Facilitator Guide

Modules 8-10: Improving Value in Systems

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Description

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

More about Discovering Value-Based Health Care:

- Unlike other offerings aimed at practicing physicians, it is **focused on giving learners a strong foundation in value-based health care** that can be leveraged throughout their careers;
- It is **adaptive and interactive — taking advantage of the latest in instructional technology** 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. Each has worked well. Your group of student may have a preference for one or another; we suggest going with an approach that works well for their schedule and the amount of in-person time you have with them. You are welcome to modify these models or create brand new ones. We would love to hear from you if you find anything works particularly well or if you have questions for implementation. Just email us at discoveringvbhc@dellmed.utexas.edu

This fourth collection, the final collection of this course, contains modules 8-10 and is bundled as the "Improving Value in Systems." This collection covers:

1. Methods to evaluate and impact organizational culture to improve value delivery,
2. Alternative reimbursement models, and
3. Strategies for authentically planning and implementing organizational systems and process change.

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

1. INDEPENDENT LEARNING**: About two-and-a-half hours to complete:** Learners may complete the modules independently on their own time, asynchronously, without the need for dedicated classroom time nor faculty mentorship. The modules provide supplementary materials to allow students to “dive deeper” on specific topics and to connect with national organizations. This method requires no facilitation; however, the other options are preferable to gauge understanding and foster discussion and interaction with the modules.

2. “FLIPPED CLASSROOM”**:** Learners complete the interactive modules independently prior to class session where the facilitator leads a discussion related to the content of the module(s). The length of the discussion and number of modules completed and discussed during a specific session can be variable (e.g. three separate discussions versus one discussion to cover all 3 modules). *Check out the suggested agenda for flipped classroom.*
    a. *Example: Dell Med internal medicine residents complete Module 8 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. THREE-SESSION WORKSHOP**: One-Hour to 90-minute Workshop Session(s):** Participants independently work through a single module during the classroom session and then immediately participate in a facilitated discussion related to the content of the module. *Check out the suggested agenda for Workshop 1.*
    a. *Example: Dell Med students have a 90-minute session during each “Intersession” where the faculty facilitator provides a short introduction, the students then independently complete a module in the classroom, and then the faculty leads a discussion related to the content just covered.*

4. WORKSHOP 2**: Two-Hour Workshop Session:** Two-hour session discussing all three modules; participants will complete Module 8 on their own time before coming to the workshop, and work through Modules 9-10 during the workshop. *Check out the suggested agenda for Workshop 2.*
    a. *Example: Dell Med women’s health residents completed Module 8 prior to a morning didactic session, where a faculty facilitator leads a discussion of Module 8, followed by the residents completing Modules 9 and 10 in the classroom with a facilitated discussion after each module.*

5. WORKSHOP 3**: Three-Hour Workshop Session:** Three-hour session discussing all three modules; participants work through all three modules and discuss them during the workshop. *Check out the suggested agenda for Workshop 3.*
    a. *Example: Dell Med ortho residents and students independently completed Modules 8-10 in a classroom during an academic half-day session, with an approximately 15-minute facilitated discussion following each module.*

Improving Value in Systems Learning Objectives

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

Module 8

- Describe the ways ingrained institutional cultures contributes to low-value care
- Identify how organizational culture influences the value of health care delivery
- Define how culture can be measured and analyzed
- Analyze the key domains that contribute to a high-value care culture
- Characterize change management strategies
- Describe conditions that support culture change related to overuse
- Define ‘nudge’ strategies
- Describe how nudge strategies can used to minimize waste in health care
- Recognize personal responsibility in promoting cultural change
- Apply nudge theories to advance behavior change toward high-value care
- Reflect upon your local organizational culture in order to make a commitment to create change

Module 9

- Characterize the ways in which low-value care is incentivized
- Apply your knowledge of reimbursement mechanisms
- Describe the current predominant fee-for-service payment model
- Describe the drawbacks of the pay-for-performance reimbursement model
- Recognize the pros and cons of bundled payment models
- Explore the value of combining elements of different reimbursement models
- Define value-based insurance design
- Summarize the current evidence supporting the VBID strategy
- Discuss the CMS application of the bundled payment model
- Compare systems and policies for clinical care reimbursement that maximize value and reduce costs

Module 10

- Articulate the ways in which issues can often have complex, system-ingrained causes
- Describe common improvement methodologies
- Build an actionable foundation for change implementation
- Identify tools that can help grow understanding of an issue
- Evaluate the “COST” framework for value improvement efforts
- Utilize tools for change measurement and tracking
- Identify methods to measure and evaluate the success of health care value programs
- Evaluate examples of successful value improvement projects and systems
- Compare a lean health care system approach to a problem in your local organization
- Apply the concepts of change implementation and/or change analysis in authentic situations

Audience and Setting

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

Required Equipment

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

Suggested Agenda: Flipped Classroom

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

TOTAL TIME AT HOME: 2.5 hours

TOTAL CLASS TIME: 1.5+ hours over 1-3 days depending on chosen format

Description	Suggested time
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 learners how to recognize the components of organizational systems and to affect change at the systems level. ● Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting. ● Prompt participants to navigate to vbhc.dellmed.utexas.edu and click 'Sign Up' in the upper right corner. Registration takes 30 seconds or less and is free for learners. ● Describe the structure of this workshop – participants will have time to work through each module on their own and then the participants will regroup to discuss key concepts covered in each module. ● Each module will take about 45-60 minutes to complete.	
TO BE COMPLETED BEFORE CLASS **MODULE 8:** Participants work through Module 8: Creating a High-Value Culture ● This module discusses the ways in which ingrained culture can contribute to low-value care. It also talks about strategies to impact and improve organizational culture in ways that contribute to high-value care delivery.	

DISCUSSION: Discuss Module 8 ● Bring the group together and start discussion by asking the participants for any general impressions/reflections, or new interesting things they learned in Module 8. ● Continue the discussion with one or more of the following discussion questions or with those that come up from the group. 1. The number one contributor to health care waste is unnecessary services. As the Module 8 video explained, wasteful practices are often culturally perpetuated. What low-value practices have you seen in the environments you've worked in that could be attributed to culture? How did you find yourself responding to these practices? ▪ *The Module 8* Story from the Frontlines *explores the tensions between best practice and established culture. It depicts a woman presenting to the ER with symptoms both a resident and attending diagnose as a migraine. The attending tells the resident to order a CT, though this isn't best practice for a migraine and probably won't serve the patient's interests.* 2. Do you think all cultural practices that contribute to low-value care can be overcome? What are some barriers to changing aspects of culture? ▪ *Barriers discussed include hierarchies, institutional inertia, and siloes.* 3. How do you think you can apply some of the frameworks or lessons from this module to help lead cultural change in your primary clinical environment? ▪ *Frameworks and tools that were presented include the High-Value Care Culture Survey (HVCCS) which defines four domains of a high-value culture (Leadership and health system messaging; data access and transparency; comfort with cost conversations; blame-free environment), Kotter's 8-Step Model for Change, and the MacColl Center for Health Care Innovation's framework on creating the conditions for change.* 4. Tailor the question to the specialty of the group. For example, with a group of surgeons: Do you find that there are cultural practices specific to your specialty? Do you believe your peers are open to cultural changes? How do you and your peers operate interprofessionally with other groups, and do you think this contributes or is a barrier to provision of high-value patient care?	10-30 minutes depending on format of discussion

TO BE COMPLETED BEFORE CLASS **MODULE 9:** Participants work through Module 9: Shifting Payments from Volume to Value ● Learners will explore the current predominant systems of reimbursement (e.g., fee-for-service), along with alternative payment models (e.g., episode-based bundled payments) that could potentially reinforce high-value care delivery.	
DISCUSSION: Discuss Module 9: Shifting Payments from Volume to Value ● 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. In what ways have you ever felt incentivized to provide lower-value care (e.g., repeating tests; ordering unnecessary tests, images, or screens, etc.)? In what ways have you ever felt *de-*incentivized to provide low-value care? ▪ *In Module 9's* Story from the Frontlines*, the resident and medical student from the Module 8 discuss the mograine patient's negative CT-scan results. The med student admits that, though unnecessary, he probably would have ordered the test as well just to be safe. The resident is upset because this woman has now been unnecessarily exposed to radiation and charged for the CT when it wasn't beneficial for her health or presented concern.* 2. Think about the different payment models discussed in this module: Pay-for-performance, bundled payments, capitation, and global payments. If your organization were looking into changing its model, which would you advocate for? Why? What do you see as the potential barriers and pitfalls in this adoption? ▪ Does anyone in the group already work or have experience in an institution with a payment model other than fee-for-service? Ask them to expand upon this. ▪ *Examples from the module included the readings* How to Pay for Health Care, The Case for Capitation, *and* The Potential for Cost Savings through Bundled Payments 3. What specialty are you in or are you thinking about going into? If your organization were to adopt value-based payment models, what specific effects might it have on your processes within this	10-30 minutes depending on format of discussion

specialty? Do you think that, overall, it would change the way that you practiced?	
TO BE COMPLETED BEFORE CLASS **MODULE 10:** Participants work through Module 10 ● The final module of this collection centers on achieving systems change in individual institutions. It walks the learner through change planning and implementation processes so they can authentically lead change within their own organizations.	
DISCUSSION 3: Discuss Module 10: Leading Value Improvement Programs on the Frontlines ● Bring the group back together and start discussion by asking the participants for any general impressions or new interesting things they learned ● Continue the discussion with one or more of the following discussion questions 1. This module covered SMART aims – goal statements that asked the learner to state their goals so that they are Specific, Measurable, Achievable, Relevant, and Time-bound. Together, make a SMART goal that is specific to this group of learners (if you are working with early health professional students, you could choose a goal that has to do with their own lives rather than a clinical or health systems science example). ▪ Then, based on the tools introduced in this module to plan and implement changes, discuss how this aim might be achieved. ▪ *The recommended tools are process charts, fishbone diagrams, pareto and special cause variation charts for understanding problems and monitoring results of implementations; using the COST framework (Culture, Oversight, Systems-change, Training) to identify barriers to and supports for implementation; laying out steps, roles, and responsibilities in a project charter; and measuring/monitoring results by identifying and gathering data and creating statistical process control charts etc.* 2. Module 8 discussed "nudge" theory and the potential effects of increased transparency with peers regarding patient care decisions. If your goal was to decrease unnecessary testing in your clinic by 10%, how would you go about this? Do you think that	10-30 minutes depending on format of discussion

adding a justification step to EHR notes might aid in this? Would this impact your own test orders? How should you plan for and test this theory? What are some other ways this decrease might be achieved? ▪ *Nudge theory posits that the framing of information will lead to different results, and that one can achieve desired results through appropriate framing. Research has shown that individuals are more likely to do something if their peers are doing it or if they know that their peers will be impacted by or judgmental of the individual's actions or lack thereof.* ▪ *Examples are: handwashing adherence rises if people are told not doing so will lead to others getting sick, but not when told that they themselves may get sick. In a non-medical sense, taxes are paid more often when people are told everyone else pays their taxes, but not when people are told the benefits or consequences associated with paying/not paying taxes.* 3. This module discussed how the Lean approach to achieving better outcomes in health care focuses on reducing and eliminating waste from processes. In small groups, identify the areas in which learners see the most waste, and choose one. Define the processes that surround this issue. Choose one process and define how it should be changed based on which steps contribute to waste. Tailor this to the audience; if first-year medical students, you may want to remain as a large group and discuss areas of waste they perceive in health care through their academic or personal lives and discuss what processes likely contribute toward these. ▪ *Module 10 discussed utilizing process mapping to define process steps and stakeholders in order to identify where processes become inefficient, break down, or aren't staffed appropriately. Mapping a process by its steps can help to illuminate where it needs to be improved.*	
WRAP UP ● Briefly review the three modules of the Introduction to Health Care Value: ○ Module 8: Creating a High-Value Culture: described organizational culture and strategies to affect meaningful cultural changes. ○ Module 9: Shifting Payments from Volume to Value: explored high-value alternatives to the fee-for-service payment model ○ Module 10: Leading Value Improvement Programs from the Front Lines: covered change implementation strategies and how	3-5 minutes

authentic process and systems changes could be achieved in one's institution. • If participants want to receive free CME credit or a free certificate of completion, they must complete the survey when prompted to do so once completing all three modules. You can find a link to the survey in the main module menu in the upper right corner of the website once all modules are completed. • Ask for any thoughts or feedback on the format of the workshop • Mention that this is the final module collection in the Discovering Value-Based Health Care series, and that learners are encouraged to explore the other modules or to engage with the whole course more fully once the new platform is launched in 2019.	

Suggested Agenda: Three-Session Workshop

*Note that all work will be done in class. Students and facilitators will complete these sessions over three contiguous or non-contiguous days.

TOTAL TIME AT HOME: none

TOTAL CLASS TIME: 3 hours 10 minutes

- Session 1 – 60 minutes
- Session 2 – 70 minutes
- Session 3 – 60 minutes

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 the foundations of health care value and discuss how the concepts apply within your local practice or learning environment. • Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting. • Prompt participants to navigate to **vbhc.dellmed.utexas.edu** and click 'Sign Up' in the upper right corner. Registration takes 30 seconds or less and is free for learners. • Describe the structure of this workshop – participants will have time to work through each module on their own and then the participants will regroup to discuss key concepts covered in each module. • Each module will take about 45-60 minutes to complete.	5 minutes
2	**MODULE 8:** Participants work through Module 8: Creating a High-Value Culture • This module discusses the ways in which ingrained culture can contribute to low-value care. It also talks about strategies to impact and improve organizational culture in ways that contribute to high-value care delivery.	45 minutes

3	**DISCUSSION:** Discuss Module 8 ● Bring the group together and start discussion by asking the participants for any general impressions/reflections, or new interesting things they learned in Module 8. ● Continue the discussion with one or more of the following discussion questions or with those that come up from the group. 1. The number one contributor to health care waste is unnecessary services. As the Module 8 video explained, wasteful practices are often culturally perpetuated. What low-value practices have you seen in the environments you've worked in that could be attributed to culture? How did you find yourself responding to these practices? ▪ *The Module 8* Story from the Frontlines *explores the tensions between best practice and established culture. It depicts a woman presenting to the ER with symptoms both a resident and attending diagnose as a migraine. The attending tells the resident to order a CT, though this isn't best practice for a migraine and probably won't serve the patient's interests.* 2. Do you think all cultural practices that contribute to low-value care can be overcome? What are some barriers to changing aspects of culture? ▪ *Barriers discussed include hierarchies, institutional inertia, and siloes.* 3. How do you think you can apply some of the frameworks or lessons from this module to help lead cultural change in your primary clinical environment? ▪ *Frameworks and tools that were presented include the High-Value Care Culture Survey (HVCCS) which defines four domains of a high-value culture (Leadership and health system messaging; data access and transparency; comfort with cost conversations; blame-free environment), Kotter's 8-Step Model for Change, and the MacColl Center for Health Care Innovation's framework on creating the conditions for change.* 4. Tailor the question to the specialty of the group. For example, with a group of surgeons: Do you find that there are cultural practices specific to your specialty? Do you believe your peers are open to cultural changes? How do you and your peers operate interprofessionally with other groups, and do you think this contributes or is a barrier to provision of high-value patient care?	10 minutes

	END OF SESSION 1 / 5-10 MINUTE BREAK FOR EXTENDED WORKSHOPS	
	Session 2	
1	**MODULE 9:** Participants work through Module 9: Shifting Payments from Volume to Value ● Learners will explore the current predominant systems of reimbursement (e.g., fee-for-service), along with alternative payment models (e.g., episode-based bundled payments) that could potentially reinforce high-value care delivery.	60 minutes
2	**DISCUSSION:** Discuss Module 9: Shifting Payments from Volume to Value ● 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. In what ways have you ever felt incentivized to provide lower-value care (e.g., repeating tests; ordering unnecessary tests, images, or screens, etc.)? In what ways have you ever felt *de*-incentivized to provide low-value care? ▪ *In Module 9's* Story from the Frontlines*, the resident and medical student from the Module 8 discuss the mograine patient's negative CT-scan results. The med student admits that, though unnecessary, he probably would have ordered the test as well just to be safe. The resident is upset because this woman has now been unnecessarily exposed to radiation and charged for the CT when it wasn't beneficial for her health or presented concern.* 2. Think about the different payment models discussed in this module: Pay-for-performance, bundled payments, capitation, and global payments. If your organization were looking into changing its model, which would you advocate for? Why? What do you see as the potential barriers and pitfalls in this adoption? ▪ Does anyone in the group already work or have experience in an institution with a payment model other than fee-for-service? Ask them to expand upon this. ▪ *Examples from the module included the readings* How to Pay for Health Care, The Case for Capitation, *and* The Potential for Cost Savings through Bundled Payments	10 minutes

	What specialty are you in or are you thinking about going into? If your organization were to adopt value-based payment models, what specific effects might it have on your processes within this specialty? Do you think that, overall, it would change the way that you practiced?	
	END OF SESSION 2 / 5-10 MINUTE BREAK FOR EXTENDED WORKSHOPS	
	Session 3	
1	**MODULE 10:** Participants work through Module 10 ● The final module of this collection centers on achieving systems change in individual institutions. It walks the learner through change planning and implementation processes so they can authentically lead change within their own organizations.	45 minutes
2	**DISCUSSION 3:** Discuss Module 10: Leading Value Improvement Programs on the Frontlines ● Bring the group back together and start discussion by asking the participants for any general impressions or new interesting things they learned ● Continue the discussion with one or more of the following discussion questions 1. This module covered SMART aims – goal statements that asked the learner to state their goals so that they are Specific, Measurable, Achievable, Relevant, and Time-bound. Together, make a SMART goal that is specific to this group of learners (if you are working with early health professional students, you could choose a goal that has to do with their own lives rather than a clinical or health systems science example). ▪ Then, based on the tools introduced in this module to plan and implement changes, discuss how this aim might be achieved. ▪ *The recommended tools are process charts, fishbone diagrams, pareto and special cause variation charts for understanding problems and monitoring results of implementations; using the COST framework (Culture, Oversight, Systems-change, Training) to identify barriers to and supports for implementation; laying out steps, roles, and responsibilities in a project charter; and measuring/monitoring results by identifying and*	10 minutes

16	*gathering data and creating statistical process control charts etc.* 2. Module 8 discussed "nudge" theory and the potential effects of increased transparency with peers regarding patient care decisions. If your goal was to decrease unnecessary testing in your clinic by 10%, how would you go about this? Do you think that adding a justification step to EHR notes might aid in this? Would this impact your own test orders? How should you plan for and test this theory? What are some other ways this decrease might be achieved? ▪ *Nudge theory posits that the framing of information will lead to different results, and that one can achieve desired results through appropriate framing. Research has shown that individuals are more likely to do something if their peers are doing it or if they know that their peers will be impacted by or judgmental of the individual's actions or lack thereof.* ▪ *Examples are: handwashing adherence rises if people are told not doing so will lead to others getting sick, but not when told that they themselves may get sick. In a non-medical sense, taxes are paid more often when people are told everyone else pays their taxes, but not when people are told the benefits or consequences associated with paying/not paying taxes.* 3. This module discussed how the Lean approach to achieving better outcomes in health care focuses on reducing and eliminating waste from processes. In small groups, identify the areas in which learners see the most waste, and choose one. Define the processes that surround this issue. Choose one process and define how it should be changed based on which steps contribute to waste. Tailor this to the audience; if first-year medical students, you may want to remain as a large group and discuss areas of waste they perceive in health care through their academic or personal lives and discuss what processes likely contribute toward these. *Module 10 discussed utilizing process mapping to define process steps and stakeholders in order to identify where processes become inefficient, break down, or aren't staffed appropriately. Mapping a process by its steps can help to illuminate where it needs to be improved.*	
3	**WRAP UP** ● Briefly review the three modules of the Introduction to Health Care Value:	3-5 minutes

	○ Module 8: Creating a High-Value Culture: described organizational culture and strategies to affect meaningful cultural changes. ○ Module 9: Shifting Payments from Volume to Value: explored high-value alternatives to the fee-for-service payment model ○ Module 10: Leading Value Improvement Programs from the Front Lines: covered change implementation strategies and how authentic process and systems changes could be achieved in one's institution. ● If participants want to receive free CME credit or a free certificate of completion, they must complete the survey when prompted to do so once completing all three modules. You can find a link to the survey in the main module menu in the upper right corner of the website once all modules are completed. ● Ask for any thoughts or feedback on the format of the workshop ● Mention that this is the final module collection in the Discovering Value-Based Health Care series, and that learners are encouraged to explore the other modules or to engage with the whole course more fully once the new platform is launched in 2019.	

Suggested Agenda: Workshop 2

*Note that for this Workshop, students will complete Module 8 at home and Modules 9 and 10 during the workshop. Time estimate includes one ten-minute break, though more may be incorporated as needed.

TOTAL TIME AT HOME: 45 minutes

TOTAL CLASS TIME: 3 hours 10 minutes

- Session 1 – 55 minutes
- Session 2 – 70 minutes
- Session 3 – 60 minutes

Step	Description	Suggested time
	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 learners how to recognize the components of organizational systems and to affect change at the systems level. • Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting. • Prompt participants to navigate to vbhc.dellmed.utexas.edu and click 'Sign Up' in the upper right corner. Registration takes 30 seconds or less and is free for learners. • Describe the structure of this workshop – participants will have time to work through each module on their own and then the participants will regroup to discuss key concepts covered in each module. • Each module will take about 45-60 minutes to complete.	
1	**TO BE COMPLETED BEFORE CLASS**	

19	**MODULE 8:** Participants work through Module 8: Creating a High-Value Culture ● This module discusses the ways in which ingrained culture can contribute to low-value care. It also talks about strategies to impact and improve organizational culture in ways that contribute to high-value care delivery.	
2	**DISCUSSION:** Discuss Module 8 ● Bring the group together and start discussion by asking the participants for any general impressions/reflections, or new interesting things they learned in Module 8. ● Continue the discussion with one or more of the following discussion questions or with those that come up from the group. 1. The number one contributor to health care waste is unnecessary services. As the Module 8 video explained, wasteful practices are often culturally perpetuated. What low-value practices have you seen in the environments you've worked in that could be attributed to culture? How did you find yourself responding to these practices? ▪ *The Module 8* Story from the Frontlines *explores the tensions between best practice and established culture. It depicts a woman presenting to the ER with symptoms both a resident and attending diagnose as a migraine. The attending tells the resident to order a CT, though this isn't best practice for a migraine and probably won't serve the patient's interests.* 2. Do you think all cultural practices that contribute to low-value care can be overcome? What are some barriers to changing aspects of culture? ▪ *Barriers discussed include hierarchies, institutional inertia, and siloes.* 3. How do you think you can apply some of the frameworks or lessons from this module to help lead cultural change in your primary clinical environment? ▪ *Frameworks and tools that were presented include the High-Value Care Culture Survey (HVCCS) which defines four domains of a high-value culture (Leadership and health system messaging; data access and transparency; comfort with cost conversations; blame-free environment), Kotter's 8-Step Model for Change, and the MacColl Center for Health Care Innovation's framework on creating the conditions for change.*	10 minutes

	4. Tailor the question to the specialty of the group. For example, with a group of surgeons: Do you find that there are cultural practices specific to your specialty? Do you believe your peers are open to cultural changes? How do you and your peers operate interprofessionally with other groups, and do you think this contributes or is a barrier to provision of high-value patient care?	
3	**MODULE 9:** Participants work through Module 9: Shifting Payments from Volume to Value ● Learners will explore the current predominant systems of reimbursement (e.g., fee-for-service), along with alternative payment models (e.g., episode-based bundled payments) that could potentially reinforce high-value care delivery.	60 minutes
4	**DISCUSSION:** Discuss Module 9: Shifting Payments from Volume to Value ● 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. In what ways have you ever felt incentivized to provide lower-value care (e.g., repeating tests; ordering unnecessary tests, images, or screens, etc.)? In what ways have you ever felt *de-*incentivized to provide low-value care? ▪ *In Module 9's* Story from the Frontlines*, the resident and medical student from the Module 8 discuss the mograine patient's negative CT-scan results. The med student admits that, though unnecessary, he probably would have ordered the test as well just to be safe. The resident is upset because this woman has now been unnecessarily exposed to radiation and charged for the CT when it wasn't beneficial for her health or presented concern.* 2. Think about the different payment models discussed in this module: Pay-for-performance, bundled payments, capitation, and global payments. If your organization were looking into changing its model, which would you advocate for? Why? What do you see as the potential barriers and pitfalls in this adoption? ▪ Does anyone in the group already work or have experience in an institution with a payment model other than fee-for-service? Ask them to expand upon this.	10 minutes

	▪ *Examples from the module included the readings* How to Pay for Health Care, The Case for Capitation, *and* The Potential for Cost Savings through Bundled Payments What specialty are you in or are you thinking about going into? If your organization were to adopt value-based payment models, what specific effects might it have on your processes within this specialty? Do you think that, overall, it would change the way that you practiced?	
	END OF SESSION 2 / 5-10 MINUTE BREAK FOR EXTENDED WORKSHOPS	
5	**MODULE 10:** Participants work through Module 10 ● The final module of this collection centers on achieving systems change in individual institutions. It walks the learner through change planning and implementation processes so they can authentically lead change within their own organizations.	45 minutes
6	**DISCUSSION 3:** Discuss Module 10: Leading Value Improvement Programs on the Frontlines ● Bring the group back together and start discussion by asking the participants for any general impressions or new interesting things they learned ● Continue the discussion with one or more of the following discussion questions 1. This module covered SMART aims – goal statements that asked the learner to state their goals so that they are Specific, Measurable, Achievable, Relevant, and Time-bound. Together, make a SMART goal that is specific to this group of learners (if you are working with early health professional students, you could choose a goal that has to do with their own lives rather than a clinical or health systems science example). ▪ Then, based on the tools introduced in this module to plan and implement changes, discuss how this aim might be achieved. ▪ *The recommended tools are process charts, fishbone diagrams, pareto and special cause variation charts for understanding problems and monitoring results of implementations; using the* COST framework *(Culture, Oversight, Systems-change, Training) to identify barriers to and supports for implementation; laying out steps,*	10 minutes

	roles, and responsibilities in a project charter; and measuring/monitoring results by identifying and gathering data and creating statistical process control charts etc. 2. Module 8 discussed “nudge” theory and the potential effects of increased transparency with peers regarding patient care decisions. If your goal was to decrease unnecessary testing in your clinic by 10%, how would you go about this? Do you think that adding a justification step to EHR notes might aid in this? Would this impact your own test orders? How should you plan for and test this theory? What are some other ways this decrease might be achieved? ▪ *Nudge theory posits that the framing of information will lead to different results, and that one can achieve desired results through appropriate framing. Research has shown that individuals are more likely to do something if their peers are doing it or if they know that their peers will be impacted by or judgmental of the individual’s actions or lack thereof.* ▪ *Examples are: handwashing adherence rises if people are told not doing so will lead to others getting sick, but not when told that they themselves may get sick. In a non-medical sense, taxes are paid more often when people are told everyone else pays their taxes, but not when people are told the benefits or consequences associated with paying/not paying taxes.* 3. This module discussed how the Lean approach to achieving better outcomes in health care focuses on reducing and eliminating waste from processes. In small groups, identify the areas in which learners see the most waste, and choose one. Define the processes that surround this issue. Choose one process and define how it should be changed based on which steps contribute to waste. Tailor this to the audience; if first-year medical students, you may want to remain as a large group and discuss areas of waste they perceive in health care through their academic or personal lives and discuss what processes likely contribute toward these. ▪ *Module 10 discussed utilizing process mapping to define process steps and stakeholders in order to identify where processes become inefficient, break down, or aren’t staffed appropriately. Mapping a process by its steps can help to illuminate where it needs to be improved.*	

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<td>7</td>
<td>WRAP UP

Briefly review the three modules of the Introduction to Health Care Value:

Module 8: Creating a High-Value Culture: described organizational culture and strategies to affect meaningful cultural changes.
Module 9: Shifting Payments from Volume to Value: explored high-value alternatives to the fee-for-service payment model
Module 10: Leading Value Improvement Programs from the Front Lines: covered change implementation strategies and how authentic process and systems changes could be achieved in one’s institution.

If participants want to receive free CME credit or a free certificate of completion, they must complete the survey when prompted to do so once completing all three modules. You can find a link to the survey in the main module menu in the upper right corner of the website once all modules are completed.
Ask for any thoughts or feedback on the format of the workshop
Mention that this is the final module collection in the Discovering Value-Based Health Care series, and that learners are encouraged to explore the other modules or to engage with the whole course more fully once the new platform is launched in 2019.
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Suggested Agenda: Workshop 3

*Note that time estimate includes two ten-minute breaks. Students will complete all three modules during the course of this workshop.

TOTAL TIME AT HOME: None

TOTAL CLASS TIME: 3 hours 10 minutes

- Session 1 – 55 minutes
- Session 2 – 70 minutes
- Session 3 – 60 minutes

Step	Description	Suggested time
1	**INTRODUCTION**: introduce the topic, name of the course and speaker • The primary goal of this workshop is to teach learners how to recognize the components of organizational systems and to affect change at the systems level. • Explain that the content is primarily online and includes videos and audio that will require headphones if completed in a group setting. • Prompt participants to navigate to vbhc.dellmed.utexas.edu and click 'Sign Up' in the upper right corner. Registration takes 30 seconds or less and is free for learners. • Describe the structure of this workshop – participants will have time to work through each module on their own and then the participants will regroup to discuss key concepts covered in each module. • Each module will take about 45-60 minutes to complete.	5 minutes
2	**MODULE 8:** Participants work through Module 8: Creating a High-Value Culture • This module discusses the ways in which ingrained culture can contribute to low-value care. It also talks about strategies to impact and improve organizational culture in ways that contribute to high-value care delivery.	40 minutes
3	**DISCUSSION:** Discuss Module 8	10 minutes

	● Bring the group together and start discussion by asking the participants for any general impressions/reflections, or new interesting things they learned in Module 8. ● Continue the discussion with one or more of the following discussion questions or with those that come up from the group. 1. The number one contributor to health care waste is unnecessary services. As the Module 8 video explained, wasteful practices are often culturally perpetuated. What low-value practices have you seen in the environments you've worked in that could be attributed to culture? How did you find yourself responding to these practices? ▪ *The Module 8* Story from the Frontlines *explores the tensions between best practice and established culture. It depicts a woman presenting to the ER with symptoms both a resident and attending diagnose as a migraine. The attending tells the resident to order a CT, though this isn't best practice for a migraine and probably won't serve the patient's interests.* 2. Do you think all cultural practices that contribute to low-value care can be overcome? What are some barriers to changing aspects of culture? ▪ *Barriers discussed include hierarchies, institutional inertia, and siloes.* 3. How do you think you can apply some of the frameworks or lessons from this module to help lead cultural change in your primary clinical environment? ▪ *Frameworks and tools that were presented include the High-Value Care Culture Survey (HVCCS) which defines four domains of a high-value culture (Leadership and health system messaging; data access and transparency; comfort with cost conversations; blame-free environment), Kotter's 8-Step Model for Change, and the MacColl Center for Health Care Innovation's framework on creating the conditions for change.* Tailor the question to the specialty of the group. For example, with a group of surgeons: Do you find that there are cultural practices specific to your specialty? Do you believe your peers are open to cultural changes? How do you and your peers operate interprofessionally with other groups, and do you think this contributes or is a barrier to provision of high-value patient care?	
	END OF SESSION 1 / 5-10 MINUTE BREAK FOR EXTENDED WORKSHOPS	

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<td>4</td>
<td>MODULE 9: Participants work through Module 9: Shifting Payments from Volume to Value

● Learners will explore the current predominant systems of reimbursement (e.g., fee-for-service), along with alternative payment models (e.g., episode-based bundled payments) that could potentially reinforce high-value care delivery.</td>
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<td>5</td>
<td>DISCUSSION: Discuss Module 9: Shifting Payments from Volume to Value

● 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. In what ways have you ever felt incentivized to provide lower-value care (e.g., repeating tests; ordering unnecessary tests, images, or screens, etc.)? In what ways have you ever felt de-incentivized to provide low-value care?
▪ In Module 9’s Story from the Frontlines, the resident and medical student from the Module 8 discuss the mograine patient’s negative CT-scan results. The med student admits that, though unnecessary, he probably would have ordered the test as well just to be safe. The resident is upset because this woman has now been unnecessarily exposed to radiation and charged for the CT when it wasn’t beneficial for her health or presented concern.
2. Think about the different payment models discussed in this module: Pay-for-performance, bundled payments, capitation, and global payments. If your organization were looking into changing its model, which would you advocate for? Why? What do you see as the potential barriers and pitfalls in this adoption?
▪ Does anyone in the group already work or have experience in an institution with a payment model other than fee-for-service? Ask them to expand upon this.
▪ Examples from the module included the readings How to Pay for Health Care, The Case for Capitation, and The Potential for Cost Savings through Bundled Payments
3. What specialty are you in or are you thinking about going into? If your organization were to adopt value-based payment models, what specific effects might it have on your processes within this specialty? Do you think that, overall, it would change the way that you practiced?</td>
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The recommended tools are process charts, fishbone diagrams, pareto and special cause variation charts for understanding problems and monitoring results of implementations; using the COST framework (Culture, Oversight, Systems-change, Training) to identify barriers to and supports for implementation; laying out steps, roles, and responsibilities in a project charter; and measuring/monitoring results by identifying and gathering data and creating statistical process control charts etc.
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