



High value care curriculum

smartermedicine
Choosing Wisely Switzerland

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Définition

$$\text{Value} = \frac{\text{Quality}^*}{\text{Payment}^\dagger}$$

* A composite of patient outcomes, safety, and experiences

† The cost to all purchasers of purchasing care

Liste « Top 5 »

La Société Suisse de Médecine Interne Générale recommande de ne pas pratiquer les tests et prescriptions suivants dans le domaine hospitalier:

hospital

1 Ne pas faire de prises de sang à intervalles réguliers (par exemple chaque jour) ou planifier des batteries d'examens, y compris des examens radiographiques, sans répondre à une question clinique spécifique.

2 Ne pas poser ou laisser en place une sonde urinaire uniquement pour des raisons de commodité (incontinence urinaire, surveillance de la diurèse) chez des patients en dehors des soins intensifs.

3 Ne pas transfuser plus que le nombre minimum de culots érythrocytaires nécessaires pour soulager les symptômes liés à l'anémie ou pour normaliser le taux d'hémoglobine selon des seuils définis:

4 Ne pas laisser les personnes âgées alitées pendant leur séjour à l'hôpital. De plus, des objectifs thérapeutiques individuels doivent être établis en fonction des valeurs et des préférences de chacun.

5 Ne pas utiliser de benzodiazépines ou autres sédatifs-hypnotiques chez les personnes âgées pour le traitement de l'insomnie, de l'agitation ou d'un état confusionnel aigu et éviter leur prescription à la sortie de l'hôpital.

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Choosing Wisely Switzerland

Bavamian, Gabutti, Kherad O et al, Swiss medical Forum 2016

Néphrologie

Chirurgie

Médecine intensive

Anesthésie-réanimation

Gastro-entérologie

Neurologie

Radio-oncologie

Gériatrie

Impact du mouvement du Choosing Wisely



- o ↓ imageries, transfusions sanguines, antibiotiques
- o ↑ prescription AINS, dépistage inapproprié HPV

Rosenberg et al, JAMA intern med 2015 / Meeker D et al. JAMA 2016



EDITORIAL • COMMENTARY

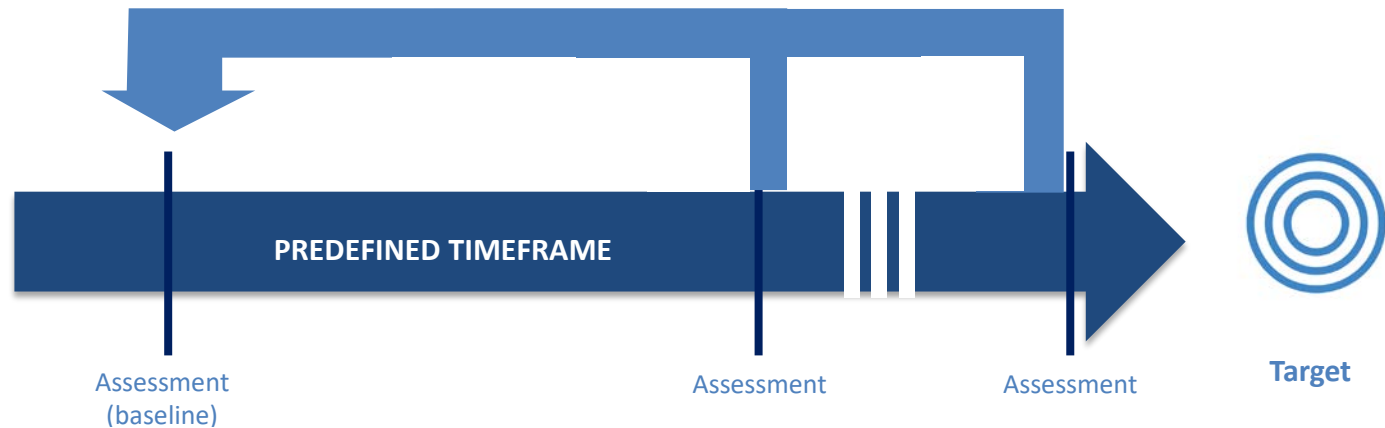
CJEM Debate Series

CJEM Debate Series: #ChoosingWisely – The Choosing Wisely campaign will not impact physician behaviour and choices

Paul Atkinson, MB MA*; Eddy Lang, MDCM[†]; Meaghan Mackenzie, BSc[‡]; Rashi Hirandani, BSc[§];
Rebecca Lys, MSc[¶]; Megan Laupacis, BScH[¶]; Heather Murray, MD, MSc^{**††}

Atkinson et al, CJEM 2018

Choosing wisely implementation framework



Education
• Clinician education • Patient education • Awareness campaign

Low leverage interventions

Measurement tools
• Performance measurement • Quality improvement projects • Audit and Feedback

Hard coding
• Medical directives • Order sets • EMR integration • Nudge

High leverage interventions

Education

Original Investigation

Spending Patterns in Region of Residency Training and Subsequent Expenditures for Care Provided by Practicing Physicians for Medicare Beneficiaries

Candice Chen, MD, MPH; Stephen Petterson, PhD; Robert Phillips, MD, MSPH;
Andrew Bazemore, MD, MPH; Fitzhugh Mullan, MD

JAMA. 2014;312(22):2385-2393. doi:10.1001/jama.2014.15973

Original Investigation

Training Physicians to Provide High-Value, Cost-Conscious Care A Systematic Review

Lorette A. Stammen, MD; Renée E. Stalmeijer, MSc, PhD; Emma Paternotte, MD; Andrea Oudkerk Pool, MSc; Erik W. Driessen, MSc, PhD;
Fedde Scheele, MD, PhD; Laurents P. S. Stassen, MD, PhD

JAMA. 2015;314(22):2384-2400. doi:10.1001/jama.2015.16353

Choosing Wisely Canada

STARS

Students & Trainees Advocating
for Resource Stewardship



Six Things Medical Students and Trainees Should Question

1 Don't suggest ordering the most invasive test or treatment before considering other less invasive options.

There are often diagnostic approaches and treatment options that result in the same clinical outcome but are less invasive. Examples include the use of ultrasound instead of computed tomography (CT) scanning to diagnose acute appendicitis in children, or the use of an oral antibiotic that has similar oral bioavailability as its intravenous counterpart. Taking time to consider the diagnostic sensitivity and specificity of less invasive tests or the therapeutic effectiveness of less invasive treatments can minimize unnecessary patient exposure to harmful side effects of more invasive tests or treatments.

2 Don't suggest a test, treatment, or procedure that will not change the patient's clinical course.

When ordering tests, it is important to always consider the diagnostic characteristics such as sensitivity, specificity and predictive value in light of the patient's pre-test probability. Patients who are at very low baseline risk often do not require an additional test to rule out the diagnosis. Furthermore, evidence suggests that in such low-risk patients, diagnostic tests do not reassure patients, decrease their anxiety, or resolve their symptoms. Examples include the use of computed tomography (CT) scanning in low-risk patients to rule out pulmonary embolism, or pre-operative cardiac testing for patients prior to low risk surgery. Evaluation of baseline risk and the use of decision tools wherever possible, along with a 'how will this change my management' approach, can help to avoid unnecessary 'rule out' testing in patients.

3 Don't miss the opportunity to initiate conversations with patients about whether a test, treatment or procedure is necessary.

Patient requests sometimes drive overuse. For example, a parent might request antibiotics for his or her child who likely has viral sinusitis, or a patient might request magnetic resonance imaging (MRI) for low-back pain. Often patients are unaware of the benefits, side-effects and risks of tests and treatments. Taking time to explore a patient's concerns, and counseling them about the relative benefits and risks of tests or treatments represents a patient-centered approach to ensuring the appropriate use of resources.

4 Don't hesitate to ask for clarification on tests, treatments, or procedures that you believe are unnecessary.

Unfortunately, in some learning environments, a hierarchy exists between supervisors and students that makes it difficult for students to feel comfortable speaking up. As a result, students might observe unnecessary care, but avoid saying anything for fear of potential consequences. Supervisors need to encourage students to feel free to question whether tests or treatments are truly necessary without fear of repercussion. The clinical training environment should be one where students feel safe to ask questions.

5 Don't suggest ordering tests or performing procedures for the sole purpose of gaining personal clinical experience.

The clinical training years in medical school represent an important opportunity for students to translate what was learned in the classroom to the bedside. This can be a challenging time of great uncertainty for students. Students may order tests excessively due to a lack of clinical experience, or recommend investigations in order to build upon their personal experience.

6 Don't suggest ordering tests or treatments pre-emptively for the sole purpose of anticipating what your supervisor would want.

A "hidden curriculum" pervasive in the academic environment encourages medical students to search for zebras through

Creating a list of low-value health care interventions according to medical students perspective

[Romain Bonnet¹](#), [Matthieu Laurence¹](#), [Jean-Michel Gaspoz](#), [Omar Kherad](#)  

DOI: <https://doi.org/10.1016/j.ejim.2018.03.018>

 Article Info



The five recommendations that were the most supported by the students ($n = 86$, 21%) are the following:

- Antibiotics should not be used for apparent viral respiratory illnesses (sinusitis, pharyngitis, bronchitis); average of 9.0/10.
- Avoid using a fluoroquinolone antibiotic for the first-line treatment of uncomplicated urinary tract infections (UTIs) in women; average of 8.53/10.
- Don't let older adult lie in bed or in a chair during hospital stay; average of 8.49/10.
- Don't prescribe opioid analgesics as first-line therapy to treat chronic non-cancer pain; average 8.24/10.
- Don't overuse non-beta lactam antibiotics in patients with a history of penicillin allergy, without an appropriate evaluation; average 7.87/10.

L'ISFM veille à la formation de médecins compétents



FORMATION PRÉGRADUÉE

Toute personne qui souhaite pratiquer la médecine commence par étudier la médecine humaine avant d'obtenir le diplôme fédéral de médecin selon la LPMéd.



FORMATION POSTGRADUÉE

La formation postgraduée en vue de l'obtention d'un titre de spécialiste débute au terme des études de médecine. La structure, la durée et le contenu de la formation postgraduée ainsi que les modalités d'examen sont réglés dans les différents programmes de formation.



FORMATION CONTINUE

Continuer à se former tout au long de sa carrière est indispensable pour exercer la médecine avec compétence. Le devoir de formation continue est inscrit dans la loi sur les professions médicales (LPMéd).

Principal Relevant
Objectives and Framework
for Integrated Learning
and Education in Switzerland

Bern, March 15th 2017

7. Develop a management
plan, discuss orders and
prescriptions in common
situations

(linked roles: EXP / CDM / CDL / LEA / SCH / PRO)

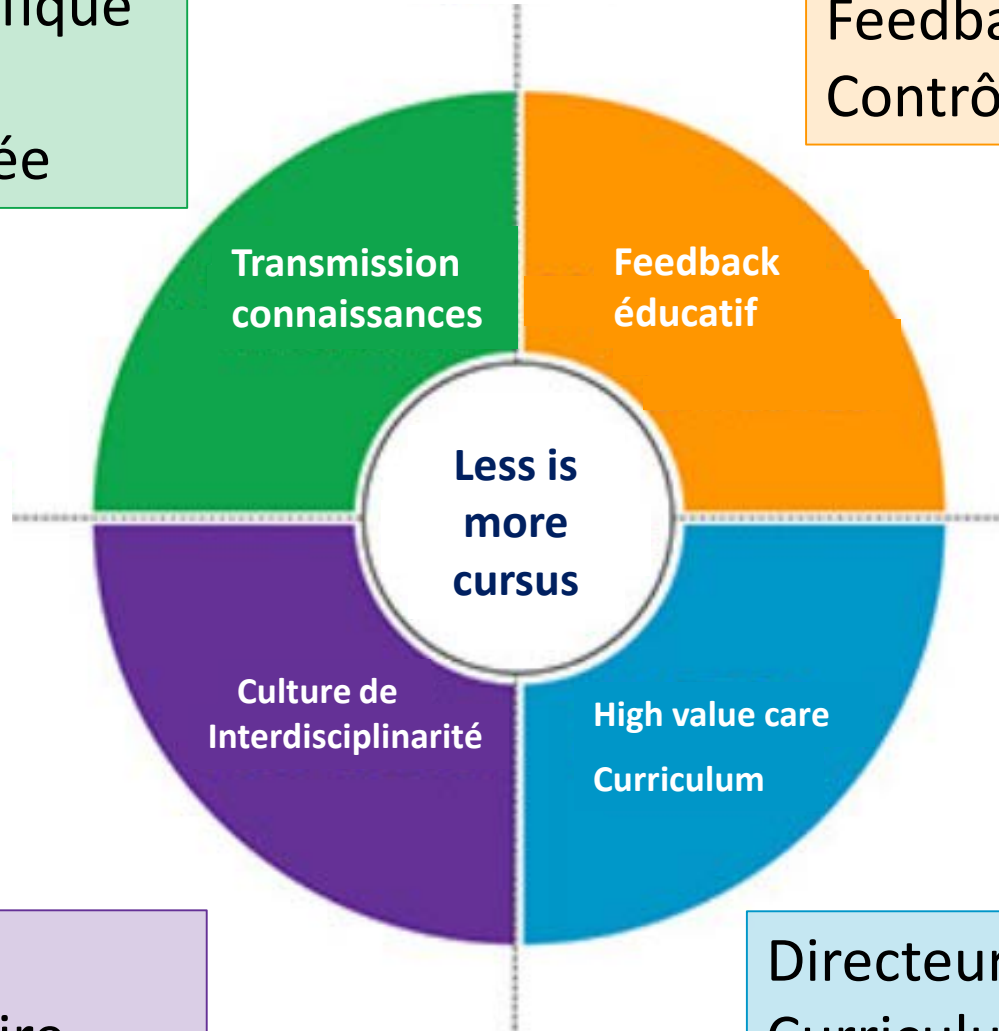
EPA 7.10 Avoid unnecessary/futile diagnostic measures and treatment



PROFILES

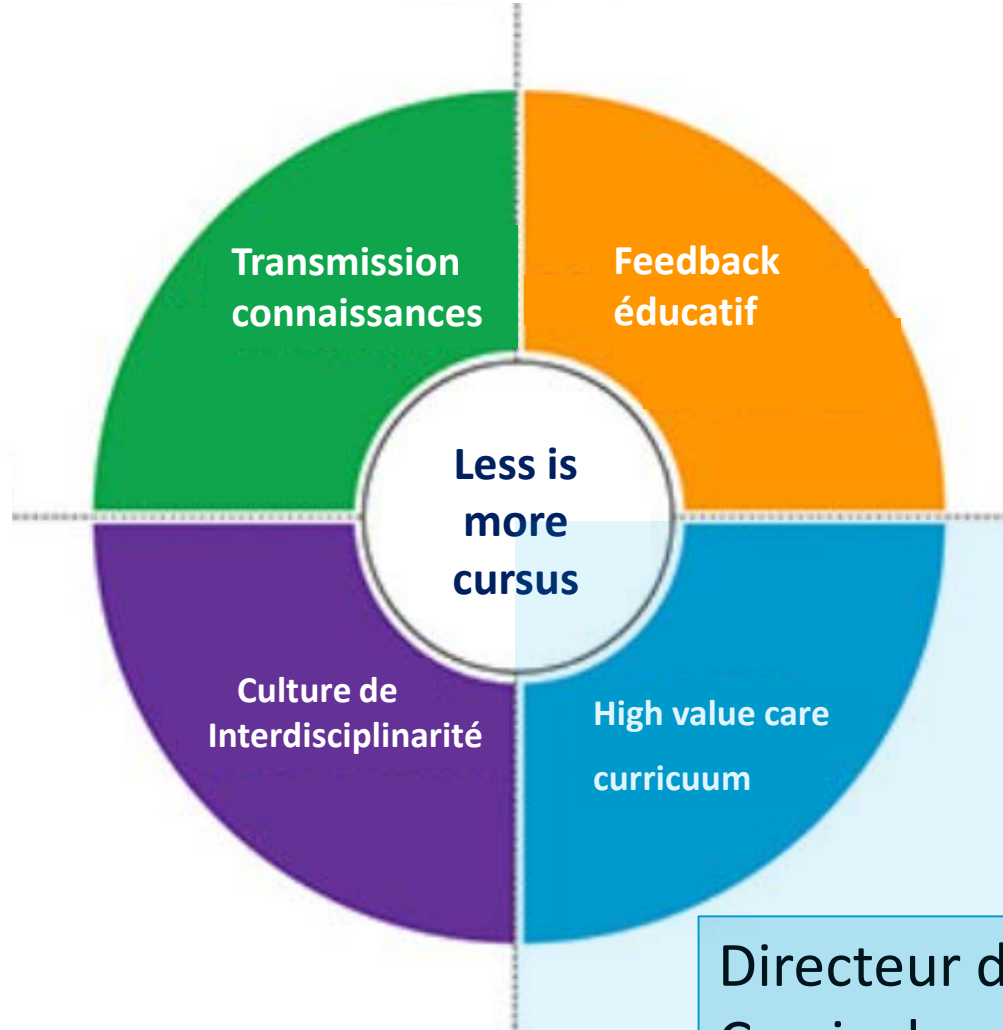
Evidence scientifique
Gaspillage
Décision partagée

Feedback éducatif
Contrôle par les pairs



Collaboration
interdisciplinaire

Directeur de programme
Curriculum universitaire



Directeur de programme
Curriculum universitaire

High value care curriculum



A high value care curriculum for interns: a description of curricular design, implementation and housestaff feedback

Jason Hom,¹ Andre Kumar,¹ Kambria H Evans,¹ David Svec,¹ Ilana Richman,²
Daniel Fang,¹ Andrea Smeraglio,¹ Marisa Holubar,¹ Tyler Johnson,¹ Neil Shah,³
Cybele Renault,¹ Neera Ahuja,¹ Ronald Witteles,¹ Stephanie Harman,¹ Lisa Shieh¹

BMJ

Hom J, et al. *Postgrad Med J* 2017;**93**:725–729. doi:10.1136/postgradmedj-2016-134617

	Title	Case Synopsis	Learning Objectives	Case Summary Download
	Diagnostic Excellence 01: Two women with iron-deficiency anemia Case Updated: Jul 27, 2018	 View Case synopsis	 View Learning objectives	 Case summary
	Family Medicine 07: 53-year-old man with leg swelling Author(s): Robert Mallin, MD Case Updated: Jul 27, 2018	 View Case synopsis	 View Learning objectives	 Case summary
	Family Medicine 22: 70-year-old male with new-onset unilateral weakness Author(s): George Nixon, MD Case Updated: Jul 27, 2018	 View Case synopsis	 View Learning objectives	 Case summary
	Family Medicine 26: 55-year-old man with fatigue			 Need Help?

Teachable
Moment

REVUE
MÉDICALE
SUISSE

Resources for Medical Educators

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[Learn to Teach and Assess HVC and Quality Improvement Milestones](#)

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Newly Revised: Curriculum for Educators and Residents (Version 4.0)

The High Value Care Curriculum (HVC) was jointly developed by ACP and the Alliance for Academic Internal Medicine (AAIM) to train physicians to be good stewards of limited health care resources. Version 4.0 has been updated to include new cases and small group activities in addition to expanded discussions of medical decision-making and high value quality improvement.

Merci pour votre attention

