Prompting Valuable Conversation: Understanding physician questions that lead to quality value discussions with patients

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In the United States healthcare is expensive, but our outcomes are worse than other industrialized nations. The low value of healthcare provided in the United States is due to multiple factors, but there is little conversation between patients and physician teams addressing the value of healthcare. The Value Time Out (VTO) is a bedside rounding script launched in January of 2019 at the University of Colorado Hospital on the inpatient resident medicine services (Medicine 1-4), and was designed to address the lack of value conversations between patients and physicians. The VTO consists of a value discussion with the patient, summary of the plan highlighting changes to optimize value, and a high value care checklist to minimize low value practices.

In initial informal feedback on the VTO script, physicians were uncomfortable initiating the first part of the VTO script: the healthcare value conversation with the patient. A lack of specific phrases to initiate the discussion was identified as one barrier to following the VTO script. Utilizing funding from the University of Colorado Rymer Grant, we set out to characterize what prompts physicians used to initiate a healthcare value conversation with hospitalized adults on physician rounds. We also aimed to characterize patient responses. Data collection started during the summer of 2020 but was interrupted due to the fall surge in COVID-19 cases which altered the traditional bedside rounding structure of resident physician teams. Currently data collection will resume in the spring of 2021 pending continued improvement in the COVID-19 hospitalization rate.

To date, 12 patient interactions have been recorded and transcribed prior to pausing the study. Initial prompts used in this small data set are variable but generally have focused on asking the patient what they are concerned about or hope to accomplish during their hospital stay. These prompts lead to patients talking about improving their health with statements such as, "I just want to get better!" Two interactions changed the focus to the physician team using prompts such as "I am going to improve the value of your care here, how can I help you?" These prompts elicited some discussion of financial considerations from being hospitalized including raising a patient's concerns about being observation status. Our sample size to date is exceedingly small and no conclusions can be drawn yet, but as more VTO interactions are captured and thematic coding completed we will better characterize the optimal language for opening a conversation with patients regarding healthcare value in the inpatient setting.

Once analysis is complete, faculty training resources will be created to improve the knowledge base of teaching physicians. Using these materials, faculty will be able to: identify common prompts used to successfully initiate a healthcare value conversation, understand the expected response domains from patients for a given prompt, and appreciate the role of utilizing different prompts to gain a deeper understanding of an individual patient's perceptions of healthcare value. Trained physicians will then have the tools necessary to better train their teams in initiating value discussions.