NC-ACP Education Innovation Project Updates

February 2016

***Project Title:***

“Making Wise Choices Easier: A Competition for the Best Project Proposal Designed to Improve Our Delivery of High Value Care and Cost Conscious Care (HVCC)”

***Project Leader***: Alicia Clark, MD

***Project Team***: Jon Bae, MD; George Cheely, MD, MBA; Aimee Zaas, MD, MHS. Lindsay Boole, MD has replaced Aaron Mitchell as the VA quality chief resident. Dani Zipkin, MD has replaced Alex Cho, MD, MBA as the Associate Program Director for ambulatory resident curriculum. Jennifer Averitt has been providing administrative support.

***Project Summary:***

We advertised a competition for High Value Quality Improvement Project Proposals in the fall of 2015. Each application was required to have a team of at least three individuals to ensure that the implementation phase would have enough support to continue through different resident schedules. The teams were encouraged to partner with other disciplines (ex. nursing, PT, pharmacy, non-medicine departments). They were given guidance to outline the proposals using the structure of a “SMART” aim (Specific, Measurable, Attainable, Relevant and Time Bound). They were advised that mentorship would be provided to assist with implementation of their proposals and funds for statistical support would be awarded to the top three applications. In addition, they were enticed by a cash prize award divided amongst the top three applying teams.

***Progress to Date:***

Many strong applications were submitted and the top three teams were announced in January 2016. The first prize team has partnered with radiology with the goal of decreasing the duplication of imaging that occurs in patients transferred in from outside hospitals. The two second place teams include a project to improve diagnostic accuracy and evidence based care for patients admitted with COPD exacerbations to the Durham Veterans Hospital and a project to decrease the number of non-evidence based prescriptions for Proton Pump Inhibitors. All three teams have been aligned with project mentors and have been given a timeline for initial data collection, design of intervention and review of initial intervention data. Each group has met with their mentors to refine the question about potential low value care and have started preliminary data collection to determine the scope of the problem.

***Next Steps:***

Once the teams have preliminary data about the scope of the problem, they will meet with their mentors to devise an intervention to address any opportunity for higher value care. They will need to clearly define goals and a data collection plan prior to implementation of the first PDSA cycle. If the preliminary data suggests minimal opportunity for improvement, the mentors will help the team share their findings at our high value care conference series and may revise the question to explore other opportunities.

**Grant Funds Financial Report**

Current Year (FY16) Expenditures:

Please see the attached excel spreadsheet for additional information. We have awarded $3500 divided amongst the three winning resident teams. The first place team was made up of five residents and each will be awarded $340 in their February 2016 paycheck. The two other winning teams (tied for second place) were each composed of 3 residents. All six of the second place winners will receive $300 in their February paycheck. This cash prize allocation will total $3500 of the award. The remaining $1500 will be allocated to pay for statistical support of the three teams projects.