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
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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

Performance Improvement Process

- Performance Measures
- Performance Data
- Interventions
  - Education
  - 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 \(\rightarrow\) 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 \(\rightarrow\) 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                              |


### 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

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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