

# Facilitator Guide

## Modules 6 & 7: Improving Value at the Bedside

---

### Table of Contents

Table of Contents.....	1
Description.....	2
Models for Facilitating “Improving Value at the Bedside” with Learners .....	3
1. INDEPENDENT LEARNING .....	3
2. “FLIPPED CLASSROOM” .....	3
3. WORKSHOP 1.....	3
4. WORKSHOP 2.....	3
5. WORKSHOP 3.....	3
Improving Value at the Bedside Learning Objectives.....	4
MODULE 6: Enhancing Affordability for Patients through High-Value Prescribing.....	4
MODULE 7: High-Value Communication .....	4
Audience and Setting.....	5
Required Equipment.....	5
Suggested Agenda: Flipped Classroom.....	6
Suggested Agenda: Workshop 1.....	12
(Two 60-90-minute Sessions) .....	12
Session 1 .....	12
Session 2 .....	15
Suggested Agenda: Workshop 2.....	19
(One 90-minute Session) .....	19
Suggested Agenda: Workshop 3.....	25
(One Two-Hour Session) .....	25

# 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](http://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.

The second two modules, Modules 4 and 5, 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.

**\*Please see the Facilitator Guides for Collection 1 (Modules 1-3) and Collection 2 (Modules 4 and 5) for workshops on these modules.**

This third module collection, “Improving Value at the Bedside,” contains Modules 6 and 7 and covers:

1. Concrete methods to alleviate patients’ medication costs, and
2. Strategies for effective clinician-patient communication to improve value.

# Models for Facilitating “Improving Value at the Bedside” 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 6 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 6 on their own time before coming to the workshop, and work through Module 7 during the workshop. [Check out the suggested agenda for Workshop 2.](#)

- a. *Example: Dell Med women’s health residents completed Module 6 prior to a morning didactic session, where a faculty facilitator leads a discussion of Module 6, followed by the residents completing Module 7 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 6 & 7 in a classroom during an academic half-day session, with an approximately 15-minute facilitated discussion following each module.*

# Improving Value at the Bedside Learning Objectives

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

## MODULE 6: Enhancing Affordability for Patients through High-Value Prescribing

- Reflect on the impacts of high medication costs on patients
- Recognize the harms of cost-related medication non-adherence
- Define high-value prescribing
- Explore the principles of conservative prescribing
- Articulate how to identify patients who are having difficulty paying for their medications
- Describe strategies to reduce out-of-pocket drug costs for patients
- Reflect on how Kaiser Permanente has achieved better outcomes for patients through high rates of generic prescribing and affordable medications
- Practice methods for decreasing the costs of necessary medications for a patient

## MODULE 7: High-Value Communication

- Describe how miscommunications can occur between the patient and clinician
- Identify the challenges to addressing misconceptions at the point-of-care
- Suggest strategies for promoting high-value, shared decisions
- Develop an approach to discussing optimal use of resources with colleagues, consultants, and supervisors
- Discuss opportunities to improve interprofessional communication to limit less helpful tests and treatments and promote patient-centered, team-based care
- Use tools that help patients actively engage in their health
- Reflect on the key principles of the communication program developed at Cleveland Clinic
- Apply high-value communication techniques during a patient encounter

# 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

\*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	<p><b>THIS INFORMATION MAY BE PROVIDED TO LEARNERS BEFORE THE FIRST DISCUSSION SESSION EITHER IN PERSON OR VIA EMAIL</b></p> <p><b>INTRODUCTION:</b> introduce the topic, name of the course and speaker</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting.</li> <li>• If they have not done so already, prompt participants to navigate to <a href="http://vbhc.dellmed.utexas.edu">vbhc.dellmed.utexas.edu</a> and click 'Sign Up' in the upper right corner. Registration takes 30 seconds or less and is free for learners.</li> <li>• 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.</li> <li>• Each module will take about 45-60 minutes to complete.</li> </ul>	
2	<p><b>TO BE COMPLETED BEFORE CLASS</b></p> <p><b>MODULE 6:</b> Participants work through Module 6: Enhancing Affordability for Patients through High-Value Prescribing</p> <ul style="list-style-type: none"> <li>• This module explores how medication non-adherence can impact health, reasons why patients typically do not adhere to prescribed treatment regimens (especially due to costs), and strategies for high-value prescribing, which aims to reduce medication cost and complexity to improve patient outcomes.</li> <li>• <b>SUGGESTION: Module 6, Section 9 is an interactive activity that we've had good results completing collaboratively. If you would like to make the completion of this activity part of your workshop, let students know ahead of time that this section will be completed during the workshop in</b></li> </ul>	45-60 minutes BEFORE CLASS

	<p><b>small groups, rather than independently.</b></p>	
<p>3</p>	<p><b>DISCUSSION:</b> Discuss Module 6</p> <ul style="list-style-type: none"> <li>• Bring the group together and start discussion by asking the participants for any general impressions/reflections, or new interesting things they learned in Module 6.</li> <li>• If completing the Section 9 interactive collaboratively, you may do so before the discussion begins or during the below-noted location.</li> <li>• 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"> <li>1. <b>What are the individual and societal harms associated with medication non-adherence?</b> <ul style="list-style-type: none"> <li>• <i>This module discusses patients putting off needed care and/or other household needs (such as groceries) due to medication costs. For example, when patients cannot afford their medications, they often stop taking some of their medications, or they resort to other behaviors that undercut the benefits of medication, such as skipping doses, splitting pills, delaying refills, and avoiding new prescriptions. This contributes to delayed diagnoses and inadequately managed chronic diseases, which increase the burden physically and financially for patients, as well as society as a whole.</i></li> <li>• <i>From Module 6: “Cost-related medication nonadherence is a common problem that leads to more frequent emergency department visits, psychiatric admissions, and nursing home placements, as well as decreased overall health status.”</i></li> </ul> </li> <li>2. <b>Is it important that prescribers integrate questions regarding ability to afford medication when discussing treatment plans?</b> <ul style="list-style-type: none"> <li>• <i>Note: This can be a discussion with the group that examines both sides of the conversation and strategies to discuss ability to afford with patients.</i></li> <li>• <i>From module 6: The majority of patients say that they would prefer to discuss the costs of medical treatments with their physicians ahead of time. Seventy-nine percent of physicians say they wished they could discuss costs but don’t due to time constraints and unease with the topic.</i></li> <li>• <i>“More expensive medications often result in lower daily compliance rates (patients take the medication less consistently), which for certain medications results in worse patient outcomes. For example in a study of more than 90,000 people taking statins, those who were prescribed generic statins had a better daily compliance rate, which resulted in an 8% reduction in incidence of death and</i></li> </ul> </li> </ol> </li> </ul>	<p>15-30 minutes depending on format of discussion</p>

	<p><i>hospitalization for acute coronary syndrome or stroke in that group.”</i></p> <ul style="list-style-type: none"> <li>• <i>According to one study, when physicians and patients discussed costs, 41% of patients were switched to a lower cost medication (vs. only 12% of those patients who did not discuss costs of medication with their physician.</i></li> </ul> <p>3. <b>What is the definition of high-value prescribing (as used in this module)?</b></p> <ul style="list-style-type: none"> <li>• <i>“High-value prescribing entails providing the simplest medication regimen that minimizes physical and financial risk to the patient while achieving the best outcome.”</i></li> <li>• <i>High-value prescribing is achieved by: 1) decreasing costs; 2) decreasing complexity; or 3) decreasing risk of medications; ideally we aim to decrease all three simultaneously.</i></li> </ul> <p>4. <b>What are the most effective strategies in lowering drug costs for patients?</b></p> <ul style="list-style-type: none"> <li>• <i>We introduced the mnemonic “GOT MeDS,” which was developed by Costs of Care to teach strategies for decreasing patient out-of-pocket costs for medications:</i></li> </ul> <div style="background-color: #f0f0f0; padding: 10px; margin: 10px 0;"> <ul style="list-style-type: none"> <li><span style="color: blue; font-weight: bold; font-size: 1.2em; margin-right: 5px;">G</span> <b>GENERICS:</b> prescribe when possible; educate patients on safety/efficacy</li> <li><span style="color: orange; font-weight: bold; font-size: 1.2em; margin-right: 5px;">O</span> <b>ORDERING IN BULK:</b> 3-month supplies of drugs from pharmacy or by mail</li> <li><span style="color: teal; font-weight: bold; font-size: 1.2em; margin-right: 5px;">T</span> <b>THERAPEUTIC ALTERNATIVES:</b> OTC meds; cheaper meds in same class</li> <li><span style="background-color: black; color: white; font-weight: bold; font-size: 1.2em; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">Me</span> <b>MEDICATION REVIEW:</b> regularly review med list; remove unnecessary meds</li> <li><span style="color: red; font-weight: bold; font-size: 1.2em; margin-right: 5px;">D</span> <b>DISCOUNT DRUGS:</b> \$4 drugs (Walmart, Target, etc); discount cards</li> <li><span style="background-color: blue; color: white; font-weight: bold; font-size: 1.2em; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">S</span> <b>SPLITTING PILLS:</b> prescribe higher dose and advise patients to split pills</li> </ul> </div> <p><i>Note: If not done prior to the discussion, this is a good place to complete the Section 9 interactive, either all together or in groups. Groups may compete against one another to find the lowest drug options. Ensure safety (no oversees pharmacies, etc.) is adhered to.</i></p> <p>4. <b>At the end of Module 6, you helped lower the medication costs for a hypothetical patient. Could you see yourself using these same strategies in your practice? Why or why not?</b></p> <ul style="list-style-type: none"> <li>• <i>Note: This can be asked as a follow-up to the in-workshop activity and/or based on the learners’ own experiences.</i></li> </ul>	
4	<p style="color: red; font-weight: bold; margin: 0;"><b>TO BE COMPLETED BEFORE CLASS</b></p> <p style="margin: 0;"><b>MODULE 7:</b> Participants work through Module 7: High-Value Communication</p>	45 minutes BEFORE CLASS



	<ul style="list-style-type: none"> <li>This module explores the pitfalls that can occur in clinician-patient communication and techniques for improving communication. Learners explore models of communication, including Cleveland Clinic’s communication program.</li> </ul>	
5	<p><b>DISCUSSION:</b> Discuss Module 7</p> <ul style="list-style-type: none"> <li>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</li> <li>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"> <li><b>What seem to be the most common pitfalls in clinician-patient communication?</b>  <i>Note: The Story from the Frontlines video in Section 2 and the podcast in section 3 feature Dr. David Ring and Dr. Maggie Lowenstein discussing pitfalls: “Conversations about value constitute some of the most challenging discussions we have,” Dr. Maggie Lowenstein wrote in an article for JAMA Internal Medicine (as read in module 7, section 3). “Part of the struggle comes from explaining complex concepts such as the harms of overdiagnosis and overtreatment. However, the truly difficult task is breaking the news that medicine is imperfect, and we don’t have answers to every question. As a young physician, I work hard every day to gain patients’ trust. I worry that admitting the fallibility of my profession will be conflated with inexperience, my hard-earned trust will be lost, or worst of all, my patients will feel that I have abandoned or failed them.”</i> </li> <li><b>What is a communication skill or tactic that you took away from this training that you would like to try with your patients?</b> <ul style="list-style-type: none"> <li><i>The module provided the following “tips for effective communication”:</i> <ul style="list-style-type: none"> <li><i>Begin with active, empathetic listening;</i></li> <li><i>Get to know a few things that make that person special;</i></li> <li><i>Elicit patient beliefs and questions;</i></li> <li><i>Summarize and legitimize their concerns;</i></li> <li><i>Use non-technical language and pause for questions between points;</i></li> <li><i>Focus on creating a partnership;</i></li> <li><i>Have “scripts” for common scenarios, e.g.: patients seeking antibiotics, patients with limited life expectancy, and patients with pain seeking pain</i></li> </ul> </li> </ul> </li> </ol> </li> </ul>	10-30 minutes depending on format of discussion

	<p style="text-align: center;"><i>meds.</i></p> <ul style="list-style-type: none"> <li>• <i>Module 7, Section 4 also includes a table of common words/phrases that are used in medicine (such as “patient refused”), potential pitfalls (e.g., “Establishes decision-making divide (subtle or overt) between patient and clinicians”), and proposed alternatives (e.g., ““Patient declined,” or “Patient preferred not to/would rather not.”)</i></li> </ul> <p><b>3. Review the tools discussed in “Section 7: Partnering with Patients.” What do you think is the most effective way to help patients to be partners in their treatments?</b></p> <ul style="list-style-type: none"> <li>• <i>We discussed using the following tools to aid in shared decision-making:</i> <ul style="list-style-type: none"> <li>• <i>Prompt lists, such as Choosing Wisely’s 5 Questions to Ask your Doctor:</i></li> </ul> </li> </ul> <div data-bbox="570 663 1252 1056" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center; background-color: #2e8b57; color: white; padding: 5px;"><b>5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure</b></p> <ol style="list-style-type: none"> <li><span style="background-color: #f0e68c; padding: 2px 5px;">1</span> Do I really need this test or procedure?</li> <li><span style="background-color: #90ee90; padding: 2px 5px;">2</span> What are the risks and side effects?</li> <li><span style="background-color: #4682b4; padding: 2px 5px;">3</span> Are there simpler, safer options?</li> <li><span style="background-color: #4169e1; padding: 2px 5px;">4</span> What happens if I don’t do anything?</li> <li><span style="background-color: #800080; padding: 2px 5px;">5</span> How much does it cost, and will my insurance pay for it?</li> </ol> <p style="text-align: right; font-size: small;">© 2016 Consumer Reports</p> </div> <ul style="list-style-type: none"> <li>• <i>Decision Aids for choosing treatments:</i> <a href="https://decisionaid.ohri.ca/index.html">https://decisionaid.ohri.ca/index.html</a></li> <li>• <i>Motivational Interviewing (You can learn more about motivational interviewing here:</i> <a href="https://www.ncbi.nlm.nih.gov/books/NBK64964/">https://www.ncbi.nlm.nih.gov/books/NBK64964/</a>)</li> <li>• <i>Teach Back (You can learn more about how to use the teach-back method with this <a href="#">AHRQ toolkit</a>).</i></li> </ul>	
6	<p><b>WRAP UP</b></p> <ul style="list-style-type: none"> <li>• Briefly review the two modules of “Improving Value at the Bedside”: <ul style="list-style-type: none"> <li>○ Module 6: Enhancing Affordability for Patients through High-Value Prescribing: provided insight into the effects of cost-related medication non-adherence and provided pragmatic tools that can be used to lower medication prices for patients.</li> <li>○ Module 7: High-Value Communication: explored provider-patient communication pitfalls and techniques to enhance communication effectiveness.</li> </ul> </li> <li>• 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 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.</li> </ul>	3-5 minutes

	<ul style="list-style-type: none"><li>• Ask for any thoughts or feedback on the format of the workshop Mention that future modules will be developed by the end of 2018.</li></ul>	
--	--	--

# Suggested Agenda: Workshop 1

## (Two 60-90-minute Sessions)

Session 1		
Step	Description	Suggested time
1	<p><b>THIS INFORMATION MAY BE PROVIDED TO LEARNERS BEFORE THE FIRST WORKSHOP EITHER IN PERSON OR VIA EMAIL</b></p> <p><b>INTRODUCTION:</b> introduce the topic, name of the course and speaker</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting.</li> <li>• If they have not done so already, prompt participants to navigate to <a href="http://vbhc.dellmed.utexas.edu">vbhc.dellmed.utexas.edu</a> and click 'Sign Up' in the upper right corner. Registration takes 30 seconds or less and is free for learners.</li> <li>• Describe the structure of this workshop – participants will have time to work through the 6th module on their own and then the participants will regroup to discuss key concepts covered in this module.</li> <li>• The module will take about 45-60 minutes to complete.</li> </ul>	5 minutes
2	<p><b>MODULE 6:</b> Participants work through Module 6: Coordinating Care for Patients</p> <ul style="list-style-type: none"> <li>• This module explores how medication non-adherence can impact health, reasons why patients typically do not adhere to prescribed treatment regimens (especially due to costs), and strategies for high-value prescribing, which aims to reduce medication cost and complexity to improve patient outcomes.</li> <li>• <b>SUGGESTION: Module 6, Section 9 is an interactive activity that we've had good results completing collaboratively. If you would like to make the completion of this activity a group activity, let students know ahead of time that this section will be completed in small groups, rather than independently, and to wait to begin it until others have completed the preceding sections.</b></li> </ul>	45-60 minutes

3	<p><b>DISCUSSION:</b> Discuss Module 6</p> <ul style="list-style-type: none"> <li>● Bring the group together and start discussion by asking the participants for any general impressions/reflections, or new interesting things they learned in Module 6.</li> <li>● If completing the Section 9 interactive collaboratively, you may do so before the discussion begins or during the below-noted location.</li> <li>● 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"> <li>1. <b>What are the individual and societal harms associated with medication non-adherence?</b> <ul style="list-style-type: none"> <li>• <i>This module discusses patients putting off needed care and/or other household needs (such as groceries) due to medication costs. For example, when patients cannot afford their medications, they often stop taking some of their medications, or they resort to other behaviors that undercut the benefits of medication, such as skipping doses, splitting pills, delaying refills, and avoiding new prescriptions. This contributes to delayed diagnoses and inadequately managed chronic diseases, which increase the burden physically and financially for patients, as well as society as a whole.</i></li> <li>• <i>From Module 6: “Cost-related medication nonadherence is a common problem that leads to more frequent emergency department visits, psychiatric admissions, and nursing home placements, as well as decreased overall health status.”</i></li> </ul> </li> <li>2. <b>Is it important that prescribers integrate questions regarding ability to afford medication when discussing treatment plans?</b> <ul style="list-style-type: none"> <li>• <i>Note: This can be a discussion with the group that examines both sides of the conversation and strategies to discuss ability to afford with patients.</i></li> <li>• <i>From module 6: The majority of patients say that they would prefer to discuss the costs of medical treatments with their physicians ahead of time. Seventy-nine percent of physicians say they wished they could discuss costs but don’t due to time constraints and unease with the topic.</i></li> <li>• <i>“More expensive medications often result in lower daily compliance rates (patients take the medication less consistently), which for certain medications results in worse patient outcomes. For example in a</i></li> </ul> </li> </ol> </li> </ul>	15-30 minutes depending on format
---	--	--------------------------------------

*study of more than 90,000 people taking statins, those who were prescribed generic statins had a better daily compliance rate, which resulted in an 8% reduction in incidence of death and hospitalization for acute coronary syndrome or stroke in that group.”*

- *According to one study, when physicians and patients discussed costs, 41% of patients were switched to a lower cost medication (vs. only 12% of those patients who did not discuss costs of medication with their physician.*

**3. What is the definition of high-value prescribing (as used in this module)?**

- *“High-value prescribing entails providing the simplest medication regimen that minimizes physical and financial risk to the patient while achieving the best outcome.”*
- *High-value prescribing is achieved by: 1) decreasing costs; 2) decreasing complexity; or 3) decreasing risk of medications; ideally we aim to decrease all three simultaneously.*

**4. What are the most effective strategies in lowering drug costs for patients?**

- *We introduced the mnemonic “GOT MeDS,” which was developed by Costs of Care to teach strategies for decreasing patient out-of-pocket costs for medications:*

- G** **GENERICS:** prescribe when possible; educate patients on safety/efficacy
- O** **ORDERING IN BULK:** 3-month supplies of drugs from pharmacy or by mail
- T** **THERAPEUTIC ALTERNATIVES:** OTC meds; cheaper meds in same class
- Me** **MEDICATION REVIEW:** regularly review med list; remove unnecessary meds
- D** **DISCOUNT DRUGS:** \$4 drugs (Walmart, Target, etc); discount cards
- S** **SPLITTING PILLS:** prescribe higher dose and advise patients to split pills

*Note: If not done prior to the discussion, this is a good place to complete the Section 9 interactive, either all together or in groups. Groups may compete against one another to find the lowest drug options. Ensure safety (no oversees pharmacies, etc.) is adhered to.*

- 4. At the end of Module 6, you helped lower the medication costs for a hypothetical patient. Could you see yourself using these same strategies in your practice? Why or why**

	<p><b>not?</b></p> <ul style="list-style-type: none"> <li>• <i>Note: This can be asked as a follow-up to the in-workshop activity and/or based on the learners' own experiences.</i></li> </ul>	
	<b>END OF SESSION 1</b>	
	<b>Wrap Up</b>	
4	<p><b>WRAP UP</b></p> <ul style="list-style-type: none"> <li>• Briefly review Module 6 and the class discussion: <ul style="list-style-type: none"> <li>○ Module 6: Enhancing Affordability for Patients through High-Value Prescribing: provided insight into the effects of cost-related medication non-adherence and provided pragmatic tools that can be used to lower medication prices for patients.</li> </ul> </li> <li>• <b>IF HAVING SECOND SESSION:</b> remind participants of the next sessions' date and that it will focus on Module 7: High-Value Communication <ul style="list-style-type: none"> <li>• Ask for any thoughts or feedback on the format of the workshop. Mention that future modules will be developed.</li> </ul> </li> <li>• <b>IF NOT HAVING SECOND SESSION:</b> If AMA (physician) participants want to receive free CME credit or a free certificate of completion, they must complete Module 7 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. <ul style="list-style-type: none"> <li>• Ask for any thoughts or feedback on the format of the workshop. Mention that future modules will be developed by the fall of 2018.</li> </ul> </li> </ul>	3-5 minutes

<b>Session 2</b>		
1	<p><b>INTRODUCTION:</b> introduce the topic, name of the course and speaker</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting.</li> <li>• If they have not done so already, prompt participants to navigate to <a href="http://vbhc.dellmed.utexas.edu">vbhc.dellmed.utexas.edu</a> and click 'Sign Up' in the upper right corner. Registration takes 30 seconds or less and is free for learners.</li> <li>• 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.</li> </ul>	5 minutes

	<ul style="list-style-type: none"> <li>The module will take about 45 minutes to complete.</li> </ul>	
2	<p><b>MODULE 7:</b> Participants work through Module 7</p> <ul style="list-style-type: none"> <li>This module explores the pitfalls that can occur in clinician-patient communication and techniques for improving communication. Learners explore models of communication, including Cleveland Clinic’s communication program.</li> </ul>	45 minutes
3	<p><b>DISCUSSION:</b> Discuss Module 7</p> <ul style="list-style-type: none"> <li>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</li> <li>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"> <li><b>What seem to be the most common pitfalls in clinician-patient communication?</b>  <i>Note: The Story from the Frontlines video in Section 2 and the podcast in section 3 feature Dr. David Ring and Dr. Maggie Lowenstein discussing pitfalls: “Conversations about value constitute some of the most challenging discussions we have,” Dr. Maggie Lowenstein wrote in an article for JAMA Internal Medicine (as read in module 7, section 3). “Part of the struggle comes from explaining complex concepts such as the harms of overdiagnosis and overtreatment. However, the truly difficult task is breaking the news that medicine is imperfect, and we don’t have answers to every question. As a young physician, I work hard every day to gain patients’ trust. I worry that admitting the fallibility of my profession will be conflated with inexperience, my hard-earned trust will be lost, or worst of all, my patients will feel that I have abandoned or failed them.”</i> </li> <li><b>What is a communication skill or tactic that you took away from this training that you would like to try with your patients?</b> <ul style="list-style-type: none"> <li>The module provided the following “tips for effective communication”: <ul style="list-style-type: none"> <li>Begin with active, empathetic listening;</li> <li>Get to know a few things that make that person special;</li> <li>Elicit patient beliefs and questions;</li> <li>Summarize and legitimize their concerns;</li> <li>Use non-technical language and pause for</li> </ul> </li> </ul> </li> </ol> </li> </ul>	15-30 minutes depending on format



	<p>questions between points;</p> <ul style="list-style-type: none"> <li>• Focus on creating a partnership;</li> <li>• Have “scripts” for common scenarios, e.g.: patients seeking antibiotics, patients with limited life expectancy, and patients with pain seeking pain meds.</li> <li>• Module 7, Section 4 also includes a table of common words/phrases that are used in medicine (such as “patient refused”), potential pitfalls (e.g., “Establishes decision-making divide (subtle or overt) between patient and clinicians”), and proposed alternatives (e.g., “Patient declined,” or “Patient preferred not to/would rather not.”)</li> </ul> <p>3. <b>Review the tools discussed in “Section 7: Partnering with Patients.” What do you think is the most effective way to help patients to be partners in their treatments?</b></p> <ul style="list-style-type: none"> <li>• We discussed using the following tools to aid in shared decision-making: <ul style="list-style-type: none"> <li>• Prompt lists, such as Choosing Wisely’s 5 Questions to Ask your Doctor:</li> </ul> </li> </ul> <div data-bbox="493 898 1177 1291" style="border: 1px solid #ccc; padding: 10px; background-color: #f9f9f9;"> <p style="text-align: center; background-color: #4caf50; color: white; padding: 5px;"><b>5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure</b></p> <ol style="list-style-type: none"> <li><span style="background-color: #ffc107; padding: 2px 5px;">1</span> Do I really need this test or procedure?</li> <li><span style="background-color: #4caf50; padding: 2px 5px;">2</span> What are the risks and side effects?</li> <li><span style="background-color: #2196f3; padding: 2px 5px;">3</span> Are there simpler, safer options?</li> <li><span style="background-color: #9c27b0; padding: 2px 5px;">4</span> What happens if I don't do anything?</li> <li><span style="background-color: #9c27b0; padding: 2px 5px;">5</span> How much does it cost, and will my insurance pay for it?</li> </ol> <p style="text-align: right; font-size: small;">© 2016 Consumer Reports</p> </div> <ul style="list-style-type: none"> <li>• Decision Aids for choosing treatments: <a href="https://decisionaid.ohri.ca/index.html">https://decisionaid.ohri.ca/index.html</a></li> <li>• Motivational Interviewing (You can learn more about motivational interviewing here: <a href="https://www.ncbi.nlm.nih.gov/books/NBK64964/">https://www.ncbi.nlm.nih.gov/books/NBK64964/</a>)</li> <li>• Teach Back (You can learn more about how to use the teach-back method with this <a href="#">AHRQ toolkit</a>).</li> </ul>	
	<b>END OF SESSION 2</b>	
	<b>Wrap Up</b>	
4	<p><b>WRAP UP</b></p> <ul style="list-style-type: none"> <li>• Briefly review the two modules of “Improving Value at the Bedside”: <ul style="list-style-type: none"> <li>○ Module 6: Enhancing Affordability for Patients through High-</li> </ul> </li> </ul>	3-5 minutes

	<p>Value Prescribing: provided insight into the effects of cost-related medication non-adherence and provided pragmatic tools that can be used to lower medication prices for patients.</p> <ul style="list-style-type: none"><li>○ Module 7: High-Value Communication: explored provider-patient communication pitfalls and techniques to enhance communication effectiveness.</li><li>● 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 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.</li><li>● Ask for any thoughts or feedback on the format of the workshop Mention that future modules will be developed by the end of 2018.</li></ul>	
--	---	--

# Suggested Agenda: Workshop 2

(One 90-minute Session)

Step	Description	Suggested time
1	<p><b>THIS INFORMATION MAY BE PROVIDED TO LEARNERS BEFORE THE FIRST DISCUSSION SESSION EITHER IN PERSON OR VIA EMAIL</b></p> <p><b>INTRODUCTION:</b> introduce the topic, name of the course and speaker</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting.</li> <li>• If they have not done so already, prompt participants to navigate to <a href="http://vbhc.dellmed.utexas.edu">vbhc.dellmed.utexas.edu</a> and click 'Sign Up' in the upper right corner. Registration takes 30 seconds or less and is free for learners.</li> <li>• 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.</li> </ul>	
2	<p><b>MODULE 6:</b> Participants work through Module 6: Enhancing Affordability for Patients through High-Value Prescribing</p> <ul style="list-style-type: none"> <li>• This module explores how medication non-adherence can impact health, reasons why patients typically do not adhere to prescribed treatment regimens (especially due to costs), and strategies for high-value prescribing, which aims to reduce medication cost and complexity to improve patient outcomes.</li> <li>• <b>SUGGESTION: Module 6, Section 9 is an interactive activity that we've had good results completing collaboratively. If you would like to make the completion of this activity part of your workshop, let students know ahead of time that this section will be completed during the workshop in small groups, rather than independently.</b></li> </ul>	<p>45-60 minutes BEFORE CLASS</p>

<p>3</p>	<p><b>DISCUSSION:</b> Discuss Module 6</p> <ul style="list-style-type: none"> <li>● Bring the group together and start discussion by asking the participants for any general impressions/reflections, or new interesting things they learned in Module 6.</li> <li>● If completing the Section 9 interactive collaboratively, you may do so before the discussion begins or during at the noted location.</li> <li>● 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"> <li>1. <b>What are the individual and societal harms associated with medication non-adherence?</b> <ul style="list-style-type: none"> <li>• <i>This module discusses patients putting off needed care and/or other household needs (such as groceries) due to medication costs. For example, when patients cannot afford their medications, they often stop taking some of their medications, or they resort to other behaviors that undercut the benefits of medication, such as skipping doses, splitting pills, delaying refills, and avoiding new prescriptions. This contributes to delayed diagnoses and inadequately managed chronic diseases, which increase the burden physically and financially for patients, as well as society as a whole.</i></li> <li>• <i>From Module 6: “Cost-related medication nonadherence is a common problem that leads to more frequent emergency department visits, psychiatric admissions, and nursing home placements, as well as decreased overall health status.”</i></li> </ul> </li> <li>2. <b>Is it important that prescribers integrate questions regarding ability to afford medication when discussing treatment plans?</b> <ul style="list-style-type: none"> <li>• <i>Note: This can be a discussion with the group that examines both sides of the conversation and strategies to discuss ability to afford with patients.</i></li> <li>• <i>From module 6: The majority of patients say that they would prefer to discuss the costs of medical treatments with their physicians ahead of time. Seventy-nine percent of physicians say they wished they could discuss costs but don’t due to time constraints and unease with the topic.</i></li> <li>• <i>“More expensive medications often result in lower daily compliance rates (patients take the medication less consistently), which for certain medications results in worse patient outcomes. For example in a</i></li> </ul> </li> </ol> </li> </ul>	<p>15-30 minutes depending on format of discussion</p>
----------	---	--

*study of more than 90,000 people taking statins, those who were prescribed generic statins had a better daily compliance rate, which resulted in an 8% reduction in incidence of death and hospitalization for acute coronary syndrome or stroke in that group.”*

- *According to one study, when physicians and patients discussed costs, 41% of patients were switched to a lower cost medication (vs. only 12% of those patients who did not discuss costs of medication with their physician.*

**3. What is the definition of high-value prescribing (as used in this module)?**

- *“High-value prescribing entails providing the simplest medication regimen that minimizes physical and financial risk to the patient while achieving the best outcome.”*
- *High-value prescribing is achieved by: 1) decreasing costs; 2) decreasing complexity; or 3) decreasing risk of medications; ideally we aim to decrease all three simultaneously.*

**4. What are the most effective strategies in lowering drug costs for patients?**

- *We introduced the mnemonic “GOT MeDS,” which was developed by Costs of Care to teach strategies for decreasing patient out-of-pocket costs for medications:*

- G** **GENERICS:** prescribe when possible; educate patients on safety/efficacy
- O** **ORDERING IN BULK:** 3-month supplies of drugs from pharmacy or by mail
- T** **THERAPEUTIC ALTERNATIVES:** OTC meds; cheaper meds in same class
- Me** **MEDICATION REVIEW:** regularly review med list; remove unnecessary meds
- D** **DISCOUNT DRUGS:** \$4 drugs (Walmart, Target, etc); discount cards
- S** **SPLITTING PILLS:** prescribe higher dose and advise patients to split pills

*Note: If not done prior to the discussion, this is a good place to complete the Section 9 interactive, either all together or in groups. Groups may compete against one another to find the lowest drug options. Ensure safety (no oversees pharmacies, etc.) is adhered to.*

- 4. At the end of Module 6, you helped lower the medication costs for a hypothetical patient. Could you see yourself using these same strategies in your practice? Why or why**

	<p><b>not?</b></p> <ul style="list-style-type: none"> <li>Note: This can be asked as a follow-up to the in-workshop activity and/or based on the learners' own experiences.</li> </ul>	
	<p><b>5-10 MINUTE BREAK</b></p>	
4	<p><b>MODULE 7:</b> Participants work through Module 7: High-Value Communication</p> <ul style="list-style-type: none"> <li>This module explores the pitfalls that can occur in clinician-patient communication and techniques for improving communication. Learners explore models of communication, including Cleveland Clinic's communication program.</li> </ul>	45 minutes
5	<p><b>DISCUSSION:</b> Discuss Module 7</p> <ul style="list-style-type: none"> <li>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</li> <li>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"> <li><b>What seem to be the most common pitfalls in clinician-patient communication?</b> <p><i>Note: The Story from the Frontlines video in Section 2 and the podcast in section 3 feature Dr. David Ring and Dr. Maggie Lowenstein discussing pitfalls: "Conversations about value constitute some of the most challenging discussions we have," Dr. Maggie Lowenstein wrote in an article for JAMA Internal Medicine (as read in module 7, section 3). "Part of the struggle comes from explaining complex concepts such as the harms of overdiagnosis and overtreatment. However, the truly difficult task is breaking the news that medicine is imperfect, and we don't have answers to every question. As a young physician, I work hard every day to gain patients' trust. I worry that admitting the fallibility of my profession will be conflated with inexperience, my hard-earned trust will be lost, or worst of all, my patients will feel that I have abandoned or failed them."</i></p> </li> <li><b>What is a communication skill or tactic that you took away from this training that you would like to try with your patients?</b> <ul style="list-style-type: none"> <li>The module provided the following "tips for effective communication": <ul style="list-style-type: none"> <li>Begin with active, empathetic listening;</li> </ul> </li> </ul> </li> </ol> </li> </ul>	15-30 minutes

- *Get to know a few things that make that person special;*
- *Elicit patient beliefs and questions;*
- *Summarize and legitimize their concerns;*
- *Use non-technical language and pause for questions between points;*
- *Focus on creating a partnership;*
- *Have “scripts” for common scenarios, e.g.: patients seeking antibiotics, patients with limited life expectancy, and patients with pain seeking pain meds.*
- *Module 7, Section 4 also includes a table of common words/phrases that are used in medicine (such as “patient refused”), potential pitfalls (e.g., “Establishes decision-making divide (subtle or overt) between patient and clinicians”), and proposed alternatives (e.g., ““Patient declined,” or “Patient preferred not to/would rather not.”)*

**3. Review the tools discussed in “Section 7: Partnering with Patients.” What do you think is the most effective way to help patients to be partners in their treatments?**

- *We discussed using the following tools to aid in shared decision-making:*
  - *Prompt lists, such as Choosing Wisely’s 5 Questions to Ask your Doctor:*

**5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure**

- 1** Do I really need this test or procedure?
- 2** What are the risks and side effects?
- 3** Are there simpler, safer options?
- 4** What happens if I don't do anything?
- 5** How much does it cost, and will my insurance pay for it?

© 2016 Consumer Reports

- *Decision Aids for choosing treatments:*  
<https://decisionaid.ohri.ca/index.html>
- *Motivational Interviewing (You can learn more about motivational interviewing here:*  
<https://www.ncbi.nlm.nih.gov/books/NBK64964/>)
- *Teach Back (You can learn more about how to use the teach-back method with this [AHRQ toolkit](#)).*

**5-10 MINUTE BREAK**

6	<p><b>WRAP UP</b></p> <ul style="list-style-type: none"> <li>● Briefly review the two modules of "Improving Value at the Bedside": <ul style="list-style-type: none"> <li>○ Module 6: Enhancing Affordability for Patients through High-Value Prescribing: provided insight into the effects of cost-related medication non-adherence and provided pragmatic tools that can be used to lower medication prices for patients.</li> <li>○ Module 7: High-Value Communication: explored provider-patient communication pitfalls and techniques to enhance communication effectiveness.</li> </ul> </li> <li>● 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 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.</li> <li>● Ask for any thoughts or feedback on the format of the workshop Mention that future modules will be developed by the end of 2018.</li> </ul>	3-5 minutes
---	--	-------------



# Suggested Agenda: Workshop 3

## (One Two-Hour Session)

Step	Description	Suggested time
1	<p><b>THIS INFORMATION MAY BE PROVIDED TO LEARNERS BEFORE THE WORKSHOP EITHER IN PERSON OR VIA EMAIL</b></p> <p><b>INTRODUCTION:</b> introduce the topic, name of the course and speaker</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting.</li> <li>• If they have not done so already, prompt participants to navigate to <a href="http://vbhc.dellmed.utexas.edu">vbhc.dellmed.utexas.edu</a> and click 'Sign Up' in the upper right corner. Registration takes 30 seconds or less and is free for learners.</li> <li>• 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.</li> </ul>	5 minutes
2	<p><b>MODULE 6:</b> Participants work through Module 6: Coordinating Care for Patients</p> <ul style="list-style-type: none"> <li>• This module explores how medication non-adherence can impact health, reasons why patients typically do not adhere to prescribed treatment regimens (especially due to costs), and strategies for high-value prescribing, which aims to reduce medication cost and complexity to improve patient outcomes.</li> <li>• <b>SUGGESTION: Module 6, Section 9 is an interactive activity that we've had good results completing collaboratively. If you would like to make the completion of this activity a group activity, let students know ahead of time that this section will be completed in small groups, rather than independently, and to wait to begin it until others have completed the preceding sections.</b></li> </ul>	45-60 minutes

<p style="text-align: center;">3</p>	<p><b>DISCUSSION:</b> Discuss Module 6</p> <ul style="list-style-type: none"> <li>● Bring the group together and start discussion by asking the participants for any general impressions/reflections, or new interesting things they learned in Module 6.</li> <li>● If completing the Section 9 interactive collaboratively, you may do so before the discussion begins or during the below-noted location.</li> <li>● 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"> <li>1. <b>What are the individual and societal harms associated with medication non-adherence?</b> <ul style="list-style-type: none"> <li>• <i>This module discusses patients putting off needed care and/or other household needs (such as groceries) due to medication costs. For example, when patients cannot afford their medications, they often stop taking some of their medications, or they resort to other behaviors that undercut the benefits of medication, such as skipping doses, splitting pills, delaying refills, and avoiding new prescriptions. This contributes to delayed diagnoses and inadequately managed chronic diseases, which increase the burden physically and financially for patients, as well as society as a whole.</i></li> <li>• <i>From Module 6: “Cost-related medication nonadherence is a common problem that leads to more frequent emergency department visits, psychiatric admissions, and nursing home placements, as well as decreased overall health status.”</i></li> </ul> </li> <li>2. <b>Is it important that prescribers integrate questions regarding ability to afford medication when discussing treatment plans?</b> <ul style="list-style-type: none"> <li>• <i>Note: This can be a discussion with the group that examines both sides of the conversation and strategies to discuss ability to afford with patients.</i></li> <li>• <i>From module 6: The majority of patients say that they would prefer to discuss the costs of medical treatments with their physicians ahead of time. Seventy-nine percent of physicians say they wished they could discuss costs but don’t due to time constraints and unease with the topic.</i></li> <li>• <i>“More expensive medications often result in lower daily compliance rates (patients take the medication less consistently), which for certain medications results in worse patient outcomes. For example in a</i></li> </ul> </li> </ol> </li> </ul>	<p style="text-align: center;">15-30 minutes depending on format of the discussion</p>
--------------------------------------	--	--

study of more than 90,000 people taking statins, those who were prescribed generic statins had a better daily compliance rate, which resulted in an 8% reduction in incidence of death and hospitalization for acute coronary syndrome or stroke in that group.”

- According to one study, when physicians and patients discussed costs, 41% of patients were switched to a lower cost medication (vs. only 12% of those patients who did not discuss costs of medication with their physician).

**3. What is the definition of high-value prescribing (as used in this module)?**

- “High-value prescribing entails providing the simplest medication regimen that minimizes physical and financial risk to the patient while achieving the best outcome.”
- High-value prescribing is achieved by: 1) decreasing costs; 2) decreasing complexity; or 3) decreasing risk of medications; ideally we aim to decrease all three simultaneously.

**4. What are the most effective strategies in lowering drug costs for patients?**

- We introduced the mnemonic “GOT MeDS,” which was developed by Costs of Care to teach strategies for decreasing patient out-of-pocket costs for medications:

- G** **GENERICS:** prescribe when possible; educate patients on safety/efficacy
- O** **ORDERING IN BULK:** 3-month supplies of drugs from pharmacy or by mail
- T** **THERAPEUTIC ALTERNATIVES:** OTC meds; cheaper meds in same class
- Me** **MEDICATION REVIEW:** regularly review med list; remove unnecessary meds
- D** **DISCOUNT DRUGS:** \$4 drugs (Walmart, Target, etc); discount cards
- S** **SPLITTING PILLS:** prescribe higher dose and advise patients to split pills

*Note: If not done prior to the discussion, this is a good place to complete the Section 9 interactive, either all together or in groups. Groups may compete against one another to find the lowest drug options. Ensure safety (no oversees pharmacies, etc.) is adhered to.*

- 4. At the end of Module 6, you helped lower the medication costs for a hypothetical patient. Could you see yourself using these same strategies in your practice? Why or why**

	<p><b>not?</b></p> <p><i>Note: This can be asked as a follow-up to the in-workshop activity and/or based on the learners' own experiences.</i></p>	
	<p><b>5-10 MINUTE BREAK</b></p>	
4	<p><b>MODULE 7:</b> Participants work through Module 7</p> <ul style="list-style-type: none"> <li>This module explores the pitfalls that can occur in clinician-patient communication and techniques for improving communication. Learners explore models of communication, including Cleveland Clinic's communication program.</li> </ul>	45 minutes
5	<p><b>DISCUSSION:</b> Discuss Module 7</p> <ul style="list-style-type: none"> <li>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</li> <li>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"> <li><b>What seem to be the most common pitfalls in clinician-patient communication?</b> <p><i>Note: The Story from the Frontlines video in Section 2 and the podcast in section 3 feature Dr. David Ring and Dr. Maggie Lowenstein discussing pitfalls: "Conversations about value constitute some of the most challenging discussions we have," Dr. Maggie Lowenstein wrote in an article for JAMA Internal Medicine (as read in module 7, section 3). "Part of the struggle comes from explaining complex concepts such as the harms of overdiagnosis and overtreatment. However, the truly difficult task is breaking the news that medicine is imperfect, and we don't have answers to every question. As a young physician, I work hard every day to gain patients' trust. I worry that admitting the fallibility of my profession will be conflated with inexperience, my hard-earned trust will be lost, or worst of all, my patients will feel that I have abandoned or failed them."</i></p> </li> <li><b>What is a communication skill or tactic that you took away from this training that you would like to try with your patients?</b> <ul style="list-style-type: none"> <li><i>The module provided the following "tips for effective communication":</i> <ul style="list-style-type: none"> <li><i>Begin with active, empathetic listening;</i></li> <li><i>Get to know a few things that make that</i></li> </ul> </li> </ul> </li> </ol> </li> </ul>	15 minutes

person special;

- Elicit patient beliefs and questions;
  - Summarize and legitimize their concerns;
  - Use non-technical language and pause for questions between points;
  - Focus on creating a partnership;
  - Have “scripts” for common scenarios, e.g.: patients seeking antibiotics, patients with limited life expectancy, and patients with pain seeking pain meds.
- Module 7, Section 4 also includes a table of common words/phrases that are used in medicine (such as “patient refused”), potential pitfalls (e.g., “Establishes decision-making divide (subtle or overt) between patient and clinicians”), and proposed alternatives (e.g., “Patient declined,” or “Patient preferred not to/would rather not.”)

3. **Review the tools discussed in “Section 7: Partnering with Patients.” What do you think is the most effective way to help patients to be partners in their treatments?**

- We discussed using the following tools to aid in shared decision-making:
  - Prompt lists, such as Choosing Wisely’s 5 Questions to Ask your Doctor:

**5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure**

- 1** Do I really need this test or procedure?
- 2** What are the risks and side effects?
- 3** Are there simpler, safer options?
- 4** What happens if I don't do anything?
- 5** How much does it cost, and will my insurance pay for it?

© 2016 Consumer Reports

- Decision Aids for choosing treatments:  
<https://decisionaid.ohri.ca/index.html>
- Motivational Interviewing (You can learn more about motivational interviewing here:  
<https://www.ncbi.nlm.nih.gov/books/NBK64964/>)
- Teach Back (You can learn more about how to use the teach-back method with this [AHRQ toolkit](#)).

**5-10 MINUTE BREAK**

6	<p><b>WRAP UP</b></p> <ul style="list-style-type: none"> <li>● Briefly review the two modules of "Improving Value at the Bedside": <ul style="list-style-type: none"> <li>○ Module 6: Enhancing Affordability for Patients through High-Value Prescribing: provided insight into the effects of cost-related medication non-adherence and provided pragmatic tools that can be used to lower medication prices for patients.</li> <li>○ Module 7: High-Value Communication: explored provider-patient communication pitfalls and techniques to enhance communication effectiveness.</li> </ul> </li> <li>● 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 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.</li> <li>● Ask for any thoughts or feedback on the format of the workshop Mention that future modules will be developed by the end of 2018.</li> </ul>	3-5 minutes
---	--	-------------