



**Network for
Regional Healthcare
Improvement**

Colorado PTN: In Person Learning Lab

Presenters:

Maine Quality Counts:

Lisa Tuttle

Kim Gardner

Kellie Slate-Vitcavage

CO PTN:

Kathy Reims

TCPi | Transforming Clinical
Practice Initiative

March 7, 2018

Welcome & Introductions

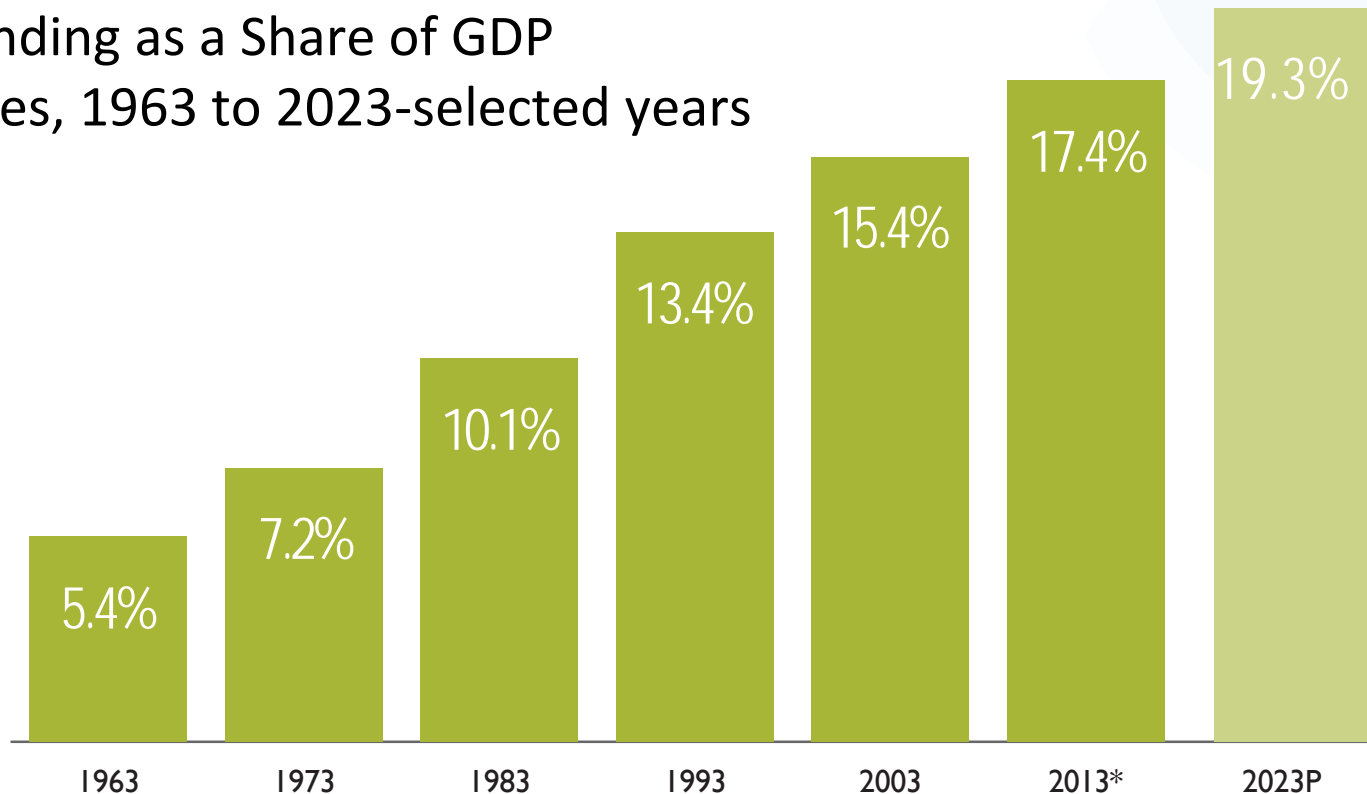
1. Review Objectives
2. Reflection – most challenging case
3. Introductions:
 1. Name
 2. Organization
 3. What to you most want to leave with?

Transforming Clinical Practice Goals

- 1** Support more than 140,000 clinicians in their practice transformation work
- 2** Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients
- 3** Reduce unnecessary hospitalizations for 5 million patients
- 4** Generate \$1 to \$4 billion in savings to the federal government and commercial payers
- 5** Sustain efficient care delivery by reducing unnecessary testing and procedures
- 6** Transition 75% of practices completing the program to participate in Alternative Payment Models
- 7** Build the evidence base on practice transformation so that effective solutions can be scaled

We have a problem

Health Spending as a Share of GDP
United States, 1963 to 2023-selected years



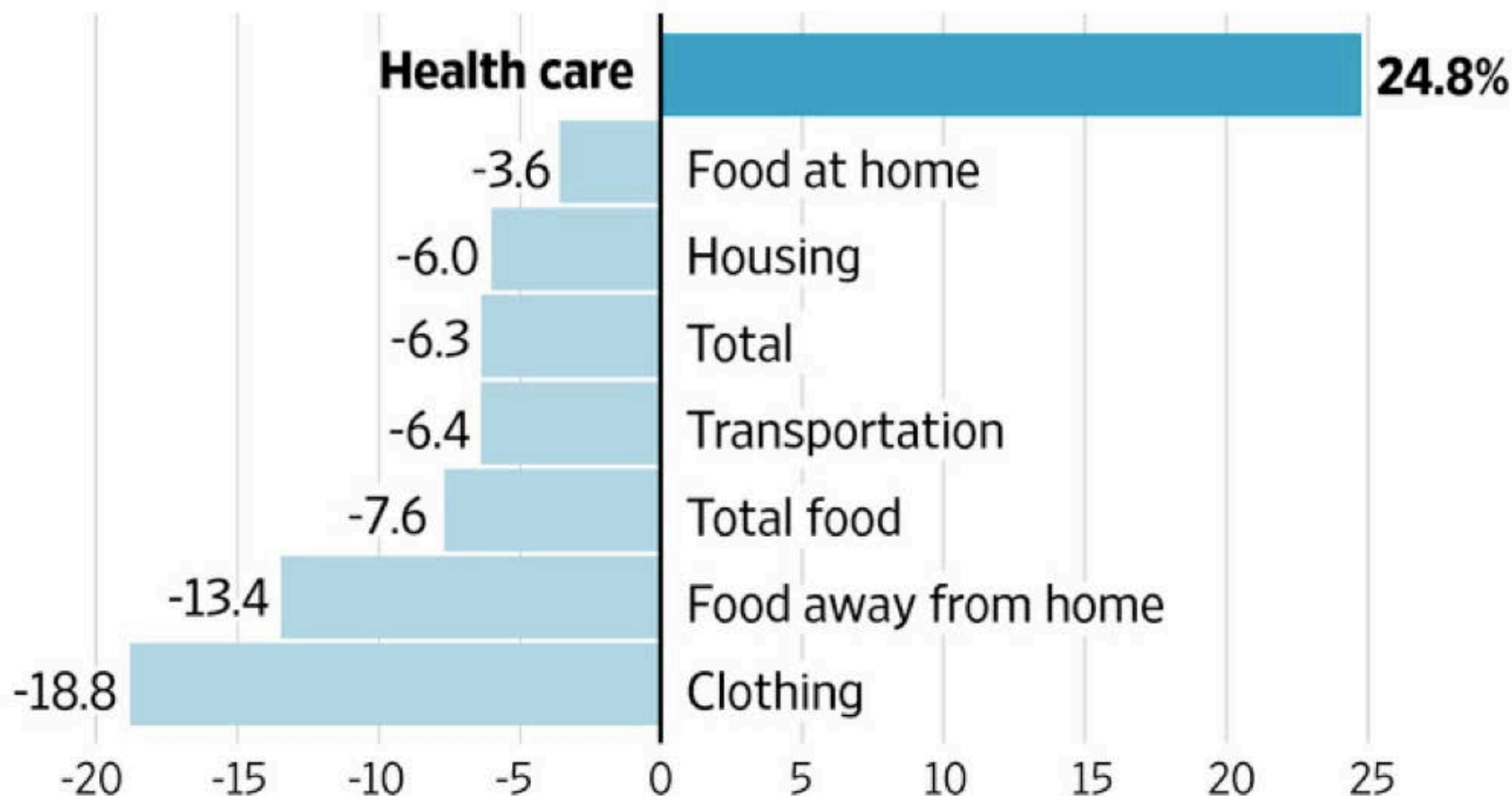
*2013 figure reflects a 3.1% increase in gross domestic product (GDP) and a 3.6% increase in national health spending over the prior year. See page 27 for a comparison of economic growth and health spending growth.

Notes: *Health spending* refers to national health expenditures. Projections shown as P.

Source: "National Health Expenditure Data," Centers for Medicare & Medicaid Services (CMS), 2014 (historical) and 2015 (projections), www.cms.gov.

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Percent change in middle-income households' spending on basic needs (2007-2014)

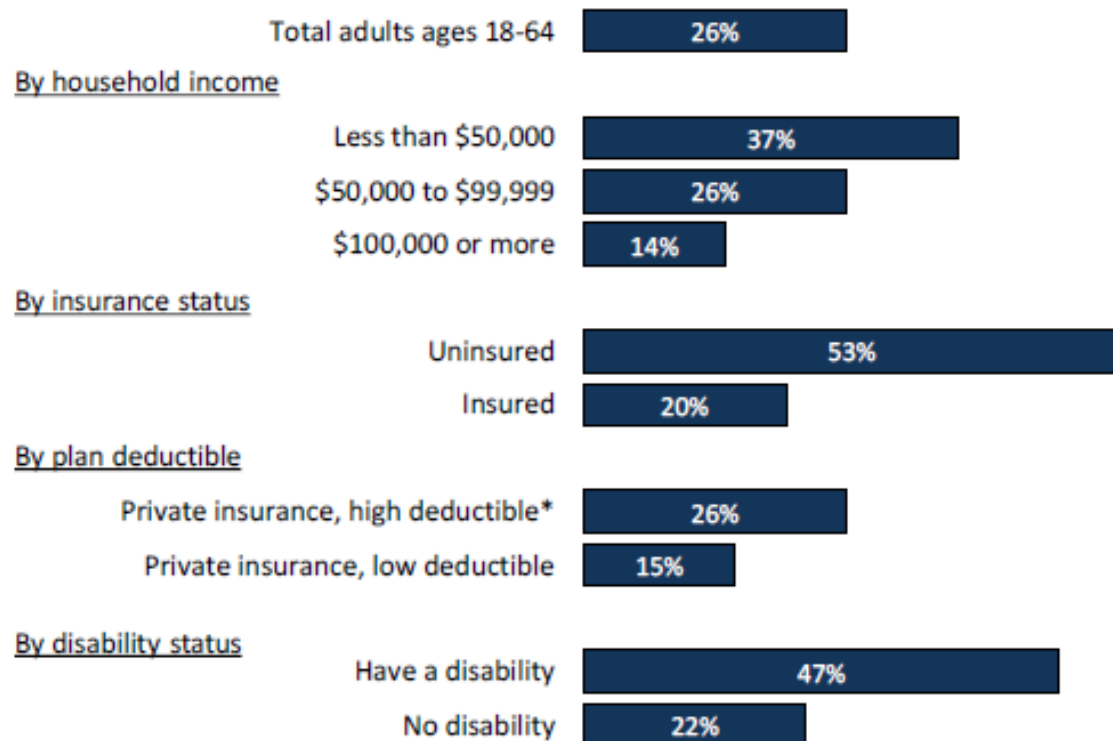


Source: Brookings Institution, Wall Street Journal

Figure 1

Shares Reporting Problems Paying Medical Bills In Past Year

Percent who say they or someone in their household had problems paying medical bills in the past 12 months:



*High deductibles defined as \$1,500 and above for an individual or \$3,000 and above for a family.

SOURCE: Kaiser Family Foundation/New York Times Medical Bills Survey (conducted August 28-September 28, 2015)

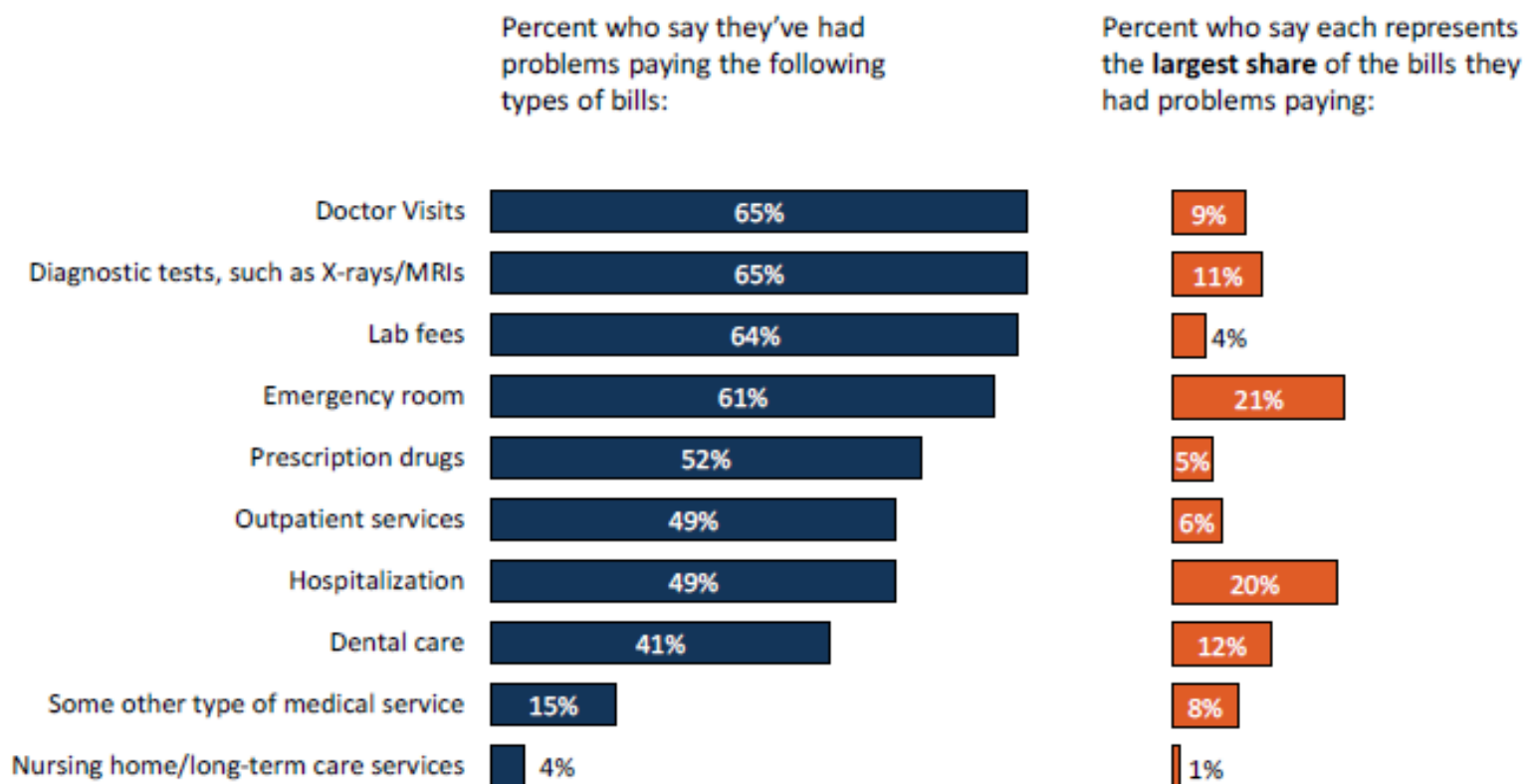


<https://www.kff.org/health-costs/report/the-burden-of-medical-debt-results-from-the-kaiser-family-foundationnew-york-times-medical-bills-survey/>

Figure 4

Doctor Visits, Tests, Lab Fees Are Most Common Source Of Bills, But Hospital And ER Make Up Largest Dollar Amount

AMONG THOSE WHO HAD PROBLEMS PAYING HOUSEHOLD MEDICAL BILLS IN THE PAST 12 MONTHS:

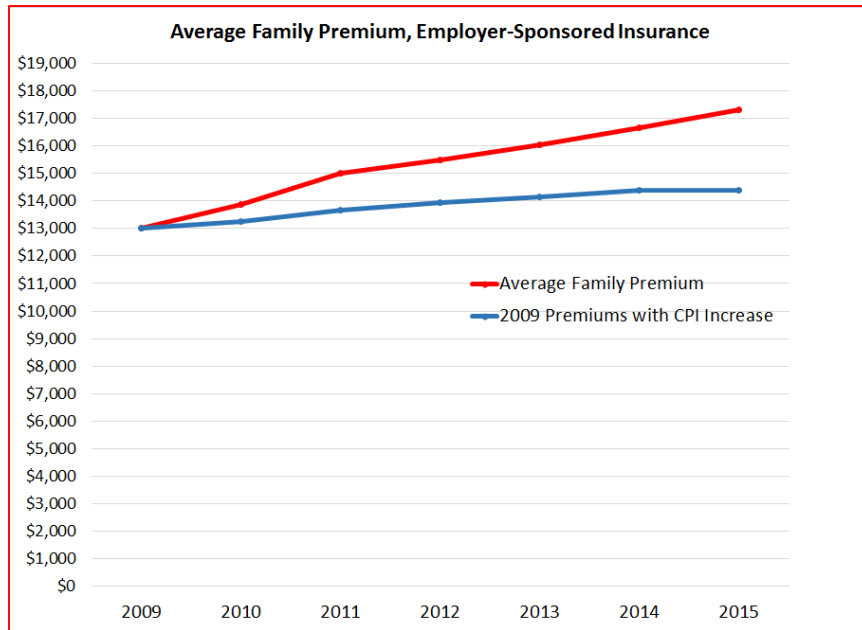


SOURCE: Kaiser Family Foundation/New York Times Medical Bills Survey (conducted August 28-September 28, 2015)

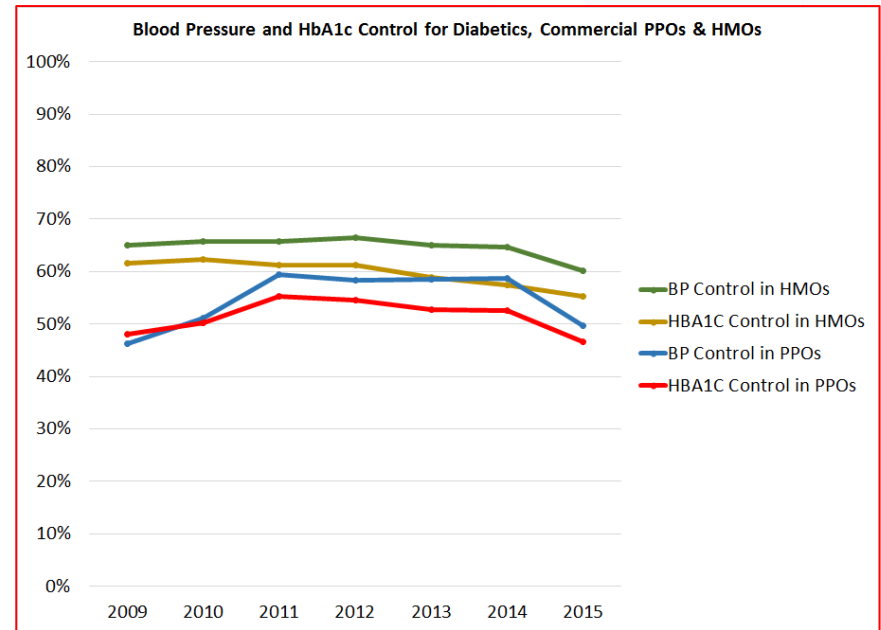


<https://www.kff.org/health-costs/report/the-burden-of-medical-debt-results-from-the-kaiser-family-foundationnew-york-times-medical-bills-survey/>

“Value” is *Lower* Today Than 6 Years Ago



Higher Cost



Poor Quality

Cost and Waste – the bottom line

Health care spending in the United States is widely deemed to be growing at an unsustainable rate, and policy makers increasingly seek ways to slow that growth or reduce spending overall. A key target is eliminating waste--spending that could be eliminated without harming consumers or reducing the quality of care that people receive and that, according to some estimates, may constitute one-third to nearly one-half of all US health spending (\$765B annually)



Conversation Starters for Cost and Utilization

Kathy Reims, MD

Feb 27, 2018

3 Step Approach

1. Engage
2. Explore
3. Guide



**Conversations will not
be constructive without
ENGAGEMENT.**

Engagement is Dynamic



Disengagement happens.....

Engagement



Not Engaged

Discord

You have overstepped

They are in a mood

They have other
priorities

You are moving too fast

Not Interested

Not my job

Don't have time

I already do that!

Discord: Challenge with Rapport

You Will Observe:

Defensiveness
Squaring off
Interrupting
Inattentiveness



Strategies:

Listen to understand
Apologize if appropriate
Affirm a strength
Shift the focus

Disinterest: Doesn't want to discuss!

You might hear:

"I provide the best care and let the bean counters worry about the money!"

"I have enough on my plate without worrying about the cost."

"I already do all of that Choosing Wisely stuff!"

Strategies:

Affirm the desire to provide the best care. Do you think it is possible to provide great care and eliminate waste in the system?

Acknowledge the concern about time. If you could make a change, what might that look like?

Affirm the work to date. Do they have any other ideas about how to make care cost effective without impacting quality?

EXPLORE

Ask Evocative Questions

- What are your thoughts about health care costs in your practice?
- Are you worried at all about duplication or waste in your work?
- Are you concerned that patients think more care is always better care?
- What ideas do you have about cost and utilization programs such as Choosing Wisely?
- Do patients have concerns about the cost of x?
- What difference will it make for your practice or your patients if you eliminated certain tests?

Explore the “why”

- Why did you choose x?
- Could you share an example?
- If you did x, how would things be better?
- Why is doing less of x important to you?



GUIDE

- How do you think you could change the way x happens?
- Would you like to know what others have thought about in similar situations?
- I have some ideas and I'll bet you do too. Can you help me understand how you are thinking about this?



Cost of Care Conversations = Patient Centered Care

Think about
cost of care
conversations
as part of what
you are already
doing

Shared Decision Making

Treatment and cost decisions
together

Better Health Decisions

Medical care better aligns with
patients' preferences, values, as
well as their financial well-being

Let's Try It!

1. Engage
2. Explore
3. Guide

Case Study Role Play

Actors:

- Case study character
- Practice Facilitator (PF)
- Observers

Role play the scenario.

Case study character: try to respond naturally.

PF: ask for life lines as needed!

Observers:

- What did the PF do that facilitated the engagement or conversation?
- What one thing might they consider next time?
- End with a positive comment

Case Study Debrief

- What did you hear that worked well?
- What new idea will you take with you?



What are Sources of Waste?

TCMHS Data Slides

- Global and Specific Aim Statements
- Fish Bone
- Scheduling
- Supply & Demand
- Referral (*internal, external, walk-ins, etc*)
- Appointments (*cancelled, no show, etc.*)
- Walk-ins

Purpose

Global AIM: Provide high quality service to clients when then need it!

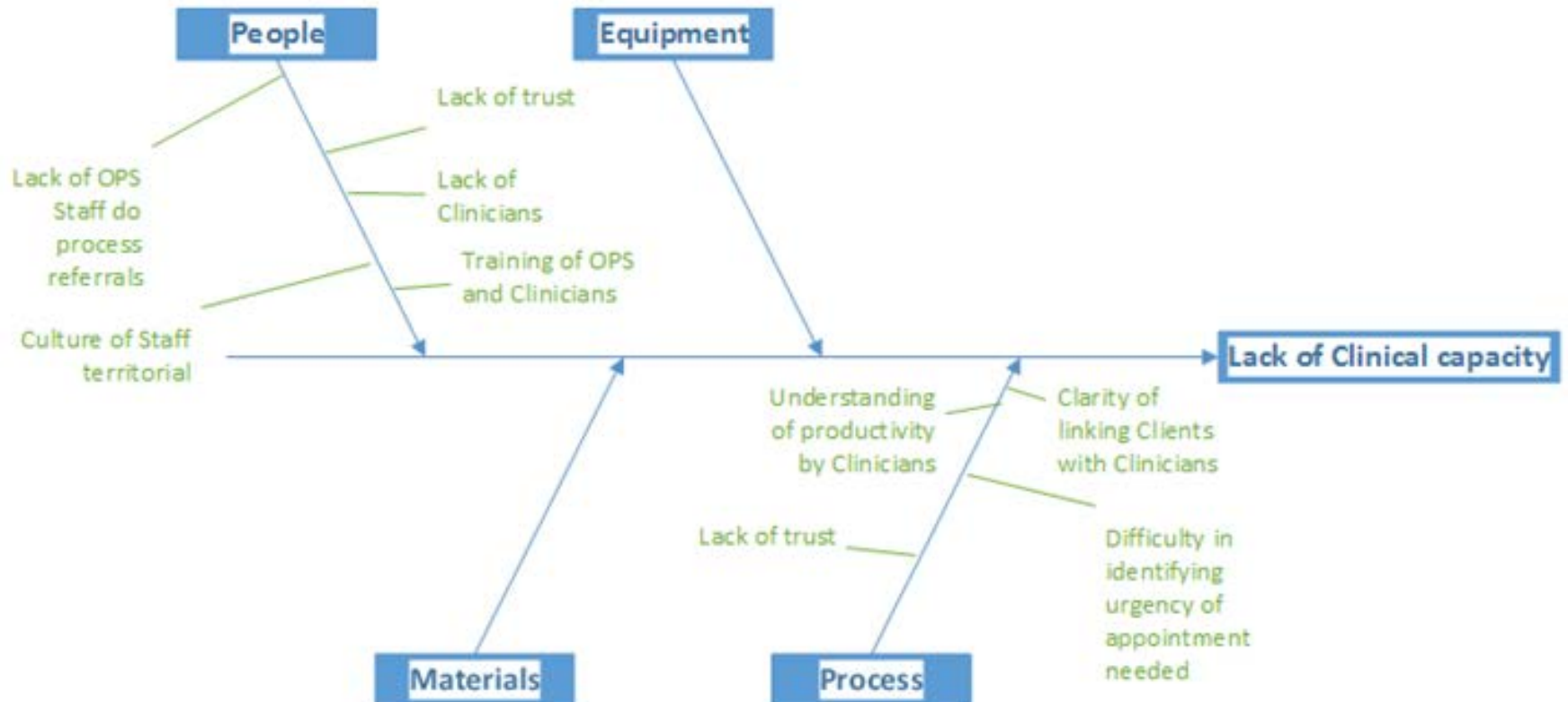
Specific AIM: Reduce our waitlist for outpatient services by 50% by September 1, 2017.



Total waitlist at the start of the effort was approximately 70 individuals mostly in need of adult or children's services.

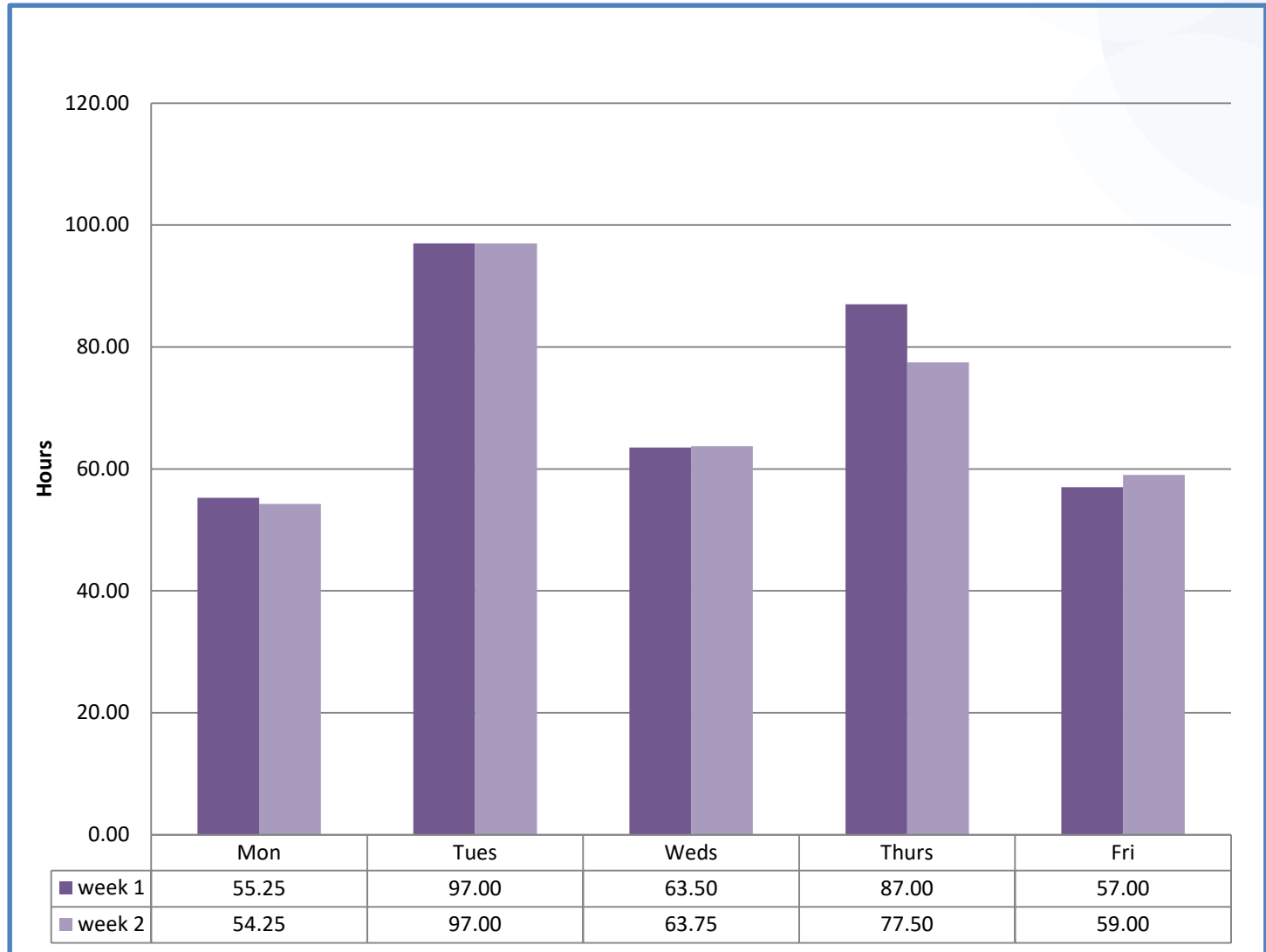
TCMHS Cause and Effect Diagram

June 23, 2017

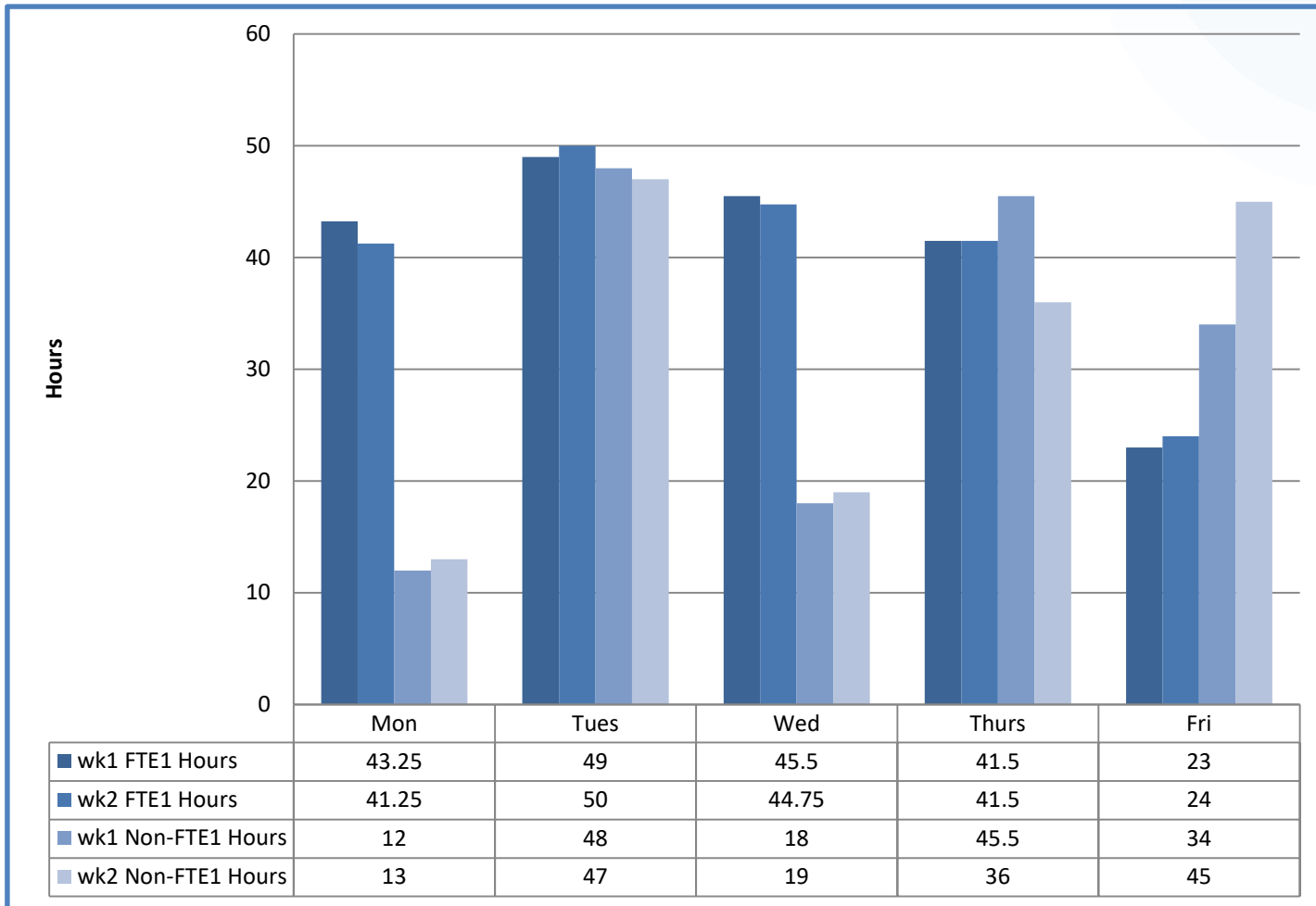


Schedules By Hour & Day

Daily Distribution of Clinician Hours



Daily Distribution of Clinician Hours by FTE Status



Supply and Demand Data

Total FTE	9.07
Average Case Load	35.00
Average Visits per 90 days	9.00
Maximum Appts per week/FTE	32.00
Medium Appts per week/FTE	28.00
Minimum Appts per week/FTE	24.00
Work Days per 90 days	65.00
Work Days per 90 days (87%)	56.55

Total Case Load = [AVERAGE CASE LOAD X TOTAL FPE]
 Appointments per Day = [APPOINTMENTS PER WEEK X TOTAL FTE]

Workdays in 90 Days = [DAYS AVAILABLE IN 90 DAYS X 87.5% to account for PTO/sick time]

Total Case Load	X	Visits per Cx in 90 Days	=	DEMAND
317.45		9.00		2857.1

Appts per day	X	Work Days in 90 Days	=	SUPPLY
32 hrs/wk 58.05		56.55		3282.6
28 hrs/wk 50.79				2872.3
24 hrs/wk 43.54				2462.0

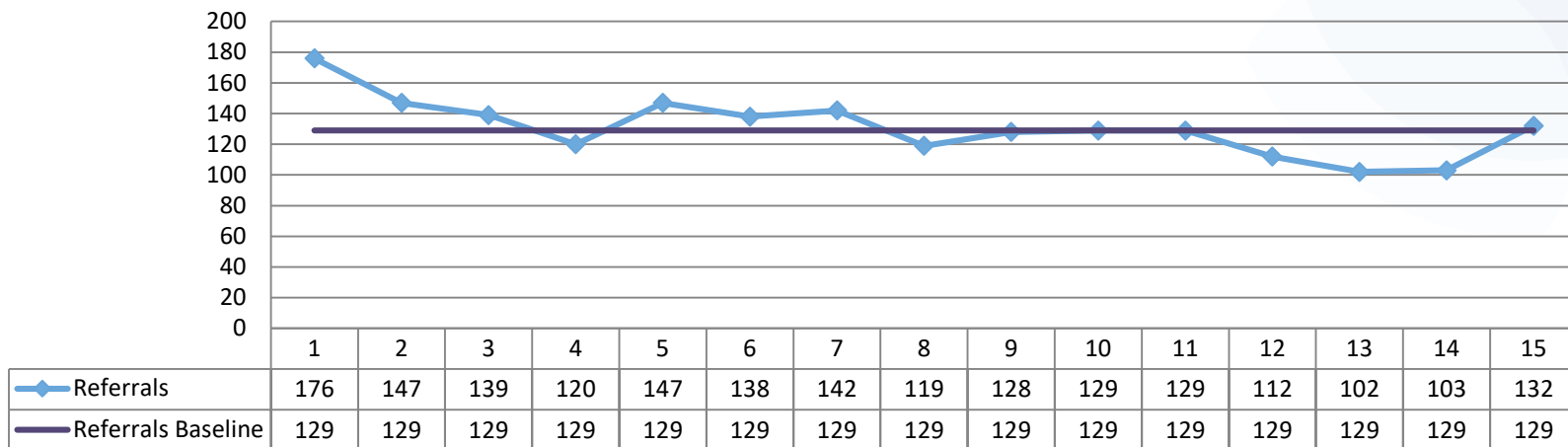
Period	Dates	Appts
1	1/2 - 1/13	375.00
2	1/16 - 2/27	335.00
3	1/30 - 2/10	315.00
4	2/13 - 2/24	261.00
5	2/27 - 3/10	399.00
6	3/13 - 3/24	381.00
7	3/27 - 4/7	364.00
8	4/10 - 4/21	399.00
9	4/24 - 5/5	450.00
10	5/8 - 5/19	450.00
11	5/22 - 6/2	393.00
12	6/5 - 6/16	437.00
13	6/19 - 6/30	415.00
14	7/3 - 7/14	354.00

two week avg 380.57
 weekly avg 190.29

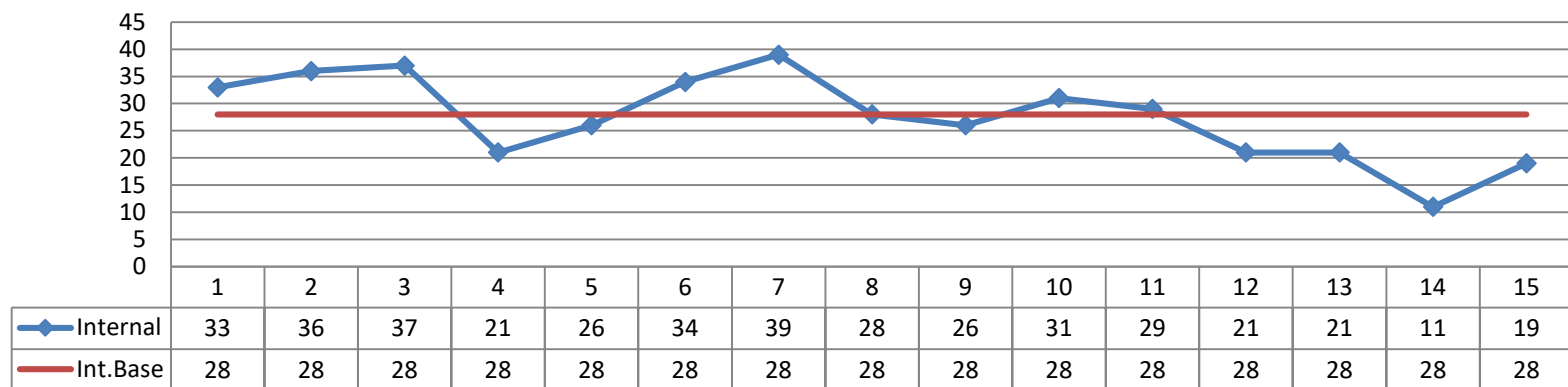
12 week period appointments =	Actual Avg. 2283.4
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Referrals

Referrals

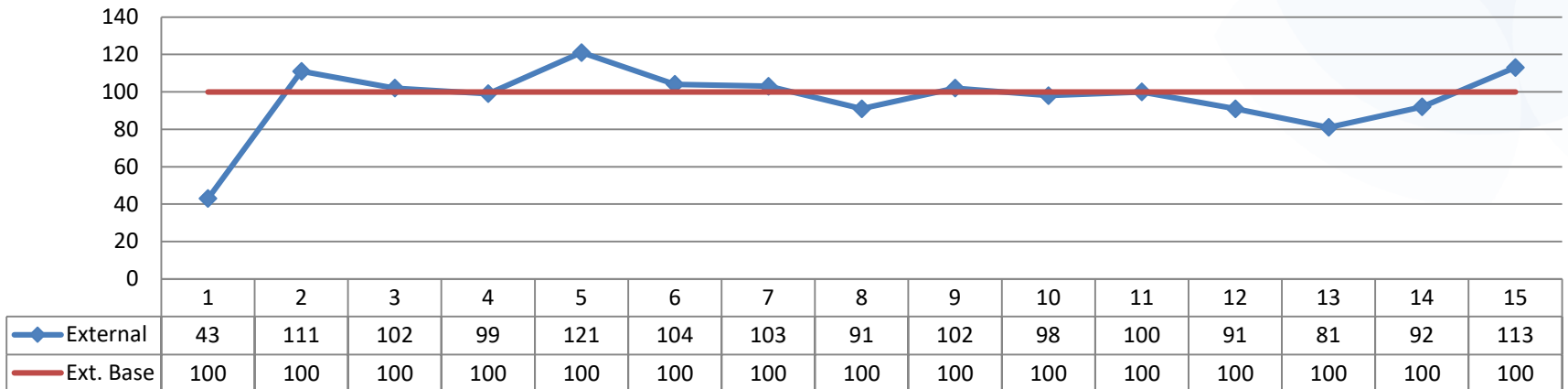


Internal Referrals

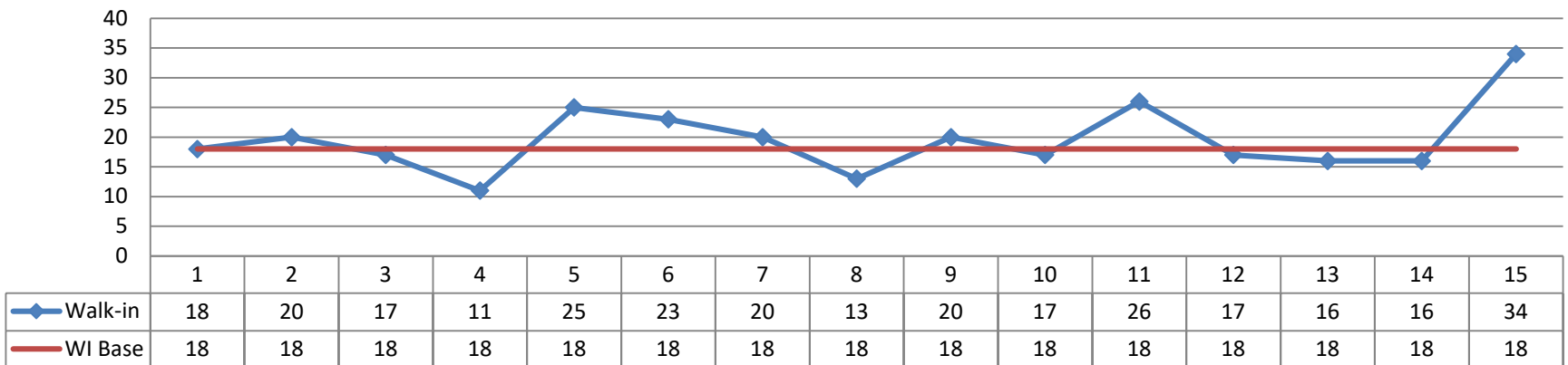


Referrals

External Referrals

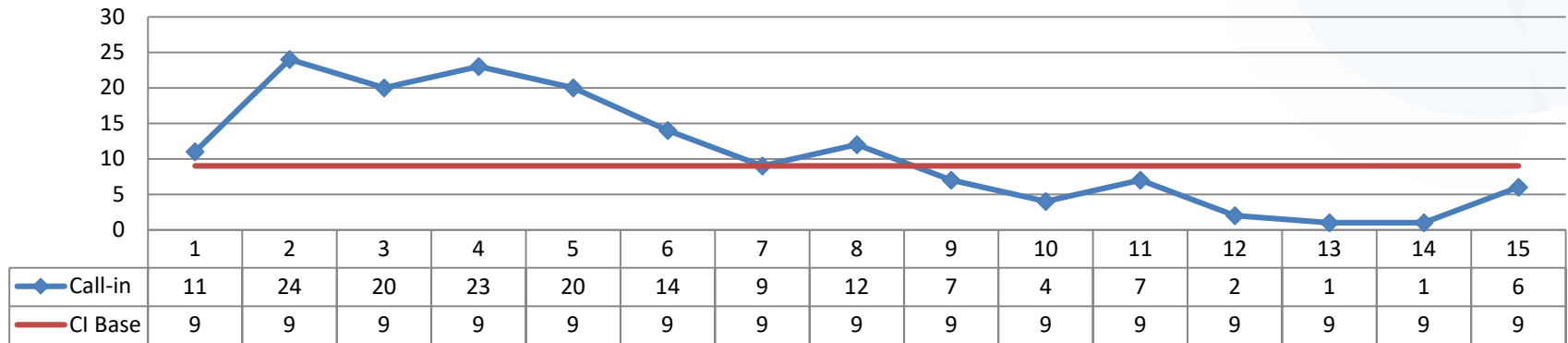


Walk In Referrals

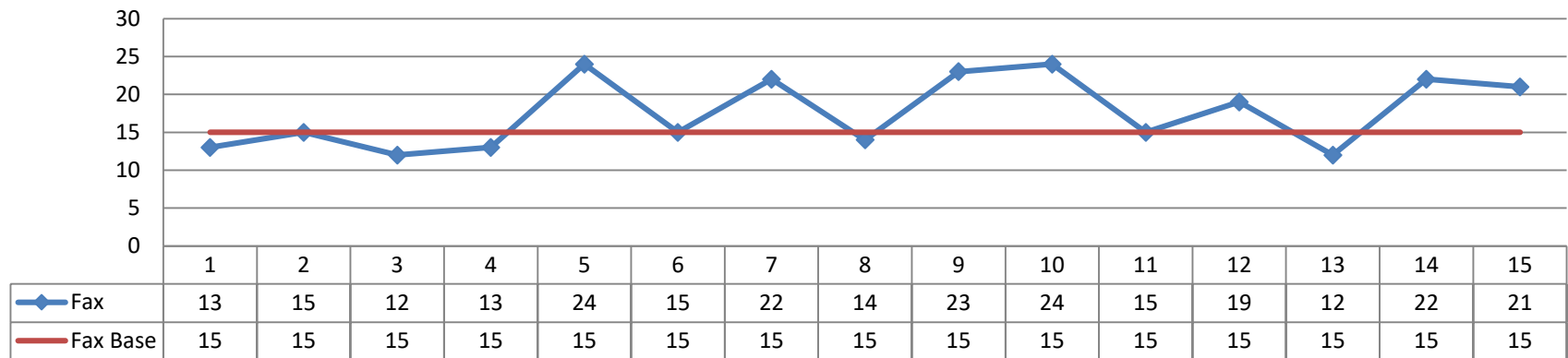


Referrals

Call-In Referrals

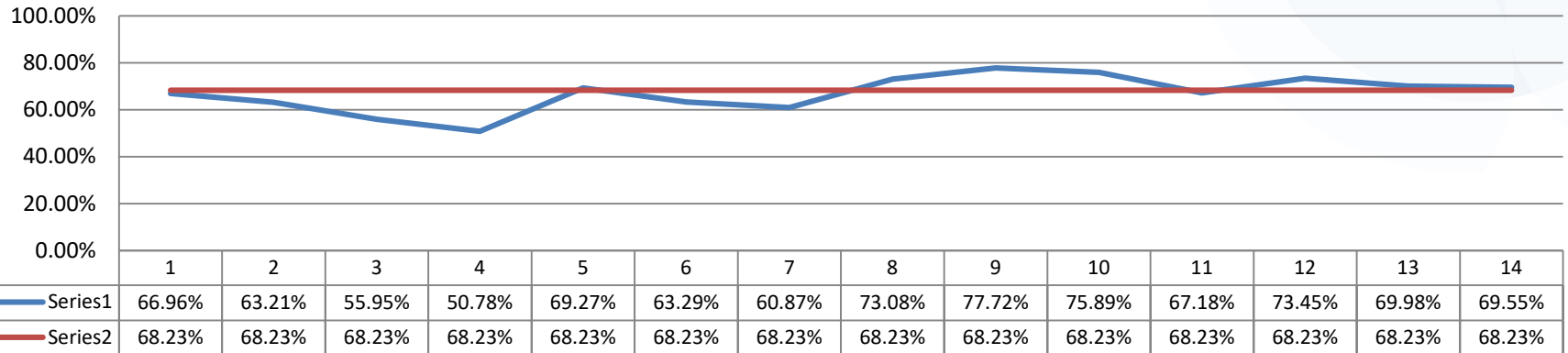


Fax Referrals

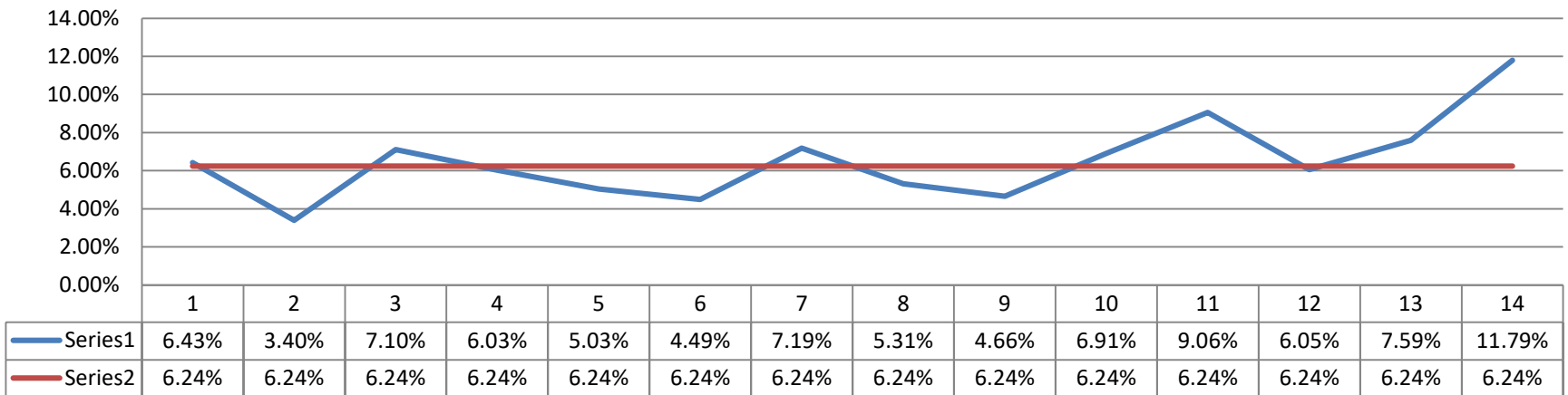


Appointments - Scheduled

Scheduled (kept) appointments

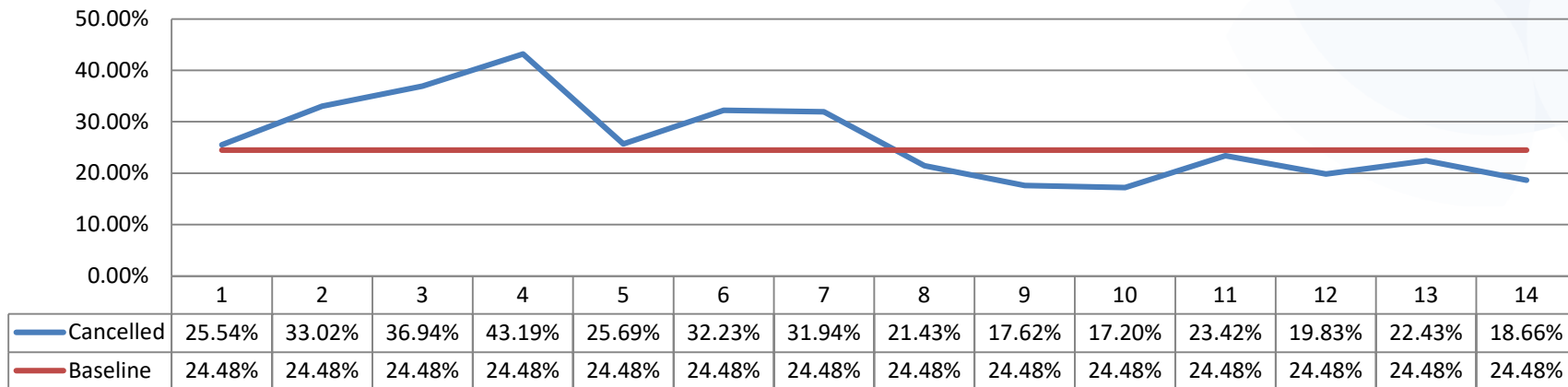


No Show

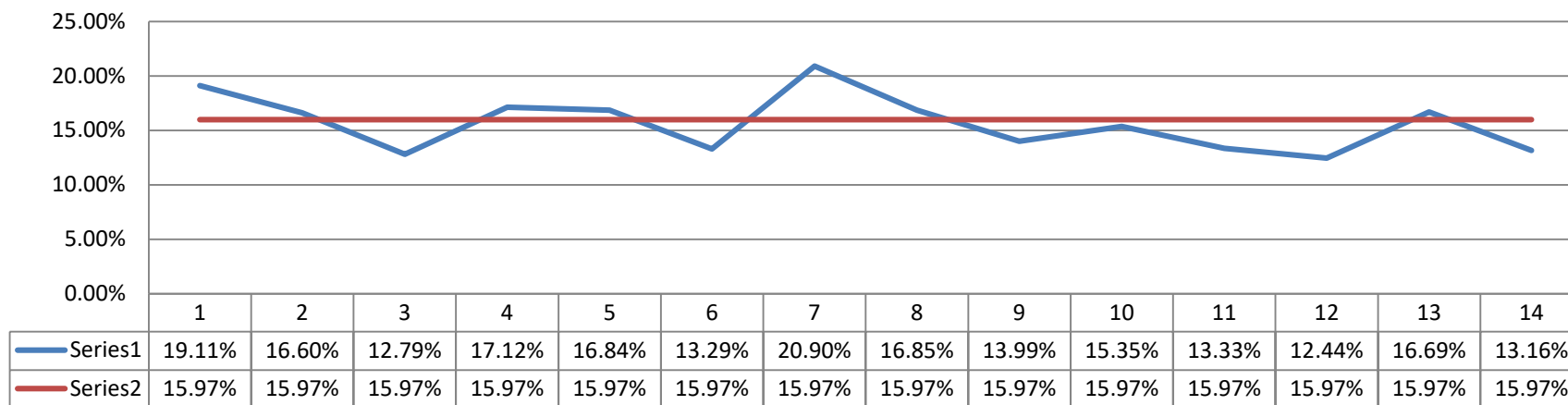


Appointments - Cancelled

Cancelled

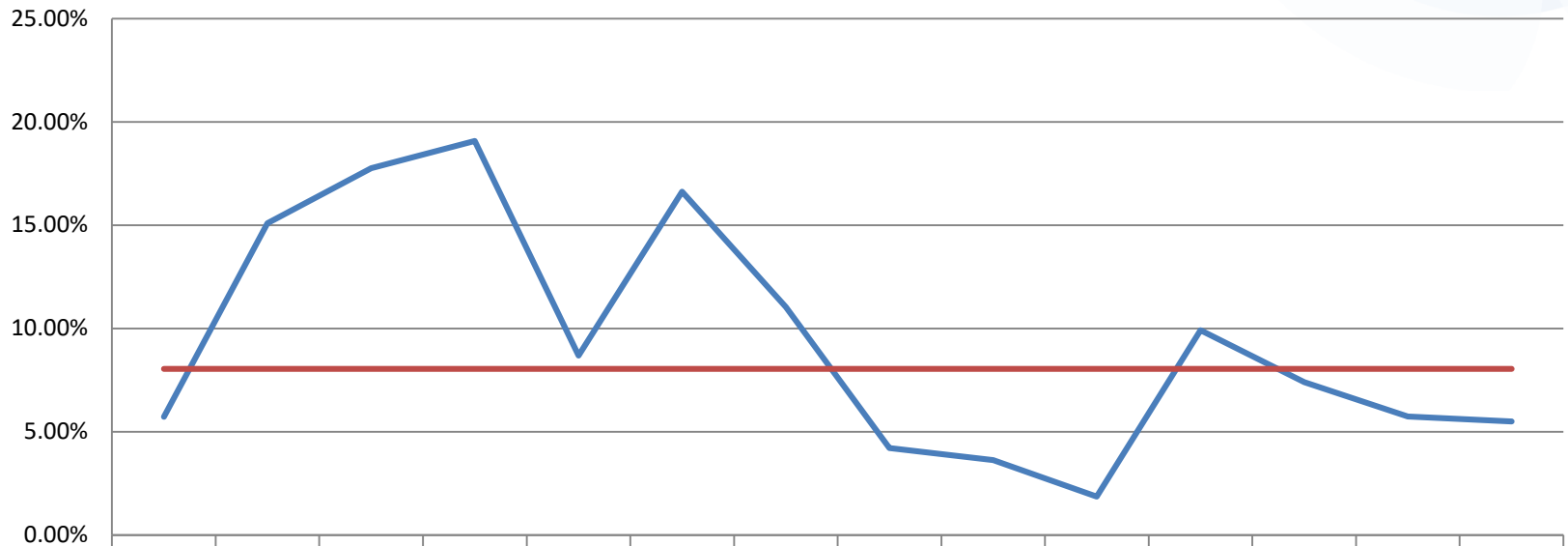


Cancelled by Client



Appointments – Cancelled

Cancelled by Staff



	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Series1	5.71%	15.09%	17.76%	19.07%	8.68%	16.61%	11.04%	4.21%	3.63%	1.85%	9.91%	7.39%	5.73%	5.50%
Series2	8.04%	8.04%	8.04%	8.04%	8.04%	8.04%	8.04%	8.04%	8.04%	8.04%	8.04%	8.04%	8.04%	8.04%

Tracker for Client demand

Monday									
Hour they came in	AOP	CHOP	Other Services	Cx CAN be seen today	Cx CANNOT be seen today	Cx was SEEN today	Cx was NOT ABLE TO SCHEDULE	SCHEDULED For later	Placed on WAITLIST

Tuesday									
Hour they came in	AOP	CHOP	Other Services	Cx CAN be seen today	Cx CANNOT be seen today	Cx was SEEN today	Cx was NOT ABLE TO SCHEDULE	SCHEDULED For later	Placed on WAITLIST

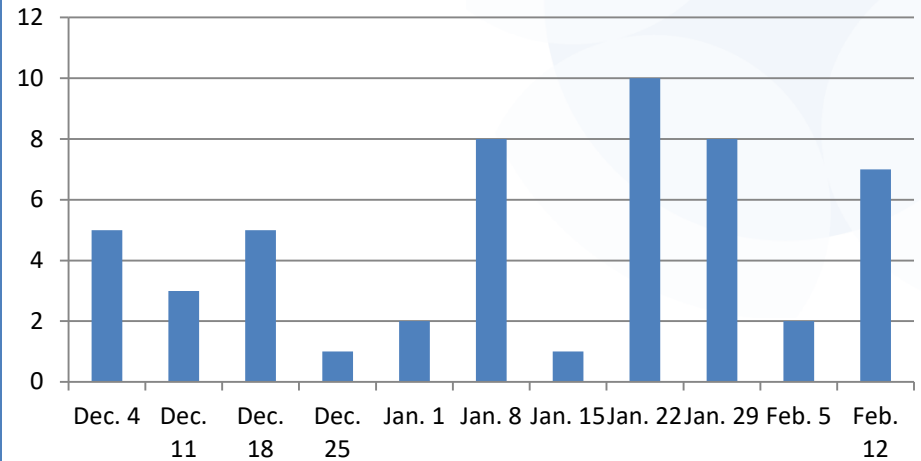
Wednesday									
Hour they came in	AOP	CHOP	Other Services	Cx CAN be seen today	Cx CANNOT be seen today	Cx was SEEN today	Cx was NOT ABLE TO SCHEDULE	SCHEDULED For later	Placed on WAITLIST

Thursday									
Hour they came in	AOP	CHOP	Other Services	Cx CAN be seen today	Cx CANNOT be seen today	Cx was SEEN today	Cx was NOT ABLE TO SCHEDULE	SCHEDULED For later	Placed on WAITLIST

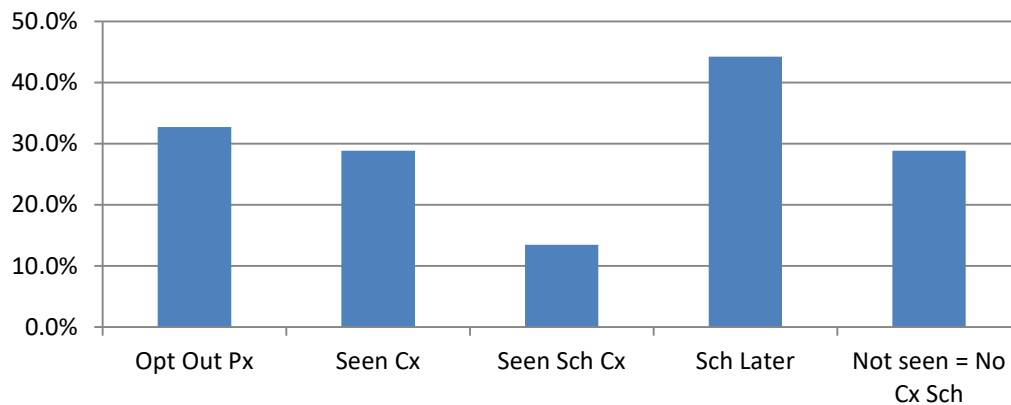
Friday									
Hour they came in	AOP	CHOP	Other Services	Cx CAN be seen today	Cx CANNOT be seen today	Cx was SEEN today	Cx was NOT ABLE TO SCHEDULE	SCHEDULED For later	Placed on WAITLIST

Graphs of Client Demand

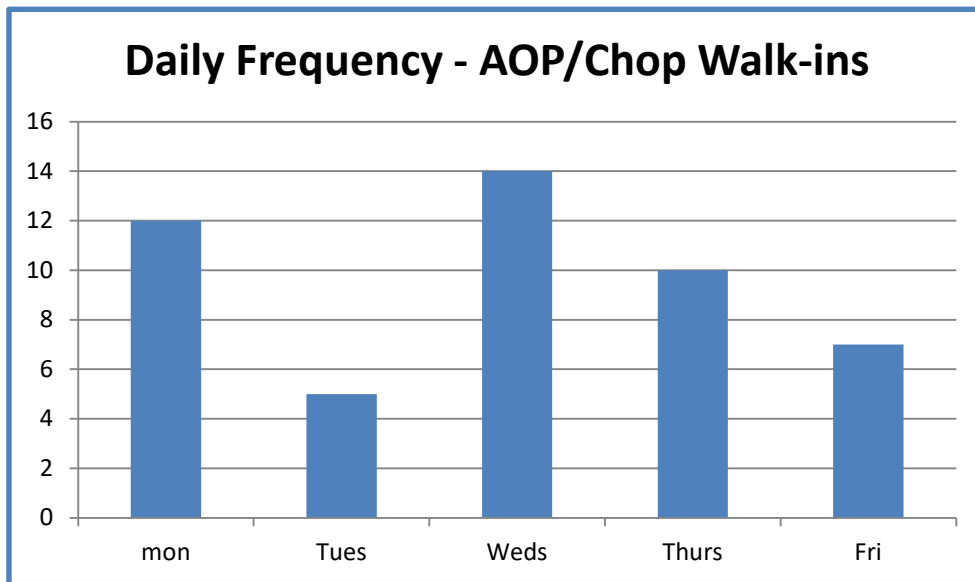
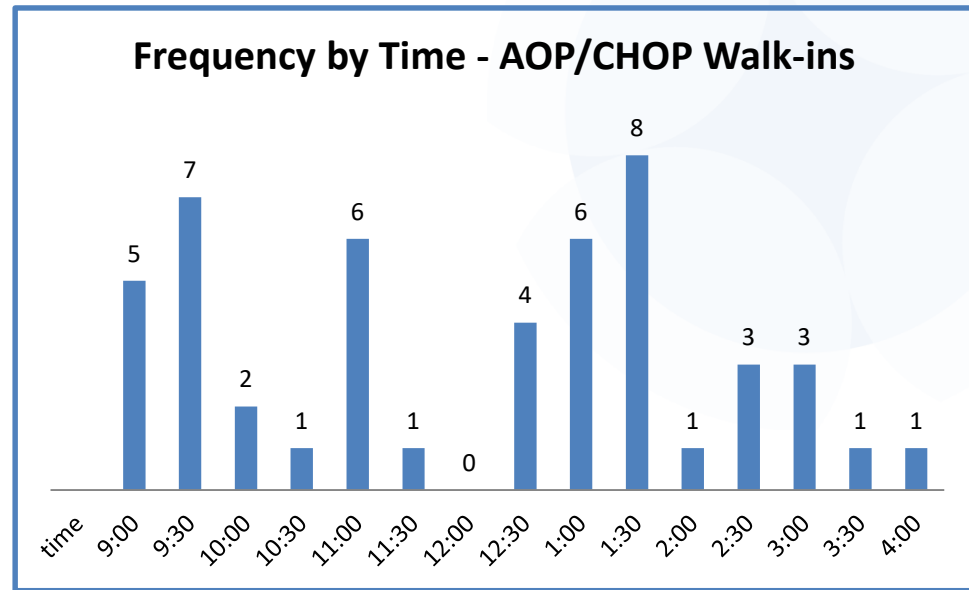
Total AOP/CHOP Walkins by Week



**% of Total AOP/CHOP Walk-ins
(11 weeks)**



Graphs of Client Demand





Consider Patient Experience!

Health Confidence

- Assess understanding of condition
- Confidence in managing it
- Work to achieve gains

Engaged patients have better health outcomes and better health care experiences, and likely use fewer health care services and cost less

MY HEALTH CONFIDENCE

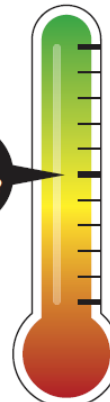
What number best describes your:

Health confidence

How confident are you that you can control and manage most of your health problems?



Where are you?



If your rating is less than "7," what would it take to increase your score?

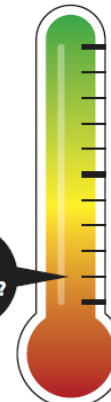


Health information

How understandable and useful is the information your doctors or nurses have given you about your health problems or concerns?



Where are you?



If your rating is less than "7," what would it take to increase your score?



Cost of Care Conversations –Team Based Approach

Encounter	Provider	Resources (hyperlink all)
Educate (use icon, consider, encourage a check for understanding)	<ul style="list-style-type: none"> Many patients find it hard to afford their copays and our LBP has different treatment options. I want to help you get a much information as possible so we can make the best decisions for your treatment. I recommend based upon how you are presenting today, let us look at your treatment options other than having an imaging Test (MRI) because you don't have any of the Red Flag present at this time. I want to make sure I've been clear about the options. Can you tell me what you understood or what you would tell a family member or friend about what we have discussed? I know that finding out the cost of health care treatments and services can be very difficult. (name of staff) on our practice team will work with you and help you gain a better idea of how you can find out the costs you can expect for the different treatment options we talked about and about the best treatment option. If you are having worse after a few days, call the office so we can follow up on your LBP. 	<ul style="list-style-type: none"> TX & Cost Information LBP Decision Tool Rack Card for Patients CompareMaine Flyer Additional Patient Information: <ul style="list-style-type: none"> Choosing Wisely LBP Rack Card Choosing Wisely LBP Patient Information Sheet Refer to staff member - case manager/social worker, patient navigator at the practice or the system to discuss the cost of treatment in more detail

Cost of Care Conversations Guide – Providers

Using the 4 E Model of Communication (Engage, Empathize, Educate & Enlist)

Encounter	Provider	Resources (hyperlink all)
Set up/ training	<ul style="list-style-type: none"> "Our goal is for you to get the best care with fewer problems and lower costs." "This may involve us talking new types of questions." Cost conversations are important because increase deductibles increased cost overall - variation across systems/geography 	<ul style="list-style-type: none"> Case Study #1 & #2 (sample module) AJPP Choosing Wisely List LBP Diagnosis Treatment Plan Card AJPP LBP How Clinical Guidelines
Engage (empathize the patient)	<ul style="list-style-type: none"> "What are you most concerned about today with your low back pain?" "What is most important to you when it comes to your health (ability to play active, work, independence, being pain free, affording your care)" 	<ul style="list-style-type: none"> Social Determinants Questionnaire
Empathize (understand concerns)	<ul style="list-style-type: none"> "It sounds like you are concerned with staying active, and having pain free - so let's talk about the different treatment options." "It also sounds like paying for this treatment (medication for pain) is a concern for you and may be hard for you right now. Are you worried about how your care will be paid for?" 	<ul style="list-style-type: none"> "Your Financial Health is important to LBP" letter/pamphlet

Cost of Care Conversations Guide – Medical Assistants

Using the 4 E Model of Communication (Engage, Empathize, Educate & Enlist)

Encounter	Medical Assistant	Resources (hyperlink all)
Set up/ training	<ul style="list-style-type: none"> "I see that you are here today for your low back pain." "We want to help answer any questions you may have, including any treatment options, and if you have any concerns about the cost for the different treatment options." "Our goal is for you to get the best care with fewer problems and lower costs." "I am going through the educational materials with you now and/or you can review and then ask the provider any questions." 	<ul style="list-style-type: none"> Provide patient these materials: <ul style="list-style-type: none"> Choosing Wisely Low Back Pain educational Rack Card & for patient information sheet LBP Decision Tool Rack Card for Patients CompareMaine Flyer Social Determinants Questionnaire (if the need arises)
Engage (empathize the patient)	<ul style="list-style-type: none"> "We feel that knowing more about how to get the best treatment at a cost that works for you is a crucial part of helping you and your provider make the right decisions for your care." "Are you interested about the cost for different low back pain treatments today? (Here, let's go through this LBP decision tool at a cost that works for you)" 	<ul style="list-style-type: none"> Empathize (understand concerns) "We will try to answer all of your questions during your visit, however if we are unable to answer everything, we will make follow-up plan to get them answered for you." "I know that costs for various treatments or procedures are a concern for many of our patients here, and we want you to feel comfortable asking us any questions." "To help you look at different low back pain treatment options and get an idea of the different costs for them, I also want to give you information about a website called CompareMaine (refer to the Flyer). At check out, you can use our iPad/computer to search the site for work with one of our staff to show you how to get to this website and find the cost information on the different treatments you need for your today."
Empathize (understand concerns)	<ul style="list-style-type: none"> "I know that finding out the cost of health care treatments and services can be very difficult, and we want to work with you to assist you with your questions, or call our office to gain additional information after you have thought about what you would like to do." "If you have some questions now, please let me know - before the provider comes in and I'll be sure that your provider knows about them." 	<ul style="list-style-type: none"> Refer to staff member - case manager/social worker, patient navigator at the practice or the system to discuss the cost of treatment in more detail

Cost of Care Conversations Guide PSRs - Front Desk & Check Out

Encounter	PSR - Front Desk	Resources (hyperlink all)
Check in	<ul style="list-style-type: none"> "Our practice is involved in a pilot project to determine if cost of care conversations are helpful to you as part of your treatment today." "This 3 Questions Rack Card (or wallet card) will help remind you what questions to ask." 	<ul style="list-style-type: none"> Provide patient these materials: <ul style="list-style-type: none"> Choosing Wisely 3 Questions Rack Card and/or Wallet Card Have at the front desk area: <ul style="list-style-type: none"> CompareMaine Flyer Do you have questions about your healthcare treatment and costs (and also have patient visual in waiting area)
Check out	<ul style="list-style-type: none"> "We are trying to improve care for our patients with low back pain. During your visit today, did you discuss any low back pain issues?" 	<ul style="list-style-type: none"> Provide patient the information sheet about the survey (the link to the survey if they want to take it later is on the bottom of this sheet) "If you have any questions about the survey, please let me know."

Encounter	Medical Assistant	Resources (hyperlink all)
Educate (use icon, consider, encourage a check for understanding)	<ul style="list-style-type: none"> "If you would like to follow up after your visit today, you can work with your health insurance or go to our patient portal (if you need help logging up for our patient portal), or talk with our patient navigator." "I want to make sure I've been clear about the options. Can you tell me what you understood or what you would tell a family member or friend about what I have talked about?" 	<ul style="list-style-type: none"> TX & Cost Information LBP Decision Tool Rack Card for Patients CompareMaine Flyer Additional Patient Information: <ul style="list-style-type: none"> Choosing Wisely LBP Rack Card Choosing Wisely LBP Patient Information Sheet Refer to staff member - case manager/social worker, patient navigator at the practice or the system to discuss the cost of treatment in more detail
Engage (empathize the patient)	<ul style="list-style-type: none"> "I know that finding out the cost of health care treatments and services can be very difficult, and we want to work with you to assist you with your questions, or call our office to gain additional information after you have thought about what you would like to do." "If you have some questions now, please let me know - before the provider comes in and I'll be sure that your provider knows about them." 	<ul style="list-style-type: none"> Refer to staff member - case manager/social worker, patient navigator at the practice or the system to discuss the cost of treatment in more detail



Primary Care Practice Cost of Care Workflow for Patient/ Provider Conversations

Using a team based approach in the clinical visit

Team huddle/pre-visit planning to identify patients with acute and chronic Low Back pain for MA to notify Provider to have a Cost of Care Conversation with Patient.

MA Rooming Patient

Ask patient-Do you have any concerns about the costs of your medical treatment?

If Yes or No, indicate to patient - costs for various treatments, procedures, medications are a concern for many patients and we want you to feel comfortable asking us any questions.

- Give patient new wallet card of resources and the patient packet of materials to help them find out more information on costs.
- Hand patient the low back pain treatment option and costs card and indicate they can review it prior to seeing the provider.
- MA notifies provider to discuss cost of care conversation with patient if patient requests it.

Provider/Patient Visit

Refer to the new wallet card of resources, CompareMaine flyer & Low Back Pain Treatment Option and Cost Card that MA gave patient and use when discussing care & Tx plan.

Trigger Question: Do you have any concerns about the costs of your medical treatment?

- Let patient know that these are just examples of resources to assist them find out about costs.
- Remember-It's okay to tell them that you don't know the exact costs, because all insurance plans are different and there are different costs depending where they go.
- Cost conversations are important because of:
 - Increasing deductibles
 - Increasing costs overall
 - Variation across systems/geography
- Notify MA or Nurse Educator that a discussion on cost of care occurred with the patient.

If needed: Refer to the Conversation Guide for sample cost of care conversation starters. Refer patient to other appropriate team member or hospital billing.

RN or MA (after patient/provider visit and to occur in the exam room)

Did the patient present with LBP? Y/N
If Y follow instructions below

On the iPad, click on the icon that says "Tracking Tool" and fill out the following:

- Did the patient present with LBP?—Yes, if they have a CW bag and No if they do not have a CW bag.
- Did the Provider indicate a discussion on cost of care occurred with the patient? If Y it indicates a Cost of Care Conversation took place & No if it did not.

Let patient know that the practice wants to learn about the best ways for patients and health care providers to have conversations about the costs of treatment options. Ask if they would be willing to complete a brief anonymous survey. Let them know it's voluntary to participate. Tell them they can be entered to win a \$100 Hannaford or Irving gift card.

- Offer the survey using the iPad or paper. Note: Paper survey with envelope was given to patient to complete by MA or Nurse Educator
- On iPad Tracking Tool fill out the following:
 - Check one of the boxes below then hit submit.
 - Patient agreed to the survey using the iPad
 - Patient declined the survey using the iPad, and agreed to complete a paper survey
 - Patient declined the survey using the iPad or paper

If patient agrees to participate in the survey using the iPad, click on the "Patient Survey" icon on the iPad to open up the survey. Give the patient the iPad to complete the survey.

When the patient returns the iPad, thank them for taking part in this important survey. Be sure that the iPad is ready for the next person to take the survey (survey must be submitted by the patient by clicking on the submit button).

Support for this material was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

All Cost of Care resources can be found [here](#).

Cost of Care Conversations Patient Aids



Do you have questions about your healthcare treatment and costs? We want to help!

We know that the cost of medicines and healthcare services can influence your decisions. The costs you pay can vary by several factors such as the type of treatment you need, if you have insurance, your type of coverage, and where you receive services. We want to help you to find the treatment options that are best for you that you can afford.

How can your health care provider help?

- ✓ We will work as a team to give you the best care possible.
- ✓ We promise to help you make cost-informed choices.
- ✓ We will discuss with you lower-cost treatments that may be just as effective for your health.
- ✓ We will help you understand what you will pay for the treatment options we discuss.

What can you do as a patient?

- ✓ Talk to us about your cost concerns.
- ✓ Find out what your insurance plan and network covers.
- ✓ Look up costs of procedures or treatments at www.CompareMaine.org and compare costs of prescription medicines at www.goodrx.com
- ✓ If you are uninsured, having insurance problems or need help finding a way to get health care, call the Consumers for Affordable Healthcare Helpline at 1-800-965-7476 or visit www.maineaahc.org for assistance.

Be In The Know About Health Care Costs!

Costs can vary depending on type of treatment, location, & your insurance coverage.

- 1 Talk with your provider about treatment options & how to find out about costs.
- 2 Visit www.CompareMaine.org to see differences in procedure costs by insurance & location.
- 3 Contact your insurance for the amount you will need to pay.
- 4 No insurance? Speak with DFD's Patient Assistance Coordinators either Tia or Cami at (207) 524-3501.



CompareMaine (average procedure costs at different facilities in Maine) www.comparemaine.org

GoodRX (prescription drug pricing information) www.goodrx.com

Aetna <https://www.aetna.com/individuals-families/using-your-aetna-benefits/find-form.html>

Anthem <https://www13.anthem.com/cp/web/capitalone/cost-and-quality-of-procedures>

Community Health Options <https://www.healthoptions.org/>

Harvard Pilgrim Health Care https://www.harvardpilgrim.org/portal/page?_pageid=213_3835992&_dad=portal&_schema=PORTAL

United Healthcare <https://www.myuhc.com/member/prewelcome.do?currentLanguageFromPreCheck=en>

To access the above go to comparemaine.org and click on Resources



Imaging tests for lower-back pain

You probably do not need an X-ray, CT scan, or MRI

X-rays, CT scans, and MRIs are called imaging tests because they take pictures, or images, of the inside of the body. You may think you need one of these tests to find out what is causing your back pain. But these tests usually do not help. Here's why:

The tests do not help you feel better faster. Most people with lower-back pain feel better in about a month, whether or not they have an imaging test.

People who get an imaging test for their back pain do not get better faster. And sometimes they feel worse than people who took over-the-counter pain medicine and followed simple steps, like walking, to help their pain.

Imaging tests can also lead to surgery and other treatments that you do not need. In one study, people who had an MRI were much more likely to have surgery than people who did not have an MRI. But the surgery did not help them get better any faster.

Imaging test have risks. X-rays and CT scans use radiation. Radiation has harmful effects that can add up. It is best to avoid radiation when you can.



Consumer Reports Advice

How should you treat lower-back pain?

Most people get over back pain in a few weeks, and these simple steps might help.

- **Stay active.** Resting in bed for more than a day or so can cause stiffness, weakness, depression, and slow recovery.
- **Apply heat.** A heating pad, electric blanket, or warm bath or shower relaxes muscles.
- **Consider over-the-counter medicines.** Good options include painkillers such as acetaminophen (Tylenol and generic) or anti-inflammatory drugs such as ibuprofen (Advil and generic) and naproxen (Aleve or generic).
- **Sleep comfortably.** Lying on your side with a pillow between your knees or on your back with a few blankets might help.
- **Talk with your doctor.** If symptoms don't improve after a few days, consider seeing a doctor to make sure that the problem doesn't stem from a serious underlying health problem. If the pain is severe, ask about prescription painkillers.
- **Consider alternatives.** If you don't feel better after four weeks or so, it might be worth talking with your doctor about other options, including physical therapy, chiropractic care, yoga, massage, acupuncture, cognitive behavioral therapy, and progressive muscle relaxation. More invasive choices, such as surgery, should be considered only if those other treatments don't help.



All Cost of Care resources can be found here.

Low Back Pain Treatment Options and Costs



Costs can vary depending on type of treatment, location, and your insurance coverage.

- ✓ Talk with your provider about low back pain treatment options and costs.
- ✓ Visit CompareMaine.org to see differences in procedure costs by insurance and location.
- ✓ Contact your insurance provider for the amount you will need to pay.
- ✓ If you don't have insurance, contact the facility to ask what services will cost.

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Options can range in cost.

\$ - free or low cost

- Heating pad
- Staying active
- Stretching/yoga

\$\$ - some cost

- Over the counter pain relievers (e.g. Advil, Aleve)
- Prescription medications* (e.g. muscle relaxants)

\$\$\$ - higher cost

- Physical Therapy
- Acupuncture
- Chiropractic care
- Massage
- Osteopathic Manipulative Medicine

\$\$\$\$ - highest cost

- Imaging**
- Surgery

Sample costs from CompareMaine.org:

Service	Maine Average	Maine Range
Physical therapy to one or more regions	\$47	\$28 - \$154
X-ray of lower spine	\$156	\$49 - \$180
MRI of lower spine	\$1,021	\$311 - \$1,912

note: information is based on 2014 - 2015 claims, CompareMaine.org

Keep in mind:

*Narcotic pain meds (opioids) are not recommended for low back pain.

**Imaging is usually not recommended for low back pain within the first 6 weeks of symptoms onset.

If your low back pain doesn't get better after treatment or worsens, contact your health care provider.

Choosing Wisely & Cost of Care Materials

Choosing Wisely Tools	Cost of Care Tools
<ul style="list-style-type: none"> • CW 5 Questions Poster • CW 5 Questions Rack card & Wallet card • CW Patient Information Sheets • CW Low Back Pain Rack Card <p>All materials downloadable at: http://www.choosingwisely.org/patient-resources/</p> <p>Download the Choosing Wisely Mobile App</p>	<ul style="list-style-type: none"> • Cost of Care Low Back Pain Treatment Options Patient Decision Aid • Diagnosis and Treatment Flash Card • Cost of Care Conversation Guides for Full Team (Provider, MA/RN, PSR) • Cost of Care Nudging Letter/poster <p>All materials downloadable through the Maine Quality Costs learning module: Cost of Care Conversations</p>
<p>Choosing Wisely Tools & Resources (MQC learning Modules)</p> <p>Choosing Wisely's 500+ Specialty Society Recommendations</p> <p>Strategies to Embed Choosing Wisely in the Workflow (Using Choosing Wisely to Empower Patients Toolkit)</p> <p>Transformation Rx Vlog: Appropriate Use of Care – Engaging Patients and Care Teams Using the Choosing Wisely Approach</p> <p>AMA Stepsforward® – Advancing Choosing Wisely</p> <p>ABIM Physician Communication Modules funded by the Drexel University College of Medicine</p> <p>Choosing Wisely in Washington- Washington Health Alliance</p>	<p>Compare the costs and quality of healthcare procedures in Maine</p> <p>Practicing Provider discussing how to embed the use of Cost of Care materials into the practice setting utilizing all members of the team</p> <p>Webinar: "Engage the Patient in Overuse at the Point of Care"</p> <p>Webinar: "Eliminating Low Value Care AKA Waste"</p> <p>Peter Ubel podcast on Health, Bioethics and Behavioral Economics</p> <p>NRHI Getting to Affordability Initiative</p>

The Evidence Behind Why

Using Social Determinants of Health Patient-Centered Care : “the SDOH are directly tied to health equity. These are key to determine patient’s health and care beyond the four walls of the clinic.”

Risk-Stratification Methods for Identifying Patients for Care Coordination: “Care coordination for the right patients could decrease unnecessary care and present adverse outcomes. Which methods work the best?”

Health Confidence: A simple, essential measure for patient engagement and better practice : “asking patients this one question can lead to better outcomes.”

Full Disclosure – Out-of-Pocket Costs as Side Effects: Peter A. Ubel, M.D., Amy P. Abernethy, M.D., Ph.D., and S. Yousuf Zafar, M.D., M.H.S. N Engl J Med 2013; 369:1484-1486 October 17, 2013, Full Disclosure – Out-of-Pocket Costs as Side Effects

Low-Cost, High-Volume Health Services Contribute The Most To Unnecessary Health Spending John N. Mafi, Kyle Russell, Beth A. Bortz, Marcos Dachary, William A. Hazel Jr., and A. Mark Fendrick, HealthAffairs 36, No.10 (2017) 1701-1704

Additional Resources

Cost of Care Conversations online module — participants will gain an understanding of how to advance cost of care conversations in the practice setting to improve patient outcomes. The learning module will include practical tools that participants will be able to employ with their practice, as well as identify behaviors to model in order to best support team members in cost of care conversations.

- [Improving Patient Outcomes with Cost of Care Conversations in the Clinical Practice](#)

Choosing Wisely Crosswalk — indicates how Choosing Wisely can be used to Achieve the six TCPI PFE Metrics

- [TCPI PFE Metrics Crosswalk with the Choosing Wisely Approaches](#)
- [Using PFE Metrics to Achieve the TCPI Aims](#)

Choosing Wisely Mobile app — for access to 540+ specialty society recommendations and 150 patient friendly resources at your fingertips

- [iPhone](#)
- [Android](#)

[**https://mainequalitycounts.org/choosingwisely**](https://mainequalitycounts.org/choosingwisely)

Explorations to Support Case Studies

Conversation Starters:

- Engage, Explore, Guide

Opportunities to Reduce Waste

- Top 5 Priorities
- Tactics
- Measurement ideas

Consider Patient Experience

- Bolstering Patient Confidence
- Supporting Cost & Utilization Conversations



Case Studies



Peer Consultation

Peer Consultation Roles

Please identify the following roles on your group:

- Presenter (whose work is being discussed by the group)
- Facilitator (who manages the process, and sometimes participates depending on the size of the group)
- Consultants (who discuss the dilemma)

Peer Consultation Process

- **Presenter:** give an overview of the dilemma and frame a question for the consultancy group to consider. (5-10 minutes)
- **Consultancy group:** asks clarifying question of the presenter – that is, questions that have brief, factual answers. Who, what, where, how, when (5 minutes)

Clarifying questions are for the **person asking them**

Peer Consultation Process

- **Consultancy group:** asks probing questions of the presenter – worded so that they help the presenter clarify and expand her/his thinking about the dilemma. (10 minutes) These are the ‘why’ questions and are open-ended.

Probing questions are for the **person answering them**

Peer Consultation Process

- **Consultancy group:** talks with each other about the dilemma presented. What did we hear? What didn't we hear that we think might be relevant? What do we think about the problem? **The presenter is not allowed to speak** during this discussion, and instead listens and takes notes. (15 minutes)

Consultants offer an analysis of the dilemma or question, not necessary to solve the problem

Presenter listens for new ideas, perspectives and approaches

Peer Consultation Process

- **Presenter:** responds to the discussion, sharing with the group anything that particularly resonated for him or her. (5 minutes)
- **Facilitator:** leads a brief conversation about the group's observation of the consultancy process. (5 minutes)



Colorado PTN Curriculum

The project described was supported by Funding Opportunity Number CMS-1L1-15-002 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.