

Moving from CME to Continuous Performance Improvement

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Disclosure

- Nothing to disclose regarding ACCME's definition of "commercial interest"
- My organization works with CME providers and others to develop PI CME and other activities to improve patient care.

Drivers of Healthcare Quality Improvement

- IOM reports: 98,000 deaths due to medical errors¹
- Rising healthcare costs: one-third of healthcare dollars spent on waste and annual cost of poor quality per covered employee is \$2,000²
- Rand report: only 55% of recommended care delivered³

1. IOM 2001

2. Midwest Business Group on Health 2001

3. McGlynn, EA, et al. *N Engl J Med* 2003; 348: 2635-45

The Healthcare Quality Movement Led To.....

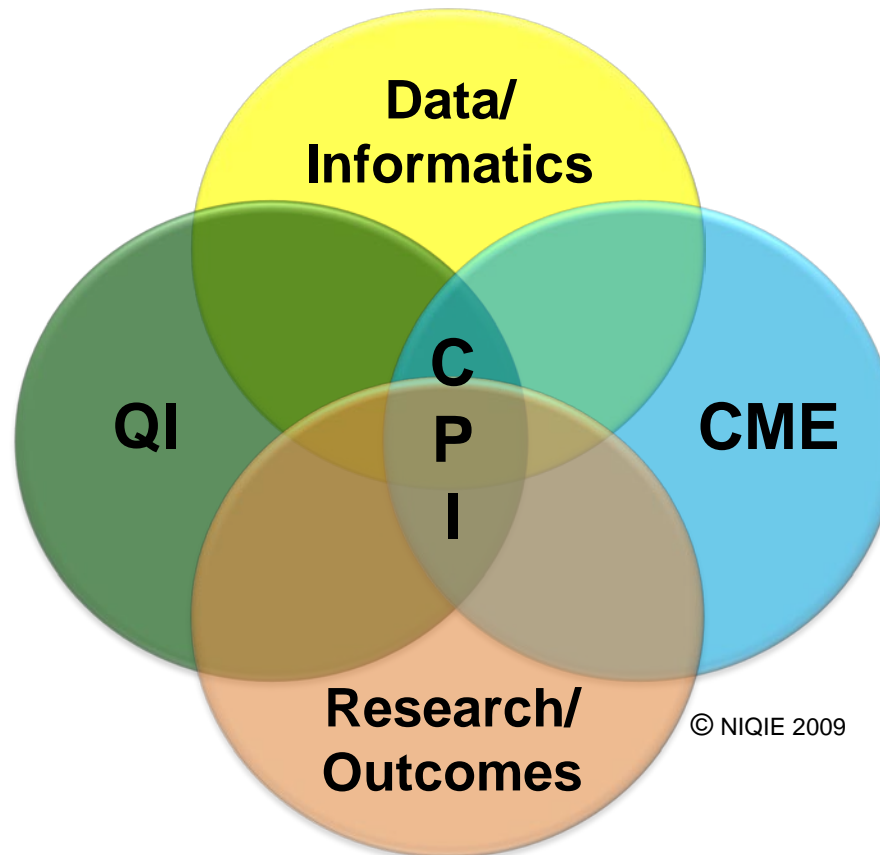
- Maintenance of Certification
 - Pay for Performance (reporting)
 - Practice Redesign (PCMH)
 - ACCME Updated Criteria
-ensuring physician competence and Continuous Performance Improvement

“New CME”

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

Continuous Performance Improvement

Continuous Performance Improvement



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Practice-Based Quality Improvement

PDSA Cycle	Practice-based Actions	Six Sigma
Plan	Identify area to improve Collect data to assess current state	Define Measure Analyze
Do	Implement improvement interventions	Improve
Study	Reassess data for change/improvement	Measure Analyze
Act	Change practice based on improvement	Control

Maintenance of Certification

Part I: Evidence of **professional standing**

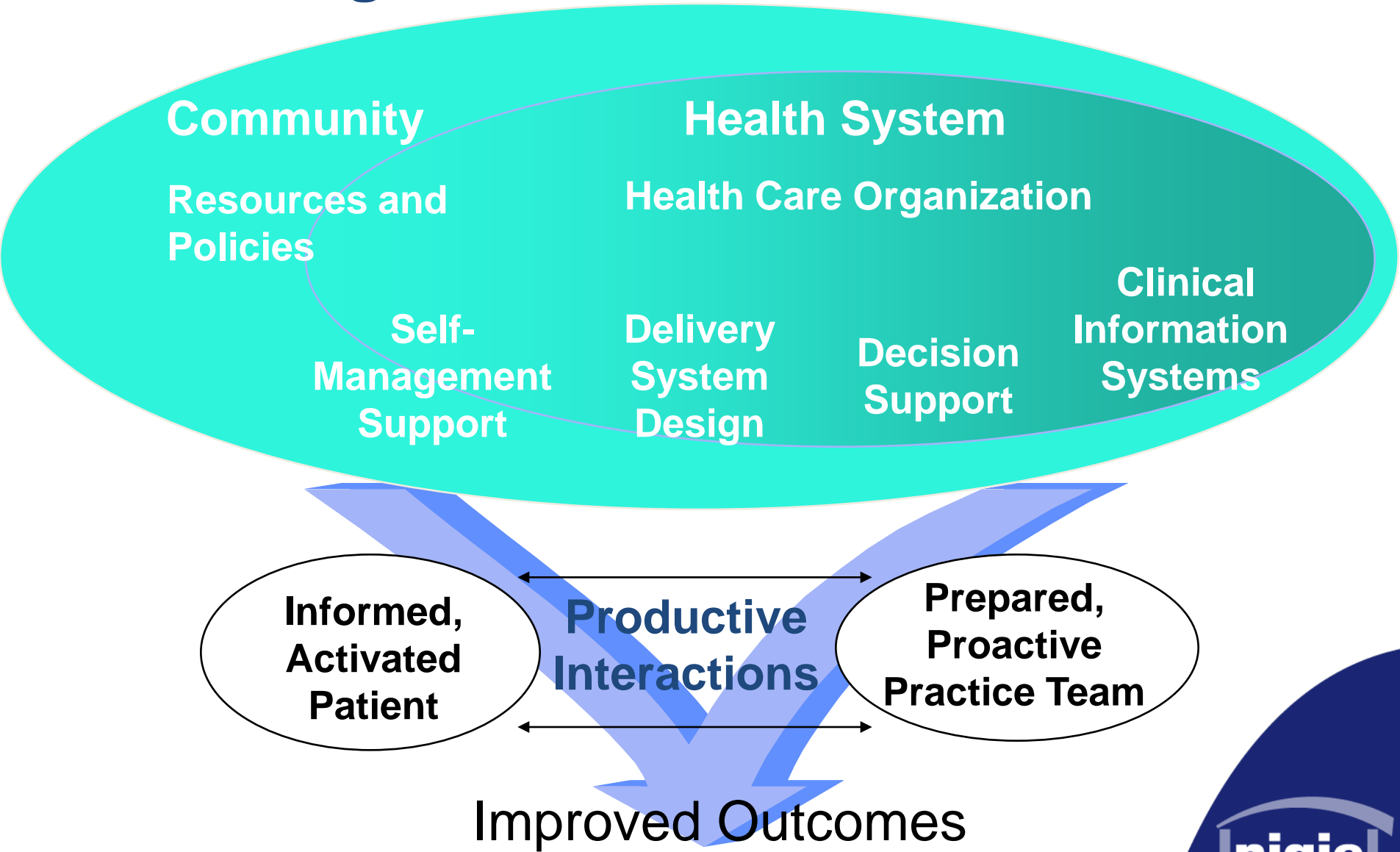
Part II: Evidence of a commitment to **lifelong learning** and involvement in a periodic **self-assessment** process

Part III: Evidence of **cognitive expertise**

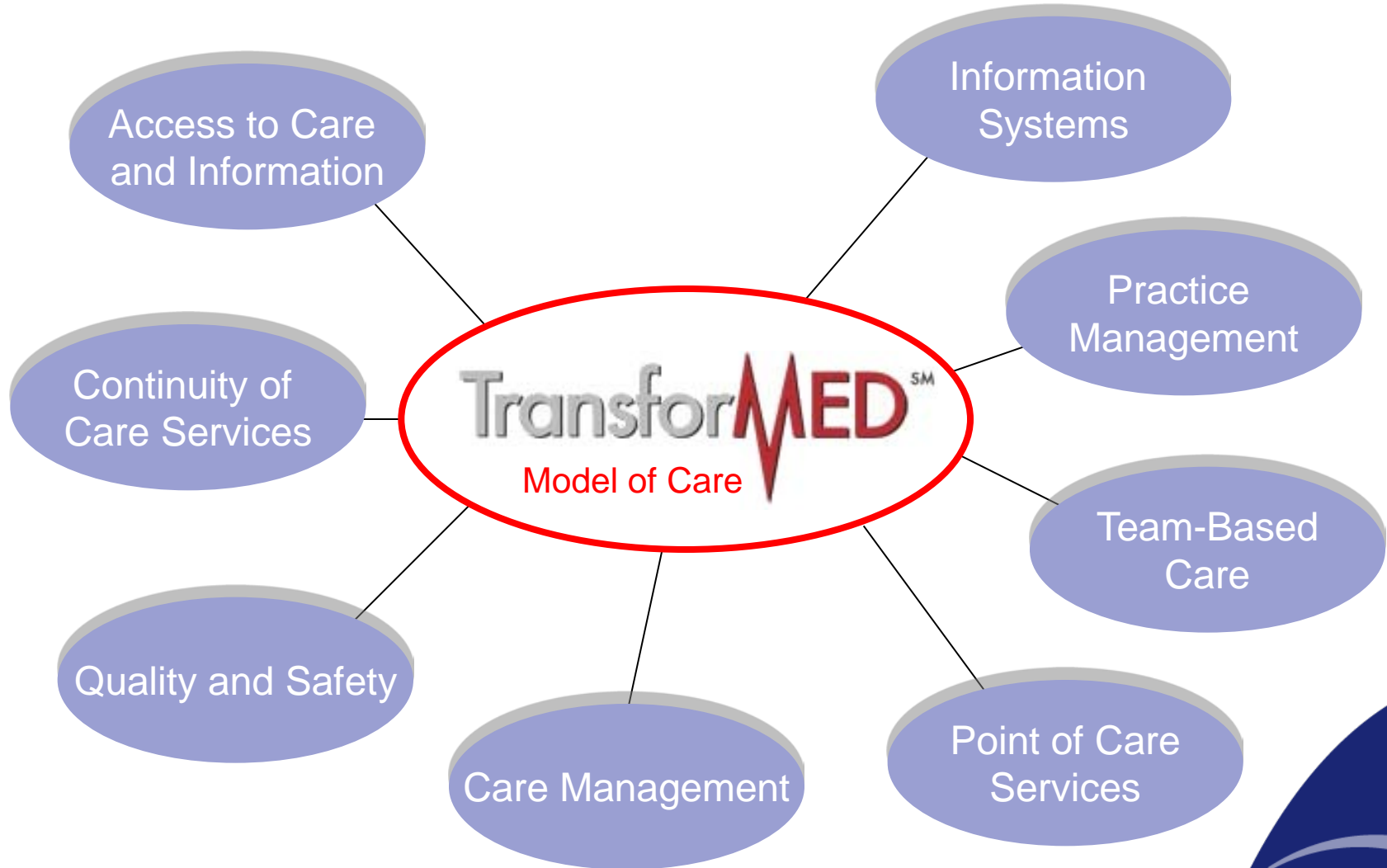
Part IV: Evidence of **evaluation of performance in practice**

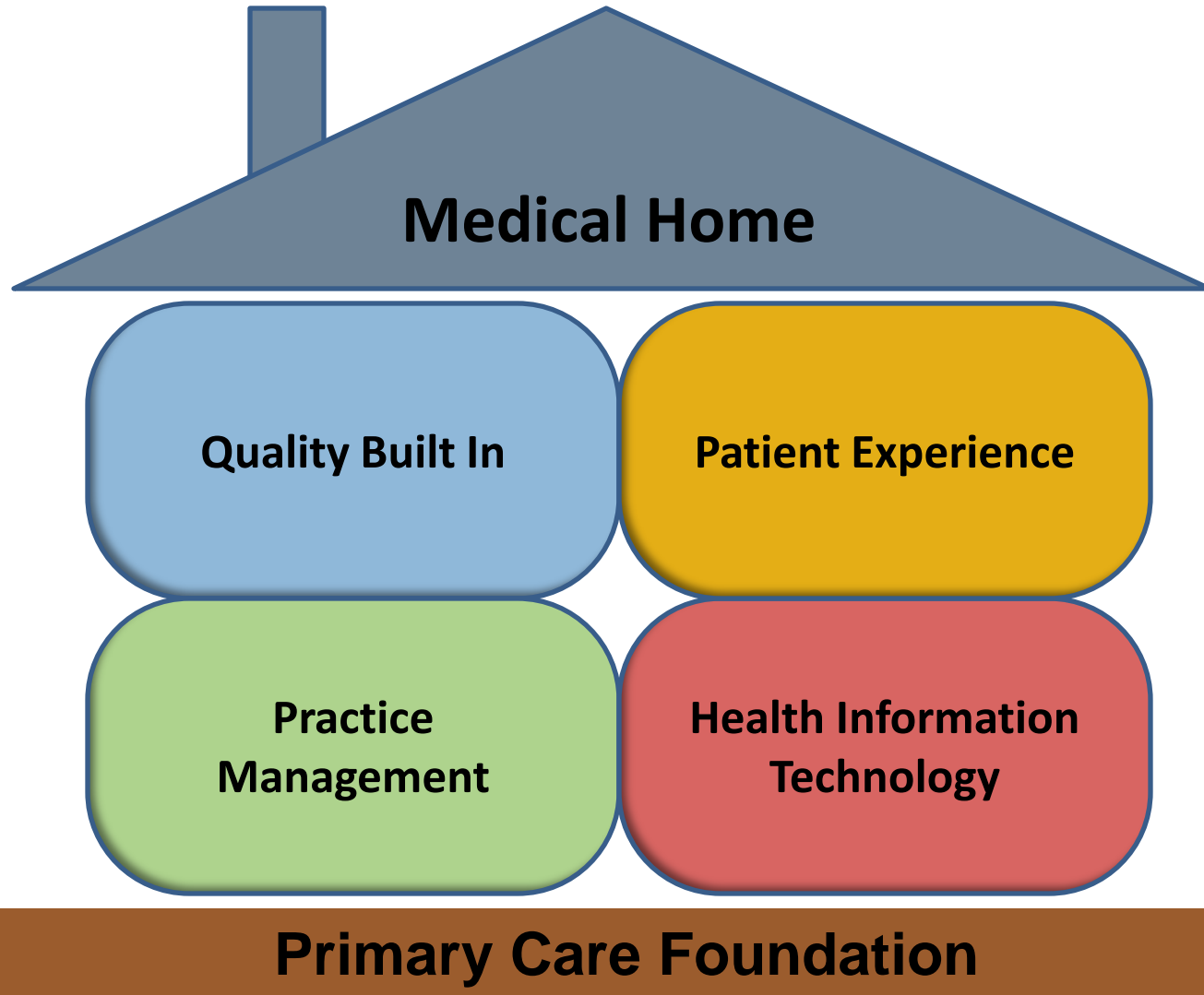
PRACTICE REDESIGN

Wagner Chronic Care Model



Practice Redesign





Transformed Practice Redesign	ACGME/ABMS Core Competencies	Wagner Chronic Care Model
<ul style="list-style-type: none"> •Personal medical home •Patient centered care •Integrated/whole-person orientation 	<ul style="list-style-type: none"> •Patient Care 	<ul style="list-style-type: none"> •Self-management support •Community resources
	<p>Medical Knowledge</p>	
<ul style="list-style-type: none"> •Redesigned office •Focus on quality and safety 	<ul style="list-style-type: none"> •Practice-based learning and improvement 	<ul style="list-style-type: none"> •Clinical information support
<ul style="list-style-type: none"> •Improve scheduling and communication 	<ul style="list-style-type: none"> •Interpersonal and Communication Skills 	<ul style="list-style-type: none"> •Delivery system design
	<p>Professionalism</p>	
<ul style="list-style-type: none"> •Team approach to care •Data-based information systems (EHR) 	<ul style="list-style-type: none"> •Systems-based Practice 	<ul style="list-style-type: none"> •Health-care delivery system •Decision support

Performance-based learning in practice

PERFORMANCE MEASURES

Types of Performance Measures

Process measures—clinician's control

Ordering Hgb A1C to manage diabetic patients

Assume process will have eventual effect on outcomes

Outcomes measures—actual patient outcomes that depend on action outside the clinician's control

Maintaining Hgb A1C values <8

Where do Performance Measures come from?

- CMS--PQRI
- Specialty societies
- Health plans
- AMA Physician Consortium for Performance Improvement
- NCQA--HEDIS
- Joint Commission
- AQA Alliance

National Quality Measures Clearinghouse

www.qualitymeasures.ahrq.gov

AMA PCPI: Multispecialty Consortium

Acute otitis externa /otitis media with effusion
Adult diabetes
Anesthesiology and critical care
Asthma
Atrial fibrillation and atrial flutter
Chronic kidney disease
Chronic obstructive pulmonary disease
Chronic stable coronary artery disease
Community-acquired bacterial pneumonia
Emergency medicine
End state renal disease
Eye care
Gastroesophageal reflux disease
Geriatrics
Heart failure
Hematology
Hepatitis C

Hypertension
Major depressive disorder
Melanoma
Nuclear medicine
Oncology
Osteoarthritis
Osteoporosis
Outpatient parenteral antimicrobial therapy
Pathology
Pediatric acute gastroenteritis
Perioperative care
Prenatal testing
Preventive care and screening
Prostate cancer
Radiology
Stroke and stroke rehabilitation
Substance use disorders

PQRI

Centers for Medicare and Medicaid Services
(CMS) www.cms.hhs.gov/PQRI

– Physician Quality Reporting Initiative
(PQRI)

- 2009---153 quality measures
- 2% financial incentive for participating

Example Measure—PQRI

High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus

Percentage of patients aged 18-75 years with DM who had most recent BP in control (less than 140/80)



Example Measure—PQRI

HIT-Adoption of Electronic Health Records

Documents whether the provider has adopted a qualified electronic health record (EHR) either CCHIT certified (90 currently certified) or capable of all the following

- Generating medication list
- Generating problem list
- Entering lab tests as discrete searchable data elements

Compliance Calculation

Performance Calculation

% of DM pts >40 y/o Rx ASA

No. of patients meeting measure criteria

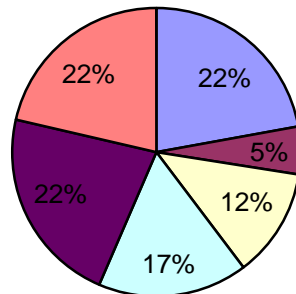
(no. of pts prescribed ASA)

No. of patients meeting study criteria
minus no. patients with valid exclusions

(no. of patients \geq 40 y/o with diabetes minus
those who have adverse reactions to ASA)

Measures Used in PI CME

Which of the following source(s) does your organization use for performance measures in its PI CME activities?



- 1. AMA Physician's Consortium for Performance Improvement (PCPI)
- 2. Ambulatory Quality Alliance (AQA)
- 3. CMS Physician Quality Reporting Initiative (PQRI)
- 4. National Committee on Quality Assurance (NCQA)
- 5. The Joint Commission
- 6. Other

Performance-based learning in practice

PERFORMANCE DATA

What We Know About Physicians and Data

- 1 in 3 collect data about their practice
- 1 in 4 have patient survey data
- 1 in 5 have a process for collecting care data
- < 1 in 5 collect clinical care outcomes
- 1 in 7 solo practice docs have access to any data

Commonwealth Fund National Survey of Physicians and Quality Care 2006

Chart Review

- Patient level data
- Process/outcomes data
- Resource-intensive
- GIGO

Electronic Health Records

- Often don't collect needed data
- Lack of standardization
- Problem with translating measures to computer language
- Lack of standardized taxonomy

Health Plan Data

- Useful for process measures
- Small percentage of practice
- Docs don't trust data
- Attribution challenges

Registries

- Collection of patient data
- Organized
- Searchable
- Meets specific objectives
- Supports analysis of deviation from established goals

PQRI Qualified Registries

- 32 qualified registries—Sept 2008
- Vetted by CMS for their ability to provide
 - Required PQRI data elements
 - Accurately calculated measures
 - Information transmitted in requested format

Patient Surveys

The Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- AHRQ initiative
- Standardized patient questionnaires that can be used to compare results across providers and over time
- Tools and resources to produce comparative information for both consumers and healthcare providers

The “new” CME

PERFORMANCE IMPROVEMENT CME (PI CME)

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

AMA PRA, AAFP, and AOA

Approved 2005

NIQIE/ABIM Study PI CME Landscape

- January-March 2009
- Measure trends in PI CME
- Learn perceived value of PI CME
- Identify measures and QI concepts used
- Understand CME providers' approaches
- Correlate PI CME and MOC, Part IV
- All ACCME-accredited providers (N=721)
 - 28% response rate with 2 follow up reminders (N= 201)

What Do You Think?

Physicians value PI CME...

1. Very much, they would like more
2. Not much, they get enough CME credit in other ways
3. Most don't know that it exists

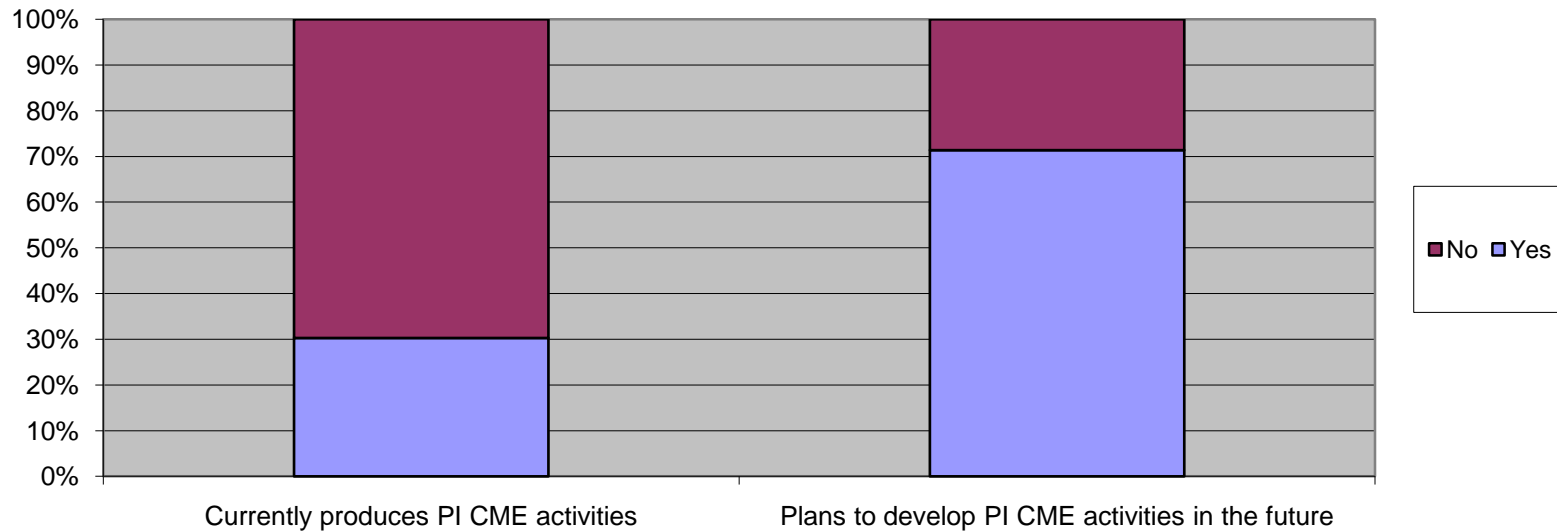
What Do You Think?

CME Providers value PI CME...

1. Very much, they would like to do more
2. Not much, they will stick with traditional formats for now
3. Most don't know that it exists

The Reality Today

Production of PI CME activities



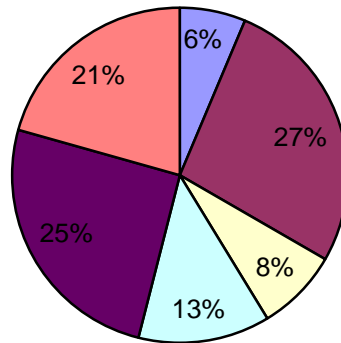
What Do You think?

What is the biggest barrier to PI CME?

1. Lack of expertise by CME providers
2. Lack of access to performance data
3. Lack of interest by physicians
4. Lack of funding

The Reality Today

Which of the following describes why your organization will not develop PI CME activities?



- Not familiar with PI CME
- Not a priority for our organization
- Lack of interest by our physicians
- Lack of expertise in our organization
- Lack of access to data
- Other

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

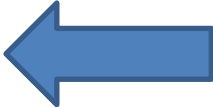
- C16 The provider operates in a manner that integrates CME into the process for improving professional practice.
- C17 The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).
- C18 The provider identifies 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 interest

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)

Performance Data as Needs Assessment

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

From QI Partner: Where are the Needs?

- Requires current practice assessment
- Must have way to collect/analyze data

Examples:

- Insufficient prescribing of beta blocker after MI
- Hgb A1C not ordered enough (process) or values too high (outcome)

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.”

Performance Measures as CME Outcomes Measures

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

Moore's Levels of Outcomes-based CME Evaluation (pre-2009)

Level	Outcome	Definition
1	Participation	Attendance
2	Satisfaction	Participant satisfaction
3	Learning	Changes in KSA
4	Performance	Change in practice performance
5	Patient Health	Change in patient health status
6	Population Health	Change in population health status

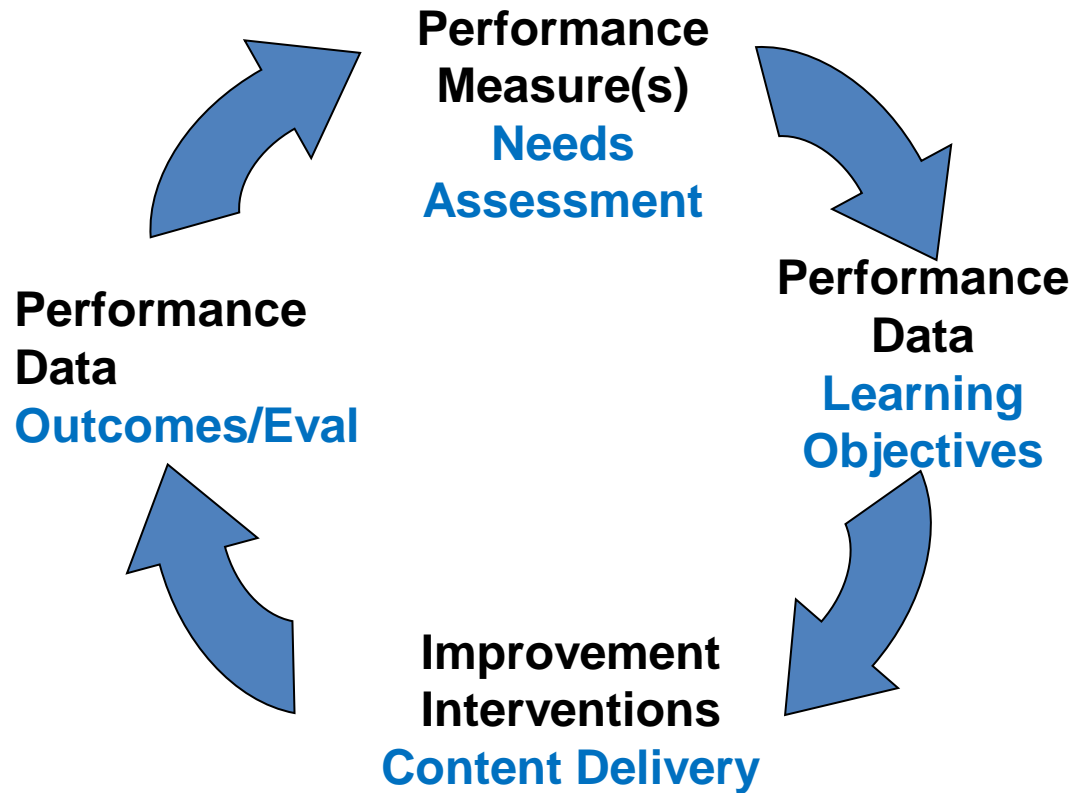
Moore, DE. A framework for outcomes evaluation in the continuing professional development of physicians. In Davis, et al. eds. *The Continuing Professional Development of Physicians*. Chicago, Ill: AMA Press; 2003

Moore's New Levels of Outcomes-Based CME Evaluation

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 <u>practice</u> performance
6	Patient Health	Change in <u>patient health</u> status
7	Community	Change in <u>population health</u> 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.

The New 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 PI and Traditional CME

Post-activity

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

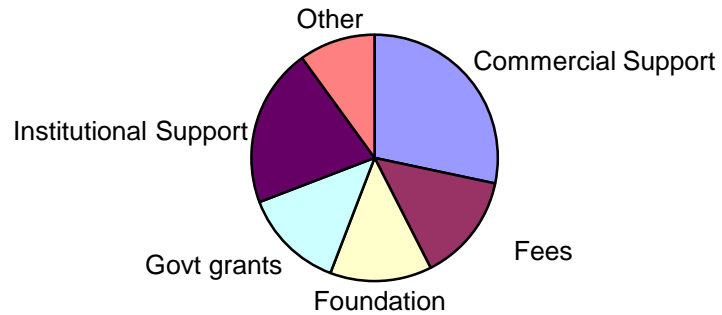
What Do You Think?

What funding source is most prevalent for PI CME today?

1. Industry (pharmaceutical company)
2. Institution (hospitals, specialty societies)
3. Physician fees
4. Other grants (foundations, gov't, etc)

The Reality Today

What source(s) of funding does your organization accept for PI CME activities?



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

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