TAKING ACTION
ON OVERUSE

Taking Action on Overuse

AN ACTION-PLANNING FRAMEWORK AND CHANGE PACKAGE

Supported by the Robert Wood Johnson Foundation, grant # 72546

About the Taking Action on Overuse Framework

Taking Action on Overuse addresses the hurdles of behavior change and offers actionable tactics to sustainably change the way health care is delivered. Changing health care practices is difficult. When the change involves refraining from practice (i.e., not performing a procedure or ordering a test) and talking with patients about why doing less or doing nothing is better than doing something—behavior change can be especially challenging.

Our conceptual framework and change package provide a roadmap to reducing unnecessary tests and treatments in health care—what many of us know as "low-value care." It provides guidance on engaging all members of the health care team, including patients, in these efforts. It identifies four catalysts that create the conditions for change and the activities to initiate and support them:

- Prioritizing the work to address overuse
- Building a culture of trust, innovation, and improvement
- Establishing shared purpose and language
- Committing resources to measurement

These catalysts foster an environment in which clinician teams are able to engage productively in non-threatening, respectful discussions about the potential for harm and their own measures of overuse. These conversations are a medium for reflection, developing solutions, and inspiring the behavior change that leads to reducing overuse. Once the conditions for change are present, and providers and front-line staff feel supported, care teams will become the drivers of ongoing reduction efforts, ensuring sustainability.

Taking Action on Overuse is built on the existing body of work in this area as well as on the expertise of diverse stakeholders. It is the product of a focused literature review, a scan of innovative approaches tried by leading health care organizations across the United States, and the input from a diverse group of stakeholders with expertise in medical overuse, economics, psychology, sociology, media, medicine, and more.

We invite you to apply the framework and share your experience and feedback via our website. Whether you're a clinician championing appropriate care or a chief medical officer working to improve patient safety by reducing the use of unnecessary services, the framework can help you design a pathway to reduce overuse.

Why is this needed?

Unnecessary tests and treatments contribute to escalating health care costs and put patient safety at risk. Recent estimates indicate that yearly, hundreds of billions of dollars in health care expenditures are wasted and hundreds of thousands of patients are harmed by their care. Health care providers still overuse more complex and expensive tests and treatments even when simpler, less invasive, and less expensive alternatives are available. Why? It's easier to go with what is familiar and is common practice. As patients and families struggle under the weight of health care expenses, and overall health care system costs continue to increase, sustainable solutions are essential.

Current models lack the operational guidance for engaging providers and teams in the sustainable reduction of overuse. Most existing theories and frameworks are limited to describing the phenomenon of reducing overuse. And other critically important efforts offer only one piece of the puzzle: they identify what we need to do less of, but now how. The field has been without an action-planning tool or roadmap that leads to long-term, coordinated change by care teams.

Who is this for?

The framework's intended audiences are people and organizations working to reduce overuse. Whether you are a health care provider, part of a team of clinicians, a health system leader, or a member of a community coalition, this framework can direct you in engaging and supporting providers and front-line staff in doing less of what harms and more of what helps patients. We hope you will adapt it to your own setting and use it to guide your own organization in reducing overuse, while freeing up resources to better serve the needs of your patient population.

How to use this guide

Step 1: Get started by taking the assessment (download at takingactiononoveruse.org). This will help you better understand your organization's overall readiness to tackle overuse and prioritize the work ahead.

Step 2: Choose an overused service to address. For your first overuse reduction initiative, consider selecting a relatively non-controversial overused service. Learn how to measure your selected service, and build trust and transparency as you go.

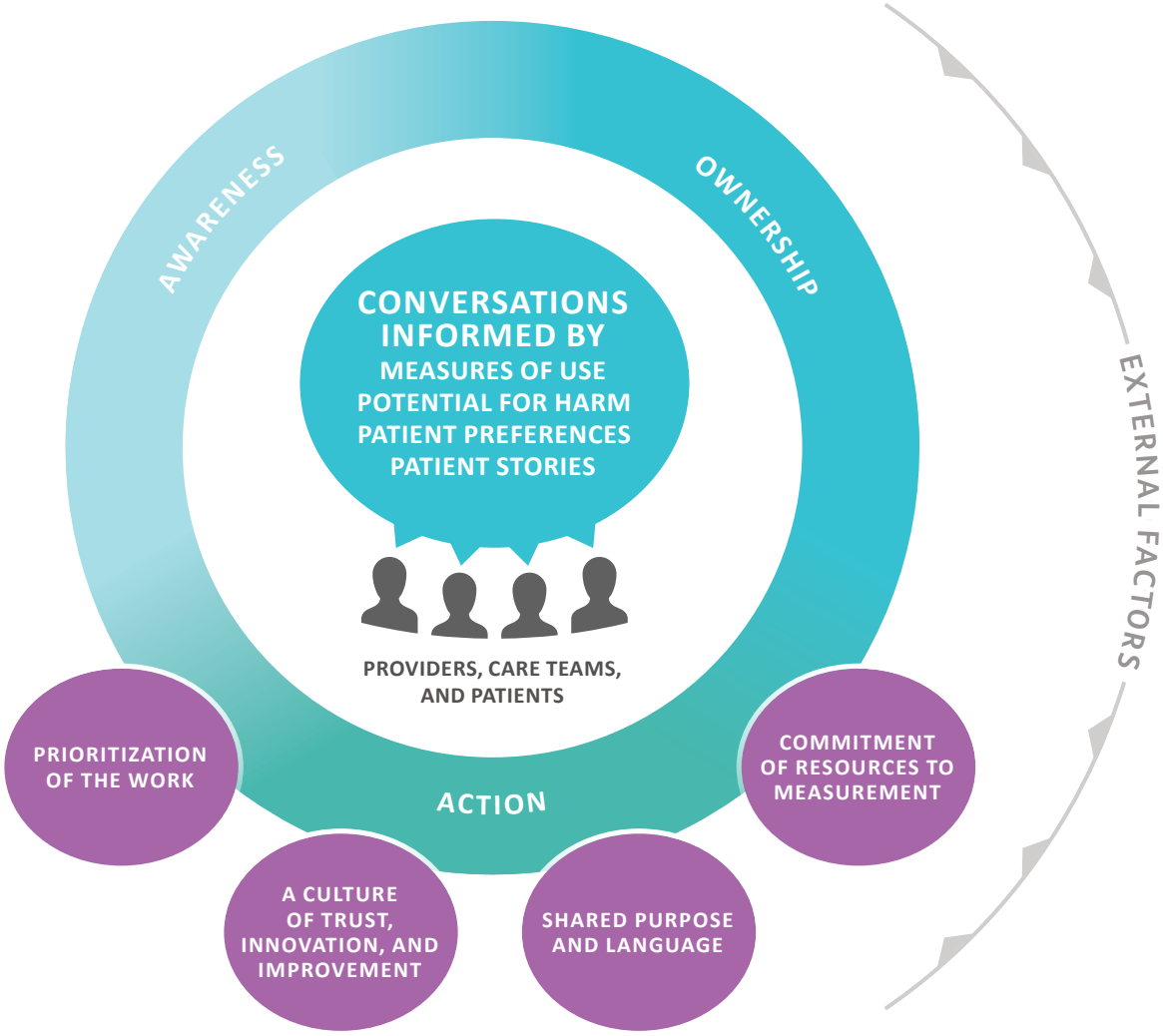
Step 3: Establish a workgroup. The workgroup should be composed of front-line providers, specialists, staff, QI professionals, patients, and other stakeholders with an interest in reducing the overused service. You might draw from existing organizational committees or structures to create this workgroup.

Step 4: Develop an action plan. Using the results of the assessment and the activities listed in the change package, create and regularly update an action plan to address your selected overused service. Remember that effective overuse-reduction initiatives generally involve multiple intervention components, such as clinical decision support, performance feedback, and provider education.

Step 5: Create opportunities for conversations. An effective way to engage providers and staff in overuse reduction efforts is to share stories about how an overused service can lead to patient harm, including physical, emotional, and financial harm. Remember that "data tells, stories sell." Find opportunities at medical staff meetings, morning huddles, or other standing meetings to share stories of patient harm or "near misses," provide transparent utilization data, and allow ample time for group discussion.

Step 6: Keep it up! As your project progresses, regularly revisit and revise your action plan. Continue sharing utilization data to track your progress in reducing overuse, and celebrate your successes. Remember that starting a new overuse reduction project involves a lot of upfront work. Please reach out to the Taking Action on Overuse team to let us know how you have used the framework and this change package, what your experience has been like, and what tools would be helpful in supporting implementation.

The Framework



CATALYSTS THAT CREATE THE CONDITIONS FOR CHANGE

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The change package

The graphic on the previous page presents the Taking Action on Overuse conceptual framework for how to reduce overuse. The following pages present the change package.

- **Change package:** An evidence-based set of change concepts and key changes determined to be critical to the improvement of an identified care process.
- **Change concept:** A general approach or idea used as a framework for developing the kinds of activities and changes that lead to improvement.
- **Key changes:** The specific changes or activities you can use to achieve the intended improvement.

The Taking Action on Overuse Framework consists of five change concepts and describes indicators of successful awareness, ownership and action on overuse.

Conversations among providers, care teams, and patients	Prioritization of the work	A culture of trust, innovation, and improvement	Shared purpose and language	Commitment of resources to measurement
A. Use best practices in communication to help clinicians, care teams, and patients develop shared understanding about overuse. B. Highlight the potential for patient harm as part of conversations that help clinicians, care teams, and patients make sense of the risks of overuse. C. Ensure actionable utilization data are readily available to support conversations about variation in overused services. D. Provide resources to help clinicians and care teams elicit patient preferences and stories when engaging in shared decision-making about overuse.	A. Consistently communicate the organization's commitment to reducing overuse, ensuring patient safety, and preventing patient harm as part of an overall quality improvement strategy B. Allocate or obtain resources to support overuse-reduction initiatives. C. Make protected time and space available for discussions about how addressing overuse can help protect patient safety. D. Establish clear roles and teams to lead overuse reduction initiatives.	A. Provide training and educational resources on strategies for reducing overuse. B. Commit to maintaining a safe, non-threatening, blame-free environment for clinicians and teams to honestly compare experiences and exchange ideas about reducing overuse. C. Share transparent, meaningful, and actionable metrics for all overuse-reduction initiatives. D. Routinely seek input from clinicians, staff, patients, and external stakeholders in efforts to reduce overuse.	A. Establish shared purpose by linking overuse reduction initiatives to the organization's strategic priorities and a larger professional movement. B. Establish and reinforce meaningful shared language among clinicians, care teams, and patients for communicating about overuse reduction.	A. Devote time and resources to defining, clarifying, and validating measures of overuse. B. Develop an analytic infrastructure for reporting trusted, transparent data on overuse.

Conversations among providers, care teams, and patients

Why is this important?

Conversations are the medium through which individuals think together as a group and learn how to coordinate their individual behaviors to achieve collective goals. In the context of the framework, they are non-threatening, respectful discussions that lead to a new understanding of how often a test or treatment should be ordered or done and ideas for replacing an overused service.

Conversations among providers and teams

Through conversations, providers and staff make sense of the tension between the potential for harm from an overused service and provider- or team-specific measures of how often they deliver the service. Making such measures of overuse transparent across providers or teams leverages the intrinsic motivation of providers and staff to maintain the respect of their peers. These conversations can also address "moral disengagement," which occurs when providers are not aware of or discount harm that happens months to years later.

Conversations among providers/staff and patients

These conversations provide an opportunity to discuss the potential for harm and explore alternative approaches that fit within patient values and preferences. These conversations also provide opportunities for providers and patients to share personal stories and create new narratives around patient harm and appropriate care.

Key changes	Examples of activities
A. Use best practices in communication to help clinicians, care teams, and patients develop shared understanding about overuse.	During formal meetings about overuse, encourage team members to use an empathic communication style, invite participation from all team members, and provide opportunities for team members to express their emotions about overuse and changes in care processes.
	Use structured group discussion tools to plan and analyze overuse reduction initiatives.
	During meetings about overuse reduction, use techniques such as teach-back and summarizing to help clinicians and care teams sustain the changes needed to reduce overused services.
	Encourage clinicians to engage in peer-to-peer chart reviews to further explore the drivers of overuse and brainstorm strategies to avoid overuse in the future.
	Encourage teams engaging in conversations about overuse to develop system-level guidance, policies, procedures, or defaults (such as standing orders, protocols, etc.) to disseminate the changes needed to reduce the overused service.
B. Highlight the potential for patient harm as part of conversations that help clinicians, care teams, and patients make sense of the risks of overuse.	Regularly invite clinicians, staff, and patients to share "stories" or real clinical cases of overuse that could have led to patient harm (and be aware that such stories might change over the course of the project).
	Use stories about downstream adverse consequences of unnecessary tests or treatments to illustrate how moral disengagement can hinder efforts to identify and address overuse.
	Elicit ideas from clinicians, staff, and patients to spur new topics of discussion on medical overuse and the potential for patient harm.

Key changes	Examples of activities
C. Ensure actionable utilization data are readily available to support conversations about variation in overused services.	Provide transparent provider- or team-specific data on variation during regular meetings about reducing overuse.
	Post dashboards that visually display utilization data in break rooms or other shared spaces where spontaneous, informal conversation may occur.
	Empower clinicians and staff to initiate conversations about utilization data and to suggest ideas for taking action.
D. Provide resources to help clinicians and care teams elicit patient preferences and stories when engaging in shared decision-making about overuse.	Build in time during patient visits to allow clinicians and/or staff members to engage in shared decision-making with patients and families about the potential risks and benefits of overused services.
	Obtain patient-facing materials from existing initiatives (such as Choosing Wisely) to help clinicians, staff, patients, and families talk about overuse.
	Encourage teams working on overuse reduction projects to develop supporting resources (such as templates, decision-support tools, scripts, and patient education materials) that will make it easier for clinicians, staff, patients, and families to talk about alternatives to overused services.
	Provide educational resources to patients who might be receiving an overused service and encourage them to discuss the service with their clinician.
	Recruit patients and families to participate in the development of patient-facing materials and “scripts” about overused services.

Prioritization of the work

Why is this important?

Clear messages and dedicated resources that emphasize the importance of reducing overuse will encourage providers and staff with competing demands to dedicate the time necessary for change to take place.

Key changes	Examples of activities
A. Consistently communicate the organization's commitment to reducing overuse, ensuring patient safety, and preventing patient harm as part of an overall quality improvement strategy	Create a mix of QI programs that focus on preventing patient harm by addressing the overuse, underuse, and misuse of health care services.
	Incorporate stories and strategies for reducing overuse into existing staff gatherings (e.g., grand rounds, case conferences, M&M conferences, staff meetings.)
	Send emails and other regular internal communications that use both stories and data to emphasize the importance of reducing overuse and preventing various types of patient harm (including physical, emotional, and financial harm).
	Display promotional materials about overuse reduction (e.g. posters, videos, handouts) in areas where staff gather, and in patient care areas.
	Regularly update teams on the progress of overuse-reduction projects and celebrate successes in reducing overuse.

Key changes	Examples of activities
B. Allocate or obtain resources to support overuse-reduction initiatives.	Allocate and protect FTE for QI staff and/or project managers to lead overuse-reduction projects.
	Allocate funding for technical assistance, QI infrastructure, and/or consulting to support overuse-reduction projects.
	Fund internal innovations (such as workflow interventions or decision-support tools) to support overuse-reduction projects.
	Identify "low-hanging fruit" (a small overuse-reduction project or portion of a project that will be relatively simple to address) and provide pilot funding to further investigate and tackle that project.
	Seek grants from external sources (e.g., PCORI, state and federal agencies, ABIM Foundation, Robert Wood Johnson Foundation, Commonwealth Fund) to support overuse-reduction projects.
C. Make protected time and space available for discussions about how addressing overuse can help protect patient safety.	Provide clinicians and teams with protected, paid time and dedicated meeting space to have discussions about how addressing overuse can prevent patient harm.
	Allocate FTE for experts to facilitate discussions about variation and how overuse can contribute to patient harm (including physical, emotional, and financial harm).

D. Establish clear roles and teams to lead overuse reduction initiatives.	Identify and support clinical champions within the organization who are already participating or are interested in participating in efforts to reduce overuse.
	Designate an overuse-reduction leader (such as a Chief Value Officer) to lead and support organizational initiatives to reduce overuse.
	Designate new or existing teams or committees (such as a value engineering department or a value task force) to bridge efforts to reduce overuse across the organization and across different professional specialties.
	Identify individuals from different care team roles—such as medicine, nursing, pharmacy, diagnostics, specialists relevant to the overused service, and others who have an interest in reducing overuse—and invite them to participate in new overuse-reduction initiatives.

A culture of trust, innovation, and improvement

Why is this important?

It's easier and more productive to talk about the potential for harm from overused services when all parties involved trust each other and are committed to improving the safety and effectiveness of the care they provide. In such a culture, conversations about overuse are non-judgmental and non-punitive, innovators are welcomed, and everyone involved shares a vision of improved care that is safe and effective.

Key changes	Examples of activities
A. Provide training and educational resources on strategies for reducing overuse.	Provide staff at all levels (administrative, support, clinical, residents, medical students, etc.) with training and educational resources on the principles of overuse-reduction, the potential for patient harm, and strategies to reduce overuse.
	Provide staff at all levels with training and educational resources on QI methodology, including how to interpret, communicate about, and act on utilization data.
	Provide staff at all levels with training and educational resources on ways to have respectful, non-judgmental, non-punitive conversations with each other about overuse.
	Provide staff at all levels with training and educational resources on how to talk with patients about overuse and engage in shared decision-making.

Key changes	Examples of activities
B. Commit to maintaining a safe, non-threatening, blame-free environment for clinicians and teams to honestly compare experiences and exchange ideas about reducing overuse.	Invite clinicians, staff, and patients to share their ideas openly and voice their concerns honestly around reducing overused services.
	Set aside time for teams/departments working on overuse-reduction projects to establish group norms around having safe, honest, accepting, non-judgmental conversations about variation and overuse.
	Build fun into projects to reduce overuse (e.g., create competitions around case studies, award prizes, etc.).
	Designate a point of contact to receive questions, feedback, and ideas about overuse reduction projects.
C. Share transparent, meaningful, and actionable metrics for all overuse-reduction initiatives.	Share transparent provider- or team-specific data on variation and utilization during meetings about reducing overuse.
	Post dashboards that enable clinicians and teams to monitor their levels of overuse and to take action.
	Share patient experience data alongside utilization data to spur discussion about the relationship between overuse-reduction and patient satisfaction.
D. Routinely seek input from clinicians, staff, patients, and external stakeholders in efforts to reduce overuse.	Invite clinicians, staff, patients, and external stakeholders (e.g., employers, health plans, government agencies, etc.) to provide input on the organization's overuse-reduction projects and/or strategic priorities.
	Collect stories about successful efforts to reduce overuse from within the organization and from others, and share these stories among clinicians, staff, patients, and external stakeholders (e.g., employers, health plans, government agencies, etc.)

Shared purpose and language

Why is this important?

Having a shared purpose works to unite and inspire teams. When clinician teams and leadership have a shared understanding of language, conversations about overuse and resulting actions will be more productive.

Key changes	Examples of activities
A. Establish shared purpose by linking overuse reduction initiatives to the organization's strategic priorities and a larger professional movement.	Highlight how overuse-reduction projects align with the organization's strategic priorities, mission, vision, and/or values.
	Describe the growing professional movement around overuse reduction when introducing new projects to reduce overuse.
	Incorporate best practices and resources from other organizations (such as Choosing Wisely, the Lown Institute, or other health care organizations) when developing new projects to reduce overuse
	Circulate journal articles, guidelines, and other resources that reinforce the evidence base for reducing overuse.
	Share patient quotes or stories about clinical cases that could have led to patient harm to underscore a shared purpose for reducing overuse.

Key changes	Examples of activities
B. Establish and reinforce meaningful shared language among clinicians, care teams, and patients for communicating about overuse reduction.	Regularly bring together clinicians, staff, and patients to discuss overuse-related terms that might resonate with specific audiences (e.g., organizational leaders, attending physicians, front-line staff, patients, etc.) and decide on audience-specific ways to describe and frame efforts to reduce overuse (e.g., doing the right thing, avoiding unnecessary tests, preventing patient harm, etc.)
	Reinforce the agreed-upon shared language through internal communications (e.g., emails from leadership, grand rounds, case conferences, M&M conferences, staff meetings).
	Elicit ideas for catchy mottos and mnemonics for specific initiatives to help clinicians and staff remember new processes for reducing overuse (examples: “Nebs no more after 24” slogan to reduce inappropriate use of nebulized bronchodilator therapies; “NO TUBE” mnemonic as a reminder for acceptable indicators for using urinary catheters).
	Invite patients to participate in brainstorming sessions to identify language that resonates with them around reducing overused services.
	Incorporate lessons about language that resonate with patients into patient-facing materials and clinician scripts around reducing overuse.

Commitment of resources to measurement

Why is this important?

Providers often underestimate how often they deliver a specific service or are unaware of how their behavior compares with their peers. Having reliable data and producing credible utilization performance reports are essential to spurring providers to work toward greater alignment with peers who use fewer overused services.

Key changes	Examples of activities
A. Devote time and resources to defining, clarifying, and validating measures of overuse.	Provide protected time for health IT personnel and front-line clinicians to have conversations about data elements that are needed to measure overuse.
	Set aside time to clarify and validate measures of overuse during regular meetings of teams working on overuse-reduction projects.
	Provide protected time for staff, clinicians, and programmer/health IT personnel to design user-friendly prototypes of reports and dashboards on the frequency of overused services.

Key changes	Examples of activities
B. Develop an analytic infrastructure for reporting trusted, transparent data on overuse.	Allocate FTE for programmer/health IT personnel to pull data and prepare transparent reports on the frequency of overused services at the clinician/team level.
	Allocate resources and FTE for programmer/health IT personnel to build visual data dashboards that display trends in the frequency of overused services at the clinician/team level.
	Allocate resources and FTE to build a "drill down" function that would enable clinicians to examine their own utilization and performance data in greater depth.
	Allocate funding to create a data analytics engine that would track measures of overuse, as well as qualitative data and other metrics (such as patient experience scores, costs of care, measures of providing high-value care, return-on-investment, data from chart reviews on the range and spread of potential overuse, and/or "episode treatment groupers" that track costs and outcomes for a full episode of care).

Indicators of successful awareness, ownership, and action on overuse

Why is this important?

Once the conditions for change are present and providers and front-line staff feel supported, care teams will become the drivers of ongoing overuse-reduction efforts, ensuring sustainability.

Key indicators	Examples of activities indicating success
A. The organization institutionalizes new system-level changes developed by teams working on overuse-reduction projects.	Clinicians and care teams adopt the new overuse-reduction guidance, policies, procedures, or defaults (such as standing orders, protocols, etc.) as part of standard work.
	Clinicians and care teams apply the new overuse-reduction guidance and supporting resources to talk with patients and families about alternatives to overused services.
	The new overuse-reduction guidance, policies, or procedures are integrated into regular trainings for clinicians and staff.
	Overuse-reduction expectations and priorities are integrated into job descriptions and performance reviews.

B. Staff, clinicians, and care teams continue to initiate, spread, and celebrate efforts to reduce overuse.	Clinicians and staff become "champions" by leading overuse-reduction projects, obtaining funding to support their overuse reduction projects, developing new rules or workflows, and engaging in organizational strategic planning around overuse reduction.
	All team members have clearly defined roles, responsibilities, and expectations for implementing their overuse reduction projects and disseminating the results of their efforts.
	Clinicians and staff frequently nominate overused practices to address in future overuse-reduction initiatives.
	A quarterly or annual recognition program rewards clinicians, staff, and teams that have gone above and beyond in their overuse reduction efforts.
	Clinicians, staff, and care teams disseminate findings from projects to reduce overuse at the local, national, and international level.

Notes about external factors

No system operates in a vacuum, and some external factors may influence the success of an initiative to reduce overuse. Although this framework does not provide guidance on how to deal with each external factor that may affect an organization, below are some important ones to keep in mind as you do this work.

Salary or payment models and incentives

There is scant evidence that current pay-for-performance initiatives are effective in reducing overuse. However, when provider reimbursement incentivizes the delivery of overused services, reduction in use may be more difficult.

Aligning payment models to incentivize high-value care is an important principle. Accountable care organizations, bundled payments, reimbursement reforms that rely on evidence-based medicine, and other payment models may facilitate reduction of overused services. However, even in new payment environments, intrinsic motivators will be essential to sustain efforts to reduce overuse.

Community standards of care

Local health care systems, provider associations, payers, employers, and policymakers all influence standards of care in a particular community. Providers or provider groups are often unwilling to risk departing from the community standard, especially when this could mean losing patients to competing organizations that still provide services being considered for de-implementation.

Community standards of care can also influence and strengthen efforts within a health care organization to reduce overuse. Some providers may not be aware of changes in current community standards and the degree to which their practice deviates from such standards. Sharing community-wide measures of overuse may help address this issue.

Provider social networks and norms

When providers interact with other providers in their social network, either inside or outside their current organization, they may discuss new developments, trends, and innovations in providing care. These interactions provide opportunities for knowledge sharing and a gradual evolution of beliefs. These conversations may draw from and influence community standards of care and can provide a tipping point to rapidly change provider beliefs or behavior.

Provider social networks can be regional, national, or international networks based on training affiliation, specialty society membership, collaborations, or social ties. Some of these networks, such as specialty societies, may undertake their own efforts to spread knowledge about medical overuse.

Patient demand and preferences

Patients form opinions about the type of care they hope to receive. These opinions may be influenced by previous experiences and by conversations with friends, family, coworkers, and others. They can also be influenced by stories in the media and on social media. Patients may ask providers for overused services (for example, antibiotics for sinusitis) but ultimately agree to other options (including no treatment) when engaged in conversations about their care.

Patients often gain psychological benefits, such as reassurance or reduced uncertainty, when providers order a service, even when the service is overused. For example, people with an ankle injury may feel reassured after having an (unnecessary) X-ray. Providers might need support and resources to have difficult conversations with patients about potential harm associated with an unnecessary service. Patients in high-deductible plans may provide an opportunity for providers to have productive discussions about overuse because patients may be price sensitive.

Media coverage

Media coverage can influence patient demand and preferences, provider conversations and behavior, and community standards of care. It can either support or hinder progress toward appropriate care. For example, the media may highlight new evidence that a specific practice provides no benefit or leads to patient harm. On the other hand, the media may frame efforts to reduce overuse as "rationing."

Media coverage of new studies, recommendations, and policy developments may stimulate further sense-making discussions among patients, providers, or both. These conversations may occur in person or on social media. Media coverage can be essential for reducing overuse. In some cases, media coverage can be the single tipping point that leads to rapid de-implementation within an organization.

Underlying principles

The framework is based on principles from behavioral economics, psychology, sociology, social networks, medicine, and communication science.

- Health care providers are part of a self-regulating profession with a guiding principle to help patients. They operate within systems whose culture, practices, and norms influence what they offer each patient.
- People, including providers, are more likely to initiate and sustain behavior change when they believe it is the right thing to do (intrinsic motivation), not because they are being forced to (extrinsic motivation). Intrinsically motivated providers are committed to and engaged in the process, they understand why change is necessary, and they feel empowered to make a change.
- Providers often perceive that a change in their behavior—especially abandoning a long-held practice—is not without risk, such as loss of respect by peers or lower patient experience scores. This perception can be mitigated with support from peers and leadership within their organization.

Underlying principles (continued)

- Providers may have to "unlearn" established behavior and adopt new mental models to successfully change behavior. This requires continuous conversation among peers, teams, and patients.
- Behavior change is easier when a replacement behavior is readily available. When providers feel that something is being taken away, especially something they have been doing for a long time, behavior change may be especially difficult.
- Virtually every medical service has a "natural life cycle" from when it is introduced to when it is replaced by new best practices. Initiatives to reduce overuse can speed up this life cycle.

Contact us

Please reach out to the Taking Action on Overuse program office at info@takingactiononoveruse.org to let us know how you have used the framework, what tools would be helpful, and your overall impressions of it.

MacColl Center for Health Care Innovation

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