Save the Date
October 8, 2008   ~  11:00am CT
Webinar: Performance Improvement CME and the Physician Leadership Imperative

Designed for physicians in all provider settings—especially CME and quality improvement committee chairs and members, program directors, department chairs, deans or directors of CME, vice presidents of medical affairs, CME faculty and conference directors.

Invite your physicians to participate!

PI CME: Implementing Performance Improvement CME in the Hospital Setting
September 12, 2008

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Disclosure

The content of this presentation does not relate to any product of a commercial interest; therefore, there are no relevant financial relationships to disclose.

Objectives

At the end of this presentation participants should be able to:
- Describe the components of a PI CME activity that meet the requirements for AMA PRA Category 1 Credit™
- Explain why participation in PI CME activities may become recognized as having increased value to physicians and accredited CME providers in the future
- Identify at least two sources of evidence-based performance measures that can be the basis for a PI CME activity
- Describe how one hospital has implemented a PI CME activity for their physicians

What is PI CME?

- Three stage learning model approved for AMA PRA Category 1 Credit™, September 2004, as a result of pilot study done in collaboration with the American Academy of Family Physicians (AAFP) and other stakeholders
- Structured long-term process developed by an accredited CME provider in which evidence-based measures and quality improvement (QI) interventions, not traditionally thought of as CME, are used to change physician performance
What is PI CME? (continued)

- May address any facet of a physician’s practice with direct implication for patient care
- Differs in structure from other CME learning models that may also use PI/QI data (live activities, enduring materials, etc)
- PI CME is not a PI project that can be approved for credit retrospectively

Why has PI CME become so important?

- Brings the CME activity closer to the patient-physician interaction
- Facilitates what has long been a goal of CME: To have QI and CME work together in a more effective manner
- Potential solution to meeting multiple physician reporting requirements (such as MoC and MoL)

What is MoC?

- Maintenance of Certification™ (MoC) is a program adopted by the American Board of Medical Specialties (ABMS) in 2006
- "...a program of continuous professional development — ABMS MoC - as a formal means of measuring a physician’s continued competency in his or her certified specialty and/or subspecialty”
- Physicians who wish to maintain their specialty certification must meet MoC requirements on a periodic basis
- Components of MoC include: lifelong learning and self-assessment and practice performance assessment
- For more information on MoC, visit the ABMS website: www.abms.org
What is MoL?
- Maintenance of Licensure (MoL), as described by the Federation of State Medical Boards (FSMB) is “the process by which a licensee demonstrates that he/she has maintained his or her competence and qualifications for purposes of continued licensure.”
- Involvement in MoC may become a requirement for MoL for certified physicians.
- For non-certified physicians, MoL requirements may include reporting of CME credits and evidence of practice performance assessment.
- For more information on MoL, visit the FSMB website at: www.fsmb.org

Why should hospitals consider producing certified PI CME activities?
- Unique opportunity to work collaboratively with QI departments to effectively use physician performance data to improve practice and patient outcomes.
- Responds to physicians’ needs to demonstrate compliance with multiple reporting requirements.
- Demonstrates the value of CME to the institution in promoting a culture of learning, improvement and patient safety.
- Consistent with the spirit of the new ACCME criteria.

What should CME Providers do to get started in PI CME?
- Become familiar with PI CME requirements (PRA booklet, pages 10-11) and know how to find/use quality measures.
- Explain to your PI/QI colleagues how PI CME activities present an opportunity to improve physician performance/patient care and help physicians meet reporting requirements.
- Determine whether there are specific initiatives in which you can collaborate with PI/QI to implement a PI CME activity.
- Enlist organizational support (CME committee, medical leadership, administration, etc.)
How to Structure and Award Credit for certified PI CME

Structure of a certified PI CME activity

Three stage process:
- **Stage A** - Learning from current practice performance assessment
- **Stage B** - Learning from the application of PI to patient care
- **Stage C** - Learning from the evaluation of the PI effort

**Stage A - Learning from current practice performance assessment**
- Assess current practice using identified performance measures, either through chart reviews or other appropriate mechanism
- Participating physicians are actively involved in data collection and analysis
**Stage B - Learning from the application of PI to patient care**

- Implement PI interventions based on performance measures selected in Stage A, using suitable tracking tools.
- Participating physicians should receive guidance on appropriate parameters for applying the intervention and assessing performance change specific to the physician’s patient base.

**Sample interventions that might be included in Stage B**

- Chart reminders
- Flow sheets
- Patient communications
  - postcards, emails, phone calls
- System changes
- Education

**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 outcomes changes that resulted from conducting the PI activity.
Requirements to designate AMA PRA Category 1 Credit™ for a certified PI CME activity

- Be accredited by the Accreditation Council for Continuing Medical Education (ACCME) or a state medical society recognized by the ACCME
- Design the PI CME activity compliant with core requirements for designating AMA PRA Category 1 Credit™
- Design the PI CME activity to comply with specific requirements for PI CME

Core requirements for an AMA PRA Category 1 Credit™ certified CME activity

Refer to PRA Booklet (pages 4-5):
- Conforms to definition of CME
- Appropriate depth and scope for physicians
- Non-promotional
- Addresses an educational need
- Objectives/purpose communicated

Core requirements (continued)

- Learning format appropriate to objectives
- Evaluation mechanism
- Means to record the actual credits claimed by the physician
- Designated for credit in advance
- Appropriate Designation Statement in activity materials
Requirements specific to a certified PI CME Activity

- Design as a 3 stage learning activity
- Use evidence-based performance measures
- Provide background information on performance measures to physicians
- Provide clear instructions to learners
- Validate participation by reviewing PI documentation

Credit awarded for PI CME

- Five credits for completion of each stage in which the physician actively participates
- Additional 5 credits for completion of all three stages

\[5 + 5 + 5 = 20\]

Additional points to remember when awarding credit for PI CME

- Credit is not based on time
- Credit is issued even if there was no change in practice
- Stage C could begin another PI CME activity, becoming Stage A of the next
Performance Measurement: The Key to PI-CME

Susan Nedza, MD, MBA, FACEP
Vice President, AMA Clinical Quality and Safety

What is a clinical performance measure?

- Mechanism that enables the user to quantify the quality of a selected aspect of care by comparing it to a criterion (Institute of Medicine, 2000)
- Mechanism to measure the degree to which a provider competently and safely delivers clinical services that are appropriate for the patient in the optimal time period (National Quality Measures Clearinghouse)

Understanding the Measures: Scope

- The measures address various aspects of quality care
  - Prevention
  - Chronic Care Management
  - Acute Episode of Care Management
  - Procedural Related Care
  - Resource Utilization
  - Care Coordination
What types of information can be captured from performance measures?

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>Timely attainment of appropriate health care</td>
</tr>
<tr>
<td>Outcome</td>
<td>Health state of the patient resulting from the care provided</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>Perspective on the quality of care</td>
</tr>
<tr>
<td>Process</td>
<td>Identify areas of care that may require improvement</td>
</tr>
<tr>
<td>Structure</td>
<td>Feature of an organization relevant to capacity to provide care (e.g. nurse/patient ratio)</td>
</tr>
</tbody>
</table>

What is important to know when selecting performance measures?

- Measures must be evidence-based* and well designed with clearly specified required data elements for feasible data collection.
- Measures should not focus on “cost of care” separate from measurement of “quality of care”.

*“integration of best research evidence with clinical expertise and patient values”

Where can we find evidence-based performance measures?

1) Physician Quality Reporting Initiative
   www.cms.hhs.gov/pqri

2) Physician Consortium for Performance Improvement® (PCPI)
   www.physicianconsortium.org
Physician Quality Reporting Initiative:

- 119 Unique measures associated with clinical conditions that are routinely represented on Medicare Fee-for-Service (FFS) claims
- Available individually or in bundles
- Reporting linked to potential 2% bonus payment of claims for Medicare services provided in a given year.

Physician Consortium for Performance Improvement® (PCPI)

- AMA convened organization governed by multiple stakeholders
- Goal is to lead in the development of performance measures to improve quality at the point of care and to make clinical guidelines quantifiable
- Comprised of over 100 stakeholders including specialty and state medical societies, medical specialty boards; experts in methodology and data collection, government, payers, employers and consumer groups
- Consortium activities are carried out through cross-specialty work groups

215 Consortium performance measures available for 34 clinical topics or conditions

- 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 stage 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
Understanding the Measures: Construct

Clinical action required for reporting and performance

Eligible cases for a measure (the eligible patient population associated with the numerator)

Access and use of PCPI measures

- Royalty-free permission to reprint and distribute Consortium measures are available to CME providers
- Available at:
  www.physicianconsortium.org
- Worksheets available at:
  http://www.ama-assn.org/ama/pub/category/17493.html

How might assessing pain and functional status in patients with osteoarthritis be utilized for PI-CME?
PI CME Activity:
Patients with Osteoarthritis who have their pain and functional status assessed

- Stage A: Identify gap assessing pain and functional status to determine current performance rate
- Stage B: Implement use of worksheets into practice to identify patients eligible and to screen
- Stage C: Reevaluate success based upon improved performance rates
Stage A: Learning from current practice performance assessment

- Physician reviews all Medicare charts for patients seen for osteoarthritis for one month to determine assessment rate of pain and function
- For PI CME activity, rate is reported as baseline and gap is identified

Completion of Stage A

- Physician analyzes data comparing it to the performance measure
- Physician completes form indicating results of this assessment
Stage B: Learning from the application of PI to patient care

Interventions are put into place

- Incorporate system to place work sheets on chart for each Medicare patient
- Implement a tool for assessing functional status that is completed by patients
- Other interventions that are agreed upon

Completion of Stage B

- Could be based on number of patients seen for osteoarthritis related visits (determined by coding)
- Could be a predetermined time frame, e.g. six months
- Documentation should reflect the interventions that were used for different patients

Stage C: Learning from the evaluation of PI effort

- Re-evaluate and reflect on performance in practice (Stage B) by comparing to the assessment done in Stage A
  - Audit charts for one month
  - Complete questionnaire indicating perception of performance; compare to actual data
- Summarize any practice, process and/or outcome changes that resulted from conducting the PI CME activity
Other considerations for developing this PI CME activity

- Provide physicians with background information including needs assessment, objectives, requirements for completion, time frame
- Physicians can incorporate across a practice
- Rates can be confirmed by participating in PQRI by comparing practice rates vs. Medicare rates

PQRI as a PI CME Project

- Physician commits to participate in PQRI in 2009
- Charts screened in 2008 for performance rate for given intervention (informs measure choices)
- Practice implements intervention using worksheets, alters EMRs or incorporates data collection into practice management system
- Medicare provides report of performance rates post intervention.

PI CME in a Community Hospital

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Performance Improvement Project: Heart Failure

~ Changing practice, changing lives ~

Overall activity objective:
Implement care improvement processes by delivering key components of reliable, evidence-based care guidelines & therapies to patients with heart failure.

About Northern Michigan Regional Hospital

- 243 bed regional referral hospital servicing 22 rural counties
- 180 physician specialists for heart, vascular, neurology, neurosurgery, cancer, orthopaedics, & other medical and surgical specialties
- State-accredited with commendation for 6 years by Michigan State Medical Society
- 279 credits offered in 2007 (4 live activities, 5 regularly scheduled series, and 8 enduring materials)

Needs assessment

- Gaps in practice identified by Vice President of Medical Affairs from hospital administrative data
- Assigned to Internal Medicine Lead and Performance Improvement
- Joint Commission Core Measures
- Evidence-based medicine/best practice literature review – American College Cardiology (ACC)/American Heart Association (AHA) updated Heart Failure (HF) Guidelines 2005
Goals identified

• Develop/revise standard HF order sets based on ACC/AHA Guidelines and Core Measures
• Update HF Discharge Instruction Form
• Increase compliance rate with HF Core Measure Set
• Increase documentation of key care assessments to deliver best practice
• Enroll 50 patients into Health Buddy within six months (home telehealth program for HF)

Goals identified - cont:

• Increase referrals to Card/Pulmonary Rehab, Home Health Care, Hospice, & other
• Decrease patient events – Emergency Department (ED) visits, readmissions, Length of Stay (LOS), Mortality
• Increase quality of life by improvement in Geriatric Depression Scale
• Increase in-patient safety & self management evidenced by Health Buddy Patient Satisfaction pre-post survey.
• Physician/specialty specific compliance reports

Performance metrics

• Admission order set use-90% compliance
• Health Buddy referral rates
• Readmission rates for HF-decrease
• HF mortality rates
• Written discharge instruction use-90%
• Left ventricular systolic (LVSD) assessment
• ACEI/ARB medication for LVSD < 40%
• Smoking cessation counseling
Interdepartmental collaboration
- Administrative assignment
- Multidisciplinary Heart Failure Team established for hospital-wide HF initiative with goals, action plan and timelines
- Edu Spec for CME integrated PI CME into NMRH PI Program
- Edu Spec and Internal Med & Card champions presented project to CME Committee

Tips for engaging physicians
- Identify physician/specialty specific data to be more meaningful & physician driven
- Benchmark (national, local, individual)
- Emphasize improvements as enhancements
- Supports PI credential/certification criteria
- Setting target goals-focus on one or two key indicators
- 1:1 short meetings or memo updates

Barriers to participation
- Resistance to change
- Challenge reliability of data
- Communication of project and results
- Accessibility of project tools (order sets)
- Documentation issues (paper/electronic)
Activity learner objectives

- Evaluate & compare practice patterns
- Develop tools - order sets, forms
- Explain/educate physicians and nurses
- Develop resources – Health Buddy
- Assess and reassess effectiveness of tools

Evidence-based performance measures derived from:

- ACC/AHA Guidelines
- Joint Commission HF Core Measures
- Centers for Medicare/Medicaid Standards
- NMRH HF historical data
- National Hospital Quality Measures

Stage A:
Learning from current practice performance assessment

- Assess current Heart Failure practice using selected measures - core measures
- Review evidence-based resources
- Analyze data – identify gaps
- Document process on organizational PI Project Form
Stage B: Learning from application of PI to patient care

- Create/revise HF order set
- Create/revise HF patient education documentation form
- Create/revise HF discharge instruction form
- Create/select patient education materials

Stage B: Learning from application of PI to patient care

- Approval of project plan & new tools
- Provide physician and colleague education on baseline data, new processes and tools to enhance performance and patient outcomes
- Track metrics for designated time – 6 months

Stage C: Learning from evaluation of the PI effort

- Re-assess core measures
- Compare results with those obtained in Stage A
- Summarize practice, process, and outcome changes for HF
- Make desired changes to continually enhance HF care and outcomes
- Received HF Certification
### HF Project Results

<table>
<thead>
<tr>
<th>Measure</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Discharge Instructions</td>
<td>31%</td>
<td>83%</td>
</tr>
<tr>
<td>ACE medication for LVSD</td>
<td>84%</td>
<td>90%</td>
</tr>
<tr>
<td>Smoking Cessation Counsel</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>HF Care Composite score</td>
<td>44%</td>
<td>92%</td>
</tr>
</tbody>
</table>

### Key learning for other CME providers

- **PI**
  - Identify meaningful data
  - Set reasonable target goals
  - Enlist a physician champion
  - Communication
  - Group results - individual results

- **CME**
  - Integration with PI Plan
  - Longer timelines
  - Collaboration = win/win

### Questions?
Final Thoughts

- PI CME is an opportunity for CME to increase its important role in improving healthcare

- The PI CME learning model is still new - AMA is here to help you as your organization starts into PI CME

Recording of today’s presentation

- Registration for this webinar includes 2 views of the recording/archive

- Access the archived webinar by logging into the same link used to access this live presentation (also use same password)

Resources

- The Physician’s Recognition Award and credit system: Information for accredited providers and physicians 2006 revision www.ama-assn.org/go/prabooklet

- www.ama-assn.org/go/cme

- www.physicianconsortium.org

- www.ama-assn.org/go/cmecppd

- www.cms.hhs.gov/PQRI

- www.qualitymeasures.ahrq.gov
Thank you!