

# Integrating Patient Family Engagement into the Choosing Wisely® Implementation



# Before We Begin

The screenshot displays the GoToWebinar interface. On the left, the Speaker Panel shows two silhouettes of participants. Below it is a Slide Show titled "Exploring Peer Support in Ambulatory Care - Lessons from the Field". On the right, the GoToWebinar Control Panel is visible, featuring sections for Audio (MUTED), Talking (Handouts: 2, Resources.pdf, Slides.pdf), and Questions. Three red callout boxes with numbers 1, 2, and 3 are present: 1 points to the Handouts list, 2 points to the "Type question here." text box, and 3 points to the hand icon in the control panel.

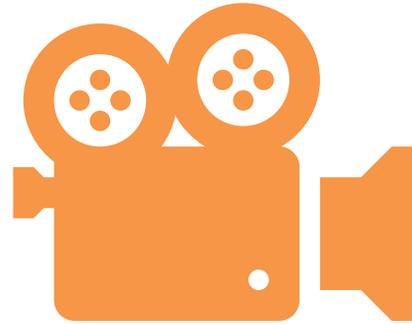
1. Click the Handouts pane to download slides and additional resource materials.
2. Submit your questions anytime by typing in the box. We'll do Q&A at the end of each session.
3. Raise you hand (👋) if you'd like to speak, ask questions, or participate in the conversations – You will be unmuted

## After the Webinar



Please complete the post-webinar survey.

Your feedback will be appreciated!



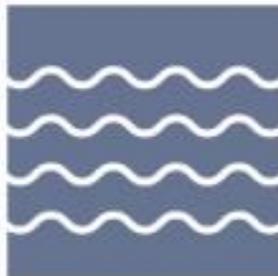
We will send you the recording and post the slides and additional materials for download at:

[www.pcpcc.org/webinars](http://www.pcpcc.org/webinars)

# About PCPCC



PERSON & FAMILY  
CENTERED



CONTINUOUS



COMPREHENSIVE  
& EQUITABLE



TEAM BASED &  
COLLABORATIVE

## Shared Principles of Primary Care



COORDINATED  
& INTEGRATED



ACCESSIBLE



HIGH VALUE

Patient-Centered  
**Primary Care**  
COLLABORATIVE



INSTITUTE FOR PATIENT- AND  
FAMILY-CENTERED CARE



**Choosing  
Wisely**<sup>®</sup>  
*An initiative of the ABIM Foundation*

# About PCPCC

## Patient Centered Primary Care Collaborative (PCPCC)

---

### **Mission**

To promote *collaborative* approaches to primary care improvement.

### **Improvement focus areas include:**

- ▷ Patient-Centered Care
- ▷ Person Family Engagement
- ▷ Patient Activation
- ▷ Improved Cost, Quality, Experience, and Outcomes

# About PCPCC

## **TCPi** | Transforming Clinical Practice Initiative

**PCPCC Support and Alignment Network (PCPCC SAN)** is a collaborative approach to improving person and family, clinician, and community strategies for engagement

PCPCC facilitates development of webinars/learning sessions, a resource library, and tools that are being spread to a wider audience through our members and supporters.



Size-Sized Learning Modules



Patient Family Engagement (PFE) Resource Library

PFCC.Connect

PFCC.Connect by IPFCC



Parent to Parent (P2P) Raising Special Kids Program



Choosing Wisely (CW)

Visit PCPCC website for our innovative resources at  
**[www.pcpcc.org/tcp](http://www.pcpcc.org/tcp)**

Patient-Centered  
**Primary Care**  
COLLABORATIVE

  
INSTITUTE FOR PATIENT- AND  
FAMILY-CENTERED CARE

 **Choosing Wisely**  
*An initiative of the ABIM Foundation*

# Today's Speakers



- » Janice Tufte
- » Patient Advocate



- » Kelly Rand MA, CPH
- » ABIM Foundation



- » Mary Minniti BS,CRHQ
- » IPFCC



- » Lisa Letourneau MD, MPH, FACP
- » PCPCC

# Today's Learning Objectives

---

Participants will:

- Become familiar with condition-specific Choosing Wisely materials and insights from patient advisor on using the materials;
- Gain an understanding of successful Choosing Wisely implementation scenario;
- Learn how patient and family engagement can improve and enhance Choosing Wisely implementation;
- Hear insights from patient engagement advisor on implementation; and
- Hear practical starting places for involving patients and families in implementation.

# TCPI Patient Family Engagement Metrics

## Governance

- Support for Patient and Family Voices (PFAC, Board, QI)

*PFE Metric 1*

## Point of Care

- Shared Decision Making
- E-tool Use

*PFE Metric 2*

*PFE Metric 4*

## Policy and Procedure

- Patient Activation
- Health Literacy
- Medication Management

*PFE Metric 3*

*PFE Metric 5*

*PFE Metric 6*



# Janice's Story: Chest X-Ray



Patient-Centered  
**Primary Care**  
COLLABORATIVE



INSTITUTE FOR PATIENT- AND  
FAMILY-CENTERED CARE

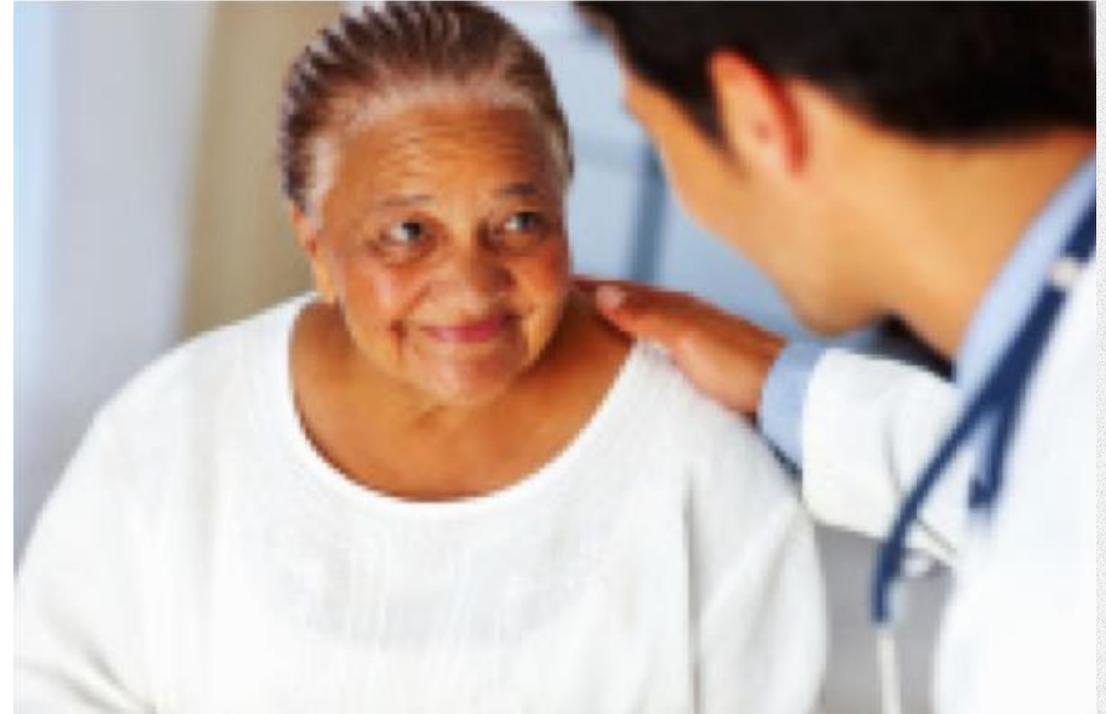


**Choosing  
Wisely**<sup>®</sup>  
*An initiative of the ABIM Foundation*

# The *Choosing Wisely*<sup>®</sup> Campaign

---

*Choosing Wisely* is an initiative of the ABIM Foundation to help clinicians and patients engage in **conversations** about the overuse of tests and procedures and to support physician efforts to help patients make **smart, effective choices**.



Patient-Centered  
**Primary Care**  
COLLABORATIVE

  
INSTITUTE FOR PATIENT- AND  
FAMILY-CENTERED CARE

 **Choosing  
Wisely**<sup>®</sup>  
*An initiative of the ABIM Foundation*

# Conversation Quick Tips

- Frame as a Positive
- Elicit Patients Concerns
- Empathy with legitimation
- Reassurance using health information
- Provide Clear Recommendations
- Unnecessary Testing Causing Harm
- Provide Written Information
- Treatment Plan
- Confirm Agreement

<http://www.choosingwisely.org/getting-started/resource-library/modules/>



# Framing the Choosing Wisely Message

---

- Patients want:
  - ✓ Communication with their clinician
  - ✓ Participation in making care decisions
  - ✓ Access to information
- Focus on safety when justified
- Communicate in plain language
- Use both mass media and individual consumer approaches

*Communicating information about “what not to do” to consumer. John S Santa. BMC Medical Informatics and Decision Making 201313(Suppl 3):S2*

# Many free Choosing Wisely resources to help inform and empower consumers as they make healthcare decisions:

- Brochures
- Videos and TV/Radio Spots
- Posters & Rack Cards
- E-hubs
- Wallet cards
- And more...

Most are available in Plain English & Spanish.  
All are free to use and distribute.

**Choosing Wisely**  
An initiative of the **ABIM Foundation**

**Imaging tests for lower-back pain**  
You probably do not need an X-ray, CT scan, or MRI

**X-rays, CT scans, and MRIs are called imaging tests.** Because they take pictures, all images of the body of the body, they may show you need one of these tests or that you need to do something about your back pain. But there are many ways to do it without imaging tests.

**The tests do not help you feel better faster.** Most people with lower-back pain feel better in three to four weeks, whether or not they have an imaging test.

**People who get an imaging test for their back pain do not get better faster, and sometimes they feel worse.** They may have to wait for the test, and the test may show a problem that you don't have, or a problem that you do have but that you don't need to treat.

**Imaging tests can also lead to more tests and other treatments that you don't need, so you may feel worse.** People who had an MRI were more likely to have more tests than people who did not have an MRI. But the surgery did not help them get better any faster.

**Imaging test from risks.** X-rays and CT scans use radiation. Radiation has harmful effects that can add up. It is best to avoid radiation when you can.

**Back Pain**

**Choosing Wisely**  
An initiative of the **ABIM Foundation**

**Do you have lower-back pain?**

**Getting expensive tests probably won't help your back feel better any faster.**

**Imaging tests are not always the best choice.**

Most people with lower-back pain will feel better in three to four weeks. They do not need an imaging test, like an X-ray, CT scan, or MRI. If you have lower-back pain, it's best to try something else first. There are many ways to do it without imaging tests.

Most people with lower-back pain will feel better in three to four weeks. They do not need an imaging test, like an X-ray, CT scan, or MRI. If you have lower-back pain, it's best to try something else first. There are many ways to do it without imaging tests.

Most people with lower-back pain will feel better in three to four weeks. They do not need an imaging test, like an X-ray, CT scan, or MRI. If you have lower-back pain, it's best to try something else first. There are many ways to do it without imaging tests.

**Choosing Wisely**  
An initiative of the **ABIM Foundation**

**5 Ways to be Smart About Back Pain**

- 1 Stay active and walk.
- 2 Use heat.
- 3 Sleep on your side or your back, with a pillow between or under your knees.
- 4 Take non-prescription pain relievers.
- 5 Try hands-on care, like physical therapy, yoga or acupuncture.

**Don't rush to MRIs, CT scans or X-rays.** They have risks, cost a lot, and usually won't help you feel better faster. You'll only need one of these tests if your pain lasts more than a few weeks or you have certain symptoms. Talk to your doctor to find out if you need one — or if you can just wait to see if you get better with time.

Learn more at [www.choosingwisely.org/patient-resources](http://www.choosingwisely.org/patient-resources)

With thanks to the American Academy of Family Physicians

©2016 Consumer Reports

**Does your lower back hurt? You probably don't need an MRI, CT scan, or X-ray.**

**Here's why:**

- They won't help you feel better any faster.
- They have risks, including exposure to radiation.
- They aren't cheap.

**What can you do to feel better? Five easy ideas are on the other side.**

**Most people can get over lower-back pain in a few weeks by trying these steps:**

- 1 Stay active and walk.
- 2 Use heat.
- 3 Take non-prescription pain relievers like Tylenol, Advil, or Aleve.
- 4 Sleep on your side or your back, with a pillow between or under your knees.
- 5 Ask your doctor about acupuncture, massage, yoga, or physical therapy.

There are still times when you might need an imaging test. Talk to your doctor about your symptoms to find out if you need imaging tests — or if you can wait to see if you just get better with time.

**Choosing Wisely**  
An initiative of the **ABIM Foundation**

With thanks to the American Academy of Family Physicians

Learn more at [www.choosingwisely.org/patient-resources](http://www.choosingwisely.org/patient-resources)

©2016 Consumer Reports

# Choosing Wisely Materials for Patients in Hospitals & Clinics



Patient-Centered  
**Primary Care**  
COLLABORATIVE

  
INSTITUTE FOR PATIENT- AND  
FAMILY-CENTERED CARE

 **Choosing  
Wisely**  
*An initiative of the ABIM Foundation*



An initiative of the ABIM Foundation

## Using Choosing Wisely® Tools to Empower Patients

*An Implementation Toolkit  
For Health Care Providers*



"Grant funding for this project provided by the ABIM Foundation and supported by the Robert Wood Johnson Foundation."

Developed by Maine Quality Counts, October 2015

### Choosing Wisely Process Flow from the Patient Perspective



Patient receives Wallet Card/5 Questions sheet and Patient Information sheet at check-in



Patient sees Choosing Wisely educational video and/or Patient Information sheets in the waiting room



Clinical staff asks patient if they read through the 5 Questions/Patient Information sheet



Patient and provider address questions during the visit

For more information, view the Drexel University Choosing Wisely Physician Communication Modules:

<https://youtu.be/sLX1leak3vg>

1

Patient-Centered  
Primary Care  
COLLABORATIVE



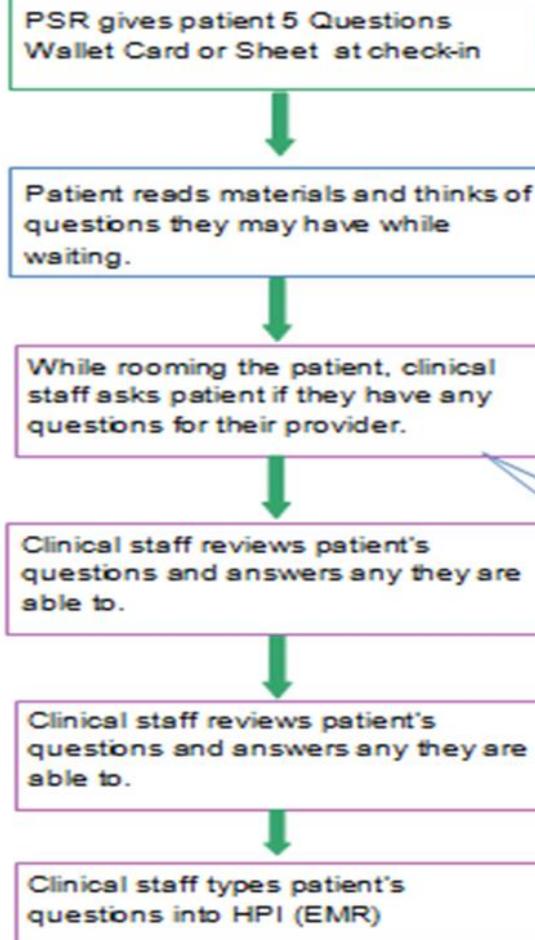
An initiative of the ABIM Foundation

# Preparing the Patient



## Choosing Wisely Question Sheet Workflow

Goal: Encourage patients to further engage in their care through questions that foster an open and effective dialog with their provider.



**Script:** We know that you may have many questions for your provider. Please read through our 5 Questions Wallet Card/Sheet and think about your most important questions and concerns. You can let the Medical Assistant know what your questions are when they bring you to the exam room.

**Script:** Do you have any questions for your provider today? I'll enter them in the computer so your provider can see them. We'll do our best to answer all of your questions during today's visit, and if we're unable to address everything, we'll make a plan to get answers for you.

**Alternate Script:** Did you have time to think about questions for your provider while you were waiting? If you have any questions, please let me know before your provider comes in and I'll enter them in the computer so your provider can see them.

# How Well Do the Topic-Specific Brochures Work?



(2013; 2,669 respondents.)

## *Before reading*

<16% interested in topics

## *After reading*

- 50% interested in receiving more info;
- 66% said they would talk to their doctor about the topic; and,
- 43% *changed their mind* about a topic.



# Communicating Via Decision Aids

---

Studies have shown that 40-80% of the medical information patients are told during office visits is forgotten immediately, and nearly half of the information retained is incorrect.

A 2011 analysis of 86 randomized clinical trials concluded that **decision aids** make patients *better informed, improve communication with doctors, and increase participation in decisions* about their care.

*Stacey, D., et al. Decision aids for people facing health treatment or screening decisions. Cochrane Database Syst Rev, 2011.*

# Lessons Learned

Display patient materials throughout POC

Integrate materials into patient portals

Incorporate conversations into workflows

Work with your marketing department

Message on personal risk of physical and/or financial harm from overuse in health care

Collaborate!

# Sample CW Model Implementation: Clinic X & Imaging for LBP

## “Usual” Approach

- Review shows imaging ordered for ~50% pts w/ uncx'd LBP at <6wks
- Issue discussed at staff mtgs
- Articles/clinical guidelines shared
- **Results: No change in behavior**

## CW Approach

- CW recommendations shared with clinicians & staff
- Communications training on overuse offered to all staff
- Physician champion offers 1:1 academic detailing
- Indiv imaging rates & comparisons shared with clinicians
- Practice workflow modified to share pt info/flyer on when imaging needed
- Posters on imaging for LBP hung in office
- Clinical decision support tool added to EMR to give “hard stop” on imaging ordering; pt educ materials; resources for alternative tx's
- **Results... improvement!!**

# Choosing Wisely Patient Materials



An initiative of the ABIM Foundation



ADVANCING GLOBAL SPINE CARE

## Imaging tests for lower-back pain

You probably don't need an X-ray, CT scan, or MRI

**X**-rays, CT scans, and MRIs are called imaging tests because they take pictures, or images, of the inside of the body. You may think you need one of these tests to find out what is causing your back pain. But these tests usually don't help. Here's why:

**The tests will not help you feel better faster.** Most people with lower-back pain feel better in about a month, whether or not they have an imaging test.

People who get an imaging test for their back pain do not get better faster. And sometimes they feel worse than people who took over-the-counter pain medicine and followed simple steps, like walking, to help their pain.

Imaging tests can also lead to surgery and other treatments that you do not need. In one study, people who had an MRI were much more likely to have surgery than people who did not have an MRI. But the surgery did not help them get better any faster.





An initiative of the ABIM Foundation



A M E F  
C H I R O P  
A S S O C

## Chiropractic spinal care for lower-back pain

Know which tests and treatments can help

Licensed chiropractors adjust the body to improve alignment, ease pain, and restore movement in the spine or joints. This is called spinal adjustment. Recent research shows that it can work as well to relieve pain and discomfort as drugs and surgery, and it is also safer.

The chiropractor gives the patient exercises to help improve alignment (posture) and prevent injury. He or she also promotes healthy behaviors such as quitting smoking and maintaining a healthy weight.

Chiropractors offer a variety of tests and treatments. The American Chiropractic Association urges patients to talk with their healthcare provider to make sure they are getting the tests and treatments they need.

**Most people with lower-back pain don't need imaging tests.**

X-rays and other imaging tests usually don't help your doctor diagnose and treat back pain.



In fact, back pain usually goes away in a matter of weeks.

These tests also:

- Use radiation, which can build and increase your risk of cancer
- May lead to unnecessary treatment as opioid pain-killers or surgery increase your risks and costs.



An initiative of the ABIM Foundation



ADVANCING GLOBAL SPINE CARE

## Treating lower-back pain

How much bed rest is too much?

**B**ack pain is one of the most common reasons why people visit the doctor. The good news is that the pain often goes away on its own, and people usually recover in a week or two.

Many people want to stay in bed when their back hurts. For many years, getting bed rest was the normal advice. But studies show that staying in bed longer than 48 hours won't help. Here's why:

**Staying in bed won't help you get better faster.** If you're in terrible pain, lying down for a day or two can help ease pain and reduce the load on your spine. But research suggests that if you find comfortable positions and move around sometimes, you may not need bed rest at all.

Research shows that:

- Lying down longer than two days doesn't help.
- Many people recover just as quickly without any bed rest.
- The sooner you start physical therapy or return to activities such as walking, the faster you are likely to recover. Longer bed rest can lead to slower recovery.





An initiative of the ABIM Foundation



## 5 Ways to be Smart About Back Pain

- 1 Stay active and walk.
- 2 Use heat.
- 3 Sleep on your side or your back, with a pillow between or under your knees.
- 4 Take non-prescription pain relievers.
- 5 Try hands-on care, like physical therapy, yoga or acupuncture.

**Don't rush to MRIs, CT scans or X-rays.**

They have risks, cost a lot, and usually won't help you feel better faster. You'll only need one of these tests if your pain lasts more than a few weeks or you have certain symptoms. Talk to your doctor to find out if you need one — or if you can just wait to see if you get better with time.

Learn more at [www.choosingwisely.org/patient-resources](http://www.choosingwisely.org/patient-resources)  
With thanks to the American Academy of Family Physicians

This information is to use when talking with your healthcare provider. It is not a substitute for medical advice and treatment. Use this information at your own risk.  
©2016 Consumer Reports®



# Janice's Story: Low Back Pain



Health Article | Kaiser Permanent | X +

https://m.kp.org/health-wellness/health-encyclopedia/he.hw56429

Apps Board Walk Choosing Wisely -... Choosing Wisely®... EST to PST Convert... Google Grapevine Dashboa... http--www.choosin...

you may have more than muscle pain, it might be time for one of these tests.

## How is it treated?

Most low back pain will improve with basic first aid, which includes continuing to do light activity such as walking, and taking over-the-counter pain medicine as needed.

Walking is the simplest and maybe the best exercise for the lower back. It gets your blood moving and helps your muscles stay strong.

Your doctor or physical therapist can recommend more specific exercises to help your back muscles get stronger. These may include a series of simple exercises called [core stabilization](#). Strengthening the muscles in your [trunk](#) can improve your posture, keep your body in better balance, and lower your chance of injury.

If your symptoms are severe or you still have symptoms after 2 weeks of self-care, see your doctor.

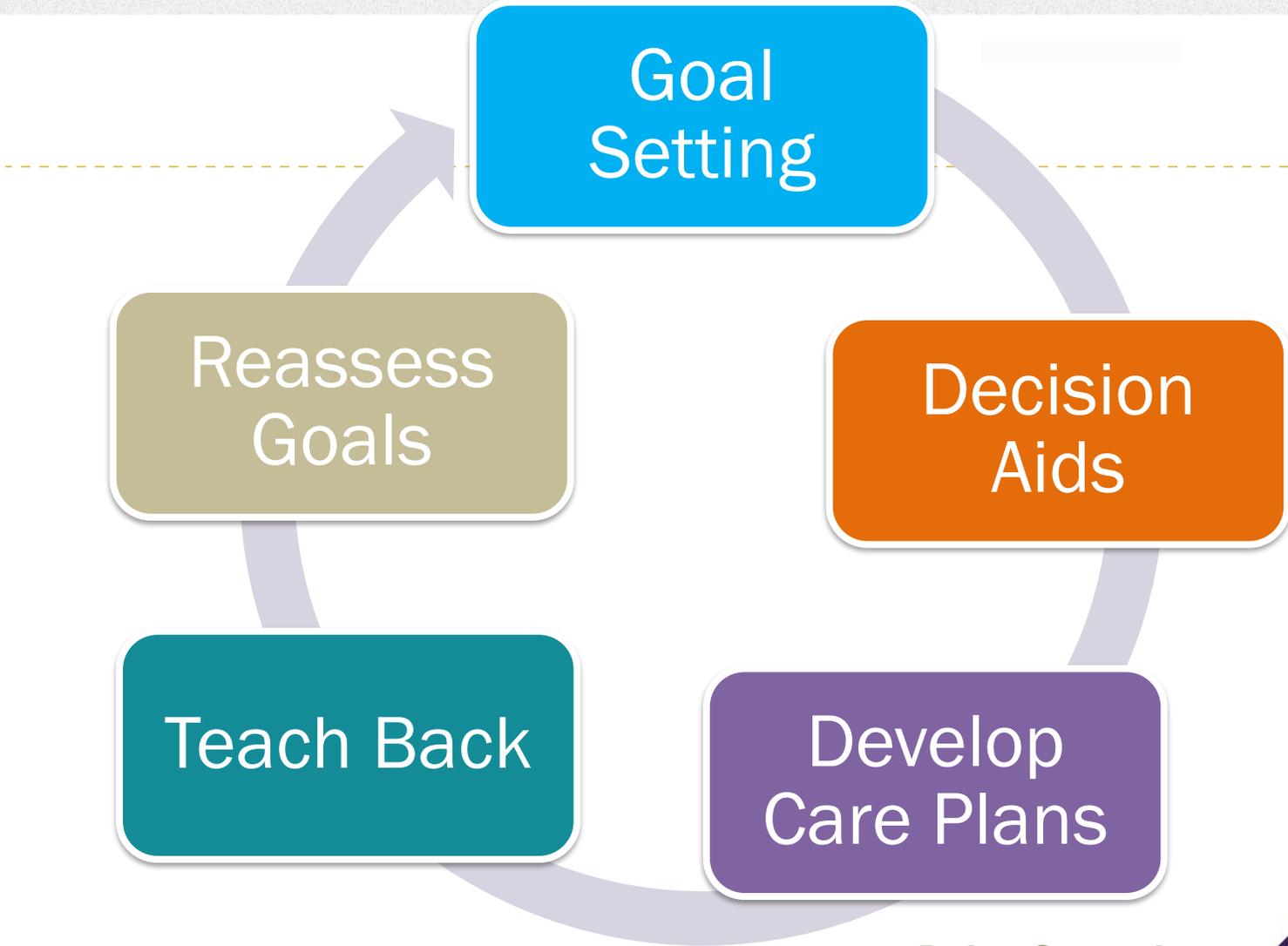
# Patients and Family as Implementation Partners



Patient-Centered  
**Primary Care**  
COLLABORATIVE



**Choosing  
Wisely**<sup>®</sup>  
*An initiative of the ABIM Foundation*



## Key Lever for Transformational Change

---

*“In a growing number of instances where truly stunning levels of improvement have been achieved...*

*Leaders of these organizations often cite—putting **patients and families in a position of real power and influence**, using their wisdom and experience to redesign and improve care systems—as being the single most powerful transformational change in their history.”*

Reinertsen, J. L., Bisagnano, M., & Pugh, M. D. *Seven Leadership Leverage Points for Organization-Level Improvement in Health Care*, 2nd Edition, IHI Innovation Series, 2008. Available at [www.ihl.org](http://www.ihl.org)

**Patient-Centered  
Primary Care**  
COLLABORATIVE

  
INSTITUTE FOR PATIENT- AND  
FAMILY-CENTERED CARE

**Choosing  
Wisely**<sup>®</sup>  
An initiative of the ABIM Foundation

# Inviting Patient and Family Participation

---

## Patients and families bring insights about:

- How to introduce practice changes to better engage others
- What Choosing Wisely tools are most useful to them
- Where to place materials/tools to increase visibility
- Which messages will build shared decision-making partnerships
- How to evaluate success of implementation

- 
- 
- Health care professionals & staff make fewer assumptions about what patients or families “want.”
  - Advisors challenge what’s possible and offer simple solutions.
  - Patients/Families are motivators – provide hope and dampens cynicism
  - Creates better tools to meet patient needs and “activate” patients as full partners
  - Provides information to help make better business decisions
  - Broadens perspectives – acting into new ways of thinking

# How To Tool: Involving Patients in Implementation of Choosing Wisely

## Inviting Patient and Family Participation in Implementation of Choosing Wisely® Tools

The mission of *Choosing Wisely* (CW) is to promote conversations between clinicians and patients that help patients choose care that is supported by evidence, not duplicative of other tests or procedures already received, and free from harm.

Participating clinicians have identified more than 540 tests, treatments, and procedures that are unnecessary and performed too frequently. The *Choosing Wisely* website [www.choosingwisely.org](http://www.choosingwisely.org) has many tools available to support these important conversations with patients and their families.

### QUESTIONS TO CONSIDER WHEN IMPLEMENTING CHOOSING WISELY

- Which topics/tests/procedures are most relevant to our practice?
- How do we create a team-based workflow process that is efficient and effective in building partnerships with patients and their families? What is needed to make it sustainable?
- What CW tools (posters, brochures, rack cards, wallet cards, information on using the mobile phone app, etc.) should we select and how will they be used in the practice? Where should they be placed to achieve high impact and visibility?
- How can our clinic communicate our CW program to patients and their families?
- What messages will help start meaningful conversations with our patients and their families?
- How might we evaluate the success of our implementation efforts?

### PATIENT AND FAMILY INSIGHTS CAN HELP YOU!

Patients and families can help answer the questions above and plan implementation strategies. Consider the ideas below to ensure that patient and family perspectives inform your implementation:

- Sit down with one patient and share a CW tool that is relevant to tests or treatments they have had. Ask whether and how the information could have been useful to them in making decisions.
- Provide a list of topics that could be addressed through CW, and ask patients to select items that would be most impactful from their perspective.
- Bring together a small group of patients and family members to review a small number of specific tools that could be implemented and ask them which they like best and why. Integrate that information into implementation decisions.
- Invite 2-3 patients or family members to join a workgroup planning the implementation of *Choosing Wisely*.
- Ask a few patient portal users to rate the value of receiving a *Choosing Wisely* link via the portal and to suggest what messages might engage other patients to review the information before an office visit.
- Walk through the clinic with a few patients and ask for suggestions on where CW materials would be most visible and accessible to patients and families.
- Ask a few patients and family members to help you develop scripts/messages for clinicians to use when they talk about the CW program to other patients and families.

- Solicit input from patients on how to customize patient education on CW materials so they better reach/match your patient population.
- Brainstorm with patients and families the best ways to get feedback from patients about their experience with the CW tools during implementation.
- Establish a project advisory group of patient and family advisors to participate throughout the project — in the planning, implementation, and evaluation.
- Invite patient and family advisors to role play with staff and clinicians and serve as coaches to practice how to have a conversation about CW with patients and families.

### GETTING STARTED

- Determine which of the ways listed above you will use to involve patients/families.
- Ask staff and clinicians to help identify potential patient and family advisors—individuals who can listen and share their thoughts effectively, are naturally curious, can see more than one side of an issue, and want to make a difference who will partner with clinic on this effort.
- Create information for potential patient and family advisors about what you are hoping to accomplish, why it's important and how they can help you. This information can be shared in a flyer/brochure posted in exam rooms or in a short letter/email.
- Select those individuals whose experiences and interests match your goals for CW implementation.

### LEARN HOW OTHER PRACTICES INVOLVE PATIENTS AND FAMILIES AS PARTNERS IN TRANSFORMATION

Maine Quality Counts first incorporated *Choosing Wisely* into its Patient Centered Medical Home initiative as part of the Aligning Forces For Quality (AF4Q) project. The strategic emphasis was on patient engagement and establishment of patient advisory groups and patient advisors at the practice level. Four pilots in primary care practices had great success in recruiting patient advisors to work with the practices specifically on creating tangible ways to engage patients in their own care through *Choosing Wisely*. Read more about their efforts at: <http://ipfcc.org/bestpractices/maine-quality-counts.html>.

More information about working with patient and family advisors to improve your practice is available at [www.pcpc.org/tcpi](http://www.pcpc.org/tcpi).



INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

Choosing Wisely  
An initiative of the AHRQ Foundation

Patient-Centered Primary Care

COLLABORATIVE ©2018

A free on-line learning community dedicated to partnerships with patients and families to improve and transform care across all settings.

Contact Us Terms and Conditions <http://ipfcc.org> SIGN IN

 INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE  
**PFCC.Connect**

HOME COMMUNITIES - MY NETWORKS DIRECTORY EVENTS **JOIN PFCC CONNECT** search

PARTICIPATE BROWSE - HELP/FAQS

## Welcome

Build community and connect with individuals building partnerships to improve health care quality and safety.

Enter a place for knowledge exchange, idea incubation, and professional networking.

### ANNOUNCEMENTS

PFCC.CONNECT FIRST TIME LOGIN

BY: MARY MINNITI · 3 DAYS AGO

If you are having trouble logging in the first time or receiving security warnings, please contact Annette Lee at IPFCC. She can be reached by email [alee@ipfcc.org](mailto:alee@ipfcc.org) or by calling 301-652-0281. Thank you. [More](#)

<http://pfcc.connect.ipfcc.org/home>



---

# DISCUSSION

## Connect with us!

---



[facebook.com/pcpcc](https://facebook.com/pcpcc)



[twitter.com/pcpcc](https://twitter.com/pcpcc)

Patient-Centered  
**Primary Care**  
COLLABORATIVE



**Choosing Wisely**<sup>®</sup>  
*An initiative of the ABIM Foundation*

## And remember to use our resources:

PCPCC facilitates development of webinars/learning sessions, a resource library, and tools that are being spread to a wider audience through our members and supporters.



Size-Sized Learning Modules



Patient Family Engagement (PFE)  
Resource Library

PFCC.Connect

PFCC.Connect by IPFCC



Parent to Parent (P2P)  
Raising Special Kids Program



Choosing Wisely (CW)

Visit PCPCC website for our innovative resources at  
[www.pcpcc.org/tcpi](http://www.pcpcc.org/tcpi)

Patient-Centered  
**Primary Care**  
COLLABORATIVE



INSTITUTE FOR PATIENT- AND  
FAMILY-CENTERED CARE



**Choosing  
Wisely**<sup>®</sup>  
*An initiative of the ABIM Foundation*



 Marilyn Francis, Project Director

 +1 202 417 3911

 [mfrancis@pcpcc.org](mailto:mfrancis@pcpcc.org)

 [www.pcpcc.org](http://www.pcpcc.org)



 Tanya Thabjan, Program Manager

 +1 202 417 2069

 [tgthabjan@pcpcc.org](mailto:tgthabjan@pcpcc.org)

 [www.pcpcc.org](http://www.pcpcc.org)

# THANK YOU!

Patient-Centered  
**Primary Care**  
COLLABORATIVE



  
*An initiative of the ABIM Foundation*