UCSF Educational Skills Workshop

Teaching to Provide High Value Care

Faculty Facilitators: Shannon Fogh & Stephanie Rennke
Friday, February 5
9 AM - 12 PM

Workshop Dashboard
http://tiny.ucsf.edu/HighValue
Workshop Learning
Objectives

- Identify domains in high value care including cost-conscious care, waste and harm reduction to improve outcomes
- Identify resources for teaching high value care
- Identify teaching opportunities in high value care with learners
- Implement strategies to incorporate high value care into medical education and instructional environments

Workshop Dashboard
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Workshop Outline

- Introduction (15 min)
- Barriers to Teaching High Value Care (30 min)
- Competencies and DEI Exercise #1 (20 min)
- Break (10 min)
- Teaching Activities: Demonstration and Exercise #2 (45 min)
- Break (5 min)
- “Teachable Moments” Exercise #3 (30 min)
- Lessons Learned (10 min)
- Skills Assessment and Workshop Evaluation (10 min)
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Zoom Etiquette

▸ Turn on your video.
▸ Mute yourself unless speaking.
▸ Use the reactions button.
▸ Use the chat and participant feedback features and the chat co-pilot (moderator) will monitor the chat and feedback.
▸ It is our job to make this interactive.
▸ Our ask of you is to give us feedback along the way.

Workshop Dashboard
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Introductions: Who are you?

- Educator Role
- Microsystem/Patient Populations
- Learners? What do you want to teach?
- What is high value care to you?

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What is High Value Care?

- High value care is the best care for the patient, with the optimal result for the circumstances, delivered at the right price. (IOM)

Best Care at Lower Cost: The Path to Continuously Learning Health Care in America. Institute of Medicine.

Figure available at https://www.pathreport.org/post/2015/09/07/value-based-healthcare-and-the-triple-aim

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What are the **Domains** of High Value Care?

1. Reduce Waste
2. Minimize Harm from Overuse
3. Improve Communication
4. Improve Patient Access to Care
5. Reduces Cost
6. Promote Evidence-based, High Value Prevention and Screening

American College of Physicians High Value Care, available at https://www.acponline.org/clinical-information/high-value-care

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What are the Barriers to Teaching High Value Care?

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Resources (see handout)

• Chargemasters (remember that cost is different then charge), available at CHHS Open Data Portal, 2020
  https://data.chhs.ca.gov/dataset/chargemasters/resource/95e415ee-5c11-40b9-b693-ff9af7985a94

• Example – hospital bill

• Choosing Wisely®
  www.choosingwisely.org

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An initiative of the ABIM Foundation
Hospital Chargemasters

This dataset contains Hospital Chargemasters with prices in effect as of June 1 of their respective reporting years and includes average charges for 25 common outpatient procedures, and the estimated percentage change that occurred from July 1.

For more on OSHPD Chargemaster Data.

Data and Resources

2020 Hospital Chargemasters
250 Mb. This is the complete set of hospital chargemasters for 2020.
[More Info] [Download]

2019 Hospital Chargemasters
258 Mb. This is the complete set of hospital chargemasters for 2019.
[More Info] [Download]

2018 Hospital Chargemasters
264 Mb. This is the complete set of hospital chargemasters for 2018.
[More Info] [Download]
# Clinician Lists

Complete lists of recommendations by society can be found by clicking the society name or via individual recommendation pages.

<table>
<thead>
<tr>
<th>Society</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Society for Clinical Pathology</td>
<td>Do not monitor anti-platelet agent inhibition of platelet activity using platelet function or genetic testing.</td>
</tr>
<tr>
<td>American Society for Clinical Pathology</td>
<td>Do not order a Type &amp; Crossmatch for patients undergoing procedures that have minimal anticipated blood loss, historically low fraction of transfusion use, and a low transfusion index (ratio of transfused units to patients).</td>
</tr>
<tr>
<td>American Society for Clinical Pathology</td>
<td>Don’t perform urine cytology for routine hematuria investigation.</td>
</tr>
<tr>
<td>American Society for Clinical Pathology</td>
<td>Avoid Thyroid Stimulating Hormone (TSH) screening in annual well-visits for asymptomatic adults, regardless of age.</td>
</tr>
<tr>
<td>American Society for Clinical Pathology</td>
<td>Do not generally use swabs to collect specimens for microbiology cultures on specimens from the operating room. For optimal recovery of microbes, tissue or fluid samples obtained in the operating</td>
</tr>
</tbody>
</table>
Example

- Ms. B is 47 year-old presenting to the ED with a headache.
- She has a history of migraines.
- Afebrile
- WBC count 5.5
Case Example

- How would you manage this patient?
  - Additional imaging?
Cost of CT brain

- CT brain
  - Minimum: $750 - (Altus, OK)
  - Average: $1,150
  - Maximum: $4,200 - (Ketchikan, AK)
  - UCSF: $3,146

SOURCE: 2020 Chargemaster submissions for California Hospitals

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Choosing Wisely

American College of Radiology

Five Things Physicians and Patients Should Question

1. Don't do imaging for uncomplicated headache.

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.

2. Don't image for suspected pulmonary embolism (PE) without moderate or high pre-test probability.

While deep vein thrombosis (DVT) and PE are relatively common clinically, they are rare in the absence of elevated blood d-Dimer levels and certain specific risk factors. Imaging, particularly computed tomography (CT) pulmonary angiography, is a rapid, accurate and widely available test, but has limited value in patients who are very unlikely, based on serum and clinical criteria, to have significant value. Imaging is helpful to confirm or exclude PE only for such patients, not for patients with low pre-test probability of PE.

3. Avoid admission or preoperative chest x-rays for ambulatory patients with unremarkable history and physical exam.

Performing routine admission or preoperative chest x-rays is not recommended for ambulatory patients without specific reasons suggested by the history and/or physical examination findings. Only 2 percent of such images lead to a change in management. Obtaining a chest radiograph is reasonable if acute cardiopulmonary disease is suspected or there is a history of chronic stable cardiopulmonary disease in a patient older than age 70 who has not had chest radiography within six months.

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Resources

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What are the Barriers to Teaching High Value Care? Consider…

• What are the goals and objectives of teaching these topics?

• What are tools to teach these topics?

• Are there HVC competencies?
HVC Competencies and DEI Exercise

Breakout Room Exercise #1

• Review HVC learner competencies

• Choose a topic/domain and learner level

• Include how would address and apply teaching diversity, equity, inclusion and health disparities

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Break 10 minutes

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Teaching Activities: Demonstration and Exercise #2

- Start with a demonstration!

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Rules

ZSFG

• 4 contestants will bid on each item

• Type in your “price” into the chat

• Bid as close but not over WINS!
CT Head

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CT Head

$2,979


Workshop Dashboard
http://tiny.ucsf.edu/HighValue
MRI Brain

$7,464


Workshop Dashboard
http://tiny.ucsf.edu/HighValue
Femur X-Ray

$513


Workshop Dashboard
http://tiny.ucsf.edu/HighValue
Femur fracture repair

Workshop Dashboard
http://tiny.ucsf.edu/HighValue
Femur fracture repair

$12,415


Workshop Dashboard
http://tiny.ucsf.edu/HighValue
Urine Culture
Urine Culture

$187


Workshop Dashboard
http://tiny.ucsf.edu/HighValue
Daily Rate of Room in Hospital

Workshop Dashboard
http://tiny.ucsf.edu/HighValue
Daily Rate of Room in Hospital

$9,343


Workshop Dashboard
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Breakout Room Exercise #2: Teaching Activities

• Groups of 2-3

• Identify a domain and competency

• Design a teaching activity using teaching methods handout (attached)

• Develop 3 learning objectives

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Break 5 minutes
Exercise #3
“Teachable Moments”

• Individually pick a scenario or chose your own "teachable moment"
• Develop the start of your teaching script
• Hold on to it! Skills Assessment and later

Workshop Dashboard
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Teachable Moments - Example

It is a busy inpatient service with a senior resident, two interns, a medical student and pharmacy student. The team admitted an older man with community-acquired pneumonia. His blood pressure has been elevated (SBP ~160s) and he is asymptomatic. You want to teach about the management of inpatient hypertension, specifically addressing harm associated with use of IV antihypertensives. How do you approach teaching this topic to the team?

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<table>
<thead>
<tr>
<th>Minutes Allotted</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 min</td>
<td>Case Review: Patient admitted with community-acquired pneumonia. Hypertensive in the hospital.</td>
</tr>
</tbody>
</table>
| 4 min            | Get a Commitment  
|                  | “How do you treat hypertension in the hospital?” 
|                  | Probe for supporting evidence 
|                  | Include members of the team and ask for input |
| 5 min            | Learning Points:  
|                  | 1. Asymptomatic hypertension is common (prevalence 50-70%) and is often overtreated despite no clear benefit, potential harm and increased cost  
|                  | 2. Identify and manage contributing factors to hypertension before treatment (pain, withdrawal, home medications held on admission)  
|                  | 3. Do not order PRN antihypertensives (such as hydralazine or labetalol) unless patient is symptomatic |
| 5 min            | Summarize and Debrief  
|                  | Highlight the learning points, use handout or aid if appropriate 
|                  | Compare and contrast to different patient scenarios 
|                  | Ask each member of the team to identify a summary point and/or additional learning issue |

**Topic: Reducing Unnecessary Treatment of Inpatient Hypertension**

**Goals:** The goals of this teaching session on rounds is to identify targets for blood pressure control in the hospitalized patient and the value of targeted cost-effective therapies to treat hypertension in this population

**Learning Objectives:** After this session, participant will be able to:

- Explain the difference between symptomatic and asymptomatic hypertension
- Identify contributing factors to hypertension in the hospital
- Propose a targeted approach to treat hypertension in the hospitalized patient
Exercise #3
“Teachable Moments”

• Individually pick a scenario or chose your own "teachable moment"
• Develop the start of your teaching script
• Hold on to it! Skills Assessment and later

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Lessons Learned

• Share what you learned in the workshop

• What will you do next?

Email us! shannon.fogh@ucsf.edu and stephanie.rennke@ucsf.edu

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Skills Assessment and Evaluation


Important changes, next steps and help

Online skills assessment and evaluation links: http://tiny.ucsf.edu/HighValue

Workshop Dashboard
http://tiny.ucsf.edu/HighValue
Thank You!
Questions?
Shannon.Fogh@ucsf.edu
Stephanie.Rennke@ucsf.edu

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