

September, 2009



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IACME and ISMS Collaborative Conference Friday, October 2, 2009

We hope you'll join the IACME and the Illinois State Medical Society for our joint educational activity "Collaboration: Building our Community of Learners and Educators" on Friday, October 2, 2009. This interactive conference will be held at Stonegate Conference and Banquet Center in Hoffman Estates, IL, from 8:00 a.m. – 2:30 p.m.

Something-for-everyone is on the agenda – from best practices and gap analyses to communication technologies and PI CME! Sessions will be interactive and planned to involved CME professionals from all provider types and at all levels of experience.

Visit <http://www.iacmeonline.org/node/113> for a full agenda, registration form/link, and additional information. We hope to see you there!

CME CASE STUDY

Performance Improvement CME in the Correctional Setting: the Ultimate “Closed System”

Submitted by Dion Richetti

In 2006, the AMA introduced a new type of CME activity that allows physicians to claim credit for the learning that occurs through the process of performance improvement. CME providers have the opportunity to develop structured processes to support physicians' performance improvement and to provide mechanisms to document and record physician credit. More specifically, this process involves physicians learning about specific performance measures and retrospectively assessing their practice, applying the measures for a period of time, and then re-evaluating their performance. This new paradigm of CME, known as Performance Improvement, or PI CME, is still germinating across the CME field. There have been many different varieties and interpretations of how to educate and attract physicians to this new way of looking at CME, as well as how to implement it.

In 2007, DIME, an independent accredited provider embarked on a collaboration with a statewide correctional managed health care organization to pilot this new form of CME in a

closed system. By a “closed system” we mean one in which:

- a. clinicians work with a defined group of patients
- b. there is a single health record data set
- c. there is a method to support complete participation by most or all clinicians

The University of Texas Medical Branch-Correctional Managed Care (UTMB-CMC) is responsible for the healthcare of over 125,000 incarcerated persons in Texas. Hepatitis C virus (HCV) demonstrates seroprevalence in this population of 30-40%. UTMB-CMC worked with DIME on the development and implementation of a performance improvement CME activity targeting the 150 treating clinicians in the prison healthcare facilities that UTMB-CMC operates throughout the state.

Working with DIME, UTMB-CMC selected to improve the following performance measures in hepatitis C:

- Percentage of patients with HAV and HBV serology obtained within 6 months of diagnosing HCV
- Percentage of HCV-infected patients documented to be HBV seronegative in whom HBV vaccination (second dose) was administered within 90 days after HCV diagnosis or who have documented refusal
- Percentage of patients who have a facility-calculated APRI within 6 months of diagnosis
- Percentage of HCV-infected patients undergoing treatment with peginterferon and ribavirin who have absolute neutrophil count, platelet count, and hemoglobin level determined within 30 days of treatment initiation

Participation in the PI CME activity was mandatory for all clinicians treating UTMB-CMC patients. The leadership of the organization decided that this was vital to the success of the activity and the health of the UTMB-CMC patients. All clinicians in the system are currently enrolled and have examined their baseline practice data for these performance measures. The target audience in this case includes a large number of Nurse Practitioners and Physician Assistants who are an important part of the treatment team in the correctional setting and make up the majority of the healthcare providers.

UTMB-CMC has set system-wide goals of 100% for all of the performance measures. DIME has provided a series of educational and non-educational interventions geared to improving practice in these areas and these are available on the UTMB-CMC intranet. Interventions provided through the PI

CME activity included access to guidelines, pertinent peer-reviewed journal articles and CME activities.

For example, for clinicians working on improving their percentage of patients with HAV and HBV serology obtained within 6 months of diagnosing HCV, the interventions were:

1. Review guidelines

2. Participate in one of the following activities:

A. Guarding Against Viral Disease Transmission in Prisons and Jails (AUDIO podcast) Available at:

<http://www.newsmakersinmedicine.com/PublicHealth/index.cfm>

B. The Fine Points of Administering HAV/HBV Vaccines (AUDIO podcast) Available at:

<http://www.newsmakersinmedicine.com/PublicHealth/index.cfm>

C. Hepatitis A and B Vaccines. Medscape. Available at www.medscape.com/viewprogram/7956_learning

3. Read one of the following articles

A. Reiss G and Keefe EB. Hepatitis vaccination in patients with chronic liver disease. *Aliment Pharmacol Ther.* 2004;19:715-727.

B. Weinbaum CM et al. Hepatitis B, hepatitis C, and HIV in correctional populations: a review of epidemiology and prevention. *AIDS.* 2005;19(suppl 3):S41-S46.

C. Keystone JS and Hershey JH. The underestimated risk of hepatitis A and hepatitis B: benefits of an accelerated vaccination schedule. *Int J Infect Dis.* 2008;12:3-11.

D. Shim M et al. Susceptibility to hepatitis A in patients with chronic liver disease due to hepatitis C virus infection: missed opportunities for vaccination. *Hepatology.* 2005;42:688-695

Clinicians had until May 27, 2009, to complete the interventions.

Beginning in December 2009, clinicians will re-examine their practice data and submit a response to DIME as to how they have achieved their performance measure goal and how they have changed their clinical practice based on this activity. All clinicians must report by February 5, 2010, to receive CME credit.

DIME anticipates receiving preliminary aggregate data from UTMB electronic medical records on changes in clinician performance in September 2009.

DIME and UTMB-CMC will present the results to date at a workshop session at the Alliance for CME 2010 annual meeting in New Orleans. This breakout is: S15: PI Lockdown: Implementing Performance Improvement CME in a Large

Correctional Healthcare System and is scheduled for Saturday January 30, 2010, from 10:00-11:00 AM. View the abstract at: <http://www.acme-assn.org/ac/s15.pdf>

Learning takeaways:

- Tailoring a PI CME activity to the needs of a “closed system” can be an effective use of the PI CME model.
- Using PI CME within a “closed system” may provide a means to achieve higher level outcomes (e.g. patient health or population health).
- Many organizations will accept Certificates of Participation for activities designated for *AMA PRA Category 1 Credit™*, which might be helpful for nurse practitioners and physician assistants in their licensure and/or certification requirements.

Dion Richetti has been an IACME member since 2007 and is currently the chair of the IACME Communications Committee. He is the VP, Educational Strategy and Development at DIME, an independent accredited medical education provider in Chicago.

The IACME Communications Committee invites your feedback and your cases describing unique and innovative CME activities you have provided (see below).

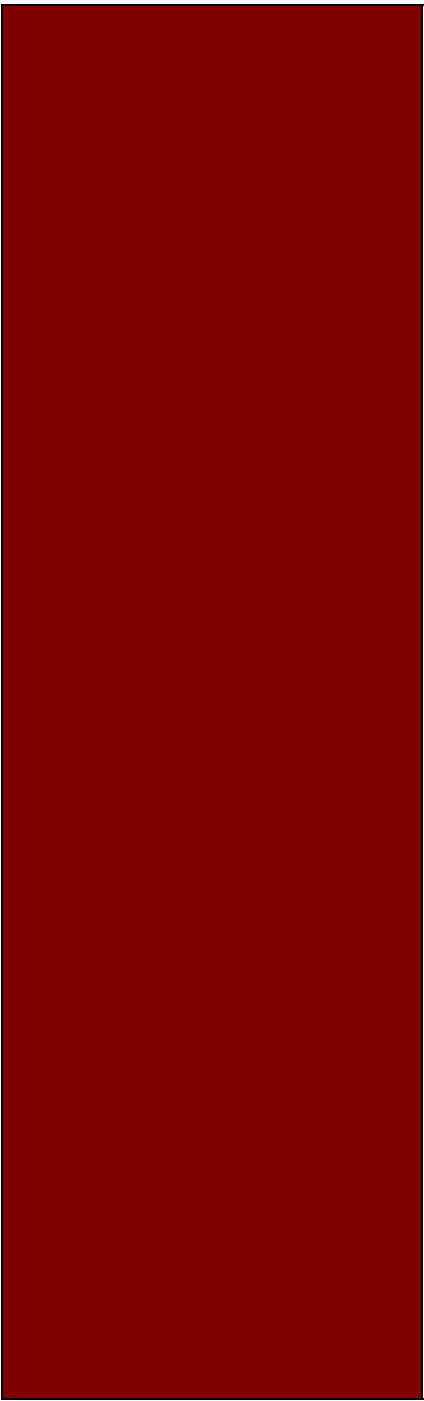
Call for CME Case Studies

Have you encountered a situation in your practice of CME that was a learning experience that you are willing to share? The IACME is asking members to help contribute to the shared expertise of our group by publishing cases from real life experience. Please write them up in a brief paragraph and send to Nikita Berry at nberry@rsna.org. Please let us know if you would like to be acknowledged or remain anonymous.

Upcoming CME Related Events:

20th Annual Conference of the National Task Force on CME Provider/Industry Collaboration October 14-16, 2009

Plan now to attend “Learning from the Past; Planning for the Future,” scheduled for Oct. 14-16 in Baltimore. This conference will offer interactive plenary sessions that will highlight collaboration among CME providers and regulated



industry, changes taking place as a result of the IOM COI Report, and health care reform's potential impact on the CME enterprise. Breakout sessions will explore the impact of public statements about commercial support of CME, interprofessional collaborations in CME, and use of technology aids and systems of collaboration available to CME providers.

Featured speakers include keynote lecturer George Mejicano, MD, MS, Associate Dean for Continuing Professional Development at the University of Wisconsin School of Medicine and Public Health, and Dave Davis, MD, Sr. Director, Continuing Education and Performance Improvement at the Association of American Medical Colleges, presenting the Shickman lecture.

Visit www.ama-assn.org/go/cmetaskforce to register or view the full conference agenda, or e-mail cmetaskforce@ama-assn.org for more information.