

Facilitator Guide

Modules 1-3: Introduction to Value-Based Health Care

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Description

Discovering Value-Based Health Care is a set of free interactive online learning modules that teach the foundations of value in health care in a self-paced, adaptable, and easy-to-follow format.

(www.vbhc.dellmed.utexas.edu)

More about Discovering Value-Based Health Care:

- Unlike other offerings aimed at practicing physicians, it is **focused on giving learners a strong foundation in value-based health care** that can be leveraged throughout their careers;
- It is **adaptive and interactive — taking advantage of the latest in instructional technology** — thanks to a partnership with the Institute for Transformational Learning to make learning flexible, personalized and data-driven; and
- It **can be completed by independent learners** — no faculty champion required.

Although these modules can be completed independently by any learner without the need for a local faculty mentor or dedicated classroom time, **we have found many learners appreciate interacting with the curriculum in a group setting**. This provides learners with “protected time” to work on the modules and gives them the opportunity to engage in immediate discussions and offer feedback about the material.

This facilitator guide is intended to provide insights and instructions for different models of delivering this content to learners. We have tried each of these different models with groups of learners at Dell Medical School.

The first three modules are bundled as the “Introduction to Value-Based Health Care,” and cover:

1. The concept of value and how to apply it into everyday practice,
2. How measuring outcomes that matter to patients is key to creating value, and
3. How health care costs are calculated and how they affect patients.

Models for Delivering Introduction to Value-Based Health Care to Learners

1. **INDEPENDENT LEARNING:** Learners may complete the modules independently on their own time, asynchronously, without the need for dedicated classroom time nor faculty mentorship. The modules provide supplementary materials to allow students to “dive deeper” on specific topics and to connect with national organizations. This method requires no facilitation; however, the other options are preferable to gauge understanding and foster discussion and interaction with the modules.
2. **“FLIPPED CLASSROOM”:** Learners complete the interactive modules independently prior to class session where the facilitator leads a discussion related to the content of the module(s). The length of the discussion and number of modules completed and discussed during a specific session can be variable (e.g. three separate discussions versus one discussion to cover all 3 modules). [Check out the suggested agenda for flipped classroom.](#)
 - a. *Example: Dell Med internal medicine residents complete Module 1 during their ambulatory medicine week and the small group meets for a “Lunch and Learn” prior to afternoon clinic to discuss the content with a faculty facilitator.*
3. **WORKSHOP 1: One-Hour to 90-minute Workshop Session(s):** Participants independently work through a single module during the classroom session and then immediately participate in a facilitated discussion related to the content of the module. [Check out the suggested agenda for Workshop 1.](#)
 - a. *Example: Dell Med students have a 90-minute session during each “Intersession” where the faculty facilitator provides a short introduction, the students then independently complete a module in the classroom, and then the faculty leads a discussion related to the content just covered.*
4. **WORKSHOP 2: Two-Hour Workshop Session:** Two-hour session discussing all three modules; participants will complete Module 1 on their own time before coming to the workshop, and work through Modules 2-3 during the workshop. [Check out the suggested agenda for Workshop 2.](#)
 - a. *Example: Dell Med women’s health residents completed Module 1 prior to a morning didactic session, where a faculty facilitator leads a discussion of Module 1, followed by the residents completing Modules 2 and 3 in the classroom with a facilitated discussion after each module.*
5. **WORKSHOP 3: Three-Hour Workshop Session:** Three-hour session discussing all three modules; participants work through all three modules and discuss them during the workshop. [Check out the suggested agenda for Workshop 3.](#)
 - a. *Example: Dell Med ortho residents and students independently completed Modules 1-3 in a classroom during an academic half-day session, with an approximately 15-minute facilitated discussion following each module.*

Introduction to Value-Based Health Care Learning Objectives

Learning objectives are mapped to each module and are as follows.

Module 1

- Reflect on the causes of waste and inefficiencies in health care.
- Define 'value' for patients.
- Define 'health care waste'.
- Identify the major contributing components of healthcare waste.
- Connect how the pursuit of high-value care for patients supports the professionalism of clinicians.
- Introduce the concept of health care outcomes.
- Examine a case that presents strategies and tools for increasing value in health care.
- Explore data to gain understanding and appreciate the perspective of patients, individual clinicians, and health systems as it pertains to value-based health care.

Module 2

- Appreciate and reflect on outcomes that are meaningful to the patient.
- Define the measurement of 'patient outcomes' as they relate to value-based health care.
- Examine resources for choosing and measuring validated patient outcomes.
- Apply a measures framework to evaluate the success of health care value programs from the perspective of patient outcomes.
- Describe different types of measures and when they would be used.
- Identify the reasons for collecting 'patient-reported outcomes.'
- Appreciate and reflect on how patient outcomes define physicians' success.

Module 3

- Reflect on the impact of cost on patient care and the overall value of provided health care.
- Define terms used in discussing health care costs.
- Describe basic principles of health care delivery, organization, and financing.
- Evaluate various financial methods used in health care.
- Describe new methods for health care cost accounting and value-based payments.
- Study methods to measure and evaluate the success of health care value programs.
- Compare the application of traditional and value-based costing methods in the course of a patient's treatment.

Audience and Setting

This workshop is primarily intended for medical school students, residents, or clinical faculty. The workshop can be effective with either large groups (40-50 people) or smaller groups (8-12 people). However, for larger groups we suggest asking participants to discuss questions in smaller groups and report out to the larger group.

Required Equipment

- **Participants:** each participant needs 1) a computer or tablet with internet access and 2) a pair of headphones to listen to video and audio clips included in the modules.
 - **Presenter: *Optional:*** Handouts or a computer with a projector to display slides with instructions on accessing the modules and slides with discussion questions / supplementary material.
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Suggested Agenda: Flipped Classroom

*Note that students are to complete the modules prior to classroom discussion(s). You may choose whether to hold one discussion per module, one discussion for all three of the modules, or some other combination/module focus of your choosing.

Description	Suggested time
<p>THIS INFORMATION MAY BE PROVIDED TO LEARNERS BEFORE THE FIRST DISCUSSION SESSION EITHER IN PERSON OR VIA EMAIL</p> <p>INTRODUCTION: introduce the topic, name of the course and speaker</p> <ul style="list-style-type: none"> ● The primary goal of this workshop is to teach the foundations of health care value and discuss how the concepts apply within your local practice or learning environment. ● Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting. ● Prompt participants to navigate to vbhc.dellmed.utexas.edu and click ‘Sign Up’ in the upper right corner. Registration takes 30 seconds or less and is free for learners. ● Describe the structure of this workshop – participants will have time to work through each module on their own and then the participants will regroup to discuss key concepts covered in each module. ● Each module will take about 40 minutes to complete. 	
<p>TO BE COMPLETED BEFORE CLASS</p> <p>MODULE 1: Participants work through Module 1: There’s a Better Way</p> <ul style="list-style-type: none"> ● This module introduces the concept of value in health care, the scope of “waste” and inefficiency in the current health care system, and how it can be integrated into daily clinical practice. 	
<p>DISCUSSION: Discuss Module 1</p>	<p>10-30 minutes depending on</p>

<ul style="list-style-type: none"> ● Bring the group together and start discussion by asking the participants for any general impressions/reflections, or new interesting things they learned in Module 1. ● Continue the discussion with one or more of the following discussion questions or with those that come up from the group. <ol style="list-style-type: none"> 1. The number one contributor to health care waste is unnecessary services. Can you think of any examples of unnecessary you have experienced as a clinician or patient? Why do you think this happened? <i>Potential discussion starters: imaging desired by patients, lack of ease of data transmission and general lack of communication between facilities, fear of malpractice, unnecessary antibiotic prescriptions.</i> 2. What do you think are the biggest barriers to moving from a volume-based health care system to a value-based health care system? <i>Potential discussion starters: the way providers are paid in a fee-for-service system, lack of coordination of care, lack of access to data on outcomes that matter to patients.</i> 3. Tailor the question to the specialty of the group. For example, with a group of surgeons: Do you have access to outcome data on the patients you operate on that is compared to your peers? Do you think access to such data impacts or could impact how you operate? 	<p>format of discussion</p>
<p>TO BE COMPLETED BEFORE CLASS</p> <p>MODULE 2: Participants work through Module 2</p> <ul style="list-style-type: none"> ● Now that participants have been introduced to the concept of health care value, they will now move on to learning more about the importance of measuring outcomes that matter to patients in Module 2. 	
<p>DISCUSSION: Discuss Module 2: Measuring What Matters</p> <ul style="list-style-type: none"> ● Bring the group back together (if having separate discussion) and start by asking the participants for any general impressions or new interesting things they learned ● Continue the discussion with one or more of the following discussion questions or with those that come up from the group. <ol style="list-style-type: none"> 1. Which do you think are easier to track and obtain: process or outcome measures? Why? Is one type better than another? <i>Potential discussion starters: Process measures are easier to collect but do not tell us if what we are doing is impacting</i> 	<p>10-30 minutes depending on format of discussion</p>

<p><i>outcomes that matter to patients. Both are needed to drive change.</i></p> <ol style="list-style-type: none"> 2. What did you think of the radar charts? Had you seen or used one before? Do you think they are helpful in visualizing how different treatments affect outcomes? <i>Potential discussion starters: the outcomes look very similar for most domains and different in a few—this can help patients weigh their options.</i> 3. Tailor the question to the specialty of the group. For example, for a group of medical students: What did you think of the ICHOM as a source for patient outcomes? Do you think this is a resource you could reference during your training? Why or why not? 	
<p>TO BE COMPLETED BEFORE CLASS</p> <p>MODULE 3: Participants work through Module 3</p> <ul style="list-style-type: none"> ● The final module of the Introduction to Health Care Value focuses on cost. This can be a confusing topic for patients and providers alike. ● <i>Note:</i> there is an optional Dive Deeper section in Module 3 called Basics of Health Care Financing in the US. This section discusses different payers in the US health care system and how they affect patients. 	
<p>DISCUSSION 3: Discuss Module 3: Understanding Costs in Health Care</p> <ul style="list-style-type: none"> ● Bring the group back together and start discussion by asking the participants for any general impressions or new interesting things they learned ● Continue the discussion with one or more of the following discussion questions <ol style="list-style-type: none"> 1. Do you think TDABC is the answer to clearing up opaque pricing structure in health care? What is one of the major hurdles with this approach? <i>Potential discussion starter: one major issue with TDABC is that it is time consuming and very difficult to measure for only one process, let alone the hundreds that occur every day in a health care setting.</i> 2. Have you ever seen data from a chargemaster or data on how much patients are charged for health care services? <i>Potential discussion starter: often the answer here is no. These data are difficult to obtain, even for health care providers within a health care system. There have been a number of news stories about patients charged enormously high prices for basic supplies like Tylenol or simple procedures like stitches for a minor cut.</i> 	<p>10-30 minutes depending on format of discussion</p>

<p>3. Tailor the question to the specialty of the group. For example, with a group of internal medicine specialists or hospitalists: if you had access to relative price information in the EHR at the time you order a test, would it make you think more about whether or not the test was needed and might truly change your management?</p>	
<p>WRAP UP</p> <ul style="list-style-type: none"> ● Briefly review the three modules of the Introduction to Health Care Value: <ul style="list-style-type: none"> ○ Module 1: There is a Better Way: defined value for patients and described different types of health care waste. ○ Module 2: Measuring What Matters: described different types of measures and outcomes and how they are tied to value and improved patient care ○ Module 3: Understanding Costs in Health Care: covered costs in health care and how confusing it can be to describe how we pay for health care in the US ● If participants want to receive free CME credit or a free certificate of completion, they must complete the survey when prompted to do so once completing all three modules. You can find a link to the survey in the main module menu in the upper right corner of the website once all modules are completed. ● Ask for any thoughts or feedback on the format of the workshop ● Mention that more modules will be developed in the future 	<p>3-5 minutes</p>

Suggested Agenda: Workshop 1

Session 1		
Step	Description	Suggested time
1	<p>INTRODUCTION: introduce the topic, name of the course and speaker</p> <ul style="list-style-type: none"> ● The primary goal of this workshop is to teach the foundations of health care value and discuss how the concepts apply within your local practice or learning environment. ● Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting. ● Prompt participants to navigate to vbhc.dellmed.utexas.edu and click ‘Sign Up’ in the upper right corner. Registration takes 30 seconds or less and is free for learners. ● Describe the structure of this workshop – participants will have time to work through each module on their own and then the participants will regroup to discuss key concepts covered in each module. ● Each module will take about 40 minutes to complete. 	5 minutes
2	<p>MODULE 1: Participants work through Module 1: There’s a Better Way</p> <ul style="list-style-type: none"> ● Prompt participants to start Module 1. This module introduces the concept of value in health care, the scope of “waste” and inefficiency in the current health care system, and how it can be integrated into daily clinical practice. 	40 minutes
3	<p>DISCUSSION: Discuss Module 1</p> <ul style="list-style-type: none"> ● Bring the group together and start discussion by asking the participants for any general impressions/reflections, or new interesting things they learned in Module 1. ● Continue the discussion with one or more of the following discussion questions or with those that come up from the group. <ol style="list-style-type: none"> 1. The number one contributor to health care waste is unnecessary services. Can you think of any examples of unnecessary you have experienced as a clinician or patient? Why do you think this 	10 minutes

	<p>happened? <i>Potential discussion starters: imaging desired by patients, lack of ease of data transmission and general lack of communication between facilities, fear of malpractice, unnecessary antibiotic prescriptions.</i></p> <p>2. What do you think are the biggest barriers to moving from a volume-based health care system to a value-based health care system? <i>Potential discussion starters: the way providers are paid in a fee for service system, lack of coordination of care, lack of access to data on outcomes that matter to patients.</i></p> <p>3. Tailor the question to the specialty of the group. For example, with a group of surgeons: Do you have access to outcome data on the patients you operate on that is compared to your peers? Do you think access to such data impacts or could impact how you operate?</p>	
	END OF SESSION 1 / 5-10 MINUTE BREAK FOR EXTENDED WORKSHOPS	
Session 2		
	MODULE 2: Participants work through Module 2	
1	<ul style="list-style-type: none"> Now that participants have been introduced to the concept of health care value, they will now move on to learning more about the importance of measuring outcomes that matter to patients in Module 2. 	40 minutes
	DISCUSSION 2: Discuss Module 2: Measuring What Matters	
2	<ul style="list-style-type: none"> Bring the group back together and start discussion by asking the participants for any general impressions or new interesting things they learned Continue the discussion with one or more of the following discussion questions or with those that come up from the group. <ul style="list-style-type: none"> 4. Which do you think are easier to track and obtain: process or outcome measures? Why? Is one type better than another? <i>Potential discussion starters: Process measures are easier to collect but do not tell us if what we are doing is impacting outcomes that matter to patients. Both are needed to drive change.</i> 5. What did you think of the radar charts? Had you seen or used one before? Do you think they are helpful in visualizing how different treatments affect outcomes? <i>Potential discussion starters: the</i> 	10 minutes

	<p><i>outcomes look very similar for most domains and different in a few—this can help patients weigh their options.</i></p> <p>6. Tailor the question to the specialty of the group. For example, for a group of medical students: What did you think of the ICHOM as a source for patient outcomes? Do you think this is a resource you could reference during your training? Why or why not?</p>	
	END OF SESSION 2 / 5-10 MINUTE BREAK FOR EXTENDED WORKSHOPS	
Session 3		
1	<p>MODULE 3: Participants work through Module 3</p> <ul style="list-style-type: none"> • The final module of the Introduction to Health Care Value focuses on cost. This can be a confusing topic for patients and providers alike. • <i>Note:</i> there is an optional Dive Deeper section in Module 3 called Basics of Health Care Financing in the US. This section discusses different payers in the US health care system and how they affect patients. If participants opt to go through this section, they may not have enough time to finish the module. You might suggest that students explore the Dive Deeper content later. 	45 minutes
2	<p>DISCUSSION 3: Discuss Module 3: Understanding Costs in Health Care</p> <ul style="list-style-type: none"> • Bring the group back together and start discussion by asking the participants for any general impressions or new interesting things they learned • Continue the discussion with one or more of the following discussion questions <ul style="list-style-type: none"> 4. Do you think TDABC is the answer to clearing up opaque pricing structure in health care? What is one of the major hurdles with this approach? <i>Potential discussion starter: one major issue with TDABC is that it is time consuming and very difficult to measure for only one process, let alone the hundreds that occur every day in a health care setting.</i> 5. Have you ever seen data from a chargemaster or data on how much patients are charged for health care services? <i>Potential discussion starter: often the answer here is no. These data are difficult to obtain, even for health care providers within a health care system. There have been a number of news stories about patients charged enormously high prices for basic supplies like Tylenol or simple procedures like stitches for a minor cut.</i> 	10 minutes

	<p>6. Tailor the question to the specialty of the group. For example, with a group of internal medicine specialists or hospitalists: if you had access to relative price information in the EHR at the time you order a test, would it make you think more about whether or not the test was needed and might truly change your management?</p>	
3	<p>WRAP UP</p> <ul style="list-style-type: none"> ● Briefly review the three modules of the Introduction to Health Care Value: <ul style="list-style-type: none"> ○ Module 1: There is a Better Way: defined value for patients and described different types of health care waste. ○ Module 2: Measuring What Matters: described different types of measures and outcomes and how they are tied to value and improved patient care ○ Module 3: Understanding Costs in Health Care: covered costs in health care and how confusing it can be to describe how we pay for health care in the US ● If participants want to receive free CME credit or a free certificate of completion, they must complete the survey when prompted to do so once completing all three modules. You can find a link to the survey in the main module menu in the upper right corner of the website. ● Ask for any thoughts or feedback on the format of the workshop ● Mention that future modules will be developed in the future 	3-5 minutes

Suggested Agenda: Workshop 2

Step	Description	Suggested time
	<p>TO BE COMPLETED BEFORE CLASS</p> <p>MODULE 1: Participants work through Module 1: There’s a Better Way</p> <ul style="list-style-type: none"> This module introduces the concept of value in health care, the scope of “waste” and inefficiency in the current health care system, and how it can be integrated into daily clinical practice. 	
1	<p>INTRODUCTION: introduce the topic, name of the course and speaker</p> <ul style="list-style-type: none"> The primary goal of this workshop is to teach the foundations of health care value and discuss how the concepts apply within your local practice or learning environment. Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting. Prompt participants to navigate to vbhc.dellmed.utexas.edu and click ‘Sign Up’ in the upper right corner. Registration takes 30 seconds or less and is free for learners. Describe the structure of this workshop – participants will have time to work through each module on their own and then the participants will regroup to discuss key concepts covered in each module. Each module will take about 40 minutes to complete. 	5 minutes
2	<p>DISCUSSION: Discuss Module 1</p> <ul style="list-style-type: none"> Bring the group together and start discussion by asking the participants for any general impressions/reflections, or new interesting things they learned in Module 1. Continue the discussion with one or more of the following discussion questions or with those that come up from the group. <ol style="list-style-type: none"> The number one contributor to health care waste is unnecessary services. Can you think of any examples of unnecessary you have 	10 minutes

	<p>experienced as a clinician or patient? Why do you think this happened? <i>Potential discussion starters: imaging desired by patients, lack of ease of data transmission and general lack of communication between facilities, fear of malpractice, unnecessary antibiotic prescriptions.</i></p> <p>5. What do you think are the biggest barriers to moving from a volume-based health care system to a value-based health care system? <i>Potential discussion starters: the way providers are paid in a fee for service system, lack of coordination of care, lack of access to data on outcomes that matter to patients.</i></p> <p>6. Tailor the question to the specialty of the group. For example, with a group of surgeons: Do you have access to outcome data on the patients you operate on that is compared to your peers? Do you think access to such data impacts or could impact how you operate?</p>	
	END OF SESSION 1 / 5-10 MINUTE BREAK FOR EXTENDED WORKSHOPS	
3	<p>MODULE 2: Participants work through Module 2</p> <ul style="list-style-type: none"> Now that participants have been introduced to the concept of health care value, they will now move on to learning more about the importance of measuring outcomes that matter to patients in Module 2. 	40 minutes
4	<p>DISCUSSION 2: Discuss Module 2: Measuring What Matters</p> <ul style="list-style-type: none"> Bring the group back together and start discussion by asking the participants for any general impressions or new interesting things they learned Continue the discussion with one or more of the following discussion questions or with those that come up from the group. <ul style="list-style-type: none"> 7. Which do you think are easier to track and obtain: process or outcome measures? Why? Is one type better than another? <i>Potential discussion starters: Process measures are easier to collect but do not tell us if what we are doing is impacting outcomes that matter to patients. Both are needed to drive change.</i> 8. What did you think of the radar charts? Had you seen or used one before? Do you think they are helpful in visualizing how different treatments affect outcomes? <i>Potential discussion starters: the</i> 	10 minutes

	<p><i>outcomes look very similar for most domains and different in a few—this can help patients weigh their options.</i></p> <p>9. Tailor the question to the specialty of the group. For example for a group of medical students: What did you think of the ICHOM as a source for patient outcomes? Do you think this is a resource you could reference during your training? Why or why not?</p>	
	END OF SESSION 2 / 5-10 MINUTE BREAK FOR EXTENDED WORKSHOPS	
5	<p>MODULE 3: Participants work through Module 3</p> <ul style="list-style-type: none"> • The final module of the Introduction to Health Care Value focuses on cost. This can be a confusing topic for patients and providers alike. • <i>Note:</i> there is an optional Dive Deeper section in Module 3 called Basics of Health Care Financing in the US. This section discusses different payers in the US health care system and how they affect patients. If participants opt to go through this section, they may not have enough time to finish the module. You might suggest that students explore the Dive Deeper content later. 	45 minutes
6	<p>DISCUSSION 3: Discuss Module 3: Understanding Costs in Health Care</p> <ul style="list-style-type: none"> • Bring the group back together and start discussion by asking the participants for any general impressions or new interesting things they learned • Continue the discussion with one or more of the following discussion questions <ul style="list-style-type: none"> 7. Do you think TDABC is the answer to clearing up opaque pricing structure in health care? What is one of the major hurdles with this approach? <i>Potential discussion starter: one major issue with TDABC is that it is time consuming and very difficult to measure for only one process, let alone the hundreds that occur every day in a health care setting.</i> 8. Have you ever seen data from a chargemaster or data on how much patients are charged for health care services? <i>Potential discussion starter: often the answer here is no. These data are difficult to obtain, even for health care providers within a health care system. There have been a number of news stories about patients charged enormously high prices for basic supplies like Tylenol or simple procedures like stitches for a minor cut.</i> 	10 minutes

	<p>9. Tailor the question to the specialty of the group. For example, with a group of internal medicine specialists or hospitalists: if you had access to relative price information in the EHR at the time you order a test, would it make you think more about whether or not the test was needed and might truly change your management?</p>	
7	<p>WRAP UP</p> <ul style="list-style-type: none"> ● Briefly review the three modules of the Introduction to Health Care Value: <ul style="list-style-type: none"> ○ Module 1: There is a Better Way: defined value for patients and described different types of health care waste. ○ Module 2: Measuring What Matters: described different types of measures and outcomes and how they are tied to value and improved patient care ○ Module 3: Understanding Costs in Health Care: covered costs in health care and how confusing it can be to describe how we pay for health care in the US ● If participants want to receive free CME credit or a free certificate of completion, they must complete the survey when prompted to do so once completing all three modules. You can find a link to the survey in the main module menu in the upper right corner of the website. ● Ask for any thoughts or feedback on the format of the workshop ● Mention that future modules will be developed in the future 	3-5 minutes

Suggested Agenda: Workshop 3

Step	Description	Suggested time
1	<p>INTRODUCTION: introduce the topic, name of the course and speaker</p> <ul style="list-style-type: none"> ● The primary goal of this workshop is to teach the foundations of health care value and discuss how the concepts apply within your local practice or learning environment. ● Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting. ● Prompt participants to navigate to vbhc.dellmed.utexas.edu and click ‘Sign Up’ in the upper right corner. Registration takes 30 seconds or less and is free for learners. ● Describe the structure of this workshop – participants will have time to work through each module on their own and then the participants will regroup to discuss key concepts covered in each module. ● Each module will take about 40 minutes to complete. 	5 minutes
2	<p>MODULE 1: Participants work through Module 1: There’s a Better Way</p> <ul style="list-style-type: none"> ● Prompt participants to start Module 1. This module introduces the concept of value in health care, the scope of “waste” and inefficiency in the current health care system, and how it can be integrated into daily clinical practice. 	40 minutes
3	<p>DISCUSSION: Discuss Module 1</p> <ul style="list-style-type: none"> ● Bring the group together and start discussion by asking the participants for any general impressions/reflections, or new interesting things they learned in Module 1. ● Continue the discussion with one or more of the following discussion questions or with those that come up from the group. <ul style="list-style-type: none"> 7. The number one contributor to health care waste is unnecessary services. Can you think of any examples of unnecessary you have experienced as a clinician or patient? Why do you think this happened? <i>Potential discussion starters: imaging desired by patients, lack of ease of data transmission and general lack of</i> 	10 minutes

	<p><i>communication between facilities, fear of malpractice, unnecessary antibiotic prescriptions.</i></p> <p>8. What do you think are the biggest barriers to moving from a volume-based health care system to a value-based health care system? <i>Potential discussion starters: the way providers are paid in a fee for service system, lack of coordination of care, lack of access to data on outcomes that matter to patients.</i></p> <p>9. Tailor the question to the specialty of the group. For example, with a group of surgeons: Do you have access to outcome data on the patients you operate on that is compared to your peers? Do you think access to such data impacts or could impact how you operate?</p>	
	END OF SESSION 1 / 5-10 MINUTE BREAK FOR EXTENDED WORKSHOPS	
4	<p>MODULE 2: Participants work through Module 2</p> <ul style="list-style-type: none"> Now that participants have been introduced to the concept of health care value, they will now move on to learning more about the importance of measuring outcomes that matter to patients in Module 2. 	40 minutes
5	<p>DISCUSSION 2: Discuss Module 2: Measuring What Matters</p> <ul style="list-style-type: none"> Bring the group back together and start discussion by asking the participants for any general impressions or new interesting things they learned Continue the discussion with one or more of the following discussion questions or with those that come up from the group. <ul style="list-style-type: none"> 10. Which do you think are easier to track and obtain: process or outcome measures? Why? Is one type better than another? <i>Potential discussion starters: Process measures are easier to collect but do not tell us if what we are doing is impacting outcomes that matter to patients. Both are needed to drive change.</i> 11. What did you think of the radar charts? Had you seen or used one before? Do you think they are helpful in visualizing how different treatments affect outcomes? <i>Potential discussion starters: the outcomes look very similar for most domains and different in a few—this can help patients weigh their options.</i> 12. Tailor the question to the specialty of the group. For example for a group of medical students: What did you think of the ICHOM as 	10 minutes

	a source for patient outcomes? Do you think this is a resource you could reference during your training? Why or why not?	
	END OF SESSION 2 / 5-10 MINUTE BREAK FOR EXTENDED WORKSHOPS	
6	<p>MODULE 3: Participants work through Module 3</p> <ul style="list-style-type: none"> ● The final module of the Introduction to Health Care Value focuses on cost. This can be a confusing topic for patients and providers alike. ● <i>Note:</i> there is an optional Dive Deeper section in Module 3 called Basics of Health Care Financing in the US. This section discusses different payers in the US health care system and how they affect patients. If participants opt to go through this section, they may not have enough time to finish the module. You might suggest that students explore the Dive Deeper content later. 	45 minutes
7	<p>DISCUSSION 3: Discuss Module 3: Understanding Costs in Health Care</p> <ul style="list-style-type: none"> ● Bring the group back together and start discussion by asking the participants for any general impressions or new interesting things they learned ● Continue the discussion with one or more of the following discussion questions <ul style="list-style-type: none"> 10. Do you think TDABC is the answer to clearing up opaque pricing structure in health care? What is one of the major hurdles with this approach? <i>Potential discussion starter: one major issue with TDABC is that it is time consuming and very difficult to measure for only one process, let alone the hundreds that occur every day in a health care setting.</i> 11. Have you ever seen data from a chargemaster or data on how much patients are charged for health care services? <i>Potential discussion starter: often the answer here is no. These data are difficult to obtain, even for health care providers within a health care system. There have been a number of news stories about patients charged enormously high prices for basic supplies like Tylenol or simple procedures like stitches for a minor cut.</i> 12. Tailor the question to the specialty of the group. For example, with a group of internal medicine specialists or hospitalists: if you had access to relative price information in the EHR at the time you order a test, would it make you think more about whether or not the test was needed and might truly change your management? 	10 minutes

8	<p>WRAP UP</p> <ul style="list-style-type: none"> ● Briefly review the three modules of the Introduction to Health Care Value: <ul style="list-style-type: none"> ○ Module 1: There is a Better Way: defined value for patients and described different types of health care waste. ○ Module 2: Measuring What Matters: described different types of measures and outcomes and how they are tied to value and improved patient care ○ Module 3: Understanding Costs in Health Care: covered costs in health care and how confusing it can be to describe how we pay for health care in the US ● If participants want to receive free CME credit or a free certificate of completion, they must complete the survey when prompted to do so once completing all three modules. You can find a link to the survey in the main module menu in the upper right corner of the website. ● Ask for any thoughts or feedback on the format of the workshop ● Mention that future modules will be developed in the future 	3-5 minutes