LESS IS MORE
Implementing a Graduate Medical Education Campaign to Reduce or Eliminate Potentially Wasteful Tests or Procedures

The important role of training program directors to educate residents and fellows about the value of cost-conscious diagnostic and management strategies is clear. Indeed, a suggestion has been made that cost-conscious care should be added as a seventh general competency by the Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties. Recently, Patel et al reported the results from a survey by the Association of Program Directors in Internal Medicine in which fewer than 1 of every 6 residency programs had a formal curriculum in cost-conscious care. The following report details our experience implementing an institution-wide campaign related to cost-conscious care at Johns Hopkins University School of Medicine.

Methods | In late September 2013, we sent an e-mail to the directors of the 90 residency and fellowship programs sponsored by Johns Hopkins University School of Medicine and to the chair of each clinical department. The e-mail emphasized the importance of teaching residents and fellows cost-conscious care and stewardship of resources. It described Choosing Wisely and provided a link to the lists of tests and procedures that medical societies have suggested should be considered carefully because of their potential for overuse and possible harm. The e-mail requested that in the next 5 weeks, each residency and fellowship program “identify 1 commonly used unnecessary or wasteful medical test or procedure” in their specialty area and begin to work with trainees to develop and implement an intervention to eliminate it.

Results | After 5 weeks, only 22 of the 90 program directors (24%) identified a test or a procedure and an intervention. In some cases the planned intervention was simply to provide education to residents and faculty members about the lack of evidence for a frequently ordered test or procedure, whereas in other cases a more robust intervention and assessment were proposed. A reminder was sent to program directors after 5 weeks, increasing the number of responses to 29 (32%). After receiving the responses, a discussion at the monthly Graduate Medical Education Committee meeting followed in which medical educators’ responsibility to teach residents and fellows the value of cost-conscious medicine was emphasized. Articles about Choosing Wisely and the importance of high-value, cost-conscious medical care were distributed to program directors. Given the evidence that transparent sharing of performance data may help change physician behavior, the list of 29 potentially wasteful medical tests and procedures and interventions to reduce or to eliminate them was shared with program directors who had not responded. These efforts resulted in only 1 additional submission.

Program directors listed several barriers to responding to this charge, including (1) being too busy with other responsibilities; (2) feeling they needed additional technological support to implement interventions and assess outcomes; (3) having no control over the use of tests or procedures in their specialty that were requested by other departments; (4) feeling that this intervention would divert attention from ongoing quality improvement activities in their program; and (5) finding it difficult to develop consensus among faculty members about which test or procedure should be reduced or eliminated.

Discussion | Our experience suggests that efforts to implement cost-conscious care education and practice interventions in graduate medical education by a top-down approach are not likely to result in widespread changes, even with multimodal communication and transparent sharing of performance data and the relatively modest goal of identifying just a single test or procedure to reduce or to eliminate. Given the need for program directors to embrace and lead educational interventions, additional efforts to overcome the perceived or real barriers to implementing change must be addressed more specifically and explicitly.

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Invited Commentary
Creating an Effective Campaign for Change: Strategies for Teaching Value

A social “campaign” consists of a group of strategies and tactics that organize people to change existing norms. Few areas in our profession demand a campaign more than the imperative to reduce waste in health care. Underuse of health care has been long recognized as harmful to patients; however, the recent ABIM (American Board of Internal Medicine) Foundation’s Choosing Wisely campaign and the Less Is More series