



Developing Leaders Who Understand Performance Improvement

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Disclosure

Robert Addleton, EdD
Nothing to Disclose

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Handouts

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Physicians' Institute for Excellence in Medicine
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Objectives



By the end of this session it is our intention that you will be able to:

- Develop a model for teaching CME leaders the basics of performance improvement;
- Understand the duties of Performance Improvement professionals;
- Identify several forms of educational media for continued learning; and,
- Develop a plan for evaluating change in behavior.

We hope at least one of your learning objectives matches at least one of our objectives for sharing this with you.

Two Assumptions

- For Performance Improvement CME to succeed in an organizational setting , CME practitioners must learn some of the basic skills that PI staff use in their work.
- There must be a plan of action developed by CME staff to form a strategic partnership with PI staff to assist physicians with performance improvement projects.



Activity Description



- The Physicians' Institute conducted a pilot training program for Georgia and Florida CME providers interested in participating in performance improvement activities designed to improve clinical practice.
- An onsite training activity was developed and offered to Medical Association of Georgia and Florida Medical Association CME providers in June of 2008, over two half days.
- Fifty CME professionals and physicians participated.
- The pilot initiative incorporated varied activities resulting in a blended, interactive education program, with experts, consisting of group learning and follow-up skills training.

Training Focus

- Leadership roles for the CME provider
- A Model for CME linked to Performance Improvement
- Skills for the CME provider to support improvement
- Competencies physicians must demonstrate to practice medicine
- Significance of evidence based medicine
- Utility of Pay-for-Performance
- Understanding of Competency based licensure
- Group exercise applying the principles learned to a case study
- Follow-up Skills Training



Objectives for the Activity

- Provide a model for internal collaboration between continuing medical education and performance improvement departments
- Teach CME staff a basic grounding in performance improvement tools and techniques that apply to educational projects
- Provide tools and resources for deepening an understanding of the PI/CME process
- Make the case for PI/CME as being the “next wave” of physician learning methodology



Resources Provided on Flash Drive



- Speakers' Presentations
- AMA online presentations
- AMA Journal articles
- Podcasts and online webinars
- Case study and tools
- Websites with performance improvement information and tools

Note: Links to all of these resources were placed on the Physicians' Institute for Excellence In medicine website (www.physiciansinstitute.org). Site registration is required.

Other Resources Provided

- Five videos (15-20 minutes each) were produced by the Physicians' Institute and provided to the participants and their staffs after the onsite activity now available on the Physicians' Institute's website.
 - Knowing is Not Enough – William A. Bornstein, MD, PhD
 - The Role of the CME Professional In PI CME - Robert L. Addleton, EdD, LPC
 - Robust Performance Improvement Capability as a Strategic Asset - Stephen R. Mayfield, DrHA, MBA, MBB
 - Improvement Focus in the CME Office - Floyd Pennington, PhD
 - Surviving Sepsis: A Team Approach – A Case Study - William A. Guest, MD





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Performance Improvement-CME Training Activity Overview



In June 2008 an initial educational activity was provided to Georgia and Florida CME providers, interested in performance improvement activities designed to improve clinical practice. The purpose was to introduce CME providers to basic tools used in improvement science. CME providers participating in that onsite activity have access to five follow-up video casts. Links to relevant resources are also available. The program is supported by Pfizer and Wyeth Pharmaceuticals.

Educational objectives for this activity include:

- Provide a model for internal collaboration between continuing medical education and performance improvement departments
- Teach CME staff a basic grounding in performance improvement tools and techniques that apply to educational projects
- Provide tools and resources for deepening an understanding of the PI/CME process
- Make the case for PI/CME as being the "next wave" of physician learning methodology

For viewing by participants in the June 13-14 educational activity and by invitation only.

[View Resource Links & Downloads](#)

Knowing is Not Enough – William A. Bornstein, MD, PhD

Dr. Bornstein's contention is that more physician education and "working harder" will not provide the solutions to the complex challenges facing healthcare in the U.S. today. He makes the case that systemic changes in the processes for delivering care are necessary.

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The Role of the CME Professional In PI CME - Robert L. Addleton, EdD, LPC

In this presentation, Bob Addleton, EdD, EVP of the Physicians' Institute, explains what CME professionals will need to do, professionally and organizationally, to prepare to engage in Performance Improvement CME, which some leaders are calling the "future of CME." Both internal and external forces promoting the move to PI-CME will be explored.

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Robust Performance Improvement Capability as a Strategic Asset - Stephen R. Mayfield, Dr.HA, MBA, MBB

Performance Improvement (P.I.) provides an approach to address the three main performance issues of hospital care: undesirable variation, unnecessary harm and excessive waste. This presentation describes the four essential stages of all performance improvement efforts and provides an 8-step hierarchical assessment instrument which leaders may use as a roadmap to get on a path to better performance. The concepts of "costs of poor quality" are explained from which the business case for quality may be established.

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Improvement Focus in the CME Office - Floyd Pennington, PhD

An "Improvement Focus in the CME Office (Learning by Doing)" suggests that CME providers develop an understanding and basic skills in Quality Improvement and apply these skills in their own CME operation. The presentation reviews pressures physicians and the health care industry face that require direct involvement in performance improvement efforts. These pressures extend to the ACCME expectations of CME providers. A approach to quality improvement efforts is presented with examples of basic tools used in many improvement efforts. The presentation challenges CME providers to learn some of the improvement tools and use them to improve processes in their CME operation.

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Navigating the CME Environment: Podcasts

- **Blending CME and Quality Improvement - Nancy Davis, PhD**
- **Performance Improvement CME - Harry Gallis, MD**
- **Performance Improvement - Norman Kahn, MD**



Other Podcasts on PICME

- Conversations in CME (F. Pennington):
<http://convcme.wordpress.com/>



Practical Benefit for Participation

- Participants in PI-CME training applied for and were awarded PI-CME grants in the Fall 2008 as a part of the Physicians' Institute first PI-CME initiative on Diabetes (Merck & Co.)
- Four grants were awarded to Florida participating organizations, six grants were awarded to Georgia organizations, and four grants went to Oklahoma.
- These projects are currently ongoing, due to be completed in 2009.



Evaluation



- Pre-Post Activity assessing knowledge on Performance Improvement/CME prior to the activity and after participating in the program was developed
 - Fifty people participated in the educational activity, and 33 completed the pre-post activity assessment.
 - Of the responders, 21% were physicians and 55% were CME staff
 - Improvement in knowledge and understanding was indicated for all of the statements concerning PI, representing knowledge gained during the meeting for all educational objectives
 - The Post Activity Assessment demonstrated a significant improvement for the statement “I have a working understanding of how collaboration between CME and Performance Improvement can work in my setting.”

Evaluation



- Commitment to Change Evaluation
 - Among the attendees, twenty-two of the attendees (representing 22 accredited CME programs) agreed to participate in the Commitment to Change activity.
 - During the conference, they were asked to complete a “change initiative” form suggesting the changes they intended to make in their setting as a result of their participation in this activity.
 - One month following the onsite activity, participants were reminded of their specific Commitment to Change activities and about the subsequent follow-up.
 - Approximately two months later, participants were asked for progress on completing their Commitment to change activities.
 - Seventeen of the twenty-two participated in the last phase of Commitment to Change, indicating the status of their proposed changes during the 90 days since the activity.

Commitment to Change Outcomes

- The major types of changes mentioned can be organized into five categories:
 - Education for CME committees on PI/CME
 - More Performance Improvement program initiatives
 - Revision of organizations' mission statement to include PI/CME
 - Promotion of PI-CME programs
 - Explore alternate funding for PI-CME activities
- More than two-thirds of the agreed upon changes were made by each participating organization within the 90 day timeframe.
- Participants reported that the remaining approximately one-third of changes were not made for lack of time or because they were scheduled to be implemented the following year.



Challenges

- CME professional's understanding of PICME credit process
- MD's uopcp
- Picking a model
- Developing resources
- Getting people trained
- Monitoring process
- Project creep



Conclusions

- **State medical society–accredited CME providers will participate in educational activities designed to teach the skills of Performance Improvement CME.**
- **Based on positive evaluations of this activity, we conclude that state medical society-accredited CME providers value and need support and training, which will enable them to participate in the coordination of Performance Improvement CME.**
- **Through a Commitment to Change process that included follow-up, state medical society-accredited CME providers identified and acted upon a variety of strategies to move their organization in the direction of Performance Improvement CME.**
- **Many of the participants subsequently applied for a PI CME grant with respect to the Physicians' Institute's first Performance Improvement Collaborative.**



Conclusions

- **State-accredited CME providers will:**
 - **Participate in Performance Improvement-CME training activities,**
 - **Lead changes within their own organizations to enable Performance Improvement-CME initiatives**
 - **Seek opportunities to acquire and manage Performance Improvement-CME initiatives for their organization**



Discussion/Questions



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