High Value Care: Students want in too!

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October 5, 2019

Objective

When you leave today you will have the tools to define high value care, explain why we strive for it, and model this care for a learner in a clinical setting

Definition

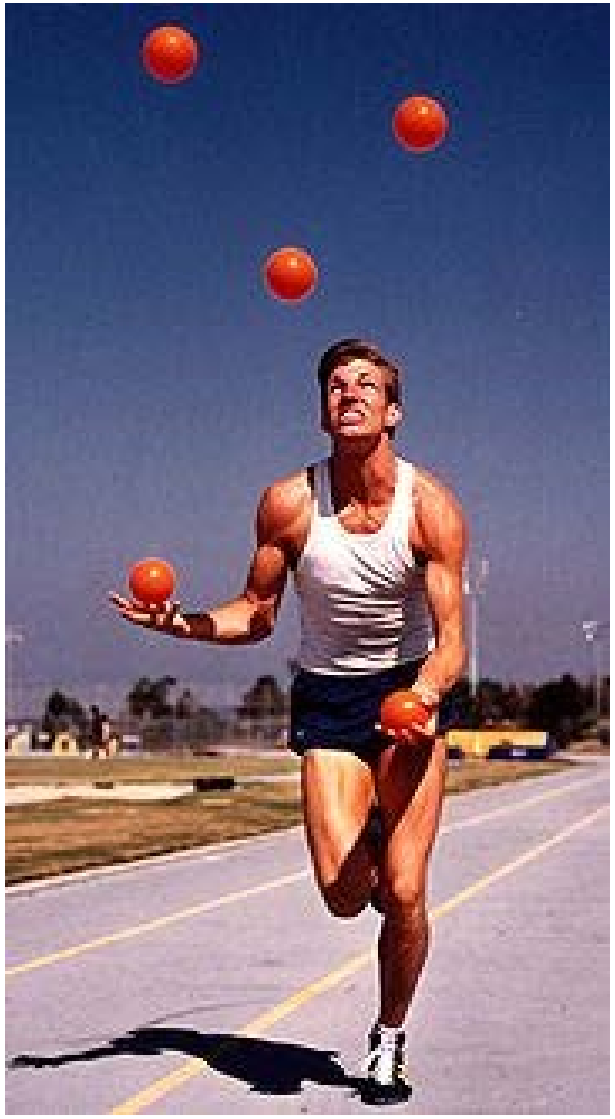
Care that achieves patient oriented outcomes that outweigh the cost.

Key is shared decision making, conversations, connections with patients.

Why does it matter?

You get what you pay for?

Limited resources



Wikipedia: Guinness World Record-holder Owen Morse joggling during a training session at University of California, Irvine, in 1988

Clinical Cases

Shared decision making

Groups of 2-3

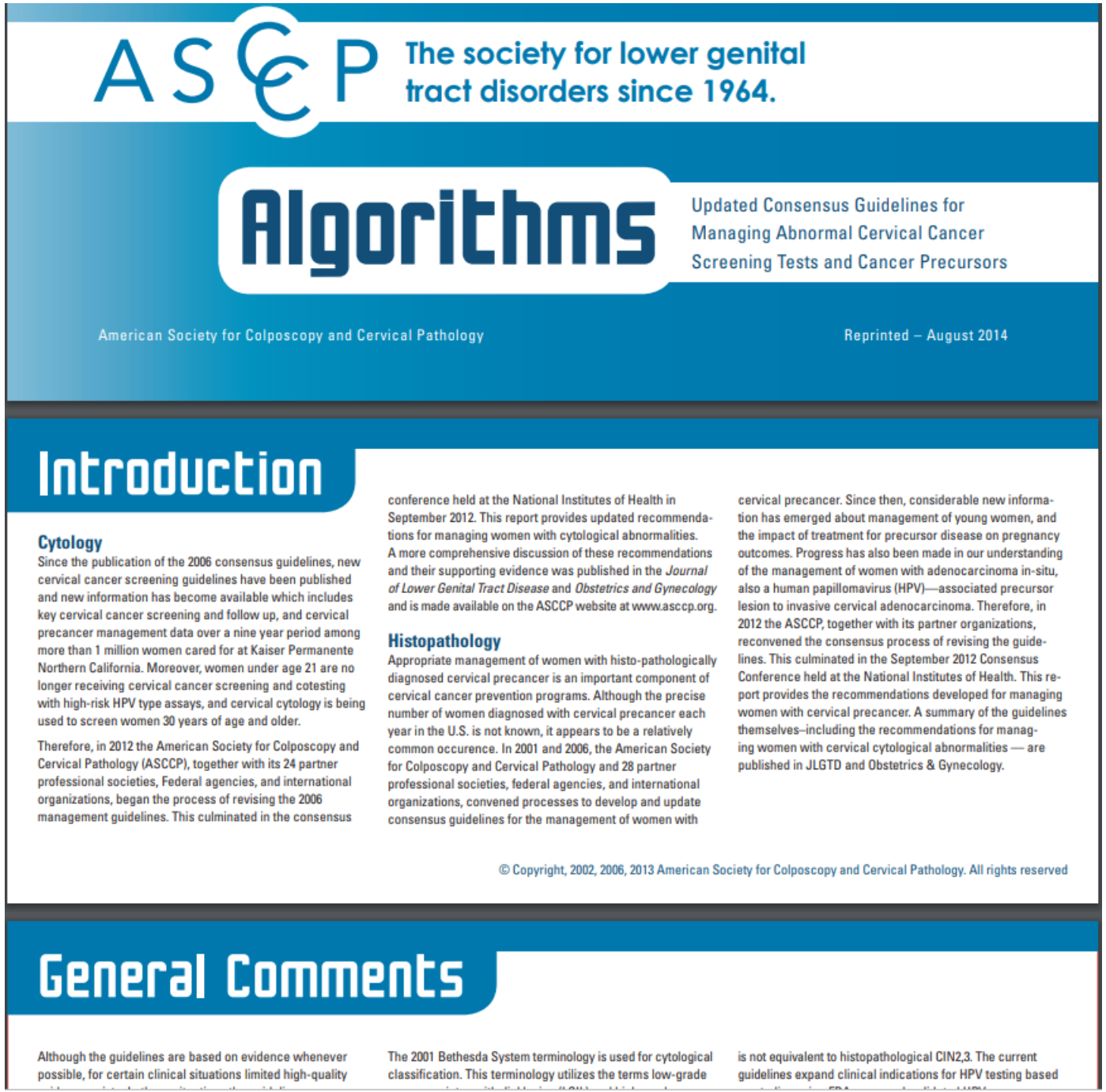
3 min

Yearly pap – 35 yr old woman

Seeing a new PCP. Previous PCP believed in the importance of yearly cervical cancer screening. Patient is requesting a pap smear today although her last one was 1 year ago and normal.

Teaching?

Much of high value care is knowing what is evidence based and what is not



ASCCP The society for lower genital tract disorders since 1964.

Algorithms

Updated Consensus Guidelines for Managing Abnormal Cervical Cancer Screening Tests and Cancer Precursors

American Society for Colposcopy and Cervical Pathology

Reprinted – August 2014

Introduction

Cytology

Since the publication of the 2006 consensus guidelines, new cervical cancer screening guidelines have been published and new information has become available which includes key cervical cancer screening and follow up, and cervical precancer management data over a nine year period among more than 1 million women cared for at Kaiser Permanente Northern California. Moreover, women under age 21 are no longer receiving cervical cancer screening and cotesting with high-risk HPV type assays, and cervical cytology is being used to screen women 30 years of age and older.

Therefore, in 2012 the American Society for Colposcopy and Cervical Pathology (ASCCP), together with its 24 partner professional societies, Federal agencies, and international organizations, began the process of revising the 2006 management guidelines. This culminated in the consensus conference held at the National Institutes of Health in September 2012. This report provides updated recommendations for managing women with cytological abnormalities. A more comprehensive discussion of these recommendations and their supporting evidence was published in the *Journal of Lower Genital Tract Disease* and *Obstetrics and Gynecology* and is made available on the ASCCP website at www.asccp.org.

Histopathology

Appropriate management of women with histo-pathologically diagnosed cervical precancer is an important component of cervical cancer prevention programs. Although the precise number of women diagnosed with cervical precancer each year in the U.S. is not known, it appears to be a relatively common occurence. In 2001 and 2006, the American Society for Colposcopy and Cervical Pathology and 28 partner professional societies, federal agencies, and international organizations, convened processes to develop and update consensus guidelines for the management of women with cervical precancer. Since then, considerable new information has emerged about management of young women, and the impact of treatment for precursor disease on pregnancy outcomes. Progress has also been made in our understanding of the management of women with adenocarcinoma in-situ, also a human papillomavirus (HPV)—associated precursor lesion to invasive cervical adenocarcinoma. Therefore, in 2012 the ASCCP, together with its partner organizations, reconvened the consensus process of revising the guidelines. This culminated in the September 2012 Consensus Conference held at the National Institutes of Health. This report provides the recommendations developed for managing women with cervical precancer. A summary of the guidelines themselves–including the recommendations for managing women with cervical cytological abnormalities — are published in JLGTD and Obstetrics & Gynecology.

General Comments

Although the guidelines are based on evidence whenever possible, for certain clinical situations limited high-quality

The 2001 Bethesda System terminology is used for cytological classification. This terminology utilizes the terms low-grade

is not equivalent to histopathological CIN2,3. The current guidelines expand clinical indications for HPV testing based

Back pain – 63 yr old woman

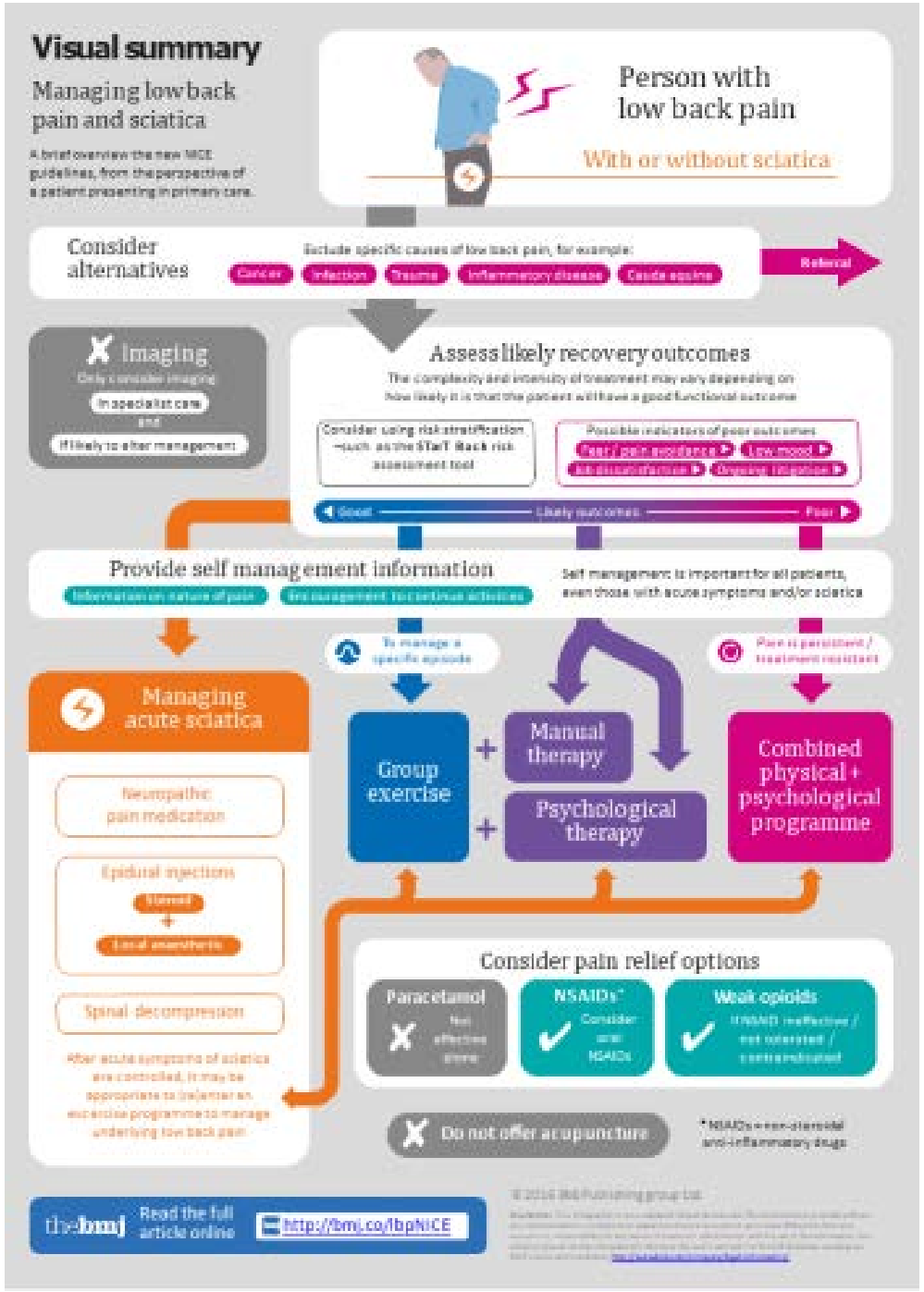
Patient with a 3 year history of chronic back pain with a normal physical exam and nonspecific MRI 2 years ago is requesting a new MRI. She is tired of being in pain and frustrated that it hasn't completely resolved after years of conservative management.

Teaching?

Algorithms

Red Flags

Change your management



Low back pain and sciatica: summary of NICE guidance
BMJ 2017; 356 doi: https://doi.org/10.1136/bmj.i6748

Table. **Questions Physicians Should Ask Themselves Before Ordering Tests**

Did the patient have this test previously?
- If so, what is the indication for repeating it? Is the result of a repeated test likely to be substantively different from the last result?
- If it was done recently elsewhere, can I get the result instead of repeating the test?

Will the test result change my care of the patient?

What are the probability and potential adverse consequences of a false-positive result?

Is the patient in potential danger over the short term if I do not perform this test?

Am I ordering the test primarily because the patient wants it or to reassure the patient?
- If so, have I discussed the above issues with the patient?
- Are there other strategies to reassure the patient?

Laine C. High-Value Testing Begins With a Few Simple Questions. Ann Intern Med. 2012;156:162–163

Mammogram – 45 yr old woman

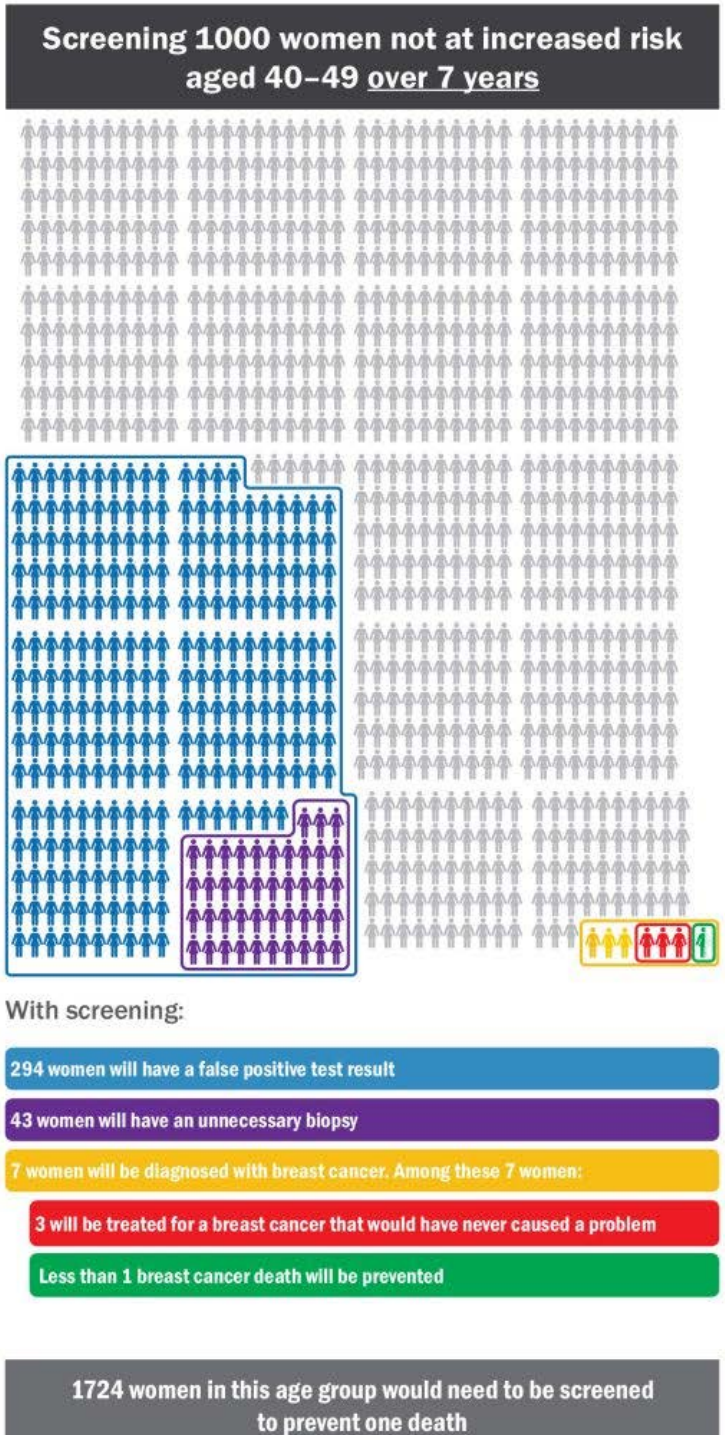
Patient without personal or family history of breast pathology who is requesting a mammogram for screening.

Teaching?

Guidelines conflict – who do you go with?

The gray area is challenging

Use decision aids



Canadian Task Force on Preventative Healthcare

Tools and Tricks – ideas to share

AACE app – DM management algorithm

ACC apps – including lipids, anticoagulation and risk calculators

Repository of patient decision aids: https://decisionaid.ohri.ca/AZlist.html

Opioid converter app

Opioid calc app

Choosing wisely campaign - https://www.choosingwisely.org/

Kidneyfailurerisk.com

5 minute clinical consult – book or app

For more thoughtful listening:https://www.thisamericanlife.org/391/more-is-less/act-two and https://shortcut.thisamericanlife.org/#/clipping/391/309?_k=wgtvk1

Teaching High Value Care

Patient centered care in the midst of a population with limited resources

Modeling shared decision making

HVC shouldn’t be reduced to metrics

Another case

15 min visit

Chronic low back pain – needs oxycodone refills

DM – last A1C 3 months ago was 11.3

HTN – BP today is 156/92 on repeat

Due for flu shot and pneumovax, pt declines

Tobacco use – 1ppd, 40 pack yrs

Teaching?

Think out loud

- Things that are obvious to you are NOT always obvious to a learner

Back to the case

15 min visit

Chronic low back pain – needs oxycodone refills

DM – last A1C 3 months ago was 11.3

HTN – BP today is 156/92 on repeat

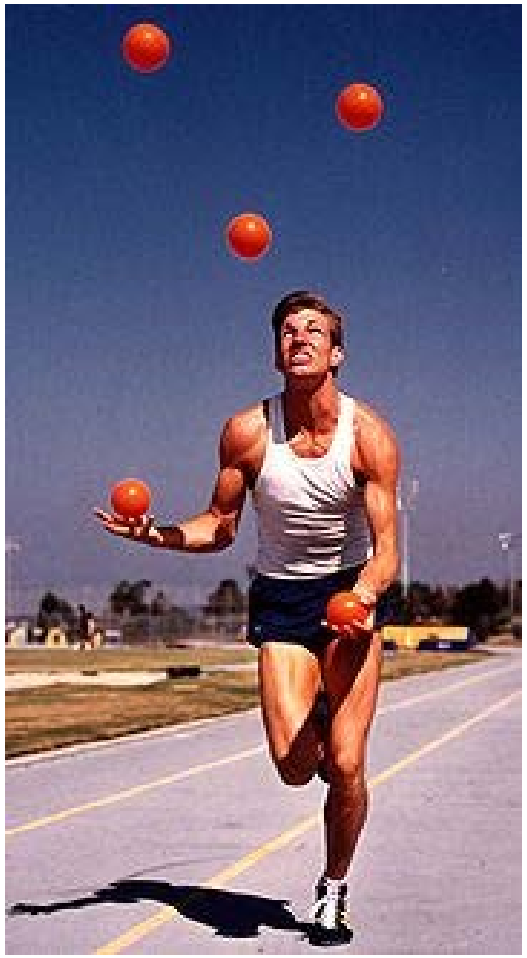
Due for flu shot and pneumovax, pt declines

Tobacco use – 1ppd, 40 pack yrs

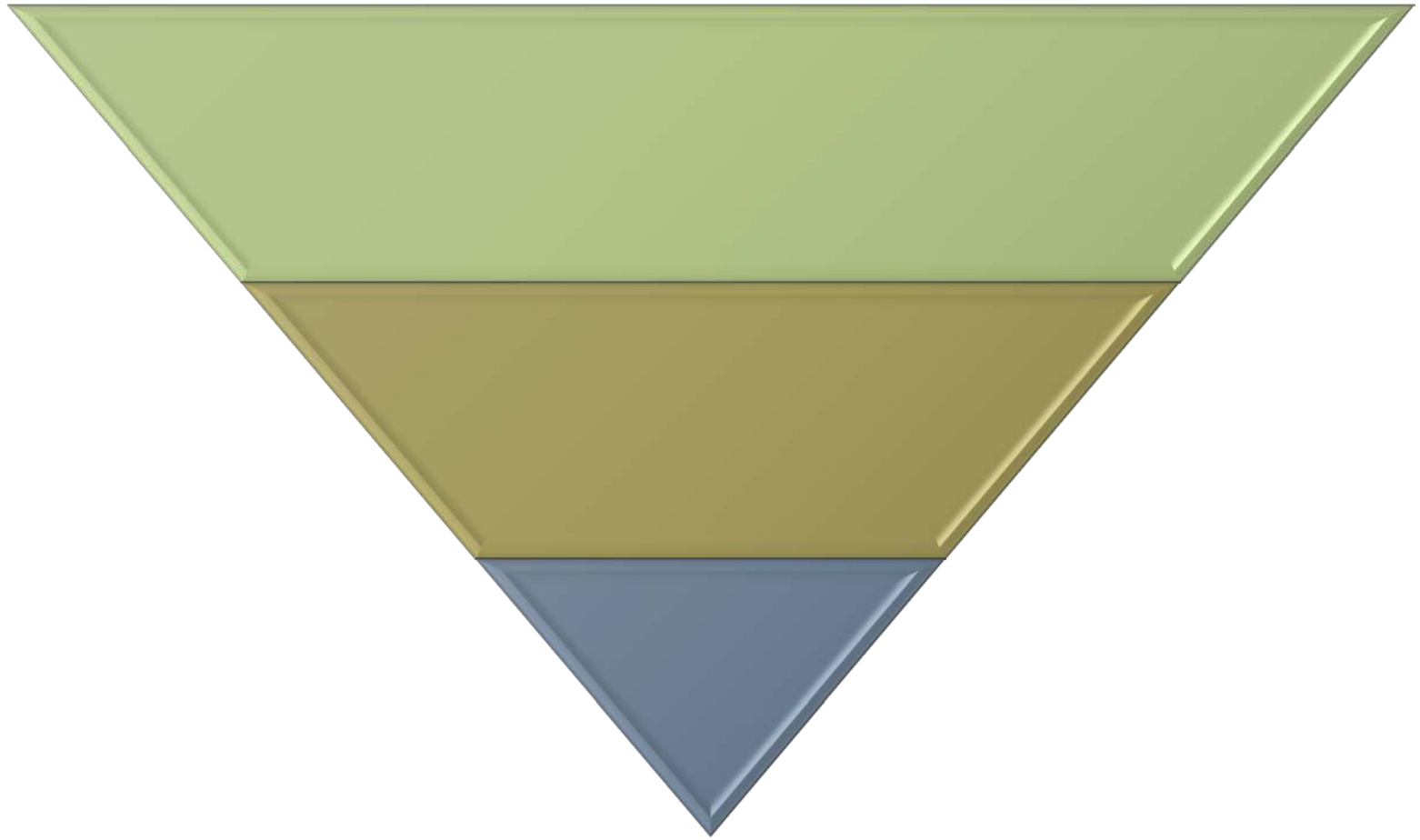
Unstable housing, partner who recently died in hospice care

How do we balance the burden of treatment?

Who gets to determine the value? Patients?



How High?



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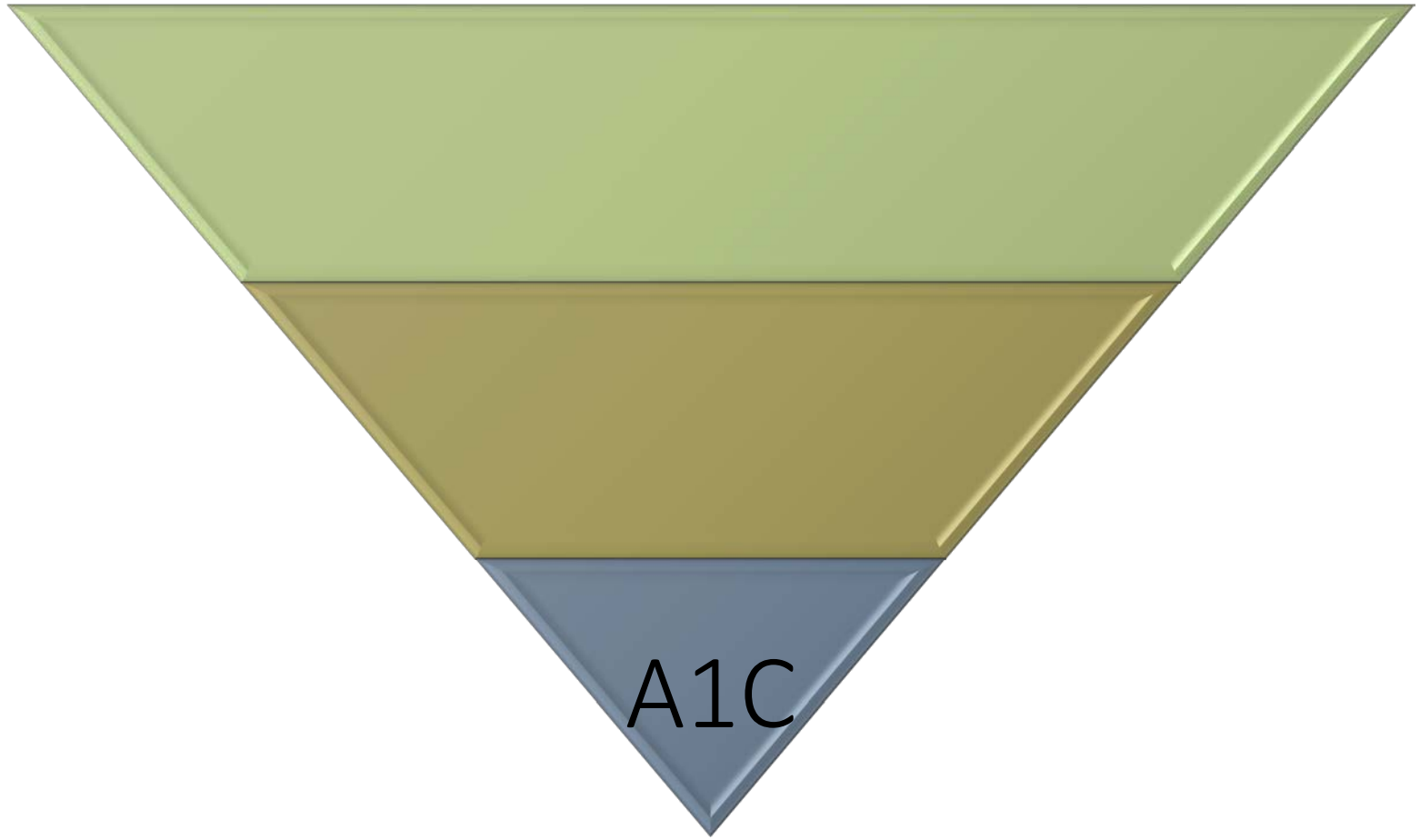

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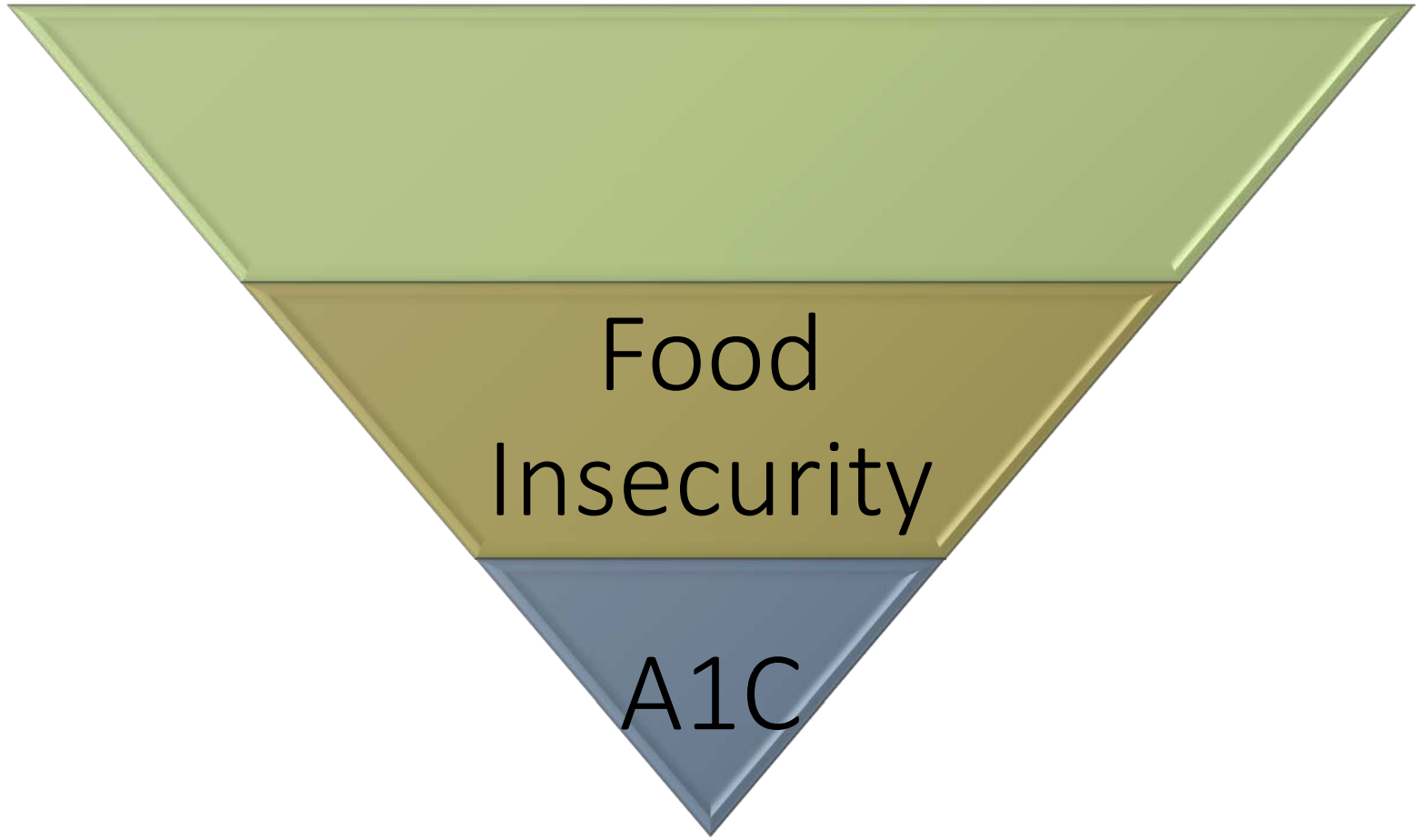

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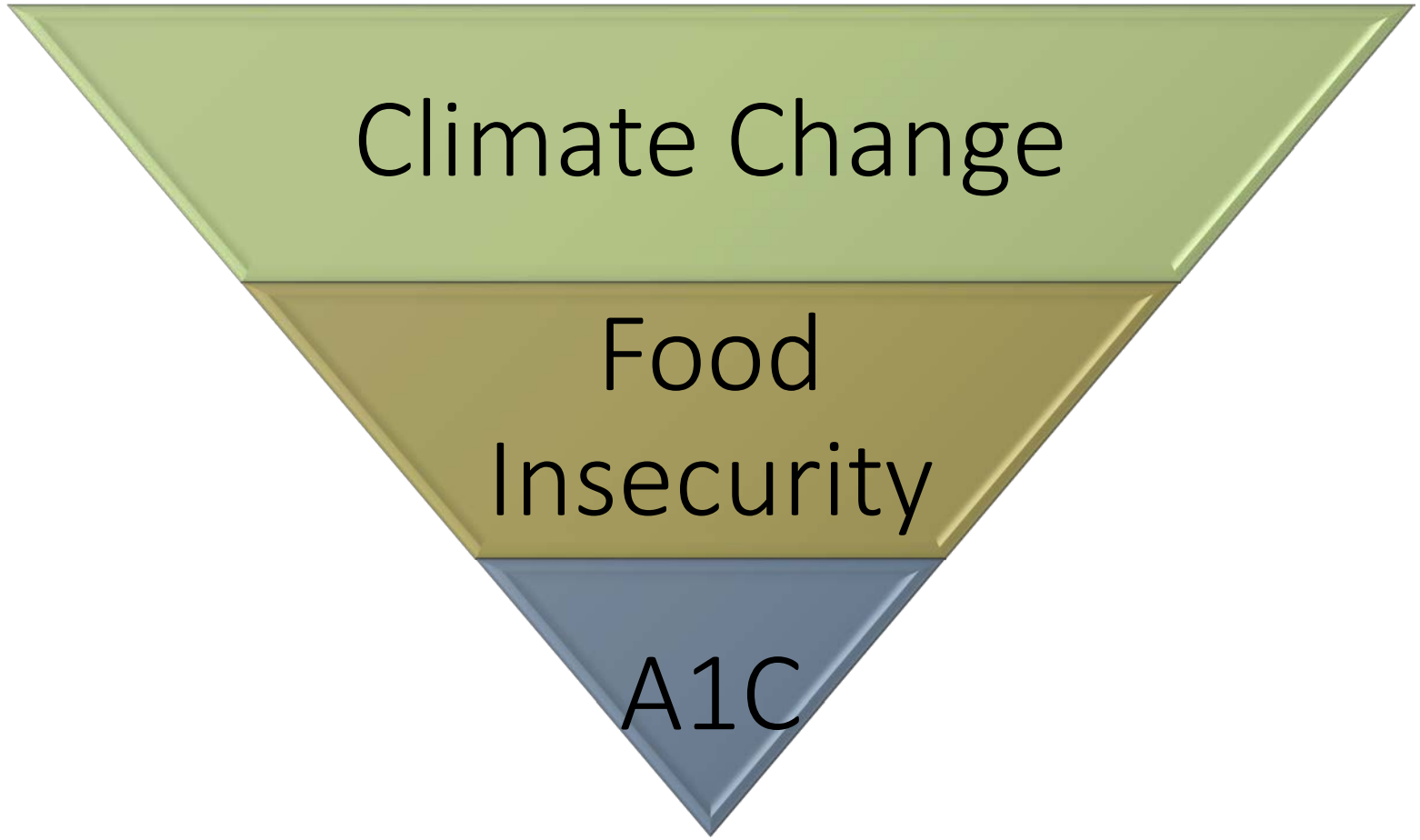

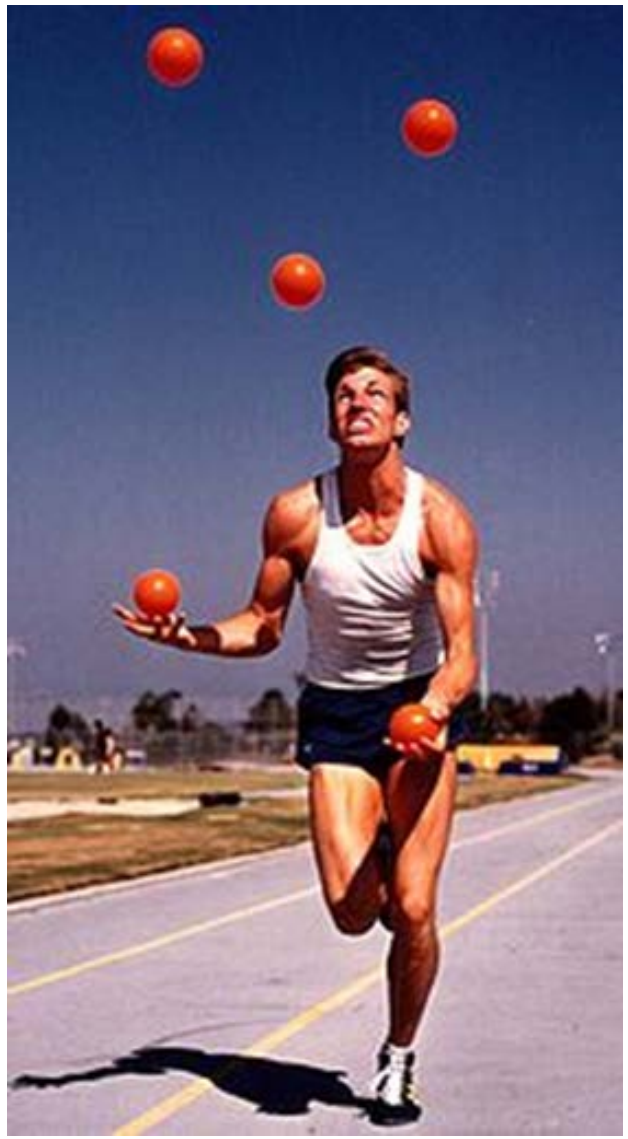

HVC on a larger scale

https://synapse.ucsf.edu/articles/2019/09/30/solidarity-global-youth-climate-strike-medical-students-take-action Photo by Bradley Heinz

Conclusion

Model shared decision making

Think out loud

Aim high

Let a learner be your inspiration

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