Research Week 2023

Integrating value-based care into existing curricular modalities to improve knowledge and attitudes of resource stewardship amongst medical students

Aylmer Tan, Sruthi Eapen, Paul N. Gorman, Gretchen Scholl, Andrea Smeraglio,
Oregon Health & Science University

Keywords

Education, Value Based Care, Choosing Wisely

Abstract

Introduction

The United States has the highest healthcare costs amongst developed nations with approximately 25% being considered waste. Physicians play a significant role in this waste when they order low-value tests, imaging, and interventions. Previous studies involving resident education have demonstrated the ability to decrease inappropriate laboratory test ordering without negatively impacting the quality of care. Translating these findings to undergraduate medical education, we explored the feasibility of integrating value-based care education into existing platforms in Oregon Health & Science University's (OHSU) medical school curricula. We hypothesized that curricular changes could improve medical student knowledge, attitudes, and competency with high-value cost-conscious medical care (HVCCC).

Methods

OHSU medical student attitudes and understanding regarding HVCCC were evaluated via survey before and after a HVCCC educational intervention. The curriculum intervention included three 5-10 minute asynchronous online sessions targeting skill development in HVCCC. Each online session highlighted HVCCC educational information, gave clinical resources and included an exercise deploying these skills. The three online sessions were followed by a single gamified Clinical Skills Lab (CSL) session where students competed to get the correct diagnosis at the most affordable cost.

Results

123 first year medical students completed the pre-survey with 72 students completing the post survey. 38% of students agreed/strongly agreed the curriculum was effective/strongly effective at promoting cost-effective care. Pre-curriculum 6% of students felt comfortable/very comfortable accessing resources to provide cost-effective care which

improved to 38% post curriculum. Data analysis on attitudes and knowledge tests are still underway at this time.

Discussion

This study has demonstrated that it is feasible to introduce HVCCC concepts into the curriculum of medical students early in their education. Additionally, it provides a framework for future curriculum development projects integrating HVCCC concepts. We were able to improve student comfort accessing cost-effective resources. However, only 38% of students agreed/strongly agreed the curriculum effectively promoted HVCCC, suggesting that content, volume or mechanism should continue to be iterated. Our next step is to complete analysis on attitude and knowledge changes pre-post the curriculum and to further investigate how to more effectively deliver this content.