

Internal Medicine Residents in a Federally Qualified Health Center

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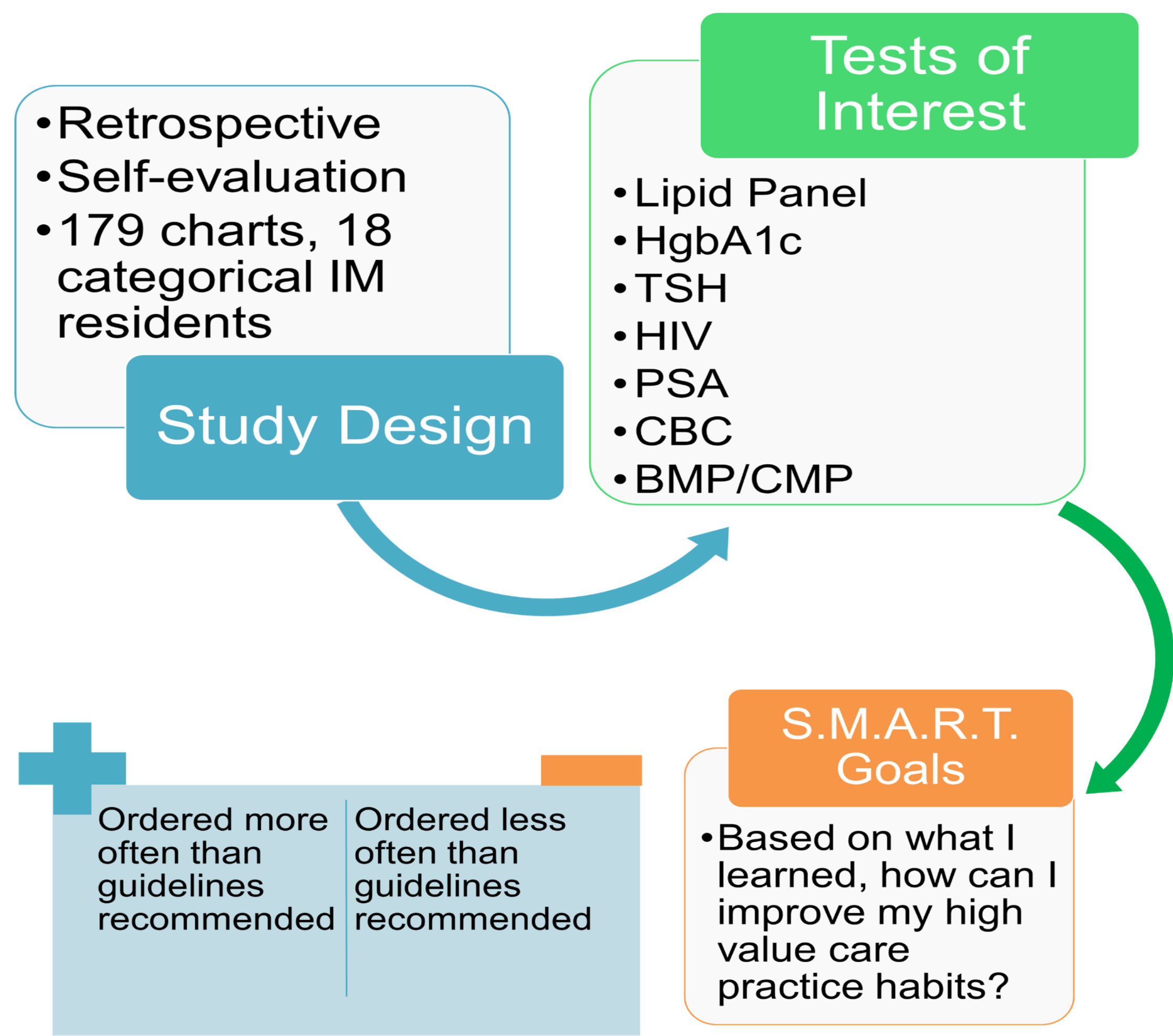
Background

The American College of Physicians (ACP) supports the Choosing Wisely® Campaign whose mission is to “promote conversations between clinicians and patients by helping patients choose care that is: supported by evidence, not duplicative of other tests or procedures already received, free from harm, and truly necessary.” Stamford Hospital Internal Medicine (IM) Residency Program strives to integrate the ACGME core competencies into our curriculum, including “practice-based learning and improvement,” which teaches residents to evaluate and appraise their care of patients based on scientific evidence and value.

Aim

Increase awareness of appropriate screening tests as recommended by professional societies including the USPSTF, AHA/ACC, and ADA. Compare guidelines to personal practice habits in resident continuity clinics. Complete self-appraisal of practice habits and formulate an action plan to improve high value care practice habits.

Methods



Results

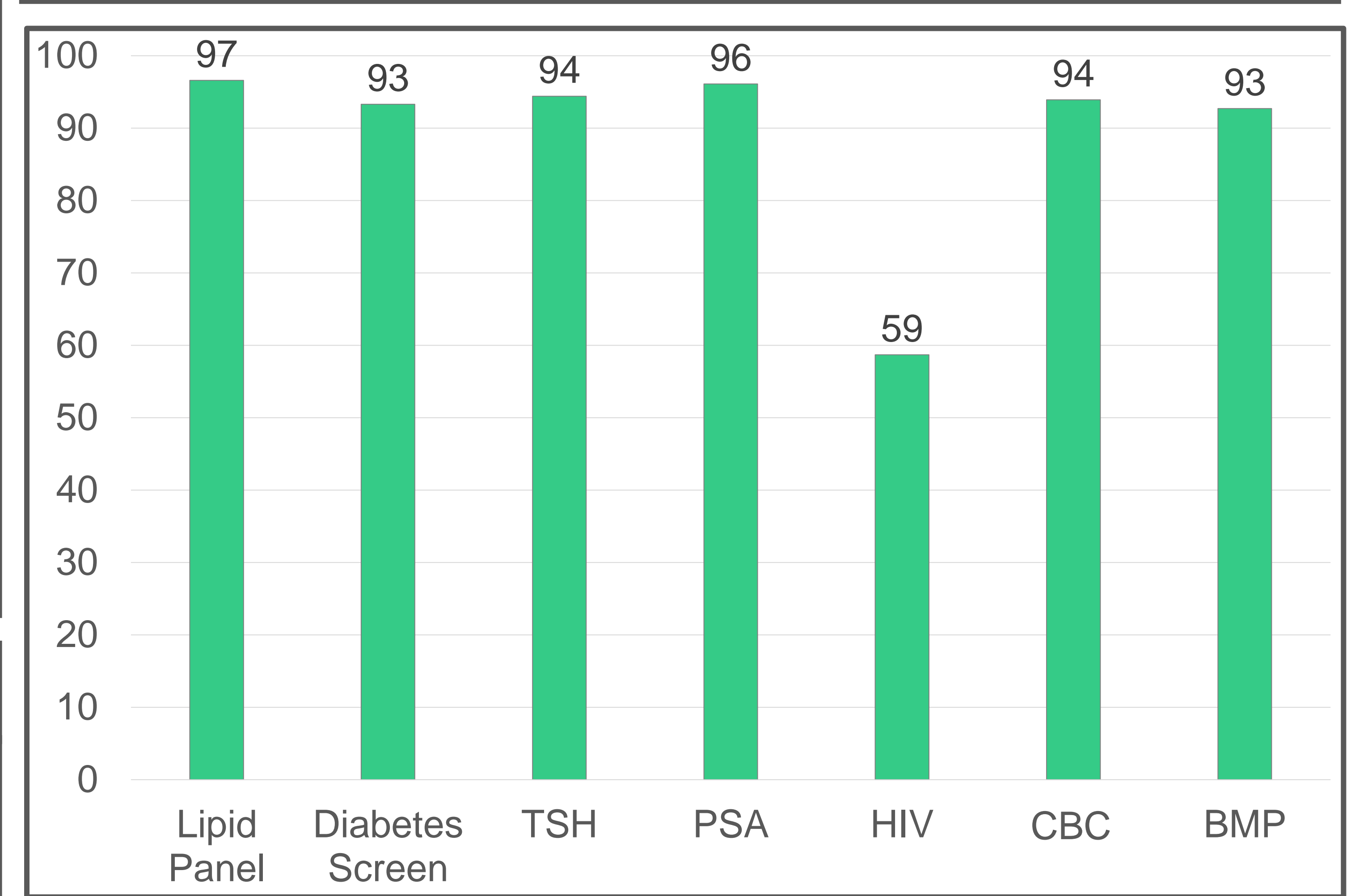


Figure 1: Percent of tests ordered according to guidelines. Lipid Panel, Diabetes Screen, TSH, PSA, HIV, CBC, BMP. HIV was ordered according to guidelines only 59% of the time.

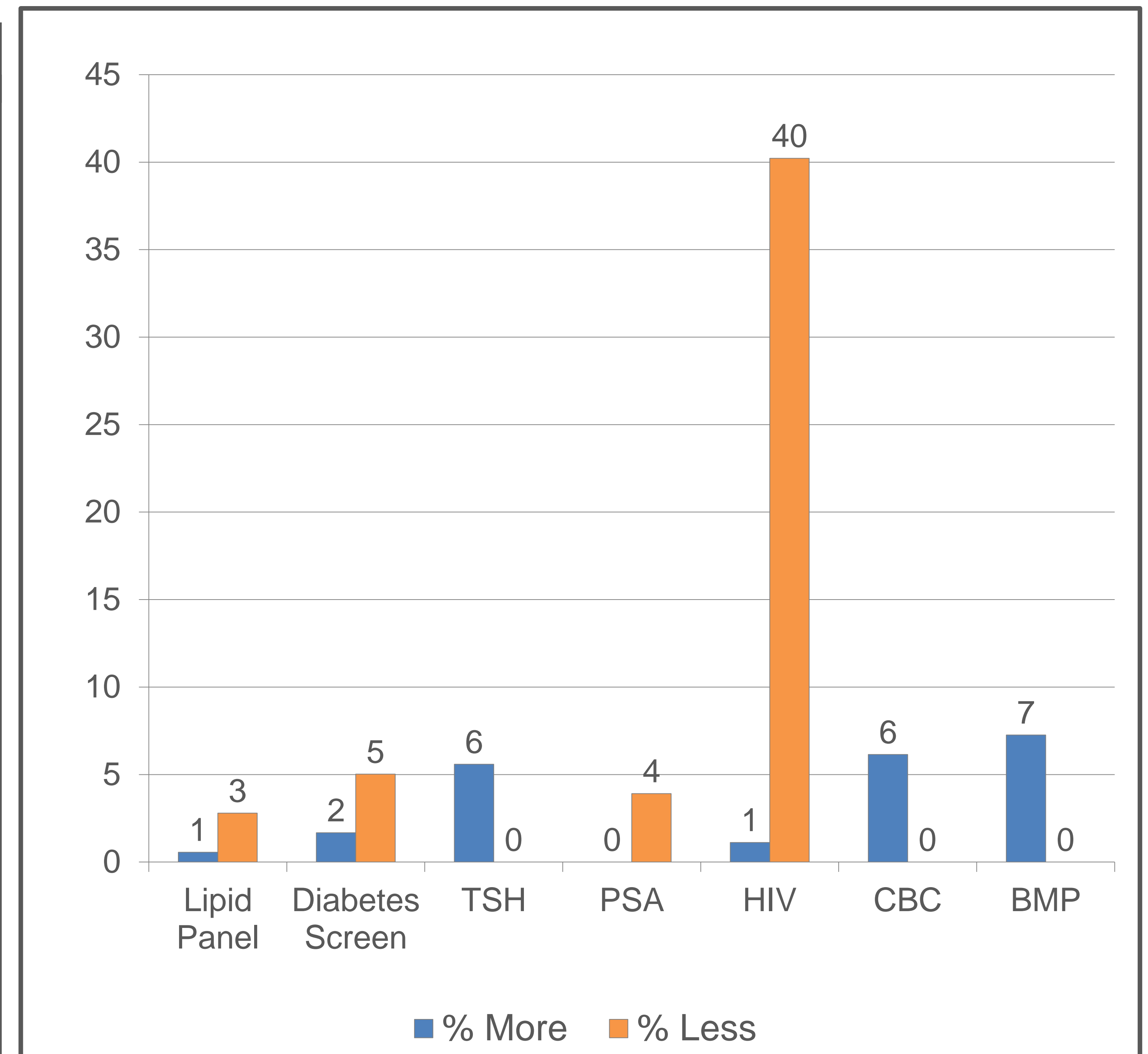


Figure 2: Percent of tests ordered more or less often than recommended by guidelines.

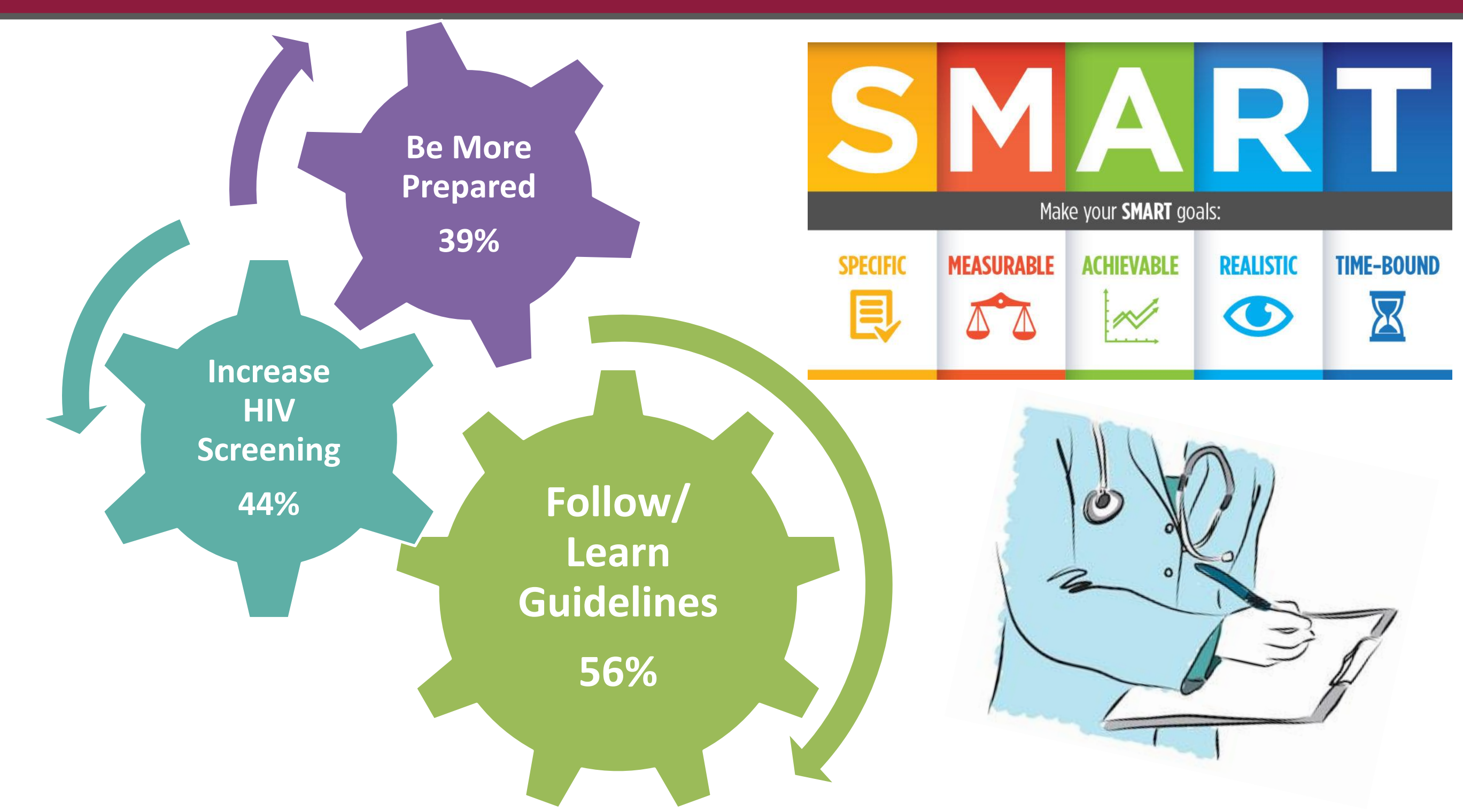


Figure 3: Resident “SMART” plans self-identified the need to “follow or learn guidelines”, to “increase HIV screening”, and to “be more prepared” for visits with their continuity patients.

Discussion

Residents frequently under-ordered HIV screening, which can be detrimental to public health, as approximately 14% of individuals affected are unaware of their diagnosis. Importantly, residents over-ordered tests including CBC, BMP/CMP, and TSH, which over time can create a significant cost burden. To practice high value care, it is important to limit ordering of unnecessary or repetitive tests.

Conclusions

Educating IM residents about high-value care and screening guidelines via self-appraisal of patient charts helped identify trends in under- and over-ordering of specific lab tests. Asking residents to develop individual SMART plans for improvement proved useful in self-directed learning and practice habit evaluation. IM residents at SH recognized the need to improve the quality of their own medical practice and provide cost effective care, while continuing to follow recommended screening guidelines. Residents have set goals to increase preparedness and HIV screening, improve knowledge of guidelines, and limit the amount of unnecessary testing.

References

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