Choosing Wisely®: Making a Worthwhile Program Count for More

September 25, 2017

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Disclosure

* Salaried Employee of 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
  * Other Community /Grassroots groups

* **Statewide Partners**
  * Maine Medical Association
  * Maine Osteopathic Association
  * Consumers for Affordable Health Care

* **Employers**
  * Bath Iron Works
  * People’s Plus
  * SMRT Architects & Engineers
Adapt To What Resonates With Different Audiences
Adapting For Different Needs

**Media**
- 46+ Exposures
  - Use Social Media
  - Use News media
  - Use Radio
  - Use TV mainstream & public TV

**Community**
- 90+ events
- 12,000+ materials dist.
  - Engage Partners
  - Employers
  - Leverage other organization’s opportunities
  - Outreach ad Tabling events
  - Flu Clinics

**Providers**
- 443 reached directly
- 8,900 targeted
  - Medical Associations
  - Conference presentations
  - Grand Rounds
  - Offer MOC
  - Existing resources

**Clinical**
- 30 Practices
- 4 Walk-in Clinics & 4 ER’s
  - CW materials
  - Pre-visit
  - Checking in
  - Rooming
  - Video monitors
  - Patient/Family Advisors
  - Patient Portals
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 peds 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®

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 Conversions and Maine Quality Counts will be hosting a Lunch & Learn at PeoplePlus entitled “Can’t Sleep and Kind of Counting Sheep?” Come and join the conversation and learn about:

- Sleeping pills may not help much
- Sleeping pills can have serious or even deadly side effects
- The new 2-inch Maggie can help
- Try non-drug treatments first

Bring a bag lunch (drinks, chips, and condiments will be provided) or have a hot lunch from PeoplePlus Tuesday Marathons program (suggested $4 donation).

This Lunch & Learn is free and open to the public and pre-registration is appreciated. Call Pat at 756-0157 to register.
The Importance of Integration
Choosing Wisely & MOC

✓ Changing Health Care Environment - University of Texas at Austin, Dell Medical School – responding to the changing health care environment - Established the first solid curriculum for teaching about costs and value in healthcare

http://blog.dellmedschool.utexas.edu/2016/03/02/dell-med-names-chris-moriates-assistant-dean-of-healthcare-value/

✓ Real world needs physicians engaged to meet patient needs to effectively improve patient outcomes – Dr. Erik Steele

CW/MOC Requirements - Maine

- Educational – 3 webinars, 1 in-person session
- Pre/Post Assessment
- AIM Statement
- Submit 2 PDSA Cycles & review with staff
- Submit and review practice data quarterly: (baseline and 5 data points)
  - Reduce use of antibiotics
  - Reduce use of advanced imaging for low back pain
  - Reduce use of benzodiazepines
- Use Choosing Wisely® materials in the practice.
Pre-assessment Survey

As part of Maine Quality Counts’ (QC) organizational commitment to meaningfully engage consumers in transforming care and to build patient-provider partnerships, QC is launching a multi-stakeholder effort to spread the Choosing Wisely initiative developed by the American Board of Internal Medicine (ABIM) Foundation. This initiative, “Spreading Choosing Wisely in Maine”, seeks to reduce unnecessary use of tests and treatments in two specific geographic regions of the state, Brunswick/Bath and greater Bangor, working with health care providers and community members.

Physicians interested in earning American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC) credits for participation in the Choosing Wisely Project must complete this Pre-Assessment Survey and a Post-Assessment Survey, along with the expectations of participating. More information can be found on our Choosing Wisely webpage at: https://www.mainequalitycounts.org/page/2-882/maine-choosing-wisely

2. Physician Pre-Assessment Survey:

1. Have you seen or heard about the Choosing Wisely Campaign?
   - Yes
   - No

   If yes, how many years and what Choosing Wisely areas have you focused on?

2. Let’s say a patient came to you convinced he or she needed a specific test. You knew the test was unnecessary, but the patient was quite insistent.

   On a scale of 0 to 7, with 0 being the most likely how likely would you be to provide the test?

3. How likely would you be to prescribe antibiotics to an adult patient who came into your office with acute bronchitis?

   On a scale of 0 to 7, with 0 being the most likely, how likely would you be to provide the test?
## Data Submission

<table>
<thead>
<tr>
<th>Practice Data Periods</th>
<th>Practice Data Submission Deadlines to QC</th>
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<tbody>
<tr>
<td><strong>MOC Year 1</strong></td>
<td></td>
</tr>
<tr>
<td>Baseline data – January 1, 2015 to April 30, 2015</td>
<td>7/31/15</td>
</tr>
<tr>
<td>May 1, 2015 – October 31, 2015</td>
<td>11/7/15</td>
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<tr>
<td><strong>2016</strong></td>
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<tr>
<td>Nov 1, 2015 – February 29, 2016</td>
<td>3/3/16</td>
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<tr>
<td>March 1, 2016 – April 30, 2016</td>
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<tr>
<td>May 1, 2016 – June 30, 2016</td>
<td>7/5/16</td>
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<tr>
<td>July 1, 2016 – Oct 31, 2016</td>
<td>11/7/16</td>
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Results and Evaluation

* Engaged Providers
  * 3 systems – 16 practice sites involved
  * 60 providers engaged in MOC face to face presentations
  * 18 providers engaged in MOC webinars
  * 1 Provider engaged in MOC

* Data showed slight decrease in reduction of use

* Duke University Evaluation of Choosing Wisely MOC Themes:
  * Providers knowledgeable about unnecessary care
  * Focus on Patient Engagement and Education
  * Provider concern about patient engagement
Integrate into existing Quality Improvement Initiatives

CMS’s Transforming Clinical Practice Initiative, MIPS alignment
Lessons Learned

Create meaningful opportunities

* Integrate into existing Quality Improvement Initiatives
  * i.e. CMS’s Transforming Clinical Practice Initiative, MIPS alignment
* Incorporate Strategies to keep up the momentum
  * i.e. leverage community epidemic educational needs
* Seek linkages that benefit all

Thank you
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