MAKING CLEAR CONNECTIONS - EXPANDING PHYSICIAN ENGAGEMENT IN QI BY PARTNERING WITH GRADUATE MEDICAL EDUCATION

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Problem

The Accreditation Council on Graduation Medical Education's (ACGME) Clinical Learning Environment Review (CLER) pathways provides a clear opportunity to connect Maintenance of Certification initiatives, hospital/system priorities for quality and safety, with graduate medical education. Through partnership with our Graduate Medical Education-CLER leaders, we have identified opportunities for win-win initiatives that meet Maintenance of Certification, GME and system needs.

Purpose/Objective

To elucidate the process steps associated with connecting GME and MOC using a patient safety/quality example.

Methods

STEP #1: Start the Conversation Between Clinical, GME, and MOC /CPD Leaders

Continuing Professional Development (CPD)/MOC leaders meet with GME and ask to review CLER related documents and site visit reports. Identify the "low hanging fruit" that set us up for high success. The feedback from the CLER visits can help MOC, CPD , and GME partners identify what those opportunities might be.

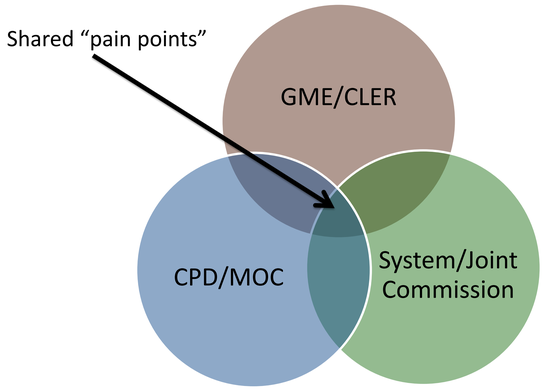
STEP #2: Identify Shared Pain/Performance Improvement Needs/Targets

Joint Commission and the ACGME CLER Patient Safety (PS) Pathway 1 highlight the importance of incident reporting. Per CLER, reporting is "an important mechanism to identify patient safety vulnerabilities," yet physician reporting is low relative to other professions = A cross cutting performance improvement target.

Methods Continued

STEP #3: Create a Cross Cutting Planning Team & Leverage Resources

Identity key stakeholders including GME champion(s), system leaders in risk management/incident reporting and MOC leaders. Highlight opportunities to cross-leverage resources for MOC and GME related core curriculum conferences.



STEP #4: Create Education to include physicians and resident team interactions, Communicate, Engage & Sustain Education Momentum.

Develop Education initiatives to align with GME residents/faculty requirement to participate in quality improvement/performance improvement credits and fulfill ABMS board certification requirements thereby creating a natural audience. Utilize system metrics to ease the "tracking" burden.

Aurora Health Care Goals/Strategies:	ACGME CLER Focus Areas	"Wins" for Aurora Patients:
Patient Safety Create a ***Culture of Safety***: Open, fair and just environment.	**Patient Safety** Formal mechanism to **assess attitudes toward safety** and improvement, including fair and just culture. Educational activities that create a shared mental model with regard to **patient safety-related goals**, tools and techniques.	**Patient Safety** • Residents/Fellows participate in SOPS. • Verge incident follow-up strategy was enabled to allow residents & faculty to learn about process & outcome. • Cross residency projects on hand hygiene.
Health Care Quality Every patient deserves the best care. Period. Our targets for success are to be a national top performer in clinical quality and patient satisfaction. Caregiver accountability, teamwork and respect enables our success, as does a strong culture of service to one another.	**Health Care Quality** Utilize educational activities to support a shared mental model with regard to **health care quality-related goals**, tools and techniques to achieve QI goals.	**Health Care Quality** • Residents & faculty receive IP/OP reports on quality and patient experience and develop action plans.
Care Transitions • Smooth transitions and coordinated care (Roadmap 2007). • Institution's commitment to work with patients at high risk for readmission.	**Care Transitions** Sponsor educational activities that create a shared mental model with regard to care transitions necessary for residents to work in a consistent, well-coordinated manner.	**Care Transitions** • Transition processes (verbal & EHR) are in place in training programs. • Train residents/faculty in standardized transition model (I- PASS) to enhance team care (TeamSTEPPS). • Utilizing LACE (Length of stay, Acuity of admission, Comorbidities, Emergency department visits) on Internal Medicine Teaching Service for 30 day readmit.

Results: Education across the continuum

Our recently approved ABMS MOC Portfolio application included incident reporting as one of the three required examples. Two GME –wide curriculum sessions have focused on incident reporting with a performance improvement focus (abstract accepted at national quality improvement meeting). MOC module scheduled to go live spring 2016. Approach is serving as a template for approaching other cross-cutting GME/Hospital/System needs.

Several other "pain points" have been identified and are being developed as potential MOC global projects for the entire system.

Topics	Metrics	Focus
Behavioral health (focus on PC)	Accessing and completing depression assessment in Epic	Increase depression screening tool use in primary care. Includes what do to after diagnosis of depression (how to manage co-morbidities, when mood stabilizers are necessary)
Patient Safety	Incident Reporting Reporting rates Physician feedback	Change perception of reporting. Emphasis on physician reporting incidents unlikely to be reported by others (i.e. near misses)
Advance Care Planning	Initiated AD conversation/completed AD	Improve geriatric care by improving the primary care providers' ability to initiative AD discussions with patients
Pain Management	Prescribing rates, number of patients on opioids (length of time)	Decrease unnecessary opioid prescribing, alternative pain management strategies
CQI (with Care Management)		Action Plan for: Blood Pressure Measures and Diabetes A1C and Kidney function measures

Conclusions

Identifying shared GME and hospital requirements/needs provides an opportunity for CPD/MOC leaders to integrate performance improvement/MOC within an integrated health care system.

It's just a matter of making the win-win connections CLeAR and using CPD/MOC leaders expertise to align requirements.

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