


Kaiser Permanente of Georgia

Choosing Wisely Regionwide Implementation



Scott Pugel, MD
Physician Director
Resource stewardship

Patient-Centered
Primary Care
COLLABORATIVE

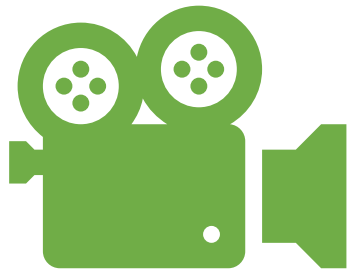
 **Choosing
Wisely**[®]
An initiative of the ABIM Foundation

Before We Begin

The screenshot displays the GoToWebinar interface. On the left, the Speaker Panel shows two silhouettes of participants. Below it is a Slide Show with a teal background and the text "Slide Show" and an illustration of healthcare professionals. At the bottom left, logos for "Patient-Centered Primary Care Collaborative" and "TCPi Transforming Clinical Practice Initiative" are visible. On the right, the GoToWebinar Control Panel is open, showing audio settings (Computer audio selected, Muted), a "Talking:" section with "Handouts: 2" (Resources.pdf, Slides.pdf), and a "Questions" section with a text input field "Type question here." and a "Send" button. Three red arrows with numbers 1, 2, and 3 point to the Handouts icon, the question input field, and the Hand icon in the control panel, respectively.

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

After the Webinar



We will send you the recording and post the slides and additional materials for download at:

www.pcpcc.org/webinars



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

About PCPCC

Patient Centered Primary Care Collaborative (PCPCC)

Mission

To promote *collaborative* approaches to primary care improvement.

Improvement focus areas include:

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

About PCPCC



PERSON & FAMILY
CENTERED



CONTINUOUS



COMPREHENSIVE
& EQUITABLE



TEAM BASED &
COLLABORATIVE

Shared Principles of Primary Care



COORDINATED
& INTEGRATED



ACCESSIBLE



HIGH VALUE

About PCPCC

TCPi | Transforming Clinical Practice Initiative

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.



Bize-Sized Learning Modules



Patient Family Engagement (PFE) Resource Library

PFCC.Connect

PFCC.Connect by IPFCC



Parent to Parent (P2P) Raising Special Kids Program



Choosing Wisely (CW)

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

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Today's Learning Objectives

Participants will:

- Gain an understanding of best practices and barriers to regional implementation;
- Learn about specific tactics used to implement;
- Understand their change management strategy.

Today's Speakers



Scott Pugel, MD
Physician Director
Resource stewardship
Kaiser Permanente



Lisa Letourneau
MD, MPH, FACP
PCPCC



Kelly Rand MA, CPH
ABIM Foundation

TCPI Patient Family Engagement Metrics

Governance

- Support for Patient and Family Voices (PFAC, Board, QI)

PFE Metric 1

Point of Care

- Shared Decision Making
- E-tool Use

PFE Metric 2

PFE Metric 4

Policy and Procedure

- Patient Activation
- Health Literacy
- Medication Management

PFE Metric 3

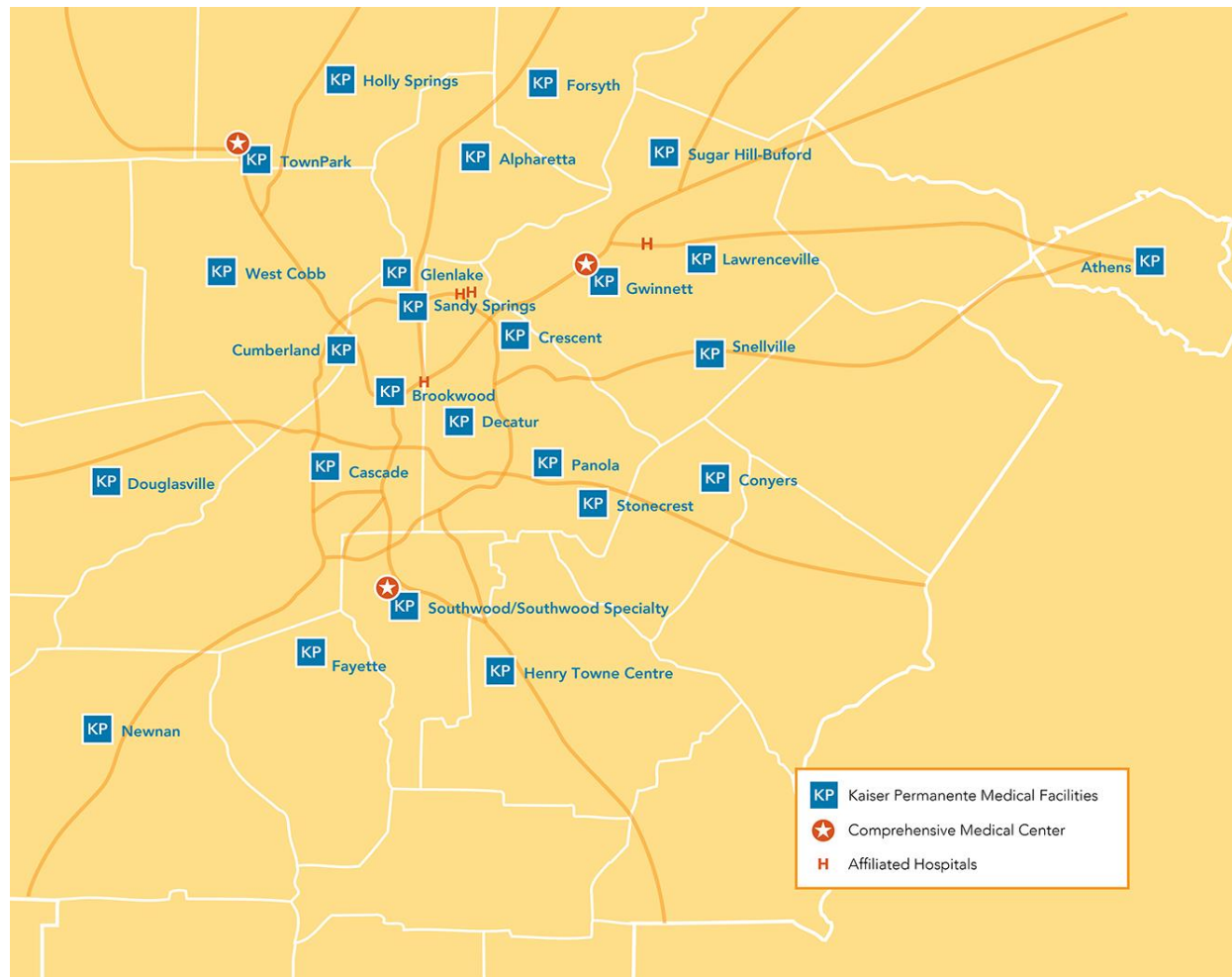
PFE Metric 5

PFE Metric 6



Georgia KP Region

- 300,000 members
- 25 medical offices in 14 counties

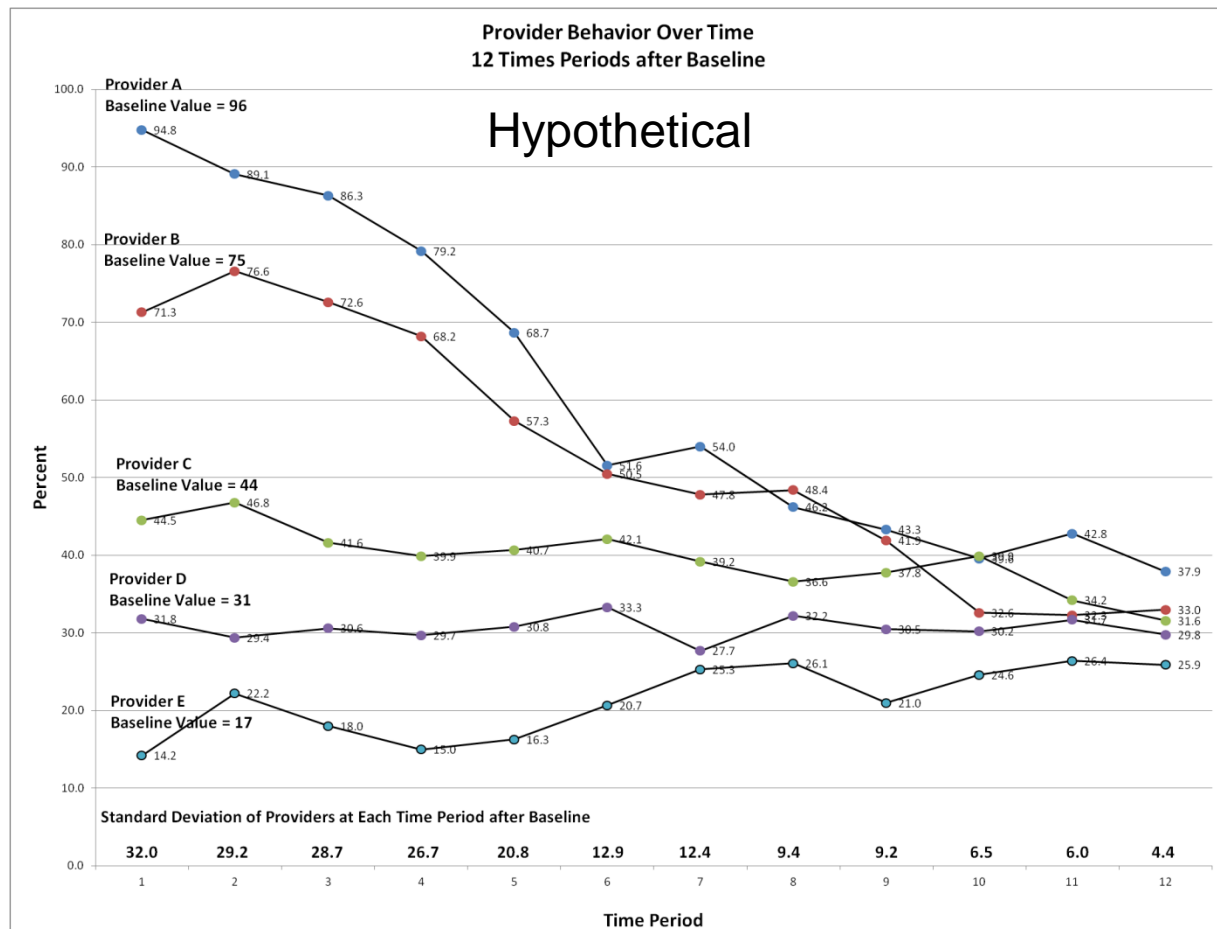




Articulating the Problem

Linking Practice Variation & Choosing Wisely

KPGA's Challenge: Keeping the known barriers in mind, develop and implement a change management program that could formally link the standardization of care to nationally adopted guidelines and recommendations



Source: KP Georgia Region

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Barriers to a Solution

The NICS identified six key levels of health care where barriers may impede best practice. These are:

- The guidelines themselves (feasible, credible)
- Professionals' individual levels of awareness, knowledge, attitude, motivation to change and behavioral routines
- Patients' knowledge, skills, attitude and compliance
- Professionals' social context (culture, collaboration)
- Organizational context (support/barriers)
- Economic and political context (policy)

Source: Clinical Practice Variation Peter J Kennedy, Colleen M Leathley and Clifford F Hughes, MJA , Volume 193 Number 8 ,18 October 2010

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Solution Development: Goals

Quality first, with emphasis on increasing quality of care, enhancing the member experience, and reducing practice variation

The Choosing Wisely guidelines were initially developed by the American Board of Internal Medicine (ABIM) and the American Board of Family Medicine ABFM

Kaiser Permanente Georgia Region Choosing Wisely Campaign Goals:

- Increase our capability to provide the best evidence-based care
- Improve quality via delivering value added care
- Promote meaningful care discussions in the exam room
- Promote meaningful discussion regarding practice variation



Solution Development: The Plan

Change Management

Communication Planning

- Communication Strategy Development
- Stakeholder Identification
- Stakeholder Mapping

Report Development & Delivery

- Report Specification Development and Drafting
- Ratification of Reports
- Delivery/Rollout Plan Development

Training & Education

- CME/Contextual Material Development
- Linkage to KP Mission and Vision
- Usage Toolkit Development



Solution Development: Understanding the Issues and Risks

Issues



Clinician Ownership

- Time allotment for provider involvement
- Disruption in workflow
- Consensus building for guideline and report adoption



Reporting Limitations

- Competing priorities across organization initiatives
- Trust in report development and data sources

Risks



Lack of Consistency In Adoption

- Member perception/dissatisfaction
- Provider satisfaction
- Staff satisfaction

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Communication Planning: Communication Strategy Goals

■ Internal

- Foster a collaborative, performance driven culture
- Reduce change anxiety (non-punitive)
- How we address ‘next steps’
- Maintain a high level of provider satisfaction

■ External

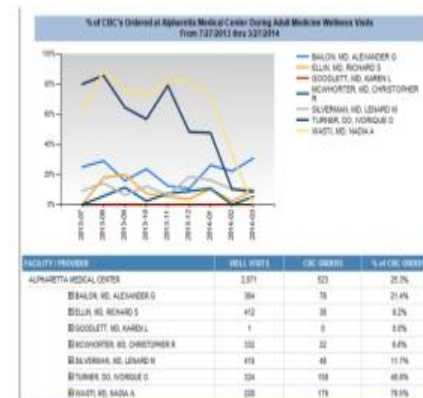
- Maintain a high level of member satisfaction
- Solidify KP position as a plan of choice for employers
- Become the first health plan in metro Atlanta to publicly embrace the Choosing Wisely campaign



Communication Planning Groupings



- Leadership
- Chiefs/Leads
- Practitioners
- Operations
- Currently Subscribed Members
- Currently Subscribed Employers
- Potential Employers and Members





Report Development and Delivery Ambulatory Medicine

Development Process

- Report Specification Development
- Draft Report Development
- Ratification of Specification and Draft Report by Chiefs

Delivery Process

- **Targeted Rollout**
 - Chief/Lead collaboratively worked with Hub providers on specific initiatives
 - Targeted roll-out phase lasted for a period of 60 days (2 months)
- **Full Rollout**
 - Department wide roll-out completed the week of 7/21
 - Leveraged 'success' strategies and 'targets' identified in Targeted Rollout period

Delivery Vehicle

- Manual emailing during targeted rollout (**Un-blinded**, Hub specific)
- Automated emailing for full rollout (**Un-blinded**, Entire department)
- Report Portal for ad hoc requests/non standard time frames
- Emailed to providers the first day of every month



Report Development and Delivery

Targeted Rollout

	Choosing Wisely Initiative	Targeted Hub	Responsible Area Chief
Do not do imaging for low back pain within first 6 weeks unless red flags present	Do not do DEXA screens on women under 65 and men under 70	Crescent	Dr. Charles Curry
	Do not use a CBC as a routine screening test	Cascade & Southwood	Dr. Lajune Oliver
	Do not order annual EKGs for low risk patients	Gwinnett	Dr. Charles Curry
	Do not do imaging for uncomplicated headaches	Glenlake & Townpark	Dr. David Seidel

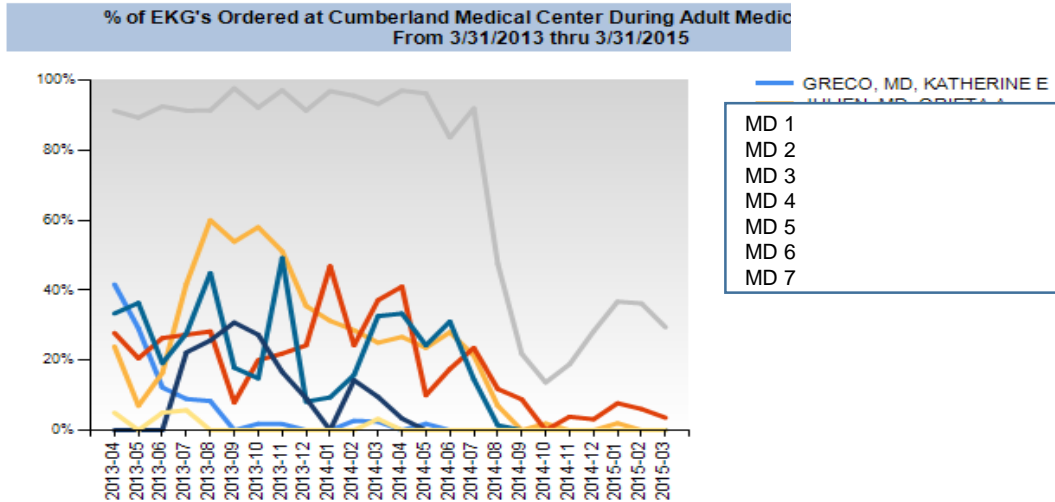
Report Development and Delivery

Sample Ambulatory Medicine Provider Report



Reporting Period: 3/31/2013 - 3/31/2015

EKG orders during Physical, Ear and Hearing, Wellness, Annual Health or Well Woman exams.



FACILITY / PROVIDER	WELL VISITS	EKG ORDERS	% of EKG ORDERS	MARCH 2015
REGIONAL TOTAL	111,491	10,504	9.4%	0.9%
CUMBERLAND MEDICAL CENTER	6,644	1614	24.3%	6.7%
MD 1	1,160	41	3.5%	0.0%
MD 2	1,205	277	23.0%	0.0%
MD 3	817	153	18.7%	3.6%
MD 4	1,264	220	17.4%	0.0%
MD 5	1,230	878	71.4%	29.4%
MD 6	300	40	13.3%	0.0%
MD 7	668	5	0.7%	0.0%

Order Date	MRN	Well Visit	EKG Order
4/3/2013	#####	1	N
4/3/2013	#####	1	N
4/3/2013	#####	1	N
4/4/2013	#####	1	Y
4/4/2013	#####	1	N

Training & Education: Benefits of Shared Decision Making

- Improved **quality**
 - Outcomes that are more concordant with patient's values
- Improved patient and clinician **satisfaction**
- Reduced patient **anxiety**
- Increased **adherence**
- Significantly improved **utilization** of resource intense, preference sensitive procedures

Kaiser Permanente of Georgia
Your Physical Exam Appointment
This is a visit with your doctor to help you maintain or improve your health.

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■ **What should I talk to my doctor about?**

- What am I doing right for my health?
- What do I need to do differently to be healthier?
 - (Am I eating right? Am I getting enough exercise?)
- Am I at risk for any health conditions (Diabetes, cancer, or other health conditions)?

■ **What tests or screenings do I need?**

For those considered normal or average risk:

- Blood pressure screening every visit
- Cholesterol screening every 5 years (if in normal range)
- Colon cancer screening starting at age 50 (age 45 if African-American)
- Bone density test screening once after age 65 for women and age 70 for men
- Mammogram for breast cancer screening every 2 years after age 50, unless there are other risk factors
- Pap smear every 3 years starting at age 21
- Discussion of whether a prostate cancer screening (PSA) is right for you - starting at age 50, earlier if African American or family history.
- Urine Gonorrhea / Chlamydia test if sexually active
- Consider HIV screening at least once, and continue screening based on risk factors
- Diabetes screening if at risk
- Consider lung cancer screening if you are 55 yrs or older and you've been smoking more than 30 years

■ **What shots do I need?**

- Tetanus vaccine every 10 years (one time pertussis booster)
- Flu vaccine every year
- Pneumonia vaccine at age 65 or younger with risk factors
- Shingles vaccine at age 60
- HPV vaccine before age 26

■ **What other tests might be ordered if I have symptoms or risks?**

- CBC - symptoms of anemia or infection
- Thyroid test - symptoms of thyroid disease
- Hemoglobin A1C - symptoms of or at risk for diabetes
- Liver function tests - symptoms of or at risk for liver disease
- Urine test - symptoms of urinary infection, diabetes, high blood pressure, or kidney disease.
- Electrolytes - symptoms of dehydration or kidney disease
- EKG - symptoms of or high risk for heart disease
- Vitamin D - symptoms or risk of osteoporosis

For more information, go to KP.org.

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Training & Education: Toolkit Usage

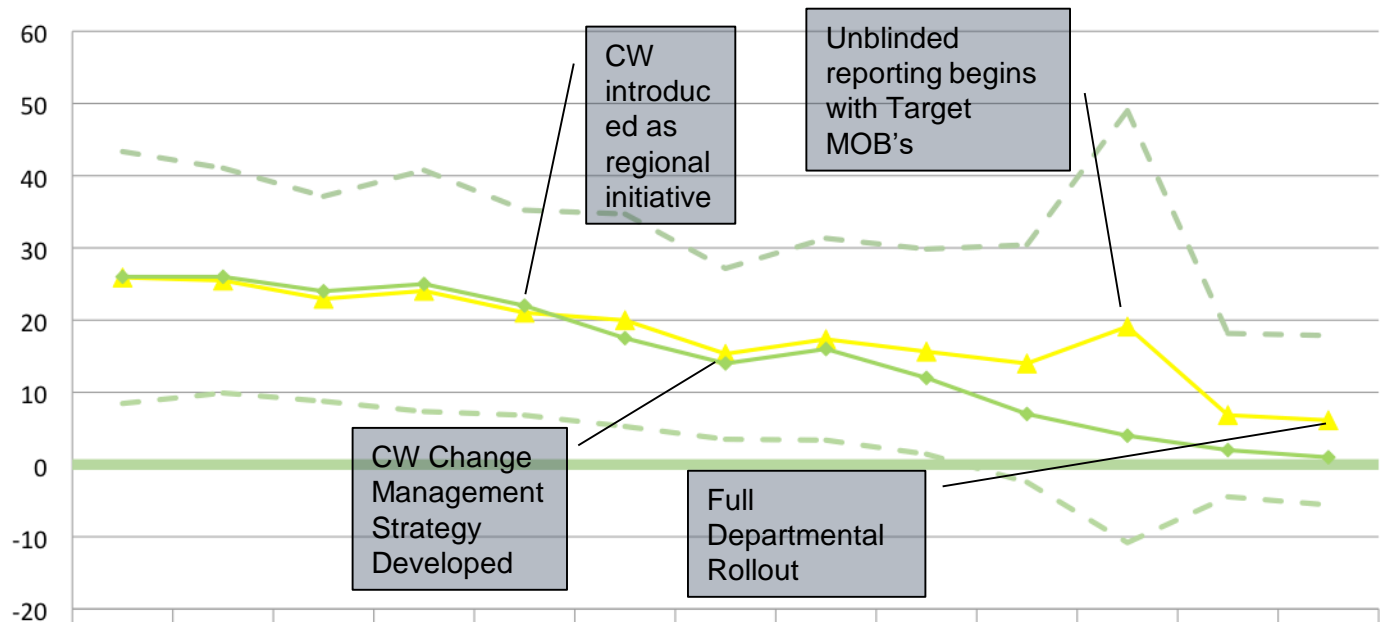
Equip providers and staff with a Choosing Wisely toolbox specific to the initiatives on which they are focused. Choosing Wisely toolbox could include:

- Hyperlink Examples
 - [Patient friendly links to Choosing Wisely collaterals for quick reference](#)
 - [Choosing Wisely links with module specific navigation](#)
 - [Choosing Wisely link in HealthConnect](#)
 - [Fifteen Things Physicians and Patients Should Question](#)
- Pre-printed hand-outs/Posters



Key Time Points

Average Number of Unnecessary CBCs Ordered – by Month



	2013-07	2013-08	2013-09	2013-10	2013-11	2013-12	2014-01	2014-02	2014-03	2014-04	2014-05	2014-06	2014-07
▲ Mean	25.90	25.48	22.95	24.05	21.03	19.98	15.33	17.35	15.64	13.99	19.10	6.84	6.13
◆ Median	26.00	26.00	24.00	25.00	22.00	17.50	14.00	16.00	12.00	7.00	4.00	2.00	1.00
Standard Deviation	17.44	15.57	14.19	16.71	14.20	14.71	11.83	13.98	14.20	16.43	29.91	11.31	11.73
- - - Mean + 1 Standard Deviation	43.34	41.05	37.14	40.76	35.23	34.69	27.16	31.33	29.84	30.42	49.01	18.16	17.86
- - - Mean - 1 Standard Deviation	8.45	9.90	8.76	7.34	6.83	5.27	3.50	3.37	1.44	-2.44	-10.81	-4.47	-5.60

Department Performance Over Time

Do not use a CBC as a routine screening test



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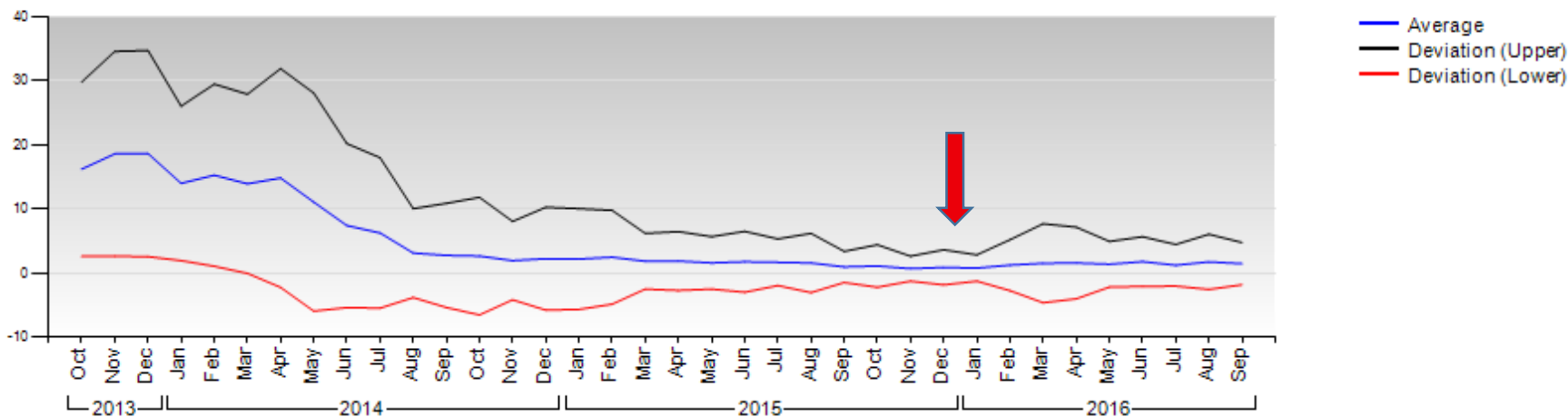
Choosing Wisely Trending Data

Reporting Period: 10/1/2013 thru 9/30/2016

Choosing Wisely Ambulatory trending data.

Metric: CBC Orders During Adult Medicine Encounters

CBC Orders During Adult Medicine Encounters: Average and Deviations



	2013			2014									2015									2016														
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Average	16.17	18.58	18.82	13.96	15.24	13.90	14.80	11.05	7.36	6.22	3.07	2.70	2.60	1.90	2.20	2.14	2.42	1.80	1.83	1.55	1.72	1.84	1.52	0.92	1.05	0.64	0.84	0.74	1.19	1.48	1.53	1.34	1.74	1.17	1.71	1.42
Upper Deviation	29.79	34.57	34.73	26.03	29.47	27.89	31.88	28.08	20.17	17.97	10.01	10.84	11.79	8.03	10.24	10.01	9.76	6.15	6.43	5.64	6.48	5.29	6.15	3.35	4.37	2.59	3.59	2.80	5.18	7.64	7.12	4.90	5.82	4.43	6.01	4.72
Lower Deviation	2.55	2.59	2.52	1.90	1.02	(0.09)	(2.28)	(5.98)	(5.44)	(5.53)	(3.88)	(5.45)	(6.59)	(4.23)	(5.83)	(5.73)	(4.92)	(2.54)	(2.78)	(2.54)	(3.03)	(2.01)	(3.10)	(1.52)	(2.28)	(1.31)	(1.90)	(1.31)	(2.79)	(4.69)	(4.07)	(2.22)	(2.14)	(2.09)	(2.80)	(1.88)
Numerator	1539	1762	1785	1341	1446	1348	1372	962	688	551	285	236	217	177	181	182	235	204	178	157	180	174	167	100	109	69	90	79	139	172	168	152	184	127	175	159
Denominator	3735	4260	4320	3470	3915	5010	5538	5201	4559	4941	4929	4748	5188	4371	4951	4834	4708	5333	4667	4651	5089	5128	5323	4985	5121	4824	4979	4654	5448	5899	5127	5508	5419	4784	6024	5108

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Department Performance Over Time

Do not order annual EKGs for low risk patients

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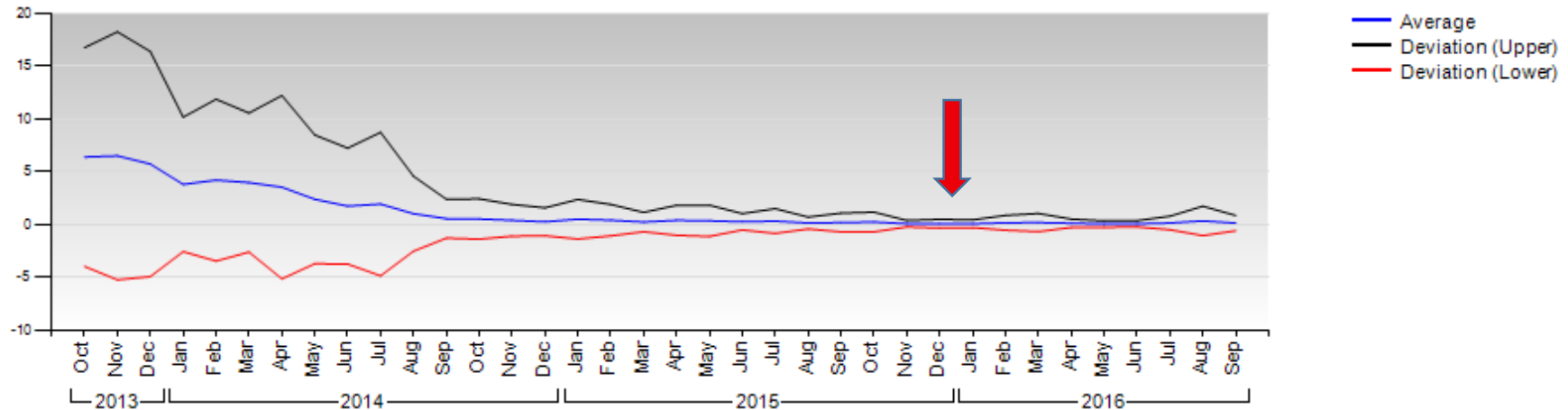
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Metric: EKG Orders During Well Visits

EKG Orders During Well Visits: Average and Deviations



	2013			2014									2015									2016														
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Average	6.41	6.52	5.75	3.82	4.22	3.99	3.58	2.41	1.77	1.95	1.05	0.58	0.55	0.42	0.29	0.52	0.44	0.26	0.42	0.38	0.29	0.35	0.17	0.21	0.26	0.10	0.11	0.10	0.19	0.21	0.14	0.07	0.09	0.17	0.37	0.16
Upper Deviation	16.76	18.25	16.40	10.18	11.88	10.58	12.23	8.50	7.25	8.74	4.80	2.42	2.45	1.92	1.81	2.39	1.92	1.17	1.84	1.85	1.08	1.52	0.73	1.10	1.19	0.41	0.52	0.46	0.89	1.07	0.54	0.37	0.39	0.81	1.78	0.88
Lower Deviation	(3.94)	(5.21)	(4.91)	(2.54)	(3.43)	(2.59)	(5.12)	(3.69)	(3.72)	(4.83)	(2.50)	(1.26)	(1.35)	(1.08)	(1.04)	(1.34)	(1.05)	(0.86)	(1.00)	(1.10)	(0.48)	(0.82)	(0.39)	(0.67)	(0.66)	(0.20)	(0.30)	(0.26)	(0.51)	(0.65)	(0.25)	(0.23)	(0.20)	(0.47)	(1.03)	(0.56)
Numerator	566	583	516	363	385	380	312	225	165	179	104	65	60	42	31	51	41	26	37	38	28	32	17	20	23	11	10	11	19	20	14	7	10	19	33	16
Denominator	3735	4280	4320	3470	3915	5010	5536	5201	4559	4941	4929	4748	5188	4371	4951	4634	4706	5333	4967	4851	5089	5128	5323	4985	5121	4824	4979	4654	5448	5899	5127	5506	5419	4784	6024	5106

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Results of Choosing Wisely over 2 year period

Choosing Wisely - Adult Primary Care 2015 (compared to 2013)

CBC's at a Physical declined from 42.5% to 3.1%

EKG's at a physical declined from 14.9% to 0.6%

Inappropriate **Dexa scans** declined from 11.8% to 2.5%

Imaging of uncomplicated headaches declined from 6.5% to 3.4%

26,000 fewer unwarranted CBC's a year at a physical

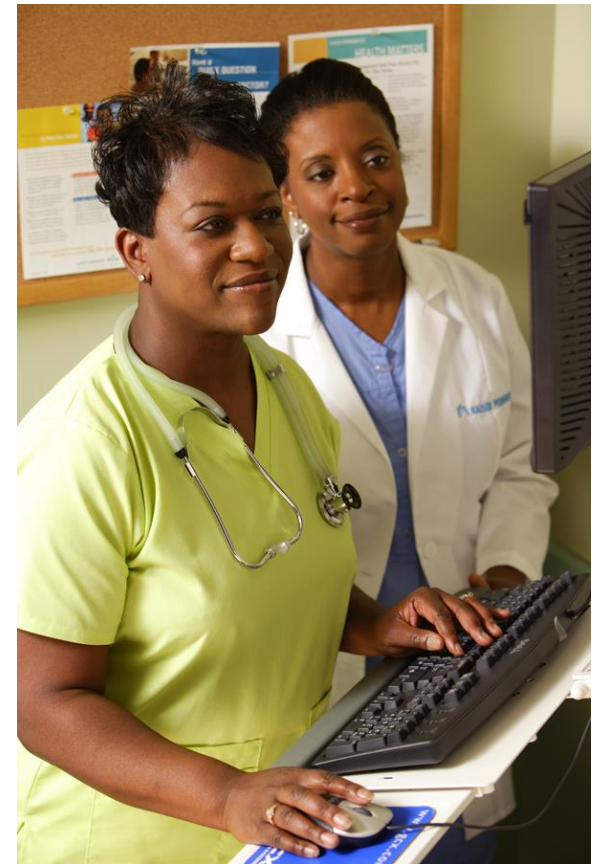
6,500 fewer unwarranted EKG's a year at a physical

800 fewer unwarranted Dexa scans a year

60 fewer unwarranted CT/MRI scans a year

Success Stories

- **Back office impromptu meetings**
 - Team posted provider report adjacent to Choosing Wisely guideline and supporting literature
 - 10 minute back hallway meeting as a team to review and discuss
- **Team Projects**
 - Team independently decided to choose a separate Choosing Wisely guideline on PSA ordering as their team project
 - Choosing Wisely reports team able to support them with similar reporting format



Tips for Success



Consistency In Messaging From Leadership

- Collaboration helps drive change
- Recognition of success for strong performing providers/MOB's



Endorsement of a Choosing Wisely Public Relations Campaign

- Internal and External



Organizational Adoption: “Spirit of the Campaign”

- Be open to examining practice variation within teams and departments
- Be aggressive in seeking new opportunities for improvement



“The member was ecstatic! He had researched Choosing Wisely and read Consumer Reports and found that everything we are doing is the right thing for him.”



*Carl Czuboka, MD
KPGA Chief of Ambulatory Medicine*





Discussion

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And remember to use our resources:

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.



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Choosing Wisely (CW)

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THANK YOU!

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