Resource Stewardship Committee Meeting

Minutes Tuesday, June 10th, 2014

Attending: Brian Wong (Co-Chair), Anne Matlow (Co-Chair), Fok-Han Leung, Jerome Leis, Rory McQuillan, Heather Shapiro, Charlotte Moore Hepburn, Julie Maggi, Ben Fine, Barry Guppy, Eric Bartlett, Matthew Cesari, Lisa Bevacqua (Administrative Support and Minute-Taker)
Regrets: Amol Verma, Amy Chen, Ron Levine (to nominate delegate), Sal Spadafora (ex-officio), Loreta Muharuma (ex-officio)

1. **Introduction**
    - RS has formally entered CanMEDS, many opportunities for scholarship in this area.
    - Round table introductions of all members present and their various roles
        - Brian Wong – QI/ CE Lead for the Department of Medicine; GIM CWC
        - Anne Matlow – PGME, Patient Safety and QI Specialist
        - Eric Bartlett – Neuroradiologist at Mount Sinai, Programme director
        - Charlotte Moore Hepburn – Paediatrics
        - Matthew Cesari – Gynaecological Pathology
        - Heather Shapiro – Vice Chair Education, Ob/Gyn
        - Rory McQuillan – Nephrologist at UHN, RS initiatives in UGME
        - Julie Maggi – Director for PG Education at SMH, psychiatrist, HUEC rep
        - Jerome Leis – General Internal Medicine, Infectious diseases at Sunnybrook
        - Barry Guppy – VP Medical Academic Affairs at Lakeridge; HUEC Rep
        - Fok-Han Leung – Family Medicine, St Mike's
        - Ben Fine – Diagnostic Radiology Resident
2. **Background for PGME RS Committee**
    i. **Presentation: CWC and Undergrad Initiatives in RS***

- up to 60% of PGYs not UT trained so may have had no background in RS
- Main message: need to consider cost versus value, where value is based on patient safety and quality of care (ie ideal: no harm, no waste)
- CWC: 8 Canadian specialty societies in Wave 1; Wave 2 will be announced in Fall 2014
- IHI –Wendy Levinson and 2 students created module for IHI Open School, available soon

    ii. **A: Why are we here?**

- BW - Need to think about cttee vision is for RS and Patient Care. The Dept of Medicine is beginning to have dialogue – but currently not across the university as a whole
- Discussion: Most trainees/ faculty not aware of costs of care, eg: "a night in the hospital", costs of tests, etc. Challenge of penetrating all PG programs. GOAL: to have a published RS plan for the 2019 accreditation cycle, keeping in mind that the CanMEDS 2015 will be rolled out 2018 for implementation of the "Competency by Design" model.

B: Should RS be promoted as a stand-alone initiative or as part of QI/PS?

- General agreement: Subset of QI/ PS –RS is a clear opportunity to engage all levels within the hospitals (operational side) and medical education (academic side). We need utilize every opportunity to serve as a 'teachable moment' around RS.
- Terms of reference*: current Terms may not reflect the direction this committee goes in

☐ Terms of Reference revisit in 6-12 months and adjust as needed with PGMEAC approval

3. **Resource Stewardship Competencies: CanMEDS 2015*** : Manager-leader role.
4. **Round table discussion: Current Department Activities in Choosing Wisely/RS.**
    - JM – SMH – Strat plan for education is about to come out – a lot of opportunity to engage with VP Educations. Also an opportunity to bring to HUEC and involve the hospitals at an early stage. Chief Residents at SMH are now training residents on RS.
    - EB – Medical Imaging very active in this area; CAR has CWC recommendations. Other initiatives , eg Imaging Gently, SickKids. Need more teaching about RAD to non-RAD residents/medical students to help understand the tools that exist and "appropriateness" of tests. Also need focus on radiation exposure.
    - CMH –Peds: most kids are healthy so not much evidence-based information except in Onc. RS could be accomplished through out-pt and community-based initiatives (cough and cold meds, etc.) but parents want aggressive testing for investigation/ diagnosis. Efforts underway to reduce costs, eg by reducing admissions.
    - FHL – Family Medicine has curriculum, local hospitals implement– difficult to have consistent message across all sites. New material hard to disseminate.
    - MC – Lab medicine participation on this committee should be increased. Like RAD - misunderstood. Need emphasis on teaching physicians/ residents on how to best

utilize tissue for research purposes. Cases should be reviewed on daily, goes back to competencies, room to expand. Need to focus on proficiency testing – not on CWC.

- HS – Ob/Gyn Program has a focus on QI/ PS but not necessarily branded as CW. Behavioural change needed; some will come with CanMEDS 2015.
- BW – DOM has a Faculty/Resident co-learning curriculum for QI; moving to developing a formal curriculum and mentoring program. How can we focus on RS more often outside the clinical setting,? Eg during rounds, etc.
- Psychiatry – In manager curriculum – PGY3 residents pick a project, few address RS.
- JL –Behavioural component needs to be addressed, specialized knowledge, emphasizing teachable moments. Basic concepts of RS not discussed often.
- AM – Committee should be a learning committee: share experiences, articles etc. CWC – how to engage all departments to think about their five recommendations. ? leverage the Education Deans Fund grant with specific call for RS proposals.

5. **Thinking of Resource Stewardship as a Value Proposition***
   - Focus on Patient Outcomes and Increased value rather than costs
   - Evidenced-based "best care", challenge is measurement.
   - May need to get more faculty up to speed: do modules in IHI Open School?
   - Committee may benefit from talk from Health Economist from a business school
   - ☐ BW to send around IHI module to Resource Stewardship Committee Members
   - ☐ Group to consider guest speakers
6. **Discuss dates of upcoming meetings**
   - Future meetings will take place on Tuesdays and will be 1.5 hours in length
   - August meeting – focused on Timeline for objectives for the committee
   - Future goals – create a 1-hour workshop/lecture, guiding principles and a commitment from programs and departments for implementation

Next Meeting:

Tuesday, August 26th, 2014 – 10:30 am to 12:00 pm

2. Engage in the stewardship of health care resources

2.1 Allocate health care resources for optimal patient care	Describe the ethical debate related to resource stewardship in health care Describe cost-utility methodology	Identify costs of common diagnostics and therapeutics as well as factors affecting these costs
2.2 Apply evidence and management processes to achieve cost-appropriate care	Describe current health expenditures and the payment structure Describe how evidence-informed medicine can be applied to optimize health care resource allocation	Describe potential changes in practice that could address rising costs
2.3 Contribute to strategies that improve the value of health care delivery	Explain health care spending and how it has changed over time Discuss the differences between cost, efficacy, and value with respect to health care delivery	Analyze a clinical case to show how practice-related decisions affect service utilization and health-system sustainability Discuss strategies to overcome the personal, patient, and organizational factors that lead to waste of health care resources