

## NEW PERSPECTIVES

## Providing Cost-conscious Care: Tips for Residents

Kristina Casadei, MD, and Jeffrey R. Jaeger, MD, FACP

*Dr. Casadei is senior resident in medicine at the University of Pennsylvania Internal Medicine Primary Care Residency Program, University of Pennsylvania Health System, and Dr. Jaeger is associate professor of clinical medicine, University of Pennsylvania Health System, in Philadelphia, PA.*

The United States currently spends 16% of the nation's total economic activity on health care.<sup>1</sup> As this number continues to rise, many have deemed this rate of spending and growth unsustainable. A major goal of the health care reform package adopted in 2010 is to reduce the rate of spending growth on health care (or "bend the cost curve") while at the same time maintaining quality and expanding access to care. Achieving the quality and access goals is only feasible if health care providers accept their integral role in cost-containment.

However, it is not always clear to the practicing physician what cost-conscious practice might entail. Some organizations<sup>2,3</sup> have taken steps to assist physicians in adopting these behaviors. Most of these efforts target physicians in practice and overlook the generation of health care providers who are still in training. As physician utilization patterns are often set during training, it would seem that residency is the ideal time to introduce principles of cost-effectiveness, value, and rational use of health care dollars.

The American College of Physicians (ACP) has acknowledged this in its recent call to add a seventh competency ("cost consciousness and stewardship of resources") to the list of those that all physicians must demonstrate before they can practice independently.<sup>4</sup> Should the Accreditation Council for Graduate Medical Education agree, it will be some time before this is translated into curricula and much longer before a newly trained generation of physicians begins to impact health care spending.

In the meanwhile, there are many things that you as a resident

can do now to impact the cost curve and prepare yourself for the new reality in which you will practice. This reality will be a career where success as a practitioner will be linked closely to your ability to provide cost-conscious care.

### 1. Educate yourself about the basics of health care policy and financing.

In order to understand how to contain health care costs, it is important to have an idea of how much we spend on health care and where we are spending it. It is equally critical to understand how health care is paid for in this country, the pros and cons of the current system, and what changes we can expect in the future. There are several online resources that can help you gain a working knowledge about health care policy and health care reform. The Kaiser Family Foundation,<sup>5</sup> The Robert Wood Johnson Foundation health policy website,<sup>6</sup> and the Society of General Internal Medicine (SGIM) "Policy Corner"<sup>7</sup> are a few good examples.

2. **Use the evidence.** Good residents refer to the peer-reviewed literature to support management decisions and will cite published evidence in resident report and on daily rounds. Yet you rarely hear anyone cite an article looking at cost or cost-effectiveness as an outcome. There are accepted strategies for evaluating the relationship between cost and outcomes,<sup>8,9</sup> and there is cost-effectiveness literature that can and should inform many of our decisions. This is especially true

for many of the costly therapies and tests we order on inpatients at academic medical centers.

Be prepared to cite cost-effectiveness data on rounds or in clinic to support your clinical decisions. Better yet, why not suggest a cost-effectiveness study for your program's next journal club?

### 3. Consider the impact of palliative care for patients with chronic or terminal diagnoses.

Use the expertise of your institution's palliative care experts to improve care while potentially reducing the cost of care. For some diseases, there is data to support the use of palliative care in terms of improvement in survival, psychosocial well-being, and patient satisfaction. Not surprisingly, it has also been shown to improve value.<sup>10,11</sup> When caring for a patient with a terminal disease—or for that matter, any chronic disease—it makes sense to start a discussion about palliation of symptoms early on.

### 4. Exercise your political rights.

Write to your congressmen and women, encouraging them to endorse health care reforms that foster cost-conscious care. For example, there is good evidence that health care led by a primary care doctor is less costly. Urge your representatives to support those reforms that increase the primary care workforce, including support for primary care residency tracks and medical students or residents who choose primary care. Look to SGIM or the American

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College of Physicians (ACP) for guidance on which issues are “hot” or which pieces of legislation are currently being debated. You might even consider a visit to meet with your congressman in person. Generalists and primary care doctors are underrepresented in the ranks of those visiting Congress—trainees even more so. Your opinion and viewpoint will be valued and welcomed. SGIM, ACP, and other organizations make this easy to accomplish with annual “Capitol Hill Days.” Lastly, pay attention to local, state, and national candidates’ views on health care, and exercise your right to cast an informed vote.

There is no doubt that residents already have an overwhelming amount of information to master in the effort to become knowledgeable, effective physicians. However, our responsibilities lie not only in improving the health of our patients but also our nation’s fiscal well-being—both

now and in the future. Whether you view this as a privilege or a burden, you will do well to take the initiative and learn more about health care costs and policy. Like any other body of knowledge, doing it now means it will be second nature by the time you are a practicing physician.

### References

1. Kaiser Family Foundation Health Care Primer, 2009. <http://www.kff.org>
2. The “Top 5” lists in primary care: meeting the responsibility of professionalism. Good Stewardship Working Group. *Arch Intern Med* 2011; 171(15):1385-90.
3. Owens DK, et. al. High-value, cost-conscious health care: concepts for clinicians to evaluate the benefits, harms, and costs of medical interventions. *Ann Intern Med* 2011; 154(3):174-80.
4. Weinberger SE. Providing high-value, cost-conscious care: a critical seventh general competency for physicians. *Ann Intern Med* 2011; 155(6):386-8.
5. <http://www.kff.org> (accessed December 29, 2011)
6. [http://www.rwjf.org/healthpolicy/?cid=xdr\\_hr\\_001](http://www.rwjf.org/healthpolicy/?cid=xdr_hr_001) (accessed December 29, 2011)
7. <http://www.sgim.org/index.cfm?pagelD=245> (accessed December 29, 2011)
8. Drummond M, et al. Users’ guides to the medical literature: how to use an article on economic analysis of clinical practice. *JAMA* 1997; 277(19):1552-7.
9. Bishof RO, Nash DB. Cost-effectiveness and cost containment. A physician’s primer. *Primary Care* 1997; 23(1):115-26.
10. Meier D. Increased access to palliative care and hospice services: opportunities to improve value in health care. *The Milbank Quarterly* 2011; 89(3):343-80.
11. Temel J, et al. Early palliative care for patients with metastatic non-small-cell lung cancer. *N Engl J Med* 2010; 363(8):733-42.

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