TAKING ACTION
ON OVERUSE

Value Champions

TRAINING CURRICULUM

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Welcome & How to Use this Curriculum

What is the Problem?

In every health care setting you will find at least some overuse of health care services. These unnecessary or low-value care services are those for which the potential for patient harm is greater than benefit, harm that can be physical, financial, or emotional. Taking action to address these overused services is also a health equity issue because of the greater potential for harm among more vulnerable patients. (See Learning Module 1.)

What Changes Are Needed?

The Taking Action on Overuse action planning framework provides a roadmap about how to address overused services. (See Learning Module 5.) It provides a set of 'high leverage changes' along with a change package with key activities that can be used to address overuse. However, these changes require the use of specific strategies to engage providers, staff, and patients in efforts to reduce an overused service. One promising strategy to engage others in this change effort is that of a clinical value champion.

What is a Clinical Value Champion?

Clinical champions have long been regarded as key facilitators for successful change efforts in healthcare. Clinicians have the potential to be especially effective in efforts to engage their fellow colleagues in improving value by reducing overuse because of their role as a change agent or opinion leader. These "value champions" can be trusted sources of knowledge about the potential for harm from overuse. They can provide feedback and facilitate conversations, and they can serve as role models for how to relinquish an overused service. But how does one become an effective clinical value champion? What core knowledge and competencies does a clinical value champion need to be effective?

The Clinical Value Champion Training Program:

Here we present a training program comprising these 10 Learning Modules and the **Project Workbook**. It is intended to guide future clinical value champions through a learning experience that will prepare them for this role in their organization/setting. These materials were developed by faculty and fellows who participated in a one-year training program for Clinical Value Champions in the Safety Net supported by the Robert Wood Johnson Foundation. They are a product of a formative and summative evaluation of the training experience by all who participated.

How to Use These Materials:

The Learning Modules are intended to be used in regular meetings of a group of clinicians who will become value champions for their clinical setting. They are sequenced so that one builds on another but could be used individually as a stand-alone learning experience. Each Learning Module is intended to be used in a "seminar" format, one that 'flips the classroom" so that learners have assigned readings, but then convene as a group for a facilitated discussion of the learnings and their application to their work as a value champion.

Who Should Lead the Training Sessions?

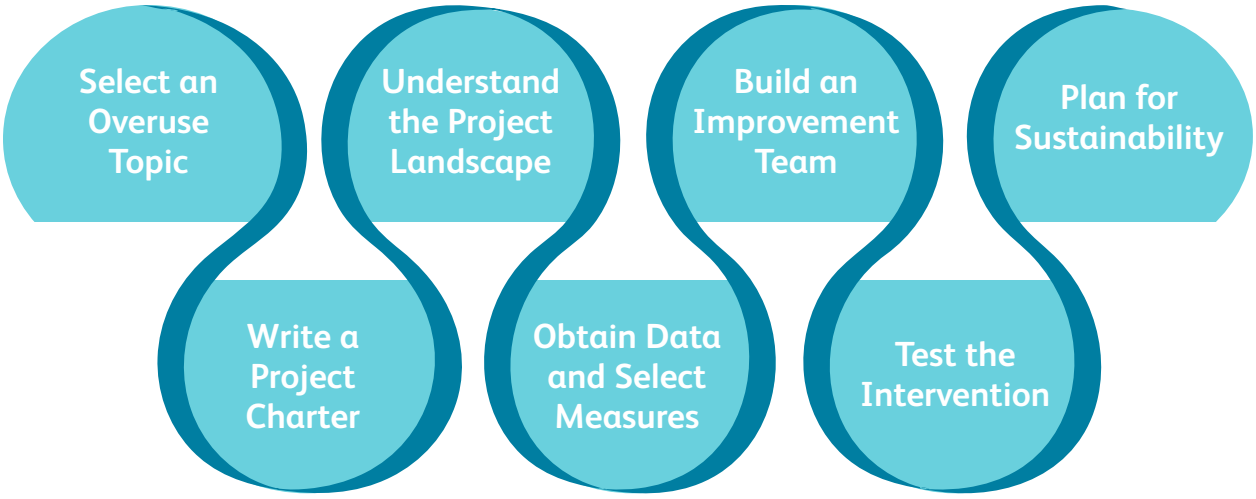
It is important to note that the facilitator for these meetings is not expected to be an expert in addressing low-value or overused services. They are responsible for convening the group and using basic facilitation skills to guide a discussion using the questions provided about the required readings. Each module has a "Facilitator Guide" for that session, including a suggested agenda for that session.

Project Workbook:

The accompanying Project Workbook is designed to be used in conjunction with the Learning Modules to guide the value champion through an overuse reduction initiative. Think of the learning modules as the curriculum for a "class" and the Project Workbook as a guide to the "laboratory" experience, guiding learners through the launch and implementation of an overuse reduction initiative. The teachings from each learning module can be applied to multiple aspects of an overuse reduction project and each module points out where that overlap exists. In addition, within the project workbook there are suggestions about which learning modules are relevant for that phase of their overuse reduction project.

This workbook is broken into sections based on phases of the work, with tools and journal reflections throughout and in their own sections at the end. While the phases are presented and numbered in a linear fashion, in reality you may need to work on multiple phases at one time or go back to phases previously addressed.

The phases of the work are presented in this workbook as follows:



Learning Modules:

Each learning module is organized into sections:

Overview: The background and rationale for this module.

Learning Objectives: "By the end of the session, learners should be able to…"

Readings: Learners are expected to complete these readings, or videos, and come to the session prepared to discuss them.

Resources: Some of the small group exercises require the use of additional materials, those are provided here.

Discussion Questions: What learners should be prepared to discuss during the session.

Project Application: Describes how and where to apply what they learn from this module within their project.

Facilitator Guide: Provides a rationale for the topic, a suggested agenda for the one-hour session, probes for discussion questions, and instructions for a small group exercise for the class.

What is the Time Commitment?

Learners/Students should expect to spend at least one-hour between classes to complete the readings before the class and come prepared to discuss. The time commitment for their project is a bit more difficult to estimate. Most of the RWJF Clinical Value Champion Fellows spent 2-3 hours each week preparing for the launch of their overuse reduction projects and then 2-3 hours each week supporting the activities intended to reduce the use of a service. However, most projects required a minimum of 6 months preparation before launch.

Use of these materials:

Finally, we encourage the broad and free use of these materials, no permissions are needed. They are covered by a **Creative Commons License** that only requires you to provide attribution to these original materials if you modify them and forbids anyone from charging or profiting financially from their use.

Have Fun! And remember that "Less is often More" when it comes to health care services we provide. Take Care!

– Michael Parchman and
the RWJF Clinical Value Champions in the Safety Net Team.

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This curriculum is also available online through the Kaiser Permanente School of Allied Health Sciences. If you would like to use the curriculum as an instructor or utilize the full functionality of the online course, you can create an account here. Once you have verified your account and set your password, go to the top right hand corner menu and go to KPScholar. From there, choose Miscellaneous courses and Value Champion.

Or contact Michael.X.Parchman@kp.org for assistance with registration.

Learning Module #1 (LM1): High Value Care and Health Equity

Understanding the intersection between "value" and "equity" can inform conversations between value champions, leadership and stakeholders and inform early project planning activities.

> **"I opened my project by presenting a compelling narrative about potential patient harm, both physical and financial, and that seemed to resonate."**
>
> —Joshua Moskovitz, MD

Overview

A deep understanding of the concept of "value" and "equity" within healthcare is needed if a value champion is to be effective in their work. In addition, understanding the intersection between value and health equity is critical because some patient populations may be more vulnerable to harm from overuse. Understanding the intersection between value and health equity will also help value champions avoid unintentionally exacerbating existing health or health care disparities or creating new disparities as during their overuse reduction efforts. Ideally, value champions will not only reduce low value care, but advance health equity at the same time.

Learning Objectives

1. Describe how health care value and health equity are connected and give an example.
2. Describe how the concept of 'double jeopardy' might contribute to health inequities in your setting when a low-value service is delivered.
3. Give examples of different types of potential harm that might be experienced by a patient who receives unnecessary care in your clinical setting and why some patients may be more vulnerable to harm.

Reading Assignments

Promoting Health Equity through De-Implementation Research

In this reading, you will find an explanation of how addressing health equity issues in your setting will require a focus on de-implementing low-value services, not just increasing the delivery of high-value care services.

- Citation: Helfrich CD, Hartmann CW, Parikh TJ, Au DH. Promoting Health Equity through De-Implementation Research. Ethn Dis. 2019;29(Suppl 1):93–96. Published 2019 Feb 21. doi:10.18865/ed.29.S1.93

Development of a Conceptual Map of Negative Consequences for Patients of Overuse of Medical Tests and Treatments

This reading places the need to take action on de-implementing overused services squarely within the patient safety field. It describes 6 domains of patient harm from the delivery of a low-value care service and examples of each.

- Citation: Korenstein D, Chimonas S, Barrow B, Keyhani S, Troy A, Lipitz-Snyderman A. Development of a Conceptual Map of Negative Consequences for Patients of Overuse of Medical Tests and Treatments. *JAMA Intern Med.* 2018;178(10):1401-1407. doi:10.1001/jamainternmed.2018.3573

Low-Value Medical Services in the Safety-Net Population

This article demonstrates that rates of low-value care delivery are similar for patients with no insurance or Medicaid compared to those with commercial insurance. In addition, when comparing clinicians in settings that provide care to vulnerable populations to those who were not, rates of delivery of low and high-value care were similar.

- Citation: Barnett ML, Linder JA, Clark CR, Sommers BD. Low-Value Medical Services in the Safety-Net Population. *JAMA Intern Med.* 2017;177(6):829–837. doi:10.1001/jamainternmed.2017.0401

Reducing low-value care among vulnerable populations

This blog post provides a clear rationale for why we need to focus on the delivery of low-value care in vulnerable patient populations, challenges you are likely to run into, and suggestions for how to create effective messages that will resonate with patients and providers.

- Citation: Chien A, Hasnain-Wynia R. Reducing low-value care among vulnerable populations. Health Affairs Blog. https://www.healthaffairs.org/do/10.1377/hblog20190603.800067/full/

Resources

Everyday Equity Lens

This resource describes the concept of an equity lens and provides a list of questions that are useful in applying that lens to decisions, programs and practices.

- Citation: Rachel DeMeester & Roopa Mahadevan. *Using data to reduce disparities and improve health care quality: a guide for health care organizations.* Advancing Health Equity White Paper.

An Implementation Guide to Reducing Overtreatment of Asymptomatic Bacteriuria

This is one of a series of articles in the JAMA "Less is More" series and provides a case study with practical strategies that can be used to reduce the use of a low-value care service.

- Citation: Daniel M, Keller S, Mozafarihashjin M, Pahwa A, Soong C. An Implementation Guide to Reducing Overtreatment of Asymptomatic Bacteriuria. *JAMA Intern Med.* 2018;178(2):271–276. doi:10.1001/jamainternmed.2017.7290

Discussion Questions

Lesson 1: Discussion Questions

1. In reading Barnett et al. why do you think there was no difference in delivery of low-value care when comparing safety net physicians to other physicians?

2. How would you define 'low-value care' and what are the implications of that definition for how you engage clinicians in conversations about change?

3. Why might patients who are seen in safety net settings be more vulnerable to harm from a low-value care service?

4. Can you give at least one example from your clinical experience for each domain of harm described by Deborah Korenstein?

5. What is “double jeopardy” as described by Christian Helfrich and can you give a practical example of when this might happen in your own clinical setting?

Project Application

The learnings in this module are applicable across many if not most phases of your project: selecting a topic, understanding your project landscape, developing your charter, and how you will engage others in overuse reduction.

Value Champion Project Workbook

It is crucial to understand both why some patients are more vulnerable to harm from overuse (for example, telling stories of harm to your stakeholders as an engagement strategy), and ensuring that you look in stratify your data and by race, ethnicity, sex, language and other patient characteristics.

This understanding of the connection between value and equity can also be useful in engaging leaders within your organization who are motivated by addressing health disparities. Most importantly, it provides you, the value champion, with the answer to the important “Why?” question that motivates your work and keeps you from becoming discouraged.

Facilitator's Guide

Rationale for this Module

Our fellows who went through the Value Champion Fellowship emphasized to us repeatedly how important it was to have a deep understanding of the concepts of value and equity and how the two interact with each other. This understanding served them well throughout there project. It grounded them in concepts that informed their conversations with leadership, with their colleagues and with patients. An understanding of how some patients are at risk for "double jeopardy" was an "ah-ha" moment for our fellows, and they shared this insight with others in their clinical setting. Equally important was an expanded understanding of how patients can be harmed by overuse and the domains of harm. Fellows used this concept throughout their project to engage other providers, staff and patients in taking ownership of the overuse problem and taking action to reduce its use.

How to Prepare for this Session

As with most session, it is critical that you read the assigned readings. As you read, note where in the readings there are insights that address the discussion questions above. There is also a **recorded webinar** on this topic by the authors of this module that you might want to watch to learn more about this topic. Finally, complete the small group exercise below on your own. Take notes in the "Everyday Equity Lens" document about where there might be equity concerns or how the implementation guide fails to address concerns about equity.

Suggested Agenda

- Welcome and introductions (10 minutes)
- Discussion of required readings (20 minutes)
- Case study discussion (20 minutes)
- Reconvene: Putting it all together (10 minutes)

Small Group Exercise/Case Study

Read the article by Daniel and colleagues: **"An Implementation Guide to Reducing Overtreatment of Asymptomatic Bacteruria."** Then use the questions in the **"Everyday Equity Lens"** document as discussion questions to assess the description of the "Implementation Guide" on page 275 of this article.

Authors: Michael Parchman and Scott Cook

Michael Parchman

Michael Parchman is a senior physician investigator at the MacColl Center for Health Care Innovation. For over 20 years his research and work have focused on improving the dissemination and implementation of innovations such as the Chronic Care Model into primary care settings. Dr. Parchman is the Fellowship Director for the Robert Wood Johnson Foundation-funded Safety Net Value Champions Fellowship Program.

Scott Cook

Dr. Scott Cook is a clinical psychologist with extensive experience serving diverse urban and rural populations with multiple medical, social and economic challenges. He is also experienced in providing integrated behavioral health services in primary care clinics and hospitals. He currently works at University of Chicago Medicine in multiple research, quality improvement and organizational development roles to improve health outcomes for disadvantaged patient populations, and to advance the organization's diversity, inclusion and equity innovation agenda. Dr. Cook worked for eight years in leadership roles in research, behavioral health, youth services

and community services at Howard Brown Health, a clinic that serves diverse communities of varied racial, ethnic, sexual and gender minority identities in Chicago. Dr. Cook was the Deputy Director of the Robert Wood Johnson Foundation Finding Answers program from 2005 to 2008. He received his MA and PHD degrees from the University of Missouri in Columbia. He completed his internship at Cook County Stroger Hospital, the major public hospital in Chicago that serves a resilient, multiethnic population.

LM2: Engaging Leadership for High Value Care

This module provides participants with an overview of how to engage leadership throughout the project and provides practical tips on how to create and sustain this engagement.

"So, an early critical step for our project was leadership engagement. And I remember having multiple meetings. In every meeting that I used to go…in the context of substance use disorder, … I would say, "Okay, so we're doing this, it's great, but what are we doing to safely prescribe opioids?"

—Roberto Diaz del Carpio, MD

"The success of this project was crucially dependent on institutional support, and, in fact, it really came out of institutional priorities."

—George Hoke, MD

Overview

Engaging leadership in today's chaotic healthcare environment is a challenge. And for the Clinical Value Champion, it is critical! Your project needs a "sponsor," a respected leader who will publicly endorse your work, help you find the resources you need, and connect you to others in your organization. There are books, articles and ample resources about engaging leadership, and this module is not intended to be comprehensive. Rather 6 tips used by clinical champions to engage leadership to provide high value care will be summarized. The first four tips pertain to project sponsors or senior leaders, the fifth takes a broader view of leadership, and the sixth turns the spotlight on you as a leader. Some favorite leadership resources are listed as well.

Learning Objectives

1. Describe how the health care leaders in your setting think about organizational strategies and priorities.
2. Plan a strategy for eliciting sustained leadership support in your setting.
3. Execute your strategy to engage with leadership about your overuse reduction project.

Reading Assignments

Six tips for Engaging Leaders in your Value Champion Overuse Project

RWJF Value Champions White Paper. September 2020. This reading was written by one of the RWJF Clinical Value Champions, Elizabeth Vossenkemper, and her mentor, Kathy Reims. It summarizes her experience engaging leadership within her community health center by providing "tips" you can use to do so.

- Citation: Vossenkemper E. Reims K. *"Six tips for Engaging Leaders in your Value Champion Overuse Project"*

How to Speak so Healthcare Leaders Listen

This white paper describes how to craft your messaging to leaders of healthcare organizations in a manner that they will understand and connect with.

- Institute for Healthcare Improvement

High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs

The purpose of this reading is to help you understand how health care leaders think so that you can engage them more effectively in eliciting support for your project.

- Citation: Swensen S, Pugh M, McMullan C, Kabcenell A. *High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs.* IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2013. (Available at ihi.org) Internet Available 8/14/2020

Resources

National Webinar by Elizabeth Vossenkemper & Kathy Reims

This is a recorded webinar presented by one of the RWJF Clinical Value Champions, Elizabeth Vossenkemper, and her mentor, Kathy Reims, describing practical tips for engaging leadership in any healthcare organization.

TED Talk: “Start With Why” - Simon Sinek

This highly recommended TED talk provides insights into how one should approach a discussion with leadership about support for a value champion led high-value care program.

Discussion Questions

1. How might you assess whether your topic is aligned with the priorities of the organizational leader from whom you are soliciting support?

2. What would you do if your project aligns with organizational priorities and strategies but not those of the leader who is your "sponsor" for your project?

3. If you only have time to present one PowerPoint slide with no more than 5 short bullets to your leadership, what are the most important points you would make?

4. How might you incorporate the 5 High Impact Leadership Behaviors described by Swensen and colleagues into your own work as a Value Champion?

Project Application

The learnings from this module are most relevant to activities in three phases of work in your project workbook. The first two are: *"Understanding Your Project Landscape"* and *"Write a Project Charter."* When you explore your environment, you are identifying both formal and informal leaders in your organization who you will need to engage with to increase the likelihood of the success of your project. Your Charter is a document that can be effectively used as a tool to engage leadership, both initially and as a guide for updating them about progress. Finally, it is important that leadership is involved in helping you *"Select an Overuse Topic"* that is consistent with their strategic priorities, another phase of work in your Project Workbook.

Value Champions Workbook

Facilitator's Guide

Rationale for this module

The value champion fellows repeatedly commented on the importance of leadership support as a factor that contributed to their success. Even if that support was just a public endorsement of their work. But knowing how leaders think, and thinking about how you can solicit that support, and engage them in a project to reduce an overused service can be foreign territory for many clinicians. The readings and exercises in this module are designed to help a future value champion develop a plan for this important activity.

How to prepare for this session

As with all of the modules, first read the assigned articles, and take notes about where there are sections that address the discussion questions above. There is a **webinar recording** by Elizabeth Vossenkemper, one of our fellows, and Kathy Reims, her mentor, with tips about engaging leadership support for her project. Watching this webinar will better prepare you for this session. The TED talk by Simon Sinek is an additional option resource, and one you might recommend to learners for

viewing after the class. For the small group exercise below, be prepared to divide the class into pairs or groups of 3-5 individuals for each of the scenarios below. You might have a handout with a copy of each scenario for the members of each small group. Make sure each group has a member who will report out to the large group after the discussion for the "putting it all together" time on the agenda.

Suggested Agenda

- Welcome & Introductions (5 minutes)
- Large group: introduction to the module + discussion of readings (25 minutes)
  - Overview of rationale for the module (5 minutes)
  - Discussion of required readings (20 minutes)
- Small group: break out exercise (15 minutes)
- Large group: putting it all together (10 minutes)

Small Group Exercise

In groups of 3, have the clinical value champions role play one of the following scenarios:

> As a pediatrician in a Federally Qualified Health Center, you are concerned about the amount of cough and cold medicine that is prescribed to younger children in your clinic. The leadership in your clinic is new and has made value-based care a strategic priority but is unaware of the overuse of these medications in your patient population.
>
> You are part of a small group of medical students and residents in a city/county hospital that seeks to reduce "routine" daily labs ordered by clinicians as part of the care on hospitalized patients. To institute any changes in the inpatient ordering system will require support from leadership at several levels of the hospital.
>
> A surgery service line chief has asked you to develop and implement a program that would reduce the use of IV acetaminophen for post-operative pain.

Questions for discussion:

In your scenario, what are key features of the overused service that you might use to engage leadership?

As a value champion, how might you assess current priorities of leadership in your setting and "pitch" your project?

What would you do if reducing the overused service is aligned with organizational priorities but not with the priorities of the leadership you need the support of?

Authors: Elizabeth Vossenkemper & Kathy Reims

Elizabeth Vossenkemper

Elizabeth was born and raised in Saint Louis, Missouri, where she completed both her undergraduate and graduate nursing programs. Her professional nursing experience includes the neonatal intensive care unit, the pediatric intensive care unit, cardiology, school-based nursing and most recently, primary pediatric care. In 2017 she moved to Washington state for her first position as a pediatric nurse practitioner. She currently works with Tri-Cities Community Health, an FQHC, in Pasco, Washington. Her most recent contributions to her community include developing and running a small autism clinic within her primary care practice, serving on multiple quality improvement projects, including practice transformation strategies, increasing immunization rates and various committees that are committed to accurate data reporting for quality metrics. Ms. Vossenkemer is an advocate for excellent pediatric care across all service lines that come into contact with children, and often offers lectures/presentations to her peers on evidence-based medicine in pediatrics. She has the drive and desire to play an active role in the health journey of the children in her community and welcomes the challenges that her particular patient population faces.

Kathy Reims

Dr. Kathleen Reims is a board-certified family medicine physician who is a Principal of CSI Solutions, LLC, and its Chief Medical Officer. Dr. Reims received her MD degree from Baylor College of Medicine and completed her family medicine residency at Roanoke Memorial Hospital. Dr. Reims was a National Health Service Corps Scholar and has over 30 years of clinical experience with underserved populations. She has served as medical director for two Federally Qualified Health Centers and is an assistant clinical professor in the Department of Family Medicine at the University of Colorado Health Sciences Center. Dr. Reims has served as an advisor for numerous health system improvement projects and has a strong interest in patient engagement. She is a member of MINT and has been a volunteer preceptor for the UCHSC FM Residency Program for 15 years.

LM3: So many to consider: Choosing an Overused Service

Overuse of low-value care is common and selecting a target area of overuse requires careful consideration of multiple factors that will impact subsequent success.

"Choosing the project is key. Make sure it's aligned with your system and your community…"

—Roberto Diaz del Carpio, MD

"I wanted to choose something that was really black and white to start the process of even opening up a conversation about overuse….I have three other pediatric providers that kind of worked with me to say, Yes, this is a problem, we want to address it," and so we went forward."

—Elizabeth Vossenkemper

Overview

Overuse of health care services is widespread in most healthcare settings. Selecting a target area of overuse as a value champion requires careful consideration of multiple factors that will impact success. Identifying a high value care initiative is more successful when incorporating engagement, technical merit and cultural compatibility.

Learning Objectives

1. Identify at least 3 key ingredients in your setting that should be considered when selecting a target area of overuse for a reduction initiative.
2. Incorporate input from key stakeholders (leaders, clinicians and patients) to identify relevant overuse topics in your setting.
3. Provide two examples of a target area of overuse in your setting that would be considered "low hanging fruit" as defined by the Newman-Toker article.

Reading Assignments

Setting a Research Agenda for Medical Overuse

Although ostensibly an article about a research agenda, this reading also provides some guidance on criteria we should use to prioritize areas of overuse to be addressed.

- Citation: Morgan DJ, Brownlee S, Leppin AL, et al. Setting a research agenda for medical overuse. *BMJ.* 2015;351:h4534. Published 2015 Aug 25. doi:10.1136/bmj.h4534.

Addressing Overuse of Health Services in Health Systems: A Critical Interpretive Synthesis

Identifying the factors that contribute to overuse of a health care service can be informative in choosing a topic to address. This synthesis/review identifies most of the major contributing factors.

- Citation: Ellen ME, Wilson MG, Vélez M, et al. Addressing overuse of health services in health systems: a critical interpretive synthesis. *Health Res Policy Syst.* 2018;16(1):48. Published 2018 Jun 15. doi:10.1186/s12961-018-0325-x.

A Practical Framework for Understanding and Reducing Medical Overuse: Conceptualizing Overuse Through the Patient-Clinician Interaction

When considering what overused service to address, it is important to consider it within the context of the clinician-patient interaction, and what drivers of overuse are feasible for you to address in your setting with the resources available to you.

- Citation: Morgan DJ, Leppin AL, Smith CD, Korenstein D. A Practical Framework for Understanding and Reducing Medical Overuse: Conceptualizing Overuse Through the Patient-Clinician Interaction. *J Hosp Med.* 2017;12(5):346-351. doi:10.12788/jhm.2738.

Where Is the "Low-Hanging Fruit" in Diagnostic Quality and Safety?

This article is behind a paywall, for subscribers of LWW Journals, Quality Management in Healthcare. Check with your clinic or organization for access.

When considering what area of overuse to address, this article suggests that you consider three factors: simplicity of the topic, the order in which problems must be addressed, and problems with a large margin for improvement.

Resources

Ways to Approach the Quality Improvement Process

Selecting an overused service to tackle is an early step in any improvement initiative. This document is an excellent summary of the Model for Improvement and the steps any change initiative should follow to be successful.

- Citation: Section 4: Ways to Approach the Quality Improvement Process (Page 1 of 2). Content last reviewed January 2020. Agency for Healthcare Research and Quality, Rockville, MD.

How to Begin a Quality Improvement Project

This article will familiarize the reader with how to begin a quality improvement project and demonstrates the real-world utility of planning a project thoughtfully and the steps involved.

- Citation: Silver SA, Harel Z, McQuillan R, et al. How to Begin a Quality Improvement Project. *Clin J Am Soc Nephrol.* 2016;11(5):893-900. doi:10.2215/CJN.11491015

Discussion Questions

1. What are typical intrinsic and extrinsic factors causing medical overuse and how would they help you identify a low value care service to address? *(Refer to reading "Setting a research agenda for medical overuse").*

2. Why would assessing engagement of key stakeholders help you in selecting an area of overuse to target your project? *(Refer to reading "Addressing overuse of health services in health systems: a critical interpretive synthesis.")*

3. How might you assess the culture of overuse and how would it inform the selection of an overuse topic to address? *(Refer to reading "A Practical Framework for Understanding and Reducing Medical Overuse: Conceptualizing Overuse Through the Patient-Clinician Interaction.")*

4. What clinician/patient factors should you consider when selecting an area of overuse to target in your project? *(Refer to reading "Addressing overuse of health services in health systems: a critical interpretive synthesis" and reading "A Practical Framework for Understanding and Reducing Medical Overuse: Conceptualizing Overuse Through the Patient-Clinician Interaction.")*

5. How might developing contextual influence by identifying key stakeholders and evaluating sampling data help you select and area of overuse to target? *(Refer to reading "A Practical Framework for Understanding and Reducing Medical Overuse: Conceptualizing Overuse Through the Patient-Clinician Interaction.")*

How might identifying the drivers influencing medical overuse and the mode of measurement of the overused service help you prioritize selection of a project? *(Refer to reading "A Practical Framework for Understanding and Reducing Medical Overuse: Conceptualizing Overuse Through the Patient-Clinician Interaction.")*

Determine various de-implementation problems that can fit the "low hanging fruit" models of simplicity, order, and yield. *(Refer to reading "Where Is the "Low-Hanging Fruit" in Diagnostic Quality and Safety?")*

Project Application

The learnings in this module are most directly applicable to the *"Select an Overuse Topic"* phase of work in your Project Workbook. However, selecting a topic can be informed by *"Understanding Your Project Landscape."* In addition, the availability of data and measures are also very relevant to choosing an overuse topic to address. The readings and discussion questions should inform the action plan and process you use to finalize the area of overuse you plan to address.

Value Champions Workbook

Facilitator's Guide

Rationale for the Module

As the title implies, there are so many areas of overuse in most healthcare settings that selecting one service (topic) to address can be challenging. Many Value Champions enter this work with a overused service they want to address. Unfortunately, they have usually not considered the suitability of that topic or service for their first overuse reduction project. They may not have thought through what it might require to address that service, whether or not reducing that service is consistent with current strategic priorities (critical for leadership support), whether there is adequate willingness to consider relinquishing the service, if there is a replacement service, or who in the organization might be adversely impacted by reducing the use of that service (think power and money). The purpose of this module is to **STOP** and **REFLECT** on these issues before launching their project.

How to Prepare for this Module

As with other modules, reading the assignments and making note of where in the assigned readings you can find answers to the discussion questions is a good place to start. You should also consider watching **the recorded webinar** on this topic as it covers many of the learning objectives. There are some additional probe question below to use during the discussion of the questions above. Keeps these handy during the class. For the small group activity, ask the learners to rate on a scale of 1 to 5 how committed they are to a specific overused service. For scores of 3 or less, assign them to the Apples, Oranges, Bananas exercise, those with scores of 4 or 5 should be assigned to the Go-No-Go exercise.

Suggested Agenda

- Welcome and introductions (10 minutes)
- Discussion of required readings (20 minutes)
- Small group exercise (20 minutes)
- Reconvene and debrief (10 minutes)

Small group exercises

Choose one of the following exercises for your group. The "Go-No-Go exercise might be most helpful for participants who have already selected a topic. The "Apples, Oranges, Bananas" exercise might be most helpful for participants who are still in the process of deciding about an overused service to address.

1. Apples, Oranges, Bananas

Use the **"Apples, Oranges and Bananas Exercises Worksheet"** for this activity

Instructions:

- List 3-5 key stakeholders (column 1 of a table) to engage that would help or hinder your overuse reduction initiative (e.g. health system executive sponsor, division chief, director of health system data, clinical champions, medical assistant supervisor, etc).
- Describe how your project could benefit each stakeholder if applicable (column 2).
- Describe how your project could challenge/ hinder (e.g. lose staff time, funding, etc) each stakeholder if applicable (column 3). (5 minutes)
- Write down key bullet points that could guide you in how you might initially discuss your project with each stakeholder. Remember to Choose Your Words Wisely (reference: **https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2536191**).
- Practice role playing with a partner to give your initial pitch (1-2 minutes long) for at least two of the stakeholders you identified who may face challenges due to your project. Your partner can provide feedback on if the pitch will be a "Go" or "No Go" in partnership for your project.
- Reflection on the activity back with the larger group.

2. Go-No-Go Exercise

Use the **"Go-No-Go Exercise Worksheet"** for this activity.

Instructions:

- List an example of a medical overuse reduction initiative in your institution that you believe could be considered "low hanging fruit" as defined by the Newman-Toker article (row 1 of a table).
- List an example of a medical overuse reduction initiative in your institution that you believe could be considered "easily juiced" as defined by the Newman-Toker article (row 2 of a table).
- Complete the second column for each row asking for each example to describe what makes the project either low hanging fruit or easily juiced.
- Once completed, discuss with a partner.
- Reflection on the activity back with the larger group.

Authors: Reshma Gupta and Leslie Dunlap

Reshma Gupta

Dr. Reshma Gupta is a practicing internist and the Interim Chief of Population Health and Accountable Care at UC Davis Health and Population Health Steering Committee for the University of California Health System. In this role she oversees population health, overuse reduction, and care pathways development, and ambulatory quality improvement efforts across the health system. She engages over 100 clinical and non-clinical staff, links initiatives to trainee education, and manages a value improvement data management and analytics team. As the former Medical Director for Quality and Value at UCLA Health, she also led over

70 clinicians in value improvement initiatives across all departments It was there that she designed and implemented a value improvement strategy with the UCLA Office of Population Health.

Dr. Gupta's work focuses on health system innovation, policy, implementation design and education to better define and improve the culture of delivering high-quality care at lower cost for health systems and patients. She works as an expert adviser with the Center for Medicare and Medicaid Innovation to test new models of value promoting payment reform. Dr. Gupta serves nationally as a director at Costs of Care, where she leads a learning community of over 500 health system managers and educators across six countries.

Leslie Dunlap

Leslie Dunlap is a nationally certified Physician Assistant in Albuquerque, New Mexico at the University of New Mexico (UNM) Hospital, the only level I trauma center and academic medical institution in the state. She practices inpatient, outpatient and surgical limb salvage in the Center for Healing In the Lower Extremity. She was previously an internal medicine primary care provider and began in a support staff role at UNM Hospital in 2003. Ms. Dunlap holds BAs in Chemistry and Spanish, and an MS degree in Physician Assistant studies from UNM. She is the president of the UNM PA Alumni Association, a committee member for the New Mexico Academy of Physician Assistants, and a community faculty member for UNM school of medicine. She is passionate about improving the high value care, access, and wellness of her community who face many socio-economic challenges in a largely medically underserved state.

LM4: How to Conduct a Stakeholder Assessment and Why it is Important

As a value champion it is important to identify stakeholders who will be impacted by efforts to reduce the use of a service and approaches to engage them.

"Another key was a very detailed stakeholder analysis…We learned that we needed to include both nurses and patients in this conversation."

—George Hoke, MD, University of Virginia, Charlottesville

"The number of different departments that I've engaged with over this fellowship is actually really incredible and has opened up a lot of opportunity for other relationships for other types of projects."

—Elizabeth Vossenkemper, PNP,
Tricities Community Health Center, Pasco, WA

Overview

The purpose of this module is to introduce the concept of a stakeholder, explain why identifying and engaging them is important, and present approaches for doing so. Any effort to reduce the use of a service impacts multiple stakeholders across an organization. Stakeholders can impede or facilitate your work as a value champion, therefore it is important to understand who those stakeholders are, how

efforts to reduce a service will impact them, and approaches to engaging them in your work to increase the likelihood of reducing the use of an overused service.

Learning Objectives

1. Describe the reasons why a stakeholder analysis is beneficial when considering a project in high value healthcare.
2. Describe some common stakeholder positions.
3. Develop a strategy to identify stakeholders in the planning stage of a project.

Reading Assignments

How to Manage and Influence Internal Stakeholders

This article is behind a paywall but you can often read it as one of your limited "free" articles. Check with your clinic or institution for access.

This article was written from the perspective of someone who is a "buyer" for their organization. Whenever you see the word "buyer" substitute the phrase "clinical champion" (you!). The 5 tips to identify, manage and influence stakeholders within your clinical setting will then make a lot more sense!

- Citation: Jonathan Webb, How to Manage and Influence Internal Stakeholders, Forbes, Dec 27, 2017.

Five Questions to Identify Key Stakeholders

This article is behind a paywall. HBR will allow you one "free" article a month. Check with your clinic or institution for access.

The list of potential stakeholders from the large practice of brain and spine surgeons is particularly interesting in this article. It also provides an example

of how you need to expand your beyond your usual clinical silo if you are to successfully identify important stakeholders.

- Citation: Graham Kenny, Five Questions to Identify Key Stakeholders, Harvard Business Review, Mar 6, 2014.

Identifying and Determining Involvement of Stakeholders

The list of questions for potential stakeholders is especially helpful. The answers to the questions will inform your decisions about which stakeholders you should expend more effort to engage with.

- Citation: Identifying and Determining Involvement of Stakeholders, Centers for Disease Control and Prevention.

Resources

Power Mapping Stakeholders

This video provides a practical "how to" guide of creating a 'power mapping' grid of stakeholders and how such a grid can be used to plan your engagement strategies.

Stakeholder Management Grid

This is a step-by-step guide with a worksheet to use when identifying stakeholders, a suggested mapping grid and an example of a stakeholder log to track your engagement with them.

- Imperial College London

Discussion Questions

1. The CDC reading uses the example of sexually transmitted disease to work through stakeholder identification. What lessons can you take from the CDC example that could be extrapolated to your project?

2. How might you reframe the "Five questions to identify key stakeholders" to make them more relevant to your overuse reduction project?

3. Who do you think might be key stakeholders in any health care organization when you are trying to address overuse? Why are they crucial to success?

4. Once identified, how might you prioritize who you need to engage with, what questions would you ask them and why?

Project Application

The learnings from this module are most applicable to the *"Understand Your Project Landscape"* phase of your project in the project workbook.

One of the key activities in exploring your organizational setting as you plan your overuse reduction project is a key stakeholder assessment. The exercise you complete in the Case Study Group Exercise of mapping stakeholders on a grid, and then deciding who needs engagement and how to engage them, will be crucial to the success of your overuse reduction efforts.

Value Champions Workbook

Facilitator's Guide

Rationale for this Module

Among the Value Champions in our Fellowship, stakeholder assessment and engagement was just as important as leadership support to the success of their project. Understanding **WHO** stakeholders are (and there are always unexpected stakeholders), **WHY** they have an interest in your project, and **HOW MUCH** influence/power they have within a health care organization is critical to project success. It is important the learners finish this module with a new appreciation for this reality and have some ideas about how they will assess and engage with stakeholders during their overuse reduction project. Much of the work in the Project Workbook dedicated to "Understand Your Project Landscape" should be focused on this stakeholder assessment and engagement activity.

How to Preparation for this Module

This is a longer module and may take more than one-hour of class/group time because of the length of the small group exercise, so be sure and protect plenty of time for that exercise. The readings for this session are less academic, they provide pragmatic examples from the business world. There is also a recorded webinar

about a **stakeholder assessment** done by one of our fellows that we recommend you watch before this session.

Suggested Agenda

- Welcome & Introductions (5 minutes)
- Large group: introduction to the module + discussion of readings (15 minutes)
- Small group: break out exercise (20 minutes): In groups of 3, have the clinical value champions complete the case study exercise below
- Large group: putting it all together (10 minutes)

Small Group Exercise/Case Study

The small group exercise below is based on the overuse reduction project discussed during the recorded webinar described above. Divide the class into groups of 3-4 individuals for the exercise below. Note that there are 3 parts to the small group activity so you should keep track of the time and make sure each small group does not spend too much time in one section so that they can complete the activity.

Background: Early identification of a stakeholder and ongoing management of the relationship with that stakeholder can significantly increase the likelihood of success for a project. Stakeholders are loosely defined as persons, positions, or organizations that have an interest in your overuse reduction project because of how it might impact them. This interest can be vested in multiple domains, and it isn't uncommon for a given stakeholder to have multiple reasons to have an opinion about your project. It is also important to realize that a stakeholder's perspective and opinion can, and does, change over time.

Case: *Your project goal is to reduce the utilization of percutaneous intravascular central catheters (PICC) within your inpatient medical service. You have completed your data analysis, created your Project Charter, and have support from your direct supervisor. You are now ready to identify stakeholders.*

Who are Potential Stakeholders? A systematic approach can help ensure that the identification process is thorough. Some of the domains that create stakeholders, such as patient safety or improving clinical outcomes, are straightforward. Others, such as revenue or workload, can be less obvious but not less critical. The last group, while still of great importance, can be very difficult to identify and categorize. This last group includes domains such as internal politics and career implications. Here are some examples of stakeholders from three different domains to consider as you identify stakeholders for the PICC line project described above.

- **Clinical Stakeholder Domain:** What persons/groups/organizations are impacted in a clinical fashion by a reduction in PICC lines?
    - Patients may have fewer complications from PICC lines, such as infections, but at the same time may experience more peripheral IV placements.
    - Nurses may prefer PICC lines for clinical convenience but are also likely to have a desire to reduce complications, such as infections.
- **Revenue Stakeholder Domain:** Revenue domain presents a unique scenario where revenue generation is almost always associated with a stakeholder that will support the project and revenue reduction will almost always be associated with a stakeholder that will oppose the project. Who are the people involved in PICC line insertion for whom there is a revenue implication?
    - Supply Chain: Did the supply chain director just sign a contract for a year's supply of PICC lines that will now go unused and impact the bottom line of their department?
    - Radiology: some PICC lines are inserted using imaging, does this department receive additional revenue for providing this service?
- **Workload Stakeholder Domain:** For whom does this project create additional work and for whom does this project create less work?

- The service that places the PICC will have less work. If they are overworked and experiencing high turnover rate among their staff, the PICC staff will likely be in support of the project. However, they might be concerned that a reduction in PICC line placements will result in layoffs of staff, thus they may view this project as a threat to their job security and oppose the project.

CASE:

- *You've identified the PICC line placement service, frontline nursing, and patients as having clinical reasons to be stakeholders. They likely have mixed views due to workload changes and patient safety improvement.*
- *You've identified the leadership of the PICC service as well as the front line PICC staff members to have workload examples.*
- *Nursing managers and medical directors have patient safety interests, with a reduction in PICC leading to a reduction in central line infections and catheter associated DVTs (this is also a workload reduction as they are required to analyze each of these events in writing for the Office of the Chief Quality Officer.)*
- *The PICC service bills for their services and the radiology service is financially responsible for their budget, so a reduction in PICC placements will reduce revenue for the radiology service, which makes the radiology service leadership a stakeholder as well and potentially an opponent of projects that would reduce PICC utilization.*
- *The PICC service is staffed by late career nurses and has been used by HR to navigate low performing nurses from other settings, such as operating rooms and intensive care units. This places HR at the stakeholder table as well, but largely for institutional political reasons that are separate from the patient and the clinical team at the bedside. They will likely be interested in the project and the outcome, but not necessarily in an activist role. In other words, they are*

interested in the outcome and would benefit from early notification so they can plan accordingly.

- *Another political stakeholder is the Chief Nursing Officer. The CNO came here from another institution and has been open in remarking that the PICC service should really be within nursing and not within radiology, which is how it was set up at the CNO's prior institution.*
- *Lastly, the Chief Quality Officer is likely to be highly interested and supportive. You know from our background research that PICC lines increase complications, so it is highly probable that the CQO will be in support of a project that will reduce PICC lines.*

Small Group Exercise Part 1: Using the technique in the stakeholder video, place each of the stakeholders below on a stakeholder power mapping grid in relative position to each other.

- Chief Nursing Officer (CNO)
- Radiology Leadership
- Frontline Nursing
- Medical Director
- Nursing Unit Director
- Human Resources
- PICC Service line
- Chief Quality Officer (CQO)

After you have placed the stakeholders in the graph, identify 3-4 additional stakeholders using the guidance provided in the readings, and place these additional stakeholders on the graph as well, also in relative position to the other stakeholders.

Small Group Exercise Part 2: You have identified stakeholders and mapped them on a structured grid. Now it's time to develop a stakeholder management and engagement strategy. Using the grid as a guide, which 2 stakeholders are most likely to oppose the project? (Note that it is not only acceptable but necessary to consider a stakeholder's power within the organization as well as their history – are they outspoken and willing to play an active role in opposition? A powerful opponent that is unlikely to expend time and energy to intervene is likely less of

a threat to the project than a mid-level manager that is highly outspoken.) After identifying the greatest threats, identify the two greatest supporters.

Engagement is not a One-Time Event: The first pass of stakeholder identification should really focus on the natural state of the stakeholder. Who do you think is likely to support or oppose your project based entirely on hearing about your project through happenstance from a third party? There are also stakeholders that are less likely to be active at first but could become active when they learn more about the details of the project. For example, a nursing director may initially think that PICC reduction is a bad project and needs to be opposed because it will create intravenous access difficulty for their front-line nurses. Does the nurse manager know the risk between PICC utilization and complications? If not, a discussion around this data could move the nurse manager from opponent to supporter by changing her stakeholder domain from primarily considering the workload of their direct reports to a position based on patient safety and a reduction in workload (fewer complication reports to file).

Small Group Exercise Part 3:

1. Which identified stakeholders identified as major threats to the success of the project can potentially be mitigated by highlighting a different approach to the project?

2. Which stakeholders identified as a supporter are at risk for converting to opponent if they have even a minor misconception of the project?

3. In both cases, pick 1-2 stakeholders and describe how their position can be preserved as a supporter and how their position can be mitigated if they are an opponent. For example, the CQO is a senior executive with great respect in the organization. You need to ensure the CQO hears about this project as a PICC reduction project to reduce DVT and central catheter infection rates. This will solidify the CQO as a supporter.

4. Another example, the unit nurse manager. As discussed above, the unit nurse manager could be potentially a supporter or opponent, depending largely on the perspective from which the project is viewed. Turning an opponent into a supporter is always desirable, so a meeting with the nursing manager is set up to discuss the project.

Authors: Robert Fogerty & George Hoke

Robert Fogerty

After receiving his Bachelor's degree in Economics from Boston College, Robert L. Fogerty received his MD and MPH degrees from Northwestern University and completed training in Internal Medicine at Yale New Haven Hospital. In 2011, he joined the Yale faculty as a founding member of the Academic Hospitalist Program and is currently Associate Clinical Professor. His academic interests include safety and quality of care in the inpatient setting and cost-effective care. In his position as Director, Bed Resources for Yale New Haven Hospital and as the Medical Director for the Capacity Coordination Center (CCC), Dr. Fogerty leads efforts to improve efficiency in care and patient flow throughout Yale New Haven Hospital. Publications include the Journal of Hospital Medicine, JAMA Internal Medicine, and The New England Journal of Medicine. He is also the co-founder and current Past-President of the Society of Hospital Medicine Connecticut Chapter.

George Hoke

Dr. George Hoke earned his MD degree from the University of Maryland prior to completing an internal medicine residency at the University of Virginia in 1998. He has more than 20 years of experience practicing hospital medicine in both a community setting and in the University of Virginia

Health System, serving as a practice leader for 14 years. Dr. Hoke has been actively engaged in medical education at both the UME and GME levels, served as medical director of intermediate, acute and subacute care units, and championed quality improvement projects involving anticoagulant safety, sepsis care delivery and inpatient glycemic control. Much of his current work is focused on increasing the value of care provided to patients by reducing low-value testing and reducing harm from unnecessary procedures and treatments. These efforts are facilitated through serving as Co-Chair of the Laboratory Stewardship Committee locally and being an active member of the High Value Practice Academic Alliance on a national level.

LM5: The Patient Voice: Engaging Patient Participation in Your Project

This module helps participants understand why incorporating the patient voice is important and provides examples of how to do so when addressing an overused service.

> **"So, before I started, or as I was going through this, one of the pushbacks [from physicians] was that patients would not be able to do this. So, I did a qualitative interview informally with patients… And in the entire group that I spoke with, they were all in favor of doing this and said they had unlimited text messaging capability and would like to do this."**
>
> —Lauren Demosthenes, MD

Overview

Incorporating the patient's perspective and voice in efforts to decrease the use of services has proven to be extremely important for overuse reduction efforts. This Module aims to help participants understand why that is so and provide examples of how value champion fellows might incorporate the patient's perspective in their overuse reduction initiative.

Learning Objectives

1. Understand the spectrum of patient engagement and the benefits to each level.
2. Experience conversations about overuse from both clinical and patient perspectives through role play and become better attuned to the patient perspective on overuse and what communication levers elicit meaningful stories.
3. Give examples of three types of ways to engage patients in the project and in sharing their stories.

Reading Assignments

Engaging patients and the public in Choosing Wisely

This paper provides a compelling framework for different levels of patient participation in your efforts to tackle an overused, low-value care service in your clinical setting.

- Citation: Born KB, Coulter A, Han A, et al. *Engaging patients and the public in Choosing Wisely.* BMJ Quality & Safety 2017;26:687-691.

The Science of What Makes People Care

The 5 principles of engaging others in change efforts is applicable not only to patient participation in your efforts, but also your colleagues and everyone within the clinical setting where you work.

- Citation: Christiano, A & Neimand, A. The Science of What Makes People Care. Stanford Social Innovation Review. Fall, 2018: 26-33.

Why Physicians Should Trust in Patients

Provides a compelling rationale for how and why physicians need to trust their patients, especially when discussing low-value care.

- Citation: Grob R, Darien G, Meyers D. Why Physicians Should Trust in Patients. JAMA. 2019;321(14):1347-1348. doi:10.1001/jama.2019.1500.

Communicating About Overuse with Vulnerable Populations

What do vulnerable patients think about the topic of overused services? Are our assumptions correct? The results of these interviews may challenge your assumptions.

- Citation: Rand, K. *Communicating About Overuse with Vulnerable Populations.*

Resources

Patient Engagement in Low-Value Care Implementation Toolkit

Choosing Wisely campaigns have identified a framework to involve patients in reducing overuse. This technical assistance package focuses on four key elements.

Reducing Low-Value Care in Vulnerable Populations - Patient Messaging

The resource can help with getting messages about low-value care out to patients in safety-net practices, hospitals and systems.

Patient Empowerment Network's Storytelling and Medicine

Storytelling is how people communicate. This resource provides a guide to how to tell a story in a manner that communicates effectively, especially with patients.

10 Ways to have a Better Conversation TED Talk

This insightful talk provides 10 useful rules for having better conversations.

Discussion Questions

1. In Christiano and Neimand's article on "The Science of What Makes People Care," they name storytelling as one of the top five tools. Can you think of a time when a story changed your mind or helped you develop an opinion about an important issue?

2. Overuse is often discussed as a result of the U.S.'s fee-for-service system. The Born et al. article is written by a coalition of international campaigns with varying payment structures looking to reduce unnecessary testing. Discuss drivers of unnecessary care for both clinicians and patients? How do you think those drivers affect the stories clinicians and patients tell themselves?

3. In what ways does trusting your patient make having an overuse discussion easier?

4. The article by Kelly Rand discusses possible consequences of unnecessary care and poor communication. How do you think listening to patients to hear their story (rather than listening to get the answers to the questions you feel are important as a clinician) will change your interaction dynamic? Do you think your conversation will have different outcomes?

Project Application

The learnings in this module are relevant to the "Understand Your Project Landscape," "Build Your Team," and the "Design and Implement" phases of work in your project workbook.

Patients are stakeholders, so including them in an exploration of your project landscape is critical. Our fellows often found that the patient's perspective was useful in addressing incorrect assumptions on the part of the clinician who is ordering the overused service, such as the example in the opening quote for this Module. Patients can also provide powerful stories of harm or near harm from an overuse experience as described in the article by Kornstein et al.

These stories can be very useful in conversations when engaging other clinicians in your project. Patients can also be included as an important member of your team. For example, as you design your intervention strategies and plan your activities to reduce the overused service, they sometimes have ideas about how to tailor strategies that lessen patient resistance.

Value Champions Workbook

Facilitator's Guide

Rationale for this module

There is not much to add about rationale that is not covered in the "Overview" and "Project Application" descriptions above. Other than to say that clinical champions are often reluctant to engage with patients, or do not know HOW to engage with patients and gain their perspective. So one of the important outcomes from this module is for the learners to become convinced of its importance, and have some ideas about practical strategies they can use to bring the patient voice to the table as they explore their project landscape and design their intervention strategies.

How to prepare for this Module

As the other modules, reading the assignments in advance and making notes of where in the readings you can find content relevant to the discussion questions is a good place to start. Unlike other Modules, there is also a short **PowerPoint slide deck** you might review and consider using just to open the session. You can also choose a sub-set of these slides just to get things rolling, such as slide #4 about the "Continuum of Patient Engagement." There is also a **one-hour recorded webinar on this topic** lead by one of the authors of this Module, Kelly Rand. Watching this webinar before the class is highly recommended, it will give you some unique insights and perspectives.

Suggested Agenda:

- Welcome and introductions (5 minutes)
    - Ask participants to share one experience of overuse they have experienced as a patient or a personal caregiver
- PowerPoint presentation on types of patient engagement (10 min)
    - See attached slides and additional references.
- Discussion Questions about the Readings (15 minutes)

- Small Group Exercise (20 minutes)
    - Play the video: Module 3 **"Applying Patient and Family Engagement Strategies to Choosing Wisely Campaign"** (11-minute video)
    - Divide the class into groups of 3-4 and ask members of the group discuss:
        - » Which of the patient and family engagement strategies do you think will be most effective for your overuse project and topic area? Why?
        - » Which tactics will you use to partner with patients and family caregivers on your clinical overuse topic? (check all that apply)

            Co-create scripting and/or talking points together

            Select ideal educational resources

            Role play or practice delivering scripted responses

            Measure patient experiences

            Workflow mapping for both patients and clinician
- Reconvene: Ask participants which tactics they chose to partner with patients and families and why. (10 minutes)

Author: Kelly Rand

Kelly Rand

Kelly Rand is the Program Officer for Choosing Wisely® at the ABIM Foundation. In this role, she oversees activities related to learning and implementation of the Choosing Wisely® and Building Trust campaigns. Previously, Ms. Rand worked at MANNA as its Institutional Giving and Advocacy Manager where she secured and managed its grant portfolio, led its local policy activities and managed its research activities. Ms. Rand also served as Director of the South Jersey site of the NY/NJ AIDS Education Center where she worked closely with federal and New Jersey state initiatives on Cross Collaborative Quality Improvement in the Ryan White system.

Ms. Rand speaks widely and has published on cultural competency in health care, health literacy and health disparities. Ms. Rand received her BA from American University in an interdisciplinary program on communications, law, economics and government, and her MA from the University of Pennsylvania in Medical Anthropology. She also is certified in public health by the National Board of Public Health Examiners. Additionally, Ms. Rand is pursuing her DrPH at Johns Hopkins University with a focus on health equity and social justice.

LM6: Measurement, Data & Trust: Supporting Change with Data

This module discusses common challenges and a range of solutions for collecting and reporting overuse data when taking action on overuse.

> **"[A challenge] is the lack of… knowing …How many providers are actually prescribing these medications? What's the volume? They need the data to help them with that black and white on paper to indicate there might be a problem."**
>
> —Roberto Diaz del Carpio, MD

Overview

To build a culture of trust, innovation, and improvement; it is essential to share transparent, meaningful and actionable data about the targeted overused service with stakeholders. Pre-defined measures of overuse are often not readily available and reliable sources of data can take time to identify and even longer to extract into actionable measures within a report or dashboard for providers. Reliable and valid data translated into measures that are clinically meaningful are often critical to getting the provider to the table for a discussion about your targeted area of overuse. In addition, it is also extremely important to confirm impressions about the rate of overuse in your setting when selecting your overuse topic/service for your project. Some projects have been derailed because initial anecdotal impressions about a service being frequently overused are not supported by the data.

Learning Objectives

1. Describe the differences among outcome, process and balancing measures for an overuse initiative.
2. Understand the steps needed to identify your data source, method of collection, measure specification and how these measures will be reported.
3. Discuss how to effectively present data that reveals variation in rates of overuse across settings and providers.

Reading Assignments

Balancing Measures or a Balanced Accounting of Improvement Impact

Although not focused on de-implementing a low-value care service, the explanation of a 'balancing measure' should clearly translate to addressing overused care.

- Citation: Toma M, Dreischulte T, Gray NM, et al Balancing measures or a balanced accounting of improvement impact: a qualitative analysis of individual and focus group interviews with improvement experts in Scotland *BMJ Quality & Safety* 2018;27:547-556

Value of Small Sample Sizes in Rapid-cycle Quality Improvement Projects

A surprising explanation of why large numbers of observations on rates of use of an overused service may not be necessary, and the implications of that for tackling low-value care.

- Citation: Etchells E, Ho M, Shojania KG Value of small sample sizes in rapid-cycle quality improvement projects *BMJ Quality & Safety* 2016;25:202-206.

Evaluation of an Intervention to Reduce Low-Value Preoperative Care for Patients Undergoing Cataract Surgery at a Safety-Net Health System

A great example of efforts to reduce low-value pre-operative care, how data and measures were obtained and used, along with an important example of a balancing measure.

- Citation: Mafi JN, Godoy-Travieso P, Wei E, et al. Evaluation of an Intervention to Reduce Low-Value Preoperative Care for Patients Undergoing Cataract Surgery at a Safety-Net Health System. *JAMA Intern Med.* 2019;179(5):648-657. PMC6503569

Resources

Science of Improvement: Establishing Measures

This resource from the Institute for Healthcare Improvement describes 3 types of measures in health care, where to look for data to create these measures, and how to present data when doing an improvement project.

IHI Open School

Working in Concert: A How-To Guide to Reducing Unwanted Variation in Care

This resource provides remarkable insights in how to use data when talking with clinicians and provides case examples of how to do so.

Citation: *"Working in Concert: A How-To Guide to Reducing Unwanted Variation in Care."* California Health Care Foundation. September 2014

Discussion Questions

1. In reading Toma *et al*, why do you think balancing measures might be particularly relevant in tracking efforts to reduce the use of an overused or unnecessary service?

2. Finding data and measures on rates of use of a low-value care service from existing sources of data in your organization can cause significant delays in efforts to intervene. How might the article by Etchells *et al.* change your approach?

3. In the reading Mafi *et al*, how was the QI nurse able to leverage measurement in order to inspire reductions in low-value care across the Los Angeles County safety net health system?

Project Application

The learnings in this module are most relevant to the *"Obtain Data and Select Measures"* section of the Project Workbook. In addition, the *"Understand Your Project Landscape"* phase of work includes identifying potential sources of data for your overuse project and points out that dedicating some resources to measurement will probably be necessary, so identifying those resources is important.

If no reliable source of data is available, you might also need to re-think the selection of a topic to address for your project. It is also important to think about what data and measures will be meaningful to stakeholders, so asking them about this would be important as part of the stakeholder assessment you do during that phase of work.

Finally, it is important to remember that data need to be "good enough" and not perfect. Don't fall into the trap of waiting for data and measures from your health IT department for many, many months only to find that what is produced is not usable. For quality improvement, frequent random "chart biopsies" are often more valuable, and provide more insights into the overuse phenomenon, than any report from a health IT database.

Value Champions Workbook

Facilitator's Guide

Rationale for this Module

One of the most significant challenges in many overuse reduction initiatives is finding reliable and valid data on rates of overuse and developing meaningful measures of overuse from that data. Value Champions often find themselves placed at the end of a large queue of data requests from their Health IT department, only to find that the data provided is not useful. In fact, selection of an overuse topic/service to address should always consider the availability of data on the targeted service.

How to Prepare for this session

This can be a challenging module to prepare for. As with other modules, a good place to start is reading the assignments and making notes about what sections are relevant for the Discussion Questions. The IHI Open School resource on "Establishing Measures" is also highly recommended to prepare for this class session. It will give you some insights into issues regarding selection of data sources and measures.

Suggested Agenda

- Welcome and introductions (10 minutes)
- Discussion of required readings (20 minutes)
- Small group exercise (15 minutes)
- Reconvene: Putting it all together (10 minutes)

Probes for discussion questions

- How might the article by Korenstein et al. in the readings from Learning Module 1 inform you selection of one or more balancing measures?
- If no ready source of data exists in your health IT systems, what are other ways you might observe or "measure" whether or not your overuse reduction efforts are effective?
- Have you every used a "run chart" to track a measure over time? What are some practical clinical examples of a run chart? (think about charting a patients temperature over time, or their white blood cell count) How might you use a run chart in your project?

Small Group Exercise

- Ask the class to read the Case Study on pages 7-8 of the **"Working in Concert: A How-To Guide to Reducing Unwanted Variation in Care."**

- Ask members of the group to work in pairs. Their first assignment is to answer these questions after reading the case study:
    - » How was data helpful to them in choosing a clinical topic to address?
    - » Why did they present data with the clinicians' names in the report?
    - » How would you react if you were in the room and your name was displayed on a report showing a higher than average rate of ordering a low-value care service?
- Then, ask them take turns role-playing the scenario presented where one of them is the physician with a high rate of CT orders for abdominal pain and the other is facilitating the conversation. The one role-playing the physician should choose 2 or 3 of the concerns on the top of page 7 and the facilitator should respond to the concern. Then they should reverse the role-play.
- Re-convene: ask the participants what was the most uncomfortable or awkward moment in their role-play, and why. How would they apply these lessons to their project?

Authors: Roberto O. Diaz Del Carpio, MD and John N. Mafi, MD, MPH

Roberto O. Diaz Del Carpio, MD

Dr. Roberto Diaz Del Carpio is a primary care physician specializing in both internal medicine and preventive medicine. He received his MD degree from the Universidad Catolica de Santa Maria in Arequipa, Peru, and graduated from the combined Internal Medicine-Preventive Medicine residency program (Primary Care Pathway) at the Jacobs School of Medicine and Biomedical Sciences in Buffalo, New York. During his residency, he completed his MPH in public health in health services

administration and was involved in health services and outcomes research. Dr. Diaz Del Carpio's commitment to patient care and population health sparked his interest in system performance, quality improvement and patient safety. After his residency, he pursued further training in the science of improvement at the Centre for Quality Improvement and Patient Safety in Toronto, Canada. Currently, he works at Caremore Health, a highly integrated, patient-focused health delivery system, leading transformative, high-value healthcare in America.

John N. Mafi, MD, MPH

Dr. John Mafi is an assistant professor of medicine in the Division of General Internal Medicine and Health Services Research at the David Geffen School of Medicine at UCLA, where he also practices and teaches general medicine and primary care. He also serves as an Affiliated Natural Scientist in Health Policy at RAND Corporation. Dr. Mafi completed medical school at Case Western Reserve University and his internal medicine residency training in 2012 at Beth Israel Deaconess Medical Center, where he also served as Chief Medical Resident in 2013-2014. Dr. Mafi earned his MPH at the Harvard T.H. Chan School of Public Health in 2015, and most recently completed the Harvard Medical School Fellowship in General Internal Medicine and Primary Care at Beth Israel Deaconess Medical Center. His research focuses on quality and value measurement and how electronic health records can improve the value of care. He has led several national analyses assessing the epidemiological trends and predictors of harmful or low-value care. He has also studied the impact of electronic health record innovations, such as OpenNotes, an initiative where doctors invite their patients to read their visit notes online.

LM7: Engaging health care professionals: the Taking Action on Overuse Change Package

The Taking Action on Overuse framework provides a roadmap for action and is accompanied by a change package with suggested key activities to select from when designing an intervention.

> **"The Taking Action on Overuse framework was pivotal in organizing strategies for intervention."**
>
> —Leslie Dunlap, Clinical Value Champion, University Hospital, Albuquerque, New Mexico

Overview

You have selected an area of overuse to address, you've engaged with leaders and you have assessed and engaged with your stakeholders. How will you intervene to get your colleagues to do less of what harms and more of what helps patients? When attempting to reduce the use of an overused service, engaging providers, patients and staff in these efforts is often the missing piece of the puzzle. This engagement needs to move individuals from *awareness* that the potential for harm is greater than benefit, to *ownership* of the responsibility to change one's beliefs and behaviors, and then to *action* at the point of health care delivery. An understanding of what motivates these behaviors, and the cognitive biases that influence those motivators is essential. A walk through the elements of the Taking Action on Overuse action-planning framework, and an exploration of key changes

and activities to consider in your efforts to engage colleagues, patients and team members in reducing your targeted overuse topic. The *Framework* provides a conceptual overview of how successful health care systems have reduced overuse. The Taking Action on Overuse *Change Package* provides key changes and examples of practical activities you can use to enact those changes.

Learning Objectives

1. Understand four intrinsic motivators of clinician behavior based on Max Weber's typology and give an example of each.
2. Describe the core elements within the Taking Action on Overuse framework and explain how these catalysts support conversations that drive behavior change.
3. Give examples of key activities that foster and support each component of the Taking Action on Overuse framework.

Reading Assignments

Engaging Physicians in the Health Care Revolution

The Harvard Business Review allows two free article downloads each month.

This article describes four intrinsic motivators that drive clinician behavior. You should consider each motivator as a 'lever' you can pull when designing your interventions and your actions as a clinical value champion.

- Citation: Thomas Lee and Toby Cosgrove: *Engaging physicians in the health care revolution.* Harvard Business Review, June 2014.

Creating the Culture for Change

This article, along with the accompanying **'change package'** provides a conceptual overview of how successful health care systems across the U.S. have reduced overused services. It synthesizes the lessons learned into an "action-

planning framework" and a 'change package' of ideas for actions to reduce overused services.

- Citation: Parchman ML, Henrikson NB, Blasi PR, Buist DS, Penfold R, Austin B, Ganos EH. Taking action on overuse: Creating the culture for change. Healthc (Amst). 2017 Dec;5(4):199-203. doi: 10.1016/j.hjdsi.2016.10.005. Epub 2016 Nov 10. PMID: 27840099.

Creating Value in Health by Understanding and Overcoming Resistance to De-innovation

The authors give examples of three types of cognitive bias that may influence efforts to de-implement low-value care services. They then describe how awareness of these biases should inform our selection of strategies to engage others in decreasing their use.

- Citation: Ubel PA, Asch DA. Creating value in health by understanding and overcoming resistance to de-innovation. *Health Affairs.* 2015;34(2):239-244.

Resources

The Taking Action on Overuse Change Package

The Taking Action on Overuse change package is an action-planning guide for overuse reduction projects. It helps users identify specific key changes and provides suggested activities that support the changes necessary to sustainably reduce medical overuse.

Getting Doctors to Make Better Decisions Will Take More than Money and Nudges

This Harvard Business Review article describes the importance of organizational culture in supporting efforts to decrease medical overuse and increase evidence-based care.

- Citation: Tsugawa Y, Mafi JN. *Getting doctors to make better decisions will take more than money and nudges.* Harvard Business Review, June 18, 2019.

Discussion Questions

1. Which lever of intrinsic motivation described by Tom Lee and Toby Cosgrove do you think might be most effective in decreasing the use of a low-value care service and why?

2. What are "sense-making conversations" and how can the four 'catalysts' described in the TAO framework enhance their effectiveness? Can you provide an example of such a conversation from your own experience?

3. Of the three types of cognitive biases described by Ubel & Asch, which one have you seen most often in your clinical setting and why? What key change or key activity described in the Taking Action on Overuse change package might be useful to overcome that bias?

Project Application

The learnings in this module are most relevant to the "Design and Implement" phase of the work. Here you are deciding what key changes and associated key activities you will use to begin the work of actually reducing the use of your targeted overused service. It is important to remember that a multi-component package of different strategies all employed within a short time frame, are more likely to succeed that single strategies employed sequentially. This is also a time when project management becomes extra important – checking in with your supporters and those who are not fans of the change to solicit feedback and review potential solutions.

Value Champions Workbook

Facilitator's Guide

Rationale for this Module

The purpose of this module is to help value champion fellows think about what strategies they will employ in their overuse reduction initiative. Many clinical champions are unsure of where to start and often feel like they are flying by the seat of their pants. The heart of this module is the TAO Change Package, where fellows can find practical examples of activities they might use as they rollout their overuse reduction initiative

How to Prepare for this Session

First, read the Taking Action on Overuse: Creating the Culture for Change assigned reading, then watch the TAO Model Talk Video on the website to get a good overview of the framework.

- Read the other assigned readings with the discussion questions available. As you read, mark or highlight in the readings sentences or sections that are relevant to each discussion question.

- Prepare for the small group activity by completing the exercise yourself. Use the TAO change package to identify what strategies were used to decrease the use of cardiac enzyme testing. Also ask yourself what strategies did they not use that you think might have been effective?

Suggested Agenda

- Welcome and introductions (10 minutes)
- Watch the TAO Model Talk Video (10 minutes)
- Discussion of required readings (15 minutes)
- Small group exercise: see below (15 minutes)
- Reconvene: Putting it all together (10 minutes)

TAO Model Talk Video

This short video will provide the group with an overview of the Taking Action on Overuse Framework, how it was developed and examples of tis practical application

https://vimeo.com/287295468

Probes for Discussion Questions about the Readings

- What strategies in the TAO Change Package will you use first, and which ones might you try later? How will you sequence your activities and what are determinants of that sequencing?
- How might the results of your stakeholder analysis inform the selection of strategies you use to engage colleagues in efforts to reduce an overused service?

Small Group Exercise

Give the class/group 3-5 minutes to read: **Decreasing the Use of Cardiac Enzyme Testing**

- Citation: Alvin MD, Jaffe AS, Ziegelstein RC, Trost JC. Eliminating Creatine Kinase–Myocardial Band Testing in Suspected Acute Coronary Syndrome: A Value-Based Quality Improvement. *JAMA Intern Med.* 2017;177(10):1508–1512. doi:10.1001/jamainternmed.2017.3597)

Here are some discussion questions for the group/class to consider:

- What key changes or activities did they employ, and which domain of the TAO framework do they map to?
- Why do you think they selected more than one strategy to implement?
- When you examine the TAO change package, are there other strategies or key activities you might choose to de-implement cardiac enzyme testing and why?

Reconvene:

- Ask each group to name one key change or activity they found in this article and what they thought the rationale was for selecting that key change or activity.

Author: Michael Parchman

Michael Parchman

Michael Parchman is a senior physician investigator at the MacColl Center for Health Care Innovation. For over 20 years his research and work have focused on improving the dissemination and implementation of innovations such as the Chronic Care Model into primary care settings. Dr. Parchman is the Fellowship Director for the Robert Wood Johnson Foundation-funded Safety Net Value Champions Fellowship Program.

LM8: Strategies Employed by Value Champions

This module provides examples of intervention strategies used by other clinical value champions in their setting to engage providers, staff, and patients in changing their behaviors.

> **"Once we had this baseline data, we started adding [discussions about] the data to all our meetings… patient and clinician stories are important, chart review, engage your team and practice early, and use evidence to guide your intervention strategy."**
>
> —Roberto Diaz del Carpio MD

Overview

The Taking Action on Overuse Change Package in Module 7 describes many key changes and activities you might consider using when designing your intervention and your activities as a clinical value champion. The purpose of this module is to describe the most common strategies used by RWJF clinical value champion fellows in their projects. (See the Welcome section for a description of the Fellowship and the Fellows.) They are based on a set of well-defined implementation strategies, or methods or techniques used to enhance the adoption, implementation, and sustainability of a clinical program or practice. As a clinical champion, you are an example of one well-defined implementation strategy! Much less clearly understood are methods or techniques that a clinical

champion can use to enhance the de-implementation of an overuse service. Here we provide you with insider knowledge from clinical value champions that preceded you about what worked for them. It is not meant to be exhaustive, just to provide you with some ideas.

Learning Objectives

1. Describe strategies employed by a group of clinical value champions in safety net settings to reduce overuse.
2. Understand how strategies can be combined to complement each other.
3. Examine the rationale for selected strategies and how they might be used to overcome common challenges when reducing the use of an overused service.

Reading Assignments

Watch the six video presentations by each RWJF Clinical Value Champion Fellow describing their project and read through the PowerPoint slides from each.

Care Redesign for Postpartum Blood Pressure Evaluation by Lauren D. Demosthenes, MD

- Presentation
- PowerPoint Slides

Overuse of Opioids for Chronic Pain in Primary Care by Roberto Diaz del Carpio, MD

- Presentation
- PowerPoint Slides

Overuse of Antibiotics for Diabetic Foot Wounds by Leslie Dunlap, PA-C

- Presentation
- PowerPoint Slides

Appropriate Use of Vascular Access Catheters by George Hoke, MD

- Presentation
- PowerPoint Slides

Reducing Unnecessary X-Rays for Low Back Pain in the ER by Joshua Mokovitz, MD, MPH, MBA

- Presentation
- PowerPoint Slides

Unnecessary Use of Over-the-Counter Medicines for Coughs and Colds in Children by Elizabeth Vossenkemper, MSPAS, PA-C

- Presentation
- PowerPoint Slides

Taking Action to Address Medical Overuse: Common Challenges and Facilitators

- Citation: Parchman ML, Palazzo L, Austin BT, et al. Taking Action to Address Medical Overuse: Common Challenges and Facilitators. *Am J Med.* 2020;133(5):567-572. doi:10.1016/j.amjmed.2020.01.001[JW1]

Resources

Eliminating Inappropriate Telemetry Monitoring: An Evidence-Based Implementation Guide

Three strategies that were effective in efforts to reduce unnecessary telemonitoring in the inpatient setting are described.

- Citation: Yeow RY, Strohbehn GW, Kagan CM, et al. Eliminating Inappropriate Telemetry Monitoring: An Evidence-Based Implementation Guide. *JAMA Intern Med.* 2018;178(7):971–978. doi:10.1001/jamainternmed.2018.2409

Promoting High-Value Practice by Reducing Unnecessary Transfusions With a Patient Blood Management Program

This article provides an example of an implementation blueprint designed to reduce the use of unnecessary blood transfusions in the inpatient setting.

- Citation: Sadana D, Pratzer A, Scher LJ, et al. Promoting High-Value Practice by Reducing Unnecessary Transfusions With a Patient Blood Management Program. *JAMA Intern Med.* 2018;178(1):116–122. doi:10.1001/jamainternmed.2017.6369

An Implementation Guide to Reducing Overtreatment of Asymptomatic Bacteriuria

The authors discuss effective interventions to reduce inappropriate treatment of asymptomatic bacteriuria.

- Citation: Daniel M, Keller S, Mozafarihashjin M, Pahwa A, Soong C. An Implementation Guide to Reducing Overtreatment of Asymptomatic Bacteriuria. *JAMA Intern Med.* 2018;178(2):271–276. doi:10.1001/jamainternmed.2017.7290

Discussion Questions

1. When you look across all of the presentations by the Value Champions, what are common "Early Critical Steps" taken by the fellows for their project? Based on what you have learned in earlier modules, why do you think these are common across projects?

2. On the "Strategies" slide describing each Fellows project, do you see any common approaches? What are they and why do you think they are common?

3. How do you think the "Early Critical Steps" prepared each fellow to implement the "Strategies" they used?

4. When reading about common challenges and facilitators in the article about the experiences of three health care systems to Take Action on Overuse, why do you think the fellows took the "Early Critical Steps" before using their described strategies?

Project Application

The learnings in this module build on those in Module 7 and are intended to illustrate practical examples of key activities used by value champions in real-world settings. Similar to Module 7, the learnings in this module are most relevant to the "Design and Implement" phase of the work. It is important to remember that

a multi-component package of different strategies all employed within a short time frame, are more likely to succeed that single strategies employed sequentially and that tailoring the strategies to the anticipated challenges and feedback from stakeholders and leadership are important aspects to designing and implementing the interventions.

Value Champions Workbook

Facilitator's Guide

Rationale for this module

It is important for learners to have practical examples of strategies used by earlier value champions in their projects to engage providers, staff and patients to reduce an overused service. It is also important for them to remember that there may be other strategies they might also consider.

How to Prepare for this Module

Read through the **PowerPoint slides** from the Fellows who participated in our fellowship program describing their overuse reduction project. There are two slides in each slide deck that might be most relevant to this topic: *"Early Critical Steps"* and *"Strategies Used"* that will be the focus of the discussion questions. In addition, there are **six short recorded presentations** by the Fellows for each of their presentations if you want to hear them talk about their project. The key to discussing the article about barriers and facilitators is to help the learners think through how the strategies used by the former Fellows might be used to address each of the barriers described.

Suggested Agenda

- Welcome & Introductions (5 minutes)
- Large group: introduction to the module + discussion of videos and readings (25 minutes)

- Small group: break out exercise (15 minutes)
- Large group: putting it all together (10 minutes)

Small Group Exercise

Divide the class into 2-3 groups of 2-3 individuals in a group. Assign each group one of the three "Less is More" articles listed above under "Additional Resources." Ask them to skip the background and go directly to the "Implementation Blueprint" section of the article and answer the following questions:

- Which of the strategies described in this implementation blueprint would require or be more effective if a clinical value champion was the person implementing the strategy?
- Why do you think this particular combination of strategies was chosen, and are there any similarities to the combinations of strategies used by the value champions in the Fellowship program you discussed earlier during the class?
- What strategy might be useful that is not described in this blueprint?

Reconvene: Ask each small group to name at least one strategy described in their assignment that is similar to a strategy used by one of the RWJF clinical value champions, and one strategy that they think might have been used but was not mentioned.

Authors: Michael Parchman & Lorello Palazzo

Lorello Palazzo

Lorella Palazzo is a sociologist who focuses on health care. She has used both quantitative and qualitative methods to research health disparities, health workforce trends, and how alternative modes of healing are being integrated into delivery systems.

Dr. Palazzo is supporting the development and delivery of the Taking Action on Overuse change package training, as well as taking an active role in learning from partner sites and co-authoring related publications.

In addition to Taking Action on Overuse, Dr. Palazzo focuses on optimizing care delivery and improving access to health services by evaluating innovative programs at Kaiser Permanente Washington Health Research Institute to help ensure that patients, doctors, and staff all have the best possible care experience.

Michael Parchman

Michael Parchman is a senior physician investigator at the MacColl Center for Health Care Innovation. For over 20 years his research and work have focused on improving the dissemination and implementation of innovations such as the Chronic Care Model into primary care settings. Dr. Parchman is the Fellowship Director for the Robert Wood Johnson Foundation-funded Safety Net Value Champions Fellowship Program.

LM9: Choice Architecture and Overuse Reduction

This module helps participants understand how concepts from the field of behavioral economics can be applied to their overuse reduction initiative.

> **"The reasons for not wanting to change can be overcome with good conversation, good direction, good planning."**
>
> —Josh Moskovitz, Clinical Value Champion Fellow

Overview

Human behavior is the final common pathway to all health care interventions. Without action by patients, clinicians, and others, no interventions can impact care, regardless of how potentially impactful. As such, reducing overuse requires foundational understanding of concepts from behavioral science that help explain how patients and clinicians make decisions. This understanding can help guide a value champion's work by helping them (a) design an intervention, (b) anticipate potential resistance or challenges to that intervention, and (c) increase the likelihood that the intervention leads to behavior change.

Learning Objectives

1. Define the concepts of "choice architecture", "intervention ladder", and behavioral economics "nudges".
2. Describe the implications of these concepts for designing interventions to reduce overuse.
3. List three potential objections that clinicians may have to behaviorally-designed nudge interventions, and three corresponding solutions.

Reading Assignments

Choice Architecture

In this paper, the authors describe the concept of "choice architecture," the role of the choice architect, and show how choice architecture can be used to help nudge people to make better choices.

- Citation: Thaler RH, Sunstein CR, Balz JP. Choice Architecture. 2010. Available at SSRN: https://ssrn.com/abstract=1583509

Using Nudges to Improve Value by Increasing Imaging-Based Cancer Screening

Patel and colleagues provide a deeper understanding of the concept of "nudges" within health care delivery and provide specific examples of their use from published research on cancer screening activities.

- Citation: Patel MS, Navathe AS, Liao JM. Using Nudges to Improve Value by Increasing Imaging-Based Cancer Screening. *J Am Coll Radiol.* 2020; 17(1 Pt A):38-41. doi: 10.1016/j.jacr.2019.08.025.

How to Overcome Clinicians' Resistance to Nudges

Access to this article is free but requires registration with Harvard Business Review which limits free access to three articles each month.

This article uses examples from health care to illustrate the challenges of implementing nudges to drive behavior change among professional employees like physicians and offers principles that can be applied to overcome them.

- Citation: Navathe AS, Lee VS, Liao JM. How to Overcome Clinicians' Resistance to Nudges. Harvard Business Review. https://hbr.org/2019/05/how-to-overcome-clinicians-resistance-to-nudges[JW1]

Resources

Behavioraleconomics.com

This website is worth exploring for additional guides, tools, resources and definitions of common terminology used in the field of behavioral economics.

Using Intervention Ladders to Design Behavioral Economic Intervention

This is a 30-minute webinar presented by the author of this Learning Module, Josh Liao, MD. He describes a basic concept in behavioral economics that informs what interventions you might use to influence the behaviors of clinicians when de-adopting a low-value care service, the "intervention ladder."

- Citation: Liao, Josh. "Using Intervention Ladders to Design Behavioral Economic Interventions." 2019. https://vimeo.com/548632601

Discussion Questions

1. How would you define “choice architecture” in your clinical setting? What are the 3 major implications of adopting that definition when you engage with stakeholders about reducing overuse?

2. In Thaler et al, the authors make a distinction between choices based on the size and complexity (small, well understood alternatives vs larger, more complex alternatives). How and to what extent do you think distinction applies to efforts to reduce overuse in your clinical setting?

3. How would define a behavioral economics “nudge”, as described by Thaler et al and Patel et al? Based on that definition, describe a nudge that you have used, or have been subjected, in your clinical setting.

4. In Patel et al, the authors demonstrate an approach called an “intervention ladder”. How might this approach apply to your clinical context? What components of the approach are applicable for creating an intervention to address your overuse topic?

5. In Navathe et al, the authors identify 3 common challenges that leaders face when seeking to implement nudge interventions among clinicians. Can you give at least 1-2 examples from your experience for each of these challenges?

6. Can you give at least one example of how you might use one of the solutions identified by Navathe et al to overcome potential resistance to your overuse reduction intervention in your clinical setting?

Project Application

The learnings from this module are perhaps most helpful as you enter the "Test the Intervention" phase of your project. The idea of creating a "choice architecture" for your intervention should guide your thinking about the strategies and key activities you use to engage providers, patients, and others in your efforts to reduce your targeted overuse topic.

Value Champions Workbook

Facilitator's Guide

Rationale for this Module

In our fellowship program, the fellows found the insights and understandings provided by Josh Liao, the author of this module, very helpful in understanding why specific approaches to changing behaviors that lead to a reduction in use of a service might be effective, or even more important why they failed. For example, one principle in behavioral economics is that as humans, it is much harder for us to relinquish something is nothing is offered in return. As a result, several of our fellows thought through what might be offered as a replacement service as part of their intervention design. It is important to prepare future Value Champions for understanding why certain intervention designs they choose, or combinations of interventions do or do not work, so that they can make a more informed decision about what to tweak or how to redesign their approach.

How to Prepare for this Module

As with other modules, perhaps the most important preparation is to read the assignments and make notes of where in the assignments you find passages that are most relevant to the discussion questions. In addition, it is highly recommended that you watch the 30-minute video by Dr. Liao included in the Resources section for this Learning Module. To prepare for the small group exercise, make sure each group has a copy of their scenario, and the discussion questions that follow. During the debrief, a few suggested questions are provided for you to ask after the group reconvenes.

Suggested Agenda for this session:

- Welcome & Introductions (5 minutes)
- Large group: introduction to the module + discussion of readings (25 minutes)
    - Overview of rationale for the module (5 minutes)
    - Discussion of required readings (20 minutes)
- Small group: break out exercise (15 minutes)
- Reconvene & Debrief (10 minutes)

Small Group Exercise

In groups of 3, have the clinical value champions role play one of the following scenarios:

- The leadership in your clinic has asked you, as a clinical value champion, to lead an initiative that would discourage your clinician colleagues from routine prescribing of antibiotics for uncomplicated, likely viral acute upper respiration infections
- The leadership of a hospital medicine division has asked you to serve as a value champion for a project that seeks to reduce "routine" daily labs ordered by clinicians as part of the care on hospitalized patients
- A surgery service line chief has asked you to develop and implement a program that would reduce the use of IV acetaminophen for post-operative pain
- Questions for discussion in each small group:
    - In your scenario, what are key features of the choice architecture surrounding a clinician's decision-making process?
    - As a value champion, how might behavioral economics nudges be used as interventions to achieve the decision-maker's goal(s)?
    - If you believe a nudge could be used, how can an intervention ladder framework inform the selection and design of the nudge?
    - What major resistance or barriers can the decision-maker anticipate in designing this type of intervention? How can the decision-maker design the intervention in a way that helps overcome or avert that resistance?

Reconvene & Debrief (10 minutes)

- What behavioral economic concepts might be most applicable to your overuse project?
- How might an understanding of these concepts/principles help you if and when a strategy you use to reduce overuse does not seem to be working?

Author: Joshua M. Liao

Joshua M. Liao

Dr. Joshua Liao is a board-certified internal medicine physician and an Associate Professor of Medicine in the University of Washington School of Medicine, where he also directs the Value and Systems Science Lab -- a unit committed to understanding how health care systems and decisions affect health outcomes. He is also an Associate Professor of Health Services in the University of Washington School of Public Health, and the Medical Director of Payment Strategy at UW Medicine. Dr. Liao received his MD from Baylor College of Medicine and completed his internal medicine residency at Brigham and Women's Hospital where he was also a Clinical Fellow in Medicine at Harvard Medical School. He is a Senior Fellow at the Leonard Davis Institute of Health Economics at the University of Pennsylvania, where he obtained his health policy and economics training.

Dr. Liao's expertise includes value-based payment reforms and behavioral interventions targeting value-based care delivery, with scholarly work focusing on evaluating and testing the impact of value-based payment and delivery reforms on patient, physician and health-care-organization behavior. Through oversight leading system-wide efforts to evaluate the organizational impact of payment reforms, he also has deep expertise in evaluating and identifying value-based organizational strategies, in particular in how to implement teams, structures and tools to achieve value-based care goals.

LM10: Planning for Sustainment

An understanding of how value champions they can incorporate plans for sustainment into every aspect of their overuse reduction initiative is provided in this module.

> **"We're going to continue the URI symptom kit. It is sustainable through our organization. We will continue to follow data, making sure we don't have any kind of resurgence of inappropriate prescribing…. and get providers more engaged in discussing future high-value care projects."**
>
> —Elizabeth Vossenkemper, Clinical Value Champion

Overview

The purpose of this module is to provide participants with an understanding of how health care organizations sustain improvements in the care they deliver, and how they as value champions can incorporate plans for sustainment into every aspect of their overuse reduction initiative. Planning for sustainment begins at the beginning of an initiative: assume that you will be successful in reducing the use of your targeted overused test or treatment, what will you need to 'hardwire' into your planned interventions so that the reduction is sustained after you move on to other overused services? What do we know about how clinical settings and health care organizations sustain such efforts?

Learning Objectives

1. Discuss how the characteristics of an intervention designed to reduce the use of an overused service might contribute to sustained reductions in that service.
2. Give examples of how characteristics of organizational setting might influence sustainability and what strategies might be used to leverage them for sustainment.
3. Explain how and why early planning for sustainability is important when Taking Action on Overuse.

Reading Assignments

Evaluation of an Intervention to Reduce Low-Value Preoperative Care for Patients Undergoing Cataract Surgery at a Safety-Net Health System

This article tells the remarkable story of the experience of both the results and the sustainment in the initial effect over time of a multi-faceted intervention to reduce this low-value care service. For this assignment please read both the article and the supplement that described the intervention in more detail.

- Citation: Mafi JN, Godoy-Travieso P, Wei E, et al. Evaluation of an Intervention to Reduce Low-Value Preoperative Care for Patients Undergoing Cataract Surgery at a Safety-Net Health System. *JAMA Intern Med.* 2019;179(5):648–657. doi:10.1001/jamainternmed.2018.8358

Reducing Unnecessary Vitamin D Screening in an Academic Health System: What Works and When

This is an insightful examination of a health system's quality improvement intervention to decrease the use of low-value vitamin D screening and assesses which components of the intervention had the greatest effects on effectiveness and sustainability.

Citation: Petrilli CM, Henderson J, Keedy JM, et al. Reducing Unnecessary Vitamin D Screening in an Academic Health System: What Works and When. *Am J Med.* 2018;131(12):1444-1448. doi:10.1016/j.amjmed.2018.06.025.

Sustainability: Conceptual Frameworks and Planning for Sustainability

This 13-minute video provides an overview of our understanding of the factors that influence sustainability, discusses several frameworks that are commonly used to both plan for and assess sustainability, and discusses currently unanswered questions about sustainability.

- Citation: Shelton et al. Conceptual frameworks and planning for sustainability. YouTube video: https://www.youtube.com/watch?v=uel0vKMcjAM.

Resources

Program/Clinical Sustainability Assessment Tool

These tools help you rate and assess the sustainability capacity of your program or clinical practice. Using them early in your overuse reduction initiative can help you modify your action plans and project timeline activities to improve the likelihood that any reduction in the use of an overused service will be sustained.

- Citation: Program/Clinical Sustainability Assessment Tool. https://www.sustaintool.org/

NHS Sustainability Model and Guide

This guide provides practical advice on how you might increase the likelihood of sustainability for your project.

- Citation: NHS Sustainability Model and Guide. https://improvement.nhs.uk/resources/Sustainability-model-and-guide/

Project Application

Ideally, sustainment should be a part of every phase of your project from selecting a topic to understanding your environment to selecting and testing your interventions. However, it is called out as a separate phase of work in your Project Workbook because you need to consider how you will consolidate and hold onto any gains you make in reducing the use of the overuse topic you choose to focus on. The Case Study in that section of the Workbook illustrates some of the learnings your will acquire during this Learning Module. In addition, the Program/ Clinical Sustainability Assessment Tool described in the Additional Resources section below is also included as a tool in the Workbook for this phase of your work.

Value Champions Workbook

Facilitator's Guide

Rationale for this Module

The purpose of this module is to help value champion fellows think about what strategies they will employ early and throughout their overuse reduction initiative to sustain any reductions they achieve. Although they may initially be overwhelmed and worried about achieving any reduction in their targeted area of overuse, planning early for sustainability is critical. The readings provide two examples of overuse reduction QI projects for them to read and reflect on what aspects of the QI strategies employed might have resulted in the sustained reduction in the targeted services.

Sustainability: Conceptual Frameworks and Planning for Sustainability

This will provide the group with an overview of current knowledge and a conceptual framework for thinking about sustainability of their initiative. One of the discussion questions asks them to consider what characteristics of their inner setting might contribute sustainability and what practical steps might they take to reinforce those inner setting factors.

How to Prepare for this Module

Read the assigned readings and watching the Rachel Shelton video while making notes about where in the readings and the videos you find passages relevant to the discussion questions. Review the probes for discussion questions below and think about where during the discussion you might use these questions to prompt more discussion. You might also consider having the Rachel Shelton video 'teed up' so that you can play it again during the class to prompt more discussion. For discussion Question #3 above, consider keeping a list of responses to the question for the class to see and keep track of. Critical to the Small Group Exercise is to have the learners complete the Clinical Sustainability Assessment Tool BEFORE the class session. So you might want to include that as "Required Reading" ahead of the class just to remind them.

Suggested Agenda

- Welcome and Overview: (5 minutes)
- Discussion of Required Readings and Video (25 minutes)
- Small Group Exercise (20 minutes)
- Reconvene and Wrap Up (10 minutes)

Small Group Exercise

Prior to the class/group meeting, ask each Fellow to complete the **"Clinical Sustainability Assessment Tool"** for their overuse reduction project. Divide the class into pairs or small groups of 3-4 learners. Ask each group to answer the following questions and then reconvene for 5-10 minutes for each group to report out the results of their discussion:

- Based on the results of your assessment, what approaches, or strategies might you use to increase the likelihood of sustainability? (If you need ideas about activities, refer to the Taking Action on Overuse Change Package.)

- What is common when you compare the results of your assessment with your colleague and what is different? Why?
- Do you think it might be important to reassess sustainability at a later point in your project and why?

Reconvene & Wrap Up

Author: Michael Parchman

Michael Parchman

Michael Parchman is a senior physician investigator at the MacColl Center for Health Care Innovation. For over 20 years his research and work have focused on improving the dissemination and implementation of innovations such as the Chronic Care Model into primary care settings. Dr. Parchman is the Fellowship Director for the Robert Wood Johnson Foundation-funded Safety Net Value Champions Fellowship Program.

Ready to start your project?

Use the Value Champions Project Workbook to guide you through the process of choosing and implementing an overuse project in your setting. Use the link below to preview and download the workbook.

http://moodle.kpsahs.edu/mod/resource/view.php?id=110729

Contact us

Let us know how and where you have used the Taking Action on Overuse training curriculum, what tools would be helpful, and your overall impressions!

act-center@kp.org

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