**Facilitators Guide**

**Description**: This guide is intended to help the faculty deliver this 60-minute discussion on a practical approach to high value hospitalization. This is the fourth in a series of six sessions.

**Learning Objectives**:

* Compare charges for inpatient and outpatient services.
* Appreciate how delayed diagnosis and diagnostic errors increase cost by extending hospitalizations and compounding morbidity and mortality.
* Recognize the out of pocket costs associated with different types of hospital discharge.
* Optimize medication reconciliation as a key component of safe care transitions.

**Audience and Setting:** The intended audience for this module is Internal Medicine residents. A large group setting with time and space for small group work within the session is best.

**Equipment Required**: A computer with projector for PowerPoint presentation, a white board or flip chart for recording group work, and an internet connection to facilitate participants searching databases for costs of medication. Print copies of discharge scenario worksheet for participants.

**Optional**: Clinical pharmacist to help facilitate this session and answer questions, small prize for the winning team (candy is fine).

**References:**

1. Brownlee, S. Overtreated. Why too much medicine is making us sicker and poorer. New York, NY: Bloomsbury; 2007: 213-217.
2. Graber ML, Wachter RM, Cassel CK. Bringing diagnosis into the quality and safety equations. JAMA. 2012 Sep 26;308(12):1211-2. [PMID: 23011708]
3. Saber Tehrani AS, Lee H, Mathews SC, et al. 25-Year summary of US malpractice claims for diagnostic errors 1986-2010: an analysis from the National Practitioner Data Bank. BMJ Qual Saf. 2013 Aug;22(8):672-80. [PMID: 23610443]
4. Ogdie AR, Reilly JB, Pang WG, et al. Seen through their eyes: residents' reflections on the cognitive and contextual components of diagnostic errors in medicine. Acad Med. 2012 Oct;87(10):1361-7. [PMID: 22914511]
5. Shrank WH, Hoang T, Ettner SL**,** et al. The implications of choice: prescribing generic or preferred pharmaceuticals improves medication adherence for chronic conditions. Arch Intern Med. 2006 Feb 13;166(3):332-7. [PMID: 16476874]
6. Kesselheim AS, Misono AS, Lee JL, et al. Clinical equivalence of generic and brand-name drugs used in cardiovascular disease: a systematic review and meta-analysis. JAMA. 2008 Dec 3;300(21):2514-26. [PMID: 19050195]

**Presentation #4 Instructions**

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| Step | Description | Estimated Time |
| 1 | Welcome participants; introduce speakers; identify the reason for the discussion, including:   * Explain the learning objectives on slide 2 * Share the outline for the talk on slide 3; this presentation will explore opportunities to provide high value care throughout various stages of hospitalization | 5 minutes |
| 2 | Case 1: Admission Decision   * Present the case on slide 4. * Slide 5: Ask the participants what they think the diagnosis is and how/where they would treat this patient. * Explore different ways to admit patients from clinic. How do you arrange a direct admission from your resident clinic? * Slide 6: Discuss the appropriate use of the inpatient setting. * Compare charges for similar services for this patient in the inpatient and outpatient settings on slide 7. Emphasize that the financial cost is not the only consideration in admission decisions. * Briefly introduce the concept of observation and inpatient status with slide 8. * Ask the group to think of non-financial costs of hospitalization and share the list on slide 9. | 10 minutes |
| 3 | Inpatient management   * Slide 10: Provide follow up from the first case: the patient did get admitted and had a short stay for community-acquired pneumonia. Explain his treatment course, which includes re-presentation for dyspnea with a delayed diagnosis of CHF. * Slide 13: Ask the participants if they feel that the diagnosis of CHF was delayed. Refer them back to clues to the diagnosis on slide 11 (difficulty sleeping, LE edema). * Introduce the concept of diagnostic errors on slide 14. * Explain examples of common biases on slide 15. All of these biases were present in this case. * Present the solution to diagnostic errors on slide 16. | 5 minutes |
| 4 | Case 2: Discharge planning   * Review the case of a woman admitted with endocarditis who needs 6 weeks of IV antibiotics on slide 18 and options for discharge on slide 19. * Break into small groups and ask each group to adjust their discharge plan based on the three scenarios provided. Give each group a copy of the handout. * Scenario 1: The patient has Blue Cross Personal Choice health insurance and a PCP. * Scenario 2: The patient is recently unemployed and has no health insurance and doesn’t qualify for public assistance. She has a PCP she hasn’t seen in a year, with whom she wants to follow up. * Scenario 3: The patient is now 65 and has Medicare Part A but has not purchased Medicare Part B. She does not have a PCP.   The two questions are:   1. Can you safely discharge this patient home? 2. If not, what alternatives do you have?  * Groups will report back their answers. Compare and contrast how the settings of care and costs to the patient change with each scenario. Scenario 1 is the easiest discharge. This patient can go home almost immediately with a visiting nurse. Scenario 2 is the most difficult. This patient will most likely have to stay in the hospital to complete her antibiotic course. She will likely receive a huge hospital bill that she will be unable to pay. Without insurance, it is unlikely that she would be accepted to a skilled nursing facility or receive visiting nursing services. For Scenario 3, the group should refer to the handout provided regarding services covered by Medicare Part A to calculate the most affordable option. | 15 minutes |
| 5 | Case 3: Medication Reconciliation   * Present a woman with HTN and HLD admitted for hypertensive emergency after running out of medications (slides 22-25). * Divide the room into small groups, give them the worksheet that compares her prior to admission and discharge medications. Ask the groups to discontinue all non-essential medications and replace brand name medications with less expensive alternatives. Have them estimate the monthly costs of the prior to admission and discharge medication lists using the GoodRx app or website. * Have the groups share their decisions with the larger group. * Ask them to vote on the dollar amount saved by simplifying the regimen and switching to generics, and give a prize to the winning team. Show slide 27 (has lists with costs side by side). * Discuss the follow up for this patient and her readmission. Ask the group to explain why this happened. * Provide tips to improve medication reconciliation at discharge (slide 29). | 15 minutes |
| 6 | Summary   * Review the key concepts discussed in this presentation on slide 30. | 2 minutes |