

## QSEA Hot Topic: Teaching Value Based Care

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## Agenda

- Why add yet another topic?!?
- Two examples
- Planning for VBC at your institution

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## What is the problem?

- We spend too much on healthcare
  - And we keep spending MORE
  - We spend it in the wrong ways and places
  - 30% is waste
- 60% of personal bankruptcies in US from healthcare costs
- This \$\$ is not getting us the outcomes we want
- Nobody is able to take this on (certainly not Congress!)
- Physicians must lead the charge
- We could save

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If other prices had grown as quickly  
as healthcare costs since 1945...

- A dozen eggs would cost \$55



- A gallon of milk would cost \$48




- A dozen oranges would cost \$134



## 6 Sessions with cases

	Topic	Example Cases Included
1	Eliminating Healthcare Waste and Over-ordering of Tests	Headache, heart failure, deep venous thrombosis
2	Healthcare Costs and Payment Models	Appendicitis, sports injury, osteomyelitis
3	Utilizing Biostatistics in Diagnosis, Screening and Prevention	Chest pain, periodic health examination, chemoprevention
4	High Value Medication Prescribing	Seasonal allergies, discharge medication reconciliation
5	Overcoming Barriers to High Value Care	Low back pain, URI, septic joint
6	High Value Quality Improvement	

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## Interactive Ideas in the curriculum overview

Think-Pair-Share

Audience Response Systems

Small Group Work



Worksheets

Wicked Questions

Talking Stick

Pre-Session Work

Wiki

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Competition • Learning Center • About Us • Updates • Costs Of Care

Welcome, Cheryl! [view profile](#)

Hello and welcome to the learning modules. After watching these short videos on strategies to decrease overutilization and medication costs, you can demonstrate your knowledge and earn a Teaching Value Certificate by successfully completing the assessments.

Learn
References
Rankings
Teaching Value Forum

Learning Modules

- Overuse: Top 10 reasons that tests are overused and how to take charge.
- GOTMeDs: How to counsel patients to reduce prescription drug costs

<http://www.teachingvalue.org/study.aspx?which=lg>

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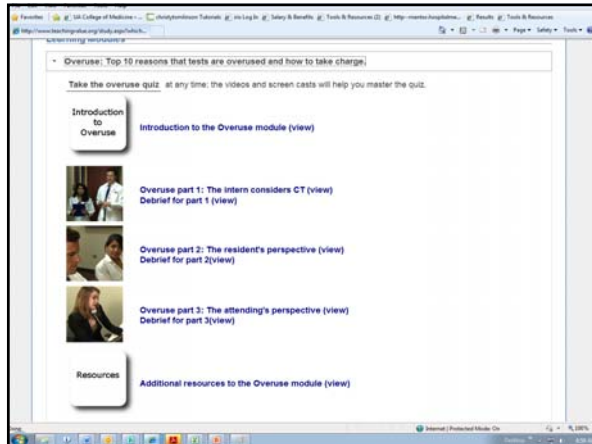
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## Value-based care curriculum

Karyn Baum, for the VBC Team  
QSEA 2014



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## Motivations

- Utilization/waste/cases
- An interested resident
- Perfect storm of connections



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## Development process

- The PD and coffee
- Program-owned curriculum
- Assembled the team
- Syllabus design
- Assignments



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## Goals

Residents will be able to:

- Explain the unique role physicians play in providing high-value care
- Understand the charges (and costs) of common diagnostic and therapeutic tests and procedures
- Effectively decide which tests to order, keeping value-based care and patient preferences in mind as guiding principles
- Effectively discuss value with patients and peers
- Integrate value as a criterion for decision-making in the everyday practice of medicine



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## 3-part curriculum

- Formal sessions
  - 18-month rolling curriculum
  - 1 session every other month
- Morning report
  - Series of 8 sessions over 2 months
- M & M integration
  - Week following formal session beginning in September
  - Challenge to implement



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## Tenants for formal sessions

- Use adult learning theory in design
- 3 learning objective max per session
- Sessions simulcast to all 3 hospitals
  - On-site facilitators
- Real cases and interaction in all sessions
- Keep slides relatively generic for easy adaptation
- Feedback after each session to improve



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## Formal sessions

- Value-based care: why do we need it?
- Physicians' role in decreasing waste
- Health insurance basics
- Ethical considerations
- High-value decision making
- Communicating value decisions
- Choosing screening and diagnostic tests
- Choosing treatment
- Making a difference through data and improvement



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## Evaluation plan

- Level 1: Satisfaction (each session)
- Level 2: Attitudes and Knowledge
  - Pre/post
  - Possible skills evaluation via OSCE
- Level 3: TSH, BMP, A1C's ordered per month
- Level 4: \$\$ labs/month on gen med



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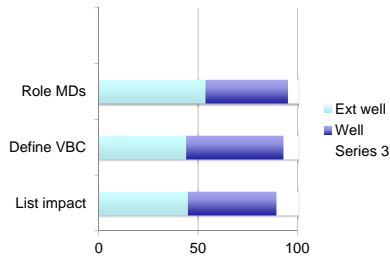
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## Level 1 results thus far




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## Additional results

- Satisfaction:
  - LOVED the small group and case-based nature
  - Would have even more specifics
    - Card or website to access
  - Many worry
- Baseline lab costs: \$950/pt on Gen Med at UMMC
  - Run chart going forward on monthly basis
  - No change as of February 2014




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## Acknowledgements

- |                        |                  |
|------------------------|------------------|
| • Gordon Mosser        | • James Emerson  |
| • Howard Epstein       | • Klint Kjeldahl |
| • Tony Killeen         | • Andrew Olson   |
| • Stephan Gildemeister | • Benji Mathews  |
| • Jill Bowman          | • Kelly Frisch   |
| • Nacide Ercan-Fang    | • John Song      |
| • Paul Kleinschmidt    | • Collin Turner  |
| • Alisa Duran-Nelson   | • Craig Roth     |
| • Ryan Kelly           |                  |




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# High Value Idea Competition for House Staff

How can we improve the quality or reduce the cost of care? You see opportunities every day and it is your time to act! All Residents and Fellows are invited to submit your individual or group idea(s).

**\$2,500 Cash Prize!**

**The top 3 ideas will each win:**

- \$2,500 CASH PRIZE!
- An interdisciplinary team to work with you on designing and implementing your idea
- Opportunity to win an additional \$2,500 Grand Prize at the May 16 GME Quality and Safety Day
- Travel support to present your project at a national meeting.

Ideas will be judged by Residency Faculty. Hospital and Banner Health System leaders based on the following criteria:

- Potential impact on housestaff education
- Potential impact on patient care (quality, cost, process, safety, etc)
- Scalability/feasibility
- Alignment with Banner Health System Initiatives
- Alignment with Choosing Wisely lists
- Submissions are due by September 1st
- For the entry form and contest details, visit [www.BannerHealth.com/GoodSamHighValueCare](http://www.BannerHealth.com/GoodSamHighValueCare)

Special thanks to the sponsors: Cash prize funding is provided by the BGSME Medical Staff, travel funds by the Department of Medical Education, and resources for the interdisciplinary teams by BGSME Administration.

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# High Value Ideas from Phoenix

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**High Value Care**

**Housstaff High Value Idea Competition**

Value is calculated as the quality provided by the total costs. Efforts that improve quality or reduce costs, increase value. It is essential that we all work to improve value in health care.


Trainees are opportunities to improve value everyday and NOW is your time to act!

All residents and fellows from any program at Banner

**Related Links**

[High Value Care Entry Form](#)

[Portable High Value Care Entry](#)



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**GME High Value Competition**

YOU ARE HERE >> [Policies & Procedures](#) > [Housestaff's New Site](#) > [High Value Competition](#)

**High Value Care**  
Competition Rules  
Judges  
Winners 2013-2014  
Quality & Safety Day

**High Value Care Judges**

Housestaff High Value Idea Competition Chairs:

- Steve R. Brown, MD Program Director, Family Medicine Residency Program
- Cheryl W. O'Malley, MD Program Director Internal Medicine Residency Program

<b>Banner Health System</b> Dr. John Hensing (CMO, Banner Health) Dr. Robert Groves (Medical Director, Critical Care Clinical Performance Group)	<b>BOSMC Graduate Medical Education</b> Dr. Alan Lebowitz (DIO, Chief Academic Officer, Banner Health) Dr. Richard Gerkin (Director of GME Research)	<b>BOSMC Administration</b> Dr. Steve Narang, (CEO, Banner Good Samaritan) Ursula Sobas-Gonzales, RN (Chief Nursing Officer) Anita Hancock, RN (Director of Quality Management)
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**Related Links**  
[High Value Care Entry Form](#)  
[Previous High Value Care Page](#)

**Banner Good Samaritan Medical Center**

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## Contest Winners



**Year 1**  
**Jeffrey Abildgaard, MD, Orthopedic Surgery:** *Attempted reduction of unnecessary diagnostic testing by utilization of cost transparency.*  
**Ryan Evans, MD, Family Medicine:** *An evidence based approach to reducing the incidence of catheter-associated Urinary Tract Infections.*  
**Christian Hourani, MD, and Lise Harper, MD, Internal Medicine:** *Implementation of a hospital-wide system to increase the appropriate use of cardiac stress testing.*

**Year 2:**  
**Anne Kennard, DO: Obstetrics and Gynecology:** *Reducing Unnecessary CBCs for Laboring Patients.*  
**Erica Peterson, MD: Internal Medicine** *Reducing Unnecessary Antimicrobial Use and Costs of Care Through Rapid Detection of Staphylococcal Contaminants.*  
**Sandra Till, DO and Jonathan Byrdy, DO: Pulmonary and Critical Care, Internal Medicine:** *Improving Adherence of Lung Protective Ventilation in Patients with ARDS.*

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## GME Quality and Safety Day

- 3 winners present project outcomes to the judges
- Keynote by national speaker
- Poster session for all other housestaff posters
- Interdisciplinary judges from around the health system.




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## Other Resources

- Healthcare Blue Book is a free consumer guide to help patients understand fair prices for healthcare services in their areas.  
[www.healthcarebluebook.com](http://www.healthcarebluebook.com)
- Choosing wisely  
[www.choosingwisely.org](http://www.choosingwisely.org)
- Wikipedia and Consumer Reports have started a health article review project based on the references from this curriculum.  
[http://en.wikipedia.org/wiki/Wikipedia:Health\\_Article\\_Review\\_Project](http://en.wikipedia.org/wiki/Wikipedia:Health_Article_Review_Project)
- Fairhealth: is a national independent, not-for-profit corporation whose mission is to bring transparency to healthcare costs  
- <http://fairhealthconsumer.org/>

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