How Can We Start The Conversation About High Value Care?

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Disclosures

• I am employed by the American College of Physicians
• Thanks to Daisy Smith for supplying content for this presentation
Learning Objectives

- Explain the rationale for High Value Care
- Describe key lessons learned from the ACP’s High Value Care Initiative
- Demonstrate the value of teamwork in changing culture
- Commit to a new high value care practice

Learning Objectives

- Describe the ACP’s role in the Transforming Clinical Practice Initiative (TCPi)
- State the rationale for using ACP Practice Advisor® as a web-based practice transformation tool
- List two ways the ACP SAN offerings integrate to support the work of the practice transformation and quality networks
- Identify key knowledge gaps around MACRA legislation/proposed rule

Teamwork

- Insert your team’s photo here!
American College of Physicians (ACP)

- A non-profit membership organization
- Over 148,000 clinician members
- Trusted source of medical information and education

High Value Care Initiative

Goal: Support delivery of HVC at all levels of professional training and practice

Foundation:
- HVC definition
- HVC framework
- HVC competencies and skills

High Value Care Definition

Care that balances clinical benefit of an intervention with its cost and harms with the goal of improving patient outcomes
Topic 5: Overcome Barriers to High Value Care

• Understand the barriers to high value care in clinical practice
• Explore ways to overcome some barriers to high value care
• Communicate clear expectations to patients and other members of the healthcare team
• Negotiate a care plan with patients that incorporates their values and addresses their concerns

US Healthcare Costs (in Billions)

Higher Spending Worse Outcomes
Estimated Sources of Excess Costs in Health Care

- Unnecessary Services: $210 Billion
- Excessive Administration Costs: $190 Billion
- Inefficient Service Delivery: $130 Billion
- Prices That Are Too High: $105 Billion
- Fraud: $75 Billion
- Missed Prevention: $55 Billion

Excess cost domain estimates

- Unnecessary Services ($210 B)
- Inefficiently Delivered Services ($130 B)
- Excessive Administrative Costs ($190 B)
- Excessive Pricing ($105 B)
- Missed Prevention Opportunities ($55 B)
- Fraud ($75 B)

Growth in volume of physician services per Medicare beneficiary, 2000-2009:

- Imaging
- Tests
- Other procedures
- E&M
- Major procedures
- All services
Selected ACP activities re healthcare costs

- Various components of ACP’s HVC Initiative
  - Identifying areas of overuse and misuse and publishing “best practice advice” papers
  - Curriculum development and promotion of HVC to trainees, practicing clinicians (MD and others)
  - Educational presentations at Grand Rounds, Chapter meetings, conferences
  - Participation in Choosing Wisely

- Advocacy for cost transparency

- Policies re drug pricing and use of generics

HVC Framework: Steps Toward High Value Care

- **Step one:** Understand the benefits, harms, and relative costs of the interventions that you are considering
- **Step two:** Decrease or eliminate the use of interventions that provide no benefits and/or may be harmful
- **Step three:** Choose interventions and care settings that maximize benefits, minimize harms, and reduce costs (using comparative-effectiveness and cost-effectiveness data)
- **Step four:** Customize a care plan with the patient that incorporates their values and addresses their concerns
- **Step five:** Identify system level opportunities to improve outcomes, minimize harms, and reduce healthcare waste

HVC Initiative Strategies

- Publish clinical guidelines, guidance statements, performance measures and policy papers
- Survey students, residents, and program directors
- Develop curricula for students, residents, faculty and practicing physicians
- Integrate HVC principles into existing educational programs, products and services
The Educational Gap

- Cross sectional survey from 18,102 IM residents (2012 IM-ITE survey)
- Response rate 84%
- Resident self-reported knowledge and practice of high value care and high value care teaching

![Bar chart showing resident responses to high value care statements.]

I incorporate patients' values and concerns into clinical decisions
- Somewhat/Strongly Agree: 88%

I offer patients alternatives of care, considering benefits, harms, and costs
- Somewhat/Strongly Agree: 81%

I avoid ordering unnecessary tests and treatments for patients
- Somewhat/Strongly Agree: 72%

I reduce health care waste within my hospital and/or clinic
- Somewhat/Strongly Agree: 59%

I incorporate the cost of tests and treatments into clinical decisions
- Somewhat/Strongly Agree: 46%

I share estimated costs of tests and treatments with patients
- Somewhat/Strongly Agree: 24%

I share estimated costs of tests and treatments with patients
- Somewhat/Strongly Agree: 24%

I incorporate the cost of tests and treatments into clinical decisions
- Somewhat/Strongly Agree: 48%

I reduce health care waste within my hospital and/or clinic
- Somewhat/Strongly Agree: 59%

I avoid ordering unnecessary tests and treatments for patients
- Somewhat/Strongly Agree: 72%

I offer patients alternatives of care, considering benefits, harms, and costs
- Somewhat/Strongly Agree: 81%

I incorporate patients' values and concerns into clinical decisions
- Somewhat/Strongly Agree: 88%

How often are issues of balancing benefits and harms with costs the subject of teaching conferences or rounds?
- Every day: 7%
- Few times a week: 10%
- Few times a month: 15%
- Few times a year: 33%
- Never: 25%

How often do you and your faculty discuss balancing benefits and harms with cost when caring for patients?
- Every day: 5%
- Few times a week: 15%
- Few times a month: 33%
- Few times a year: 40%
- Never: 15%
Version 3.0 IM Resident Curriculum Overview

- FREE, off-the-shelf curriculum
- Based on a simple, step-wise framework
- Six, one-hour sessions
- ALL NEW small group activities, cases and bills to engage learners!!!
- Facilitator’s guide accompanies each session to help faculty prepare
- Faculty toolbox

Curriculum Dissemination

- The curriculum has been downloaded over 42,000 times since July 2012
- Over 149 IM programs have implemented some component of the curriculum as of 2/15
- 350 programs report the initiation of local high value quality improvement projects from the curriculum

HVC Curriculum for Fellows

- Created collaboratively with ASP and AAIM
- Externally reviewed by fellows and fellowship faculty
- Seven modules including high value consultation and referral
- Released in April 2016, 243 downloads to date
- Free to all on the ACP website
High Value Care Coordination Toolkit
• Pertinent data sets
• Referral request and response
• Care coordination agreements
• [https://www.acponline.org/clinical-information/high-value-care/resources-for-clinicians](https://www.acponline.org/clinical-information/high-value-care/resources-for-clinicians)

Online High Value Care Cases
• Web-optimized internal medicine cases with questions
• Based on actual patients and their hospital/clinic bills
• Free to all internal medicine providers (including NP's)
• CME, CE and MOC credit
• Use for faculty development or flipped classroom

Online High Value Care Cases (Adults)
• Introductory video
• Five modules (30-60 minutes each)
• Take home tools with each module to help provider incorporate modules into practice

1. Avoid Unnecessary Testing
2. Use Emergency and Hospital Level Care Judiciously
3. Improve Outcomes with Health Promotion and Prevention
4. Prescribe Medications Safely and Cost Effectively
5. Overcome Barriers to High Value Care
Impact on physicians’ self-reported behavior

- ↑ discussing the risks and benefits of tests and treatments with patients.
- ↑ discussing relative costs of tests and treatments with patients when generating a plan.
- ↑ offering patients alternatives to tests and treatments that consider the risks, benefits, patient preference and costs.
- ↓ ordering unnecessary tests and treatments because they were requested by patients.
- ↓ ordering tests and treatments out of fear of malpractice.

Impact on Motivation to Incorporate Principles into Daily Practice

High Value Care Pediatrics Cases

- Cases and questions written by Med-Peds faculty
- Funded by ACP and UCSF
- FREE CME

Topics include:
- High Value Communication
- High Value Diagnostic Testing
- High Value Management Across Settings
Faculty Development

- Collaborative work with AAIM HVC task force and ABIM, ABIMF
- Join the Google Group: Teaching Value Learning Network
- HVC forums at the fall and spring AAIM meetings
- Stand alone one day faculty development meetings (March 2016 and April 2017)
- Let us know what additional faculty development you all want/need

Integration Improves Educational Reach

- HVC curriculum for residents (42,000)
- HVC curriculum for fellows (243)
- Online HVC Cases (11,229)
- Online HVC Peds Cases (89)
- In-Training Exam (26,000 residents/yr)
- MKSAP (62,000 users)
- IM Week-Scientific Program and Waxman (8,000 attendees)
- ACP Chapter Meetings (5,500 attendees)
- Patient Educational Materials
- Clinical Guidelines and Best Practice Advice
- Annals Articles (100,000)
- Annals Virtual Patients (4,300 users)
- ACP Practice Advisor (35,000 users)

IM-ITE Subscore

- Use predefined competencies (created in conjunction with ABIM) to identify items to make up the HVC subscore
- Overall score tracks with total exam score
- Some association between degree of resource utilization at the training hospital and HVC score in middle range performers
- High Value Care score provided to individual examinees and the program to ↑ awareness
Inter-professional team training in HVC

- Macy Foundation funded a one day retreat and brainstorming session
- Experts in inter-professional education, high value care, practicing clinicians, and patient representatives were invited to brainstorm about how to teach HVC at the point of care to the team
Environment for team co-learning

- Define the team and the roles of all team members with flexibility to adjust to patient complexity/needs
- Every member of the team is a learner and should be motivated to enhance existing knowledge and skills to obtain mastery, autonomy and purpose
- A sense of belonging and relatedness combined with shared vision and goals strengthen the team
### Steps in team co-learning

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Need for new content/skill should be well-articulated and communicated and may come from ANY team member. Change should be focused on areas that improve patient outcomes and provider well-being.</td>
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<tr>
<td>Step 2</td>
<td>Shared vision. All team members understand the purpose of the change and what is in it for them.</td>
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<tr>
<td>Step 3</td>
<td>Team members have input into change implementation.</td>
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<tr>
<td>Step 4</td>
<td>Data should be used to drive and measure change.</td>
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### High Value Care Example

**Step 1**
- The pharmacy student notices some COPD and asthma patients do not know how to use their inhalers and brings this to the team.
- The team agrees this might be an issue and realizes no standardized way to educate patients about inhaler use.

**Step 2**
- The team members agree on a shared goal of standardizing inhaler use education.
- They think this may be impacting their patients' emergency department utilization and poor patient outcomes.

**Step 3**
- Team members work together to create and implement a new inhaler education program.

**Step 4**
- Team meets regularly to review data and troubleshoot the new process, discuss barriers and facilitators, and provide ongoing provider and patient education.
- Some measures they are tracking include: percentage of patients with asthma/COPD who get the teaching, inhaler prescription fill rates, and ED utilization.

### HVC Patient Education

- *Where to go for healthcare when you need it*

  "Where's a quick guide to help you choose the right place to go at the right time.

  "The ACP can help you find a family practice, pediatrics, or a primary care provider."
Helping You Transform Your Practice; Prepare for Value-Based Payment

- ACP participating in grant-funded Transforming Clinical Practice Initiative (TCPi) from Centers for Medicare & Medicaid Services (CMS).
- Goal: Help equip clinicians with tools, support to achieve better health, better care and lower costs. The initiative supports the creation of regional, national learning communities to share and widely disseminate best practices.
- ACP is one of 10 national Support and Alignment Networks; helping clinicians and practices transform from volume-based to value-based, patient-centered care by offering:
  - Free Access to ACP Practice Advisor® new modules being developed that specifically help with practice transformation
  - Referrals to Practice Transformation Networks - peer-based learning networks designed to coach, mentor and assist clinicians in developing core competencies specific to practice transformation
  - Free CME/MOC Through High Value Care Cases

Outline

- Describe ACP as an organization
- ACP role in network recruitment
- Introduce ACP Practice Advisor®
- Describe how ACP Practice Advisor® integrates with the tools offered by PTNs and SANs
- Needs assessment of members about MACRA and our messaging
ACP SAN Partners

• National Partnership for Women and Families (NPWF)
• Institute for Patient and Family Centered Care (IPFCC)
• Stanford’s Clinical Excellence Research Center (CERC)

ACP Practice Advisor®

• Web-based tool to improve process and structure of care
• Practice biopsy
• Links to tools based on biopsy results
• Spotlighted practices
• CME and MOC

ACP Practice Advisor® Integrates

• PTN dashboard helps networks track the progress of enrolled practices
• Links to tools from other support networks (ACEP and ACR)
• Builds evidence base

New Modules
• Avoid Unnecessary Testing
• Improve Patient Access
• Improve Care Coordination
• Improve Medication Adherence
• Patient Experience
• Patient Engagement
• Advanced Care Planning
ACP Practice Advisor® Integrates

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New Modules
- Avoid Unnecessary Testing
- Improve Patient Access
- Improve Care Coordination
- Improve Medication Adherence
- Patient Experience
- Patient Engagement
- Advanced Care Planning

ACP Support and Alignment Network

- Recruit practices into networks (PTNs)
- Enhance and promote ACP Practice Advisor®
- Integrate patient/family partnership
- Support and prepare clinicians
- Build evidence base

ACP SAN Recruitment

- Close communication with networks to learn where they needed help
- Ask our leadership to join networks
- Formally engage ACP Chapters to recruit practices
- Promote the opportunity at our annual meeting, targeted emails, and newsletters
- Integrate the TCpi message with other initiatives: MACRA, Patients Before Paperwork, High Value Care
ACP Practice Advisor® Navigation

American College of Emergency Physicians

- Improve outcomes for patients with sepsis
- Reduce avoidable imaging in low-risk patients through implementation of ACEP’s Choosing Wisely® recommendations
- Improve the value of ED chest pain evaluation by reducing avoidable admissions in low-risk patients with chest pain

American College of Radiology

- Access to free Web-based tools and clinical decision support (CDS) technology
- A process to gather concrete data that demonstrates clinicians’ role in delivering better imaging care at lower costs
- A step-by-step guide for improving the ordering of appropriate imaging exams based on Choosing Wisely® recommendations & Appropriate Use Criteria
Social Support Influences Perception

High Value Lessons Learned

- Build on a solid foundation
- Integrate High Value principles
- Expand beyond the classroom
- Collaborate with other specialties
- Engage trainees and patients

HVC Resources

https://hvc.acponline.org/
https://www.practiceadvisor.org/
https://www.acep.org/equal/
https://rscan.org/
www.guroo.com
www.healthcarebluebook.com
www.clearhealthcosts.com
www.goodrx.com
www.choosingwisely.org
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