Leveraging *Choosing Wisely* as a Tool for Achieving Health Equity

“Call to Action” Summit: Collective Insights and Recommendations

[CCWC Logo]

CONNECTICUT CHOOSING WISELY COLLABORATIVE
# Table of Contents

- Executive Summary .................................................. 3
- Background and Context ........................................... 5
- The Summit ............................................................... 7
- Collective Insights of Summit Participants ....................... 9
- Barriers to Choosing Wisely Uptake ............................... 11
- Action Opportunities .................................................. 13
- Recommendations by Stakeholder Group ......................... 17
- Future Directions and Conclusion .................................. 18
- Acknowledgements .................................................... 19
- References ............................................................... 20
- Appendix 1: Summit Agenda ......................................... 21
Executive Summary

The Connecticut Choosing Wisely Collaborative (CCWC) is a diverse multi-stakeholder group that is committed to the widespread adoption of Choosing Wisely® in Connecticut. In partnership with other local organizations and with the support of a grant from the Connecticut Health Foundation (CHF), the CCWC is exploring how the Choosing Wisely campaign can be used as a tool for promoting health equity. In October 2017, CCWC held a “Call to Action” Summit to recommend how Choosing Wisely could be used successfully to empower and engage underserved populations facing economic, cultural, racial, literacy or linguistic barriers to receiving safe and effective care. The summit was an important step in the CCWC’s ongoing work to ensure that Choosing Wisely can be a useful tool to both underserved consumers and the clinicians who care for them.

The summit brought together national and local Choosing Wisely experts, adopters and stakeholders, as well as community partners who serve vulnerable populations and aim to advance health equity. The aim was to gather their perspectives on healthcare experiences and the campaign and to develop action steps for leveraging Choosing Wisely as a tool to promote health equity. Speakers shared Choosing Wisely case studies, resources and future plans, and an expert panel discussed the opportunities and obstacles for Choosing Wisely to support health equity. Attendees used this information and their own knowledge and experience interacting with the healthcare system to identify both environmental and campaign characteristics that present barriers and opportunities for Choosing Wisely to benefit consumers and patients from underserved communities.

Healthcare delivery system factors raised by summit participants included lack of care continuity, limited time with clinicians, and insufficient clinician training on cultural competence and cultural humility. A key theme was that patient-clinician trust and respect was a particularly significant barrier for historically underserved populations.

Choosing Wisely® is an initiative of the American Board of Internal Medicine Foundation (ABIM) to encourage patients and their health care providers to have better conversations about care choices and select care options that are supported by evidence, not duplicative of other tests or procedures already received, free from harm, and truly necessary.

1 Cultural competence “is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable that system, agency, or those professionals to work effectively in cross-cultural situations.” (Cross, Bazron, Dennis, & Issacs, 1989). Cultural humility “incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the physician-patient dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individual and defined populations.” (Tervalon & Murray-Garcia, 1998). While cultural competence refers to a set of skills, cultural humility is about maintaining self-awareness of attitudes towards diverse patients.
Executive Summary *continued*

The primary outcome of the summit was a set of prioritized recommendations that national partners, health systems, community-based organizations, payers, policy makers, regulators and others can consider. Summit participants emphasized that a multi-sector, community-wide approach is essential to enhance Choosing Wisely’s ability to support efforts to ensure that underserved populations receive equitable, quality and necessary care in a setting of mutual trust and respect.

Recommendations clustered into three main categories:

1. **Engaging the Care Team:**
   To support clinicians in using Choosing Wisely effectively with underserved consumers, a care team approach that involves all staff with whom patients interact, and creating a “question-friendly” practice are key to success.

2. **Empowering Consumers:**
   Consumers can be supported through education about the healthcare system, what care is necessary and unnecessary, and by using techniques that assist patients with asking clinicians questions in a care setting. The language and tone of the Choosing Wisely “5 Questions to Ask Your Doctor” can be modified to better empower consumers.

3. **Targeting Campaign Marketing:**
   Reaching underserved populations through targeted messaging and trusted delivery channels that are culturally relevant could better engage target audiences.
Background and Context

Choosing Wisely Campaign

Choosing Wisely aims to support clinicians and patients in making care choices that are supported by evidence and truly necessary.

The campaign is situated within broader healthcare delivery transformation efforts to align provider and consumer incentives towards delivering high quality care that reduces utilization of unnecessary, potentially harmful care. Since the Choosing Wisely campaign’s launch five years ago, healthcare transformation has accelerated with additional focus on achieving a high value healthcare system that delivers the Quadruple Aim—enhancing patient experience, improving population health, reducing costs, and improving the work life of health care providers.²

Choosing Wisely presents an opportunity for health systems and their stakeholders to advance these transformation efforts by offering resources and tools for consumers and clinicians to promote open conversations, engage in shared decision making, and provide support for the delivery of evidence-based care that improves health, reduces harm and is more cost-effective.

Choosing Wisely and Health Equity

For those involved in Choosing Wisely development and implementation, there is increasing recognition that health system transformation needs to promote equity and encompass all populations, especially those who have been traditionally underserved. From the start, one of the guiding principles adopted by the Connecticut Choosing Wisely Collaborative, when it was established in 2014 speak to the Collaborative’s commitment to leverage Choosing Wisely as a mechanism to advance an equitable care delivery system that improves health outcomes and patient and clinician experiences for all populations.³ To advance this goal, the CCWC with support from a Connecticut Health Foundation grant, conducted a project in 2015-2016 to explore and provide insights about how the Choosing Wisely campaign can be used as a tool for promoting health equity by empowering and encouraging underserved patients to engage in conversations about their health and healthcare.

The project Enhancing Patient/Clincian Communications: Leveraging Choosing Wisely as a Tool for Achieving Health Equity conducted focus groups with providers, health navigators and two groups of consumers. One of the consumer groups was conducted in Spanish. Then the project piloted the use of Choosing Wisely materials, specifically the 5 Questions to Ask Your Doctor, with patient populations and staff in two federally-qualified health centers.⁴

The project findings revealed that both consumers and clinicians viewed Choosing Wisely as an opportunity to promote engagement and communication at the point of care. Participants were very enthusiastic and interested in using this tool, but suggested modifications were needed to address important barriers, such as cultural, linguistic and literacy barriers and challenges with the healthcare delivery system for these specific populations. The project also identified how past negative experiences interacting with the healthcare system represented an obstacle to the campaign, which resulted in reluctance by patients to ask questions and engage in conversations about treatments and care.

³ Visit the Connecticut Choosing Wisely Collaborative at http://www.choosingwiselyct.org/about-us.html to view CCWC’s guiding principles
⁴ To read the project brief, visit the Connecticut Choosing Wisely Collaborative’s site at http://www.choosingwiselyct.org/2017-summit-materials.html and click on the Leveraging Choosing Wisely as a Tool for Achieving Health Equity Brief.
To build on opportunities that were identified through this project, and to better understand and address the barriers for developing strategies that enhance Choosing Wisely’s effectiveness with underserved consumers, the CCWC convened a multi-stakeholder “Call to Action” Summit. The goal of the summit was to identify future directions for enhancing Choosing Wisely approaches and materials to promote health equity.

This report provides a summary of these discussions and outlines the “call to action” recommendations proffered by summit participants.

Denise Smith – Summit Participant Perspective

“Don’t lie to me”, I said giving my best stare to the doctor sitting across from me in his office atop a high Manhattan tower. “I’ve had this issue for seven years. Another doctor told me I’m losing my kidney and need to start dialysis – but you’re telling me you can fix this?” A seven-year battle and now I’m terrified: What is the right treatment plan for my life? Who should I trust? We kept talking. “I don’t know what the other doctor told you. But I can help you. Let me get you some tea. Let’s talk”.

Years of experience with an unsupportive and disrespectful health care environment had turned me into a combative and misinformed patient instead of an ally of the healthcare team. I didn’t know that I had a right to ask about “simpler, safer treatment options”. I avoided asking about “the risks and side effects”. I overused the emergency room regardless of “what the treatment would cost me or what my insurance would cover”. I was too afraid to ask “what happens if I do nothing” – yet that is exactly what I was doing!

How many patients live like this? How many health plan members appear only as “high cost and high utilizers”? How many of our citizens never realize their full well-being for lack of knowledge about the health care system or without help from a trusted partner or navigator? We need to use the tools we have: humility, transparency, cultural competency, and shared decision-making such as Choosing Wisely, to make our healthcare environments approachable and effective centers of healing and empowerment.

For without understanding, trust and partnership, for all patients, in all health care settings, health equity cannot be achieved.

January 30, 2018
Denise Octavia Smith, MBA, CHW, PN
The Summit

The day-long Summit was held on October 16, 2017. The Collaborative brought together national and local Choosing Wisely developers, adopters and influencers to formulate a multisector response to issues that impact the uptake of Choosing Wisely among underserved populations so that it can be used as a tool for achieving health equity. The image shown here, derived from a slide presented to participants during the summit, provides a shared definition of health equity and what is required to achieve it. While there are multiple definitions of health equity, the framework represented in the image served as the lens through which summit participants were asked to view the campaign.

Health Equity

Ability to obtain optimal health regardless of race, ethnicity, or socioeconomic status

To achieve it — need policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all

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The Summit continued

Participants included representatives from the national Choosing Wisely campaign (American Board of Internal Medicine Foundation (ABIMF) and Consumer Reports\(^6\)) and CCWC; Choosing Wisely grantees and Consumer Reports Patient Activists; Connecticut state officials; CHF grant researchers; funders; and local physicians, care coordinators and navigators, and consumer advocates.

The morning session set a common knowledge base by providing: context on the campaign and efforts to promote health equity; case studies of how the campaign is being used with underserved populations; and expert opinions on barriers and opportunities for engaging underserved consumers and Choosing Wisely’s ability to support efforts to achieve health equity. Speakers and participants were asked to consider both the context of the system in which Choosing Wisely operates, as well as the campaign characteristics that impact uptake of Choosing Wisely for clinicians and vulnerable or underserved consumers. Participants prioritized themes raised and then were divided into smaller groups to further discuss barriers and recommend prioritized action steps to help clinicians and consumers better utilize Choosing Wisely. The day closed with an interactive session where participants who represented different constituencies were asked for their reactions to the breakout group recommendations and to identify which strategies they thought could have the most impact on their organization’s work related to Choosing Wisely.

The remainder of the report brings together the barriers identified by participants and the resulting recommendations for future directions and opportunities for action.

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\(^6\) Consumer Reports was a national partner at the time of the summit, discontinuing its partnership with ABIMF on the Choosing Wisely campaign as of March 2018.
Collective Insights of Summit Participants

The Choosing Wisely Campaign has demonstrated many successes in its first five years; it is also acknowledged that more can be done to improve its effectiveness. The campaign is being conducted within the context of a complex and changing health and health care landscape. These environmental and systems level realities present limits to the influence of the campaign while simultaneously offering opportunities for the campaign to address. The summit explored both the larger environmental factors that provide the context for the campaign as well as campaign-specific factors.

The Double Challenge: Serving Vulnerable Populations Within a Health System Under Pressure

An overarching theme discussed at the summit was how current payment structures and resource constraints limit care coordination and continuity, and the time that clinicians have to spend with patients. All present barriers to the uptake of Choosing Wisely and do not help foster a trusting relationship between patients and clinicians. Participants recognized that Choosing Wisely must work within these pre-existing constraints, and future steps should be focused on the factors that the Choosing Wisely campaign can most likely impact.

While these areas affect clinicians and patients in all demographic groups, the summit focused on factors that disproportionally affect historically underserved patient populations and their care experiences. Past negative experiences, micro-aggressions and implicit biases encountered when receiving care were cited as resulting in the mistrust of clinicians and the reluctance of patients to ask questions and engage in conversations about treatments and care.

In addition, because historically, underserved populations have not had ready access to quality, necessary care, they may be less trustful that clinicians have their best interests in mind when telling them certain care is unnecessary. Addressing lack of patient-clinician trust, mutual respect and understanding requires many changes to how health care is delivered and received. And finding a balance between promoting “underused” care and reducing “overused” care remains a particularly acute challenge when caring for underserved populations.

Understanding the context within which the Choosing Wisely campaign operates is crucial to the discussion of both the barriers and opportunities the campaign faces to address health equity.

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7 American Board of Internal Medicine Foundation, 2017.
8 Kerr, Kullgren, & Saini, 2017.
9 First coined by psychiatrist Chester Pierce in 1970, the term “micro-aggressions” refers to brief, everyday exchanges that casually denigrate marginalized or minority groups. (Sue, 2010).
Building Patient-Clinician Trust

Trust impacts many aspects of a patient’s care experience, including satisfaction with their clinician, health seeking behaviors, disclosing confidential information, willingness to agree and comply with treatment, and likelihood of returning to the same clinician (Sankar et al., 2003; Jacobs et al., 2006; Larkey et al., 2001; Scharff et al., 2015; Hall et al., 2002).

For underserved consumers, previous negative experiences with the healthcare system and a history of mistreatment in medical settings have cultivated a sense of distrust that can be reinforced in future encounters (Hall et al., 2001; Holmes & Rempel, 1989; LaViest et al., 2000).

Practices and clinicians can pursue strategies that help build patient-clinician trust:

▶ Using a trust index, such as the Wake Forest Scales Measuring Trust, which assesses patient’s trust of their clinician across five dimensions (Hall et al., 2001).

▶ Patient journey mapping could help to create a patient-centered visual model to result in a more “question friendly” atmosphere (Doyle et al., 2013).

▶ Patient-clinician racial/ethnic concordance: Understanding that racial/ethnic discordance may impact patients’ perceptions of how much they can interact in the encounter and how much information they are willing to share (Cooper & Roter, 2003).
Barriers to Choosing Wisely Uptake

Environmental Barriers

Featured speakers and all participants were asked to identify environmental barriers to adoption of Choosing Wisely among clinicians and underserved consumers. Environmental factors included delivery system characteristics such as limited time with patients, past healthcare experiences and historical treatment of underserved consumers, and cultural and linguistic barriers.

### Environmental Barriers

**Clinician/Health System Barriers**

- System that incentivizes limited time with patients
- Lack of cultural competency and humility, not having skills and training to address these
- Lack of system supports to balance competing priorities/demands
- Lack of systems support for adopting campaign, such as payment not being tied to patient outcomes or satisfaction ratings
- Lack of systems support to inform consumers on how much services cost or how to quantify non-monetary costs
- Lack of support services and staff to assist clinicians (e.g. interpreters, community health workers, patient navigators, etc.)
- Lack of knowledge of new treatment options or procedures
- Lack of awareness and/or lack of skill to build patient trust
- Discomfort with initiating conversations about treatment alternatives

**Consumer/Patient Barriers**

- System that lacks adequate care coordination or continuity of care
- History of underserved populations not being able to access quality, necessary care
- Lack of education on the healthcare system, use of services, costs and rights as a patient
- Past negative experiences with healthcare encounters that inhibit trust
- History of getting negative responses to asking questions in a care encounter
- Not feeling empowered to ask questions about care and lack of positive reinforcement from clinicians
- Cultural and/or linguistic barriers, lack of or inappropriate translators (e.g. family members)
- Low health literacy and/or reading level
- Cultural norms that discourage questioning clinicians
Barriers to Choosing Wisely Uptake continued

Campaign-specific Barriers

Participants also identified Choosing Wisely campaign-specific barriers, including messaging, materials, dissemination, and education/training. While acknowledging these barriers, the discussion focused more on opportunities to overcome them by improving the campaign.

Choosing Wisely Campaign-Specific Barriers

**Clinician/Health System Barriers**

- Limits to the ability of the campaign to influence consistent adoption across care settings
- Limits to the capacity of the campaign to cut through noise of competing priorities and get message out to broad base of clinicians
- Lack of knowledge and training may result in not being prepared to respond to patient questions
- Language and tone of *5 Questions to Ask Your Doctor* may be interpreted as patient trying to undermine clinician’s professional skills

**Consumer/Patient Barriers**

- Limits on the resources available for the campaign to broadly disseminate messages to reach underserved consumers
- Campaign materials may lack cultural relevance for certain populations
- Campaign messages not delivered from trusted sources or segmented by diverse consumer groups
- Campaign materials not matching literacy of populations Choosing Wisely is trying to reach
- Consumers’ lack of knowledge or understanding of Choosing Wisely
Leveraging Choosing Wisely as a Tool for Achieving Health Equity: “Call to Action” Summit: Collective Insights and Recommendations

Action Opportunities

Participants identified three priority areas for taking action to better enable Choosing Wisely as a tool for achieving health equity. For each area, this report lists groups and organizations that participants identified as potential leaders on these efforts.

Engaging the Care Team

Participants agreed that a care team approach is necessary to effectively facilitate Choosing Wisely in practice and support the clinician as a provider for underserved consumers. They emphasized creating a “question-friendly” practice where all members of the care team and all staff in the care setting encourage patients to ask questions about their care. Participants specifically pointed out that to maximize effectiveness, care teams need to be trained in cultural competency, the social and behavioral determinants of health, and health literacy. It was noted that while training and education on these concepts is important, the ultimate goal is for clinicians to appreciate how much these factors influence how people receive care. Some participants expressed this by citing the need for the care team and others in the healthcare system to practice what was described as “cultural humility”, defined as self-awareness of the power imbalances that impact clinician-patient interactions.

<table>
<thead>
<tr>
<th>Lead Role</th>
<th>Action Opportunities – Engaging the Care Team</th>
</tr>
</thead>
</table>
| National Choosing Wisely Campaign (ABIMF & partners) | ● Provide technical assistance and educational modules to clinicians and practice leadership to help implement Choosing Wisely in their practice in a way that acknowledges needs and concerns of underserved patients  
   ● Develop and direct practices to Choosing Wisely materials for lower literacy levels  
   ● Provide explicit direction to align messaging about low value care across medical specialties and care settings |
| Health Systems             | ● Mandate cultural competency trainings for all members of the care team and staff  
   ● Embed Choosing Wisely recommendations in programs/tools clinicians use regularly, such as Electronic Medical Records  
   ● Provide clinicians with cost information and resources that encourage cost conversations with individual patients |
| Regulators, payers, accreditors | ● Require training on Choosing Wisely as part of health professional curricula and clinician licensure requirements  
   ● Link patient satisfaction scores and outcome measures to Choosing Wisely implementation |

**Action Opportunities continued**

**Empowering Consumers**

Participants and panelists suggested ways that the *Choosing Wisely 5 Questions to Ask Your Doctor* could be modified to better empower consumers and encourage open conversation with clinicians, and strategies that practices could use to help consumers feel comfortable asking questions. Participants developed action steps to better engage and educate consumers about low value care, that more care is not always better, and their rights as patients to get the care they need. This is especially important for underserved populations, given their historical experiences with the healthcare system in which they have often not had ready access to quality, necessary care.

<table>
<thead>
<tr>
<th>Lead Role</th>
<th>Action Opportunities – Empowering Consumers</th>
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</thead>
</table>
| **National Choosing Wisely Campaign** *(ABIMF & partners)* | - Focus Choosing Wisely materials on bi-directional communication that encourages clinicians to invite their patients to ask them questions  
- Revise *5 Questions to Ask Your Doctor* to be more open-ended to encourage conversation between clinicians and patients  
- Include statement in Choosing Wisely materials that “you have the right to ask questions” to empower underserved consumers |
| **Health Systems** | - Develop feedback loops between Community Health Workers (CHWs) and clinicians for continuity of care  
- Engage CHWs to model questioning and information-seeking behavior for patients  
- Give patients care team contact information for follow up questions  
- Create “question-friendly” practice in which all members of the care team and staff encourage patients to ask questions  
- Assess patient trust on an ongoing basis and identify areas for improvement by using validated tools like trust indices and journey maps for building patient-clinician trust |
| **Community Based Organizations** | - Support CHW programs to help educate and empower consumers in their relationships with clinicians  
- Adapt *5 Questions to Ask Your Doctor* to specific populations/settings  
- Use culturally relevant messages that consider literacy and language of target audiences |
| **Educational and Advocacy Organizations** | - Provide training to consumers on the healthcare system, use and costs, and their rights as patients |
Action Opportunities continued

Current Choosing Wisely 5 Questions to Ask Your Doctor:

1. Do I really need this test or procedure?
2. What are the risks and side effects?
3. Are there simpler, safer options?
4. What happens if I don’t do anything?
5. How much does it cost, and will my insurance pay for it?

Enhancing the 5 Questions to Empower Consumers

Participants had several suggestions for modifying the 5 Questions to Ask Your Doctor in order to better empower consumers to engage in conversations with their healthcare clinicians.

- Rephrase questions to be more open-ended to better encourage conversation between consumers and clinicians.
- Change the first question from “Do I really need this test or procedure?” to “How will this test or procedure improve my health?”
- Add the question to card, “What are all of my options?” to encourage clinicians to explain the options they have chosen.
- Add the statement to posters, “You have the right to ask questions.”
### Action Opportunities continued

#### Targeting Campaign Marketing

Participants recommended ways to better reach underserved populations through targeted messaging and delivery channels. Key themes were that messaging and media should be culturally and socially relevant to target audiences and communicated via trusted community leaders.

<table>
<thead>
<tr>
<th>Lead Role</th>
<th>Action Opportunities – Targeting Campaign Marketing</th>
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<tbody>
<tr>
<td><strong>National Choosing Wisely Campaign</strong></td>
<td>• Develop mass media campaign and public service announcements to educate consumers on what care is necessary, and their rights as patients</td>
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<tr>
<td>(ABIMF &amp; partners)</td>
<td>• Use socially and culturally relevant messages and media for underserved communities (e.g. social media for youth)</td>
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<td></td>
<td>• Market resources to educate consumers about healthcare quality and necessary and unnecessary care</td>
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<tr>
<td><strong>Health Systems</strong></td>
<td>• Partner with community based organizations to spread messages to community members</td>
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<td></td>
<td>• Use messaging from community partners that has been successful and apply it within care settings</td>
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<tr>
<td><strong>Community Based Organizations</strong></td>
<td>• Engage trusted community leaders like clergy, barbers, teachers and others to talk to their communities about what care is necessary</td>
</tr>
<tr>
<td><strong>Public and Private Sponsors of Health Reform and Transformation</strong></td>
<td>• Integrate Choosing Wisely concepts into other state initiatives, such as value-based insurance design and value-based payment models</td>
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<td></td>
<td>• Collaborate with community-based organizations to disseminate Choosing Wisely messaging</td>
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<td></td>
<td>• Educate and support community leaders (clergy, teachers, barbers, etc.) in disseminating Choosing Wisely messages broadly and within care sites in their communities</td>
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Recommendations by Stakeholder Group

Participants advocated for a community-wide, multisector approach that addresses delivery system, cultural, and linguistic barriers and gaps in knowledge. Recommendations for future directions for each stakeholder group follow:

- Policy makers, payers, regulatory agencies, and other healthcare transformation leaders consider ways in which Choosing Wisely can be embedded within other initiatives and align provider and consumer incentives to achieve the Quadruple Aim, and be tied to provider reimbursement, value based insurance design and payment reform.

- Healthcare leaders, patient advocates, activists and others working to promote health equity are encouraged to embed Choosing Wisely in their initiatives, with the recognition that underserved populations receive some unnecessary and potentially harmful care.

- The National Choosing Wisely (ABIMF) Campaign should consider recommendations for modifying the 5 Questions to Ask Your Doctor to better empower underserved consumers, and continue to take a leadership role in training clinicians on Choosing Wisely with specific emphasis on the particular concerns of historically underserved groups.

- Health systems strive to create "question-friendly" practice settings, in which the full care team contributes to a welcoming, mutually respectful, and culturally sensitive environment that encourages patients to ask questions.

- Community based organizations work to embed Choosing Wisely into community settings, and take the lead in designing approaches and materials and delivering messages in ways that will resonate with consumers in their communities.
Future Directions

In their evaluations and debrief conversations, summit participants identified other key areas that summit discussions did not have time to fully address during the day. We recognize that these need further exploration and may be critical to moving forward with recommended action steps. Suggested areas for future exploration include:

▶ Making the business case for Choosing Wisely to health system leaders and clinicians as to how it can be used to support the Quadruple Aim.
▶ Identifying funding for community leaders, Community Health Workers, and consumers to participate in the campaign.
▶ Supporting the establishment and influence of patient advisory boards or groups within underserved communities.
▶ Incorporating conversations about prescription drugs into Choosing Wisely messages and materials.
▶ Increasing the level of provider payments and other reimbursement methods that are linked to the provision of high value services.
▶ Communicating the importance of health system leadership buy-in to Choosing Wisely to promote quality improvement in practices and clinician satisfaction.
▶ Demonstrating how engagement in Choosing Wisely can contribute to efforts to combat clinician burnout.

Conclusion

Choosing Wisely architects and the wide and diverse range of sponsors, influencers, developers and adopters, including the CCWC, all play a role in promoting health equity and must work together through coordinated action. The summit generated many recommendations for how the Choosing Wisely campaign can more effectively reach underserved populations and promote equitable access to high quality, patient-centered care. As Choosing Wisely embarks on its next five years, we hope that using the campaign as a tool to achieve health equity becomes a core message and goal, and that the opportunities presented in this report are motivators for action.
Acknowledgments

The Connecticut Choosing Wisely Collaborative would like to thank the following individuals and organizations for their support in making the “Leveraging Choosing Wisely as a Tool for Achieving Health Equity: ‘Call to Action’ Summit” a success:

Connecticut Health Foundation for funding the CCWC’s work exploring health equity; and Tiffany Donelson, Vice President of Program at the Foundation for her role as Program Officer for this grant.

Connecticut Choosing Wisely Collaborative Leadership Council for their support, feedback and participation.

Members of the Summit Planning Committee for their engagement, feedback and support throughout each phase of this project.

National Choosing Wisely partners from ABIMF and Consumer Reports for their engagement, feedback, and support.

Connecticut State Innovation Model Program Management Office, Office of the Healthcare Advocate, Qualidigm, Community Health Center Association of Connecticut, Freedman HealthCare, the Donaghue Foundation and the Connecticut Center for Primary Care for providing additional resources, input and support.

Summit moderator, speakers, facilitators and reactors as listed on the agenda for their time and contributions during the Summit (see Appendix 1).

All summit participants for their time, engagement, and contributions to achieving the summit goals.

Denise Smith from the Health Disparities Institute for contributing the “Summit Participant Perspective” piece for this report.

For more information, access to background materials and for permission to distribute this document, please contact:

Nancy Yedlin, MPH, CCWC Leadership Council member at yedlin@donaghue.org
Erika Edlund, CCWC Leadership Council project coordinator at EEdlund@qualidigm.org
References


Appendix 1: Summit Agenda

Leveraging Choosing Wisely as a Tool for Achieving Health Equity: “Call to Action” Summit

Monday, October 16, 2017
Registration & Breakfast: 8 AM
Summit: 9 AM - 3 PM
Qualidigm Conference Center
912 Silas Deane, Wethersfield, CT

Choosing Wisely® aims to encourage patients and their health care providers to have better conversations about care choices and select care that is free from harm and truly necessary. This Summit will explore opportunities for using Choosing Wisely® resources as a tool to empower and engage underserved populations facing economic, cultural, racial, literacy or linguistic barriers to receiving safe and effective care.

Agenda

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<th>Time</th>
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<td>8:00-9:00am</td>
<td>Registration, Breakfast &amp; Networking</td>
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<td>9:00-9:30am</td>
<td>Welcome Presentation</td>
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<td></td>
<td>Tekisha Everette, Health Equity Solutions, Summit Moderator</td>
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<td>Nancy Yedlin, Donaghue Foundation</td>
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<td>Lauren Vo, ProHealth Physicians</td>
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<td>9:30-10:15am</td>
<td>Choosing Wisely® Case Studies, Resources and Future Plans</td>
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<td></td>
<td>Kelly Rand, American Board of Internal Medicine Foundation</td>
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<td>Beccah Rothschild, Consumer Reports</td>
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<td>Allie Miraglia, Health Insight Utah</td>
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<td>Laura Morris, Connecticut Office of the Healthcare Advocate</td>
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<td>10:15-10:30am</td>
<td>Break</td>
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<td>10:30-12:15pm</td>
<td>Expert Panel: Opportunities and Obstacles for Choosing Wisely® to Support Health Equity</td>
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<td>Moderator: Tekisha Everette, Health Equity Solutions</td>
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<td>Mark Schlesinger, Yale University</td>
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<td>Denise Smith, Health Disparities Institute</td>
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<td>Grace Damio, Hispanic Health Council</td>
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<td>Laurence Young, Curtis D. Robinson Center for Health Equity</td>
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<td>Heather Adams, Community Health Center Association of Connecticut</td>
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<td>Inginia Genao, Yale University School of Medicine, Yale New Haven Health</td>
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<td>12:15-12:45pm</td>
<td>Box Lunch/ Select Breakout Group Topics</td>
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Appendix 1: Summit Agenda continued

12:45-1:40pm Breakout Group Work: Participant Recommendations to Advance Choosing Wisely® as a Tool for Achieving Health Equity

Participants will develop recommendations and action steps for CW to better engage and empower underserved patients. Facilitators will guide discussions.

Facilitators:
Laura Morris, Tiffany Donelson, Tim Elwell, and Russ Dexter from the CCWC Leadership Council

1:40-1:50pm Break

1:50-2:15pm Report-Outs from Breakout Groups

Each breakout group reports out their recommended action steps.

2:15-3:00pm Call to Action: Next Steps

Designated reactors, presenters and participants will respond to and prioritize recommendations for integrating what was learned into the future of the Choosing Wisely® campaign.

Designated Reactors:
Tim Elwell, Qualidigm
Mehul Dalal, Connecticut Department of Public Health
Dom Lorusso, Consumer Reports
Rachel Grob, University of Wisconsin
Mark Schaefer, State Innovation Model Program Management Office
Russ Dexter, Community Health Center Association of Connecticut
Kelly Rand, ABIMF
Wanda Odom, ABIMF
Grace Damio, Hispanic Health Council
Laura Morris, Office of the Healthcare Advocate
Alicia Dodson, National Physicians Alliance