motivators for these types of conversations.

Insights:

Participants are willing to challenge their doctors about care decisions.

“If the doctor says, “Do X, Y and Z,” and you’re not sure about that, what do you do? I will question it first. If you give me a good enough reason, I say, “Yes, let’s do it.” If not, then I’ll say, “No. I won’t do that.”

- Philadelphia Participant

Insights:

Participants expressed relatively low levels of trust in their providers.

“A couple visits that I've had, at the doctor or the ER specifically, where I go in there with a problem, and they're not addressing it ... they were completely looking past everything I was saying, and they were just pushing me out the door.”

- Hartford Participant

Insights:

Participants research treatment options and trust their own judgment.

“Before I go, I try to do as much research as I possibly could so that I'm educating myself a little bit as to what the diagnosis might be, or what the options might be, so that she doesn't try to sell me on something that I don't know anything about.”

- Hartford Participant

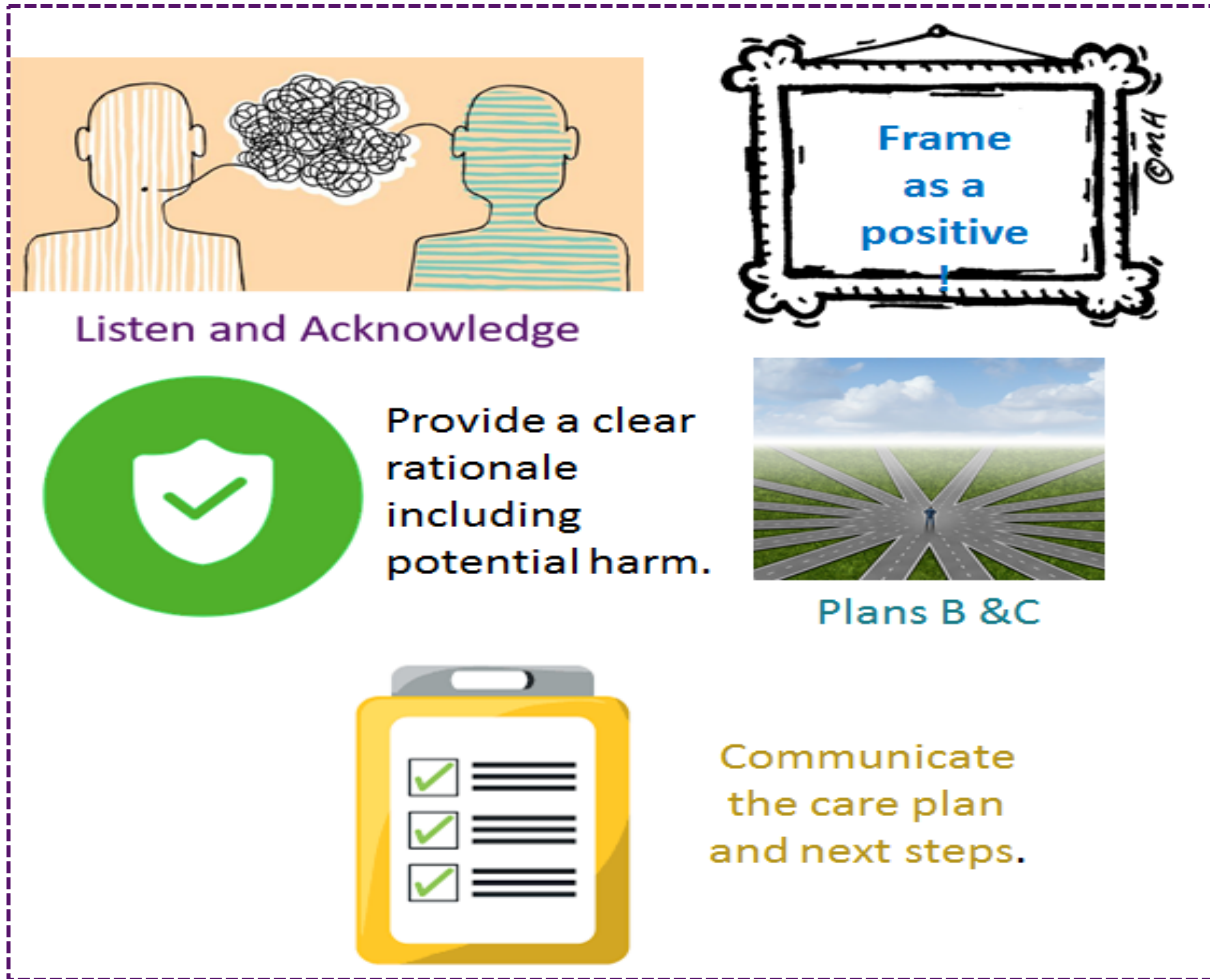
Insights:

More than anything, low-income focus group participants wanted to be heard by the health care system.

“When I got new insurance, I had to switch doctors. The last time I regularly went to see a primary care physician, I wasn’t really comfortable with them. They did misdiagnose me. Didn’t really believe what I was saying, thinking I was exaggerating things or making things up. They would put me on a medication that almost killed me, because it was the wrong thing because they ... weren’t really listening to what I was saying.”

– Philadelphia Participant

Conversation Framing



Insights:

Some participants believed their clinicians displayed bias.

“When I told them I didn’t have insurance, they basically opened up the door and dumped me on the street. It was crazy. I never felt like—They basically were like, “Get out of my hospital.”

– Philadelphia Participant

Insights:

Patients recognized and experienced the harms of overuse.

“If it’s not quality care, you can get all the care you want. If it’s not quality, I’m not getting better, you’re not figuring out what’s wrong with me. As long as the care is quality, then quantity doesn’t really matter.”

– Philadelphia Participant

Insights:

Participants said “procedures” can cause the most unintended harm.

“When it comes down to surgeries and procedures and stuff like that I’ve become more skeptical. I definitely, when it comes to procedures, I’ve definitely become more questionable.”

- Philadelphia Participant



Insights:

Participants want a health system that recognizes the individual needs of patients.

“Having a conversation, to me, it lets you know, ‘We’re going to go back and forth about this.’ It’s not like an argument. Dialogue between you and your doctor. You guys are finding out what’s the best way to treat your illness.

They’re not just talking at you. They’re talking with you and they’re listening and you’re listening and you’re working together rather than just, ‘This is what you’ve got. Here you go. Here are some pills,’ and telling you what to do.”

- Philadelphia Participant

Thank you

- To Robert Wood Johnson Foundation for supporting the work.
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- To our partners in analyzing the results:
 - Camden Coalition of Healthcare Providers
 - Donaghue Medical Research Foundation
 - Hispanic Health Council
 - Network 4 Health Ministries
 - Qualidigm
 - University of Connecticut Health Diversity Institute
 - The Choosing Wisely Patient Engagement Advisory Committee





Thank you!

To join the Choosing Wisely Learning Network, please email Kate Carmody at kcarmody@abim.org.

THANK YOU!



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**Visit our website at:
www.pcpcc.org/tcpi**