

United Community and Family Services

Background¹

United Community and Family Services (UCFS) is a federally qualified health center (FQHC) that provides comprehensive primary care to historically underserved populations. Services include adult and pediatric primary medical care, women’s health, geriatric assessment and management, dental care, outpatient behavioral health, community-based behavioral health, community outreach and elder care. UCFS has five locations, including Norwich, Griswold, New London, Colchester and Plainfield, Connecticut.



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Problem

Recognizing that patients of FQHCs may have a history of being or feeling underserved, UCFS identified a strategic need to introduce the idea that reducing care that has little or no benefit is in the patient’s interest and is not denying care based on economic savings or institutional biases.

Solution

The “Enhancing Patient/Clinician Communication: Leveraging *Choosing Wisely*[®] as a Tool for Achieving Health Equity” grant project was used from January 2015 through September 2016. It was a part of the Connecticut *Choosing Wisely* Collaborative’s² efforts and was funded by the Connecticut Health Foundation and supported by the Community Health Center Association of Connecticut (CHCACT)’s “Transforming Clinical Practices Initiative (TCPI)” grant.

This project addressed the needs of historically underserved populations, including “those who are people of color, low income, newly insured or limited in health literacy,” through utilization of *Choosing Wisely* materials.³

UCFS practices began promoting the *Choosing Wisely* educational resources to encourage conversations about overuse. After testing the materials in practice, UCFS sponsored four focus groups that included clinicians, community health care workers, and underserved English- and Spanish-speaking patients which gathered input about care experiences, trust and patient-provider relationships and feedback on *Choosing Wisely* messaging. Consumer Reports created bilingual *Choosing Wisely* patient resources, including brochures, posters, and wallet cards based on focus group participant input and the pilot project team developed conversation scripting and prompts for clinic staff.⁴ The “5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure” poster was highlighted and visible in multiple locations in the clinic.⁵ Clinicians and 250 patients provided survey feedback on their perceived comfort level with clinical care conversations and *Choosing Wisely* materials.⁴

Key Survey Results⁴

Patient Majority	Clinician Majority
<ul style="list-style-type: none">• Found 5 QUESTIONS posters useful, and felt wallet cards empowered them to ask their clinicians questions• Preferred receiving Choosing Wisely materials at check-in• Felt comfortable discussing questions with front desk staff and medical assistants. (However, those staff members felt questions should be directed to the clinical staff.)	<ul style="list-style-type: none">• Felt that having 5 QUESTIONS materials prominent and visible helped reinforce their efforts to engage patients in care conversations and shared-decision making• Thought that the <i>Choosing Wisely</i> materials should be distributed by clinicians in the exam rooms

Core Interventions⁴

- Multidisciplinary team of physicians, nurse practitioners, RNs, LPNs and MAs
- Staff educational meetings about *Choosing Wisely*, including monthly discussion of various recommendations
- *Choosing Wisely* posters and brochures

Patient Engagement⁶

UCFS leaders introduced *Choosing Wisely* to patients during one-on-one conversations. It turned out that most patients were aware of the issue of over-testing, expressing that they had personal experience working with multiple doctors and undergoing repetitive testing. “Patients want to be a part of the decision-making process of their own care. Many patients were very quick to learn the scenario at hand, and were quite insightful,” said Dr. Kolker, Medical Director at UCSF. “They simply needed to be told in plain terms what specifically is going on and what the decision-making process is. Engaging in *Choosing Wisely* conversations empowered patients to directly engage in clinical decisions.”

Challenges

- **Initial Pushback.** “Many of the older physicians felt uncomfortable with the concept for three main reasons: defensive medicine had become the norm, fear of time constraints, and a perception that less means poorer care. But we pointed out that *Choosing Wisely* doesn’t require anyone to stray from professional clinical guidelines. In fact, it asks practitioners to follow current guidelines,” said Dr. Kolker.⁷
- **Patients’ Previous Clinical Experiences.** Patients in federally qualified health centers may disproportionately represent populations that previously have been underserved due to social factors, such as racial/ethnic discrimination or socioeconomic status. This may create distrust between patients and providers.⁶
- **Breaking Routine Clinician Practices.** “Most clinicians have been taught that more is better. The person with the longest medical notes, the person with the most obscure test that they thought of, is the often seen as the ‘winner,’ ” said Dr. Kolker.⁶

Keys to Success⁶

- **Staff Choosing Wisely Educational Sessions.** Education began with a guest speaker to introduce the topic and continued by dedicating five to ten minutes of each regular staff meeting to Choosing Wisely discussion. These sessions helped front-line clinicians, including physicians, nurse practitioners, RNs, LPNs and MAs, understand recommendations and reinforce the messages that patients receive from posters and clinicians.
- **Brochures and Posters.** “We hung Choosing Wisely banners to advertise to patients what we were trying to do and hoped to accomplish. The fact that the patients were included in Choosing Wisely really got them excited,” said Dr. Kolker.
- **Adult Conversations.** We started having adult conversations with our patients about risks and benefits of procedures. For example:

“This procedure could work, but it has a 5–10% risk that I do not know if you want; and I don’t know if it is something I would want to have my brother, sister, son or daughter go through...”

“Having conversations like these allowed me to feel like I was getting to know my patients better; I learned more nuances and particulars of each individual patient that I would not necessarily been able to appreciate if I was not having these conversations,” said Dr. Kolker.
- **Preparation for Choosing Wisely Conversations.** “Choosing Wisely implementation is voluntary, can make you a better provider, and may make your job a bit easier. You may think that it will take more time, but we’ve found that if you’ve prepared yourself for these conversations, it does not have to take more time, and it won’t,” said Dr. Kolker.

References

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Choosing Wisely® is an initiative
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