**Teaching and Evaluating Cost-Conscious Care through a Novel High Value Care (HVC) Morning Report Series**

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Our High Value Care (HVC) Morning Report Curriculum is designed to teach and evaluate resident learners on healthcare costs and appropriate resource utilization. As medical educators, we must train our residents to be responsible stewards of finite healthcare resources. Thus, we developed an interactive morning report curriculum that focuses on HVC decision-making using real-world cases. In addition, we developed a novel evaluation tool to assess residents’ application of cost-conscious care principles through the use of a HVC scoring algorithm. This evaluation tool provides feedback to each participant on his/her abilities to provide high value patient care.

Prior to the introduction of our HVC curriculum, we surveyed residents’ knowledge of and attitudes toward cost-conscious healthcare. Survey results revealed that our residents agreed that physicians should be aware of the costs of various labs, imaging, and procedures and should factor that knowledge into decision making. Nonetheless, residents reported poor access to information regarding costs of care and noted uncertainty with their skills of factoring cost into medical decision making.

Our HVC Morning Report series occurs twice per month. For each session, a resident is scheduled to present a case that he/she encountered recently in the hospital or ambulatory setting. Prior to his/her conference presentation, the resident reviews published guidelines and meets with 1-2 local “expert attendings” to determine “best-practice” for the case in regards to what imaging, laboratory studies, procedures, and/or consultations were necessary to arrive at the correct diagnosis and treatment course. In addition, the resident reviews the case to determine if significant waste was involved in the evaluation and overall care of the patient.

For each session, the resident presents the case and pauses at one or more pre-designed break-points. During these breaks, each participant completes a pre-designed form where he/she indicates what imaging, laboratory studies, procedures, and/or consultations that he/she would order. Following the case discussion, the forms are collected and responses are entered into a centralized data-base.

After review of the data, participants are awarded points for appropriate, cost-conscious utilization of imaging, laboratory studies, and consultation. Points are deducted for unnecessary overuse of healthcare services and inappropriate underuse of services as determined by clinical guidelines and local expert opinion on the specific case. A total score is calculated and each participant receives a "High Value Care Score” for each case. In addition, each participant is presented an approximate “bill” for each case by comparing his/her ordering practices to the “Healthcare Bluebook.” Furthermore, each resident is able to compare his/her “bill” to the “best-practice healthcare bill” as determined by clinical guidelines and local expert opinion for each case.

Following our curriculum, we re-surveyed residents to measure changes in perception and knowledge of HVC principles. Based on resident post-survey data, the HVC Morning Report curriculum was successful in improving knowledge of high value care and comfort with cost effective decision making. For example, 94% (n=34) of residents agreed that the HVC curriculum improved their knowledge in regards to healthcare costs as well as increased their awareness and application of HVC principles. On the pre-curriculum survey, 70% of respondents indicated that their knowledge of healthcare costs was "poor." Following the HVC curriculum, however, the percentage of respondents indicating that his/her HVC knowledge was "poor" fell to 29%. On the post-curriculum survey, correct responses regarding the costs of a CT angiography of the chest, basic laboratory studies including CBC and BMP, brain MRI with and without contrast, and trans-thoracic echocardiography each improved by over 50% compared to pre-curricular survey responses.

Furthermore, on the post-curriculum survey, 83% of residents responded that the HVC Morning Report series had a positive impact on his/her patient care decision making process. In addition, the percentage of residents responding that they factored costs in patient care decision making "often" or "always" increased from 30% to 78% following the HVC curriculum.

**Progress Report:**

We continue to hold ~2 HVC Morning Report sessions per month. Our curriculum has been presented locally through our departmental grand rounds series. In addition, our curriculum was presented in workshop format at the following regional/national medical meetings:

Southern Society of General Internal Medicine – New Orleans, LA, February 2015

National Society of General Internal Medicine – Toronto, Canada, April 2015

Furthermore, our curriculum recently was accepted for publication to AAMC’s MedEdPORTAL.

Finally, our curriculum has been disseminated to other institutions. For example, the Med-Peds residency program at UNC-Chapel Hill instituted a HVC morning report series this fall based on our curricular model.

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