Reducing Unnecessary Utilization: Creating Clinician and Consumer Engagement to Implement Choosing Wisely in Practice- Questions and Answers

*This document reflects discussion during the first Reducing Unnecessary Utilization learning module presented on April 28, 2016. We will add to this document as we progress through the series of Reducing Unnecessary Utilization learning modules.

NRHI Clinical and Quality Experts included on the Q&A panel:
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Barbra Rabson, President and CEO, Massachusetts Health Quality Partners (MHQP)

Choosing Wisely grantees
Greater Detroit Area Health Council
Integrated Healthcare Association
Maine Quality Counts
The North Carolina Healthcare Quality Alliance
The University of California Los Angeles
Washington Health Alliance
Wisconsin Collaborative for Healthcare Quality

Lessons Learned by Maine Quality Counts

- Need for continuous, long-term emphasis- no quick acceptance by providers
- Ensure continual exposure of Choosing Wisely concept to all providers and practice team
- Be aware of "change fatigue" and something else new syndrome
    - Be aware of timing and phasing and how this fits in with other priorities and initiatives
- Importance of measurement and data feedback systems (e.g., frequency of use of educational handout via EMR, use of benzodiazepines, antibiotics for bronchitis, etc.)
- Educate patients early in implementation phase
- Use patient advisory committee as a resource to gain ideas, input, and feedback early on in the process
- Educate entire practice team, including frontline office staff
- Educate and engage through community organizations-e.g, civic, public health social organizations

Other Approaches to Reducing Unnecessary utilization

In Massachusetts:
MHQP operates two different parallel projects, one is **Choosing Wisely**, which is consumer focused but must be embraced by physician offices, and the other is **Practice Pattern Variation Analysis** (PPVA), which is very similar in that the goal is to reduce unnecessary utilization.

PPVA feeds data back to practices about their utilization of specific services and how much it varies, both within the practice and between the practice and others in Massachusetts, which can be surprising. One study on frequency of surgery for low

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back pain found that in specialists across Massachusetts, one practice provided surgery for 80% of patients with back pain, while another practice provided surgery for just 10% of patients with back pain. Referral patterns explain just some of this variation. This kind of data is important in getting physician's attention to show patterns of potential unnecessary utilization. Often physicians will cite patient demands for procedures as guiding their decisions. It's important to have a dual approach to get both patients and clinicians engaged and asking questions to solve the problem of unnecessary utilization.

How do you compete with the media and other outlets advertising tests/procedures that may be unnecessary?

It's a really tough question--patient safety is probably the best argument. In Maine, QC does a lot of work on chronic pain and opioids, which is a classic example of over-advertising; a lot of marketing has been done in the past to providers on the use of long-acting pain medications. Combating advertising with specific information about the risks and real harms of opioid medications tends to work. In Maine, Massachusetts, and several other states, there is a crisis of opioid overuse and unintentional overdose deaths. In Massachusetts, the Governor has spent a lot of time addressing this issue and passing legislation. Now that they have the public's attention, there is an opportunity to talk about safety and overuse issues. Taking advantage of every opportunity you can while you do have the public's attention makes a lot of sense. It's also important to be honest with patients about the unintended consequences and risks of medications and procedures. We must work with patients to understand the notion that more is not necessarily better in healthcare. We need to start talking in terms of safety and risk.

Both Maine and Massachusetts have found that employers are very interested in issues of safety and risk, as they feel responsible for the cost of the safety of their employees and tend to be very eager to have content and materials print ready to share the message that overuse is not a good thing and that it can hurt you. Consumer Reports and ABIM have a host of resources for employers to take on this issue on their website.

What are some resources that physicians can refer interested patients to who are looking for reliable cost information?

It varies by state. The first source that can be helpful to patients can be the cost calculators available through their health plans because that will be the most specific to them—virtually all plans now have cost calculators. These can be limited in the number of procedures and tests that have cost information, but it's a good start.

Additionally, many communities have some source of public cost information. In Maine, there is the Maine Health Data Organization, who recently launched Compare Maine, which allows consumers to look up average information on costs of procedures by community and provider groups. Various forms of these sites exist in different communities.

http://www.costsofcare.org/ is worth checking out for both providers and patients' perspectives**.** This site, run by Dr. Neel Shah offers advocacy, education, and implementation information, and includes some interesting perspectives, including how health care costs are one of the primary reasons for bankruptcy.

In Massachusetts, the Price Transparency Law passed in 2014 requires that health plans have to make cost information available to providers, and providers must share this information with patients within a certain amount of time. This law has been met with some controversy and has been particularly hard for some provider organizations to adhere to. Even with the law it can still be difficult to get meaningful information. Some organizations that work with health plans and consumers, like Castlight Health, provide cost and quality information to their members, but some cost information can still be difficult to tease out, sometimes due to global payments or different payment arrangements.

When leading Choosing Wisely efforts in Massachusetts, some of the pushback from physician organizations was on encouraging patients to ask doctors what procedures would cost. Doctors often said they didn't have the cost information and

that talking about why this information wasn't available or was hard to come by could take up the whole visit—workflow issues about where information should be available and who should answer these questions are still challenging, we just have so much work to do as a healthcare industry.

When working with practices, encourage providers to have at their access simple summaries of cost information, for example, information sheets with descriptions of least invasive and most invasive options and average costs in the community. Even giving that general level-setting information can be very helpful to giving patients some context. Through TCPI, this could be an issue where we can help solve a pain point and bring value to provider organizations. Through TCPI efforts, we could potentially offer summary information sheets to practices including talking points for what to say when a patient asks about costs. There are very general to specific things that we can offer our provider organizations, because they are being pressed to answer questions about cost. Whether they are encouraging patients to ask the five questions in Choosing Wisely or whether the patient has a high deductible plan. This could be a way that we offer value to our providers.