



## Implementing Performance Improvement CME (PI CME)

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## Disclosure

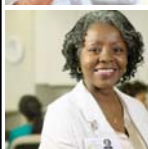
Nothing to disclose





## Objectives

- Describe the components of a Performance Improvement CME (PI CME) activity.
- Identify at least two sources of evidence based performance measures that can be the basis for a PI CME activity
- Identify resources available for further information about PI CME



## Why move to PI CME?

Con:

You have to change what you're doing, and it's more work to do something different.

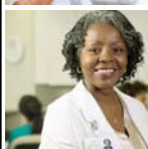
Pro:

At least a dozen compelling reasons



## Why move to PI CME?

- Physicians can actually show improvements in quality measures, in their patients, and in their practices
- Evidence-based clinical practice guidelines actually move from dust covered shelves into real physicians' practices
- Physicians will be involved in CME activities that actually improve patient care, countering recent criticisms of CME that it doesn't change practice



## Why move to PI CME?

- PI CME is worth a lot of CME credit per activity, decreasing the burden on docs to meet required CME credits
- PI CME may meet requirements for Maintenance of Certification Part IV credit in all specialties
- PI CME may meet Maintenance of Licensure requirements if adopted in the state



## Why move to PI CME?

- PI CME enables physicians to be eligible for Pay for Performance in many programs currently, and more to come
- PI CME is what practices will report when public reporting is required
- PI CME may mitigate against threatening government inquiries into CME (Senate Finance and Aging Committees recently)



## Why move to PI CME?

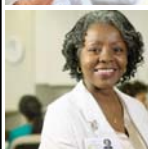
- PI CME creates a “Culture of Improvement” in Medical Practice, where physicians are continually measuring and improving the care they deliver, with documented improved outcomes
- PI CME fulfills the two primary tenets of Professionalism: *putting patients first* (outcomes), and *voluntary self-regulation* (minimizing external regulation)



## Performance Improvement CME (PI CME)

- Adopted September 2004 as a result of pilot study
- Structured long-term process
- Not simply an activity derived from PI data
- Not a PI project approved retrospectively

PRA Booklet  
6-7



## What is PI CME?

- Structured long-term processes
- Use evidence-based, well designed performance measures to assess practice
- May address any facet of a physician's practice with direct implication for patient care, inpatient or outpatient
- Physicians must be engaged in each stage to get credit for that stage



## What are the three stages?



- Stage A - Learning from current practice performance assessment



- Stage B - Learning from the application of PI to patient care



- Stage C - Learning from the evaluation of the PI effort



## What are acceptable Performance Measures?



- A mechanism that enables the user to quantify the quality of a selected aspect of care by comparing it to a criterion (Institute of Medicine, 2000)
- Measures must be evidence based and well designed with clearly specified required data elements and feasible data collection



Article in Fall 2010 CPPD Report about Performance Measures





## What are sources for performance measures?



Physicians' Consortium for Performance Improvement

[www.physiciansconsortium.org](http://www.physiciansconsortium.org)



National Guideline Clearinghouse

[www.guideline.gov](http://www.guideline.gov)



National Quality Measures Clearinghouse

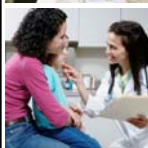
[www.qualitymeasures.ahrq.gov](http://www.qualitymeasures.ahrq.gov)



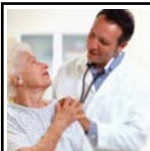
## How do you develop a PI CME activity?



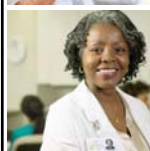
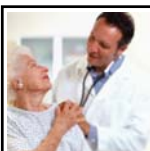
- Activity must be developed prior to beginning the PI CME effort
- Determine which performance measure(s) will be addressed by a physician or group of physicians
- Determine data and collection process for Stage A and Stage C
- Determine appropriate interventions for Stage B







- Develop documentation for physician engagement in each stage
- Determine timeline for each stage
- Provide physicians with background information including performance measure(s) and the needs assessment, evidence behind the measure(s), objectives, requirements for completion, time frame, etc.



## What is an example of an appropriate PI CME activity in a practice?

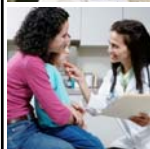
### Diabetes: Foot examination

**Measure description:** Percentage of patients who received at least one complete foot exam (visual inspection, sensory exam with monofilament, and pulse exam) each year

**Numerator:** Patients who received at least one complete foot exam (visual inspection, sensory exam with monofilament, and pulse exam)

**Denominator** = All patients diagnosed with diabetes



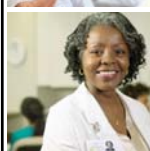
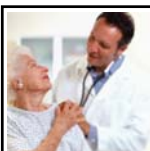


## Stage A: Learning from current practice performance assessment

Physician or office staff selects 20 charts of patients with a diagnosis of diabetes

Physician analyzes her performance in relation to foot exam performance measure requirements

Physician identifies appropriate interventions to address variations from performance measures



## Stage B: Learning from the application of PI to patient care

System is developed to contact all diabetic patients to schedule a yearly appointment

Diabetic patients are asked to take off their shoes and socks at each visit

Staff puts a foot-exam stamp on progress sheet for physician to initial that the exam was done



### Stage C: Learning from the evaluation of the PI effort

Physician (or staff) chooses 20 more charts to assess whether foot exam was done

Physician again evaluates her performance in relation to the performance measure



### *AMA PRA Category 1 Credit™* for PI CME

- Each PI CME activity is certified for 20 *AMA PRA Category 1 Credits™*
- 5 *AMA PRA Category 1 Credits™* are awarded for each stage in which the physician actively participates only Stage A and/or Stage B is completed



## Points to remember



- Credit is not based on time
- Stage C could begin another PI CME activity becoming Stage A of the next (no double dipping on the credit though)

