Choosing Wisely: Inspiring Action To Reduce Overuse

28th Annual National Forum on Quality Improvement in Health Care
December 6, 2016

Kelly Rand, MA, CPH
Program Manager
ABIM Foundation
Choosing Wisely is an initiative of the ABIM Foundation to help clinicians and patients engage in conversations about the overuse of tests and treatments and support physician efforts to help patients make smart and effective care choices.
Payers

Delivery System

Patients and Clinicians

Consumer Groups/Employers

Government
Responsibility and ownership in creating lists

- Specialty
- Controlled

- Frequently
- Used or Costly

- Transparent
- Process

- Evidence-based
Increasing Clinician Awareness

More than 70 medical society partners have joined the campaign and collectively published over 450 recommendations of unnecessary tests and treatments they say should be discussed.
Educating and Partnering with Patients

5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure

1. Do I really need this test or procedure? Medical tests help you and your doctor or other health care provider decide how to treat a problem. And medical procedures help to actually treat it.

2. What are the risks? Will there be side effects? What are the chances of getting results that aren’t accurate? Could that lead to more testing or another procedure?

3. Are there simpler, safer options? Sometimes all you need to do is make lifestyle changes, such as eating healthier foods or exercising more.

4. What happens if I don’t do anything? Ask if your condition might get worse — or better — if you don’t have the test or procedure right away.

5. How much does it cost? Ask if there are less-expensive tests, treatments or procedures, what your insurance may cover, and about generic drugs instead of brand-name drugs.

For Patients
Patient-friendly resources from specialty societies and Consumer Reports

Use the 5 questions to talk to your doctor about which tests, treatments, and procedures you need — and which you don’t need.

Some medical tests, treatments, and procedures provide little benefit. And in some cases, they may even cause harm.

Talk to your doctor to make sure you end up with the right amount of care — not too much and not too little.

For copies, go to ConsumerHealthChoices.org/SQ
Stimulating Innovation and Implementation

The Robert Wood Johnson Foundation has provided two rounds of funding to advance Choosing Wisely, including a current grant of $4.2 million to support seven initiatives focused on reducing utilization of unnecessary tests and treatments – including a 20% reduction of inappropriate prescribing of antibiotics.

- Greater Detroit Area Health Council
- Integrated Healthcare Association
- Maine Quality Counts
- North Carolina Healthcare Quality Alliance
- University of California, Los Angeles
- Washington Health Alliance
- Wisconsin Collaborative for Healthcare Quality

#choosingwisely

Robert Wood Johnson Foundation
Sharing Best Practices and Ideas

An active learning network comprised of 110+ leaders from hospitals and systems shares best practices and ideas on how to implement speciality society recommendations in their institutions.
Discussion Format

• After the presentations are complete, instead of Q&A, we’ll be breaking up into smaller group discussions.

• At each corner there is a sign indicating each small group topic

• We invite you to join two groups, I’ll play chimes to let you know when to switch.
For More Information

Choosing Wisely website: www.choosingwisely.org
ABIM Foundation website: www.abimfoundation.org
Twitter: @ABIMFoundation
Developing a system to support High Value Care in Vermont

Justin Stinnett-Donnelly, MD MS
The University of Vermont Health Center
Sometimes good medicine is about what not to do.

Objectives:
- Bottom up HVC
- Program Design / Project Management
- Project Example
- Scale / Expansion (V-OLT)
- Value Based Culture and involvement of learners
Bottom Up vs. Top Down Change

Alternative Payment Models
ACOs

System Change to Promote Value

Goals and Strategies

Choosing Wisely
An initiative of the ABIM Foundation
UVMMC – High Value Care Program

**FY 2013**
- **Gastroenterology**
  - No Elective Colo if age > 75
  - Dr. James Vecchio
  - Rate Less then Expected

**FY 2014**
- **Cardiology**
  - Reduce Redundant Echos
  - Dr. David Schneider
  - 18.2% of echocardiograms were repeats within one year

**FY 2015**
- **Cardiology**
  - Reduce CK/MB
  - Dr. Keating
  - 19,790 CK/MB checked in 1 year

**Medicine Operations And Efficiency Committee**
- Noncontroversial and evidence-based
- Measure available electronically
- Meaningful outcome (reduce harm, reduce cost, improved patient outcome or experience = value add)
- Potential intervention to not increase physician workload

- **Rheumatology**
  - Repeat Pos. ANA

- **Gastroenterology**
  - No Elective Colo if age > 75

- **Nephrology**
  - BUN/Cr. On ESRD Patients
  - Dr. Virginia Hood
  - 3850 Cr. Checked in 2 years

- **Oncology**
  - Staging of Breast Cancer
  - Drs. Wood and Khan
  - 35 of 74 CT-bone or PET images non-indicated by ASCO Criteria

- **Cardiology**
  - Reduce Daily CXR
  - Dr. John Bartsch
  - Dr. Keating
  - Dr. Lewinter

- **Nephrology**
  - Reduce Blood Draws on ESRD
  - Dr. Virginia Hood

**Cardiology**
- Reduce Redundant Echos
- Dr. David Schneider
- 18.2% of echocardiograms were repeats within one year

**Cardiology**
- Reduce CK/MB
- Dr. John Bartsch
- Dr. Keating
- Dr. Lewinter

**Cardiology**
- Evaluation Troponin Testing
- Dr. John Bartsch
- Dr. Keating
- Dr. Lewinter

- 87% of labs not drawn in Dialysis

- 27/4,468 (0.6%) Folate tests were deficient

**University of Vermont Medical Center**
Process

Define

Measure

Analyze

Do we have an opportunity?

System Change to Promote Value
System Change and Education

- Clinical Champion
- Resident
- Laboratory
- Jeffords Project Manager
- Nursing
- PRISM
- HVC Coordinators
- Data Analytics
Objective: Reduce automated morning CXR’s on intubated patients.
Scale and Expansion
Vermont - Optimizing Laboratory Testing
V-OLT

Primary Investigators:
Alan Repp, MD
Cy Jordan, MD
Don’t perform repetitive CBC and chemistry testing in the face of clinical and lab stability.

Hospitalized patients frequently have considerable volumes of blood drawn (phlebotomy) for diagnostic testing during short periods of time. Phlebotomy is highly associated with changes in hemoglobin and hematocrit levels for patients and can contribute to anemia. This anemia, in turn, may have significant consequences, especially for patients with cardiorespiratory diseases. Additionally, reducing the frequency of daily unnecessary phlebotomy can result in significant cost savings for hospitals.
Participants (8)

University of Vermont Medical Center
Northeastern Vermont Regional Hospital
Porter Medical Center
Central Vermont Medical Center
Rutland Regional Medical Center
Southwestern Vermont Health Center
Dartmouth Hitchcock Medical Center
Brattleboro Memorial Hospital
Selected Results – CVMC, UVMMC

- CVMC - Estimated blood saved over 12 month period 12.8 L
- UVMMC - Estimated $135,000 cost savings per year
- Est blood saved = 3.4 L/month = 40.5 L/year
Value Based Culture
Value Based Culture

"... many of the traditional strategies used to increase quality—monetary incentives, training, and sharing of best practices, ... have little effect. Instead,... companies that take a grassroots, peer-driven approach develop a culture of quality, resulting in employees who make fewer mistakes—and the companies spend far less time and money correcting mistakes."

https://hbr.org/2014/04/creating-a-culture-of-quality

High Value Care Program:
- Project Management
- Data Analytics
- System Based Change
- Results
- Feedback
Resident Involvement

“I learned that the only easy part of a quality improvement project is the proposal of a seemingly simple idea…the challenge lies in multiple departments collaborating together to achieve a common goal.”

- Sean McMahon MD (Cardiology fellow)

“The High Value Care project provided me a conduit to evolve from a worker bee/resident to becoming an active leader in our organization.”

- Ben Kevesson MD (Pulm/Critical Care fellow)
### A Huge Team Effort!

#### Department of Medicine
- Polly Parsons
- Cardiology
  - David Schneider
  - Martin LeWinter
  - Frederique Keating
- Critical Care
  - Gil Allen
  - Ryan Clouser
- Gastroenterology
  - James Vecchio
  - Steven Lidofsky
- Hospitalist
  - Jason Bartsch
- Rheumatology
  - Edward Leib
  - Bonita Libman
- Nephrology
  - Virginia Hood
  - Bette Gilmartin
- Oncology
  - Marie Wood

#### Steering Committee
- Virginia Hood
- Justin Stinnett-Donnelly
- Pamela Stevens
- Allen Mead

#### Jeffords Institute for Quality
- Anna Noonan
- Jason Minor
- Patricia Bouchard
- Mike Nix
- Deirdre LaFrance
- Mike Gianni
- Cynthia Gagnon
- Melissa Holman

#### PRISM
- Doug Gentile
- William Eaton
- Randy Ensley
- Alicia Cardoza
- Merrill Cate
- Jan Gannon
- William Eaton

#### Pathology / Laboratory
- Mark Fung
- Greg Sharp
- Jill Warrington
- Jocelyne Stocker
- Michelle Baker
- Luke Purvis

#### GME / Residents / Fellows
- Elizabeth Hall
- Maria Burnett
- Patrick Hohl
- Sean McMahon
- Sadi Raza
- Samreen Raza
- Benjamin Keveson
- Heather Shank
- Adedayo Fashoyin
- Tim Leclair
- Sam Merrill

#### Radiology
- Mike Blakeslee
Choosing Wisely: Hospitalist Laboratory Utilization Project

Peter Yarbrough, MD
University of Utah
December 6, 2016
Problem: Average direct cost for labs are high.

From 2011 UHC direct cost performance study:

UHC Average Direct Cost* per Discharge for Medicine General

<table>
<thead>
<tr>
<th>Category</th>
<th>Utah</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemistry</td>
<td>470</td>
<td>245</td>
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<tr>
<td>Hematology</td>
<td>95</td>
<td>49</td>
</tr>
<tr>
<td>Bact-micro</td>
<td>161</td>
<td>111</td>
</tr>
<tr>
<td>Immunology</td>
<td>33</td>
<td>13</td>
</tr>
</tbody>
</table>

Utah v. Colorado
- Observed and expected LOS similar
- Expected cost within 4% of Colorado
- Most significant variances are in observed cost
Problem

• Patients do not like laboratory draws.
• 30-50% of labs determined to be unnecessary.
• 20-40% reduction obtainable without change in mortality or readmissions.

Barie et al. Jo of Trauma 1996;41:714-720.
Attali et al. Mt Sinai J of Med 2006;73:787-794
Intervention

- Education to residents and interns at start of rotation – 30 minutes.
- Standardization of rounds including checklist with discussion of labs expected daily.
- Monthly feedback of laboratory costs at hospitalist group meeting.
- Financial incentive of 50% cost savings shared with Division – not for compensation.
Rounding Checklist Issues

• Who is responsible for the checklist?
  – Worked best with MSIII responsibility

• How do we know if attendings are using the checklist?
  – Intermittent auditing
  – Checklist encouraged, never required
Analysis of Intervention

• Decreased cost per day, cost per visit, and number of commonly ordered tests (BMP, CMP, and CBC).

• Unchanged LOS or 30-day readmission rates.

• Estimated cost savings of $60/visit

• Approximately $250,000 cost savings over first year
Intervention – What Worked

• “multifaceted intervention makes it difficult to rigorously determine the relative impact of different components to the intervention.”

• Therefore, the rest is opinion.
Intervention – What Worked

- Education – moderately important
- Standardizing rounding process through checklist – important
- Monthly feedback of costs – very important
- Cost savings – nice addition, but not necessary
Intervention – Problems

• Attribution of lab cost to discharging attending
• Metric of cost/day was calculated using total cost/average LOS – those providers with decreased LOS appeared to have higher lab utilization
• Data was reviewed monthly, approximately 6 weeks following the end of the month
Since the Intervention

• May, 2014 – Introduction of EPIC
  – Severely affected data flow and essentially halted the project

• Hospital expansion with increase from 4 general medical teams to 6, not all with housestaff coverage

• Housestaff and attendings do not like rounding checklist
New Focus

• Working on linking lab order to attending of record for better attribution
• Turnaround time will be as quick as one week – potential to review lab costs with trainees at end of week
• Decided on number of labs/patient day as metric – lab costs can change
• Checklist not currently being used
Summary

• We were able to reduce laboratory utilization and demonstrate cost savings through robust analysis.

• Multifaceted approach worked, although only opinion on the most important elements.

• Current goal – continued focus on laboratory ordering with a reliable metric
Thanks

Please feel free to contact me with questions/comments:
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University of Utah School of Medicine
George E. Wahlen VAMC
Salt Lake City, UT 84148
Peter.yarbrough@hsc.utah.edu
Choosing Wisely
In Washington State

Jessica Martinson, MS
Director, Clinical Education and Professional Development
Washington State Medical Association
Washington State Choosing Wisely Task Force’s Overall Goals

Goals
Working together to advance Choosing Wisely in Washington state:

- Identify opportunities for improvement
- Accelerate implementation and integration
- Reduce the number of unnecessary tests and procedures

Members
22 physician leaders from large and small healthcare organizations across Washington state
Task Force’s Reports
Less waste. Less harm. Choosing Wisely in Washington state
## Less waste. Less harm. Choosing Wisely in WA

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Antibiotics for sinus infection (2014) → Antibiotics for URI (2016)</td>
<td>37%</td>
<td>26%</td>
</tr>
<tr>
<td>Imaging for uncomplicated headaches</td>
<td>25%</td>
<td>21%</td>
</tr>
<tr>
<td>Annual Pap tests for women 30–65 years of age</td>
<td>57%</td>
<td>44%</td>
</tr>
<tr>
<td>Pap tests for women younger than 21</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Pap tests for women who had a hysterectomy</td>
<td>17%</td>
<td>13%</td>
</tr>
<tr>
<td>CT for suspected appendicitis in children</td>
<td>30%</td>
<td>24%</td>
</tr>
<tr>
<td>CT or MRI for simple syncope</td>
<td>26%</td>
<td>23%</td>
</tr>
<tr>
<td>Diagnosis/management of asthma without spirometry</td>
<td>74%</td>
<td>75%</td>
</tr>
<tr>
<td>Follow-up imaging for clinically inconsequential adnexal cysts</td>
<td>39%</td>
<td>42%</td>
</tr>
<tr>
<td>Imaging for low back</td>
<td>14%</td>
<td>20%</td>
</tr>
</tbody>
</table>

*Data Source: Washington Health Alliance, Results for All Payers Combined*
Antibiotics for Upper Respiratory Infection

**Commercally Insured**
- Low = 23%
- State Average = 30%
- High = 56%

**Medicaid Insured**
- Low = 10%
- State Average = 16%
- High = 51%

Data Source: Washington Health Alliance
Choosing Wisely Action Manual

Kotter’s 8-Step Process for Leading Change to Integrate Choosing Wisely
1. Create a sense of urgency
2. Build a guiding coalition
3. Form a strategic vision and initiatives
4. Enlist a volunteer army
5. Enable action by removing barriers
6. Generate short-term wins
7. Sustain acceleration
8. Institute change

www.wsma.org/Choosing-Wisely
Claims-Based Technical Specifications

Choosing Wisely Claims-Based Technical Specifications

Choosing Wisely Description
Don’t do imaging for uncomplicated headache

American College of Radiology [131]
Imaging headache patients absent specific risk factors for structural disease is not likely to change management or improve outcome. Those patients with a significant likelihood of structural disease requiring immediate attention are detected by clinical screens that have been validated in many settings. Many studies and clinical practice guidelines concur. Also, incidental findings lead to additional medical procedures and expense that do not improve patient well-being.

Headache
Members with a primary diagnosis for a headache who had a CT or MRI procedure code within 30 days of index case

Eligible Population
- Procedure Types: Commercial and Medicaid (report each procedure type separately)
- Ages: No restriction
- Enrollment: Current assumption: at least one month during measurement year
- Anchor Date: Current assumption: any time during measurement year
- Beneficiary: Medical
- Event/Diagnosis: Distinct members with primary diagnosis code related to headache (see Headache Diagnosis Codes Table below) during measurement year
- Index Case: First qualifying diagnosis within measurement year

Administrative Specification
- Denominator:
  - Eligible Population
- Numerator:
  - Distinct members from denominator who had CT or MRI related procedure codes (see CT & MRI Procedure Codes Table below) within 30 days of index case
- Exclusions:
  - None

Headache Diagnosis Codes (denominator)

© 2014, Washington State Choosing Wisely Task Force
In Practice

Hospitals and medical groups use the technical specifications to develop internal reports.

Internal reports use clinical (vs. claims) data, access more current data and can be run at more frequent intervals.

Incorporate measures in a variety of ways:
- Share data with all clinicians
  - Unblinded reports
  - Custom emails to medical directors and clinicians
- Assessed in annual review
  - Individual performance reviews
  - Organizational dashboard
In Practice – Primary Care Clinic Work Flow

Pre-visit prep
• Attach appropriate Choosing Wisely handout to pre-visit summary.

Rooming
• Give patient appropriate Choosing Wisely handout. Use scripting: “This is information that your provider would like you to have. It might be useful for your visit today.”

Exam
• Use Provider Scripting and Visit Flow for URI.
• Use URI Symptom Duration Chart in conversation.
• Refer to appropriate Choosing Wisely handout.
• Use Epic tools to create after-visit summary with home care instructions, links to video and Choosing Wisely.
Online Clinical Toolkit
wsma.org/choosing-wisely-clinical-toolkit
Advancing Choosing Wisely® Conversations Through Community Engagement

Kellie Slate Vitcavage, MS
Project Manager, Consumer and Community Engagement
Maine Quality Counts
Best Strategies & Tactics

1. Partnering with Diverse Stakeholders to drive Cultural Change

2. Adaptation is Key to what resonates with different audiences

3. Linkages with community and clinical efforts

4. Keep the momentum
Driving Cultural Change

Engaged Diverse Stakeholders:

* **Health System Partners**
  * Mid Coast Hospital (18 practices)
  * Penobscot Community Health Care (6 practices & 4 walk-in clinics)
  * St. Joseph Hospital (6 practices & 4 ED’s)
    * Providers
    * Marketing staff
    * Outreach staff

* **Community Partners**
  * Community Action Programs
  * Area Agencies on Aging
  * Maine Council on Aging
  * Faith-based groups
  * Statewide Health Navigators – CAP Agencies/HMP
  * Other Community /Grassroots groups

* **Employers**
  * Bath Iron Works
  * People’s Plus

* **Statewide Partners**
  * Maine Medical Association
  * Maine Osteopathic Association
  * Consumers for Affordable Health Care
Adapt To What Resonates With Different Audiences

Question it. Know it. Choose it.

Find out if that medical test, treatment, or procedure is really necessary.

Don't know what to ask your health care provider? Here are 5 QUESTIONS.

1. Do I really need this test or procedure?
2. What are the risks and side effects?
3. Are there simpler, safer options?
4. What happens if I don't do anything?
5. How much does it cost, and will my insurance pay for it?

Choosing Wisely

Engage Your Organization with Choosing Wisely - 3 Things You Can Do

1. Share information: Share your organization's commitment to choosing wisely with all health care providers.
2. Use media: Use social media, websites, and other media to promote the Choosing Wisely campaign.
3. Be prepared: Prepare and present on Choosing Wisely.

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.
### Adapting For Different Needs

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<thead>
<tr>
<th>Media</th>
<th>Community</th>
<th>Providers</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>46+ Exposures</td>
<td>90+ events</td>
<td>443 reached directly</td>
<td>30 Practices</td>
</tr>
<tr>
<td>12,000+ materials dist.</td>
<td></td>
<td>8,900 targeted</td>
<td>4 Walk-in Clinics &amp; 4 ER’s</td>
</tr>
<tr>
<td>* Use Social Media</td>
<td>* Engage Partners</td>
<td>* Medical Associations</td>
<td>* CW materials</td>
</tr>
<tr>
<td>* Use News media</td>
<td>* Employers</td>
<td>* Conference presentations</td>
<td>* Pre-visit</td>
</tr>
<tr>
<td>* Use Radio</td>
<td>* Leverage other organization’s opportunities</td>
<td>* Grand Rounds</td>
<td>* Checking in</td>
</tr>
<tr>
<td>* Use TV mainstream &amp; public TV</td>
<td>* Outreach ad Tabling events</td>
<td>* Offer MOC</td>
<td>* Rooming</td>
</tr>
<tr>
<td></td>
<td>* Flu Clinics</td>
<td>* Existing resources</td>
<td>* Video monitors</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>* Patient/Family Advisors</td>
</tr>
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<td></td>
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<td>* Patient Portals</td>
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</table>
Champions Leading Culture Change

As many of you know, we are currently making an effort to significantly reduce the use of antibiotics for the diagnosis of acute bronchitis, which is a viral illness. Our rates of unnecessary use of antibiotics in this instance are quite high - currently at over 50%, and some providers are at 100%. The attached review is hot off the press and Centricity users can use the Choosing Wisely patient education handout (also attached here, for pediatrics and adults).

The bottom line is that the only time antibiotics should be considered for the treatment of acute bronchitis is when the patient has an underlying chronic lung disease.

Noah Nesin, MD, FAAFP
Vice President of Medical Affairs
Penobscot Community Health Care
Clinical Tools to Advance Choosing Wisely®

Using Choosing Wisely® Tools to Empower Patients
An Implementation Toolkit For Health Care Providers

Links:
https://www.mainequalitycounts.org/page/2-882/maine-choosing-wisely
https://www.stepsforward.org/modules/choosing-wisely
https://wsma.org/choosing-wisely-clinical-toolkit
Community Linkages

On October 24th at noon, Spectrum Generations and Maine Quality Counts will be hosting a Lunch & Learn at People Plus entitled "Can't Sleep and tired of Counting Sheep?"

Come and join the conversation and learn about how:
- sleeping pills may not help much
- sleeping pills can have serious or even deadly side effects
- the new "Z" drugs also have risks
- to try non drug treatments first

Bring a bag lunch (drinks, chips, and cookies will be provided) or have a hot lunch from People Plus' Monday Munchies program (suggested donation). This Lunch & Learn is free and open to the public and pre-registration is appreciated. Call Pat at 726-0757 to register.

Tips to Prevent Medication Errors

Medication Safety Enhancements
- Every few of your medications are prescribed for you
- Review your medications for adverse drug effects
- Different medications at any time of the day
- Learn about one medication (check drug, prepare ahead of time, and drink water while taking it)
- Use your medications by prescription and never by over-the-counter medications

Know Your Medications
Medication Safety is everyone's job!

Choosing Wisely

Choosing Wisely Ounce of Prevention

Monday, March 14 @ 11 AM - NOON
Community Room at MC Coast Senior Health Center
Whipple Drive, Brunswick

Mary DiMasi, MS, RN
Director of Quality & Compliance with Spectrum Generations

You will learn about:
- How to prepare for your doctor's visit
- 5 questions to ask your healthcare provider
- Why it's important to become involved in your care

For more information, call 733-3646

Mid Coast Hospital
Community Health & Wellness

LET'S TALK: HEALTH CARE DECISIONS

TOWN HALL

WEDNESDAY
JUNE 8, 2016
9:00 - 11:30 AM

CLICK HERE FOR MORE INFORMATION

PLEASE CALL TO REGISTER BY JUNE 1ST
Eastern Area Agency on Aging: 207-942-2685
Promoting Healthy Choices
March 10, 2016

In 2014, Consumer Reports partnered with IBM to help educate its employees about Choosing Wisely® and the importance of clinician/patient conversations aimed at avoiding unnecessary care. This joint effort consisted of a short educational video. Based on the success at IBM, staff at Consumer Reports decided to expand the video into multiple segments and an entire toolkit called “Making Healthy Choices.” In addition to the four short video segments, it includes web-based materials and a smartphone app. Consumer Reports then worked with additional companies.

Michelle Probert, Manager of Integrated Health Services for BIM, said that staff at regional health improvement collaborative and Choosing Wisely grantee Maine Quality Counts, informed her of the Making Healthy Choices toolset.

“We were excited about the opportunity to introduce employees to Making Healthy Choices to help them become informed health care consumers and to embolden them to ask their doctors questions,” Probert said. “Choosing Wisely information is already integrated into our transparency tool, Healthcare Bluebook, and the videos fit seamlessly into our employee-facing website site and learning management system.”

more information, better decisions.

Choosing Wisely – Opportunity for PTNs
• Addresses key elements of TCPI Change Package
• Change Concept 1: Person & Family-Centered Care:
  1.1: Patient & family engagement
    1.1.3: Collaborate with patients & families
    Milestone: Practice can demonstrate that it encourages patients and families to collaborate in goal setting, decision making, and self-management
  1.6: Organized, evidence-based care
    1.6.5: Reduce unnecessary tests
    Milestone: Practice has reduced unnecessary tests, as defined by the practice
  3.4: Efficiency of operation
    3.4.2: Eliminate waste whenever possible.
    Milestone: Practice has streamlined workflows, and can demonstrate value of all steps in processes

Promoting wisely
As an initiative of the AIMI Foundation

Additional Linkages

CompareMaine: Healthcare Cost & Quality Reporting Website, click here.
Lessons Learned

* Incorporate Strategies to keep up the momentum
* Seek linkages that benefit all
* Create meaningful opportunities for partners
* Go the extra mile for partners
* Provide continuous inspiration and motivation

Thank you
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Discussion