

DEVELOPING PERFORMANCE IMPROVEMENT CME IN INPATIENT AND OUTPATIENT SETTINGS



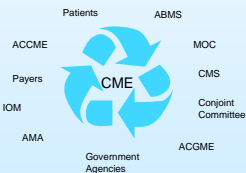
Thomas Jefferson University | Jefferson Medical College

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A Work In Progress

Drivers of Change in CME



AMA PRA Credits for PI Activities

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.

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 (e.g., how many patients with a given condition, seen for how long, will produce a valid assessment?).

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.

G. Performance improvement

Performance improvement (PI) activities describe structured, long-term processes by which a physician or group of physicians can learn about specific performance measures, retrospectively assess their practice, apply these measures prospectively over a useful interval, and evaluate their performance. To meet AMA PRA Category 1 Credit for PI activities, providers must:

- Establish an **ongoing** mechanism that assesses content integrity of the selected performance measures. These measures must be evidence-based and well designed (e.g., clearly specify required data elements, data collection is feasible). PI activities may address any facet (function, process or structure) of a physician's practice with direct implications for patient care.
 - Provide clear instructions to the learner that define the educational process of the PI activity (documentation, timeline, etc.) and establish how they can obtain credit.
 - Validate the depth of physician participation by a review of submitted PI activity documentation. Providers may award credit to physicians for completing initial stages of the PI activity. When requested, specify specific documentation of each credit to participating physicians.
 - Provide adequate background information to all physicians who identify and undertake the performance measures that will guide their PI activity, and the evidence base behind these measures. Providers may deliver this education through live activities, online materials or other means.
- Providers must ensure that participating physicians integrate all three stages described below to develop a complete, structured performance improvement activity.

Jefferson Policy for PI CME: Three Tiers

Identify and vet oversight committees

- Responsible for project quality control
- Approved by CME Committee

Register and vet each project overseen by committees

- Develop & document design, evidence, guidance, performance measure selected

Document individual participation in all three stages of PI CME

- Individual documentation for each stage of project

Oversight Committee Assures Content Integrity

"Jefferson certified CME PI must be conducted under the aegis of a committee consisting of content and process experts that includes Jefferson faculty. The stated purpose of the oversight committee must include conducting performance improvement projects. The oversight committee's members will complete COI process. Jefferson CME Committee will review and approve the intake material prior to start of projects."

The oversight committee's responsibilities include

- Initial review of individual PI projects for quality, evidence base of selected measure(s), and approval of design of project
- Ongoing review and monitoring of progress of participants through the states of the PI project
- Liaison between PI project participants and Jefferson CME
- Provide the resources to meet requirement to provide adequate background information so that physicians can identify and understand the performance measures that will guide their PI activity
- Completion of CME documentation

Oversight Includes Project Registry

- Each proposed PI project must be reviewed and approved by its established Oversight Committee. A documentation form registering the project for review by Jefferson CME will be submitted.
- Each project will document its plan to meet the requirements of each of the three stages of an approved CME PI project
- Participating physicians receive guidance on appropriate parameters for applying an intervention and assessing performance change, specific to the performance measure and the physician's patient base (e.g., how many patients with a given condition, seen for how long, will produce a valid assessment?)
- For each individual PI project within this committee structure, the committee process must validate the depth of physician participation by a review of submitted PI activity documentation.
- Each participant within each CME PI project must provide documentation of his/her active involvement in the Stage for which credit is sought.

Jefferson: Initial Steps

Assess current quality activities that may be used for pilot studies to develop solid policies and processes

Outpatient quality committee and identified ~~1222~~ projects

- Control of hypertension in Primary care practices
- Timeliness of notification of positive biopsy result in dermatology practice
- Consistency of counseling tobacco cessation for patients with head and neck cancers in the OTL practice

Use Anesthesiology electronic health record's physician manager

- EHR to provide baseline data
- Identified study opportunity based on existing protocols
- Topic: Timely administration of antibiotics for surgical site wound infection

Developed Policies and Procedures for administration of CME for PI activities (February 2006)

Stage A : Learning From Current Practice

- Practice data collected and analyzed through committee-approved methods; distributed to participant
 - Data source could be chart review, self assessment survey, summary/review of patient survey
- Individual statement of process and results of assessment of current practice
 - EX: "When examining the data on X, I recognized that my practice varies from standard Y.... I believe the reasons for this may be..."
- Identify problem and hypothesize on issues/ barriers relating to problem

Stage B : Learning From Application of PI to Patient Care

- Describe the educational interventions planned to aid in the application of the PI to patient care, beyond gap awareness. List the resources to be applied, timeline allotted for intervention. Give a finite end time for this stage.
 - Reviewed and approved via appropriate oversight committee
- Describe activities undertaken to understand the performance measure/issue to be studied
 - What resources used
 - What understanding was developed
 - Summary of intervention implemented and data collected
 - Describe what (you) decided to change (practice, process, form) and why. Cite evidence to support the decisions made
- Describe how implementation of change to be achieved
 - Steps, strategies, staff in-services, etc.

Stage C : Learning From Evaluation of PI Efforts

- Individual participant assessment
 - Effectiveness of PI project in terms of change in behavior resulting in documented improvement in performance
 - Barriers to change in performance
 - Aids to change in performance
 - Potential future PI activity based on the success or failure of this project
- Sample guidance for this stage
 - Specify when re-assessment of the performance measure was completed, and summarize results at the individual level.
 - Respond to reflective questions about the process, impact on practice and what has been learned
 - Aside from change in physician behavior, where changes in patient outcomes observed? What data was used to make this determination? Was it sustained change?

Where We Are

Project implementation

- Anesthesiology
 - Initial performance reports generated
 - Preliminary educational package formed
- Out patient Projects
 - Practice evaluations completed
 - Educational Packages being developed

CME Office developing reporting and documentation mechanisms

Stage A Examples

Status: initial data review in progress

Anesthesiology EHR

- Use EHR to assess all anesthesiologists compliance with antibiotic protocols
- Share overall results with department
- Recruit individual participants, making individual and aggregate data available
- Provide guidance for review of individual data
- Collect documentation from individuals
 - Analyze for potential educational interventions

Outpatient: HTN control

- Conduct chart audit to determine baseline practice data on patients with HTN and level of control based on HEDIS measures
- Share overall results with practices, making individual and aggregate data available
- Recruit individual participants, making individual and aggregate data available
- Provide guidance for review of individual data
- Collect documentation from individuals
 - Analyze for potential educational interventions

Stage B Examples

Anesthesiology EHR

- Potential activities:
- Review of existing OR protocols to refresh knowledge base
 - Develop and distribute evidence-based information for individual education (reading/reflecting)
 - Ex: AHRQ analysis with related literature
 - If warranted by trend information, develop educational session for participants
 - Small group discussions?
 - Timeline: 3 months

Outpatient Quality PI

- Potential activities:
- Distribute JCN7 guidelines
 - Develop education regarding the effectiveness of pharmacologic and other interventions for controlling high blood pressure which may include:
 - introductory seminars
 - poster cards
 - posters in exam rooms
 - Staff education
 - BP measurement in-service
 - Redesign charting tools to facilitate blood pressure monitoring and therapy
 - Timeline: 3 months

Status: interventions to be identified after Stage A completed

Stage C Examples

Anesthesiology EHR

- Data collected at 6 months using EHR to compare to baseline.
- Reports shared with department and individual participants
- Participants document their review of new data, reflect on experience in project, identify reasons for outcomes (success & failure)
- Identify potential new projects

Outpatient Quality PI

- 6 month chart re-review examining HTN control data
- Reports shared with department and individual participants
- Participants document their review of new data, reflect on experience in project, identify reasons for outcomes (success & failure)
- Identify potential new projects

20 credits possible

- Stage A - 5 Credits- Learning from current practice
- Stage B - 5 Credits - Learning from application of PI to patient care
- Stage C - 5 Credits- Learning from evaluation of performance improvement effort
- 5 additional credits for completing all in sequence

Challenges

- Stage A- Documenting self assessment
- Stage B- Educational process
 - Self directed vs. prepared
 - Documentation
- Stage C- Documentation
 - What to look for in addition to repeating Stage A
 - Should analysis of reasons for success or failures be required?
- Creating generic yet analyzable documentation mechanism
- Funding CME Office efforts