Over the past two decades, the past five years in particular, a national discussion emerged concerning the increased cost of health care. Perhaps of greater importance, increased health care costs have not always led to improved outcomes. In fact, over-diagnosis, overuse of treatments and a “try everything” approach have contributed to increased health care costs with little discernible improvement in health. At the same time, medical knowledge has increased exponentially and clinical knowledge is doubling as fast as every two years. But with all this knowledge looming a larger debate, when are we doing too much and how do we decide?

Care providers endeavor to provide the most appropriate care to patients regardless of cost, but all too often there isn’t enough discussion with patients about what is appropriate. Further, how can the health care system equip patients to participate in those discussions and make the most informed decision in partnership with their caregivers? As medical societies, provider organizations and others look for ways to drive appropriate use, hospitals and health systems can play an important role in supporting and guiding these efforts.

In 2013, the AHA, with guidance from its Committee on Clinical Leadership, examined the issue and developed the white paper *Appropriate Use of Medical Resources*, which identifies the drivers of health care utilization and recommends a way to move forward to reduce non-beneficial services and improve care. Among its efforts, the AHA developed a “top five” list of hospital-based procedures or interventions that should be reviewed and discussed by a patient and physician prior to proceeding, including:

- Appropriate blood management in inpatient services;
- Appropriate antimicrobial stewardship;
- Reducing inpatient admissions for ambulatory-sensitive conditions (e.g., low back pain, asthma, uncomplicated pneumonia);
- Appropriate use of elective percutaneous coronary intervention; and
- Appropriate use of the intensive care unit for imminently terminal illness (including encouraging early intervention and discussion about priorities for medical care in the context of progressive disease).

To begin the discussion, the AHA released in November 2013 the *Appropriate Use of Medical Resources*. We encouraged our members to share it with their board, medical staff and community leaders and use the accompanying discussion guide to explore the issue together.

To support hospitals’ efforts in the appropriate use of medical resources, the AHA’s Physician Leadership Forum is releasing toolkits on each of the recommended areas. The first toolkit examined patient blood management, and the second focused on antimicrobial stewardship. This third toolkit addresses reducing preventable inpatient admissions for ambulatory care sensitive conditions (ACSC). To access all toolkits, please visit www.aha.org/appropriateuse.

FOR MORE INFORMATION
Visit www.aha.org/appropriateuse.

CONTACT INFORMATION
Elisa Arespacochaga, director, Physician Leadership Forum, elisa@aha.org or 312-422-3329.
Ambulatory Care Sensitive Conditions Toolkit

To access the toolkit, visit www.aha.org/appropriateuse.

Developed with resources from:
Agency for Healthcare Research and Quality (AHRQ)
American Academy of Family Physicians (AAFP)
American College of Physicians (ACP)
Centers for Disease Control and Prevention (CDC)
National Heart, Lung and Blood Institute (NHLBI)

User Guide
The toolkit is composed of three sections:

**Hospital and Health System Resources** - for senior management, senior leaders for quality, clinic managers, nurse managers, key physician leaders, risk managers and human resources directors, this section includes guides, fact sheets and resources supporting management of ambulatory care sensitive conditions (ACSC).

**Clinician Resources** - includes clinical evidence for management of specific ACSCs, frequently asked questions and a report on the impact of integrated care on preventing hospitalization.

**Patient Resources** - includes action plans, frequently asked questions and resources for patients on how to best engage in their care and prevent hospitalizations for ACSCs.

**Hospital and Health System Resources**
*Ambulatory Sensitive Condition Admissions: Opportunities and Challenges Webinar*
This webinar, on Monday, December 15 at 3:00 pm ET, will share a case example of how reducing preventable inpatient admissions for ACSCs can improve care and lower costs. The webinar will feature Dana L. Gilbert, chief operating officer and Sharon Rudnick, vice president Outpatient Enterprise Care Management of Advocate Physician Partners (Illinois) who will share their experience in reducing admissions for ACSCs. To register, go to http://bit.ly/1vqxERq.

*Guide to Prevention Quality Indicators: Hospital Admission for Ambulatory Care Sensitive Conditions*
This guide, developed by AHRQ, provides information on Prevention Quality Indicators (PQIs), which are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for ACSCs. To download, go to http://bit.ly/1u8g18U.

**Million Hearts® Begins with You Infographic and Fact Sheet**
Million Hearts® is a national initiative launched by the Department of Health and Human Services in September 2011 to prevent 1 million heart attacks and strokes by 2017. To download, go to http://bit.ly/ZYaHa2.
CASE EXAMPLES:

Each year, AHA honors up to five programs as "bright stars of the health care field" with the AHA NOVA Award. Winners are recognized for improving community health by looking beyond the hospital walls, working collaboratively to address health status and rooting out the economic or social barriers to care. Four of the 2014 winners are programs addressing ACSCs. For more information, go to www.aha.org/NOVA.

FirstHealth of the Carolinas
North Carolina
With more than 20 percent of local residents diagnosed with diabetes, FirstHealth of the Carolinas reaches out beyond the hospital’s walls with FirstReach. The program has three goals: increase residents’ awareness of signs and symptoms, implement early diagnosis, and improve management and compliance through education and primary care coordination. For more information, go to http://bit.ly/1Eqtmcg.

Greenville Health System
South Carolina
In 2008, the Children’s Hospital Center for Pediatric Medicine created an Asthma Action Team in response to a growing number of pediatric asthma-related crises and treatment disparities. It improves asthma care by identifying cases, increasing awareness, and providing education and evidence-based treatment and case management. It is multi-disciplinary and multicultural, but targets low-income and underserved populations. The ultimate goal is better coordination of patient care to enhance the family’s quality of life and to prevent asthma-related emergency department visits and hospitalizations. For more information, go to http://bit.ly/1pO6Q2P.

Maine Medical Center/MaineHealth
Maine
“Let’s Go!” is a program led by the Barbara Bush Children’s Hospital at the Maine Medical Center aiming to improve fitness and fight obesity in youth, as obesity carries many known health risks from high blood pressure and arthritis, to diabetes and heart disease. Initiatives take place in child care centers, schools, workplaces and community settings, as well as physicians’ offices. For more information, go to http://bit.ly/1v0STeC.

New Ulm Medical Center, part of Allina Health
Minnesota
The Hearts Beat Back: The Heart of New Ulm (HOUN) Project is a community-driven initiative to reduce heart attacks in New Ulm, Minn. Free heart health screenings are held at workplaces, churches and community centers, also assessing nutrition, tobacco use, stress and physical activity. High-risk patients are proactively identified and receive monthly phone calls from a dietitian or nurse. Restaurants and convenience stores have added and promoted healthy options. For more information, go to http://bit.ly/1Eqtlj9.

TeamSTEPPS™: Team Strategies and Tools to Enhance Performance and Patient Safety
This article, included in Advances in Patient Safety: New Directions and Alternative Approaches (Vol. 3: Performance and Tools), describes the TeamSTEPPS program developed by the Department of Defense and AHRQ. TeamSTEPPS integrates teamwork into practice to improve the quality, safety and the efficiency of health care. To download, go to http://bit.ly/1uFyPqv.

Re-Engineered Discharge (RED) Toolkit
Boston University Medical Center (BUMC) developed and tested methods of improving the discharge process, which they called the Re-Engineered Discharge (RED). AHRQ contracted with BUMC to develop this toolkit to assist hospitals in replicating RED. Tools include steps on how to begin implementation of RED, deliver and then monitor outcomes. To download, go to http://bit.ly/1xy06Br.

Selections from Guide to Patient and Family Engagement in Hospital Quality and Safety
AHRQ developed this evidence-based resource to help hospitals work as partners with patients and families to improve quality and safety. These three resources from the "Information to Help Hospitals Get Started" section address how the guide can benefit hospitals, four broad steps to start the process of using the strategies and tools found in the guide as well as specific suggestions on how hospital and health system leaders can foster a supportive environment for patients and their families. To download, go to http://bit.ly/1yNbneg.
Clinician Resources

**Strategies for Reducing Potentially Avoidable Hospitalizations for Ambulatory Care Sensitive Conditions**
Published in *Annals of Family Medicine*, this article finds “primary care physicians rated a significant proportion of hospitalizations for ACSC to be potentially preventable.” The article offers strategies aimed at reducing the number of avoidable hospitalizations which in turn can increase quality of care and decrease health care expenditures. To download, go to http://bit.ly/1yOQ7py.

**High-Value Care Coordination Toolkit**
Created by ACP’s Council of Subspecialty Societies (CSS) and patient advocacy groups, the High-Value Care Coordination toolkit provides resources to facilitate more effective and patient-centered communication between primary care and subspecialist doctors. The toolkit includes data sets, checklists, a guide for facilitating discussion with patients and care coordination agreements. To view, go to http://bit.ly/1ti5iu.

**High-Value, Cost-Conscious Health Care: Concepts for Clinicians to Evaluate the Benefits, Harms, and Costs of Medical Interventions**
This article, published in ACP’s journal *Annals of Internal Medicine*, discusses three key concepts for understanding how to assess the value of health care interventions. To download, go to http://bit.ly/1sO6x0q.
This CDC Morbidity and Mortality Weekly Report (MMWR) discusses reducing hospitalization rates as a key to controlling health care costs. For many chronic conditions, inpatient costs are the dominant expense. Using diabetes as an example, approximately half of the expenditures of persons with diabetes are spent on hospital inpatient care, compared with 12 percent spent on diabetes medications and supplies and 9 percent spent on physician office visits. The CDC has published articles on preventable hospitalizations for specific conditions including:

- Angina
- Congestive Heart Failure
- Hypertension

Outpatient Management Practices Associated With Reduced Risk of Pediatric Asthma Hospitalization and Emergency Department Visits
Published in Pediatrics, this article finds “practices that support early intervention for asthma flare-ups by parents at home, particularly written management plans, are strongly associated with reduced risk of adverse outcomes among children with asthma.” To download, go to http://bit.ly/1DASbDS.

Asthma’s Impact on the Nation
Frequently asked questions and statistics from the CDC National Asthma Control Program. To download, go to http://bit.ly/1tDyKXP.

Reducing Readmissions for Congestive Heart Failure
In this American Family Physician article, authors Robert E. Hoyt, CAPT, MC, USN, and Lester Shawn Bowling, LTCR, MC, USN address “hospital admission for congestive heart failure [which] is extremely common and quite expensive, although it is frequently preventable.” To download, go to http://bit.ly/1wtJzwo.

Diagnosis and Management of Community-Acquired Pneumonia in Adults
Authors Richard R. Watkins, MD, MS, and Tracy L. Lemonovich, MD discuss studies and guidelines for community-acquired pneumonia in adults published since the 2006 American Family Physician review of the topic. To download, go to http://bit.ly/1wowWAX.

Gastroenteritis in Children
A two-part article by authors Catherine A. Churgay, MD, and Zahra Aftab, MD, published in American Family Physician, discusses diagnosis (Part 1) as well as prevention and management (Part 2). To download, go to http://bit.ly/1tc63SZ.

HEALTH TiPS
Developed by ACP, HEALTH TiPS are meant to improve the clinician-patient encounter by facilitating a focus on the key information needed to manage each health condition. HEALTH TiPS can be downloaded in an electronic format, or as a pad of 50 two-sided 4”x6” tear-off sheets. Conditions HEALTH TiPS cover include:

- Asthma
- COPD
- Diabetes
- Hypertension
- Low Back Pain
Patient Resources

**Choosing a Type 2 Diabetes Drug**
Lifestyle changes alone can sometimes lower blood sugar levels enough that drugs aren't needed to treat Type 2 Diabetes. And when they are, the best first choice usually isn't one of the newer, heavily advertised ones on the market. One of ACP's High-Value Care resources in collaboration with Consumer Reports derived from ACP's evidence-based clinical practice recommendations published in *Annals of Internal Medicine*, this article helps patients understand benefits, harms and costs of treatments for Type 2 Diabetes. To download, go to http://bit.ly/ZCDHo0.

**CDC's Take Charge of Your Diabetes**
This book helps patients take important steps to prevent problems caused by diabetes, understand how to work with a health care team to prevent problems, why it is important to get blood glucose and blood pressure closer to normal and how to utilize resources in the community to prevent problems. To download, go to http://bit.ly/1vhpVzO.

**Asthma Action Plan**
From the National Heart, Lung and Blood Institute, this tool includes a guide on avoiding asthma triggers and daily treatment, such as what kind of medicines to take and when to take them. The plan describes how to control asthma long term and how to handle worsening asthma or attacks as well as explains when to call the doctor or go to the emergency room. To download, go to http://bit.ly/1nQIRb1.

**Living with COPD: An Everyday Guide for You and Your Family**
This self-management guide developed by ACP covers areas such as living well with COPD, getting the most out of medicines, becoming more active, planning for when breathing gets worse and smoking cessation. To download, go to http://bit.ly/1rt5c9O.

**Caring for Your Heart: An Everyday Guide for You and Your Family**
This ACP guide informs patients how to eat right, be active, get the most from medications prescribed, understand feelings, respond to chest pains and free themselves from smoking. To download, go to http://bit.ly/1tspLbW.

**CDC’s High Blood Pressure FAQ**
Frequently asked questions such as what blood pressure levels are healthy, and tips to maintain normal levels, avoiding hospitalization. To download, go to http://bit.ly/1yi9IU.

**How to Stay Out of the Hospital if You Have Congestive Heart Failure**
This patient information handout, written by the authors of *Reducing Readmissions for Congestive Heart Failure* found in AAFP’s *American Family Physician*, answers frequently asked questions. To download, go to http://bit.ly/12cgcUa.

**Imaging Tests for Low Back Pain**
One of ACP’s High-Value Care resources in collaboration with Consumer Reports derived from ACP’s evidence-based clinical practice recommendations published in *Annals of Internal Medicine*, this article helps patients understand benefits, harms and costs of tests for low back pain. To download, go to http://bit.ly/1sDTBK8.
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