

Pursuing High-Value, Cost-Conscious Care

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Valorization

This valorization chapter discusses the importance of the research within this doctoral thesis for the general public. With the exponential growth of health care costs worldwide, the practice of high-value, cost-conscious care is essential for a sustainable future of health care. This dissertation describes the essential role of training throughout the medical education continuum in teaching student, residents and physicians to deliver high-value, cost-conscious care. As such, lessons learnt from this thesis can be applied to medical education, patients and society. First, we will discuss the benefits for post-graduate medical training, followed by the effect on patients and society.

How this thesis contributes to the training of physicians in the delivery of high-value, cost-conscious care.

The results of this thesis give insight in how postgraduate training prepares residents for the delivery of high-value, cost-conscious care. We identified the importance of three elements of educational interventions: knowledge-transmission, reflective practice and the presence of a supportive environment. This supportive environment consists of role models and health care professionals that value and demonstrate high-value, cost-conscious care. Our results give direction for the development of future educational interventions. Since residents spend the majority of their training in the clinical workplace environment, we aimed to gain more insight in how this workplace-based learning is organized. A few important conclusions are worth summarizing in this chapter. First, the individual resident approach determines if residents seek and seize learning opportunities. Residents vary greatly in how they approach HV3C in their workplace setting and knowledge regarding differences in approaches can facilitate training. For those involved in teaching it is crucial to be aware of these individual approaches and how they influence individual learning. Secondly, the supervisor is identified as a key figure in this learning process. Supervisors' individual approach towards HV3C influence the implicit and explicit training of residents. Certain barriers, for example the lack of knowledge of health care costs or the absence of feedback data, are present and hinder the learning process of residents. To support the training of residents, we would advise to closely guide and support supervisors in their role as clinical teachers. It could be a task of the training program to set conditions that facilitate training in general. For example, by supporting interprofessional collaboration and encourage involvement in decision-making and long-term patient contact. Our research identified some barriers in the workplace setting and residents' benefit from overcoming those barriers. The most important barriers are the unfinished discussions including questions about high-value cost-conscious care that are not answered or incorrect information that is shared among professionals. In addition, we observed that face-to-face discussions regarding delivered care are scarce although they potentially create valuable learning opportunities for residents. The final chapter of this dissertation is an overview of practical tips for both supervisors, program directors and residents

to improve training in the workplace setting. By using these tips, medical education in general can transform towards a training environment that is able to train formally and informally in the delivery of HV3C.

Our research contributes to the importance of HV3C in postgraduate medical education and the current debate on how residents should be trained herein. At several international and national conferences, we joined the debate on HV3C-delivery and its training. By presenting at both medical, educational and topic-specific conferences we aimed to increase the impact of our research and gain insight in differences between communities. Our research contributed to these debates with scientific evidence on current training and suggestions for the improvement of training. We aimed to publish in both educational and medical journals to reach an audience that researches, develops and trains future physicians, to create impact at the core of post-graduate education. In addition, our results provide guidance to further investigate how physicians can be trained in the delivery of HV3C in both undergraduate and postgraduate settings, in different countries and different medical specialties. Therefore, this dissertation is merely the beginning of unravelling the complex world of HV3C with the potential to influence training and care delivery at grass root level.

How the delivery of HV3C by physicians contributes to the quality and affordability of our health care system.

When we are able to improve the postgraduate training of physicians in delivering high-value, cost-conscious care we contribute to sustainable healthcare for all people who use the health care system. A sustainable health care system is important since it influences the general wellbeing of the population by impacting the economic, mental and physical wellbeing. Also, by focusing on the delivery of HV3C the population is less likely to experience the adverse effects of overdiagnosis, overtreatment and anxiety that comes with incidental findings. HV3C aims to be patient-centered, by openly discussing the patient's preferences and expectations. By clearly stating these preferences and expectations the physician and patient can share in the decision-making what care would be considered appropriate. The delivery of HV3C would increase the quality of health care without or containing increasing health care costs. Rising health care costs are a big concern of politicians, economists and citizens in the western world and there are many interventions implemented to bend this rise. Unfortunately, many interventions do not combine health care quality and health care costs, potentially disturbing the essential balance between both. Using the health care professional's expertise would be an important chance to improve focus on quality and costs.