Letters

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 campaign1 and the Less is More series of JAMA Internal Medicine2 have brought international attention to the harms of health care overuse. Preventing overuse not only enhances the quality of care, but simultaneously reduces health care costs, a combined goal that is increasingly encapsulated under a professional mission to deliver health care value.3

In this issue of JAMA Internal Medicine, McMillan and Ziegelstein4 briefly report on a graduate medical education campaign to reduce or eliminate potentially wasteful tests and procedures. Effective campaigns build the will for change, communicate how change can be achieved, and provide necessary support for making change happen. The intervention described by McMillan and Ziegelstein includes some, but not all, of these components. They distributed an initial e-mail announcement from the graduate medical education leadership asking residency and fellowship training programs to identify “one commonly used unnecessary or wasteful medical test or procedure.” They provided some evidence-supported references from the Choosing Wisely campaign, sent an e-mail reminder 5 weeks later, and underscored their request through discussion at a graduate medical education committee meeting. This limited strategy did not result in widespread engagement of the targeted program directors. After the e-mails and committee meeting, only 30 of the 90 residents and fellows submitted ideas to their High-Value Care Contest and received 46 entries from trainees across 11 clinical disciplines.7 Culture and oversight were addressed through an institutional commitment to provide necessary resources to translate the most promising ideas from the competition into action.

More than 150 years later, lack of hand washing continues to harm patients. The availability of evidence was never the issue.

Although still imperfect, hand-washing practices improved substantially through multidimensional strategies that address barriers to hand washing (removing the need for a sink with alcohol-based hand rubs) and create accountability (flagging nosocomial infections and establishing 360° feedback systems to ensure compliance). With efforts to reduce health care waste, we may still be in the equivalent of the mid-1800s. We have convincingly identified the problem and some are now shouting from the mountaintops for change. However, much like hand washing, we may need to do a better job thinking about how to make it easier to do the right thing.

Creating a Culture of Change | Drawing on the lessons of hand washing, a nonprofit organization we direct called Costs of Care has created a framework for designing multidimensional strategies to prevent harms caused by overuse. We parse the framework into the following 4 areas that need to be addressed: culture, oversight accountability, system support, and training (COST). Effective efforts need to target all 4 of these COST areas.7

Success will require directly engaging frontline clinicians, not just program directors. Training environments have tremendous opportunity to harness the energy of residents and fellows who not only write most of the orders but also are most acutely aware of health system failures. Perhaps the charge to “identify one commonly used unnecessary or wasteful medical test or procedure” is more effectively targeted at the trainees rather than their program directors. Banner Good Samaritan Medical Center in Arizona challenged their residents and fellows to submit ideas to their High-Value Care Contest and received 46 entries from trainees across 11 clinical disciplines.7 Culture and oversight were addressed by embedding high-visibility faculty and administrative champions to model appropriate utilization. Systems and training were addressed through an institutional commitment to provide necessary resources to translate the most promising ideas from the competition into action.

Our Future Together | Rising to the call of accrediting bodies to incorporate high-value care in graduate medical education will require a committed, organized effort. We need to build a national community of educational leaders. Continuing to popularize the many stories of harm to patients resulting from overtreatment, as in the Teachable Moments series,8 can communicate the “why” for health care value. Robust tools to help teach clinicians about health care value and effectively implement change in our institutions will sup-

Related article

Evidence of Benefit Is Insufficient to Change Behavior | In the mid-1800s, convincing evidence established that hand washing dramatically reduced death due to infections.6

jamainternalmedicine.com
port “how” to realize change. Consistent feedback and supportive infrastructures may facilitate sustainability. To create real change, we need a multidimensional and concerted campaign.

Christopher Moriates, MD
Neel Shah, MD, MPP

Author Affiliations: Department of Medicine, University of California, San Francisco (Moriates); Costs of Care, Inc, Boston, Massachusetts (Moriates, Shah); Harvard Medical School, Boston, Massachusetts (Shah); Department of Obstetrics and Gynecology, Beth Israel Deaconess Medical Center, Boston, Massachusetts (Shah).

Corresponding Author: Christopher Moriates, MD, Department of Medicine, University of California, San Francisco, CA 94143-0131 (cmoriates@medicine.ucsf.edu).

Published Online: August 18, 2014. doi:10.1001/jamainternmed.2014.3401.

Conflict of Interest Disclosures: Drs Moriates and Shah have received a grant from the ABIM Foundation to Costs of Care, Inc, for the Teaching Value Project.


