

Multi-State Collaborative PI-CME Grants
for Improvement in the Diagnosis and Management of COPD –
Supported by Pfizer, Inc. and GlaxoSmithKline

Project Abstract

Project Name

Multi-State Collaborative Grants
for Performance Improvement CME Activities in COPD

Organization, City, State

Northern Indiana Education Foundation, Inc
Michigan City, IN 46360

Project Title

Evidence-Based Treatment and Management of COPD in the Primary Care Setting

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Participants: # physicians and # non-physicians

5 physicians, 20 non-physicians

Brief Summary of Activity

The goal of the project was to initiate practice change for the management of COPD patients in primary care settings in order to improve quality of life for these patients while minimizing exacerbations. Five primary care physicians participated in the PI-CME project designed by the Physicians' Institute for Excellence in Medicine. The AMA PI-CME learning format was utilized. Stage A chart review incorporated 14 performance measures from the GOLD initiative. Individual care gaps identified in chart reviews were used to develop performance plan interventions in Stage B. The project concluded with a Stage C second chart review to assess effectiveness of plan implementation. Four CME live activities were conducted, plus a summation activity for all primary care physicians to share the learning and promote the use of evidence based guidelines for the treatment and management of all COPD patients.

Selected Outcomes of Project

1. Significantly improved the physician participants' confidence and acceptance of evidence-based care. Providing access to the GOLD guidelines gave physicians tools to diagnose, stage, and manage the COPD patients with pharmacologic and nonpharmacologic interventions.
2. Increased the use of spirometry for the interval assessment and diagnosis of COPD by purchasing, and placing new equipment at multiple primary care office locations. Training and policies for indications of use, result interpretation, documentation, and billing were also developed.
3. Collaborated with the hospital to ensure compliance with Medicare documentation and billing requirements for pulmonary rehabilitation services. An increased number of COPD patients have been referred by primary care physicians to the hospital for pulmonary rehab service since June 2011. In published studies, pulmonary rehab has proven to help reduce exacerbations, hospital admissions and readmissions.

Lessons Learned (both positive and negative)

Physicians lacked awareness of well-established clinical practice guidelines for the treatment and management of COPD patients, specifically those published by the GOLD initiative.

PI-CME projects are time-consuming and require many hours of research to validate measures and assist with performance plan strategies. Implementation of specific plan components may be not under the physicians' control and may involve approval and/or meetings with others and administration.

Overall cost per physician of a PI-CME project cannot be evaluated without considering the value of the project to the entire health system. This requires specific planning and activities by the CME provider to ensure that the PI-CME project is not limited and the learning outcomes are shared with administration and physician peers. System changes should be the ultimate outcome goal.

Recruit younger physicians who need PI projects and CME credit for their maintenance of certification, and then require that they share their learning and outcomes with the broader physician population in the community through other CME formats, live and enduring materials.

PI-CME has real outcomes that are immediately apparent and measurable. Live activities are useful for dissemination of information but difficult to measure actual change in physician behavior. PI-CME is the learning format of the future, but must be coupled with live or enduring material where PI-CME outcomes are shared with other physicians and changes are extended to a larger scope with the medical community.