

PATIENT INVOLVEMENT IN CME AND QUALITY

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Disclosure

**THE PRESENTER DOES
NOT HAVE ANY RELEVANT
RELATIONSHIPS WITH
INDUSTRY TO DISCLOSE**

Definitions

- Volunteer Patient – Unpaid or paid individual who agrees to participate in structured teaching, training or research typically with medical students and physicians. May or may not have condition or disease
- Standardized Patient - an individual who is trained to act as a real patient in order to simulate a set of symptoms or problems (Google Dictionary).
- Patient involvement – volunteering or active participation with physician, health care team, researchers to improve physician skills or care of patient

Definitions

- Simulation – Usually a planned learning activity that enables learners to try something without fear of harm to subjects or self in a controlled environment
- HIPAA – Health Insurance, Portability and Accountability Act – You may need signed patient permission for involvement
- IRB - institutional review board. The IRB consists of medical specialists, statisticians, social workers and medical ethicists. Advocate for the volunteer subject. Research using living subjects must be preapproved by an IRB. You may need IRB approval before you start a CME program using patient involvement

Where CME Meets Research and Patient Care (21st Annual Conference - Balmer/Kues)

- Are you examining patient care data as part of your gap analysis?
- How many of you have seen data for individual patients?
 - ...through chart audits
 - ...through physician-supplied information
- Are you conducting outcomes studies involving individual learners?
- Are you examining the outcome of your education activities or programs at the patient care level?
- Are you talking with patients as part of your gap analysis?

Patient Involvement in CME

	Patient Data	Standardized or Volunteer Involvement	Systems Approach / Outcomes
IRB	No	MAYBE	√√
HIPPA	MAYBE	MAYBE	√√
Patient Training	No	√√	√√
Physician CME	√√	√√	√√
Outcomes Measured	√√	√√	√√

Patient Data – You Don't Control Data

- To determine Gap Analysis
 - **Where do you get it?**
- To determine change in performance
 - **How powerful is the data in determining outcomes?**
- To develop CME programs coupled with outcome measurements
 - **Can you track it?**

Patient Data – You Control the Data

- To determine a research question
- To determine a gap analysis
- To determine a change in performance
- To develop CME programs coupled with outcomes measurements
- Your QA program may produce change without intervention

Volunteer Patients

- Typically are real patients who are asked to or seek to participate
- Patient family members and friends
- Colleagues, friends and family
- Can be anyone as long as they sign agreements, HIPAA, etc.

Standardized Patients

- Needs assessment in CME has been enhanced by the use of standardized patients
- Healthy subjects who are trained to accurately and consistently present a particular medical case, or actual patients trained to present his or her own illness in a standardized way
- Valid and reliable method of assessing physician performance and can be helpful in CME
- Particularly useful method if the objective is to focus on the interaction between patients and doctors.

Benefits of Standardized / Volunteer Patient Involvement

- How to Diagnose
- How to Perform (skill or procedure)
- How to Communicate
- Research
- Self Evaluation
- Patient Outcomes

Quality Outcomes with Patient Involvement in CME

- Using living subjects enhances learning environment
- Feedback opportunities to learner
- Planned evaluation and self -assessment opportunities with reflection
- QI coupled with training is a powerful tool

Barriers – Planning Patient Involvement

- Finding patients volunteers
- HIPAA laws / IRB Approval
- Finding a location to do the CME
- Training patient volunteers
- Equipment (videotaping/self-assessment)
- Costs
- Planning complex schedules
- Evaluation and reviews panels

Barriers – During/Post CME Activity

- Student/Physician Buy-In to process
- Trust building between Health Professional and Patients involved
- Technical problems
- Flexibility and need to adapt as you progress
- Keeping on schedule
- Feedback and distributing evaluative info

Patient Involvement and Impact on Outcomes

- Patient – Physician interactions that are enhanced by CME activity in concert with clinical care
- Systems approach to delivery of care which includes more than appointment
 - Environment (people, place, time)
 - Education

Patient Involvement in their Care

- Patient choices increase ability to impact their own care
 - School bus driver who would not take drugs because of safety issues
 - Age, religion, culture, personality impacts patient compliance
- Quality improvement if patients are involved in their own care

Existing Patient Involvement Projects

- Already in a project that you realize you could be getting CME for the physicians already participating?
- Will CME attract more physicians to participate?
- Will you need to adapt your project or can it stand without change?
- Do you need to add CME objectives to study?

Common Questions Patients Volunteers Ask Beforehand

- What is the purpose of the program?
- What will be required of me and what is my role?
- Will the program directly benefit me? Benefit others?
- What risks are involved and chances they will occur?
- What discomforts/inconveniences are involved?
- What is the total time involved?
- Have I discussed participation in the program with family and friends?
- When can I decide not to participate in all or part of the program? What will be the consequences?

FAQs from Volunteer Patients

- [Will I be examined or treated or receive any advice?](#)
- [Do I need to have any acting skill or experience?](#)
- [Will my personal details be used in the communication role-plays?](#)
- [Are records about my participation confidential?](#)
- [Will it cost me anything?](#)
- [How are sessions supervised?](#)
- [What benefit do I get from being a Volunteer Patient?](#)
- [What if I cannot attend a session?](#)

Volunteer Patients Need to Know

- These learning sessions are **not** a substitute for care, advice or treatment
- If something is revealed in a structured learning environment, will it be recommended the volunteer see a physician outside the study?

References

- NIH Patient Information Publications, “Partners in Research,” 2005
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