

QUALITY IMPROVEMENT/CME SYNERGIES

8TH ANNUAL MAACME MEETING NOVEMBER 2018

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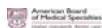
DISCLOSURES



- Paid Senior Staff, ABMS
- Member, AAMC Integrating Quality Steering Committee
- Past-chair, AAMC CPD section of GEA
- No relationships with ACCME-defined commercial interests



Your organization is working toward ACO (Accountable Care Organization) status. Physicians and other clinicians are worried about the additional requirements they will be asked to meet, including demonstrating efforts toward quality improvement. A physician on your CME committee asks, "Isn't our CME the same as quality improvement?"



QUALITY AND QUALITY IMPROVEMENT

- **Quality:** "...the degree to which health services for individuals & populations increase the likelihood of desired health outcomes & are consistent with current professional knowledge." (NAM; The Joint Commission)
- **Quality Improvement:** "...consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups." (Health Services Research Administration)



C(M)E AND QI

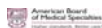
- CE is a form of education activities which focuses on maintaining and improving the knowledge, performance and professional development of licensed physicians and health care professionals
- QI aims to improve processes and outcomes of health care by making health care services more efficient and effective.

Kitto, 2011



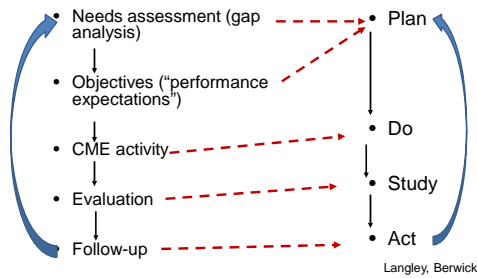
CONTROVERSIAL STATEMENT #1

- CME is not QI
 - But it can be an important part
 - Each is better with the other
- Telling individuals in your organization that CME is QI is a great way to alienate the people you need to work with
- How would you feel if the QI folks said they do CME?



CME & SOME FORMS OF QI ARE RELATED

Price D, Medical Teacher 2005 (updated 2011)



Langley, Berwick



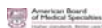
QI IS A DISCIPLINE

- Defined metrics
- Meaningful sampling and gathering of data
- Benchmarking
- Conducting a root cause analysis
- Specific aim statement (population, baseline, target, timeframe)
- Specific, contextual interventions
- Rigorous methodology
- Repeated measuring and specific analytic techniques
- Ongoing adjustments
- Sustainability/maintenance and spread



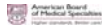
SOME DIFFERENT QI FRAMEWORKS (IT'S NOT JUST PDSA)

- Repeated PDSA/PDCA (IHI Model for Improvement)
- Lean
- A3 (Clarify, Breakdown, Set Target, Analyze Root Cause, Develop/Implement countermeasure, Monitor, Standardize/share)
- Six Sigma/DMAIC (Define, Measure Analyze, Implement, Control)
- IDOV (Identify, Design, Optimize and Validate)
- DMADV (Define, Measure, Analyze, Design, Verify)
- RADAR (Results, Approach, Deploy, Assess and Refine)

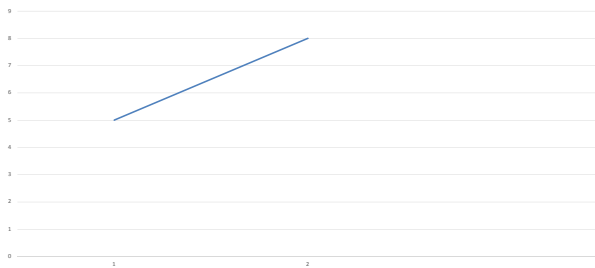


CONTROVERSIAL STATEMENT #2

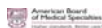
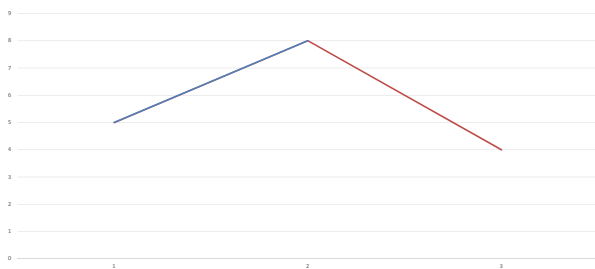
- PICME is not the same as QI
 - But it is a start....
- QI is not a science project
- QI is not one-and-done



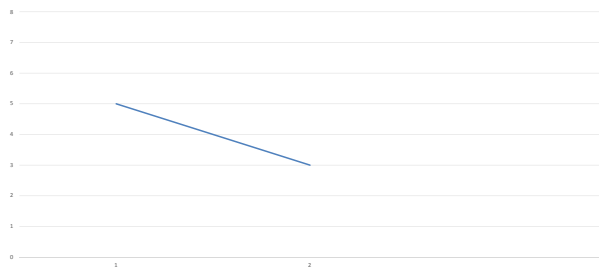
IS THIS IMPROVEMENT?



HOW ABOUT NOW?

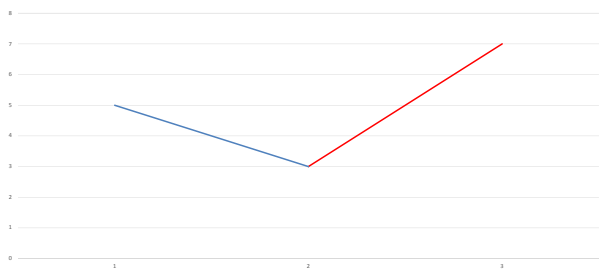


IS THIS IMPROVEMENT?



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HOW ABOUT NOW?



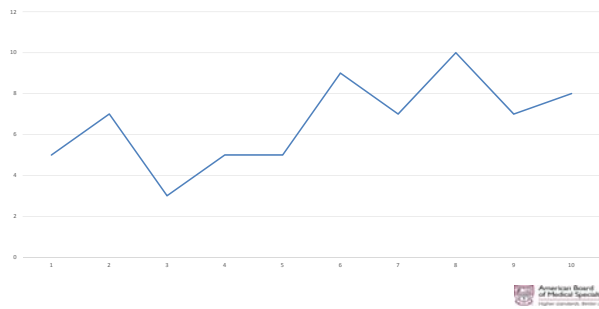
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DID QUALITY IMPROVE?



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DID QUALITY IMPROVE?

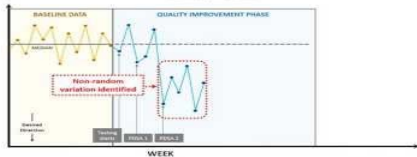


THIS IS QUALITY IMPROVEMENT.....



Run Chart Animation

(Produced by Front Alarm)



CLINICIANS SHOULD (BUT MAY NOT) RELATE TO QI

1) What are you trying to improve in your practice (or make better for your patients)?	Screening/prevention or H&P
2) Pick your data (from what you already are gathering)	Ordering a test or procedure
3) Where are you starting from? What is (are) your baseline measures?	Baseline lab/test results
4) What is your goal - improve by how much and by when?	Using established treatment goals

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CLINICIANS SHOULD (BUT MAY NOT) RELATE TO QI

5) What did you do to try to improve?	Developing tx plan
6) How did it work?	Evaluating initial tx
a) What is follow-up data?	
b) What worked well?	
c) What didn't work so well?	
7) What did you do to try to improve more, or sustain initial improvement?	Adjust or continue tx
8) How did it work?	Evaluating f/u tx or long term monitoring for stability
9) What next?	Apply to other pts.

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MY JOURNEY IN CME AT KP (1997-2015)



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WHY CE EXISTS IN KP

- “Strategic enabler of organizational improvement & clinician professional development” (CPMG Dept of Education Mission Statement)
- Support implementation efforts
- Support leadership development
- “Tool in the toolbox” to help improve practice
- “To be a good CE Director, you have to be an organizational yenta”
 - BUT APPROACH FROM THEIR FRAME OF REFERENCE

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KEYS TO SUCCESSFUL COLLABORATION

- Shared common goals
- Commitment from leadership champions
- Defined roles & responsibilities
- Leverage, support and collaborate, don't duplicate
- Start from frame of reference of your QI folks
 - Problems they want to solve
 - Their language

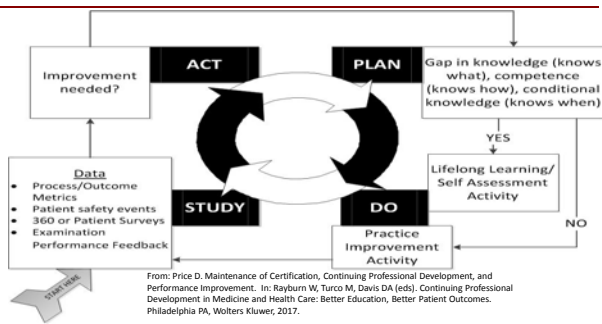


KEYS TO SUCCESSFUL COLLABORATION

- Collective intelligence and perspectives of a team
- Effective communication
- Be persistent



AN INTEGRATED CYCLE OF THE COMPONENTS OF CONTINUING CERTIFICATION



-
- Your successes
 - Your challenges



TAKE HOME POINTS

- QI and CME are related but distinct
- QI is not one and done
 - Managing chronic disease, not treating strep throat or doing an appendectomy
- Collaborate* don't replicate and don't compete
 - *from their frame of reference



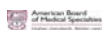
Knowing is not enough;
we must apply. Willing
is not enough; we must
do.



"A little knowledge
that acts is worth
infinitely more
than much
knowledge that is
idle."

Khalil Gibran

GeniusQuotes.net



Ask not what QI can
do for CME,
Ask not how CME
can do QI
Ask what CME can
do to help QI



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“Leadership is the art of getting someone else
to do something you want done because (s)he
wants to do it.”

- Dwight D. Eisenhower

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