

### Background

- Beginning in 2013, the Health Care Reform policy called Pay for Performance (P4P) will begin voluntary reporting on quality measures.<sup>1</sup>
- Utilization of various HCP's for collaborative care is becoming more prominent in multiple health care establishments.<sup>2</sup>
- CME providers are engaging these changes to the healthcare landscape by targeting more evidence based (EB) quality improvement measures and professional development topics.<sup>4</sup>
- These efforts will be analyzed to determine if CME activities can add value to HCP's performance and improve the care of their patients.

### Objective

- A qualitative literature review of PI-CME to determine the effectiveness in changing HCP's practice behavior and improving patient outcomes.
- A quantitative assessment of HCP's thoughts on the value of PI-CME programs compared to traditional CME programs.

### Methods

- A 25 question **on-line survey** distributed and analyzed by a market research vendor.
- Target population:**
  - Market research will randomly select several hundred US licensed HCP's from each Health Care discipline:
    - Pharmacists, Physicians, Physician Assistants (PA), Nurse Practitioners and Nurses
- Survey participants information will remain confidential and anonymous
- Survey period:** Jan-Feb 2013

### References

- Health Reform: A Yearly Timeline. The Remington Report. 32(1): 1-6. Jan 2011.**
- Miller BF, et al.; A National Agenda for Research. AHRQ Publication No. 11-0067. Rockville MD.: Jul 2011.**
- Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes. Cochrane Database Syst Rev.;(3):CD000072. Jul 2009.**
- Kahn N, et al.; Performance improvement CME: Core of the new CME. CPPD Report. 22 (2)1-5. Spring 2007.**
- Teaching performance improvement: an opportunity for continuing medical education. J Contin Educ Health Prof. ; 23 Suppl 1:S34-52: Apr 2003.**
- Does CME work? An analysis of the effect of educational activities on physician performance or health care outcomes. Int J Psychiatry Med. 28(1):21-39. 1998.**

### Methods

#### Design:

##### ❖ Retrospective Literature Review

Identifying studies using PI-CME activities in a clinical care setting.

##### Inclusion:

- Search using like terms "Performance or Quality Improvement" and "Continuing Medical Education"
- Articles published 1972-2012

##### Exclusion:

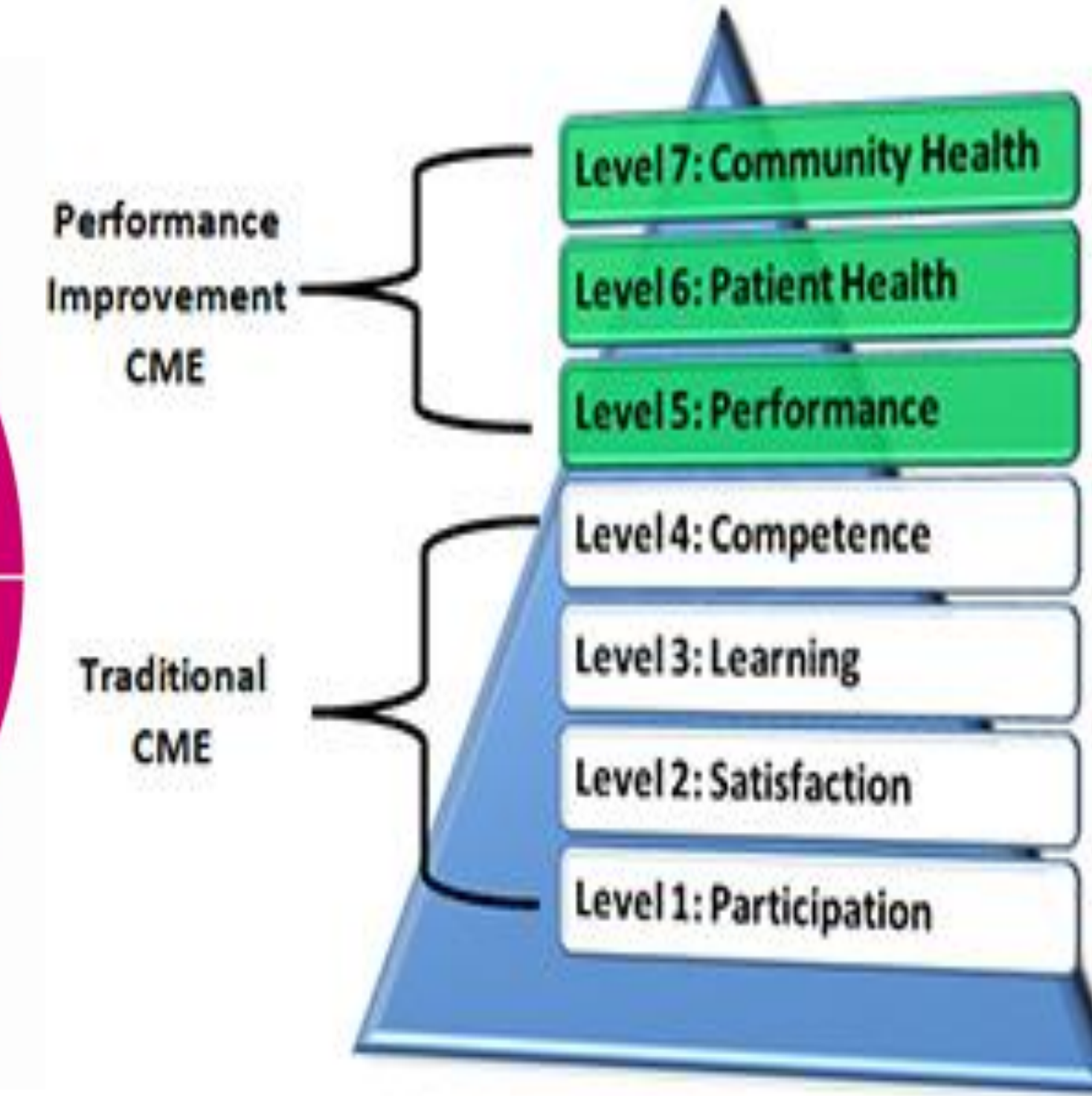
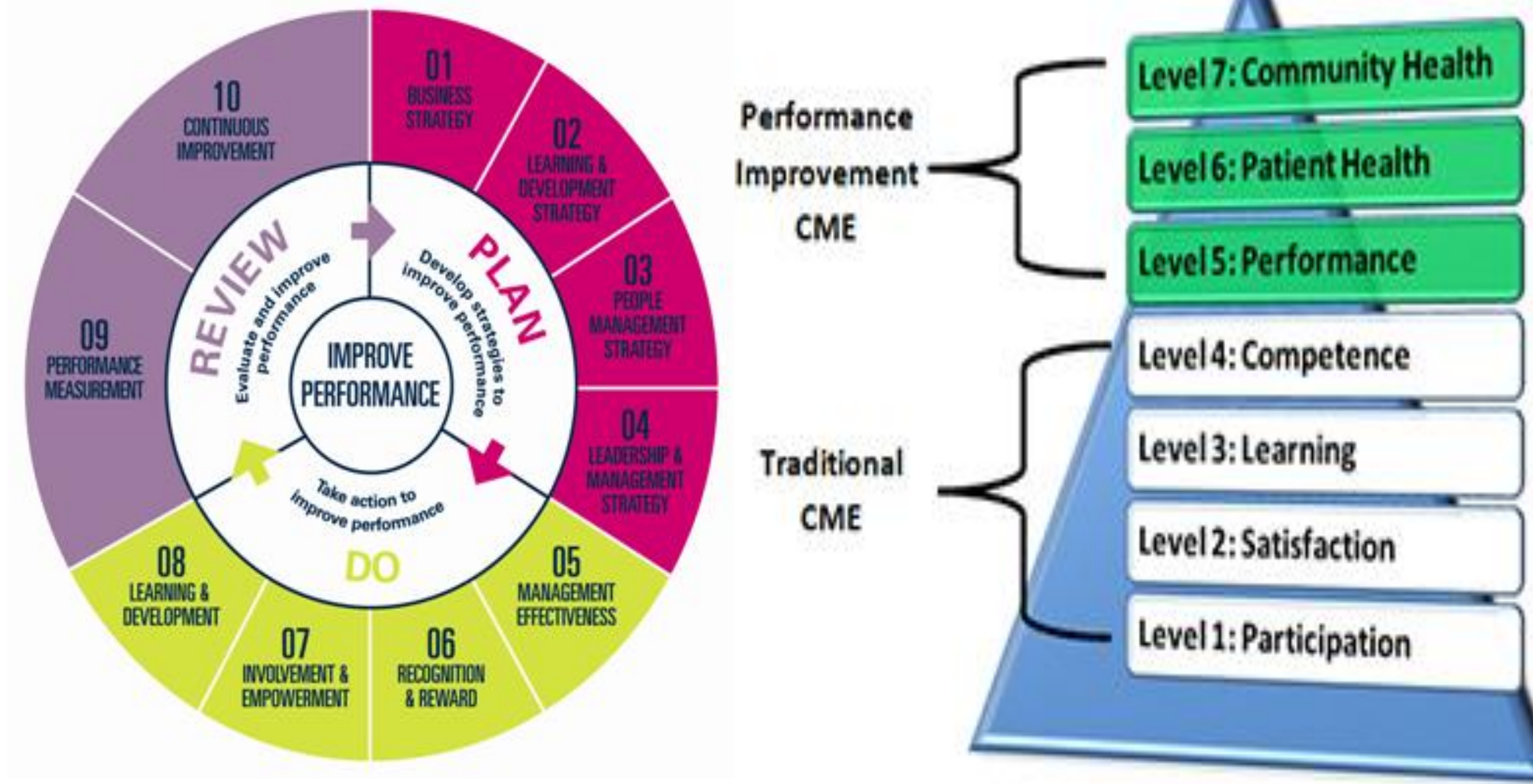
- Not clinically related to patient care

##### ❖ Prospective Questionnaire Survey

Analyzing thoughts of various HCP's practicing in patient care setting.

Subjective assessment of:

- CME experience, barriers and potential opportunities with using CME activities to enhance performance.



### Discussion

- Performance-Improvement Continuing Medical Education is a 3 stage learning model approved by AMA in 2004:<sup>4</sup>
  - 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 efforts
- P4P program plans are providing incentives and bonuses to Providers who demonstrate improvements in clinical performance measures.<sup>1</sup>
- Up to 20 AMA PRA credits can be awarded for completion of all three PI-CME components.<sup>4</sup>
- PI-CME activity can help generate evidence based data to create national recognized guidelines for Therapeutic Areas difficult to standardize. Ie. Oncology
- PI-CME activities have shown a decrease in medical errors and preventable hospital deaths.<sup>6</sup>
- The AMA considers PI-CME learning models the "New CME".<sup>4</sup>
- PI-CME studies reports 3 phase model has greater success in maintaining long-term performance compared to Traditional CME.<sup>3</sup>

### Limitations

- Identifying which component(s) are responsible for change in practice behavior is challenging to assess.
- Patient adherence or compliance towards regular clinical testing, diet and medication use, could impact their overall health outcomes.
- Substantial or generalized conclusion can not be drawn for all practice or specialty settings due to individual barriers that exist.

### Literature Conclusions

- In the literature review, 12/12 articles reported respectable changes in core clinical competences compared to traditional CME one-phase program models.
- Challenges with maintaining practice behavior and patient health outcomes
- Most effective PI-CME intervention method used was EB clinical simulation
- Additional research is needed to further assess participant's behavior, content, technique, and degree of patient exposure to draw definitive conclusions

### Disclosure

- Author associated with this study is a paid employee of Rutgers, The State University in New Jersey.
- \*\* = Author and Rutgers State University paid employee/BMS Fellow
- \* = co-author and Rutgers State University paid employee
- ‡ = co-author and Bristol-Myers Squibb paid employee

### Proposed Survey

#### Demographic Information

- Which general medical discipline are you licensed to practice?
- Pharmacist
  - Medical Physician
  - Physician Assistant
  - Nurse Practitioner
  - Nurse

How long have you practiced in the medical field?

- Less than 1 year
- 1-5 Years
- 5-10 Years
- 10-20 Years
- Greater than 20 years

In which setting do you currently practice?

- Hospital
- Primary Care or Outpatient
- Specialty Practice
- Retail based
- Office-based

Have you participated in CME activities in the last 6 months?

- Yes
- No

Have you heard of Performance Improvement Continuing Medical Education (PI-CME)?

- Yes
- No

Have you ever participated in a PI-CME activity?

- Yes
- No

#### Traditional Continuing Medical Education (CME)

Do you feel CME or CE activities attended in the past are effective in maintaining your clinical knowledge?

- Definitely
- Somewhat
- Not at all
- Optional: give a brief explanation why? \_\_\_\_\_

Select the most common reason which justifies why you wouldn't participate in a CME activity?

- Location or time not convenient for schedule
- CME event too expensive
- Difficult to find activities related to clinical practice
- CME/CE activity(s) not engaging and/or effective in increasing knowledge
- CME activities are too general and lack specific focus or detail

Select the type of CME method most effective for you when attempting to decrease education gaps related to your clinical practice?

- Live Lecture
- Satellite lecture
- interactive Internet based
- Radio/Pod cast
- Printed/enduring material(s)

Select two education barriers limiting your performance in the practice setting? Choose TWO that apply.

- Limited clinical references
- Broken or malfunctioning equipment ie. computer,
- Difficult to stay current on EBM articles ie. Journal clubs
- Complex guidelines
- Not sure how to find reputable clinical resources
- Clinical references time consuming to navigate
- To many updates flooding inbox to keep up

#### Performance Improvement Continuous Medical Education Assessment (PI-CME/CE)

Does your clinical practice have a performance assessment system in place to regularly assess your performance?

- Yes
- No

Have you notice an improvement in your patients outcomes after participating in a PI-CME program?

- Yes
- No
- N/A

Have you notice an improvement in your performance after participating in a PI-CME program?

- Yes
- No
- N/A

How likely are you to participate in PI-CME activities in the future with the goal of improving education gaps and patient health outcomes?

- Definitely
- Somewhat
- Not at all

How likely are you to participate in a PI-CME program designed specifically for you to decrease performance gaps?

- Definitely
- Somewhat
- Not at all
- Optional: give a brief explanation why? \_\_\_\_\_