

Using PI CME to Drive Continuous Performance Improvement

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Disclosure

- No affiliation with commercial interests
- NIQIE
 - 501(c)3 non-profit organization
 - Mission: integration of quality improvement and medical education
 - Education
 - Collaboration
 - Research



In addition....

Effective September 2011

Director
Practice-Based Learning & Improvement
Association of American Medical Colleges



The "New CME"

- Emphasis on performance improvement rather than knowledge improvement
- Improving practice
- Improving patient outcomes

Continuous Performance Improvement



Drivers of Change: Integrating PI and CME

- 1995--Criticisms of CME effectiveness
- 1999-2000--Call for performance improvement resulting from IOM reports
- 2001--Maintenance of Certification (MoC)
- 2005--CME credit for participating in Performance Improvement activities
- 2006--P4P



Making CME More Effective

- Goal is to change (improve) practice
- Improve patient care
- Improve healthcare quality
 - Patient safety
 - Clinical outcomes



IOM Reports

- 1999—To Err Is Human
- 2001—Crossing the Quality Chasm
- Six Aims for Improvement
 - Safety
 - Effectiveness
 - Patient-Centeredness
 - Timeliness
 - Efficiency
 - Equity



PI CME: A Little History

2001--AMA Task Force on performance improvement and CME

- Chaired by Steve Minnick, MD
- Four pilots had input
 - Accreditation Association for Ambulatory Health Care (AAAHC)
 - Iowa Foundation for Medical Care
 - VA
 - University of Pittsburgh Medical Center
- Parallel system for AAFP
- AOA adopted same criteria



Performance Improvement and CME

- Integrating QI concepts
 - Quality measures (EBM concepts)
 - Measuring baseline performance
 - Interventions
 - Re-measurement
- How to assign CME credit—the demise of the time metric



CME Credit for PI

Three stages for CME credit:

- ✓ A Identify evidence-based measure and assess practice
- ✓ B Intervention
- ✓ C Re-measure; document improvement

5 CME credits/stage; 20 for complete project

Effective January 2005
AMA PRA, AAFP, and AOA



AMA PRA Booklet 2006: PI CME

Stage A: Learning from current practice performance assessment

Assess current practice using identified performance measures, either through chart reviews or some other appropriate mechanism. Participating physicians should be actively involved in data collection and analysis.



AMA PRA Booklet 2006: PI CME

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

- Implement an intervention based on the performance measures selected in Stage A, using suitable tracking tools (e.g., flow sheets).
- Participating physicians should receive guidance on appropriate parameters for applying an intervention and assessing performance change, specific to the performance measure and the physician's patient base



AMA PRA Booklet 2006: PI CME

Stage C: Learning from the evaluation of the PI effort

Re-evaluate and reflect on performance in practice (Stage B), by comparing to the assessment done in stage A. Summarize any practice, process and/or outcome changes that resulted from conducting the PI activity.



Unintended Consequences

- One and done
- Remote from practice
- Unrelated to other development and accountability requirements
- CME providers outside of healthcare delivery



AMA vs. ACCME

- AMA determines what is eligible for CME credit
- ACCME determines whether CME providers are delivering the credit
- ACCME is “custodian” of AMA PRA credit



ACCME Updated Criteria for Accreditation

Level 3: Accreditation for Commendation

- Achieving Level 3 “will be determined by measuring the extent to which a provider engages within their environment as a participant in quality and patient safety improvement opportunities.”

- ACCME, September 2006



ACCME Updated Criteria for Accreditation: Level 3

- C16 The provider operates in a manner that integrates CME into the process for improving professional practice.
- C17 The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).
- C18 The provider identifies factors outside the provider's control that impact on patient outcomes.
- C19 The provider implements educational strategies to remove, overcome or address barriers to physician change.
- C20 The provider builds bridges with other stakeholders through collaboration and cooperation.
- C21 The provider participates within an institutional or system framework for quality improvement.
- C22 The provider is positioned to influence the scope and content of activities/educational interventions.



ACCME: CME as a Bridge to Quality

- Accredited CME
 - is linked to practice and focused on healthcare quality gaps
 - supports physicians' maintenance of certification
 - Is an essential requirement for maintenance of licensure
 - Is fostering collaboration to address quality improvement
 - Is addressing interdisciplinary team practice
 - Is independent of commercial interests

ACCME: Leadership, Learning and Change within the ACCME System: CME as a Bridge to Quality. 2008. Available at www.accme.org



Performance Improvement Process

- Performance Measures
- Performance Data
- Interventions
 - Education ←
You are Here
 - Systems-based process improvements
- Outcomes (performance data again)



MoC--2001

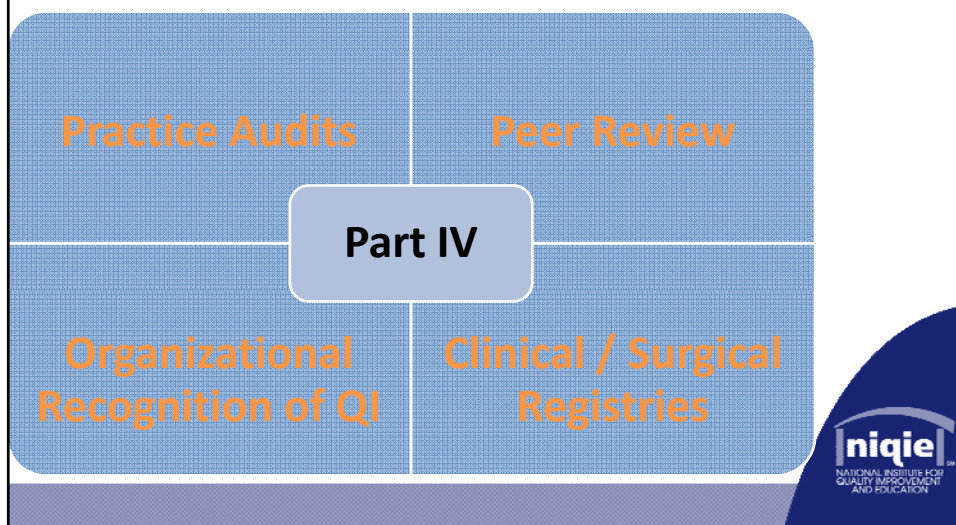
- Part I: Evidence of professional standing
- Part II: Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process
- Part III: Evidence of cognitive expertise
- Part IV: Evidence of evaluation of performance in practice



ABMS MOC Framework: March 2009 Standards

- Part I:
 - Active Unrestricted License → Addition of Patient & Peer Surveys (q2-5 yrs) + Public Reporting
- Part II:
 - Explicit requirement for CME activity: 25 cr./yr (1/3 self-assessment)
 - Patient Safety Foundations Curriculum
- Part III:
 - MCQ Examinations → No change
- Part IV
 - More explicit quality improvement criteria (q2-5 years)
- Aligned with ABMS/ACGME Competency Framework

MOC Part IV: Potential Models



CME for MOC: Will it be different?

- ABMS/ACCME work group
- CME is/will be required for MOC
- What CME is appropriate for MOC?
- Will commercial support be allowed?
- How much is enough?
- How will CME be tracked?
- How will quality be assured? ACCME? Others?



MOVING TO PERFORMANCE-BASED (BETTER) CME



Performance Data as Needs Assessment

- Practice/Self Assessment
 - knowledge/skills/current practice
- Practice profile
 - Registries
- Quality improvement data
 - Health system
 - Health plan
 - Overall practice performance
 - Individual performance



Performance Measures as Learning Objectives

Typical learning objective:

“Following this CME activity, participants should be better able to manage hyperlipidemia.”



Performance Measures as Learning Objectives

Performance-based learning objective:

“Following this CME activity, participants should prescribe diet or drug therapy within three months for patients who have an untreated LDL cholesterol level >130 mg/dl.”



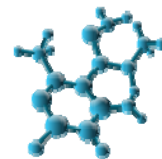
From 'Learning Objective' to 'Performance Expectation'

What is the *“practice”* you want clinicians to *implement* following this activity (based on best evidence)?



Ensuring Content Validity

- Evidence-based guidelines
- Evidence-based practice recommendations
- Evidence-based performance measures
- What if there is no evidence?



Performance Measurement for CME Outcomes Measures

- ❖ Measures pre- and post- activity
- ❖ Provide actual data rather than perceived
- ❖ Difficult to acquire data



Moore's New Levels of Outcomes-Based CME Evaluation--2009

Level	Outcome	Definition
1	Participation	Attendance
2	Satisfaction	Participant satisfaction
3A	Learning: Declarative	Knows
3B	Learning: Procedural	Knows how
4	Competence	Shows how; observed in ed. setting
5	Performance	Change in practice performance
6	Patient Health	Change in patient health status
7	Community	Change in population health status

Moore DE, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Continuing Educ Health Prof. 2009; 29(1):1-14.

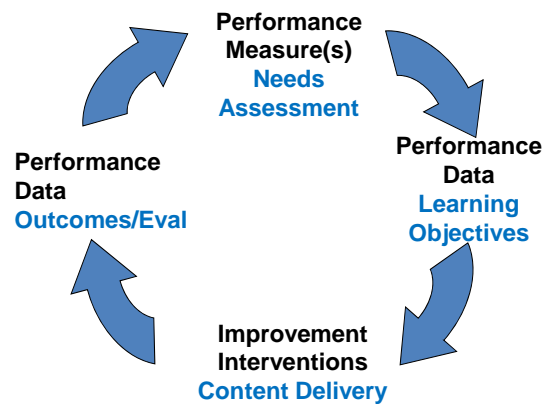


Goals for CME Outcomes

- Level 5—Change in practice performance
- Integrate education and non-educational strategies for improvement
- Identify factors that impact patient outcomes (even if out of clinicians control)
- Promote interdisciplinary collaboration



PI CME Planning Cycle



Integrating PI and 'Traditional' CME

Pre-work

- Review guidelines/measures
- Practice profile (denominator)
- Current performance (numerator)
- Self assessment—knowledge and practice

Integrating PI and Traditional CME

CME Activity

- Share/analyze data
- Educational (knowledge) component
- Process-based, systems improvement interventions



Integrating Non-medical Tools

- Self Management—tools for patient home-monitoring
- Decision Support—use of web-based clinical calculators
- Delivery System Design—patient reminders, tickler systems for follow up appointments

Wagner EH. Chronic disease management: What will it take to improve care for chronic illness? *Effective Clinical Practice*. 1998;1(1):2-4.



Integrating PI and Traditional CME

Post-activity

- Re-measurement data collection
- On-line discussions
- Evaluation of entire activity/process
- Mechanism for continuing on



RSS: Grand Rounds M&Ms

- Start with institutional data
 - Root cause analysis for M&M
- Share de-identified data
- Interprofessional
- Engage learners in improvement plans
 - Create an actionable plan—assign tasks
- Reassess later




Moving to CPI....what we need

- New skill sets for CME professionals
- Integration of CME and QI in systems
- Better understanding of PI by physicians
- More emphasis on practice-based learning and improvement
- Better integration of physician assessment systems
- New funding models



Health Systems: Nirvana for Performance Improvement

- Quality Improvement/Patient Safety activities
- Measurement  Lots of data!
- QI Committees set Quality priorities
- Education systems in place
- Multi-disciplinary team environment



But....it's not perfect..

- Silos
- Priorities not integrated
- \$\$\$\$

Some Simple Steps



Some Simple(?) Steps

- QI on CME Committee
- CME on QI Committee
- Quality gaps as CME needs assessments
- Don't forget IT
- Repurpose when possible
 - Data collection/reports
 - Education activities
 - Quality tools



Some Simple(?) Steps

- Turn Regularly Scheduled Conferences into PI activities
 - Data
 - Interventions
 - Data again



Summary

- Consider desired outcomes first; use as framework for learning objectives; content and evaluation
- Integrate educational and non-educational interventions
- Goal: Improve patient outcomes



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