Maximizing the Benefits of Collaboration in the Development of an Effective PI CME Initiative

Linking Education and Quality Improvement

Nancy Davis, PhD  
Executive Director  
NIQIE

Simone Karp RPh  
Chief Business Officer  
CECity

Mila Kostic  
Director of CME  
University of Pennsylvania School of Medicine
Disclosures

- Mila, Nancy and Simone have no relevant relationships with commercial supporters to disclose.

- Nancy and Simone have an interest in selling a technology and/or product or service to CME professionals but are not here to do that.

- This educational initiative is supported by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.
Educational Objectives

At the conclusion of this session you should be able to:

- Describe how to link CME to quality improvement in healthcare delivery systems;
- Discuss selection of performance measures as a critical step in CQI efforts;
- Review effective use of technology to enable uniformity in data collection and reporting across diverse groups of providers;
- Demonstrate application of CME performance improvement platforms in assisting clinicians with requirements for CQI from professional boards, state, and federal funding agencies.
What type of organization do you represent?

- Academic Provider
- MECC Provider
- Medical Association or Society Provider
- Hospital or Health System
- Government
- Health Quality Improvement Group
- Commercial Supporter
- Technology Group
- Outcomes Provider
- Other________________
Question

Has your organization, or have you as an individual collaborated with other organizations in developing QI/PI CME activities or initiatives?
Linking Education and Quality Improvement

Mila Kostic
Director,
Continuing Medical Education
University of Pennsylvania
School of Medicine
Linking Education and Quality Improvement: Call for Action

- Focus on healthcare quality improvement and patient safety
  - IOM reports: 98,000 deaths due to medical errors\(^1\)
  - Rising healthcare costs: one-third of healthcare dollars spent on waste and annual cost of poor quality per covered employee is $2,000\(^2\)
  - Rand report: only 55% of recommended care delivered\(^3\)

Linking Education and Quality Improvement: Call for Action

- IOM – Six Goals for Improvement
  - **Safe**: Avoid injuries to patients from the care that is intended to help them.
  - **Effective**: Match care to science; avoid overuse of ineffective care and underuse of effective care.
  - **Patient-Centered**: Honor the individual and respect choice.
  - **Timely**: Reduce waiting for both patients and those who give care.
  - **Efficient**: Reduce waste.
  - **Equitable**: Close racial and ethnic gaps in health status.

Linking Education and Quality Improvement: Call for Action

  - 4-part process
    - II Lifelong Learning And Self assessment
    - IV Practice Performance Assessment
  - ABMS/ACGME 6 core competences
    - Patient Care
    - Practice-based Learning and Improvement
- AAMC
  - Focus on pt. safety and quality improvement
- ACCME
  - New Accreditation Criteria
  - CME as Bridge to Healthcare Quality
Shifting the Focus of CME to Quality of Care

- New ACCME Accreditation Criteria—CME to Support
  - Lifelong Learning and Self-assessment (MOC Part 2)
  - Support Practice Performance Assessment (MOC Part 4)
  - Foster **Collaboration** to Address Quality Improvement¹
    - Identifying and overcoming barriers to improved care
    - Rewarding innovation and interaction to provide outreach, education and coordination for improvement in healthcare delivery
    - Promoting interdisciplinary team practice/systems education

1. CME as a Bridge to Quality, ACCME 2008
Shifting the Focus of CME to Clinical Practice

- Designing education that is
  - **Addressing** actual **needs** based on **gaps in performance** and specific to:
    - Clinicians’ knowledge, competence, performance
  - Developed to **change and measure the change** in:
    - Clinicians’ competence, performance, patient outcomes
Definition of Quality of Care

- Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with the current professional knowledge.

Lohr KN. IOM Committee to Design a Strategy for Quality Review and Assurance in Medicare. 1990.
Healthcare Quality Improvement

- QI Models
  - Deming’s Plan–Do–Study–Act cycle
  - Baldrige’s Health Care Quality Criteria/National Quality Program
  - IHI Breakthrough Series Model
  - Lean Thinking/Toyota
  - Six Sigma/Reduce variation/5 steps
Quality Measurement

Measuring overall compliance with a guideline or standard

- Adherence to clinical guidelines
  - Process Measures: is the clinician/practice in compliance?
  - Outcomes Measures: are patient outcomes in compliance?
Performance Measures

Process measures—clinician’s control
Ordering CD4 cell count test every 4 months to monitor HIV-positive patients

Assume process will have eventual effect on outcomes

Outcomes measures—actual patient outcomes that depend on action outside the clinician’s control
Maintaining CD4 cell count in normal limits
Sources of Performance Measures

- CMS–PQRI, P4P
- Specialty societies
- Health plans
- AMA Physician Consortium for Performance Improvement
- NCQA
- Joint Commission
- AQA Alliance

National Quality Measures Clearinghouse
www.qualitymeasures.ahrq.gov
Sources of Healthcare Quality Data

- Medical Records Review (retrospective—after care)
- Medical Records Review (prospective—during care)
- Administrative Databases
- Patient Surveys
- Health Plan Databases
- Patient Registries
Before you start PI CME remember…..

- All Healthcare Quality Improvement is Local
  - Access to local data
- Integration of local processes with national standards, guidelines, benchmarks, priorities
- Variety of effective interventions to address variety of individual needs
- Flexibility of PI process to allow for individualized improvement pathways
Key Barriers to Integration of QI and CME

- Lack of adequately trained CME/QI professionals
- Institutional, regional, national funding and resources
- Lack of emphasis on culture of quality improvement in health care
- Technology limitations
- Physicians’ lack of understanding of QI concepts and the value
  - How to critically assess one’s practice
  - How to overcome practice–systems issues
  - Risk/benefit assessment
    - Who owns the data, access to data
    - Time and effort invested
    - Transferability of data
The Pennsylvania Project –
A Statewide QI Initiative in HIV/AIDS

Our Project Example
Complex Collaborative Model

- **Collaborators**
  - **Academic CME Provider:** U of Penn SOM CME
  - **Fiscal Agent for PA HRSA grant recipients:** Jewish Healthcare Foundation
  - **Government:** PA State Department of Health
  - **QI Experts:** NIQIE, HIVQUAL
  - **Participating AIDS Service Organizations (ASOs)**
  - **Technology Partner:** CECity.com, Inc.
  - **CE Provider:** Creative Educational Concepts
HRSA Grants Awarded Through the Ryan White CARE Act of 1990

- Funded services embrace Wagner’s Chronic Care Model (CCM)
  - Self–Management
  - Decision Support
  - Delivery System Design
  - Clinical Information System
  - Organization of Health Care
  - Community
Quality Management and the Ryan White Care Act – Robust QI Mandated

- Remaining challenges:
  - patient access to equal level of care
  - constantly evolving standard of care
  - need for complex and individualized care management
  - broadening geographic reach of the HIV epidemic
  - increasing number of persons with HIV have co-morbidities
Quality Management Programs Overwhelming for Many AIDS Service Organizations (ASOs)

- A statewide needs assessment was conducted by the PA State Department of Health’s Quality Management Committee in July 2007.
- Primary finding was the lack of a standardized data collection process
  - Underuse of technology, both absent and existing
  - Understaffed/underfunded ASOs
Quality Management Program Goals

- Support development of higher quality care for people living with HIV/AIDS
- Identify priority needs and client populations
- Support effective program management
- Demonstrate program value quantitatively by linking outputs (amounts of services provided) to outcomes (results)
- Identify and justify critical program activities and resources required to meet needs, and
- Enable local HIV service delivery networks and providers to perform better and to function as a system.
Project Design

1. Assess performance in practice using
   - Identified EB quality indicators
   - Integrate clinical and non-clinical support services providers

2. Link to Performance Improvement pathways including
   - Certified CME/CE
     - 2 Interactive case-based modules
     - 2 Interactive case-manager specific modules
   - Other OCME-reviewed/approved online CME
   - Non-certified EB resources and tools
   - Links to QI-specific educational modules
Project Design

3. Re-Measure performance using:
   - The same pre-identified EB quality indicators
   - Same self-assessment survey
   - Provide feedback to learners and organizations
   - Reflect on PI process
   - Award 20 AMA PRA Category 1 Credits™

4. Users re-enter the new PI cycle with each quarterly data measurement, (no credit awarded)
Identifying Clinical Performance Measures to be Used in Practice Assessment

- HRSA’s HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients
<table>
<thead>
<tr>
<th>ELEMENT OF HIV CARE</th>
<th>QUALITY OF CARE INDICATORS</th>
<th>WHO WILL REPORT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV monitoring</td>
<td>Percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed in the measurement year</td>
<td>X</td>
</tr>
<tr>
<td>HIV monitoring</td>
<td>Viral load testing done within 3 to 4 months of the most recent visit</td>
<td></td>
</tr>
<tr>
<td>Antiretroviral therapy</td>
<td>Percentage of clients with AIDS who are prescribed HAART</td>
<td>X</td>
</tr>
<tr>
<td>OI prophylaxis</td>
<td>Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm3 who were prescribed PCP prophylaxis</td>
<td>X</td>
</tr>
<tr>
<td>Obstetric care</td>
<td>Percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy during the 2nd and 3rd trimester</td>
<td>X</td>
</tr>
<tr>
<td>Coordination of care</td>
<td>Percentage of clients with HIV infection who had 2 or more medical visits in an HIV care setting in the measurement year</td>
<td>X</td>
</tr>
<tr>
<td>Organization Quality Program</td>
<td>Assessment of Organization’s quality management program</td>
<td>X X X</td>
</tr>
<tr>
<td>Case manager training</td>
<td>All case managers receive state required training</td>
<td>X X</td>
</tr>
<tr>
<td>Mental health assessments</td>
<td>All clients have documented mental health assessment and history</td>
<td>X X</td>
</tr>
<tr>
<td>Substance abuse assessments</td>
<td>All clients have documented substance abuse assessment and history</td>
<td>X X</td>
</tr>
<tr>
<td>Retention in Care</td>
<td>Percentage of clients with HIV infection whose records indicate retention in care</td>
<td>X X X</td>
</tr>
</tbody>
</table>
Performance Measures, (cont’d)

Challenge: availability of uniformed data across all providers:
- Medical providers will report on 10 out of 11 indicators
- Case managers will report on 5 indicators
- All other Part B providers (service providers) will only report on 3 indicators
User Experience

Nancy Davis, PhD
Executive Director
National Institute for Quality Improvement and Education (NIQIE)
PA HIV Initiative Home Page

What is the PA HIV Initiative?

The Pennsylvania Statewide HIV/AIDS Quality Improvement Initiative is a collaborative of the University of Pennsylvania School of Medicine Office of Continuing Medical Education, the Pennsylvania State Department of Health, the Jewish Healthcare Foundation, The National Institute of Quality Improvement and Education and Creative Educational Concepts. The initiative is designed to improve the management of patients with HIV/AIDS through AIDS Service Organizations (ASO) in the state of Pennsylvania.

The Performance Improvement Initiative

More than a CME/CE activity, this initiative is intended to serve as a comprehensive practice improvement program. Using evidence-based performance measures, a quality improvement approach will be utilized with practice data collected and analyzed. Based on quality gaps, specific interventions will be recommended followed by re-assessment of practice. Interventions include education, quality improvement tools and web-based resources to improve practice.

Users Login to their Own Personal Account
Performance Assessment and Improvement Monitor

Performance Improvement Module Home Page

3 Stages of PI/CME

<table>
<thead>
<tr>
<th>STEP</th>
<th>STATUS</th>
<th>REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage A - Data Collection</td>
<td>complete</td>
<td></td>
</tr>
<tr>
<td>Overview</td>
<td>complete</td>
<td></td>
</tr>
<tr>
<td>Organizational Assessment</td>
<td>complete</td>
<td>35 of 35 collected</td>
</tr>
<tr>
<td>Review Results</td>
<td>complete</td>
<td></td>
</tr>
<tr>
<td>Claim Credit</td>
<td>complete</td>
<td></td>
</tr>
<tr>
<td>Stage B - Improvement Plan</td>
<td>complete</td>
<td></td>
</tr>
<tr>
<td>Develop Improvement Plan</td>
<td>complete</td>
<td>3 months</td>
</tr>
<tr>
<td>Implement Improvement Plan</td>
<td>complete</td>
<td>5 credits awarded</td>
</tr>
<tr>
<td>Claim Credit</td>
<td>complete</td>
<td></td>
</tr>
<tr>
<td>Stage C - Follow Up</td>
<td>complete</td>
<td></td>
</tr>
<tr>
<td>Self Assessment</td>
<td>complete</td>
<td></td>
</tr>
</tbody>
</table>
PA HIV Initiative

PI Module:

- Shows Continuous Performance Monitor
- Shows Performance Over Time, Versus Peers, Benchmarks, Goals
- Links to Interventions
Performance Improvement Pathways

- Multiple learners associated with organizational Performance Improvement
  - Combination of individualized and group performance improvement pathways based on standardized entry assessment tool administered to individuals and initial patient data collection:
  - QI–specific educational modules
  - Certified CME/CE
    - 2 interactive case-based modules
    - Other OCME–reviewed/approved online CME
  - Non–certified EB resources and tools
- Users Linked to Performance Improvement Pathways
- Users Build Action Plan of Interventions for Improvement
CME Activities – Developed as Interventions for the PI–CME

Content for the CME Activity Built to Close the Gaps. Measures = Learning Objectives

HIV Infection and AIDS

INTRODUCTION
Healthcare Quality Improvement: A Primer
Nancy Davis, PhD

OVERVIEW
Pennsylvania HIV Quality Improvement
Margaret Palumbo, MPH

ACTIVITY
Improving the Delivery of Care to Patients with HIV/AIDS
Pablo Tebas, MD

CASE MANAGER MODULE
QI – Case Management
Margaret Palumbo, MPH and David Spring

ACTIVITY PRINTABLE PDF
Users see Progress in their Action Plan
Technology

Simone Karp R.Ph.
Chief Business Officer
CECity
Collection and Organization of Data

- Necessity for Ease of Data Collection and Uniformity of Assessment
  - Use of technology that allows for extraction and import from large data sets of existing data already reported to the State via the CareWare system
  - One point of data entry per organization
    - Multiple learners associated with organizational PI
Data Collection Process Steps

1. Agency:
   - Staff Enters Patient Data Into *Careware*™ System
   - Run Report (4.1) or Export (3.6)
   - Provide Data To Fiscal Agent

2. Fiscal Agent:
   - Upload Data To *Lifetime*™ System
   - Receive and De-Identify Data If Necessary

3. Technology Platform:
   - Validate and Aggregate Data
   - Present Data to Users at Agency/Provider
## Report and Data Access Levels

<table>
<thead>
<tr>
<th>Aggregation</th>
<th>Type of Data</th>
<th>Accredited Provider</th>
<th>Agency</th>
<th>Fiscal Agent</th>
<th>PA Department of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency/Provider Summary</td>
<td>Quality Measure and Intervention Access</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Individual Region Summary</td>
<td>Quality Measure and Intervention Access</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>All Regions Summary</td>
<td>Quality Measure and Intervention Access</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>State Summary</td>
<td>Quality Measure and Intervention Access</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Resources: Performance Measures

Discussion and Questions
Thank You!