22nd Annual Conference of the National Task Force on CME/Provider/Industry Collaboration

Collaborating to Improve Professional Education and Health Outcomes

SEPTEMBER 21-23, 2011

BALTIMORE, MARYLAND

Excellence and Innovation in Education

James L. Holly, MD
CEO, Southeast Texas Medical Associates, LLP
September 22, 2011

Where Are We Going Today

- How do you make it easier to do it right than not do it at all?
- Do we want to perpetuate the problem of information overload, or contribute to the solution?
- Do we want others simply to participate in our programs, or do we want to create sustainable innovations in healthcare?
- How will we measure the success of our CME offerings?

The Future of Healthcare

Since SETMA adopted electronic medical records in 1998, we have come to believe the following about the future of healthcare:

The Substance	Evidenced-based medicine and comprehensive health promotion
The Method	Electronic Patient Management
The Organization	Patient-centered Medical Home
The Funding	Capitation with payment for quality

SETMA's Model of Care

During this time, we have developed the five points of the SETMA Model of Care:

1. **Provider Performance Tracking** – one patient at a time
2. **Auditing of Performance** – by panel or by population
3. **Analysis of Provider Performance** – statistical
4. **Public Reporting by Provider Name** – www.jameslhollymd.com
5. **Quality Assessment and Performance Improvement**

Performance Improvement

SETMA's ability to track, audit and analyze data has improved our clinical outcomes as illustrated by the following **NCQA Diabetes Recognition Program audit** which takes 30 seconds to complete through SETMA's Business Intelligence (BI) software deployment.

While quality metrics are the foundation of Continuous Quality Improvement, **auditing of performance is often overlooked as a critical component of the process**.

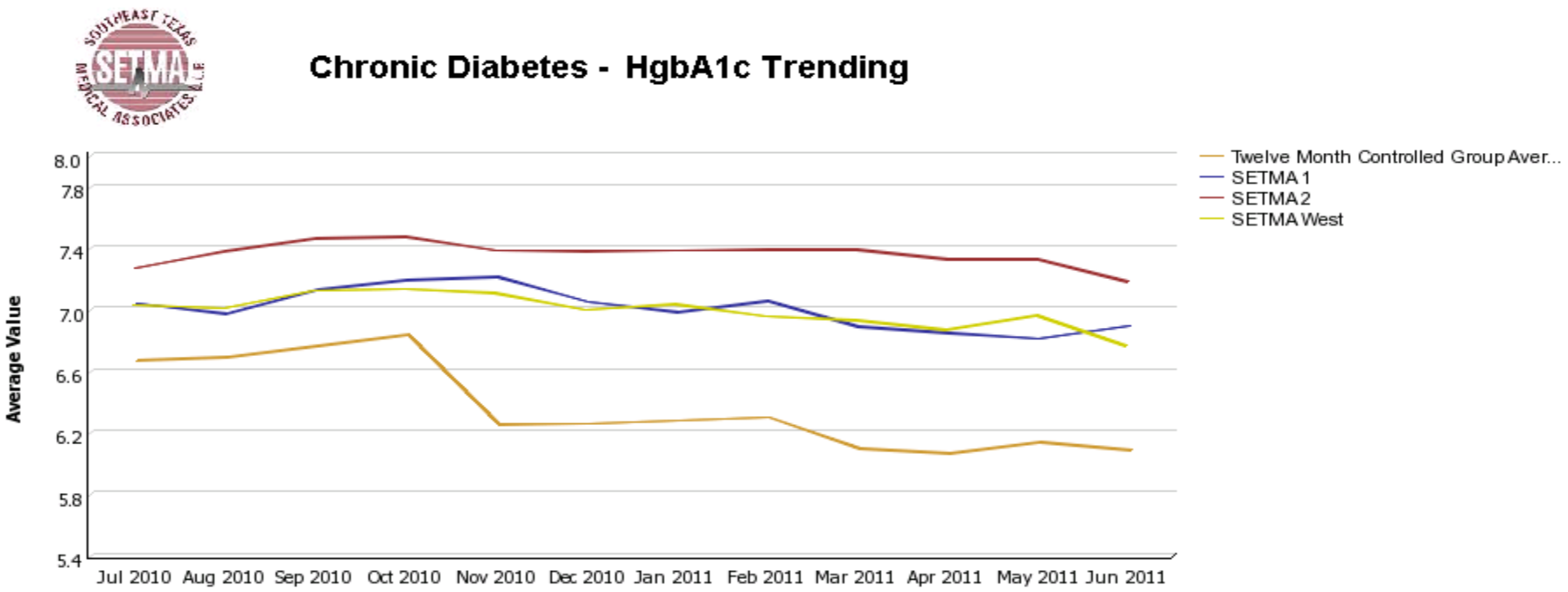
Performance Improvement

NCQA Diabetes Measures
Encounter Date(s): January 1, 2011 to May 31, 2011

Location	Provider	Encounters	A1c >9.0 <= 15%	A1c < 8.0 >= 60%	A1c < 7.0 >= 40%	BP > 140/90 <= 35%	BP < 130/80 >= 25%	Eye Exam >= 60%	Smoking Cessation >= 80%	LDL >= 130 <= 37 %	LDL < 100 >= 36%	Nephropathy >= 80%	Foot Exam >= 80%	Total Points
SETMA 1	Aziz	444	9.7%	80.4%	60.4%	22.1%	50.0%	57.2%	95.1%	13.1%	67.8%	76.4%	73.6%	80
	Duncan	311	9.0%	85.2%	68.8%	10.0%	66.9%	58.5%	90.3%	14.8%	67.8%	85.2%	83.0%	90
	Henderson	349	11.7%	80.2%	66.8%	13.2%	61.6%	59.3%	95.1%	13.2%	62.5%	83.1%	95.4%	90
	Murphy	582	5.0%	88.7%	69.4%	14.9%	54.1%	48.3%	76.6%	13.9%	71.1%	86.1%	84.5%	80
	Palang	42	0.0%	42.9%	31.0%	19.0%	52.4%	21.4%	100.0%	4.8%	31.0%	19.0%	21.4%	57
	Thomas	145	9.7%	69.7%	46.2%	20.0%	55.9%	80.7%	100.0%	13.1%	60.0%	78.6%	84.1%	95
SETMA 2	Abbas	1	0.0%	100.0%	100.0%	0.0%	100.0%	100.0%		0.0%	100.0%	100.0%	100.0%	90
	Ahmed	1,246	19.0%	58.3%	38.3%	8.1%	62.3%	65.3%	73.7%	12.0%	62.7%	64.7%	99.6%	60
	Anthony	468	11.3%	78.6%	62.4%	10.9%	72.6%	61.5%	83.1%	9.8%	70.1%	90.8%	96.2%	100
	Anwar	612	9.2%	81.9%	66.5%	4.1%	81.4%	64.7%	97.0%	13.2%	61.4%	92.3%	76.3%	95
	Cricchio, A	394	15.7%	58.1%	39.6%	8.1%	74.9%	62.4%	82.4%	9.4%	69.5%	72.8%	99.2%	70
	Cricchio, M	350	9.4%	78.3%	62.0%	11.1%	62.9%	59.7%	65.3%	12.0%	62.0%	88.3%	84.9%	80
	Holly	125	5.6%	86.4%	73.6%	3.2%	83.2%	78.4%	81.8%	13.6%	70.4%	96.8%	93.6%	100
	Leifeste	419	7.9%	79.7%	68.7%	12.4%	66.3%	68.5%	58.9%	9.5%	66.3%	88.5%	80.2%	90
	Wheeler	280	8.6%	85.7%	75.4%	22.5%	58.2%	60.4%	75.6%	14.3%	60.7%	88.2%	85.4%	90
SETMA West	Curry	182	10.4%	79.1%	57.7%	12.6%	62.6%	73.1%	78.1%	13.2%	67.0%	90.7%	94.5%	90
	Deiparine	329	8.2%	76.0%	57.8%	24.3%	48.9%	53.2%	95.8%	13.1%	58.7%	65.7%	87.8%	85
	Halbert	478	13.6%	75.1%	60.3%	21.8%	55.2%	43.3%	98.4%	16.7%	59.0%	56.3%	84.7%	85
	Horn	333	4.5%	80.2%	63.4%	1.5%	67.0%	46.8%	89.5%	15.0%	52.6%	79.3%	94.6%	85
	Qureshi	184	18.5%	67.4%	54.3%	7.6%	72.3%	51.6%	98.0%	18.5%	62.0%	67.9%	97.3%	73
	Satterwhite	193	17.6%	63.2%	47.2%	18.1%	62.2%	56.5%	92.5%	23.8%	47.7%	75.6%	87.6%	73
	Vardiman	239	10.0%	74.9%	62.8%	23.4%	45.6%	64.9%	100.0%	11.7%	65.7%	65.3%	82.8%	95

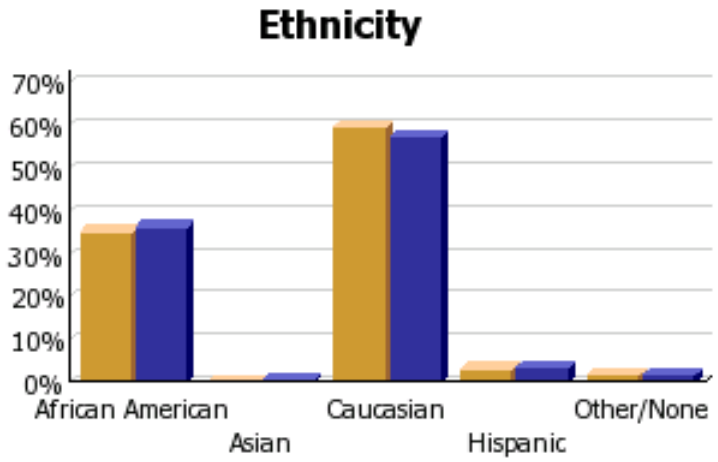
Performance Improvement

SETMA's use of BI also allows care-outcomes trending such as with HbA1c:



Performance Improvement

SETMA's goal of eliminating ethnic disparities in care can be substantiated with BI analytics:



	African American	Ethnicity Asian	Caucasian	Hispanic	Other/None
Controlled	35.3%	0.3%	59.6%	3.2%	1.6%
Selected	36.3%	0.8%	57.2%	3.7%	2.0%

Performance Improvement

SETMA's philosophy of health care delivery includes the concept that **every patient encounter ought to be evaluation-al and educational both for the patient and for the provider**. The patient and the provider need to be learning, if the patient's health and the provider's healthcare delivery are to be continuously improving.

Performance Improvement

The concept that both the impact of continuous professional development and the process of that development should and must continue in the clinical setting, while implicit in CME, had become a more explicit and expressed object of CME.

Because of its dynamic, creative and sustainable nature, this may be the most significant improvement in CME resulting from PI-CME.

Redesigning Continual Education

Addressing the foundation of Continuous Performance Improvement, IOM produced a report entitled: "*Redesigning Continuing Education in the Health Professions*" (Institute of Medicine of National Academies, December 2009). The title page of that report declares:

"Knowing is not enough; we must apply. Willing is not enough; we must do."

- Goethe

Performance Improvement

The IOM report stated:

"…it now takes **14-17 years for new evidence to be broadly implemented**…Shortening this period is key to advancing the provision of evidence-based care, and will require the existence of a well-trained health professional workforce that continually updates its knowledge." (p. 16)

Performance Improvement

The tension between "**information**," which is inherently static and "**learning**," which is dynamic and generative, is the heart of *The Fifth Discipline*, in which Peter Senge, said:

"Learning is only distantly related to taking in more information…," which classically has been the foundation of medical education. Traditional CME has perpetuated the idea that "learning" is simply accomplished by "the taking in of more information."

Performance Improvement

Senge argues that "system thinking," which is essentially a new way of learning, is needed because for the first time humankind has the capacity to:

- "Create far more information than anyone can absorb."
- "Foster greater interdependency than anyone can manage."
- "Accelerate change faster than anyone's ability to keep pace."

Performance Improvement

Systems Thinking is:

- "A discipline of seeing wholes"
- "A framework for seeing interrelationships rather than isolated things"
- "For seeing patterns of change rather than static 'snapshots'"
- "A set of general principles spanning (diverse) fields"

Intended for business, systems thinking precisely addresses major issues in continuous – healthcare -- professional development.

Performance Improvement

Transformation is defined by **sustainability** and in human endeavor both require "**Personal Mastery ,** which is the discipline of continually clarifying and deepening your personal vision, of focusing your energies, of developing patience, and of seeing reality objectively" (Senge).

The difference between current reality and our personal vision is "creative tension." And, "the essence of personal mastery is learning how to generate and sustain creative tension in our lives." (Senge)

Performance Improvement

Those with "personal mastery"

- Live in a continual learning mode.
- They never ARRIVE!
- (They) are acutely aware of their ignorance, their incompetence, their growth areas.
- And they are deeply self-confident!

This is "creative tension." And this is the goal of PI-CME, i.e., the producing of healthcare professional "creative tension" by establishing and revealing the difference between where we are and where we want to be.

Performance Improvement

Healthcare transformation, which will produce Continuous Performance Improvement, results from the internalized ideals, which create vision and passion, both of which produce and sustain "**creative tension**" and "**generative thinking.**"

Transformation is not the result of pressure and it is not frustrated by obstacles. In fact, the more difficult a problem is, the more power is created by the process of transformation in order to overcome the problem.

Performance Improvement

The change of mind which results in learning rather than simply “taking in more information,” results in “forward thinkers” who are able to create and sustain “creative tension.”

They can be described as “**relentless**” in the pursuit of the future they have envisioned. They will constantly be declaring:

“I want it done right and
I want it done right now!”

Performance Improvement

"The role of PI CME in achieving sustainable change,"
Susan Nedza, MD,
CPPD Report, AMA Continuing Medical Education
Winter 2009/No. 27

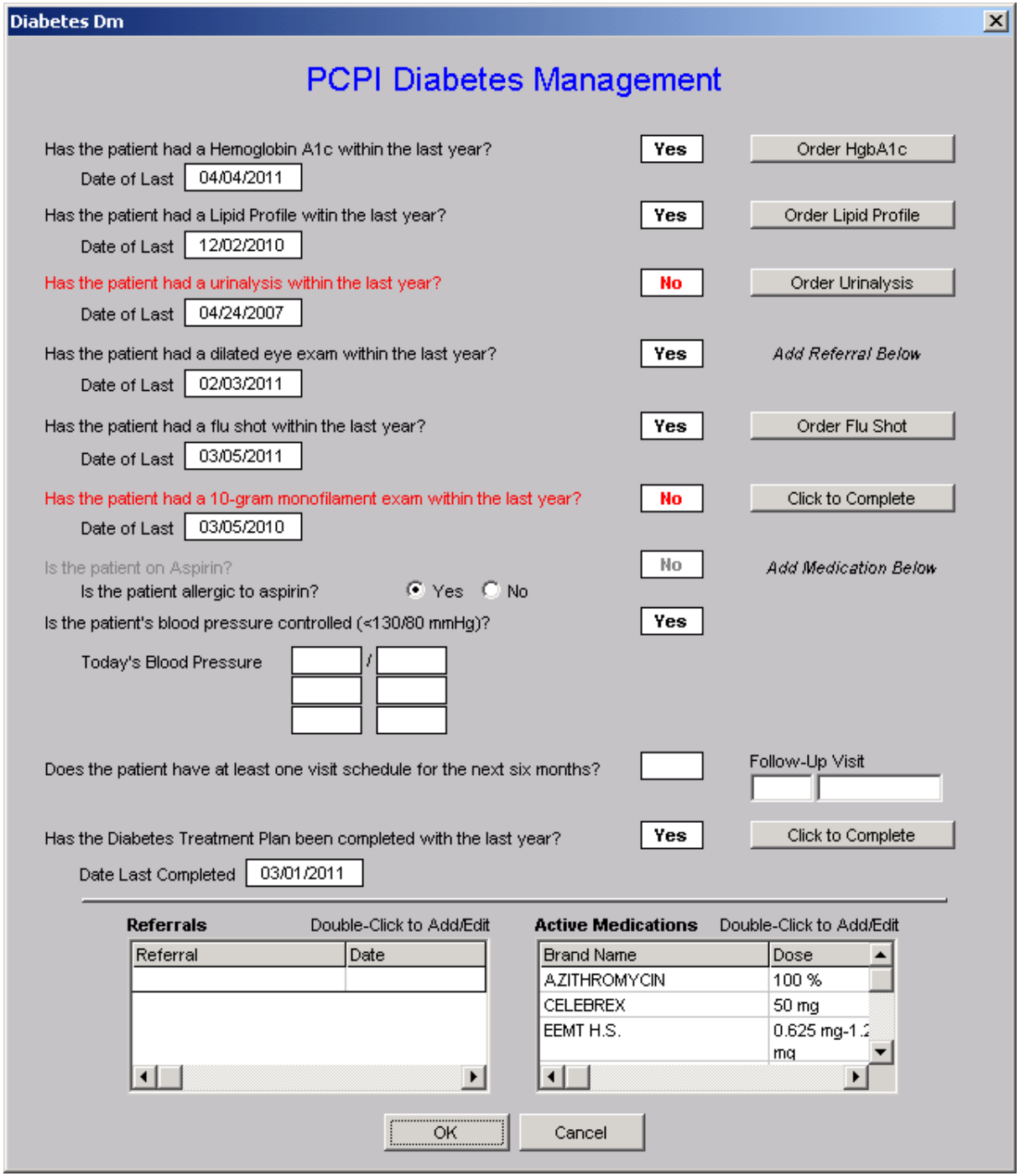
"…(healthcare) transformation…will only be successful if national efforts to improve quality:

- **enable QI where care is provided**…
- in which) provider tools…make **performance measurement a by-product of the care process**
- (with) a commitment **that supports continuous efforts to transform care at the practice level**."

SETMA deployed the PCPI Diabetes set in 2004. This is a copy of the template.

The provider, at the point of care, can measure his/her performance by clicking on the template.

Measures in black have been met; those in red have not.



Performance Improvement

Diabetes Consortium - HgbA1c Measures

E & M Codes: Clinic Only

Encounter Date(s): Jan 1, 2004 through Dec 31, 2004

Report Criteria: Patients 18 to 75 With a Chronic Diagnosis of Diabetes
Specialists Excluded (Dr. Ahmed Included)

	HgbA1c Level				HgbA1c Frequency		
Provider	<= 6.5	<= 7.0	> 7.0	Not Present	Within 3 Months	Within 6 Months	Not Within 6 Months
Anthony	28.5%	43.5%	32.4%	23.3%	60.2%	67.8%	32.2%
Anwar	17.9%	32.1%	32.1%	35.9%	38.6%	48.9%	51.1%
Aziz	23.1%	40.7%	37.9%	21.3%	54.4%	69.2%	30.8%
Duncan	20.5%	34.7%	39.0%	25.7%	50.0%	59.9%	40.1%
Halbert	24.8%	34.4%	30.4%	34.7%	40.1%	47.9%	52.1%
Henderson	17.1%	31.2%	40.2%	28.7%	54.2%	62.9%	37.1%
Holly	27.4%	42.2%	32.8%	24.8%	59.2%	66.7%	33.3%
Murphy	29.7%	44.5%	35.5%	20.0%	66.9%	73.8%	26.2%
Vardiman	15.9%	29.9%	34.0%	36.1%	35.9%	48.9%	51.1%
Wheeler	26.0%	45.2%	29.4%	25.4%	49.4%	59.6%	40.4%
SETMA Totals:	23.3%	37.8%	34.5%	27.5%	50.1%	60.3%	39.7%

Performance Improvement

Diabetes Consortium - HgbA1c Measures

E & M Codes: Clinic Only
Encounter Date(s): Jan 1, 2007 through Dec 31, 2007

Report Criteria: Patients 18 to 75 With a Chronic Diagnosis of Diabetes
Specialists Excluded (Dr. Ahmed Included)

	HgbA1c Level				HgbA1c Frequency		
Provider	<= 6.5	<= 7.0	> 7.0	Not Present	Within 3 Months	Within 6 Months	Not Within 6 Months
Ahmed	29.1%	42.9%	53.0%	3.9%	83.7%	92.9%	7.1%
Anthony	49.8%	63.3%	29.9%	6.8%	72.9%	82.6%	17.4%
Anwar	45.0%	65.0%	35.0%	0.0%	95.0%	100.0%	0.0%
Aziz	43.2%	55.6%	34.6%	9.8%	62.1%	77.2%	22.8%
Curry	48.5%	51.5%	24.2%	24.2%	30.3%	42.4%	57.6%
Duncan	47.0%	61.4%	29.2%	9.4%	54.8%	70.1%	29.9%
Halbert	47.1%	60.9%	23.7%	15.2%	51.9%	62.1%	37.9%
Henderson	47.5%	59.1%	33.3%	7.6%	61.7%	73.4%	26.6%
Holly	55.8%	64.5%	26.0%	9.5%	69.6%	81.8%	18.2%
Leifeste	46.7%	57.1%	21.8%	21.1%	59.3%	68.3%	31.7%
Murphy	57.0%	65.9%	21.5%	12.6%	64.4%	77.0%	23.0%
Vardiman	49.6%	61.0%	24.0%	14.4%	51.9%	63.6%	36.4%
Wheeler	57.7%	68.5%	20.8%	10.5%	60.0%	74.7%	25.3%
SETMA Totals:	45.6%	57.8%	32.1%	10.0%	65.7%	77.3%	22.7%

Diabetes Consortium - HgbA1c Measures

E & M Codes: Clinic Only
Encounter Date(s): Jan 1, 2011 through May 31, 2011
Report Criteria: Patients 18 to 75 With a Chronic Diagnosis of Diabetes
Specialists Excluded (Dr. Ahmed Included)

		HgbA1c Level				HgbA1c Frequency		
Location	Provider	<= 6.5	<= 7.0	> 7.0	Not Present	Within 3 Months	Within 6 Months	Not Within 6 Months
SETMA 1	Aziz	47.4%	62.8%	34.2%	1.3%	67.4%	81.9%	18.1%
	Duncan	47.6%	67.3%	31.2%	1.0%	67.8%	82.7%	17.3%
	Henderson	51.3%	65.8%	31.6%	0.8%	65.4%	83.3%	16.7%
	Murphy	50.9%	69.1%	29.1%	1.0%	71.7%	88.8%	11.2%
	Palang	28.6%	28.6%	14.3%	57.1%	38.1%	38.1%	61.9%
	Thomas	35.1%	52.6%	45.4%	2.1%	51.5%	79.4%	20.6%
SETMA 1 Totals:		48.0%	64.7%	32.2%	2.0%	66.7%	83.5%	16.5%
SETMA 2	Ahmed	26.7%	40.2%	46.6%	5.1%	76.5%	83.2%	16.8%
	Anthony	40.4%	59.9%	39.2%	0.3%	81.2%	93.0%	7.0%
	Anwar	42.9%	66.1%	31.4%	1.9%	84.2%	93.7%	6.3%
	Cricchio, A	27.0%	43.6%	42.0%	2.6%	77.9%	83.1%	16.9%
	Cricchio, M	43.1%	62.7%	33.7%	2.2%	68.8%	80.8%	19.2%
	Holly	56.9%	75.0%	25.0%	0.0%	86.1%	95.8%	4.2%
	Leifeste	58.3%	65.7%	25.5%	6.2%	77.3%	87.2%	12.8%
	Wheeler	56.6%	75.6%	22.0%	0.5%	76.6%	90.7%	9.3%
SETMA 2 Totals:		38.5%	54.6%	37.4%	3.3%	77.8%	86.7%	13.3%
SETMA West	Curry	46.5%	61.1%	35.4%	2.8%	68.8%	87.5%	12.5%
	Deiparine	44.0%	56.8%	29.0%	12.4%	56.4%	72.6%	27.4%
	Halbert	43.6%	60.1%	36.2%	3.4%	61.7%	74.8%	25.2%
	Horn	52.8%	65.8%	29.4%	4.1%	60.2%	78.1%	21.9%
	Qureshi	43.0%	56.3%	35.2%	7.7%	59.9%	69.7%	30.3%
	Satterwhite	31.6%	50.3%	40.6%	8.4%	46.5%	68.4%	31.6%
	Vardiman	46.3%	62.6%	32.7%	2.7%	50.3%	69.4%	30.6%
SETMA West Totals:		44.6%	59.5%	33.6%	6.0%	58.2%	74.5%	25.5%
SETMA Totals:		42.2%	58.2%	35.2%	3.7%	70.2%	82.8%	17.2%

Performance Improvement

SETMA's Model of Care, actually models PI-CME:

1. We continually measure our current performance on over 250 quality metrics.
2. The aggregation of quality data is incidental to the delivery of care, requiring no additional effort on the providers' part.
3. Monthly, we have nursing and provider meetings to conduct peer review, review treatment strategies and to discuss quality improvement .
4. We share training material to improve our knowledge.
5. We have a goal of improving and continue to monitor our performance at the point of care, not only encouraging but demanding improvement of ourselves.

Changing Model of CME

As the classic lecture-CME setting has increasingly been shown not to change provider behavior, new iterations of CME have been developed.

- In 2002, the AAFP introduced evidence-based CME
- In 2004, AMA, AAFP and OA changed the measurement of CME from hours to credits.
- In 2005, AMA implemented two new formats: Internet point of care (PoC) and performance improvement (PI) CME

Performance Improvement-CME

The Steps of Performance Improvement CME (PI-CME)

1. First stage, assessment of each physician's current practice using identified evidence-based performance measures. Feedback to physicians compares their performance to national benchmarks and to the performance of peers.
2. Second stage, implementation of an intervention based on the performance measures assessed in the practice.
3. Third stage, revaluation of performance in practice including reflection and summarization of outcome changes resulting from the PI CME activity.

Joslin Performance Improvement-CME

SETMA is involved with two **PI-CME Programs with the Joslin Diabetes Center**. The first project focuses upon hemoglobin A1C and the assessment of and the elements of the cardiometabolic risk syndrome. The second is **Eldercare**. (All Joslin PI CME are approved by ABIM to qualify for part 4 MOC)

SETMA has disease management tools for diabetes and the cardiometabolic risk syndrome. (Both can be reviewed at www.jameslhollymd.com under "Electronic Patient

Joslin PI-CME
Selected SETMA Diabetes Patients

			Baseline Data (as percent)						Baseline Data (as meeting goals)						
First name	Last name	Max Step	Smoking	A1C	LDL-C	HDL-C	Blood Pressure	Risk Factors	Smoking	A1C	LDL-C	HDL-C	Blood Pressure	Risk Factors	
Jehanara	Ahmed	6	78.7%	66.4%	74.4%	38.5%	88.2%	82.6%	2	3	1	1	3	2	
Jeffrey Scott	Anthony	6	78.4%	59.5%	78.9%	40.2%	89.6%	84.9%	2	3	2	1	3	2	
Syed	Anwar	6	90.9%	61.8%	72.2%	34.3%	89.4%	77.8%	3	3	2	1	3	2	
Muhammad	Aziz	6	90.1%	65.4%	88.8%	48.4%	64.9%	93.6%	3	3	3	1	2	2	
Michael	Cricchio	6	70.4%	75.0%	73.6%	39.7%	84.1%	84.1%	2	3	2	2	3	2	
Marissa	Curry	6	91.4%	61.1%	67.9%	42.6%	84.8%	77.6%	3	3	2	1	3	2	
Norma	Duncan	6	94.5%	51.9%	74.8%	47.1%	89.7%	79.7%	3	3	2	1	3	2	
Dean	Halbert	6	84.3%	51.6%	71.8%	38.6%	68.7%	79.8%	3	3	2	1	2	2	
Dana	Henderson	6	89.7%	70.5%	77.1%	51.4%	67.8%	84.9%	3	3	2	1	2	2	
James	Holly	6	90.0%	66.7%	77.4%	45.2%	100.0%	87.1%	3	3	2	1	3	2	
Alicia	Horn	6	94.8%	71.8%	74.3%	49.9%	88.2%	80.7%	3	3	2	1	3	2	
Vincent	Murphy	6	69.2%	72.6%	82.4%	50.1%	69.7%	90.8%	2	3	3	2	2	2	
Absar	Qureshi	6	94.5%	58.3%	69.2%	34.6%	85.7%	76.7%	3	3	2	1	3	2	
Kelli	Satterwhite	6	89.9%	55.0%	65.2%	49.4%	79.1%	77.8%	3	3	2	2	2	2	
Michael	Thomas	6	87.9%	50.0%	56.5%	28.1%	74.8%	62.6%	3	3	2	1	2	1	
Caesar	Deiparine	4	98.3%	58.1%	62.0%	34.8%	69.7%	70.1%	3	3	2	1	2	1	
W Bryan	Sims	4	86.4%	50.0%	77.5%	40.8%	71.8%	83.8%	3	3	2	1	1	2	
Ruth	Spiel	4	75.0%	36.4%	45.1%	19.8%	78.0%	47.3%	2	2	1	1	2	1	
John	Vardiman	4	96.4%	64.7%	62.8%	31.7%	70.0%	67.2%	3	3	2	1	1	1	
Marcella	Wheeler	4	77.6%	80.0%	81.3%	54.8%	79.6%	87.4%	2	3	2	1	2	2	
Byron	Young	4	83.3%	50.0%	59.2%	35.5%	65.8%	65.8%	3	3	1	1	2	1	
Vijay	Kusnoor	5	56.3%	40.0%	61.4%	40.9%	61.4%	65.9%	1	3	1	2	1	1	
Alan	Leifeste	5	72.7%	81.6%	88.0%	46.7%	77.7%	92.1%	2	3	3	2	2	2	
									1	**0**	**4**	**18**	**3**	**6**	**# critical**
									7	**1**	**16**	**5**	**11**	**17**	**# needs improvement**
									15	**22**	**3**	**0**	**9**	**0**	**# at goal**
									4.3%	**0.0%**	**17.4%**	**78.3%**	**13.0%**	**26.1%**	**% critical**
									30.4%	**4.3%**	**69.6%**	**21.7%**	**47.8%**	**73.9%**	**% needs improvement**
									65.2%	**95.7%**	**13.0%**	**0.0%**	**39.1%**	**0.0%**	**% at goal**

Joslin PI-CME Glyco
All SETMA Patients with Diabetes

					HgbA1c					
Provider	Age	Males	Females	BMI	AVG	STD DEV	Referred DSME	Exercise	Attend DSME	Med Changed
Ahmed, Jehanara	64	43.7	56.3	38.5	7.5	1.64	40.3	95.1	55.7	95.0
Anthony, Jeffrey	67	56.0	44.0	38.2	7.0	1.60	41.8	91.5	36.1	48.3
Anwar, Syed	71	43.1	56.9	43.3	6.8	1.31	40.3	79.7	37.3	48.0
Aziz, Muhammad	69	43.3	56.7	36.9	7.0	1.57	53.2	95.2	36.1	61.1
Cricchio, Angela	65	45.3	54.7	34.4	7.7	1.78	47.6	98.7	59.0	90.4
Cricchio, Michael	66	47.1	52.9	42.3	6.9	1.57	48.5	87.6	46.9	37.1
Curry, Marissa	66	29.7	70.3	32.5	6.9	1.54	52.3	98.2	42.1	39.9
Deiparine, Caesar	66	43.5	56.5	36.7	7.0	1.66	25.0	91.6	24.2	75.3
Duncan, Norma	65	22.7	77.3	49.5	6.8	1.34	33.2	97.8	35.0	30.7
Halbert, Dean	67	53.4	46.6	33.6	6.9	1.55	27.1	97.2	28.3	57.1
Henderson, Dana	71	40.3	59.7	34.9	6.9	1.42	38.5	95.4	36.3	55.6
Holly, James	65	65.6	34.4	31.1	6.4	1.73	53.4	93.6	50.1	65.2
Horn, Alicia	64	30.1	69.9	35.9	6.7	1.32	40.6	99.8	37.2	42.9
Leifeste, Alan	67	46.3	53.7	32.7	6.8	1.50	43.8	90.8	36.5	73.8
Murphy, Vincent	68	45.4	54.6	31.9	6.7	1.31	27.8	91.6	28.4	45.7
Palang, Ronald	69	62.4	37.6	31.6	6.9	1.38	17.6	90.0	15.2	43.3
Qureshi, Absar	69	43.4	56.6	32.7	7.0	1.59	28.0	83.9	28.1	41.4
Satterwhite, Kelli	69	29.7	70.3	1249.4	6.9	1.41	21.9	67.4	19.8	43.3
Thomas, Michael	67	47.7	52.3	50.7	7.1	1.54	32.8	88.5	31.5	34.1
Vardiman, John	70	56.5	43.5	53.0	7.0	1.50	31.0	97.4	33.3	38.2
Wheeler, Marcella	65	15.4	84.6	34.2	6.8	1.61	36.5	83.6	34.9	41.3

Joslin PI-CME Cardio
All SETMA Patients with Diabetes

Provider	Avg Age years	Males %	Females %	Avg Weight lbs	Cessation Provided % of patients	Diabetes % of patients	Dyspilidemia % of patients	Hypertension % of patients	BMI average
Ahmed, Jehanara	56	39.9	60.0	211.7	90.3	73.6	67.1	68.7	62.9
Anthony, Jeffrey	54	62.3	37.7	204.6	92.3	22.8	65.1	51.2	49.1
Anwar, Syed	59	53.4	46.6	203.2	90.2	27.8	70.4	65.0	47.5
Aziz, Muhammad	55	55.3	44.7	193.9	95.5	19.7	63.8	61.8	41.4
Cricchio, Angela	60	45.2	54.8	216.7	95.2	91.1	77.1	79.6	70.7
Cricchio, Michael	52	51.9	48.1	195.3	93.1	22.8	58.7	51.3	48.7
Curry, Marissa	51	24.0	76.0	187.8	99.1	11.4	42.5	44.2	48.1
Deiparine, Caesar	51	47.1	52.9	194.7	96.5	14.5	57.4	50.0	45.7
Duncan, Norma	51	28.7	71.2	269.3	94.2	12.3	51.5	44.5	46.8
Halbert, Dean	55	57.7	42.3	198.1	95.1	17.8	58.5	53.9	46.7
Henderson, Dana	53	30.7	69.3	202.5	94.6	18.6	60.2	57.2	52.3
Holly, James	59	60.8	39.2	198.9	90.9	33.3	64.7	58.8	43.1
Horn, Alicia	52	25.6	74.4	280.8	98.2	13.9	50.7	47.1	45.6
Leifeste, Alan	56	50.1	49.9	195.0	96.9	24.6	63.7	57.5	44.9
Murphy, Vincent	56	54.4	45.6	199.1	79.9	22.6	66.3	61.5	47.4
Palang, Ronald	60	55.1	44.9	185.0	100.0	19.2	53.8	78.2	35.9
Qureshi, Absar	51	44.0	56.0	201.4	98.6	14.0	42.0	42.6	49.7
Satterwhite, Kelli	54	27.2	72.8	195.7	100.0	17.7	43.4	52.7	49.0
Thomas, Michael	50	58.2	41.8	196.6	92.5	13.8	35.3	40.5	45.4
Vardiman, John	54	61.3	38.7	196.2	98.9	13.2	45.7	46.1	40.3
Wheeler, Marcella	52	16.1	83.9	190.1	93.9	17.1	49.6	47.7	48.8

Joslin PI-CME Cardio
All SETMA Patients with Diabetes

	Patients with Diabetes (%)				Patients w/o Diabetes (%)			
	HgbA1c	LDL	HDL	BP	LDL	HDL	BP	Risk Stratification
Provider	< 7.0	< 100	M>40, F>50	< 130/80	< 160	> 50	< 140/90	% of patients
Ahmed, Jehanara	42.9	55.8	48.8	49.4	57.9	41.6	89.1	84.7
Anthony, Jeffrey	71.0	54.3	59.4	49.3	74.5	42.6	86.7	86.1
Anwar, Syed	62.1	53.7	58.1	63.1	76.2	44.9	89.4	87.1
Aziz, Muhammad	62.7	56.8	58.5	38.1	86.3	49.7	72.8	93.2
Cricchio, Angela	49.0	61.5	55.2	53.8	71.4	35.7	78.6	93.0
Cricchio, Michael	64.7	56.6	58.1	53.7	76.5	45.9	84.3	85.7
Curry, Marissa	64.2	56.7	47.8	47.8	68.5	46.8	83.9	78.7
Deiparine, Caesar	56.1	52.0	50.7	23.6	70.3	41.0	72.0	77.4
Duncan, Norma	71.4	52.7	52.7	44.6	73.7	54.2	89.9	83.9
Halbert, Dean	61.7	46.1	54.3	44.0	74.8	42.1	76.7	86.0
Henderson, Dana	62.9	57.6	50.8	39.4	77.4	49.9	77.5	87.3
Holly, James	70.6	56.9	49.0	51.0	85.3	52.9	78.4	93.5
Horn, Alicia	69.7	52.4	47.6	54.5	73.3	49.4	91.3	81.3
Leifeste, Alan	69.7	64.8	52.1	51.5	82.2	46.7	83.0	90.1
Murphy, Vincent	70.0	63.7	62.6	34.2	82.2	53.4	74.6	91.9
Palang, Ronald	46.7	40.0	26.7	40.0	36.5	20.6	81.0	39.7
Qureshi, Absar	49.0	39.2	39.2	51.0	65.5	35.1	90.1	72.5
Satterwhite, Kelli	57.3	50.0	47.6	36.6	75.6	52.5	71.7	84.4
Thomas, Michael	49.0	41.3	55.8	34.6	51.2	30.0	83.2	60.7
Vardiman, John	66.7	39.4	53.0	37.9	61.0	35.6	72.5	70.7
Wheeler, Marcella	71.3	49.1	49.1	38.0	79.8	58.1	83.0	88.3

Performance Improvement

The *2009 IOM* report referenced above further stated:

"….**continuing professional development** (CPD)…is learner-driven, allowing learning to be tailored to individual needs….

"CPD methods include **self-directed learning** and **organizational and systems factors**; and it focuses on both **clinical content and other practice-related content**, such as communications and business." (p. 17)

Performance Improvement

"…an effective continual professional development system should ensure that health professionals are prepared to:

1. "Provide patient-centered care.
2. "Work in inter-professional teams.
3. "Employ evidence-based practice.
4. "Apply quality improvement.
5. "Use health informatics." (*IOM*, p. 94)

Joslin PI-CME

“Provide patient-centered care”

SETMA has achieved both NCQA Tier III Medical Home recognition and AAAHC accreditation as a Medical Home.

Joslin’s PI-CME builds on the patient’s engagement in their own care both through DSME and MNT and also with the Coordination of Care possible with a Medical Home’s personalized plan of care and treatment plan.

Joslin PI-CME

“Work in inter-professional Teams”

Joslin’s PI-CME course on GlycoCardio including on-site training of physicians, nurse practitioners, nurses, unit Clerks, and DMSE and MNT educators.

This not only recognizes the IOM’s requirement for Performance Improvement including inter professional teams but also Medical Home’s requirement of a team approach to care.

Joslin PI-CME

"Employ evidence-based practice"

Joslin's PI-CME examples and promotes the latest in research combined with candid discussions of:

- What we know
- What we think
- What we don't know

A *dialectic* approach – a dialogue -- is substituted for the traditional *didactic* – pedagogical – CME method. As Medical Home engages the patient in a discussion about their health, Joslin engages providers in a discussion about evidence-based medicine.

Joslin PI-CME

"Apply quality improvement"

The third step of PI-CME is measuring improvement in process and outcomes quality metrics. Joslin PI CME recognizes that process metrics can be changed quickly but that outcomes take longer. The key is **sustainability** which is always the challenge where improvement is measured with change .

Joslin tackles sustainability by implementing PI over time – rather than as an 'episodic PI CME activity' -- to promote a culture of improvement. This is more difficult but, in my opinion, is much more effective and useful. **A PI CME done just for the sake of doing It, will not promote sustainable change/improvement**

FROM HOURS TO OUTCOMES

The "**missing link**" is the incorporation of new information into a clinician's workflow which was learned in PI-CME.

SETMA had one provider who routinely completed 500 hours of CME a year. He knew more than almost anybody but his outcomes never changed. He never incorporated what he knew into his workflow.

FROM HOURS TO OUTCOMES

ACE Road Map to Achieve Glycemic Goals
Treatment Recommendations Based on Lastest HgbA1C

Patient's Latest HgbA1C 7.0 % 08/18/2011

HgbA1C Range: 6.0 - 7.0 %

ACE Glycemic Goals

HgbA1C	< 6.5%
Fasting Plasma Glucose	< 110 mg/dL
2 Hour Post Prandial Glucose	< 140 mg/dL

Intervention
* * = Special Situations
(Click the links for additional info)

- [x] Metformin
- [x] TZDs
- [x] Alpha-Glucosidase Inhibitors
- [x] Meglitinides * *
- [x] Sulfonylurea * *
- [x] Rapid-Acting Insulin Analogs * *
- [ ] Pre-Mixed Insulin Analogs
- [ ] Glargine
- [ ] NPH
- [ ] Other Approved Combinations

Continuous Titration of Rx
(2 to 3 months)

Monitor/Adjust Rx to maximal effective dose to meet ACE glycemic goals.

If HgbA1C <= 6.5% Not Achieved

Intensify or combine Rx.

Conclusion

More than at anytime in the history of Medicine those who prepare and deliver continuing medical education programs are part of the equation which will produce excellence in patient care.

The effective power of our contribution to medicine will depend upon our designing and producing educational modules which have measurable results and sustainable outcomes.

In many ways, we will also participate in promoting “personal mastery” in health care providers which allows them not only to husband their energy but to recreate that energy through passion, vision and personally generated “creative tension”.

This is a new kind of learning, a new kind of CME and a new strategy for both.