

**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: Improving Performance in Practice: Assessment, Monitoring & Management

Organization, City, State: South East Area Health Education Center (SEAHEC),
Wilmington, North Carolina

Project Title: Improving Performance in Practice: Assessment, Monitoring & Management

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Participants: # physicians and # non-physicians: 6 participants, 4 physicians, 1
physician assistant, and 1 nurse practitioner

Brief Summary of Activity: The 4i-COPD project was introduced to the practice at the monthly provider meeting by SEAHEC's Quality Improvement Consultant. Within two weeks of that initial meeting the QI Consultant reviewed 10 charts of patients with a diagnosis of COPD per each provider. The results were presented to the providers, including benchmarking data from the other 70 providers who were participating in this project, and the gaps in performance were discussed. The providers chose 6 areas on which to focus for improvement and discussed tools that would help with the improvement process. After 5 months, another 10 charts per provider were audited for the same COPD related measures and the information was again presented to the providers.

Selected Outcomes of Project:

Improvements were seen in the following measures:

- Offering smoking cessation interventions
- Assessing oxygen saturation at least annually
- Providing patient educational materials related to exercise, smoking cessation and the signs and symptoms of exacerbations

Maintenance of good percentages was seen in the following measures:

- Assessing symptoms annually

- Prescribing inhaled anticholinergic bronchodilators
- Prescribing long term oxygen therapy when appropriate

Lessons Learned (both positive and negative):

1. For PI CME to be successful there must be a champion within the practice to keep things moving.
2. Problems with awkward and cumbersome documentation systems create barriers for quality improvement.
3. Providers and office staff continue to need education on the philosophy and tools of practice based improvement.
4. Office staff need to be key members of the team for practice improvement to be successful.