

TALKING WITH CAREGIVERS ABOUT OVERUSE A GUIDE FOR CLINICIANS

TCPi | Transforming Clinical
Practice Initiative

Patient-Centered
Primary Care
COLLABORATIVE

BEFORE WE BEGIN

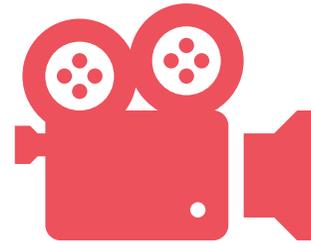
The screenshot displays the GoToWebinar interface. At the top, there are icons for Webcams, Zoom, and Screenshot. Below these are two video thumbnails of participants. A red arrow labeled '3' points to the 'Raise Hand' icon in the control panel. The control panel is titled 'GoToWebinar Control Panel' and includes sections for Audio (with 'MUTED' status), Talking (with 'Handouts: 2' and links to 'Resources.pdf' and 'Slides.pdf'), and Questions (with a text input field and a 'Send' button). A red arrow labeled '1' points to the 'Handouts' section, and a red arrow labeled '2' points to the 'Questions' input field. At the bottom, there is a slide show titled 'Slide Show' with a logo for 'Patient-Centered Primary Care Collaborative TCPi Transforming Clinical Practice Initiative' and 'GoToWebinar Test 2 Webinar ID# 757-797-627'.

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

Patient-Centered
Primary Care
COLLABORATIVE

ABOUT PCPCC

Patient Centered Primary Care Collaborative (PCPCC)

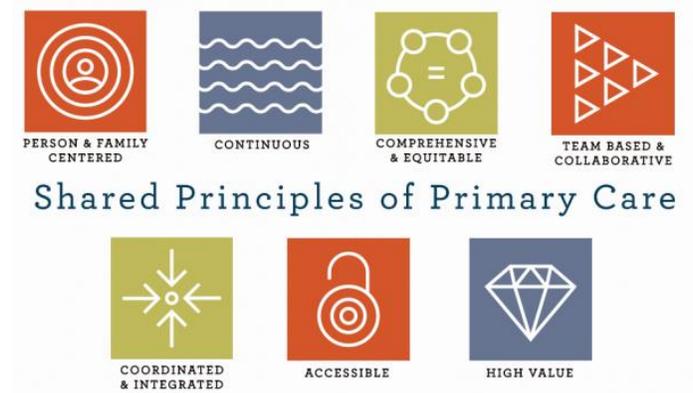
Mission:

To promote collaborative approaches to primary care improvement

- ▶ Patient-Centered Care
- ▶ Person Family Engagement
- ▶ Patient Activation
- ▶ Improved Cost/Quality/Experience Outcomes

PCPCC Support and Alignment Network (PCPCC SAN)

is a collaborative approach to improving person and family, clinician, and community strategies for engagement



Shared Principles of Primary Care

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.

- Online Initiatives Map
- Bize-Sized Learning Modules
- PFCC.Connect by IPFCC
- Choosing Wisely (CW)
- Patient Family Engagement (PFE) Resource Library
- Y USA Community-based Resource
- Parent to Parent (P2P) Raising Special Kids Program

Visit PCPCC website for our innovative resources at www.pcpcc.org/tcpi

TCPI Patient Family Engagement Metrics

Governance

PFE Metric 1

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

Point of Care

PFE Metric 2

- Shared Decision Making

PFE Metric 4

- E-tool Use

Policy and Procedure

PFE Metric 3

- Patient Activation

PFE Metric 5

- Health Literacy

PFE Metric 6

- Medication Management

Choosing Wisely[®]

An initiative of the ABIM Foundation

**Patient-Centered
Primary Care**

COLLABORATIVE

Choosing Wisely & TCPI: Natural Fit!

Choosing Wisely Crosswalk to Achieve the Six PFE Metrics

TCPI PFE Metrics	Relevant Patient Engagement Activities/ Tools in Choosing Wisely Programs
PFE Metric 1: Support for Patient and Family Voices (Governance) Are there policies, procedures, and actions taken to support patient and family participation in governance or operational decision-making of the practice (Patient and Family Advisory Councils (PFAC), Practice Improvement Teams, Board Representatives, etc.)?	<ul style="list-style-type: none"> As part of Choosing Wisely implementation, ask the practice/facility PFAC to review the program and offer input. If there is no PFAC, invite a focus group of patients / family advisors to review and comment. To learn more about how you can implement Choosing Wisely in the clinical setting – go to: www.mainequalitycounts.org/choosingwisely
PFE Metric 2: Shared Decision-Making (Point of Care) Does the practice support shared decision-making by training and ensuring that clinical teams integrate patient-identified goals, preferences, outcomes, and concerns into the treatment plan (e.g. those based on the individual's culture, language, spiritual, social determinants, etc.)?	<ul style="list-style-type: none"> Train your team how to use the Choosing Wisely patient education materials about potentially overused tests/procedures to anchor conversations with patients about the risks, benefits in the context of their treatment goals and preferences. Invite your team to take the <i>AMA Stepsforward™ "Advancing Choosing Wisely"</i> and <i>NNE-PTN "Improving Patient Outcomes"</i> online modules. Invite your team to watch the Drexel, Kognito and Costs-of-Care communication videos.
PFE Metric 3: Patient Activation (Policy and Procedure) Does the practice utilize a tool to assess and measure patient activation?	<ul style="list-style-type: none"> Place Choosing Wisely "5 Questions" posters prominently in waiting and exam rooms and provide wallet cards at check-in. Use the Choosing Wisely Toolkit to script front desk and clinical personnel to encourage patients to think about which questions are most important to ask the doctor when they see him/her. Conduct a PDSA to determine how often patients are using the 5 questions and the results. Download the Choosing Wisely Mobile App for both clinical recommendations and patient information: iPhone/iPad or Android
PFE Metric 4: Active e-Tool (Point of Care) Does the practice use an e-tool (patient portal or other e-connectivity technology) that is accessible to both patients and clinicians and that shares information such as test results, medication list, vitals, and other information and patient record data?	<ul style="list-style-type: none"> Use the patient portal and electronic communications/email with patients who schedule visits related to one of the conditions addressed by Choosing Wisely (e.g., stuffy nose, low-back pain) so that they can review the information ahead of the visit. Store Choosing Wisely patient education materials in the EHR for easy retrieval at the point-of-care.
PFE Metric 5: Health Literacy Survey (Policy and Procedure) Is a health literacy patient survey being used by the practice (e.g., CAHPS Health Literacy Item Set)?	<ul style="list-style-type: none"> Ask the clinic/practice PFAC to review/Choosing Wisely education material and recommend ways clinicians and staff should present it/use it with patients of varying health literacy levels.
PFE Metric 6: Medication Management (Policy and Procedure) Does the clinical team work with the patient and family to support their patient/caregiver management of medications?	<ul style="list-style-type: none"> Use Choosing Wisely patient education materials to educate patients / families on appropriate use of medications such as antibiotics, opioids and certain drugs in the elderly.

PCPCC Support and Alignment Network 092617

Maine Quality Counts NNE-PTN adopted and updated 022018



In addition,

- Implementing the PFE Metrics will help you meet required, quality measures reported in MIPS
- Implementing quality improvement activities related to the PFE Metrics will help boost performance credit in the Improvement Activity category under MIPS

[TCPI - CW Metrics Crosswalk](#)



An initiative of the ABIM Foundation

Patient-Centered
 Primary Care
 COLLABORATIVE

TALKING WITH CAREGIVERS ABOUT OVERUSE A GUIDE FOR CLINICIANS

Developed by
Baby Boomers for Balanced Health Care and
Health Partners Institute

Presenters: William Doherty, Ph.D., Catherine
McKegney, M.D.

Baby Boomers for Balanced Health Care

- A group of citizen Baby Boomers who believe that health care spending is out of control and will bankrupt our country unless we all take responsibility for changing how we do health care.
- We want to stimulate a local and national conversation about changing the cultural belief that more health care is better health care.
- In today's health care system, there are too many tests, procedures, and services that don't help and can harm. We are overdosing on health care.
- We sponsor community conversations about medical overuse and we decided to develop a guide for clinicians on these conversations. We approached the HealthPartners Institute to partner on the project and bring the guide to fruition.

TALKING WITH PATIENTS ABOUT OVERUSE

A GUIDE FOR CLINICIANS

Goal: practical tools for conversations with patients and families when they are asking for something that involves medical overuse

Why These Conversations are Difficult

1. The patient and family may feel underserved.
2. There may be unproductive disagreement.
3. There may be third parties (especially medical and family) who don't agree with you.
4. Clinicians have not been trained to have these conversations.
5. The conversations take time.

Our Approach

- A podcast with simulated clinician/patient conversations followed by debriefing. Extemporaneous rather than scripted.
- A variety of scenarios in which the patient or family makes a request for an unnecessary diagnostic test, a more aggressive treatment plan than is needed, and long-term opioids for management of acute pain.
- One of the scenarios involves a caregiver for an elderly parent.

The Importance of Skills with Caregivers

- These conversations are common and becoming more common
- Different dynamics than talking with the individual patient
- Most clinicians are not trained in modified conversational tools needed when three people involved

Caregiver Dynamics

- The feeling of responsibility for another—different than for self
- With an elderly parent, the switching of roles and residuals from the past
- Caregiver can feel the need to be a champion/watch dog
- Doing “less” can feel irresponsible
- Multiple players/stakeholders in the extended family who are watching, sometimes judging

Our Approach

FOUR CONVERSATIONS FOR EACH SCENARIO

A routine conversation: how things often go in regular practice

Three skilled conversations:

- A simple conversation
- A complicated conversation
- A polarized conversation

A debrief after each one, reflecting on differences in tone, style, language, the clinician's experience, and the patient's experience

Demonstration

- **Scenario:** Elderly patient's caregiver/son calls the physician asking for a urine analysis and culture for his confused mother, on the assumption that she has a urinary tract infection. This “worked” in the past because she often had bacteria in her urine and was treated with an antibiotic.
- This segment represents a complicated conversation. In the podcast, it follows a simple conversation in which the physician has explained the rationale for not doing a urine screen and the patient accepts the decision with reassurance of follow up if needed. The complicated conversation starts with the patient pushing back instead of going along with the plan.



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

Patient-Centered
Primary Care
COLLABORATIVE

For more on the podcasts:

- <https://conversations.healthpartnersohpe.com/>

Guide for Talking with Family and Loved Ones about Possible Overuse

Workshop description: Sometimes we worry that a family member or close friend is overdoing their health care: taking too much medicine (like pain pills), seeing too many doctors without enough coordination, or receiving tests or treatments that experts now think are of questionable value. These are delicate situations.

This workshop will give you tools for raising concerns to family and friends about possible medical overuse without giving offense or hurting the relationship. You will learn how to bring up the topic and express your worry in a caring, diplomatic way—rather than staying silent or coming across like a busybody or an expert. We'll have a good time learning skills that may help in other family situations too!

Five Strategies: Clarify, Counter-story, Concern, Compassion, Choices

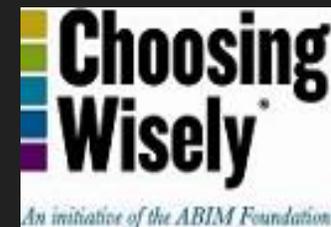
1. **Clarify**: ask calm, non-challenging questions about the medical plan and the rationale for it. “Did the doctor say why he/she wants you to do surgery instead of physical therapy?”
2. Tell a **Counter-story** based on your experience or that of someone you know, but don't assume it's the identical situation. “My friend's doctor said he'd prefer to postpone back surgery and see if things get better with time. I don't know--maybe your situation is different.”
3. Express **Concern**: Directly say that you are concerned that there may be too much testing or treatment going on. It can be helpful to first ask permission to offer a challenge, for example: “Is it okay if I bring up something I'm concerned about?” If you get a green light, then express your concern. “Ever since you told me about getting those narcotics for your headaches, I've been worried that they won't be good for you long term.”

Skills, cont.

4. **Compassion**: If the loved one seems embarrassed about the overuse, emphasize that it's easy to get swept along once the medical system gets in gear. "It's not your fault. I probably would not have objected in the middle of the night when they put mom on the ventilator."

5. Offer **Choices**: If the person seems open to your input, here are some possibilities
 - Suggest slowing down the decision making process if it's not an emergency. "We don't have to decide this today. Let's take some time make sure we're doing the right thing."
 - Suggest getting other professional input. "This is a complicated decision. I'd feel better if we get input from another medical team."
 - Recommend widening the circle of loved ones involved in the decision. "I'd feel better about this decision if we talk to more family members and see what they think."
 - Offer references such as Choosing Wisely and other sources on overuse. "Would you be interested in looking at some things I've read about this in sources I think are trustworthy?"

Questions, Discussion



Patient-Centered
Primary Care
COLLABORATIVE

Thank you



Merilyn Francis,
Project Director



+1 202 417 3911



mfrancis@pcpcc.org



www.pcpcc.org



Tanya Thabjan,
Program Manager



+1 202 417 2069



tgthabjan@pcpcc.org



www.pcpcc.org

Patient-Centered
Primary Care
COLLABORATIVE