

Shickman Lecture: Collaborating for Advances in Professional Education and Patient-Centered Care

National Task Force on
CME/Provider/Industry Collaboration
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Douglas E. Henley, M.D.
Executive Vice President/CEO



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

Agenda

- Practice Context of Primary Care Physicians
- Role of Technology
- Role and Place for CME
 - Care Delivery as a ‘Team Sport’
 - Patient-Centeredness
 - Evidence-based and Performance Improvement CME
 - Improving the Health of Communities
- Future Challenges/Opportunities for CME
- Call to Action!

Practice Context of Primary Care Physicians . . .

- 20 – 25 visits/day
- \leq 17 minutes/visit
- $>$ 100 pieces of mail/day (lots about CME!)
- Requirements for CME, MOC, MOL
- Hassles with public and private payers
- 'Administrivia' accounts for ~2 hours/day

Practice Context of Primary Care Physicians . . .

- Accountable for complying with ~1600 clinical guidelines!
- Adhering to all USPSTF category A and B preventive guidelines, would take 7.4 hours/day!
- Opportunity ...and burden ... of performance measurement and quality improvement
- Opportunity ... and burden ... of practice transformation to PCMH for primary care



Practice Context of Primary Care Physicians . . .

So . . . how can we as providers and supporters of CME get the attention of busy, practicing physicians in assessing and providing for their CME needs?

Role of Technology . . .

- Amount of and expected use of medical knowledge simply exceeds individual human cognition!
- Need HIT to deliver medical information at the point of care
 - eprescribing
 - Clinical decision support
 - Perf. Measurement
 - Registries
 - Drug allergies/interactions
 - Informed MDM
 - Perf. Reporting
 - Documentation of outcomes

Role of Technology . . .

So . . . what role can CME providers and supporters play in informing and educating physicians in effectively using HIT to improve patient care and physician knowledge and performance? And impact on the HIT industry?

Role and Place for CME . . .

Care Delivery as a Team Sport

- Health care enterprise is currently physician and institutional centric
- Generally ... physicians not trained to work in teams
- Team-based care should be respectful of and allow each member to work at the top of their level of training

Role and Place for CME . . .

Care Delivery as a Team Sport

- Using a farming analogy, let's build better pastures . . . Not stronger fences
- In CME, let's educate physicians and all clinicians to build better teams . . . not boundaries that keep us apart



Role and Place for CME . . .

Care Delivery as a Team Sport

So . . . What are we as CME providers and supporters doing to educate physicians about the importance of working in teams and how to do this better?

Role and Place for CME . . . the Importance of Patient-Centeredness

What is Patient-Centeredness?

- Superb Access to Care - Convenience
- Routine Patient Feedback to Physicians – Patient Experience of Care
- Clinical Information Systems supporting QI
- Care Coordination – Population focused
- Integrated and Comprehensive Team Care
- Publicly Available Data on Physician Performance- Pubic Reporting

SOURCE: Karen Davis, Stephen Schoenbaum, MD, Anne-Marie Audet, MD, “A 2020 Vision of Patient-Centered Primary Care”, 2006 Commonwealth Fund Annual Report

Role and Place for CME . . . the Importance of Patient-Centeredness

What is Patient-Centeredness?

- A sincere invitation to be engaged in improving care
- Truly listening to patients
- Transparency in explaining limitations of physician knowledge, treatment options, technology and procedures
- Transparency of Conflicts of Interest

Role and Place for CME . . . the Importance of Patient-Centeredness

So . . . How can we as providers and supporters of CME inform and educate physicians about the important tenants and principles of ‘patient-centeredness’?

And . . . Its importance to the one’s who matter . . .
The Patients!

Role and Place for CME . . .

Evidence-based CME

- Most physicians have not been trained in this area
- Important to educate about sources and levels of evidence
- Need to understand the lack of evidence for clinical decision-making . . . Role of physician judgment, experience, expert opinion, consensus
- Importance to avoid care when evidence shows lack of improvement and/or potential harm

Role and Place for CME . . .

Performance Improvement CME

- If it is not measureable, how can you improve?
- Educate to measures that matter
- Identify gaps in knowledge and performance . . .
customize to individuals and teams to improve
- Create a culture of improvement!
- Remember . . . This is a journey!

Role and Place for CME . . .

EB and PI CME

So . . . As providers and supporters of CME, are we moving into this space of EB and PI CME as rapidly as we should?

It is more resource intense for sure . . . but knowledge based CME by itself is no longer enough to truly impact improved outcomes of care. We need to better and more rapidly assess and educate based on best evidence and performance/outcomes.



Role and Place for CME . . . Improving the Health of Communities

Moore's Framework for CME Outcomes

Levels of Educational Outcomes

| | |
|--------------------------|---|
| Participation | The number of people who registered and/or participated |
| Satisfaction | The degree to which participant's expectations about the setting and delivery of the CME activity were met |
| Learning | Changes in <u>self-reported</u> knowledge of the participants: development of competence |
| Performance | Changes in <u>observed</u> practice performance; the <u>application</u> of learning: the application of competence |
| Patient Health | Changes in the health status of patients due to changes in <u>participant</u> practice behavior |
| Population Health | Changes in the health status of a population of patients due to changes in <u>widespread</u> practice behavior |
| Community Health | The degree to which the health status of a community of patients changes due to changes in the <u>practice</u> behavior of participants |

Adapted from: Moore DE. A framework for outcomes evaluation in the continuing professional development of physicians. In: Davis D, Barnes BE, Fox R, eds. *The Continuing Professional Development of Physicians: From Research to Practice*, Chicago, Ill: The American Medical Association; 2003

Role and Place for CME . . .

Improving the Health of Communities

- WHO definition of Health . . . state of complete physical, mental, and social well being and not merely the absence of disease or infirmity
- WHO definition of Healthcare . . .the preservation of health by preventing or treating illness through services offered by the health profession

Role and Place for CME . . .

Improving the Health of Communities

- Healthcare accounts for only about 10-15% of the health of populations or communities
- Social Determinants of Health account for the other 85%
 - Behavioral choices 35-40%
 - Genetic predisposition 30%
 - Social circumstances 15%
 - Environmental exposure 5%

SOURCE: Schroeder, SA; NEJM 357;12 September 20, 2007

Role and Place for CME . . .

Improving the Health of Communities

Education as an example of a Social Determinant of Health

- In more educated populations:
 - Poverty and violence are decreased
 - Obesity and tobacco abuse are decreased
 - Immunization rates are increased
 - Attention to preventive services are improved

Role and Place for CME . . .

Improving the Health of Communities

Education as an example of a Social Determinant of Health

- Mortality rates in the 25-64 age group are over twice as high for those not completing HS compared to those who do
- For every one life saved by health care services, eight lives could be saved if all adults were college educated

Role and Place for CME . . .

Improving the Health of Communities

Social Determinants of Health Matter for the Health of Communities:

- Social policy = Health policy
- Education policy = Health policy
- Law Enforcement policy = Health policy
- Agriculture policy = Health policy
- Environmental policy = Health Policy

Role and Place for CME . . .

Improving the Health of Communities

- Opportunity for CME to address Health - and not just Healthcare - in seeking to achieve Moore's Level VII
- Physicians in their practices need to think and learn about these issues and their role as vital to the health of communities!

Future Challenges/Opportunities for CME

- Assessing ‘new physician’ gaps in knowledge and performance
- EB Clinical Decision Support and Informed Medical Decision-making
- Medical Genomics
- Professionalism – the Physician Charter

Future Challenges/Opportunities for CME

Professionalism – the Physician Charter

- Written in 2002 by the ABIM Foundation, ACP Foundation and the European Federation of Internal Medicine
- Endorsed by over 100 international medical societies

Future Challenges/Opportunities for CME

The Physician Charter

- Preamble: Professionalism is the basis of medicine's contract with Society
- Fundamental Principles and Responsibilities
 - Primacy of Patient Welfare
 - Patient Autonomy
 - Professional competence
 - Improving access to care
 - Honesty with patients

Future Challenges/Opportunities for CME

The Physician Charter

- Fundamental Principles and Responsibilities:
 - Patient confidentiality
 - Maintaining appropriate relations with patients
 - Improving the quality of care
 - Scientific knowledge
 - Maintaining trust by managing COI
 - Professional responsibilities

Future Challenges/Opportunities for CME

The Physician Charter

- Fundamental Principles and Responsibilities:
 - Social Justice
 - Just distribution of finite resources

Call to Action!

- When producing CME remember the practice environment of physicians – we must insist on the alignment of CME activities with MOC, MOL, REMS, PQRS. Be vocal and involved!
- Leverage your voice in evolving HIT – both in the production of CME but also in its delivery; the CME enterprise should have a voice in calling for better systems of HIT and the delivery of clinical decisions support information at the point of care!

Call to Action!

- CME content and outcomes must place greater emphasis on the necessity of team based care and patient centeredness
- Promote and support the important ‘journey’ of learners to using ‘best evidence’ to achieve improved performance and outcomes of care – need to promote a ‘culture of improvement’

Call to Action!

- Begin the important conversation about how best to produce and support CME targeted at improving the overall health of populations and not just improving the delivery and outcomes of health care services
- Begin to anticipate the providing evidence based CME in the area of medical genomics – especially related to diagnostic and laboratory interventions

Call to Action!

- And . . . in all this milieu, begin the conversation about the role and opportunity for CME to promote Medical Professionalism – especially as it relates to the notions of social justice in health care and the ‘just’ distribution of finite health care resources



THANK YOU!

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