**BACKGROUND**
- 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 to address this deficit.
- Informal feedback suggested physicians were uncomfortable initiating the healthcare value conversation with patients.
- A lack of specific phrases to initiate the discussion was identified as one barrier to following the VTO script.

**OBJECTIVES**
- Characterize what prompts physicians use to initiate a healthcare value conversation with hospitalized adults on physician rounds.
- Characterize patient responses.
- Use the prompt/response data to create training materials for faculty, allowing them to teach learners on their teams.

**METHODS**
- Internal Medicine physician teams were followed on rounds as noted at right under Data Collection.
- Initiated 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.

**RESULTS TO DATE**
- 12 rounding encounters transcribed before data collection stopped due to the COVID-19 Pandemic.
- Prompts generally fell into two broad categories from this small sample size, which will need to be demonstrated with many more patient interactions to conclude anything. Examples are below.

<table>
<thead>
<tr>
<th>Prompt Examples</th>
<th>Representative Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are your goals for while you’re here that we can help you with?</td>
<td>Getting better I just want to get better</td>
</tr>
<tr>
<td>How can I add value to [your hospitalization] and make you more comfortable?</td>
<td>Since I’m considered an outpatient (patient in observation status), I need to discuss how to get care as an outpatient without staying here in the hospital.</td>
</tr>
</tbody>
</table>

**DATA COLLECTION, CATEGORIZATION, AND PLANNED UTILIZATION**
- Record and transcribe Value Discussion portion of rounds
- Coding of Prompt and Response to identify themes
- Utilize High Value Care Rounding Tool to guide response coding:
  - Three topic domains (quality, cost, patient values)
  - Ten categories of conversation total including:
    - Anticipatory guidance
    - Balance benefit/harm of care
    - Avoid/cancel low-value test
    - Customize care plan to patient values
- Create Prompt/Response Training Guide for Faculty

**CONCLUSIONS/NEXT STEPS**
- Our sample size to date is exceedingly small and no conclusions can be drawn yet.
- 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.
- 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
  - Appreciate the role of utilizing different prompts to gain a deeper understanding of an individual patient’s perceptions of healthcare value.

*Once this project is completed, trained physicians will then have the tools necessary to better train their teams in initiating value discussions.*

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