

Teaching Improvement Science (TIS)

Week 4: High-Value Care

High Value Care Communication Tips

Resources: VitalTalk app, <https://www.vitaltalk.org/vitaltalk-apps/>

NURSE Mnemonic:

- **Name** the emotion – “I hear you are worried about your family member”
- **Understand** – “I know other patients who have been in your shoes, expressing the same concerns...”
- **Respect** patient/person – “I really respect all the work you’ve put in to keep your family member healthy”
- **Support** – “We’ve done x/y/z while here in the hospital, and care doesn’t stop when you leave. I’ll be communicating with your doctors and nurses...”
- **Explore** – “Tell me more...”

Some favorite phrases:

- “Care doesn’t stop when you leave the hospital...”
 - Adapted to different contexts:
 - “I hear your concern about your health. By not doing the MRI, it doesn’t mean care stops. We will continue to work on your symptoms and work towards our shared goal of getting you feeling better.”

Concise responses acknowledging the request:

- “I hear your concern about your family member. We’ve done the indicated tests, and an MRI is not something we need now.”
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Evidence-Based Communication Practices: *Reducing inappropriate antibiotic prescriptions*

Resources:

1. Managing Patient Pressure to Prescribe Antibiotics in the Clinic
<https://link.springer.com/article/10.1007/s40272-021-00466-y>
2. How to Prescribe Fewer Unnecessary Antibiotics: Talking Points That Work with Patients and Their Families
<https://www.aafp.org/dam/brand/aafp/pubs/afp/issues/2016/0801/p200.pdf>

- **Use ‘bad cold’ or ‘nasty virus’ combinations:**
 - *“This is a nasty cold, so antibiotics won’t make you better faster.”*
 - *“The Strep test is negative, meaning your sore throat is caused by a bad virus, and antibiotics won’t help.”*
- **Avoid using "bronchitis" and instead use "chest cold":** Patients are less likely to expect antibiotics for “chest colds” than for “bronchitis”
- **Pairing explaining why Abx are not needed *with* treatment recommendations:**
 - *“This is a nasty cold, so antibiotics won’t make you better faster. Taking ibuprofen and drinking plenty of fluids will help you feel better.”*
 - *“I’m not seeing any pus or signs of a bacterial infection, so antibiotics won’t make you feel better faster. I want to prescribe you other medication to get you feeling better.”*

- **Validation:**
 - *“Viral infections are hard and can be as painful as bacterial infections. I would like to provide you with treatment recommendations that can help you feel better while your body’s immune system fights the virus.”*
 - *“We used to think that antibiotics were necessary for your symptoms, however, found that people would have gotten better without them, and they can cause harm.”*
 - This is a specific example of validation in the context of patient’s prior experiences of receiving antibiotics
- **Aligning:** *“We have the same goal of getting you to feel better, and antibiotics aren’t going to get us there. Thank you for partnering with me. We’ll come up with a plan.”*
- **Acknowledge guidelines with education:** *“There’s a ‘10-day rule’ for sinusitis. Most infections are viral before 10 days of symptoms.”*
- **Sharing story of possible harm:** Examples such as rash, GI upset, C. difficile colitis, etc.
- **Prescribing non-antibiotics (with minimal side effects) to acknowledge patient expectations:** Examples such as fluticasone, benzonatate, etc.
- **Develop a contingency plan:**
 - *“If you are still sick in a week or develop a fever, come back and see me.”*
 - Delayed Abx Rx have been shown to decrease Abx use (91% vs. 67%)

High Value Care Resources

Resources to avoid low value care:

- [Search Recommendations | Choosing Wisely](#) – “Clinician Lists”; able to search by society, subspecialty, patient population (adult vs. geriatric vs. pediatric), setting (inpatient vs. outpatient), etc.
- [Journal of Hospital Medicine \(wiley.com\)](#) – Teaching Files for selected “Things We Do For No Reason” practices; this is not all inclusive! There are many others that can be found through a [quick search](#)

Resources to increase high value care:

- [Clinical Practice Guidelines and Recommendations | ACP \(acponline.org\)](#)
- [U.S. Preventive Services | Prevention TaskForce \(uspreventiveservicestaskforce.org\)](#) – Links for web, iPhone and Android apps at the bottom of the page
- [Appropriateness Criteria \(acr.org\)](#) – Tool to assess appropriateness of various radiologic studies for various presentations
- Podcasts:
 - [The Curbsiders - An Internal Medicine Podcast](#)
 - [Annals on Call | ACP Online](#)
 - [JAMAevidence | McGraw Hill Medical \(mhmedical.com\)](#)