Facilitator Guide

Modules 4 & 5: Value-Based Health Care Delivery

Table of Contents

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.

***Please see the Facilitator Guide for Modules 1-3 for workshops on these modules.**

This facilitator guide covers the second two modules, Modules 4 and 5, which are bundled as "Value-Based Health Care Delivery," and cover:

1. Strategies and models for delivering value-based health care, and
2. The key components of value in health care and how to recognize them in practice.

Models for Facilitating Value-Based Health Care Delivery with 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 one or both 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. two separate discussions versus one discussion to cover both modules). *Check out the suggested agenda for flipped classroom.*

a. *Example: Dell Med internal medicine residents complete Module 4 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

In-Class 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. You can then cover the second module with an additional session at a later date. *Check out the suggested agenda for Workshop 1.*

a. *Example: Dell Med students have a 70-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

Split Completion 90-minute Workshop Session: One-and-a-half-hour session discussing both modules; participants will complete Module 4 on their own time before coming to the workshop, and work through Module 5 during the workshop. *Check out the suggested agenda for Workshop 2.*

a. *Example: Dell Med women's health residents completed Module 4 prior to a morning didactic session, where a faculty facilitator leads a discussion of Module 4, followed by the residents completing Module 5 in the classroom with a facilitated discussion after each module.*

5. WORKSHOP 3

In-Class Two-Hour Workshop Session: Two- hour session discussing both modules; participants work through both 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 4 & 5 in a classroom during an academic half-day session, with an approximately 15-minute facilitated discussion following each module.*

Value-Based Health Care Delivery Learning Objectives

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

MODULE 4

- Reflect on the inefficiencies for patients and clinicians coordinating care in the current system.
- Identify how inefficiencies contribute to harm to patients and clinicians.
- Recognize the benefits of team-based care interactions organized around patient circumstances or conditions.
- Define key components of patient-centered medical homes (PCMHs).
- Evaluate the purpose of PCMHs.
- Define integrated practice units (IPUs).
- Evaluate the benefits and limitations of IPU models.
- Demonstrate ability to design care models coordinated around the needs of patients.

MODULE 5

- Analyze the features of a high-functioning value-based health care delivery system
- Recognize the benefits of team-based care interactions organized around patient medical needs and conditions
- Reflect on the importance of measurement focused on patient health outcomes
- Recognize the benefits of measuring and capturing actual costs of providing patient care
- Reflect on the causes and impacts of waste in health care
- Explore methods to curb overuse in health care
- Describe reimbursement mechanisms that support value of care provided across a full care cycle for medical conditions
- Explore examples of how health information technology can be leveraged to help restructure care delivery and accurately measure results
- Describe key structures of a delivery system focused on moving from volume to value
- Review key components of value-based health care

Audience and Setting

These workshops are primarily intended for medical school students, residents, or clinical faculty. The workshops 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.

Suggested Agenda: Flipped Classroom
(30-60 minutes)

*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 both of the modules, or some other combination/module focus of your choosing.

Step	Description	Suggested time
1	**THIS INFORMATION MAY BE PROVIDED TO LEARNERS BEFORE THE FIRST DISCUSSION SESSION EITHER IN PERSON OR VIA EMAIL** **INTRODUCTION**: introduce the topic, name of the course and speaker • The primary goal of this workshop is to teach components of value-based health care delivery and discuss how these can be practically applied in the clinic or hospital setting. • Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting. • If they have not done so already, 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 45 minutes to complete.	
2	**TO BE COMPLETED BEFORE CLASS** **MODULE 4:** Participants work through Module 4: Coordinating Care for Patients • This module discusses incremental and systemic changes that can be made to reduce problems associated with health care and details two health care delivery models that aim to address the problems associated with uncoordinated care and fragmentation.	45 minutes BEFORE CLASS
3	**DISCUSSION:** Discuss Module 4 • Bring the group together and start discussion by asking the participants for any	10-30 minutes

	general impressions/reflections, or new interesting things they learned in Module 4. • Continue the discussion with one or more of the following discussion questions or with those that come up from the group. 1. **What is the fundamental difference with integrated practice units (IPUs) when compared to the way most health care is delivered in the US?** • *In IPUs care is organized around the needs of this patient, rather than by the expertise/specialty of a given health professional.* 2. **Would you want to work in an integrated practice unit? Why or why not?** • *Notes: Can ensure the group highlights the benefits of integrated practice units for physicians and other health professionals, for example, better patient outcomes, lower costs and more efficient cost accounting, better ability to have input and coordination across cycle of care, shared decision-making process between all providers and their patient,[1,2] lowers burden of trying to coordinate with disjointed, non-co-located providers and susceptibility to malpractice risk.[3,4]* 3. **Would you want to obtain care at an integrated practice unit? Why or why not?** • *Notes: well-organized and high-functioning IPUs provide patients with more efficient, patient-centered and organized care that is less susceptible to repeat testing, uncoordinated care, risks associated with lack of communication, higher costs of care, poorer outcomes,[5-7] and higher focus on measuring and obtaining patient-prioritized outcomes.[8,9]* 4. **While patient-centered medical homes and integrated practice units have many similar fundamentals and components, how are they different?** • *Notes: As stated in the module: "PCMHs and IPUs grew from different gardens but ultimately seem to have converged on the same underlying principles. While PCMHs provide longitudinal care over a patient's lifetime and generally regardless of his or her condition, IPUs tend to concentrate on conditions for which the care cycle is well-defined. IPUs treat patients with specific circumstances or conditions, including specialty care. IPUs are generally co-located, multidisciplinary teams of clinical and nonclinical clinicians (e.g., case managers, social workers, activity coaches) who treat circumstances or conditions over a full care cycle. Whereas PCMHs are for generalized care of all patients, IPUs develop solutions for patients who share a condition or set of circumstances (e.g. musculoskeletal pain, frailty, or breast cancer)." It is possible to think about settings where*	depending on format of discussion

	PCMHs and IPUs could work together (for example, a patient is cared for at a PCMH but when he develops knee pain is referred to a musculoskeletal IPU which communicates with his PCMH and the patient returns to the care of his PCMH following full management of his knee pain; another example could be a patient in a PCMH who is diagnosed with cancer and then is referred to a cancer-based IPU for primary oncology care and management). 5. **What challenges are there in creating team-based, rather than individually run, practices and clinics?** • *Potential discussion starters: the way providers are currently reimbursed, lack of processes or appropriate use of HIT, fragmentation between clinics.*	
4	**TO BE COMPLETED BEFORE CLASS** **MODULE 5:** Participants work through Module 5 • Please note that this Module reviews concepts from Collection 1 (Modules 1-3) as well as Module 4. However, there are regular opportunities to visit or revisit those modules for individual review. • This module continues to explore and clarify how the components of value-based health care delivery can be applied.	45 minutes BEFORE CLASS
5	**DISCUSSION:** Discuss Module 5: Bringing it All Together: Value-Based Health Care Delivery • 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. 1. **Are there any components of value-based health care delivery that we currently do a good job at achieving in our health system? Which components do you think we could most likely work on implementing?** *Note: the components of VBHC delivery that are covered in this module are:* • *Team-based care interactions organized around patient medical needs and conditions;* • *Integrated care across units and facilities;* • *Measurement focused on patient health outcomes;* • *The actual costs of providing patient care are measured and captured;* • *Providers are reimbursed on value of care provided across a full care cycle for medical conditions;*	10-30 minutes depending on format of discussion

	• *Health information technology is leveraged to help restructure care delivery and accurately measure results* 2. **This module discussed the Choosing Wisely campaign. One of the simplest ways to improve value for patients is to simultaneously improve care and decrease costs through cutting out unnecessary services. Eliminating areas of overuse, or "waste," is something that any of us within health care can contribute to on an individual level. Like the animation in the module said, "It will take countless marginally incremental efforts from all involved." How can you help contribute to the movement to decrease overuse for your patients?** • *Notes: Participants can refer to a Choosing Wisely list relevant to their specialty or level of training – available at www.choosingwisely.org – to identify potential target areas. We also can each help have conversations with each other and with our patients around health care value and "choosing wisely."*	
6	**WRAP UP** • Briefly review the two modules of Value-Based Health Care Value Delivery: ○ Module 4: Coordinating Care for Patients: explored solutions to fragmented care delivery and how PCMH and IPU models can be adopted. ○ Module 5: Bringing it All Together: Value-Based Health Care Delivery: reviewed the concepts from the first 4 modules and assessed VBHC knowledge to this point. • If AAPA (physician assistant) or AMA (physician) participants want to receive free CME credit or a free certificate of completion, they must complete the survey when prompted to do so once both modules are completed. 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 by the end of fall 2018.	3-5 minutes
	References 1. Porter ME, Thomas HL. The Strategy that will fix health care. *Harvard Bus Rev*. 2013. Retrieved from https://hbr.org/2013/10/the-strategy-that-will-fix-health-care#comment-section 2. Keswani A, Koenig KM, Bozic KJ. Value-based healthcare: part 1—designing and implementing integrated practice units for the management of musculoskeletal disease. *Clin Orthop Relat Red.* 2016;474(10):2100-2103. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5014838/ 3. Pham HH, O'Malley AS, Bach PB, Saiontz-Martinez C, Schrag D. Primary care physicians' links to other physicians through Medicare patients: the scope of care coordination. *Ann Intern Med*. 2009;150(4):236-242. Retrieved from	

http://annals.org/aim/fullarticle/744294/primary-care-physicians-links-other-physicians-through-medicare-patients-scope
4. Crico Strategies. Malpractice Risks in Communication Failures: 2015 Annual Benchmarking Report. Report for the Risk Management Foundation of the Harvard Medical Institutions Incorporated. 2015. Retrieved from https://www.rmf.harvard.edu/~/media/0A5FF3ED1C8B40CFAF178BB965488FA9.ashx. Accessed December 7. 2017.
5. Da Silva BA, Krishnamurthy M. The Alarming Reality of Medication Error: A Patient Case and Review of Pennsylvania and National Data. *Journal of Community Hospital Internal Medicine Perspectives*. 2016;6(4):10.3402/jchimp.v6.31758.
6. Sutcliffe KM, Lewton E, Rosenthal MM. Communication Failures: An Insidious Contributor to Medical Mishaps. *Acad Med*. 2004;79(2):186-194. Retrieved from.
7. Frandsen BR, Hoynt KE, Rebitzer JA, Jha AK. Care fragmentation, quality, and costs among chronically ill patients. *Am J Man Care*. 2-15. Retrieved from http://www.ajmc.com/journals/issue/2015/2015-vol21-n5/care-fragmentation-quality-costs-among-chronically-ill-patients
8. Mitchell P, et al. Core principles and values of effective team-based health care. Discussion paper, Institute of Medicine. October, 2012. Retrieved from https://nam.edu/wp-content/uploads/2015/06/VSRT-Team-Based-Care-Principles-Values.pdf

Suggested Agenda: Workshop 1
(Two 60-90-minute Sessions)

Session 1		
Step	**Description**	**Suggested time**
1	**INTRODUCTION**: introduce the topic, name of the course and speaker • The primary goal of this workshop is to teach components of value-based health care delivery and discuss how these can be practically applied in the clinic or hospital setting. • Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting. • If they have not done so already, 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 the 4th module on their own and then the participants will regroup to discuss key concepts covered in this module. • The module will take about 45 minutes to complete.	5 minutes
2	**MODULE 4:** Participants work through Module 4: Coordinating Care for Patients • This module discusses incremental and systemic changes that can be made to reduce problems associated with health care and details two health care delivery models that aim to address the problems associated with uncoordinated care and fragmentation. •	45 minutes
3	**DISCUSSION:** Discuss Module 4 • Bring the group together and start discussion by asking the participants for any general impressions/reflections, or new interesting things they learned in Module 4. • Continue the discussion with one or more of the following discussion questions or with those that come up from the group. 1. **What is the fundamental difference with integrated practice units (IPUs) when compared to the way most health care is delivered in the US?**	15-30 minutes depending on format

	• *In IPUs care is organized around the needs of this patient, rather than by the expertise/specialty of a given health professional.* 2. **Would you want to work in an integrated practice unit? Why or why not?** • *Notes: Can ensure the group highlights the benefits of integrated practice units for physicians and other health professionals, for example, better patient outcomes, lower costs and more efficient cost accounting, better ability to have input and coordination across cycle of care, shared decision-making process between all providers and their patient,[1,2] lowers burden of trying to coordinate with disjointed, non-co-located providers and susceptibility to malpractice risk.[3,4]* 3. **Would you want to obtain care at an integrated practice unit? Why or why not?** • *Notes: well-organized and high-functioning IPUs provide patients with more efficient, patient-centered and organized care that is less susceptible to repeat testing, uncoordinated care, risks associated with lack of communication, higher costs of care, poorer outcomes,[5-7] and higher focus on measuring and obtaining patient-prioritized outcomes.[8,9]* 4. **While patient-centered medical homes and integrated practice units have many similar fundamentals and components, how are they different?** • *Notes: As stated in the module: "PCMHs and IPUs grew from different gardens but ultimately seem to have converged on the same underlying principles. While PCMHs provide longitudinal care over a patient's lifetime and generally regardless of his or her condition, IPUs tend to concentrate on conditions for which the care cycle is well-defined. IPUs treat patients with specific circumstances or conditions, including specialty care. IPUs are generally co-located, multidisciplinary teams of clinical and nonclinical clinicians (e.g., case managers, social workers, activity coaches) who treat circumstances or conditions over a full care cycle. Whereas PCMHs are for generalized care of all patients, IPUs develop solutions for patients who share a condition or set of circumstances (e.g. musculoskeletal pain, frailty, or breast cancer)." It is possible to think about settings where PCMHs and IPUs could work together (for example, a patient is cared for at a PCMH but when*	

	he develops knee pain is referred to a musculoskeletal IPU which communicates with his PCMH and the patient returns to the care of his PCMH following full management of his knee pain; another example could be a patient in a PCMH who is diagnosed with cancer and then is referred to a cancer-based IPU for primary oncology care and management). 5. **What challenges are there in creating team-based, rather than individually run, practices and clinics?** • *Potential discussion starters: the way providers are currently reimbursed, lack of processes or appropriate use of HIT, fragmentation between clinics.*	
	END OF SESSION 1	
	Wrap Up	
4	**WRAP UP** • Briefly review Module 4 and the class discussion: ○ Module 4: Coordinating Care for Patients: explored solutions to fragmented care delivery and how PCMH and IPU models can be adopted. • **IF HAVING SECOND SESSION:** remind participants of the next sessions' date and that it will focus on Module 5: Bringing it All Together: Value-Based Health Care Delivery • Ask for any thoughts or feedback on the format of the workshop. Mention that future modules will be developed. • **IF NOT HAVING SECOND SESSION:** If AAPA (physician assistant) or AMA (physician) participants want to receive free CME credit or a free certificate of completion, they must complete Module 5 on their own as well as the survey when prompted to do so once completing both 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 by the fall of 2018.	3-5 minutes

	References 1. Porter ME, Thomas HL. The Strategy that will fix health care. *Harvard Bus Rev*. 2013. Retrieved from https://hbr.org/2013/10/the-strategy-that-will-fix-health-care#comment-section 2. Keswani A, Koenig KM, Bozic KJ. Value-based healthcare: part 1—designing and implementing integrated practice units for the management of musculoskeletal disease. *Clin Orthop Relat Red.* 2016;474(10):2100-2103. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5014838/ 3. Pham HH, O'Malley AS, Bach PB, Saiontz-Martinez C, Schrag D. Primary care physicians' links to other physicians through Medicare patients: the scope of care coordination. *Ann Intern Med*. 2009;150(4):236-242. Retrieved from http://annals.org/aim/fullarticle/744294/primary-care-physicians-links-other-physicians-through-medicare-patients-scope 4. Crico Strategies. Malpractice Risks in Communication Failures: 2015 Annual Benchmarking Report. Report for the Risk Management Foundation of the Harvard Medical Institutions Incorporated. 2015. Retrieved from https://www.rmf.harvard.edu/~/media/0A5FF3ED1C8B40CFAF178BB965488FA9.ashx. Accessed December 7. 2017. 5. Da Silva BA, Krishnamurthy M. The Alarming Reality of Medication Error: A Patient Case and Review of Pennsylvania and National Data. *Journal of Community Hospital Internal Medicine Perspectives*. 2016;6(4):10.3402/jchimp.v6.31758. 6. Sutcliffe KM, Lewton E, Rosenthal MM. Communication Failures: An Insidious Contributor to Medical Mishaps. *Acad Med*. 2004;79(2):186-194. Retrieved from. 7. Frandsen BR, Hoynt KE, Rebitzer JA, Jha AK. Care fragmentation, quality, and costs among chronically ill patients. *Am J Man Care*. 2-15. Retrieved from http://www.ajmc.com/journals/issue/2015/2015-vol21-n5/care-fragmentation-quality-costs-among-chronically-ill-patients 8. Mitchell P, et al. Core principles and values of effective team-based health care. Discussion paper, Institute of Medicine. October, 2012. Retrieved from https://nam.edu/wp-content/uploads/2015/06/VSRT-Team-Based-Care-Principles-Values.pdf	

Session 2		
1	**INTRODUCTION**: introduce the topic, name of the course and speaker • The primary goal of this workshop is to teach components of value-based health care delivery and discuss how these can be practically applied in the clinic or hospital setting. • Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting. • If they have not done so already, 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.	5 minutes

	• Describe the structure of this workshop – participants will have time to work through the 5th module on their own and then the participants will regroup to discuss key concepts covered in this module. • The module will take about 45 minutes to complete.	
2	**MODULE 5:** Participants work through Module 5 • Please note that this Module reviews concepts from Collection 1 (Modules 1-3) as well as Module 4. However, there are regular opportunities to visit or revisit those modules for individual review. • This module continues to explore and clarify how the components of value-based health care delivery can be applied.	45 minutes
3	**DISCUSSION:** Discuss Module 5: Bringing it All Together: Value-Based Health Care Delivery • 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. 1. **Are there any components of value-based health care delivery that we currently do a good job at achieving in our health system? Which components do you think we could most likely work on implementing?** *Note: the components of VBHC delivery that are covered in this module are:* • *Team-based care interactions organized around patient medical needs and conditions;* • *Integrated care across units and facilities;* • *Measurement focused on patient health outcomes;* • *The actual costs of providing patient care are measured and captured;* • *Providers are reimbursed on value of care provided across a full care cycle for medical conditions;* • *Health information technology is leveraged to help restructure care delivery and accurately measure results* 2. **This module discussed the Choosing Wisely campaign. One of the simplest ways to improve value for patients is to simultaneously improve care and decrease costs through cutting out unnecessary services. Eliminating areas of overuse, or "waste," is**	15-30 minutes depending on format

	something that any of us within health care can contribute to on an individual level. Like the animation in the module said, "It will take countless marginally incremental efforts from all involved." How can you help contribute to the movement to decrease overuse for your patients? • *Notes: Participants can refer to a Choosing Wisely list relevant to their specialty or level of training – available at www.choosingwisely.org – to identify potential target areas. We also can each help have conversations with each other and with our patients around health care value and "choosing wisely."*	
	END OF SESSION 2	
	Wrap Up	
4	**WRAP UP** • Briefly review the two modules of Value-Based Health Care Value Delivery: ○ Module 4: Coordinating Care for Patients: explored solutions to fragmented care delivery and how PCMH and IPU models can be adopted. ○ Module 5: Bringing it All Together: Value-Based Health Care Delivery: reviewed the concepts from the first 4 modules and assessed VBHC knowledge to this point. • If AAPA (physician assistant) or AMA (physician) participants want to receive free CME credit or a free certificate of completion, they must complete the survey when prompted to do so once both modules are completed. 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 by the end of fall 2018.	3-5 minutes

Suggested Agenda: Workshop 2
(One 90-minute Session)

Step	Description	Suggested time
1	**THIS INFORMATION MAY BE PROVIDED TO LEARNERS BEFORE THE FIRST DISCUSSION SESSION EITHER IN PERSON OR VIA EMAIL** **INTRODUCTION**: introduce the topic, name of the course and speaker • The primary goal of this workshop is to teach components of value-based health care delivery and discuss how these can be practically applied in the clinic or hospital setting. • Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting. • If they have not done so already, 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 45 minutes to complete.	
2	**TO BE COMPLETED BEFORE CLASS** **MODULE 4:** Participants work through Module 4: Coordinating Care for Patients • This module discusses incremental and systemic changes that can be made to reduce problems associated with health care and details two health care delivery models that aim to address the problems associated with uncoordinated care and fragmentation.	45 minutes BEFORE CLASS

3	**DISCUSSION:** Discuss Module 4 • Bring the group together and start discussion by asking the participants for any general impressions/reflections, or new interesting things they learned in Module 4. • Continue the discussion with one or more of the following discussion questions or with those that come up from the group. 1. **What is the fundamental difference with integrated practice units (IPUs) when compared to the way most health care is delivered in the US?** • *In IPUs care is organized around the needs of this patient, rather than by the expertise/specialty of a given health professional.* 2. **Would you want to work in an integrated practice unit? Why or why not?** • *Notes: Can ensure the group highlights the benefits of integrated practice units for physicians and other health professionals, for example, better patient outcomes, lower costs and more efficient cost accounting, better ability to have input and coordination across cycle of care, shared decision-making process between all providers and their patient,[1,2] lowers burden of trying to coordinate with disjointed, non-co-located providers and susceptibility to malpractice risk.[3,4]* 3. **Would you want to obtain care at an integrated practice unit? Why or why not?** • *Notes: well-organized and high-functioning IPUs provide patients with more efficient, patient-centered and organized care that is less susceptible to repeat testing, uncoordinated care, risks associated with lack of communication, higher costs of care, poorer outcomes,[5-7] and higher focus on measuring and obtaining patient-prioritized outcomes.[8,9]* 4. **While patient-centered medical homes and integrated practice units have many similar fundamentals and components, how are they different?** • *Notes: As stated in the module: "PCMHs and IPUs grew from different gardens but ultimately seem to have converged on the same underlying principles. While PCMHs provide longitudinal care over a patient's lifetime and generally regardless of his or her condition, IPUs tend to concentrate on conditions for which the care cycle is well-defined. IPUs treat patients with specific circumstances or conditions, including specialty care. IPUs are generally co-located, multidisciplinary teams of clinical and*	15 minutes

	nonclinical clinicians (e.g., case managers, social workers, activity coaches) who treat circumstances or conditions over a full care cycle. Whereas PCMHs are for generalized care of all patients, IPUs develop solutions for patients who share a condition or set of circumstances (e.g. musculoskeletal pain, frailty, or breast cancer).” It is possible to think about settings where PCMHs and IPUs could work together (for example, a patient is cared for at a PCMH but when he develops knee pain is referred to a musculoskeletal IPU which communicates with his PCMH and the patient returns to the care of his PCMH following full management of his knee pain; another example could be a patient in a PCMH who is diagnosed with cancer and then is referred to a cancer-based IPU for primary oncology care and management). 5. **What challenges are there in creating team-based, rather than individually run, practices and clinics?** *Potential discussion starters: the way providers are currently reimbursed, lack of processes or appropriate use of HIT, fragmentation between clinics.*	
	5-10 MINUTE BREAK	
4	**MODULE 5:** Participants work through Module 5 • Please note that this Module reviews concepts from Collection 1 (Modules 1-3) as well as Module 4. However, there are regular opportunities to visit or revisit those modules for individual review. • This module continues to explore and clarify how the components of value-based health care delivery can be applied.	45 minutes
5	**DISCUSSION:** Discuss Module 5: Bringing it All Together: Value-Based Health Care Delivery • 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. 1. **Are there any components of value-based health care delivery that we currently do a good job at achieving in our health system? Which components do you think we could most likely work on implementing?** *Note: the components of VBHC delivery that are covered in this module are:*	15 minutes

	• *Team-based care interactions organized around patient medical needs and conditions;* • *Integrated care across units and facilities;* • *Measurement focused on patient health outcomes;* • *The actual costs of providing patient care are measured and captured;* • *Providers are reimbursed on value of care provided across a full care cycle for medical conditions;* • *Health information technology is leveraged to help restructure care delivery and accurately measure results* 2. **This module discussed the Choosing Wisely campaign. One of the simplest ways to improve value for patients is to simultaneously improve care and decrease costs through cutting out unnecessary services. Eliminating areas of overuse, or "waste," is something that any of us within health care can contribute to on an individual level. Like the animation in the module said, "It will take countless marginally incremental efforts from all involved." How can you help contribute to the movement to decrease overuse for your patients?** *Notes: Participants can refer to a Choosing Wisely list relevant to their specialty or level of training – available at www.choosingwisely.org – to identify potential target areas. We also can each help have conversations with each other and with our patients around health care value and "choosing wisely."*	
	5-10 MINUTE BREAK	
6	**WRAP UP** • Briefly review the two modules of Value-Based Health Care Value Delivery: ○ Module 4: Coordinating Care for Patients: explored solutions to fragmented care delivery and how PCMH and IPU models can be adopted. ○ Module 5: Bringing it All Together: Value-Based Health Care Delivery: reviewed the concepts from the first 4 modules and assessed VBHC knowledge to this point. • If AAPA (physician assistant) or AMA (physician) participants want to receive free CME credit or a free certificate of completion, they must complete the survey when prompted to do so once both modules are completed. 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 by the end of fall 2018.	3-5 minutes

References

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Suggested Agenda: Workshop 3
(One Two-Hour Session)

Step	Description	Suggested time
1	**INTRODUCTION**: introduce the topic, name of the course and speaker • The primary goal of this workshop is to teach components of value-based health care delivery and discuss how these can be practically applied in the clinic or hospital setting. • Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting. • If they have not done so already, 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 45 minutes to complete.	5 minutes
2	**MODULE 4:** Participants work through Module 4: Coordinating Care for Patients • This module discusses incremental and systemic changes that can be made to reduce problems associated with health care and details two health care delivery models that aim to address the problems associated with uncoordinated care and fragmentation. •	45 minutes
3	**DISCUSSION:** Discuss Module 4 • Bring the group together and start discussion by asking the participants for any general impressions/reflections, or new interesting things they learned in Module 4. • Continue the discussion with one or more of the following discussion questions or with those that come up from the group. 1. **What is the fundamental difference with integrated practice units (IPUs) when compared to the way most health care is delivered in the US?** • *In IPUs care is organized around the needs of this patient, rather than by the expertise/specialty of a given health professional.*	15 minutes

	2. **Would you want to work in an integrated practice unit? Why or why not?** • *Notes: Can ensure the group highlights the benefits of integrated practice units for physicians and other health professionals, for example, better patient outcomes, lower costs and more efficient cost accounting, better ability to have input and coordination across cycle of care, shared decision-making process between all providers and their patient,[1,2] lowers burden of trying to coordinate with disjointed, non-co-located providers and susceptibility to malpractice risk.[3,4]* 3. **Would you want to obtain care at an integrated practice unit? Why or why not?** • *Notes: well-organized and high-functioning IPUs provide patients with more efficient, patient-centered and organized care that is less susceptible to repeat testing, uncoordinated care, risks associated with lack of communication, higher costs of care, poorer outcomes,[5-7] and higher focus on measuring and obtaining patient-prioritized outcomes.[8,9]* 4. **While patient-centered medical homes and integrated practice units have many similar fundamentals and components, how are they different?** • *Notes: As stated in the module: "PCMHs and IPUs grew from different gardens but ultimately seem to have converged on the same underlying principles. While PCMHs provide longitudinal care over a patient's lifetime and generally regardless of his or her condition, IPUs tend to concentrate on conditions for which the care cycle is well-defined. IPUs treat patients with specific circumstances or conditions, including specialty care. IPUs are generally co-located, multidisciplinary teams of clinical and nonclinical clinicians (e.g., case managers, social workers, activity coaches) who treat circumstances or conditions over a full care cycle. Whereas PCMHs are for generalized care of all patients, IPUs develop solutions for patients who share a condition or set of circumstances (e.g. musculoskeletal pain, frailty, or breast cancer)." It is possible to think about settings where PCMHs and IPUs could work together (for example, a patient is cared for at a PCMH but when he develops knee pain is referred to a musculoskeletal IPU which communicates with his PCMH and the patient returns to the care of his PCMH following full*	

	management of his knee pain; another example could be a patient in a PCMH who is diagnosed with cancer and then is referred to a cancer-based IPU for primary oncology care and management). 5. **What challenges are there in creating team-based, rather than individually run, practices and clinics?** *Potential discussion starters: the way providers are currently reimbursed, lack of processes or appropriate use of HIT, fragmentation between clinics.*	
	5-10 MINUTE BREAK	
4	**MODULE 5:** Participants work through Module 5 • Please note that this Module reviews concepts from Collection 1 (Modules 1-3) as well as Module 4. However, there are regular opportunities to visit or revisit those modules for individual review. • This module continues to explore and clarify how the components of value-based health care delivery can be applied.	45 minutes
5	**DISCUSSION:** Discuss Module 5: Bringing it All Together: Value-Based Health Care Delivery • 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. 1. **Are there any components of value-based health care delivery that we currently do a good job at achieving in our health system? Which components do you think we could most likely work on implementing?** *Note: the components of VBHC delivery that are covered in this module are:* • *Team-based care interactions organized around patient medical needs and conditions;* • *Integrated care across units and facilities;* • *Measurement focused on patient health outcomes;* • *The actual costs of providing patient care are measured and captured;* • *Providers are reimbursed on value of care provided across a full care cycle for medical conditions;* • *Health information technology is leveraged to help restructure care delivery and accurately measure results*	15 minutes

	2. **This module discussed the Choosing Wisely campaign. One of the simplest ways to improve value for patients is to simultaneously improve care and decrease costs through cutting out unnecessary services. Eliminating areas of overuse, or "waste," is something that any of us within health care can contribute to on an individual level. Like the animation in the module said, "It will take countless marginally incremental efforts from all involved." How can you help contribute to the movement to decrease overuse for your patients?** *Notes: Participants can refer to a Choosing Wisely list relevant to their specialty or level of training – available at www.choosingwisely.org – to identify potential target areas. We also can each help have conversations with each other and with our patients around health care value and "choosing wisely."*	
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