

Evaluation of a Pilot Introduction to High-Value Care Lesson During Longitudinal “Doctoring” Class for Pre-Clinical Medical Students



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Introduction

- Healthcare costs in the United States are **rising**, causing **immense financial strain** on patients and negatively impacting health outcomes
- One proposed solution is integrating **high-value care (HVC)** into clinicians' practices to optimize healthcare decisions while protecting patients' financial wellbeing
- However, there remains an insufficient amount of **HVC-focused training in medical schools**, especially in the pre-clinical curriculum
- The goal of this project was to design and integrate a pilot HVC lesson into the longitudinal “doctoring” course for first-year medical students to address this education gap**

Methods

This lesson was a **one-day, two-hour in-person experience** delivered to **first-year medical students** during their existing longitudinal “doctoring” small group course facilitated by practicing physicians. The lesson consisted of the following:

- Physician-led lecture on value shortfall and basics of HVC
- Classroom discussion on how to incorporate HVC into clinical experiences
- Group *Choosing Wisely* case-based learning exercise
- Screening standardized patient for financial harm using GOTMeDS

A pre- and post-survey assessing student knowledge of healthcare overuse, exposure to *Choosing Wisely*, attitudes towards HVC and HVC-related self-efficacy were administered.

Results

208 first-year students received the lesson, and **68 (33%) completed both pre- and post-surveys**. In addition to the figures presented, **knowledge of healthcare overtreatment improved from an average of 71% pre-lesson to 82% post-lesson** ($p < 0.05$).

Figure 1. Exposure to *Choosing Wisely*

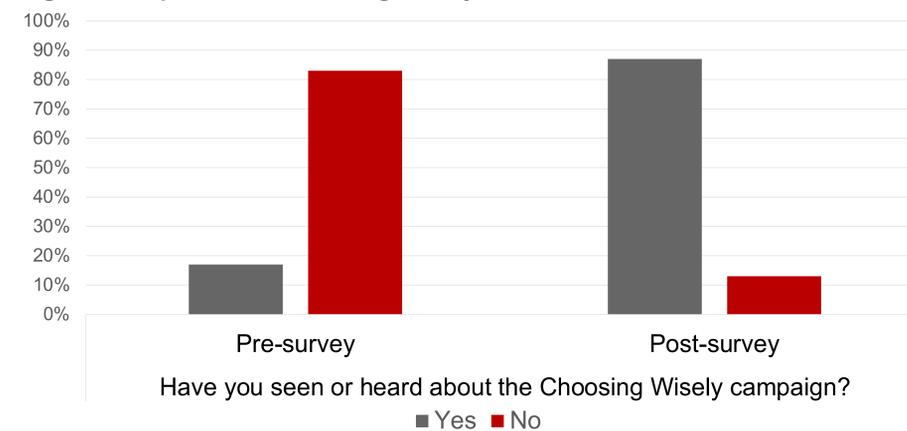
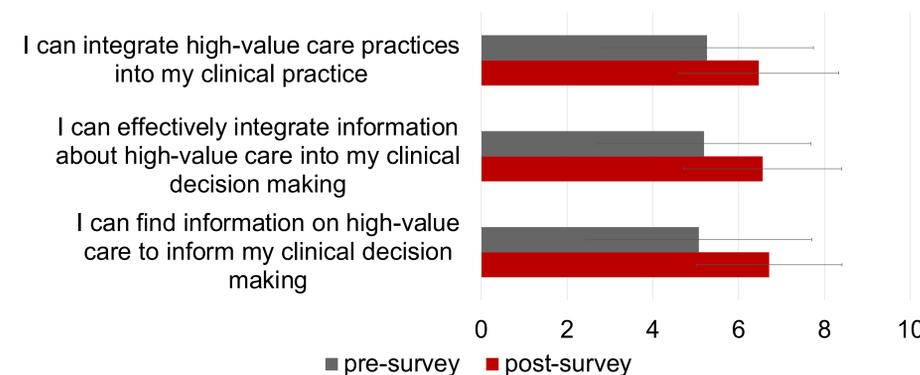


Figure 2: HVC-Related Self-Efficacy. Students were asked to rate the extent to which they agreed with the following statements (0 = Do not agree at all, 10 = Agree completely). Pre- and post-survey values are reported with the standard deviation.



Attitudes toward cost-conscious care: Students displayed positive shifts toward value- and cost-conscious attitudes for **two** survey items ($p < 0.05$ for all items). Students reported agreement with all other value- and cost-conscious attitudes. The complete attitudes data set is available via the QR code on this poster.

Conclusions and Discussion

Conclusions:

- Following this introductory course, students' *Choosing Wisely* and HVC knowledge improved
- After the lesson, all students reported agreement with the value- and cost-conscious care beliefs assessed
- Students' self-efficacy associated with finding HVC information and integrating it into their clinical practices significantly improved

Limitations:

- This course was taught by multiple instructors, introducing variability in teaching
- Low post-lesson survey response rate
- No data yet to assess the long-term impact of the course on students' attitudes, self-efficacy, and practice patterns

Next Steps:

- Divide the single lesson into three lessons administered to pre-clinical students throughout their first two years
- Incorporate HVC principles into the clinical reasoning cases discussed during the longitudinal “doctoring” course via discussions about the financial aspects of the case/diagnosis in the acute and chronic setting
- Promote using *Choosing Wisely* in clinical reasoning case discussions of what tests should (and shouldn't) be ordered to promote resource stewardship and reduce healthcare spending waste

Access the HVPAA abstract, supplemental data, and lesson materials via this QR code.



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