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INTRODUCTION

- The ACGME and CLER expect housestaff to incorporate cost-awareness and risk-benefit analysis in care.
- Medical education struggles with how and where to incorporate housestaff into Quality Improvement, VBM and hospital finance.
- Quality Improvement and Patient Safety are often taught apart from the clinical and financial context of the medical center.

PURPOSE

- Create an experiential curriculum in VBM that integrates Quality, Patient Safety, and Cost-awareness into a project development and implementation plan that is led by housestaff with faculty mentorship.
- Align housestaff innovations in care delivery and improvement with system-wide VBM initiatives.
- Convert housestaff project plans into fully realized VBM projects with support from Quality, Safety, Value, Informatics and Financial leadership.

METHODS

This two-week curriculum included:

- Core lectures: Problem Identification and Charting
- Project development with mentorship by faculty and VBM team with data support from Informatics and Finance
- "Shark Tank" pitch to clinical and financial leadership
- Project support and mentorship to implement projects
- Evaluation: Residents surveyed after each block, and progress of projects tracked.

PROJECT OUTLINE & EVALUATION RUBRIC

Identify a Project: Problem Identification
- Using national data and local data
- Assisted by VBM, Informatics, and Finance

Understand Root Cause: Problem Analysis
- Process mapping
- Unit observations & Stakeholder Interviews

Propose a Solution: Charting
- Background
- Determine Metrics of Success
- Estimate Value-Add
- Plan for data collection/plan

Present to Hospital Leadership
- Presentation Skills
- Response to Live Feedback

Why 97% of Resident Participants Recommended the Course:

"First introduction to VBM projects as LEADERS"

- "The opportunity to be connected to mentors/stakeholders in a streamlined way."

- "It was exciting to discuss these issues with hospital leadership and hear their thoughts."

- "Working together with co-residents on projects that affect our patients and our practice."

- "It is imperative for residents to understand/participate in value, quality improvement and safety projects - this is the future of medicine!"

EXAMPLE RESIDENT PROJECTS

L-TAPP Initiative
- Problem: When bedside procedures are referred to IR, medicine residents miss out on learning opportunities, and patients receive fragmented and inefficient care without improved outcomes.
- Solution: Team hospitalists to expedite ultrasonic-guided bedside procedures.
- Status: Hospitals training ongoing. Will go live in November.

Team PANC
- Problem: We perform early CT scans in many patients with acute pancreatitis that do not add value in diagnosis or management.
- Solution: Develop a decision support algorithm integrated into order-entry system to promote evidence-based use of imaging.
- Status: Interdisciplinary team convened and working together to finalize algorithm for approval by Medical Board.

XPERT-TB Testing
- Problem: Ruling out active pulmonary tuberculosis uses 3 respiratory isolation bed days per patient, unnecessary experience and limited resources.
- Solution: Use XPERT machine to rule out patients out with two negative in 8 hours as approved by FDA and NYC Department of Health.
- Status: Approved by Medical Board. Implementation expected soon, with replication at Bellevue in planning stages.

RESULTS

Knowledge and Skills Gained

Residents Engagement

CONCLUSIONS

- Our VBM curriculum integrates quality, patient safety, and cost-awareness into an interactive project development and implementation plan led by housestaff with faculty mentorship.
- Residents worked with faculty to generate VBM projects in line with institutional goals, learned important skills in project management, and continued their projects outside of the two week block.
- Keys for replication include buy-in from hospital leadership and faculty mentors, protected time for resident teams to work on projects, and support from informatics and finance to help collect data and estimate costs and projected value-add to the institution.

REFERENCES

CLER Brochure. ACGME. https://www.acgme.org/Portals/0/PDFs/CLER/CLER_Brochure.pdf

Swimming with the Sharks: Teaching Residents Value Based Medicine Through Resident-Led, Faculty Mentored Projects

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