



# Less is More 2.0: Implementing the High Value Care Curriculum

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## Disclosures



# Learning Objectives

- Describe the AAIM/ACP High Value Care Curriculum Ver. 2.0
- Practice a small group activity from the curriculum
- Identify how this material should be integrated into existing program curriculum
- Practice using tools to assess milestones related to HVC

# Workshop Outline

- Introduction and overview of curriculum
- Practice small group case and activity from the curriculum
- Small discussion group on best practices in curricular implementation
- Describe the curriculum toolbox
- Small group activity practicing using the assessment tools
- Wrap-up

# High Value Care Definition

Care that balances clinical benefit with cost and harms with the goal of improving patient outcomes

# Quick Poll and Group Feedback

- Are you aware of the AAIM/ACP High Value, Cost-conscious Care Curriculum?
- Has it been incorporated into your program?
- What worked? What didn't work?

# What is the problem?<sup>1</sup>

- We spend too much on healthcare – **17% of U.S. GDP**
- Since 1970, healthcare spending is rising **2.4% faster** than GDP
- Estimated \$700 billion of “healthcare waste” annually
- Physicians responsible for **87%** of wasteful spending
- Within the current healthcare system, no real disincentive to curb providers’ ordering practices
- Physicians must lead in addressing these problems – and we are! (Choosing Wisely campaign)
- Trainees (YOU) must be at the front lines

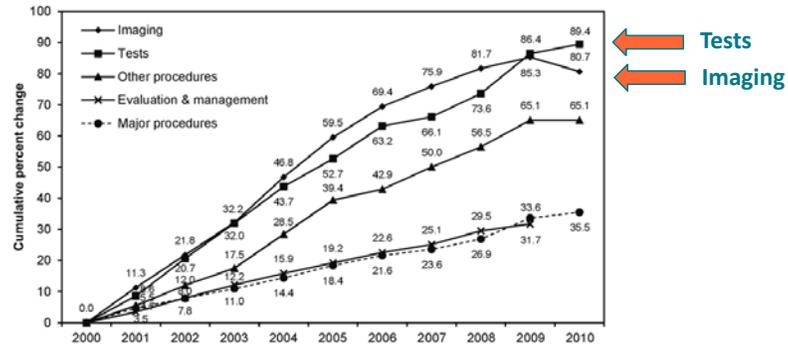
# Healthcare Waste<sup>2</sup>

- Estimated \$700 Billion of “Healthcare waste” annually
- \$250-325B in “Unwarranted use”
- \$75-100B in “Provider inefficiency and errors”
- \$25-50B in “Lack of care coordination”

Percentage of Healthcare Waste by Category Totalling \$700 Billion



# Ordering more services<sup>3</sup>...

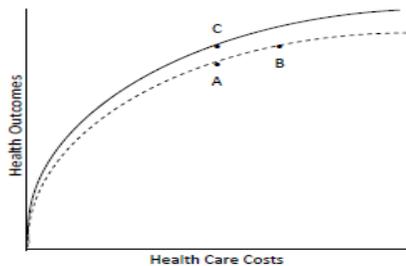


- Two areas of greatest expenditures and most rapid growth: imaging and tests

# Shifting focus

Get physicians to understand and focus on health care value  
 Before using a test or treatment, they should consider the potential benefits and potential harms and costs.

More care is better care → High value, customized care is better care



## IM Resident Curriculum 2.0 Overview

- FREE, off-the-shelf curriculum
- Based on a simple, step-wise framework
- **Six, one-hour presentations**
- Small group activities involving actual cases and bills to engage learners
- Facilitator's guide accompanies each presentation to help faculty prepare
- **Program Director's toolbox**



## Steps Toward High Value, Cost-Conscious Care<sup>4</sup>

- **Step one:** Understand the benefits, harms, and relative costs of the interventions that you are considering
- **Step two:** Decrease or eliminate the use of interventions that provide no benefits and/or may be harmful
- **Step three:** Choose interventions and care settings that maximize benefits, minimize harms, and reduce costs (using comparative-effectiveness and cost-effectiveness data)
- **Step four:** Customize a care plan with the patient that incorporates their values and addresses their concerns
- **Step five:** Identify system level opportunities to improve outcomes, minimize harms, and reduce healthcare waste

# Curriculum Topics and Cases

## **Presentation #1 Eliminating Healthcare Waste and Over-ordering of Tests**

Headache, heart failure, deep venous thrombosis

## **Presentation #2 Healthcare Costs and Payment Models**

Appendicitis, sports injury, osteomyelitis

## **Presentation #3 Utilizing Biostatistics in Diagnosis, Screening and Prevention**

Chest pain, periodic health examination, chemoprevention

## **Presentation #4 High Value Medication Prescribing**

Seasonal allergies, discharge medication reconciliation

## **Presentation #5 Overcoming Barriers to High Value Care**

Low back pain, URI, septic joint

## **Presentation #6 (Local) High Value Quality Improvement Projects**

# Program Director's Toolbox

- Resident survey to measure curricular effectiveness
- Tools to help faculty and program directors assess resident competence in high value care milestones
- Sample local high value care quality improvement projects- reports, abstracts, posters, slide decks etc...

## Curriculum Dissemination

- The curriculum has been downloaded over 13,350 times since July 2012
- Over 50% of program directors surveyed have implemented some component of the curriculum to date
- 54 programs report the initiation of local high value quality improvement projects from the curriculum



## Resident Comments on Specific Modules

- “It was brief and to the point; easy to understand”
- “Bringing more attention to the insurance issues of patients”
- “I particularly enjoyed the case scenarios”
- “The presentation helped us to know how to cut down on prescription costs and still prescribe equally effective drugs”
- “It is a very important topic that needs to be understood because this can really help our patients. The presentation is good, concise and informative”
- “Real life examples help put the cost of brand name drugs in proper perspective”

## Curriculum Small Group Activity

Divide into small groups

Choose a paired case and activity from the curriculum (DVT/bill stimulated discussion; chest pain/worksheet, medication reconciliation/game; septic knee/ think, pair, share; URI/wicked question) **OR** discuss “best practices” in curriculum implementation

Identify a group leader to report back:

1. Provide a one line summary of the case
2. Describe the interactive activity
3. Reflect on the case/activity-Was it helpful? Would you use it in your program?

## Assessing High Value Care Milestones

Divide into 3 small groups

Choose one of the resident assessment tools from the PD Toolbox (educational prescription, audit and feedback, milestones)

Identify a group leader to report back:

1. Describe the tool you used
2. How well did the tool work?
3. How do you envision using the tool in your program?
4. What additional tools might be helpful?

## Summary and Wrap-up

- AAIM/ACP has developed a FREE six hour curriculum to encourage residents and faculty to practice high value care
- Curricular tool box to help assess the high value care milestones and incorporate the framework into daily work flow
- Let's work together to motivate faculty and trainees to eliminate health care waste while improving outcomes

## References

1. Sager A, Socolar D. Health Costs Absorb One-Quarter of Economic Growth, 2000-2005. Boston: Health Reform Program, Boston University School of Public Health; 2005.
2. Thomas Reuters. Where can \$700 billion in waste be cut annually from the U.S Health Care system? October, 2009.
3. Medicare Payment Advisory Commission Data Book. "Healthcare Spending and the Medicare Program"; 2012.
4. Adapted from Owens, D. *Ann Intern Med.* 2011;154:174-180

## **Less is More 2.0: Developing Your Faculty to Implement the High Value Care Curriculum**

Keywords: High Value Care, GME Curriculum, Faculty Development

Educational Goals of Workshop:

1. Understand the content and structure of the AAIM/ACP High Value Cost Conscious Care Curriculum 2.0 Version
2. Identify where this material could be integrated existing program curriculum
3. Explore metrics to assess curricular effectiveness
4. Discuss NAS compatible assessment tools

Workshop Description (250 words or less):

This workshop will introduce the 2.0 version joint AAIM/ACP High-Value Cost-Conscious Care (HVCCC) Curriculum to program directors and faculty. The workshop will consist of an overview of the structure, content and goals of the curriculum followed by small group sessions where participants will be charged with identifying how these sessions would be integrated into their existing programs and discuss potential barriers and opportunities for improvement. Metrics of curricular success and NAS resident assessment tools will also be discussed.

Intended Audience:

Program Directors, Associate Program Directors, and Core Faculty interested in teaching residents about high value care.

Audience Interaction with Presenters:

Small group sessions where participants will brainstorm about how best to integrate the content into their existing curriculum and how to make the content delivery as interactive as possible. Both sessions will require participants to report out to the larger group.

Innovative Features:

This the 2.0 version of a national case-based curriculum developed collaboratively by AAIM and ACP with the goal of getting IM residents and faculty to incorporate the concept of healthcare value (balancing clinical benefit with costs and harms) into their clinical practice.

Deliverables:

The updated content (including new video and audio content) for 6 one hour interactive sessions on the following topics:

1. Eliminating Health Care Waste and Over-Ordering of Tests
2. Health Care Costs and Payment Models
3. Using Biostatistics in Diagnosis, Screening and Prevention
4. High Value Care Prescribing
5. Overcoming Barriers to High Value Care

6. High Value Care Quality Improvement
- Survey to measure curricular impact on trainees
  - NAS compatible high value care resident assessment tools

At a time when uncontrolled and unsustainable U.S. healthcare costs are threatening the solvency of the entire healthcare system, this workshop will be the introduction to the second version of the joint APDIM/ACP High Value Care (HVC) Curriculum launched originally in 7/12. This faculty development workshop will consist of an overview of the literature in the successful strategies for teaching and implementing HVCCC, an introduction to the goals, objectives and 6 content modules with teaching slides, a review of additional curricular resources and NAS compatible high value care resident assessment tools, survey to measure curricular impact on trainees, and discussion of overcoming potential local and global barriers to implementing, maintaining and modifying the HVCCC curriculum.

#### Workshop Structure-

Introduction of Presenters

Overview of the goals and structure of the curriculum 2.0- Darilyn Moyer

Overview of Teaching Content – Jason Post

Facilitation of small group exercises- Entire Group

Small group report back- KeriLyn Gwisdalla

Discussion of Potential Barriers and Solutions in implementing, maintaining and modifying a HVCCC Curriculum-Sara Wallach

Review of survey and NAS compatible assessment tools-Jessica Dine

Wrap-Up-Everyone/ Darilyn Moyer