Achilles Heel for PI Programs

Engaging Physicians in All 3 Stages

Alliance for Continuing Education in the Health Professions

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Disclosures

Philip Dombrowski, Eric Peterson, and Nancy Nankivil have no disclosures to make.
Objectives

• Understand the PI recruitment efforts used and their results
• Apply existing knowledge to avoid or minimize recruitment problems in future PI programs
• Establish a cohort of centers/individuals actively exploring hurdles to broadening engagement in PI-CME activities
Agenda

• Background
• Literature
• Annenberg Experience
  – AMA Model
    • Group Discussion
  – Team-Based Model
    • Group Discussion
PI CME Activities Developed by ACCME-Accredited Providers

ACCME Annual Report Data accme.org
Acute Coronary Syndromes: AMA Format

• 15 month recruitment period
  – E-mail, Brochures, FAX flyers
  – “Concierge” support offered to participants

• 1032 Registered

• 116 initiated data collection for Stage A

• 101 Completed data collection for Stage A

• 89 requested credit for Stage A

C Cannon et al Crit Pathw Cardiol 2009; C Cannon et al Crit Pathw Cardiol 2010
Provider-reported Data

- Data from a portfolio of 7 PI CME activities
  - 11,440 enrolled
  - 681 developed PI implementation plans
  - 361 completed the activity
  - Average of 5.5 months to complete
ADHD PI CME Activity

• Recruitment
  – Brochures, e-mail, online advertising

• Participation
  – Stage A: Enrollment: 1,403
  – Stage C: Completion: 92

• Demographics of completers
  – MD/DO: 23%
  – NP: 25%
  – PA: 49%
  – Other: 3%
Physician Engagement in Hospital PI

- Qualitative interviews of 21 participants in an ABIM hospital-based PIM
- Explored facilitating factors, barriers, and impact

CONCLUSIONS:

- Impact was mediated by physician engagement
- Physician engagement was influenced by
  - Intrinsic factors: attitudes, motivation
  - Extrinsic factors: hospital QI resources and culture

Literature: Conclusions

- Literature addressing engagement of physicians in PI CME is sparse
  - No articles specifically addressing how to increase or retain participation
  - Reported retention rates are a fraction of those who initially register
  - Physician engagement is a mediator of outcome in hospital-based PI
Annenberg Experience

• AMA Format
  – Stroke prevention in atrial fibrillation
  – Osteoporosis

• Team-based format
  – Prevention of post-surgical delirium
  – Improving inpatient glycemic control
  – Improving medication adherence in ACS
Stroke Prevention in Atrial Fibrillation

• Adjunct to a series of workshops and an online activity

• Recruitment and retention efforts
  – E-mails to workshop attendees
  – E-mails to organizational databases
  – E-mails through state family medicine chapters
  – Promotion through online networks
  – Promotion to residency programs
  – Clinical research organization
  – State Medical Society
## Yield of Promotional Tactics

<table>
<thead>
<tr>
<th>Tactics: A-fib (32 months)</th>
<th>Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotion to live workshop attendees</td>
<td>988</td>
</tr>
<tr>
<td>E-mails to organizational databases</td>
<td>22,375</td>
</tr>
<tr>
<td>Residency program promotion</td>
<td>Hard-copy mailing</td>
</tr>
<tr>
<td>System emails to registrants</td>
<td>1,006</td>
</tr>
<tr>
<td>Customized emails to participants</td>
<td>1,336</td>
</tr>
<tr>
<td>E-mails to family medicine state chapter organizations</td>
<td>6</td>
</tr>
<tr>
<td>Wisconsin Medical Society</td>
<td>14,108</td>
</tr>
<tr>
<td>CECity Network (1,270,000)</td>
<td></td>
</tr>
<tr>
<td>MedPage Today Campaign (1,915,000)</td>
<td>Participant clicks</td>
</tr>
<tr>
<td><strong>Total Promotional Reach</strong></td>
<td><strong>41,387</strong></td>
</tr>
<tr>
<td><strong>Portal Visits</strong></td>
<td><strong>2,274</strong></td>
</tr>
</tbody>
</table>
Wisconsin Medical Society

Mission: Improve the health of the people of Wisconsin by supporting and strengthening physicians’ ability to practice high-quality patient care in a changing environment.

• Represent over 12,500 Wisconsin physicians across specialty, geography and practice affiliation

• Two prong Brand Promise: Representation and Professionalism

• Staff of 60 professionals deliver products and services (support staff to subject matter experts to account managers)

• ACCME Accredited with Commendation to provide CME; ACCME Recognized Accréditor of CME providers
Market Readiness for Performance Improvement

- Healthcare System Commitment to Quality & Efficiency Measurement and Improvement
- Availability of Statewide “Big Data” Sources including WHIO and WCHQ
- State and Federal Efforts in Payment Reform/Incentive Alignment
- Evolving Influence of Professional Development (Maintenance of Licensure and Certification)
- Society Value Proposition through continuum of services that integrate data, improvement and education
The Society Education Portfolio

• Live Activities through *InReach* Platform
• Journal CME through *WMJ* peer reviewed journal
• Enduring Materials through *InReach* Platform
• Joint and Direct Sponsorship Activities
• Performance Improvement CME (several approved for MOC) through Strategic Partnerships
  – Breast Cancer Screening Improvement
  – Colorectal Cancer Screening Improvement
  – Diagnosis and Screening of Bi-polar Disorder
  – Reducing the Burden of Ischemic Stroke
# A-fib: Recruitment and Engagement Case Study

## Recruitment – EASY!
- **Marketing**
  - Targeted demographics
  - Product and Price
- **Communication**
  - Medigram, Webinars & WMJ
- **Distribution**
  - Account Executives
  - Subject Matter Experts

## Engagement – HARD!
- **Strategic Priority Alignment**
- **Team-based Approach**
- **Work Flow Integration**
- **Professional Development Fulfillment**
- **Funding Support**
- **Return on Investment**
Meriter Wisconsin Heart
a cardiology specialty area within an integrated delivery system

Project Phases:

1. Cardiologist and cross functional care team conduct PI activity to 1) understand PI process 2) enhance tool if necessary 3) identify best practices to better support primary care referrals/specialty interface

2. Identified intervention is to develop a “Patient Registry”*, with appropriate work flows, to conduct improved outreach and education to patients/primary care providers

3. Primary care physicians and their teams conduct PI activity to learn more about diagnosis, treatment and referral of A-FIB patients in a coordinated care model

*grant funded remuneration
Osteoporosis

• Adjunct to live workshops and online activity
• Approved by ABFM for MOC Part IV
• Recruitment and retention efforts
  – E-mails to workshop attendees
  – E-mails to organizational databases
  – E-mails to state chapter organizations
  – Promotion to residency programs
    • Specially modified activity, champion in 1 program
  – Promotion through online networks
  – Promotion to attendees of an MOC program
## Yield of Promotional Tactics

<table>
<thead>
<tr>
<th>Tactics: Osteoporosis (18 months)</th>
<th>Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotion to live workshop attendees</td>
<td>1,986</td>
</tr>
<tr>
<td>E-mails to organizational databases</td>
<td>15,314</td>
</tr>
<tr>
<td>Residency program promotion</td>
<td>E-mail, 1 champion site 728</td>
</tr>
<tr>
<td>System emails to registrants</td>
<td>753</td>
</tr>
<tr>
<td>Customized emails to participants</td>
<td>301</td>
</tr>
<tr>
<td>E-mails to family medicine state chapter organizations</td>
<td>13</td>
</tr>
<tr>
<td>MOC meeting attendees</td>
<td>26</td>
</tr>
<tr>
<td>ABFM website posting and newsletter</td>
<td>70,000</td>
</tr>
<tr>
<td>CECity Network (1,270,000)</td>
<td></td>
</tr>
<tr>
<td>MedPage Today Campaign (1,915,000)</td>
<td>Participant clicks 3,690</td>
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<tr>
<td><strong>Total Promotional Reach</strong></td>
<td><strong>92,811</strong></td>
</tr>
<tr>
<td><strong>Portal Visits</strong></td>
<td><strong>1,997</strong></td>
</tr>
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</table>
# Participation Results

<table>
<thead>
<tr>
<th>Attendance Results</th>
<th>A-Fib</th>
<th>%</th>
<th>Osteoporosis</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portal Visits</td>
<td>2,274</td>
<td></td>
<td>1,997</td>
<td></td>
</tr>
<tr>
<td>Registrations</td>
<td>463</td>
<td>20%</td>
<td>148</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Stage A Completers</strong></td>
<td>33</td>
<td>7%</td>
<td>45</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Stage B Completers</strong></td>
<td>15</td>
<td>3%</td>
<td>44</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Stage C Completers</strong></td>
<td>9</td>
<td>2%</td>
<td>34</td>
<td>23%</td>
</tr>
</tbody>
</table>
GROUP DISCUSSION

AMA Model
Team-based Models

Intraprofessional Team Learning:

A learning format in which a team of health-care professionals is formed in order to study a problem that is of concern to their organization, review current performance, review and evaluate potential solutions; plan, implement, and evaluate interventions designed to improve performance.
Relevant Health Professions Competencies

**Institutes of Medicine**
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

**ACGME / ABMS**
- Practice-based learning and improvement
- Interpersonal and communications skills
- Systems-based practice
Reducing Post-surgical Delirium: Process

**Study Phase**
- Data collection
- Literature review
- Consultation with Expert
- Planning of interventions

**Intervention Phase**
- Automatic *Care Alert*
- Gerontology follow-up of high risk patients
- Assessment
- Review of medications
- Notify Anesthesia Department of high risk status
- Nursing interventions for high risk patients
## Reducing Post-surgical Delirium: Results

<table>
<thead>
<tr>
<th></th>
<th>Intervention Group (n=25)</th>
<th>Comparison Group (n=34)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive change noted in chart</td>
<td>12%</td>
<td>34%</td>
</tr>
<tr>
<td>Restraint use</td>
<td>7.7%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Personal attendant use</td>
<td>0%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Falls</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Length of stay without cognitive change noted</td>
<td>4.6 days</td>
<td>4.9 days</td>
</tr>
<tr>
<td>Length of stay with cognitive change noted</td>
<td>6.5 days</td>
<td>6.6 days</td>
</tr>
</tbody>
</table>
Inpatient Glycemic Control

• Planning Committee
• Application process
  – Team and resources had to be identified
  – CMO sign-off required
  – Team had to propose their project
  – 10 sites accepted
• Site visit
  – Physician and nurse team visited each site
    • Team consultation around the project
    • Presentations to other staff group
Inpatient Glycemic Control (cont’d)

• Quarterly web conferences
  – Cohorts of 3-4 sites
  – Report on progress, discussion of problems

• Initiative Web portal
  – Password protected
  – Resources, links and tools
  – Discussion board
## Primary Projects Completed

<table>
<thead>
<tr>
<th>Project</th>
<th>Number of Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed and implemented a physiologic (basal, bolus, correctional) insulin administration order set to replace sliding scale administration</td>
<td>6</td>
</tr>
<tr>
<td>Revised and relaunched an underperforming physiologic insulin administration order set</td>
<td>2</td>
</tr>
<tr>
<td>Improved IV administration in the ICU</td>
<td>1</td>
</tr>
<tr>
<td>Improved the management of hypoglycemic events</td>
<td>1</td>
</tr>
</tbody>
</table>
## Other Accomplishments

<table>
<thead>
<tr>
<th>Accomplishment</th>
<th>Number of Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established a permanent glycemic control committee within the hospital committee structure</td>
<td>6</td>
</tr>
<tr>
<td>Rechartered or relaunched an existing committee</td>
<td>2</td>
</tr>
<tr>
<td>Implemented new patient care processes (ie care rounds, case conferences)</td>
<td>4</td>
</tr>
<tr>
<td>Revised dietary orders</td>
<td>2</td>
</tr>
<tr>
<td>Revised protocols for DKA and HHS</td>
<td>2</td>
</tr>
<tr>
<td>Developed order sets for OB and gestational diabetes for T1DM and T2DM</td>
<td>1</td>
</tr>
<tr>
<td>Revised formulary to restrict the number of insulins available</td>
<td>1</td>
</tr>
<tr>
<td>Developed a transition order set from IV to subcutaneous insulin</td>
<td>1</td>
</tr>
<tr>
<td>Achieved Joint Commission specialty certification for inpatient diabetes</td>
<td>1</td>
</tr>
</tbody>
</table>
Improving Medication Adherence in ACS

• **Problem:** adherence to secondary prevention medications is low especially among older patients
  – Nonadherence is a primary driver of subsequent events and readmission
  – CMS payment reform policies make this a priority issue for EMC

• **Team:** Cardiology, Nursing
Improving Medication Adherence in ACS (cont’d)

• **Intervention:** Test a monthly telephone support model against usual care
  
  – **Intervention group:** Cardiovascular rehabilitation nurses make calls monthly to inquire about medication use and provide standardized interventions to support adherence
  
  – **Comparison group:** A group of patients seen 6 month prior project initiation were called to determine current medication use status

• **Status:** Data collection is ongoing
Observations about Engagement in Team-based PI

- Generally starts with a large group
- A smaller “core” team emerges
  - Membership in the “core” team is determined by the nature of the interventions, and level of individual commitment
  - Core team is often dominated by staff
- Larger team often remains engaged at the policy level
  - Sometime the division of policy vs. implementation teams is formalized
- Changing organizational priorities and staff changes can delay implementation
- Level of potential organizational impact can influence resource commitment
GROUP DISCUSSION

Team-Based Model
References


Contact Information

Phil Dombrowski, MBA
President/CEO
Annenberg Center for Health Sciences at Eisenhower
pdombrowski@annenberg.net

Eric D. Peterson, EdM
Vice President, Educational Strategy
Annenberg Center for Health Sciences at Eisenhower
epeterson@annenberg.net

Nancy Nankivil
Chief Strategy Office, Wisconsin Medical Society
nancy.nankivil@wismed.org

Presentation available at:  www.annenberg.net