Reducing Unnecessary Utilization- 2018 Series

*This document reflects discussions during the NRHI SAN Reducing Unnecessary utilization 2018 events. We will continue to update this document as we progress through this webinar series.

Module 1: Strategies for clinics to address imaging for low back pain and cost of care
Launched January 25, 2018

Panelists Include:
Lisa Tuttle, Kellie Slate Vitcavage, Maine Quality Counts

Nancy Fredericks, American College of Radiology

Eric Barbanel, MD, Crystal Run Healthcare

Working to address low-back imaging is patient centered care work. How are we thinking about potential harm to patients?

The American College of Radiology (ACR) Appropriateness Criteria detailing when imaging may not be appropriate focuses on the dimension of harm to patients, including physical, emotional and financial. These dimensions of harm are also incorporated into patient centered interventions conducted by R-SCAN.

What are the five red flags in relation to patient presenting with low back pain?

The ACR Appropriateness Criteria considers the following red flags:

- Acute (<6 weeks)
- No historical features that suggest a particular underlying condition
- No radicular symptoms or pseudoclaudication
- Normal neurologic exam

IS ACR tracking patients after they leave the emergency department?

ACR is looking at the data overall working in a collaboration with radiologists and primary care or radiologists and emergency medicine. They haven't followed the patient to see if they have obtained imaging elsewhere. They are starting to assess systems evaluations looking at patients across the network.

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Is ACR doing work around Medicare?

ACR is putting together educational resources for sites that talks about the legislation and how to prepare. They are anticipating legislation being implemented in 2019.

How can physical therapists become more essential partners in working with practices so that there is a dialogue about the benefits of early physical therapy?

Physical Therapists can and should be a part of the intervention. In a study at Baylor Medical College they found a lot of unnecessary imaging for low back pain going on. As part of their educational intervention they worked closely with physical therapists and pain managers and found that that was their next referral. This collaboration led to significant improvement in appropriate imaging.

How do you balance the time investment of implementing Choosing Wisely concepts with providers?

Providers and practice staff will experience time investments early on; however, the pay-offs of taking time to look at results will lead to improving other aspects of care. Practices will find that their way of thinking and viewing care will change and this can be sustained and carried into other areas of work.

What are some approaches to getting buy-in from the providers and practice staff?

The panelists shared that getting clinicians to change the way they do things has been difficult. You must make it as easy as possible for clinicians to implement the behavior change. This needs to start with every aspect of the practice and needs to be a full culture shift throughout the practice. It's important to normalize discussing cost in clinics and between clinics and patients, and to support that work with functions that can be spread throughout the entire clinical team, for example through materials that are shared in the waiting room and exam room and conversations with patients that occur before the provider comes in.

It helps the conversation move along when the practice team and provider are working together on this practice shift. Providers appreciate that patients and consumers are getting exposure to the culture shift as they are coming in to the waiting room and seeing marketing materials, etc. so the provider doesn't have to spend time introducing the concept. It makes it a lot easier for the provider to come in when the patient is already prepped to understand why they might not be getting an MRI so the provider must spend less time doing the explaining and can just express their support of the recommendations. Dr. Barbanel shared that in some cases it may be better to have the clinician be the last person on board instead of the first.

Maine Quality Counts shared that marketing teams have been a critical aspect of outreach. It has been helpful to have the information out there from the trusted providers in their community.

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Another way to get people excited about implementing a change is by having innovation contests on what staff would do to improve high-value care. Offering a prize and time for staff to think about this can generate some ideas that staff are excited about and will likely want to implement. It's important to keep the momentum going with these types of initiatives.

How can you overcome barriers to implementing Choosing Wisely concepts, specifically the barrier to losing revenue?

Dr. Barbanel shared, "*When we talk about unnecessary care it's not so much about fraudulent care, it's unnecessary because it never needed to be done and we didn't bother to think about what should or shouldn't be done. If you're doing the test to make money and it's not in the best interest of your patients, you're simply doing it wrong.*" Having risk based contracts aligns interests a bit more, but providers should ask why they are requesting the tests.

How do you approach educating patients on why they may not need a test or procedure?

Dr. Barbanel shared that he lets patients know the thought process he goes through when not ordering an MRI so they understand and talk about when an MRI might be appropriate. This helps the patients know that he has their best interests in mind and is not being influenced by a third party. He also makes sure that they understand that the MRI is not going to offer a cure, just a diagnosis, and that it can be costly for the patient. Dr. Barbanel shared that the more he has these conversations, the easier it gets.

Module 2: Improving Access to Specialty Care to Reduce Unnecessary ED Visits
Launched February 22, 2018

Panelists Include:
Lisa Tuttle, Maine Quality Counts

Sue Butts-Dion, Improvement Advisor

Carol Greenlee, MD, TCPi National Faculty

Sunil Kripalani, MD, MSC, Vanderbilt University Medical Center

Lisa Lewis, D.O., F.A.C.O.G., MPH, Sustania Center for Women

Wendy Gosse, Population Health Assicoate, MidSouth PTN

Beth Neuhalfen, BS-CHC, Denver Health Hospital Authority

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What are consequences of patients going to urgent care over their Primary Care Physician? Are there any financial links between PCPs and Urgent Care Centers?

In Carols community, the primary care doctors have opened their own after hours urgent care centers to keep their patients out of the ER (normally staffed by part time & retired physicians). Dr. Kripalani: Not every urgent care center is the same. They also have their own after hour urgent care centers that are all linked to the same EHR system.

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