Penn Medicine physician offers model for teaching future physicians value-based care

August 29 2012

(Medical Xpress)—Despite the national consensus on the need to improve the value of health care while reducing unnecessary spending, teaching hospitals often struggle to design curricula to train future physicians to deliver such care to their patients.

Working to fill this gap, Mitesh Patel, MD, MBA, a physician and Robert Wood Johnson Clinical Scholar at the Perelman School of Medicine at the University of Pennsylvania, worked with colleagues to develop the VALUE framework for teaching-hospitals, academic medical centers, and residency programs. It can be used by physician trainees to assess whether a medical intervention will help patients while keeping costs down. The model is detailed in the September 2012 issue of the Journal of General Internal Medicine.

VALUE is an acronym for 1) validation and variability 2) affordability and access 3) long-term benefits and less side effects 4) utility and usability and 5) effectiveness and errors. In addition to discussing these components, Patel and his colleagues present more than 20 suggestions for ways that residency programs can incorporate them into their training programs.

"Our model can be used to train young physicians to assess the benefits of medical interventions, with the goal of selecting those that generate high value and reduce unnecessary costs," says Patel. "These include deciding what medical tests to order, selecting the most cost-effective medications to prescribe, and discussing with patients whether or not to

have surgery."

As outlined in the VALUE framework, validation refers to the need for residents to evaluate whether a medical intervention has been borne out through evidence-based medicine from rigorous research trials or if it has been used despite weaker evidence. Variability addresses the need to determine if certain medications or treatments, which may be effective in a large group of patients, may be applicable to individual patients based on such characteristics as age, ethnicity, or medical conditions. One technique for teaching this component offered by Patel and his co-authors is to pick one patient a week under consideration for a medical intervention and discuss at least two published studies regarding the validation of potentially relevant medications or treatments and their applicability to the selected patient.

The other components in the VALUE framework, along with examples of how they could be taught to residents as part of their formal training, are included in a table accompanying the article.

At Penn Medicine, residents have access to the Center for Evidence-Based Practice (CEP), one of the only comparative effectiveness centers in the U.S. based in an academic health system, and other value-based clinical tools, including protocols and patient care pathways. The Office of Graduate Medical Education is also working with the Agency for Healthcare Research and Quality (AHRQ) to explore additional resources addressing many of the components outlined in the VALUE framework.

"Training residents to practice medicine using concepts of value-based care is like learning a new language for both residents and their teachers," says Patel. "The VALUE framework can bridge this gap and become a useful tool for improving the care of our patients."