

First Fridays Webinar Series:
Medical Education Group (MEG)

It's All About the Patient

January 7, 2011



Freda Lewis-Hall, EVP and CMO



Freda Lewis-Hall, M.D. is Executive Vice President and Chief Medical Officer for Pfizer Inc.

She leads Pfizer Medical, the division charged with regulatory and safety strategy and operations, QA, regulatory compliance, medical communications and medical affairs. She is Pfizer's most senior physician and a member of the ELT.





Maureen Doyle-Scharff, Senior Director, Team Lead



Maureen Doyle-Scharff, MBA, FACME Senior Director, Team Lead, Medical Education Group at Pfizer.

She has worked in the field of medical education for nearly 20 years.

Maureen currently serves on the Board of Directors for the Alliance for Continuing Medical Education (ACME) as Secretary/Treasurer, and the Global Alliance for Medical Education (GAME), is a member of the American Medical Association's National Task Force on Provider/ Industry CME Collaboration, and is founder and immediate-past president of the Ohio Affiliate of the HBA.





Agenda: It's All About the Patient

- Welcome – Freda Lewis-Hall, MD, Chief Medical Officer
- Recap of 2010 – Maureen Doyle Scharff, MBA, FACME, Senior Director
- It's All About the Patient – Betsy Woodall, PharmD, MBA, Director
- Achieving Patient-Level Data – You Can Do It!, Pam McFadden, AVP and Andrew Crim, Executive Director, University of North Texas Health Science Center
- Q and A



Today's Objectives

Upon completion of today's call participants should be able to:

1. Articulate a patient-related theme in your organizations' mission statements
2. Identify opportunities to capture patient-level data as a result of their educational initiatives within their program
3. List sources of patient-level data, in addition to patient charts





It's All About the Patient

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- Patients are in the forefront of our operation
- Addressing performance improvement
- Totally-engaged learners
- Interdisciplinary care for a holistic approach
- Education is an intermediate step to improved patient care
- Needs assessment
- Tools to get there



It's All About the Patient

2011 Topics

- Patient-Centered Medical Home
- Needs Assessment – Sources of Data
- Measures of Educational Effectiveness - Smoking Cessation
- Block Grants
- Brainstorming Methodologies
- Global Medical Education
- Creating 'Sticky' Education
- Quality Improvement and the Role of Education



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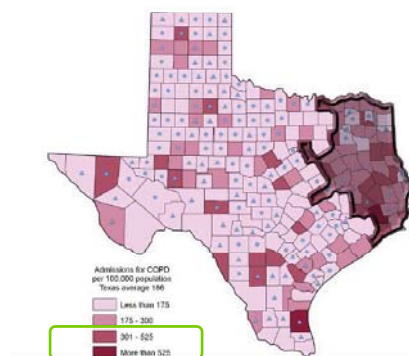
COPD
Chronic Obstructive Pulmonary Disease

Improving Community
Health in East Texas

Pam McFadden

Andrew Crim

Why East Texas?



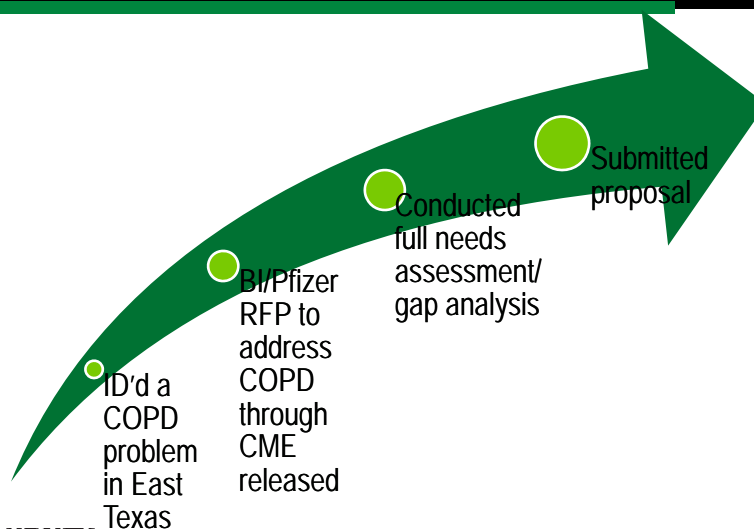
- High concentration of potentially preventable hospitalizations due to COPD
- Convergence of multiple risk factors
- Existing relationships, knowledge of region and target audience

About East Texas

- Approximates the combined land area of VT, NH, MA, RI and CT, or roughly twice the size of New Jersey.
- 50-county region with ~2.2 million people
- ~1800 primary care physicians, NPs and PAs (MUA)
- Higher smoking rates than the state or US
- ~ 20% population below poverty line
- Primary industries: oil/gas, timber, agricultural and manufacturing/refining
- Increase in aged and in all minority groups over past decade

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How Project Started



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What we found

Contributing Factors CME Couldn't Influence

- Patient Demographics
 - Increasingly Older
 - Increasingly Minority
- Occupational Hazards
- Environmental conditions
- Fewer healthcare professionals

Contributing Factors CME Could Influence

- Poor rates of spirometry & poor interpretation of results
- High rates of Mis- & under-diagnosis
- Smoking status ascertainment
- Failing to treat aggressively
- Beliefs that treatments are ineffective
- Patient education



Overall Objectives

- Reduce the number of undiagnosed patients with COPD in East Texas by promoting more frequent and quality testing by primary care clinicians;
- Reduce the number of preventable hospitalizations related to COPD in East Texas;
- Improve the quality of life of patients with COPD by aggressively treating COPD and reducing environmental and behavioral risks to slow the disease progression; and
- Educate patients on risks of developing COPD and methods that could prevent it from developing.



Activity Design

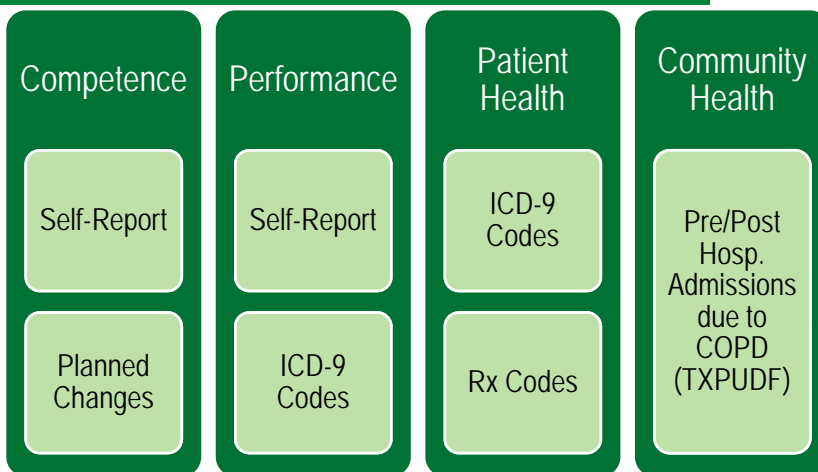
- Small-group dialogues in the “worst of the worst” counties in East Texas (<20/activity)
- A small sub-grant to a public health department or Area Health Education Center to serve as educational resources for local clinicians
- Follow-up CME-certified cases (enduring material) and additional material mailed to each primary care provide in East Texas

Primary Strategy

Reinforcing Activities



Planned Outcomes



Note: Original proposal used Moore's 2003 scale. This has been updated to the 2009 scale proposed by Moore, Green and Gallis.



Participation

Activity	Participation
Live activities	244 69% Physician 9 % NP 11% PA 11% Other
Enduring Cases	321 Certificates 54% Physician 19% NP 25% PA 2% Other
AHEC Sub Grant (Live, hands-on Spirometry Workshop)	103 81% Physician 4% PA 10% Nurse (NPs, RNs, LVNs) 5% Other



DID IT WORK?

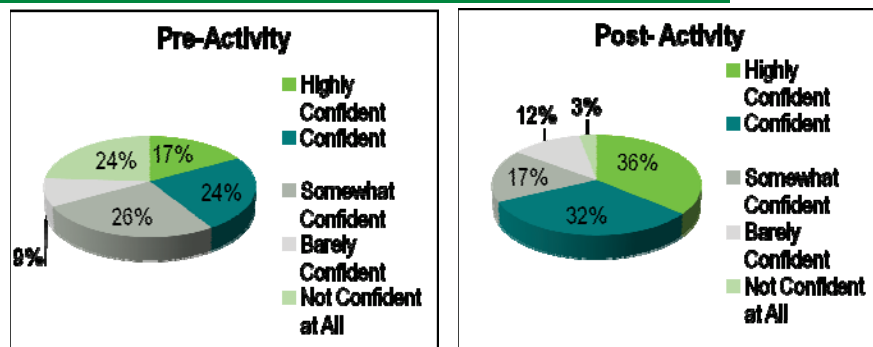
Activities conducted 2008



LEVEL 4: COMPETENCE

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Confidence in accurately interpreting spirometry results

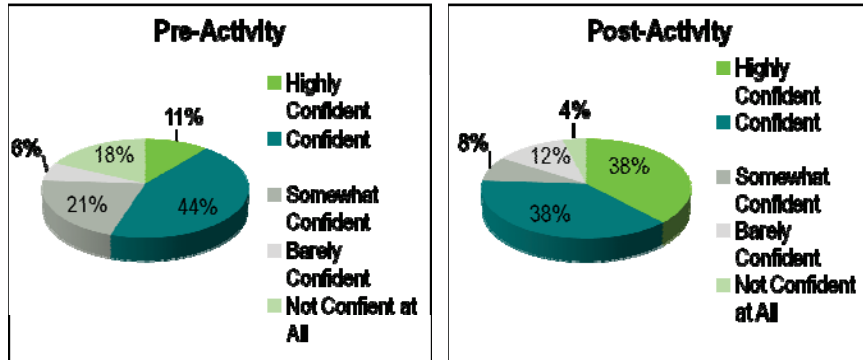


Following the activity, 68% of participants were highly confident or confident in their ability to interpret spirometry results, an increase of 27% from pre-activity results from the same participants. Those who indicated highly-confident more than doubled post-activity.

BOTTOM LINE: More physicians are confident in their ability to accurately interpret spirometry results.

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Confidence in ability to aggressively treat and slow progression of COPD

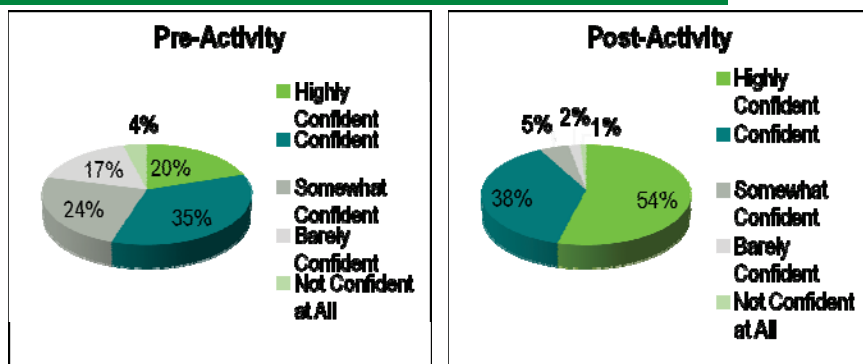


Following the activity, 76% of participants were highly confident or confident in their ability to aggressively treat and slow the progression of COPD, an increase of 11% from pre-activity results from the same participants. Those who indicated highly-confident almost quadrupled post-activity.

BOTTOM LINE: Physicians who attended are more confident in their ability to effectively treat COPD.

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Confidence in ability to correctly educate patients on COPD risk factors and strategies to prevention



Following the activity, 92% of participants were highly confident or confident in their ability to correctly educate patients on COPD risk factors and strategies to prevention, an increase of 33% from pre-activity results from the same participants. Those who indicated highly-confident almost tripled post-activity.

BOTTOM LINE: Physicians who attended feel they are better prepared to educate patients about risk factors and prevention of COPD.

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Areas where 100% of participants indicated an *intent* to increase their efforts in...

Screening for COPD using Spirometry

Ascertaining smoking status in all patients

Patient education regarding smoking and other COPD risk factors

To work with other local physicians and healthcare providers to eliminate local barriers to COPD diagnosis and treatment

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The data supporting these levels are related

LEVEL 5: PERFORMANCE

LEVEL 6: PATIENT HEALTH

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Changes in Practice

- Following each activity, 45-day post surveys were mailed/e-mailed.
- **46% of participants responded**
- "What have you done differently in your practice as result of your participation in this activity? (multiple OK)

I did not make any changes to my practice	10%
This activity confirmed my current practices	30%
I've increased efforts to screen for COPD using spirometry	30%
I've increased efforts to ascertain smoking status in all patients	53%
I've increased efforts to educate patients about smoking and other COPD risk factors	73%



Diagnostic Performance

Pre-Activity

COPD ICD9 CODES											
International Classification of Diseases Ranking Report											
GROUP: A0001											
DECILE: Calculated on Treatments of ICD Code(s) '490','491','492','494','496'											
For Population definition see Selection Summary											
	Decile 10	Decile 09	Decile 08	Decile 07	Decile 06	Decile 05	Decile 04	Decile 03	Decile 02	Decile 01	TOTAL
	171 to 201	129 to 167	95 to 118	01 to 58	44 to 60	35 to 43	21 to 34	12 to 20	5 to 11	1 to 4	749
TOTAL	5	4	9	12	23	21	34	69	137	432	749
Treatments TOTAL	1112	912	929	915	1164	796	878	1056	1030	788	9585

Post-Activity

COPD ICD9 CODES											
International Classification of Diseases Ranking Report											
GROUP: A0001											
DECILE: Calculated on Treatments of ICD Code(s) '490','491','492','494','496'											
For Population definition see Selection Summary											
	Decile 10	Decile 09	Decile 08	Decile 07	Decile 06	Decile 05	Decile 04	Decile 03	Decile 02	Decile 01	TOTAL
	167 to 201	129 to 164	96 to 115	69 to 90	45 to 66	35 to 44	21 to 34	12 to 20	6 to 12	1 to 5	736
TOTAL	4	8	10	10	20	24	35	62	106	458	736
Treatments TOTAL	1275	726	1036	798	1075	938	906	982	928	929	8895

- Slight increase in COPD diagnostic codes noted in the quarter following the activity in the targeted counties
- Suggestive of improved performance related to COPD screening

Source for both ICD-9 and RX data: Direct Medical Data (DMD Data) LMS III [software system] ICD-9 and Rx self-run counts for target geographic area



Treatment Performance/Patient Health

Pre-Activity

COPD RX DATA											
GROUP: A0001											
DECILE Calculated on Prescriptions of BRONCHODILATORS, GENERAL OTHER, PROPRIETARY SMOKING DETERRENT											
For Population definition see Selection Summary											
	Decile 10	Decile 09	Decile 08	Decile 07	Decile 06	Decile 05	Decile 04	Decile 03	Decile 02	Decile 01	TOTAL
	145 to 189	120 to 140	104 to 119	84 to 103	71 to 83	61 to 70	49 to 58	39 to 44	24 to 28	1 to 23	
TOTAL	10	13	15	17	21	27	28	34	59	187	412
Rx TOTAL	1663	1691	1798	1564	1598	1756	1514	1651	1652	1637	16524

Post-Activity

COPD RX DATA											
GROUP: A0001											
DECILE Calculated on Prescriptions of BRONCHODILATORS, GENERAL OTHER, PROPRIETARY SMOKING DETERRENT											
For Population definition see Selection Summary											
	Decile 10	Decile 09	Decile 08	Decile 07	Decile 06	Decile 05	Decile 04	Decile 03	Decile 02	Decile 01	TOTAL
	213 to 401	178 to 210	138 to 173	113 to 137	88 to 112	72 to 87	60 to 71	48 to 59	30 to 41	1 to 29	
TOTAL	8	12	13	17	24	25	33	44	52	241	429
Rx TOTAL	2373	2294	2006	2106	2369	1970	2164	2350	1993	2176	21803

- Increase in prescriptions commonly used for COPD noted in the quarter following the activity in the targeted counties
- The **absence of significant correlation between the slight increase of COPD diagnosis and the significant increase in the number of prescriptions for COPD suggests that existing COPD patients are using their medications with more frequency to maintain better control of symptoms and that clinicians are more aggressively treating COPD in existing patients.**

Source for both ICD-9 and RX data: Direct Medical Data (DMD Data) LMS III [software system] ICD-9 and Rx self-run counts for target geographic area



LEVEL 7: COMMUNITY HEALTH



How Was Impact on Community Health Assessed?

- Potentially preventable hospitalizations
- Data collected by the Department of State Health Services
- HEDIS data set reported by each hospital
- COPD is one set tracked by state



How do Preventable Hospitalizations relate to Community Health?

- From 2005-2008, adult residents of Texas received **\$24.9 billion** in hospital charges for ten PH conditions.
- This amount equals **\$1,418** for every adult Texan.
- Where hospital charges were billed:

Medicare	64.3% (\$16.0 billion)
Private Health Insurance	17.5% (\$4.4 billion)
Uninsured	08.9% (\$2.2 billion)
Medicaid	06.8% (\$1.7 billion)
Other	02.5% (\$600 million)

Source: Center for Health Statistics, Texas Department of State Health Services

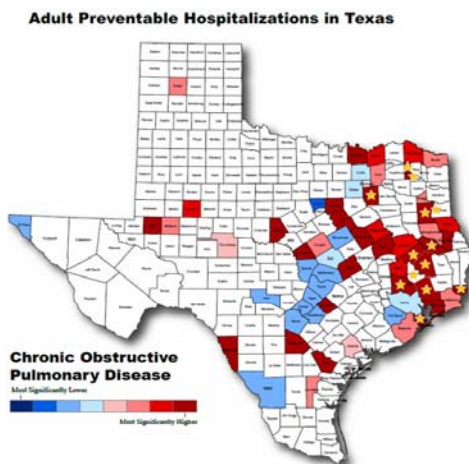


Preventable Hospitalizations Related to COPD

- Between 2005-2008, COPD accounted for 109,581 hospitalizations
- Average hospital charge was \$25,203
- Total hospital charges were \$2.7 billion, or \$157 for each Texan

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Counties Targeted for Education



Kaufman
Angelina
Trinity
Franklin
Camp
Rusk
Panola
Galveston
Liberty*
Orange
Montgomery
Polk

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Admission Rates/100,000

County	q1rate08	q2rate08	q3rate08	q4rate08	q1rate09	q2rate09	q3rate09
Kaufman	123.64	103.26	78.80	101.90	114.78	80.48	64.65
Angelina	137.81	49.22	39.38	90.23	112.05	55.22	58.46
Trinity	273.59	255.94	132.38	229.46	307.23	149.23	87.78
Franklin	253.96	229.77	133.03	120.93	120.67	193.07	120.67
Camp	261.59	136.03	52.32	156.95	186.51	93.25	134.70
Rusk	99.74	75.48	86.26	37.74	130.44	95.83	74.54
Panola	61.67	39.24	61.67	56.06	61.41	72.57	50.24
Galveston	69.74	69.74	66.05	72.98	70.94	58.04	57.12
Liberty	188.35	163.93	122.08	214.51	219.84	159.25	129.83
Orange	129.89	96.63	107.72	117.22	137.10	116.61	81.94
Montgomery	92.22	71.40	67.56	73.33	70.44	61.56	57.57
Polk	208.12	101.32	84.89	145.14	144.75	109.24	92.86
Liberty	188.35	163.93	122.08	214.51	219.84	159.25	129.83



Source: Texas Public Use Data File

Average Admission rate Pre/Post CME

Quarter to quarter comparison shows an average rate reduction of 13/100,000 admissions per county.

County	AVG Before CME	AVG After CME	Δ	Qtr-CME	Comp. Qtr	Δ
Kaufman	113.45	88.12	-25.32	123.64	114.78	-8.85
Angelina	93.52	71.07	-22.45	137.81	112.05	-25.76
Trinity	264.76	181.22	-83.54	273.59	307.23	33.65
Franklin	241.87	137.68	-104.19	253.96	120.67	-133.29
Camp	198.81	124.75	-74.06	261.59	186.51	-75.08
Rusk	87.61	84.96	-2.65	99.74	130.44	30.70
Panola	50.45	60.39	9.94	61.67	61.41	-0.26
Galveston	69.74	65.02	-4.72	69.74	70.94	1.19
Liberty	158.12	180.86	22.74	163.93	159.25	-4.68
Orange	111.41	113.22	1.81	96.63	116.61	19.99
Montgomery	77.06	65.72	-11.34	71.40	61.56	-9.85
Polk	131.45	123.00	-8.45	101.32	109.24	7.92
Liberty	158.12	180.86	22.74	163.93	159.25	-4.68
AVERAGE	135.1	113.6	-21.5	144.5	131.5	-13
TOTAL	1756.3	1476.7	-279.5	1879	1710	-169



Source: Texas Public Use Data File

County to County Comparison

- Identified 10 counties in East Texas with similar demographics, population as control
- Clinicians in control received mailed follow-up cases
- Averaged admission rates in same quarters as target counties to assess pre/post change immediately following CME

Target Counties
Reduction of
279.5/100K

Rate reduction was
49% greater in
counties targeted
with live + enduring

Control Counties
Reduction of
136.9/100K

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In Real Numbers

- Potentially preventable hospitalizations in counties targeted with live + enduring education fell from 1,538 to 1,402, a net reduction of 136 actual admissions.
- **This represents a cost savings of \$3,427,608 in the target counties**
- The total grant request was \$189,805

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Summary

- Higher level outcomes can be measured
- In many cases, data already exists to make your job easier
- It may take a while – last activity was held mid-2008
- Used solid educational design focusing on local needs
- Know your audience
- The success of this CME initiative is replicable in diseases with similar gaps in diagnosis and treatment.

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Until Next Time...

- Please join us for our next webinar – A Continuation of It's All About the Patient:
 - Friday, February 4th, 2011
 - 11am ET
- Submit your grant requests – window closes January 15th, 2011

