**Facilitator's Guide**

**Description**: This guide is intended to help the faculty deliver this 60-minute discussion on overcoming barriers to the practice of high value care. This is the fifth in a series of seven sessions.

**Learning Objectives**:

1. Describe the barriers to high value care in clinical practice and explore ways of overcoming these barriers.
2. Weigh the efficacy and safety of medical interventions to avoid inappropriate use and harm.
3. Explore barriers that interfere with successful patient care and how to help reduce these barriers.
4. Explain the importance of managing the expectations of patients and referring physicians in the disposition of the patient.

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

**Equipment Required**: A computer with projector for the PowerPoint presentation, a white board or flip chart for recording group work, an Internet connection (and computer, laptop, or other device to connect to the Internet) to facilitate participants' database searches.

**References:**

1. Buchbinder R, et al. A randomized trial of vertebroplasty for painful osteoporotic vertebral fractures. N Engl J Med. 2009 Aug 6;361(6):557-68.
2. Kallmes DF, et al. A randomized trial of vertebroplasty for osteoporotic spinal fractures. N Engl J Med. 2009 Aug 6;361(6):569-79.
3. Leake CB, et al. Trends of inpatient spine augmentation: 2001-2008. AJNR Am J Neuroradiol. 2011 Sep;32(8):1464-8.
4. Long SS, et al. Vertebroplasty and kyphoplasty in the United States: provider distribution and guidance method, 2001–2010. AJR Am J Roentgenol. 2012 Dec;199(6):1358-64.
5. Wardlaw D, et al. Efficacy and safety of balloon kyphoplasty compared with non-surgical care for vertebral compression fracture (FREE): a randomised controlled trial. Lancet. 2009 Mar 21; 373(9668):1016–24.
6. Haugen BR, et al. 2015 American Thyroid Association management guidelines for adult patients with thyroid nodules and differentiated thyroid cancer: the American Thyroid Association Guidelines Task Force on Thyroid Nodules and Differentiated Thyroid Cancer. Thyroid. 2016 Jan;26(1):1-133.
7. Baid SK, et al. Specificity of screening tests for Cushing’s syndrome in an overweight and obese population. J Clin Endocrinol Metab. 2009 Oct; 94(10):3857-64.
8. Lacy NL, et al. Why we don’t come: patient perceptions on no shows. Ann Fam Med. 2004 Nov-Dec;2(6):541-5.
9. Syed ST, et al. Traveling towards disease: transportation barriers to health care access. J Community Health. 2013 Oct;38(5): 976-93.
10. Karter AJ, et al. Barriers to insulin initiation: the translating research into action for diabetes insulin starts project. Diabetes Care. 2010 Apr;33(4):733-5.
11. Molfenter, T. Reducing appointment no-shows: going from theory to practice. Subst Use Misuse. 2013 Jun;48(9):743-9.**Presentation Instructions**

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| Step | Description | Estimated Time |
| 1 | Welcome participants, introduce speakers, identify the reason for the discussion including:* Underscore the importance of acknowledging and addressing barriers to high value care at your institution
* Explain the learning objectives (slide #2)
 | 3 minutes |
| 2 |  Case One – I Need a Vertebroplasty* Present the case (slides #3)
* Ask the audience the following questions: (slides #4 - #5)
1. Do you think a vertebroplasty would benefit this patient?
2. How would you discuss the vertebroplasty with the patient and the primary service as you are a consultant?
* Review the lack of evidence for vertebroplasty (slide #6)
* Review the impact of the studies on procedure volume (slide #7)
 | 7 minutes |
| 3 | Case Two – I Need a Thyroid Test* Present the case of a woman worried she has thyroid cancer (slides #8 and 9)
* Ask the group which tests would they order? Why? How will they communicate their plan to the patient? How can evidence-based medicine and guidelines help improve this communication? (slide #10)
* Review the most recent guidelines around thyroid biopsy and ask the group the following questions: How do you partner with the patient to practice a strategy of observing rather than doing? What works? How do you keep the patient from “doctor shopping” and finding someone who will do the biopsy? (slide #11)
 | 10 minutes |
| 4 |  Potential Barriers to High Value Testing (slide #12)* Discuss the list and point out that lack of guidelines and poor familiarity with guidelines are not playing a role in back pain imaging overuse. Also point out that following up on test results (informing patients of results and chasing false positives) can be equally time-consuming.
* Deconstruct this list with the group – are there any missing barriers they can identify? Have the group create a top five list for their local institution making the number one barrier as the most important one.
 | 5 minutes |
| 5 | Case Three – I Need a Test for Cushing’s Syndrome (slides #13 to 15)* Ask one of the fellows to read the case description
* Stress the fact that the patient has no clear medical indication to be screened for Cushing’s syndrome
* Ask the participants how they would handle her request for a test that they do not think is indicated?
* Discuss patient expectations as a barrier to high value care
 | 10 minutes |
| 6 | Talking to patients about not doing things (slide #16)* What are some principles of patient-centered discussions?
1. Find out where the patient is coming from
2. Explain your reasons
3. Make it clear you are on their side
4. Clear follow-up plan and list things that would prompt them to call sooner
* How do you approach issues like this with a patient?
 | 5 minutes |
| 7 | Small Group Work (slide #17)Discuss amongst yourselves how we explain to a patient when a work-up for a secondary cause of a chronic disease is unlikely to yield a treatable diagnosis. When should you perform the work-up? What are other cases in your specialty where over-testing and over-diagnosis are common? Any ideas on how to decrease this in your specialty? | 5 minutes |
| 8 | Patient Adherence (slides #18 and 19)* Large group discussion: Have you all experienced patients who are non-adherent to the treatment plan you prescribed? Did it surprise you? How can you proactively identify patients who are at risk for missed appointments and non-adherence? Are there strategies to help improve these issues?
* Strategies to overcome barriers and improve outcomes (slide #20)
1. Maintain open lines of communication with your patients around their logistical and financial barriers to care and their “healthcare workload”
2. Always frame the conversation that you are trying to understand things from their perspective and that you are concerned about them
3. Don’t expect yourself to have all the answers; use the expertise of social workers, case managers, navigators, and others to help patients overcome barriers to care
 | 5 minutes |
| 9 | Action Plan: Ask for participants to commit to two things they will start doing and two things they will stop doing based on the session (slide #21). If there is time, ask for volunteers to share their personal goals. | 5 minutes |