

MORNING REPORT: AN OPPORTUNITY FOR TEACHING HIGH VALUE CARE

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Category: Patient Safety

Background

US healthcare spending is rising and medical bills are a leading cause of personal bankruptcy. Recent estimates are that \$750 billion of healthcare spending annually is waste and 40% of services provided to Medicare recipients provide minimal clinical benefit. Physicians have a duty to their patients and society to provide evidence-based high value care (HVC).

Objectives

Improve knowledge of HVC and incorporate these principles into daily decision making among residents, students, and faculty through resident-led case based conferences. Learning objectives include: 1) define high value care, 2) identify resources available for applying HVC principles to clinical decision-making, 3) estimate prices of services using Healthcare Bluebook and GoodRx, 4) appraise the management of a case.

Methods

We implemented a weekly HVC curriculum within internal medicine resident morning report. A case is selected by the resident presenter with an emphasis on clear decision points and available evidence to guide decision-making. Following the case presentation, the audience discusses their differential diagnosis and management plan, and the workup and final diagnosis are revealed. The resident presenter reviews evidence to guide management and presents their conclusions for the best practice management of the case. They appraise the value of care delivered in our institution by comparing the best practice management and prices of selected healthcare services to the care that was actually delivered.

Results

Two conferences have been held in February 2018. The first conference had 31 participants and the second conference had 34 participants comprising students, residents, and faculty. A survey was given prior to the first session utilizing a 5-point Likert scale (1 = strongly disagree or very unlikely, 5 = strongly agree or very likely). The average score was 4.2 in response to the statement “physicians have a responsibility to patients to consider cost when providing treatment.” The average score was 3 in response to the question “how likely are you to consider the cost of a test or procedure when discussing the management of a patient with your team?”

Discussion

Physicians are recognizing the need to consider value in the management of their patients, though efforts are limited by lack of knowledge of costs. Integrating HVC into existing models for education provides an opportunity to improve utilization of evidence-based resources for high value clinical decision-making. Future plans include tracking participant performance compared to best practice management each week and a follow-up survey with self-reporting of practice changes.