

CNMC Rounds: Can CME save lives?

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(with Nancy Davis, PhD)



Learn
Serve
Lead



Association of
American Medical Colleges

_____ RANGE

**dumps dumps
goosefeathers
dumps dumps**

PAWALKRK

CHART

YOU DESERVE TODAY

CONTRACT

**CALLLED CALLLED
CHOSEN
CALLLED CALLLED
CALLLED CALLLED
CHOSEN**

TEMPORARY

SYMPHON ..

AAMC

Dave Davis, MD

Nothing to disclose (sort of sad, huh?)



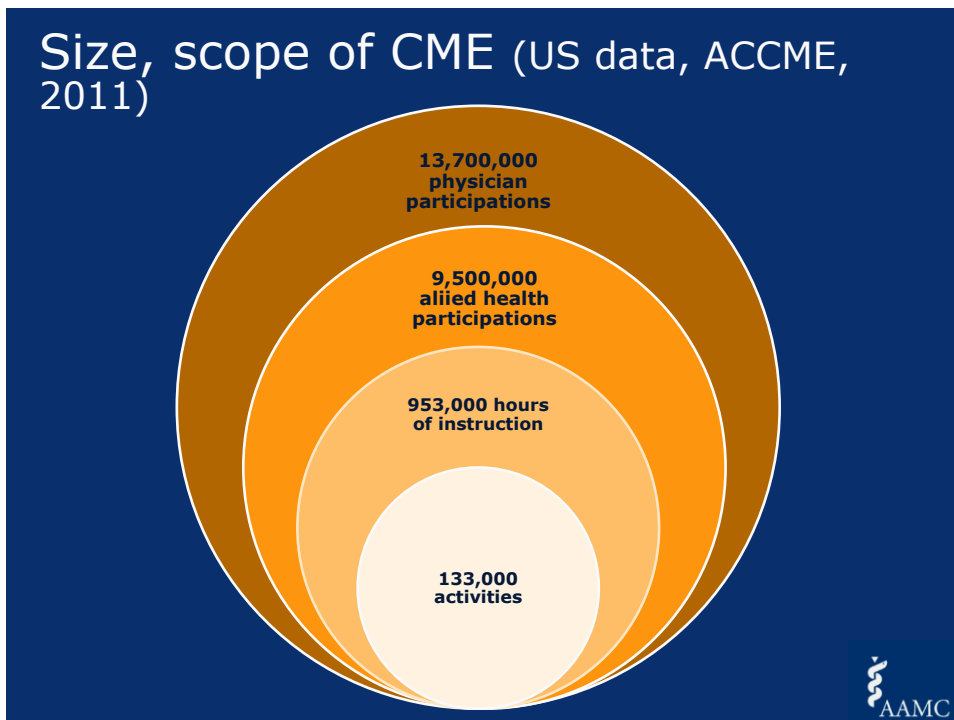
What do you think of when you think of 'CME'?



Other framing questions

1. Does CME work? A different way of framing CME: the clinical care gap
2. What do we know about effective CME?
3. What are the forces changing CME?
 - *National and local forces*
 - *Changing healthcare*
4. AAMC's ae4Q project
5. So what? Implications for Children's

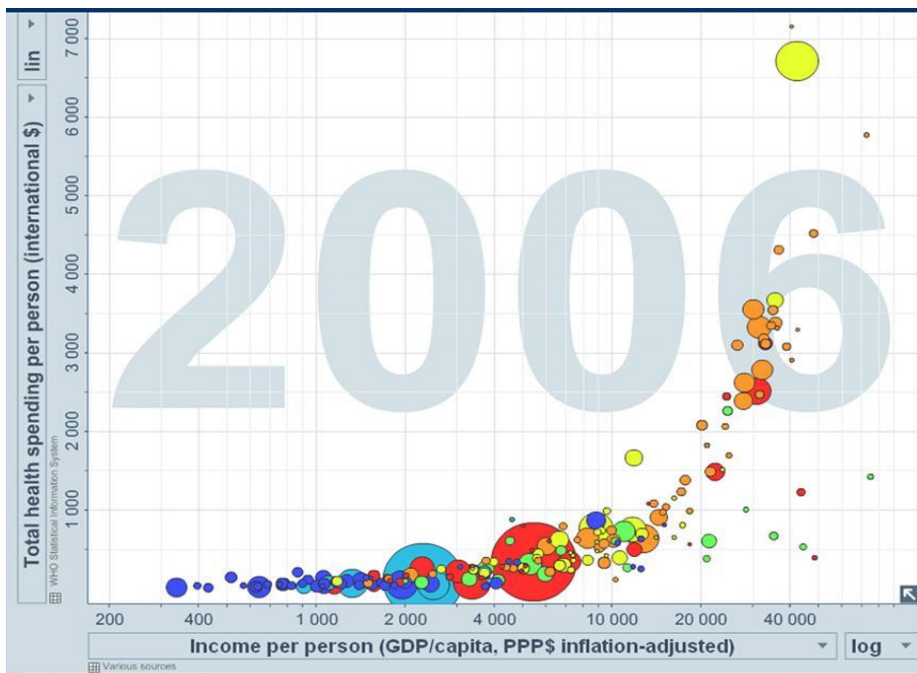




*The size, scope and effect of CME vs the clinical care gap



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And for this expenditure, what do we get?

U.S. Comparison to Developed Nations



2009 Life Expectancy

Bottom Third

(78.2 yrs compared to Japan at 83)



2008 Infant Mortality

4th Highest

(6.5% compared to average 4.6%)



2008 Adult Obesity*

1st

(Over 1/3 of U.S. population)

*Only 7 nations reported data on this indicator



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PAYING ATTENTION TO THE RESEARCH

Physicians and others not self-aware: objective needs assessment, performance feedback important

Knowledge necessary but not sufficient for change; didactics lousy at changing performance

What works? Interactivity; sequencing; *predisposing, enabling and reinforcing strategies*

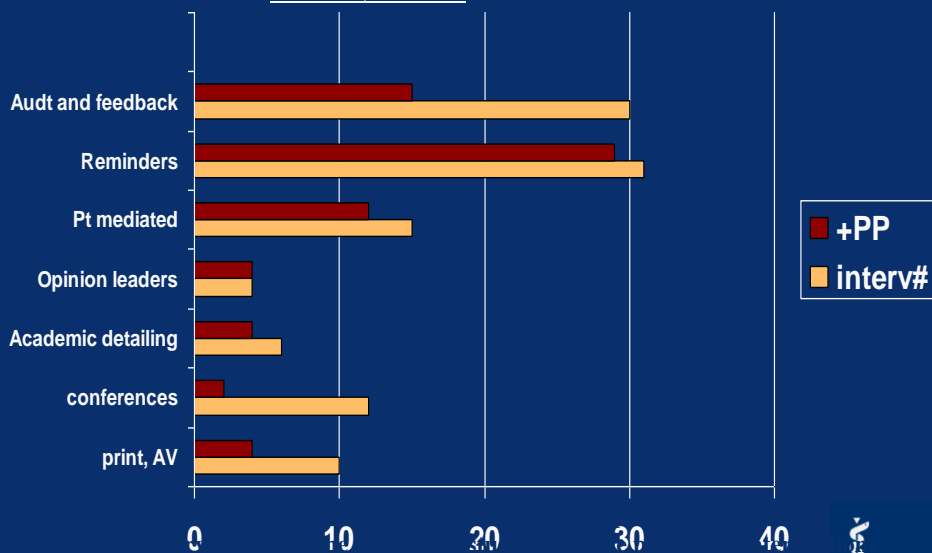
'CME' > conferences; = practice-based tools (reminders, audit-feedback, protocols & training)

Docs pass through stages of learning: *awareness, agreement, adoption to adherence*

.....Cochrane reviews, AHRQ/EB reviews, others

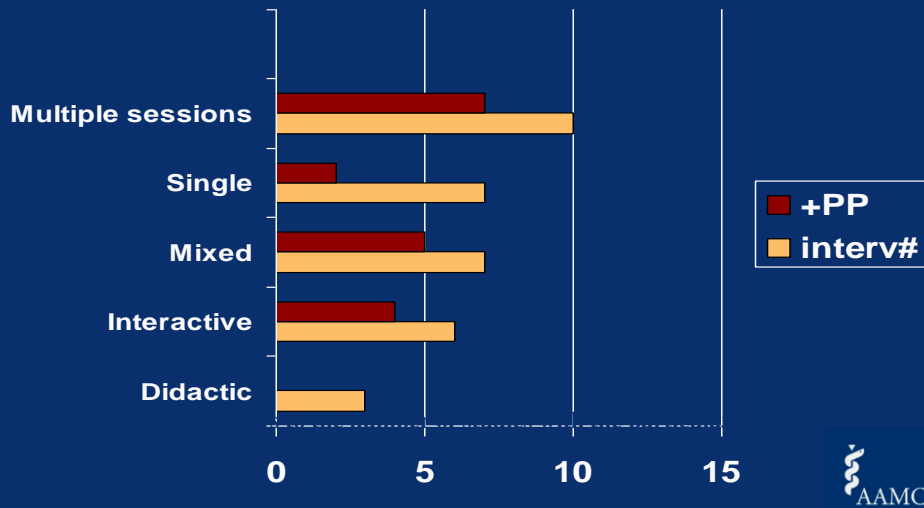
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Effective CME: what do the studies of CE say? The effect of interventions on performance and health care outcomes JAMA 1995;274:700-705



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Does *formal* CME work?: graphic representation of effect of variables (*JAMA* 1999; 282:867-874)



Reaching all learners...implications of the CME research agenda

FROM

Formal CME: lectures, courses, educational materials

TO

- Outreach visits
- Small group learning
- Opinion leaders



Interactivity:
Q&A, case discussion, reflection, MCQs, audience response systems, think-pair-share

...ing strategies
...erized,
...QI- or interventions
...CT-enabled tools (web-based, video-conferencing, PDAs, etc)



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CHANGING CME

1) Reports on healthcare

2011

- IOM: “Redesigning CE in the Health Professions: a call for a CPD Institute”

- Macy-AAMC/AACN lifelong learning

- “Unmet Needs”: quality & safety

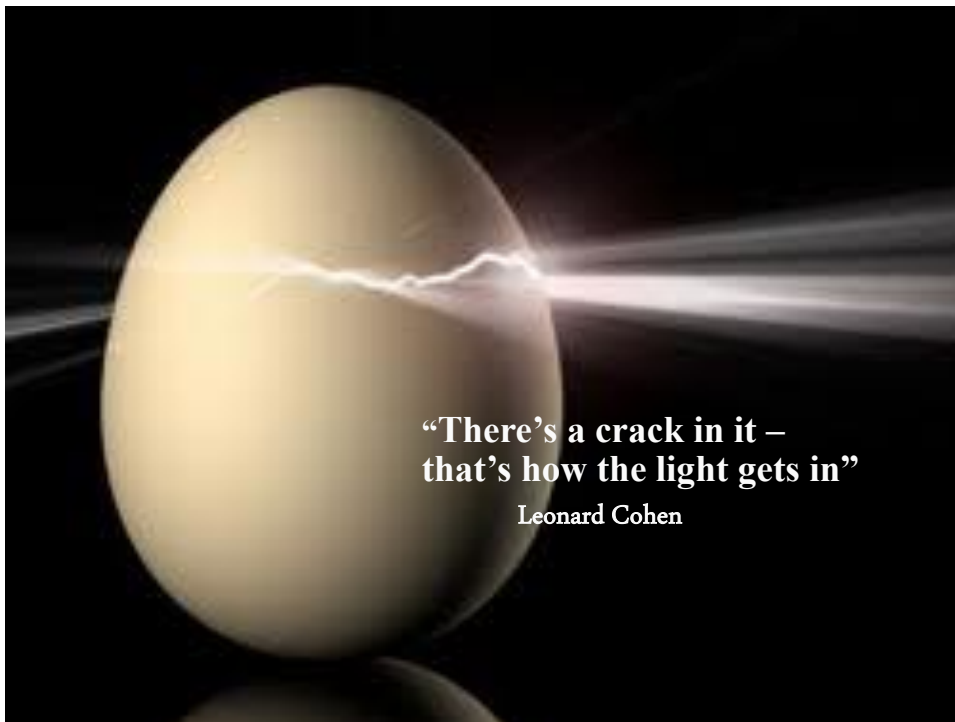
- Evidence-based medicine, guidelines

- Comparative effectiveness

- Health Professional Education

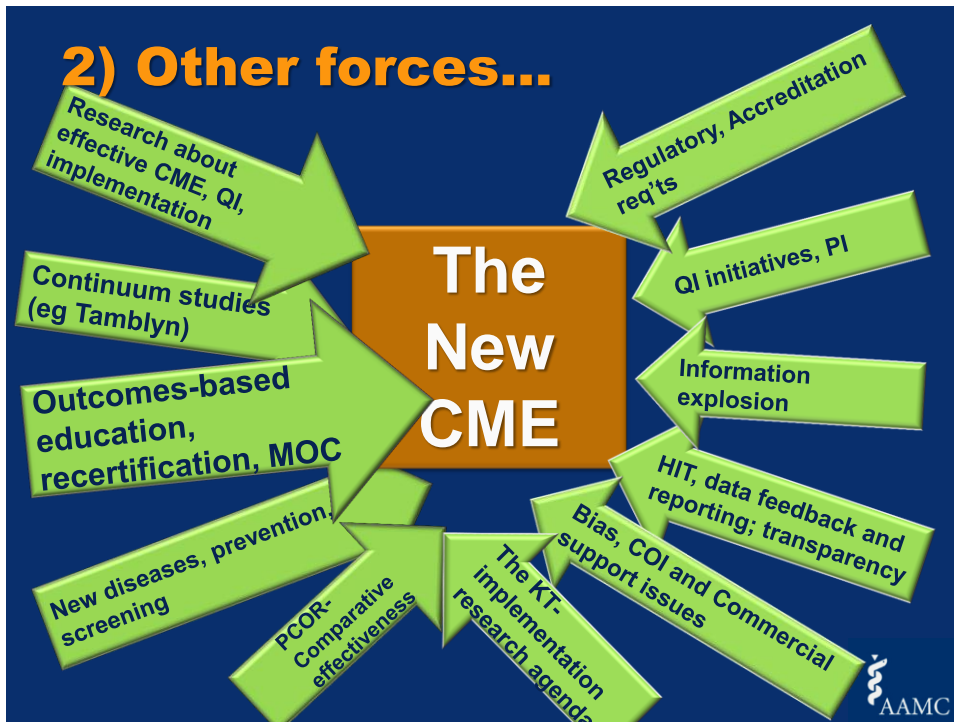
- Quality Chasm

2000



“There’s a crack in it –
that’s how the light gets in”

Leonard Cohen



$$= \frac{\text{Forces for change} \times \text{Vision} \times \text{First Steps}}{\text{Resistance (inertia + barriers)}}$$

**CHANGING CME/CPD, ONE
STEP AT A TIME:
LESSONS FROM THE AAMC'S
AE4Q PROJECT....**



“My doctor told me to start my exercise program very gradually. Today I drove past a store that sells sweat pants.”

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addressing silos



The clinical
/health care
enterprise: focus
quality metrics,
costs

Aligning & Educating for Quality(ae4Q)

The CME enterprise: focus
on courses and conferences,
frequently dependent on
commercial interest, self-
assessed needs



What does ae4q do? Consultation/advice/mentorship on....

Educational Process

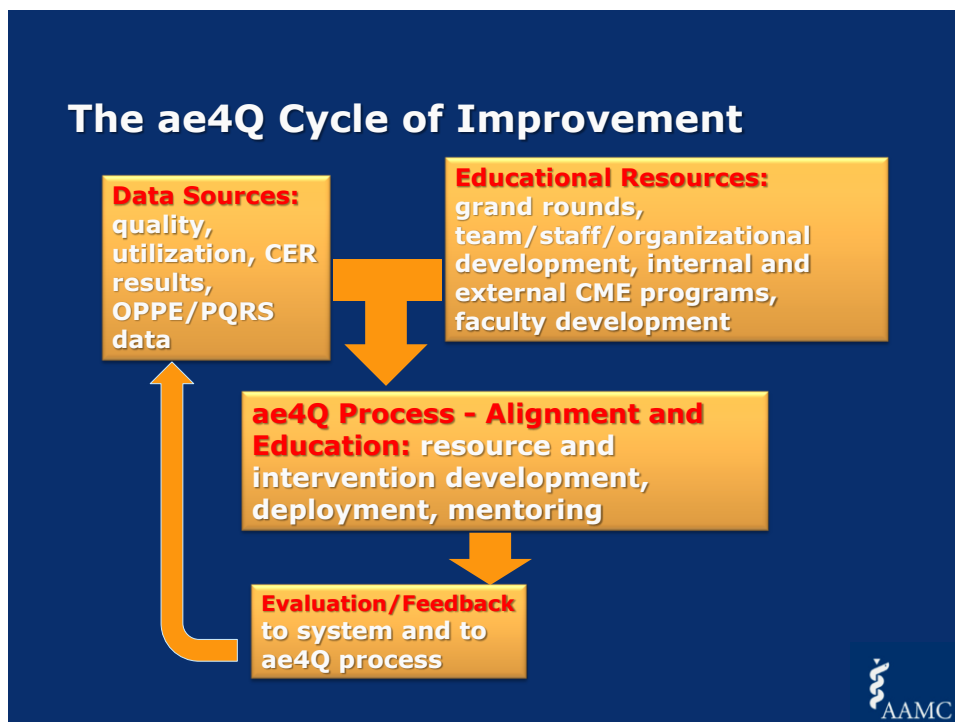
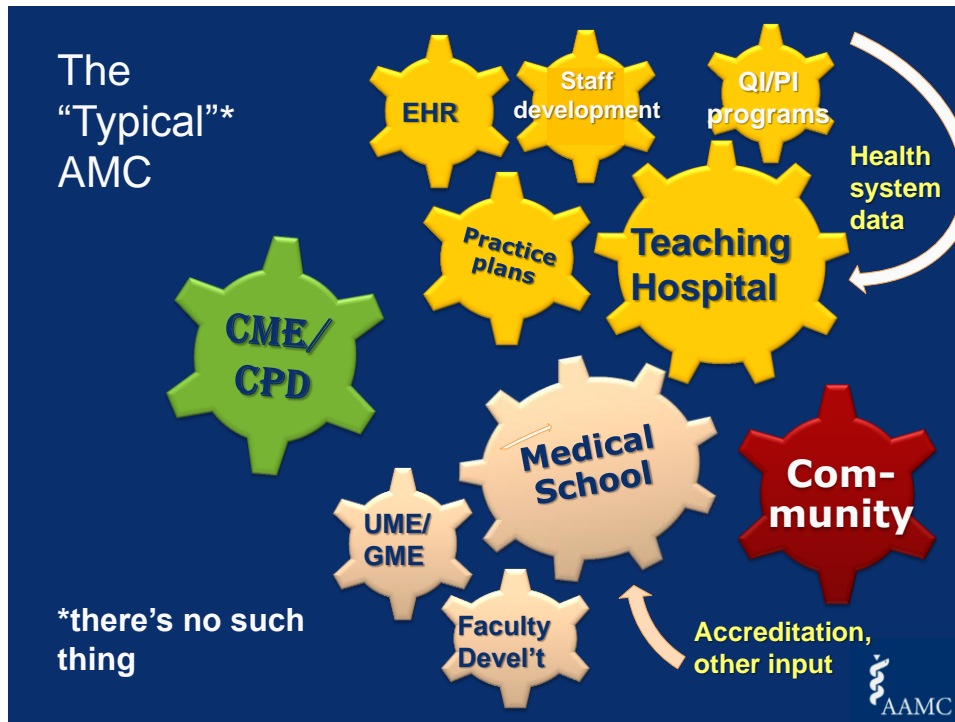
- Use of quality metrics in planning and assessment
- Use of evidence based interventions (including HIT, team training, staff development)

Organizational Alignment of CME and

- GME, UME
- QI/PI initiatives (hospitals and practice plans)
- HIT, electronic health records
- Faculty, Staff Development programs

Resources (references, funding sources, templates)







Where were the pilot sites?

- Pilots selected based on :

- Interest
- Readiness
- Champion stakeholders
- Resources needed
- Capacity
- Desired metrics

Academic Medical centers of...

- University of Kansas
- University of Oklahoma
- North Shore LIJ/Hofstra
- University of Iowa
- University of Colorado
- University of Oregon Health Sciences Center
- Duke University
- University Missouri-Columbia
- Wayne State University
- Virginia Commonwealth University
- University of New Mexico



Were they successful?

AMC outcomes

- Patient care and process improvements
- Re-alignment of CME with other entities
- Champions, recognition of value of CME

AAMC metrics/learning

- What outcomes are desirable, achievable and common across AMCs?
- What resources help the process?

• Our joint products

- Markers of organizational readiness: alignment? educational effectiveness? champions? timing? drivers and barriers?
- New resources to facilitate the integration
- Sharing of Best Practices
- Communities of Practice
- Dissemination of results; publications; presentations



Using CME as an intervention.....



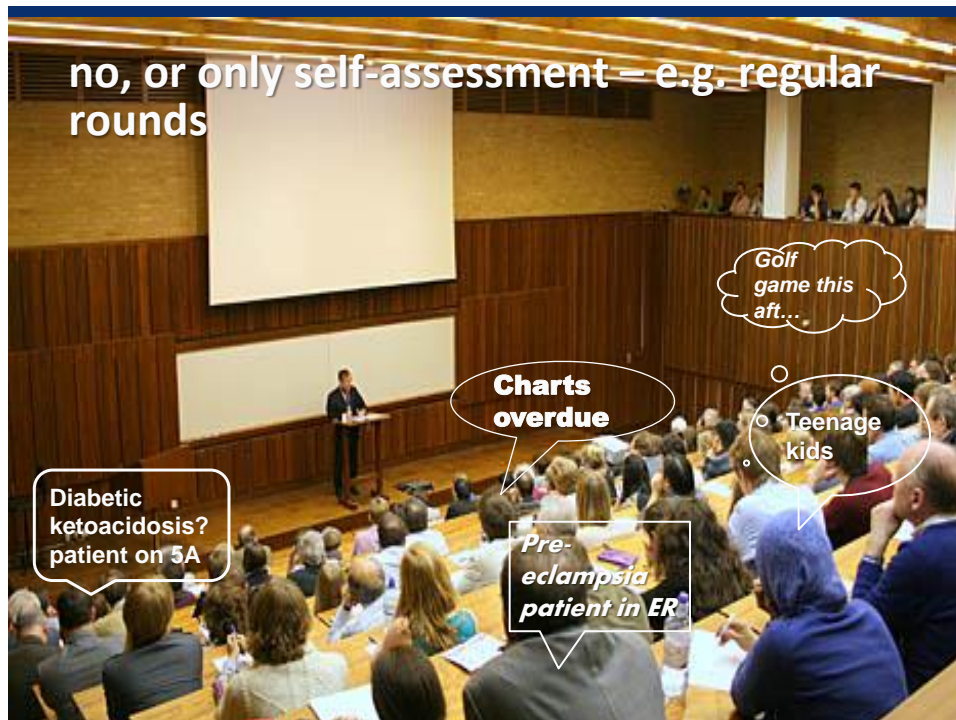
The clinical

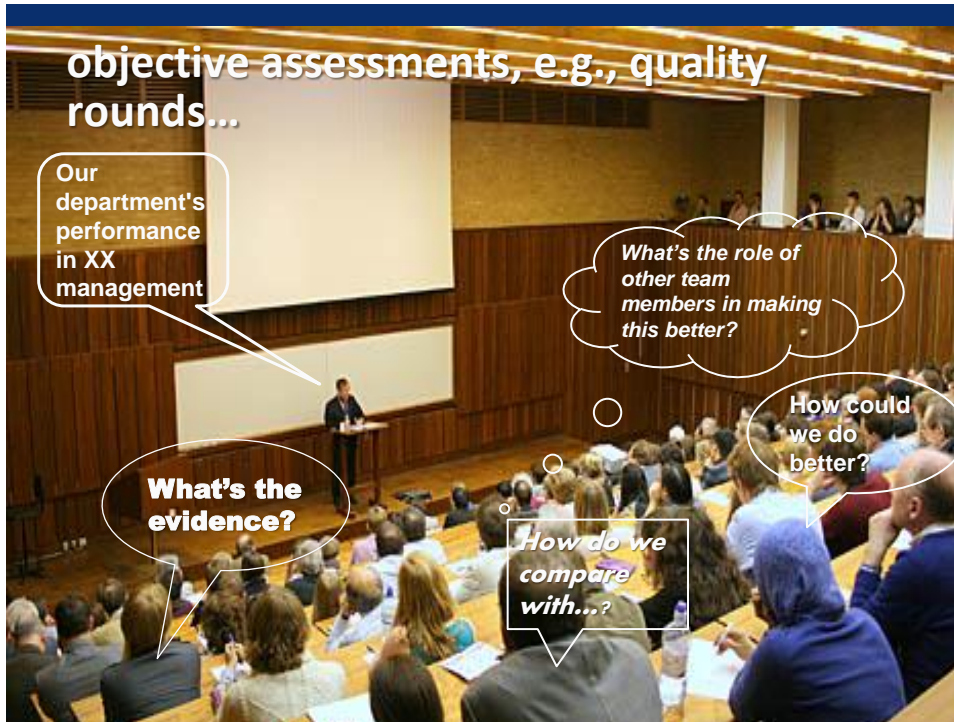
- educational initiatives, e.g.,
 - rounds developed from quality measures, care gaps
 - team training
 - morbidity, mortality and improvement sessions

The CME focused on courses and conferences, related to commercial interests



no, or only self-assessment – e.g. regular rounds





Improving performance: the Pathman-PROCEED model

Methods/ Stages	Awareness	Agreement	Adoption	Adherence
Predisposing				
Enabling				
Reinforcing				

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So...it's probably a good idea to change our name...but to what?

- ❑ Continuing Professional Development ???
- ❑ Continuous Professional Education
- ❑ Continuing Education
- ❑ Practice-based Learning
- ❑ anything's better than CME



Putting it together: Pathman, PROCEED and a CME-based implementation planning guide

Davis et al, BMJ, 2003

Methods/ Stages	Awareness	Agreement	Adoption	Adherence
Predisposing	Newsletter General rounds	Depart'l rounds meetings		
Enabling		Small group (team) discussion champions	Workshops simulations	
Reinforcing			Remindersg Audit/ feedback	Reminders Audit/ feedback

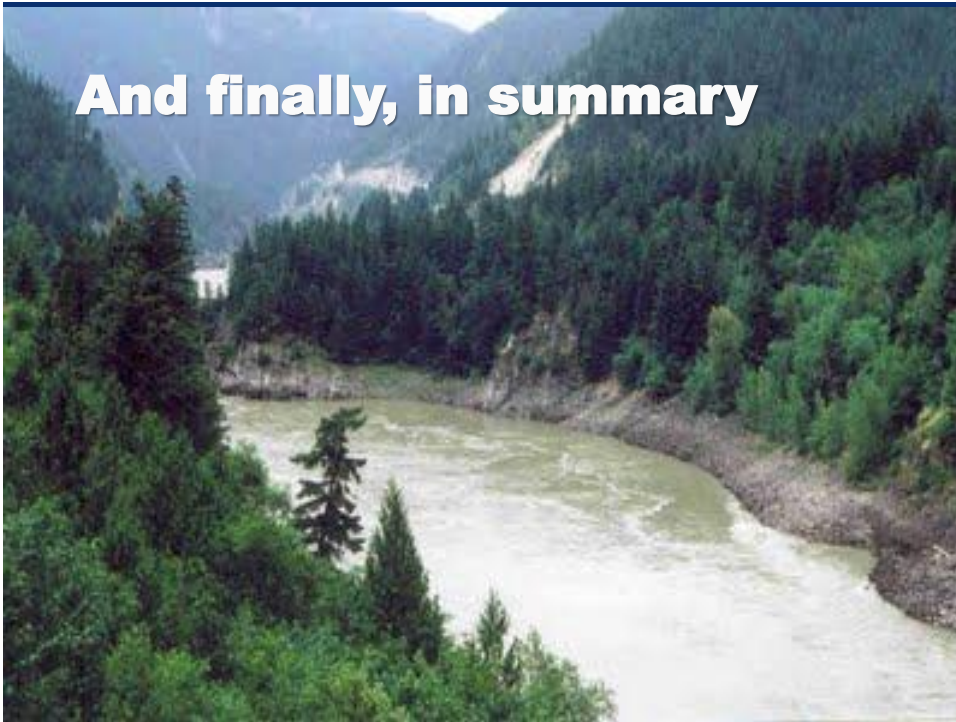
Thinking that lectures will change outcomes? Just plain dumb....

WANTED: Somebody to go back in time with me. This is not a joke. P.O. Box 322, Oakview, CA 93022. You'll get paid after we get back. Must bring your own weapons. Safety not guaranteed. I have only done this once before.

Mar. 14, 2005 A Legal Journal serving Madison & Jefferson County
Alton attorney accidentally sues himself
 By Steve Karris
 Alton attorney Emert Wyss, chosen Center Title—a company that Wyss owned—close her loans. In the course of the attorney's work, she accidentally sued herself.

ON TEENAGERS, ADULT:
Statistics show that teen pregnancy drops off significantly after age 25.
 Mary Anne Tebride, Republican state senator from Colorado Springs (contributed by Harry F. Pomeroy)
MONDAY DECEMBER 1999

And finally, in summary



More information:



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ddavis@aamc.org

Web

www.aamc.org/initiatives/cei

www.mededportal.org

