PI-CME: Implementing Performance Improvement CME in Medical Schools

A collaboration of the AAMC and AMA

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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 ‘big picture’ of outcomes oriented CME, of which PI-CME is a component
- Describe the components of a PI CME activity that meet the requirements for AMA PRA Category 1 Credit™
- Identify evidence-based performance measures that can be the basis for a PI CME (or any outcomes-oriented) activity – and find out where they can be found

Objectives – cont.

- Recognize why participation in PI CME activities can add value to physicians and certified CME – today and in the future
- Describe how some medical schools have implemented PI CME activities AND make plans to implement PI CME in your medical school
- Discuss how to encourage and facilitate physician participation in PI CME
- Have a little fun along the way

Outline

- Background
- PI-CME: the AMA working definition and operation of an exciting CME innovation
- Identifying and using performance measures
Right now, how confident are you in planning a PI CME activity?

1) PI-CME? What do you mean? Where do I start??
2) I think I can do this…
3) No problem, I’m ready to start an activity!

What is Performance Improvement CME (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 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 have PI CME and outcomes-oriented 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 (MoC, and MoL)
- Can you think of others?

**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
- Enlist organizational support (CME committee, medical leadership, administration, etc.)
- Explain to your 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

**Requirements to designate AMA PRA Category 1 Credit™ for a 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
10 core requirements for an AMA PRA Category 1 Credit™ CME activity

1) Conforms to definition of CME
2) Appropriate depth and scope for physicians
3) Non-promotional
4) Addresses demonstrated educational need
5) Objectives/purpose communicated

Core requirements (continued)

6) Learning format appropriate to objectives
7) Evaluation mechanism used
8) Includes means to record the actual credits claimed by the physician
9) Designated for credit in advance
10) Appropriate Designation Statement included in activity materials

Structure of a 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, record reviews, or other appropriate data sources
- 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(s) and assessing performance change specific to the physician's patient base

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

- Chart reminders
- Education (on-line, literature review, other)
- Flow sheets, protocols, checklists
- Patient communication
  - postcards, emails, phone calls
- System changes
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

Additional PRA requirements specific to a PI CME activity

(Refer to PRA Booklet, pages 10-11)

1) Designed as a 3-stage learning activity
2) Uses evidence-based performance measures
3) Provides background information on performance measures to physicians
4) Provides clear instructions to learners
5) Validates 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

\[5 + 5 + 5 = 20\]
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

Identifying and Using Performance Measures

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)
**What types of information can be captured from performance measures?**

<table>
<thead>
<tr>
<th>Access</th>
<th>Timely attainment of appropriate health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>Health state of the patient resulting from the care provided</td>
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<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 (eg. nurse/patient ratio)</td>
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</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/qrri](http://www.cms.hhs.gov/qrri)

2) Physician Consortium for Performance Improvement® (PCPI)
   [www.physicianconsortium.org](http://www.physicianconsortium.org)
**National Quality Measures Clearinghouse (NQMC)**
- National repository of evidence-based measures sponsored by Agency for Healthcare Research and Quality (AHRQ)
- Good information that defines measures and how to use measures
- Easy to navigate site provides access to hundreds of measures across many diseases and conditions

**Physician Consortium for Performance Improvement® (PCPI)**
- AMA convened organization governed by multiple stakeholders
- Goal is to lead in the development of performance measures for physicians to improve quality at the point of care and to make clinical guidelines quantifiable
- Comprised of over 100 stakeholders
- Consortium activities are carried out through cross-specialty work groups

**266 PCPI performance measures available for 42 clinical topics or conditions**
- Acute Otitis Externa/Otitis Media with Effusion
- Anesthesia and Critical Care
- Asthma
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Chronic Stable Coronary Artery Disease
- Chronic Wound Care
- Community-acquired Bacterial Pneumonia
- Diabetes-Adult
- Emergency Medicine
- Endoscopy and Polyp Surveillance
- End state renal disease – Adult
- End State Renal Disease - Pediatric
(continued)

<table>
<thead>
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<tbody>
<tr>
<td>Eye care</td>
<td>Osteoarthritis</td>
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<tr>
<td>Gastroesophageal Reflux Disease</td>
<td>Osteoporosis</td>
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<tr>
<td>Geriatrics</td>
<td>Outpatient parenteral</td>
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<tr>
<td>Heart Failure</td>
<td>antimicrobial therapy</td>
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<td>Hematology</td>
<td>Palliative Care</td>
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<td>Hepatitis C</td>
<td>Pathology</td>
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<td>HIV/AIDS</td>
<td>Pediatric Acute Gastroenteritis</td>
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<tr>
<td>Hypertension</td>
<td>Perioperative Care</td>
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<tr>
<td>Major Depressive Disorder – Adult</td>
<td>Prenatal Testing</td>
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<tr>
<td>Major Depressive Disorder – Child and Adolescent</td>
<td>Preventive Care and Screening</td>
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<tr>
<td>Melanoma</td>
<td>Prostate Cancer</td>
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<td>Nuclear medicine</td>
<td>Radiology</td>
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<td>Obstructive Sleep Apnea</td>
<td>Rheumatoid Arthritis</td>
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<td>Oncology</td>
<td>Stroke and Stroke</td>
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<td>Rehabilitation</td>
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<td>Substance Use Disorders</td>
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Access and use of PCPI measures

- Royalty-free permission to reprint and distribute PCPI measures are available to CME providers
- Available at: www.physicianconsortium.org

Questions?

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Using PI CME in Your Medical School: Barriers and facilitators for CME providers

Dave Davis, MD
Association of American Medical Colleges
Reasons for medical schools to consider producing PI CME activities

- Continuum of medical education
- Close (+/-) linkages with hospitals, academic medical centers
- ACP/ABIM/state, other initiatives
- Build relationships with other departments
- Broader role, clout, influence for CME
- Funding

Implementing PI CME in Medical Schools: A Case Study

Lara Zisblatt, MA
Boston University School of Medicine
Continuing Medical Education

The story of a medical school

- Why we want to do PI CME
- How we started PI CME activities
- How we designed our first few activities
- What we learned about PI CME

Bottom Line

How can you get started?
About BUSM
- 13 full time staff members
- Conferences – National and International – 40-50 per year
- Journals – 13,000 certificates per year
- Enduring Materials – 70 at present
- Internet-based CME – 10-20
- Joint Sponsorship – 40 per year
- Regularly Scheduled Series – 50-60 annually
- Performance Improvement CME activities
  - 6 underway, 4 completed

PI CME is enticing!
- Data specifically collected for needs assessment from target audience
- Measurable improvement made
- Data collected again to show outcomes

Goal for all CME activities and essential elements of PI CME

But how did we get started?
Intimidating PI Initiatives

• Hospital-wide initiatives
  • Instituting EMR
  • Improving hand-washing
• State-wide efforts
  • Increase vaccination
  • Smoking cessation

How did we get involved?

• Met with quality improvement department
• Reviewed data from the hospital
• We saw connection between CME and QI, but did anyone else?

MYTHS:
PI CME is easier for medical schools

• Myth: We have access to all this data
• Myth: We work exclusively with closed systems
Medical school CME programs

• RSS: Closed system, but run by departments that may not be willing to share data

• Annual Meeting: Open and diverse audience

How can PI CME be easy?

Is it worth it?

PI CME is new

• QI offices may not see a fit or even know what PI CME is

• Clinicians are only starting to become aware of Part-IV requirements for MoC

Bottom line

• Be the impetus for performance improvement

• You can drive quality

• PI CME activities are worthwhile!
Start small

- ONE department / practice
- ONE measure
- ONE intervention

Models of PI CME activities

- Recruit practices
  - Audit of practice and education happens on-site
  - Providers have access to experts
  - Experts see barriers for each site first-hand
- Healthcare providers from different practices united through an activity:
  - Live meeting, Internet activity, etc.

RSS example: Osteoporosis

- Worked with out-patient adult medicine department affiliated with Boston Medical Campus
- Recruited a physician champion
- 15 participants - all MDs
- Nurses and support staff included in education
ONE Measure
Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older

Description: Percentage of female patients aged 65 years and older who have a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months

From PQRI:

Osteoporosis Performance Improvement Activity

- **Stage A**: Physicians conducted chart review with data collected through EMR

- **3 Educational Sessions**:
  - Reporting of data by a peer
  - Screening, diagnosis and treatment options
  - System barriers to treatment options

Osteoporosis Performance Improvement Activity

- **Stage B**: Creation and Implementation of Action Plan
  - Educational Session facilitated by physician champion
  - Created individually and as a group
  - Reviewed by Osteoporosis expert
  - Implemented after approval
Osteoporosis Performance Improvement Activity

- **Stage B**: Interventions
  - AHRQ Closing the Quality Gap: A Critical Analysis of Quality Improvement
    - Provider reminder systems
    - Facilitated relay of clinical data to providers
    - Audit and feedback – part of PI process
    - Provider education
    - Patient education
    - Promotion of self-management
    - Patient reminders
    - Organizational change

Osteoporosis Performance Improvement Activity

- **Stage C**: Final Chart Review
  - Pull data from chart review and EMR and compare with baseline data from Stage A
  - Educational Session to review the results

Annual Meeting Example: CAD

- 16th Annual Cardiology for the Non-Cardiologist Conference, Cambridge, MA
  - 150 participants attend meeting
  - Performance Improvement Enhancement
    - 12 participants completed Stage A
    - 10 participants submitted Action Plans
    - 4 participants completed Stage C
Measures for CAD:
PQRI Measures
- Anti-platelet Therapy
- Beta-blocker Therapy - Prior MI
- Beta-blocker Therapy - Heart Failure and LVSD
- ACE inhibitor or ARB Therapy
- Diabetes and/or LVSD
- Drug Therapy for Lowering LDL-C
- Smoking Intervention
- Diabetes Screening: Increase percentage of patients screened for diabetes.
- Lipid Profile

Coronary Artery Disease
PI CME Activity
Stage A:
- 10-15 charts reviewed and analyzed
- Attend CME conference
  - Data mentioned as needs assessment
  - Clinical and practical recommendations given by faculty
- Feedback form that lists for each measure:
  - His/her aggregate data
  - An aggregate of all participants’ data
  - Benchmarks based on guidelines

Coronary Artery Disease
PI CME Activity
Stage B:
- Individualized Action Plan form completed and reviewed by expert
- Plan is implemented after approval

Stage C:
- 10-15 different charts are reviewed 3-6 months after plan was implemented
What We have learned

- PI CME is high touch
  - Requires a lot of time with participants coaching them through the process
- Your participants need to start small too
  - How many charts really need to be reviewed to see a pattern
  - Think about only using one measure
  - Interventions can be about implementing small changes that go a long way

You Can Do It!

- Be the driver
- Start small
- Use good relationships

Questions?

AAMC Resources

Getting your medical school CME unit started – some ideas

- The planning committee conversation
- Mission-related stuff – the CME committee, leadership discussion
- Discussions with depart chairs, program directors, program chairs
- Communicating more broadly...
- Speakers for rounds, other promotional activities

www.aamc.org/cme
AAMC Web Resources

Continuing Education & Performance Improvement

Research in CE, PI & KT
Questions?

Now, how confident are you in planning a PI CME activity?

1) PI-CME? What do you mean? Where do I start??

2) I think I can do this…

3) No problem, I’m ready to start an activity!

AMA 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
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
- If you are interested in being part of a community of practice related to PI CME, please indicate this on your evaluation form

Thank you!