TAKING ACTION
ON OVERUSE

Taking Action on Overuse

CHANGE CONCEPTS, KEY CHANGES, EXAMPLE ACTIVITIES

Conversations among providers, care teams, and patients

Key changes	Examples 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.
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

Key changes	Examples 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.
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.	Post dashboards that visually display utilization data in break rooms or other shared spaces where spontaneous, informal conversation may occur.
	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.
	Provide educational resources to patients who might be receiving an overused service and encourage them to discuss the service with their clinician.
	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

Key changes	Examples 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.
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

Key changes	Examples 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.
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

Key changes	Examples 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.
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

Key changes	Examples activities
A. The organization institutionaliztes 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.

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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