

Profiles in change: Colorado physician leaders for the new CME



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Earlier this year *Colorado Medicine* launched a series of articles highlighting Colorado physicians who are leading health care improvement through

their involvement in continuing medical education (CME). The new CME paradigm focuses on the identification of practice gaps and outcomes that go beyond physician knowledge gain and include changes in practice and/or patient outcomes.

The AMA has developed a specific type of CME known as Performance Improvement CME, which is designed to help a physician learner examine his or her current practice, determine if there is a gap between what the physician is doing and what he or she should be doing according to a predetermined set of evidence-based measures, make changes to improve, and then re-examine his or her practice and evaluate the changes.

Performance Improvement CME projects can vary in complexity and duration, but a physician can earn up to 20 credits for participating in just one of these activities. However, persuading physicians to participate and to change is not always an easy task; it requires physician colleagues who are champions for change and improvement and have the necessary leadership skills and abilities to transform.

This issue's CME leader for change is David Herr, MD. Herr is the medical director of the Colorado Beacon Consortium Practice Transformation Program, a Western Slope, seven-county community collaborative dedicated to changing

the way health care is delivered, from a provider-oriented to a patient/family/community-oriented system of care. This project is certified as a PI CME activity and is also approved by some specialty boards for fulfilling maintenance of certification part IV practice performance assessment. Herr also chairs the Colorado Medical Society Committee on Professional Education and Accreditation (CPEA), which oversees the CME accreditation of many Colorado health care institutions.

Q: The Colorado Beacon Consortium Collaborative (BCC) is quite impressive. Why are you involved in this project?

A: While I was with Rocky Mountain Health Plans as associate medical director and then chief medical officer, the most rewarding part of my job was working with the Quality Improvement Department. Over a period of years, our work evolved into an attempt to assist physicians in transforming their practices so that they could take a team-based systems approach to delivering health care. One year after my retirement from RMHP, the Colorado Beacon Consortium was successful in obtaining a Beacon Community Grant to continue that work of practice transformation and to expand it to additional counties in western Colorado. I was pleased to have the opportunity to work with this project.

Q: The Beacon project has lofty goals. Has your confidence level for achieving those goals changed since the implementation began?

A: The Colorado Beacon Consortium has made a commitment to improve health care in seven western Colorado counties through practice transformation and the enhanced use of electronic health information. So far we are work-

ing with 29 primary care practices that are very engaged in the process of developing data sets to better understand their patient populations and have formed quality improvement teams in order to develop a systems approach to more efficiently deliver care. I don't know if we will be successful in all of the aggressive goals that we have set for ourselves. I do know that the program has already made a difference in how physicians are approaching patient care and I believe that this will be a lasting change.

Q: Since your involvement with this type of performance/quality improvement project, how do you view the value of other, perhaps more traditional CME learning methods?

A: I believe that continuing medical education needs to take many forms, including the traditional lecture format. In addition performance improvement CME and maintenance of certification programs allow us to enhance the value of CME and to make it a vital aspect of any health institution.

Q: As chair of the CMS CPEA, you review the CME programs of accredited institutions, mostly hospitals. Are you seeing the quality of those CME programs improve?

A: I have been on the committee on professional education and accreditation for a fairly short period of time. During those few years, however, I have noticed a definite increase in the quality of the CME programs that we have reviewed. CME directors and coordinators have stepped forward and accepted the challenge of the new guidelines and are making a concerted effort to make their programs an important part of the health care delivery system. ■