

 **Polling Question**

In which setting do you work?

- A. Academic Medical Center
- B. Society or Association
- C. Healthcare System/Hospital
- D. Medical Education Company
- E. Gov't/VA
- F. Other

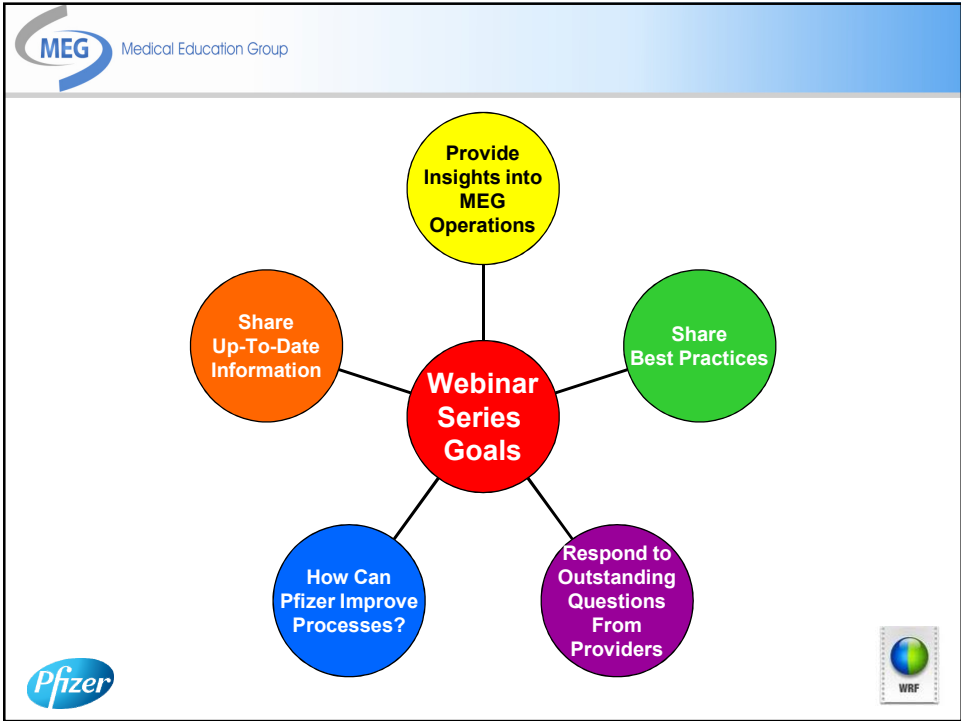


**First Fridays Webinar Series:  
Medical Education Group (MEG)**

**November 4<sup>th</sup>, 2011**

This webinar is being recorded


 



- 
- The diagram features a central red circle labeled "Webinar Series Goals". Five lines radiate from this central circle to five surrounding colored circles, each containing a goal:
- Top: Yellow circle: "Provide Insights into MEG Operations"
  - Right: Green circle: "Share Best Practices"
  - Bottom-Right: Purple circle: "Respond to Outstanding Questions From Providers"
  - Bottom-Left: Blue circle: "How Can Pfizer Improve Processes?"
  - Left: Orange circle: "Share Up-To-Date Information"
- Logos for MEG Medical Education Group, Pfizer, and WRF are present in the slide's header and footer.

## Agenda

- Welcome
- *Cease Smoking Today (CS2Day) Data Capture*, George Mejicano, MD, MS, Associate Dean, University of Wisconsin, and President, Alliance for CME (On behalf of the CS2day Partners)
- Q and A
- Closing Remarks




**Cease Smoking Today  
(CS2day) Data Capture**



George Mejicano, MD, MS  
Associate Dean, University of Wisconsin  
President, Alliance for CME  
(On behalf of the CS2day Partners)

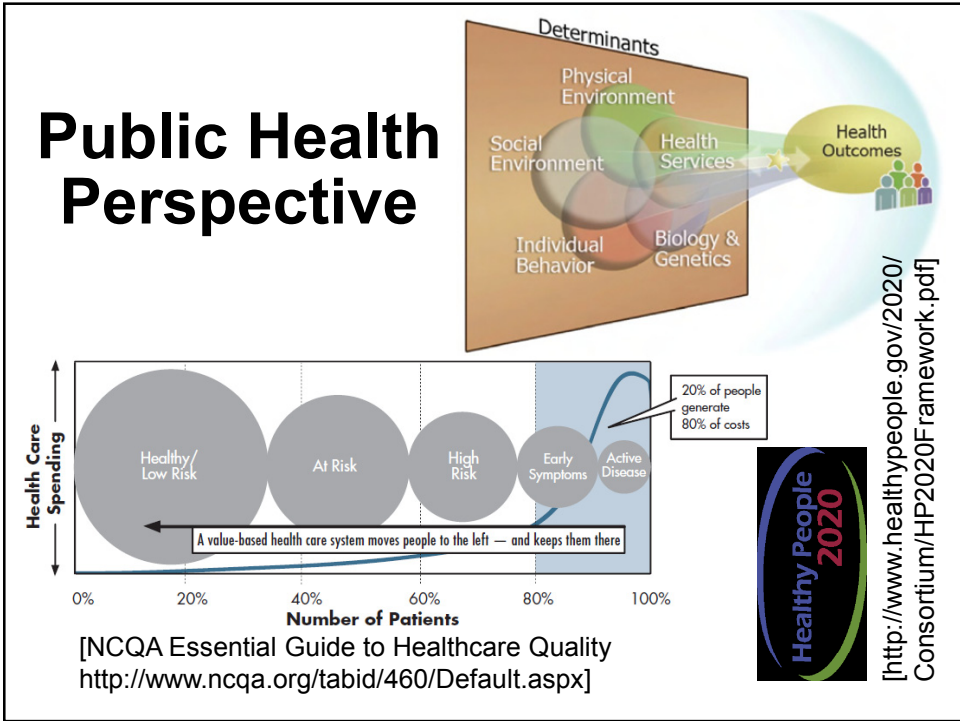
## CS2day Partners

A collaboration between:

 <p>School of Medicine and Public Health UNIVERSITY OF WISCONSIN-MADISON</p>	 <p>Healthcare Performance CONSULTING</p>	 <p>CALIFORNIA ACADEMY OF FAMILY PHYSICIANS STRONG MEDICINE FOR CALIFORNIA</p>
 <p>UNIVERSITY of VIRGINIA HEALTH SYSTEM</p>	 <p>IPMA Practice-changing CME</p>	 <p>Telligen</p>
 <p>Physicians' Institute for EXCELLENCE IN MEDICINE <i>Improving medical practice for physicians and their patients</i></p>	 <p>CME Enterprise™</p>	 <p>PURDUE UNIVERSITY</p>

The CS2day initiative is supported by an educational grant from Pfizer.





## 208 Guideline Update

Sponsored by the Agency for Healthcare Research and Quality (AHRQ) of the U.S. Public Health Service with:

- American Legacy Foundation
- Centers for Disease Control and Prevention
- National Cancer Institute
- National Institute for Drug Addiction
- National Heart, Lung & Blood Institute
- Robert Wood Johnson Foundation
- University of Wisconsin

Released May 7, 2008

### Treating Tobacco Use And Dependence

CLINICAL PRACTICE GUIDELINE  
2008 UPDATE

U.S. Department of Health and Human Services  
Public Health Service

[[http://www.surgeongeneral.gov/tobacco/treating\\_tobacco\\_use.pdf](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf)]

## The Five A's

- **Ask** – Identify and document tobacco use status for every patient at every visit
- **Advise** – In a clear, strong, and personalized manner, urge every tobacco user to quit
- **Assess** – Is the tobacco user willing to make a quit attempt at this time?
- **Assist** – For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help him or her quit
- **Arrange** – Schedule follow up contact, in person or by telephone, preferably within the first week after the quit date



[[http://www.surgeongeneral.gov/tobacco/treating\\_tobacco\\_use.pdf](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf)]

## Performance Measures

**TOB-1.** Ask about tobacco use: Patient visits for patients aged 10 years and older where inquiry about tobacco use was recorded

**TOB-2.** Advise tobacco users to quit: Patient visits for tobacco users aged 10 years and older where the act of advising the patient to quit tobacco use was recorded.

**TOB-3.** Assess readiness to quit tobacco use: Patient visits for tobacco users aged 10 years and older where the act of assessing the patient's readiness to quit tobacco use was recorded.

**TOB-4.** Assist tobacco users who are willing to quit with a behavioral quit plan: Patients who are tobacco users aged 10 years and older where assistance with developing a behavioral quit plan was provided.

**TOB-5.** Assist tobacco smokers who are ready to quit by recommending medication use: Patient visits for tobacco smokers aged 18 years and older and where medication use was recommended to aid their quit plan.

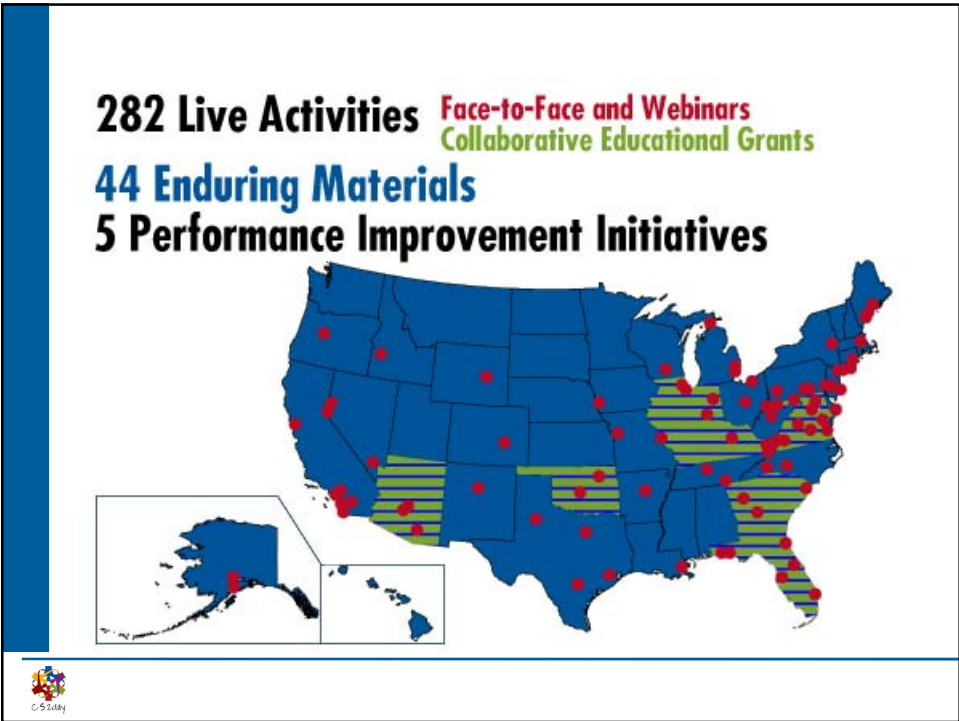
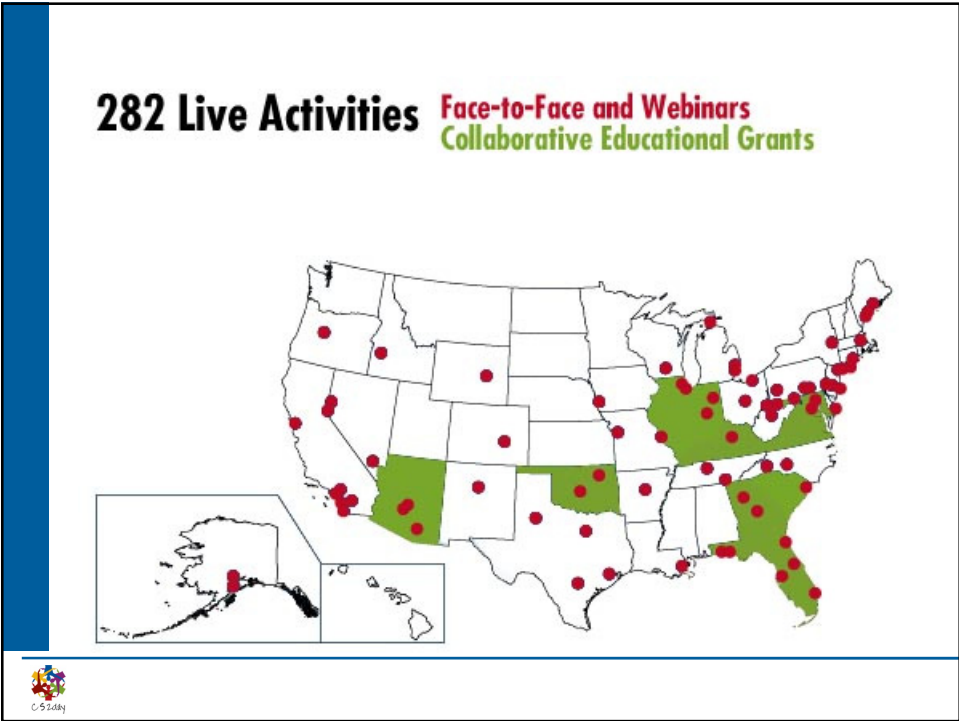
**TOB-6.** Provide tobacco users who are NOT ready to quit with motivational treatment: Patients who are tobacco users aged 10 years and older who were provided motivational treatment to quit tobacco use.

**TOB-7.** Arrange follow up for tobacco users attempting to quit: Patient visits for patients aged 10 years and older who are ready to quit using tobacco where a follow up was scheduled.

**TOB-8.** Assist former tobacco users with relapse prevention: Patients who are former tobacco users aged 10 years and older where assistance with relapse prevention was provided



[Championed by UW CTRI and on schedule for NQF endorsement]



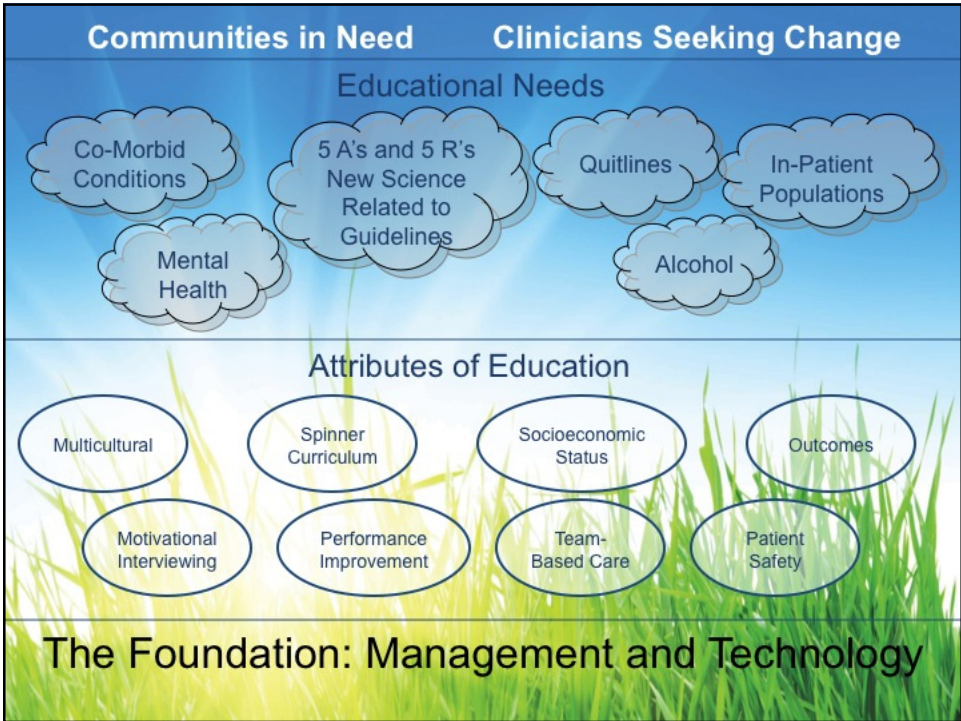
**282 Live Activities** Face-to-Face and Webinars  
Collaborative Educational Grants

**44 Enduring Materials**

**5 Performance Improvement Initiatives**

PRIME MED Medscape from WebMD EPOCRATES  
medpage TODAY ReachMD XM RADIO Discovery Health skyscape

© 5.5.11



# Twelve Communities in Action



## A CS2day Community in Richmond, VA





## A CS2day Virtual Community on Second Life

**Daughter, Sara, age 10, has asthma**  
Julie, the mother, is a smoker  
When asked about this, Julie says defensively, "Don't bother to talk to me about my smoking. I smoke outside so it doesn't affect Sara's asthma."

**Case- Chuck Johnson**  
Chuck Johnson is a 45-year-old man who has been a heavy smoker for 30 years. He has been diagnosed with chronic obstructive pulmonary disease (COPD) and has been hospitalized several times in the last year. He is currently on a waiting list for a lung transplant. He is looking for ways to quit smoking and is interested in learning more about the risks of smoking and the benefits of quitting.

**Quit Plan**  
- Act on - help the patient with a quit plan  
- Set a quit date (should be within 2 weeks)  
- Tell family, friends, and coworkers you are quitting.  
- Request understanding & support  
- Anticipate challenges to the upcoming quit attempt  
- Remove tobacco products from your environment  
- Prior to quitting, avoid smoking in places where you spend a lot of time (e.g. work, home, car)

**C.S.2day**

## Emphasis on Outcomes

- 20 years and counting with the focus on performance & clinical outcomes
- Few CPD evaluations assess impact on performance & patient outcomes
  - Takes time and consumes resources
  - Multiple influences on outcomes which limits attribution to CPD intervention
  - Insufficient assessment procedures
  - Difficulty obtaining access to data

**C.S.2day** [Shershneva et. al., JCEHP 2011; 31(S1), In press]

# Moore's Evaluation Paradigm - 2003

1. Participation
2. Satisfaction
3. Learning
4. Performance
5. Patient health
6. Population health

[Moore DE. A framework for outcomes evaluation in the continuing professional development of physicians. In Davis D, Barnes BE, Fox R (Eds.), The continuing professional development of physicians: From research to practice (pp. 249-274). Chicago: American Medical Association; 2003]



# CS2day Outcomes by Level

5	Evaluation Level Method Activity/Series of Activities (#of Activities) or Event/Resource	Level 1 Participation Participant Number	Level 2 Satisfaction Post Activity Evaluation Questions	Level 3 Learning Clinical Vignettes with Questions	Level 4 Performance		Level 5 Patient Health Patient Registry (Care/Measures#)	Level 6 Population Health Patient Registry (Care/Measures#)	Other Success Case Method: Interviews
					Commitment to Change Without Follow-up	Patient Registries Change With Follow-up			
6	<b>Live Activities</b>								
9	American Academy of Nurse Practitioners annual meeting (1)	453	X		X	X			
10	American Academy of Physician Assistants annual meeting (1)	447	X	X	X	X			
11	American College of Cardiology 2008 annual meeting (1)	225	X	X	X	X			
12	American Osteopathic Association state chapter meetings (21)	1,929	X		X	X			
13	Block Grants administered through state medical societies (32 grantee organizations)	2,526	X		X	X			
14	Pharmacy counseling regional meetings (includes Webinar) (31)	2,400	X	X	X				
15	Primary Care Network (10)	4,486	X		X				
16	Primary Care Update (1)	373	X	X	X				
17	PhMed Conference and Exhibition (4)	1,000	X	X	X				
18	State Academy of Family Physicians (15) and American College of Osteopathic Family Physicians (2)	2,200	X	X					
19	Virginia regional hospital network (includes telemedicine) (11)	251	X	X					
20	<b>Enduring Activities</b>								
21	CardioSource (3)	72	X	X	X	X			
22	Discovery Health TV show and DVD (2)	879	X						
23	Epicurus (3)	8,039	X	X					
24	Learning from Self-Assessment (2)	512	X	X					
25	MedPage Today (1)	502	X	X	X				
26	Medscape (1)	4,472	X	X	X	X			
27	PhMed slide lecture series (1)	1,586	X	X	X				
28	Reach/ID (1)	723	X	X					
29	Web-based cases on motivational interviewing (1)	16	X	X					
30	<b>Performance Improvement</b>								
31	Collaboratory model-California Academy of Family Physicians (1)	60	X	X			X	X	X
32	Performance Improvement Workshop-Interstate Postgraduate Medical Association (1)	95	X			X			
33	Practice-facilitator model-Iowa Foundation for Medical Care (1)	28	X				X	X	X
34	Self-directed learning-University of Wisconsin (1)	99	X	X			X		X
35	<b>Toolkit/Other</b>								
36	Toolkit resource via Skype	2,204	X						
37	Educational exhibits at national conferences (3)	785							
38	Quit-Advisor	154							
39	Web portal, including toolkit	6,389	X	X					X

[Adapted from Mullikin et. al., JCEHP 2011; 31(S1), In press]

## Evaluation Methods for CS2day

CME Method	1	2	3	4		5	6	
	Participation	Satisfaction	Learning	Performance		Patient Health	Population Health	
	Number of Learners	Post-activity Surveys	Clinical Vignettes with Questions	Commitment to Change without Follow up	Commitment to Change with Follow up	Patient Registry (Care-Measures®)	Patient Registry (Care-Measures®)	Patient Registry (Care-Measures®)
Live	✓	✓	✓	✓	✓			
Enduring	✓	✓	✓	✓	✓			
PI CME	✓	✓	✓		✓	✓	✓	✓
Toolkit	✓	✓	✓					

[Adapted from Mullikin et. al., JCEHP 2011; 31(S1), In press]

## Level 1 Outcomes

- Initiative has reached > 48,000 participants
- Over 1,000,000 clinician contacts to date
- 88 unique accredited providers who have provided 550 unique credit opportunities
- 10 different types of credit (including CME, CPE, CNE, and MOC Parts II and IV)
- Non-certified educational opportunities have included skills-based workshops, educational exhibits, iPhone apps and patient-focused tools



## Level 1 Outcomes

- Based upon data from 13,971 participants who participated in certified activities through January 2010 and who responded to a question about their profession
  - Physicians (64%)
  - Nurse practitioners and nurses (14%)
  - Pharmacists (10%)
  - Physicians assistants (8%)
  - Other (4%)



[Shershneva et. al., JCEHP 2011; 31(S1), In press]

## CS2day Website

CS2day Cease Smoking Today  
Communicate. Collaborate. Cease.

Username  login

HOME REGISTER NEWS RESOURCES EDUCATIONAL ACTIVITIES TOOLKITS FAQs BLOG

**In Action**  
CS2day  
Click here to learn about our community efforts!

**Performance Improvement**  
Click here for PI Activities!

**Educational Partners**

Home

**Featured Resources**

**MedPage Today News: Smoking Tied to Worse Prostate Ca Survival**  
Men who are smokers when they receive a prostate cancer diagnosis have significantly worse survival and a greater risk of biochemical recurrence than never-smokers or those who had quit, researchers found.  
Click here for the full story.

**Follow Us**  
f t y in

**Motivational Interviewing**  
CS2day  
Click here to access our MI Resources!

**The CS2day Story**  
click here for larger video  
Share in Our Pathways

WRITTEN BY ADMINISTRATOR | 28 OCTOBER 2011



[<http://www.ceasesmoking2day.com>]




## CS2day Toolkit

- 89 evidence based tools available on the CS2day website for clinicians and patients
- Examples: Quitline fact sheets, medication tear sheets, videos, clinical algorithms, etc.

### Tools For Healthcare Professionals

05 FEBRUARY 2009

Use the links below to find resources that may be helpful for you. These categories point to tools within the toolkit and you will need to register and login in order to have access to the tools.

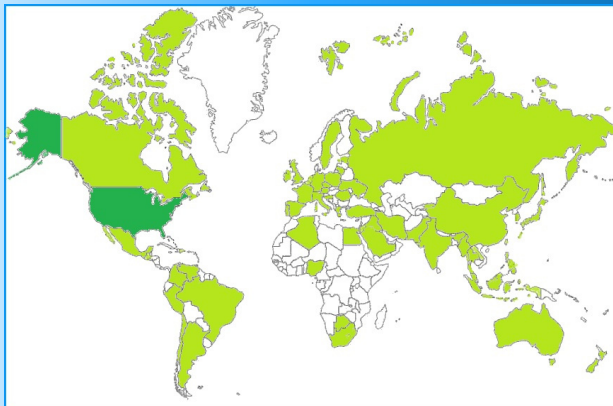
-  [Guides and Algorithms for Clinicians](#)
-  [Medications Tools](#)
-  [Patient-oriented Materials](#)



[<http://www.ceasesmoking2day.com/index.php/toolkit>]

## Global Reach of the Website

- We have had visitors to the CS2day website from 68 different countries



## Learner Countries

United States	Greece	Lebanon	Russia
Algeria	Guatemala	Lithuania	Saint Kitts and Nevis
Argentina	Hong Kong	Malaysia	Saudi Arabia
Australia	India	Malta	Singapore
Austria	Indonesia	Mexico	South Africa
Belgium	Iran	Myanmar	South Korea
Brazil	Iraq	Netherland Antilles	Spain
Canada	Ireland	Netherlands	Sweden
Chile	Israel	New Zealand	Switzerland
China	Italy	Nigeria	Taiwan
Colombia	Kuwait	Pakistan	Thailand
Croatia	Jamaica	Peru	Turkey
Czech Republic	Japan	Philippines	United Arab Emirates
Egypt	Jordan	Poland	United Kingdom
Estonia	Kyrgyzstan	Puerto Rico	Ukraine
France	Kuwait	Qatar	Venezuela
Germany	Laos	Romania	Zimbabwe



## Level 2 Outcomes

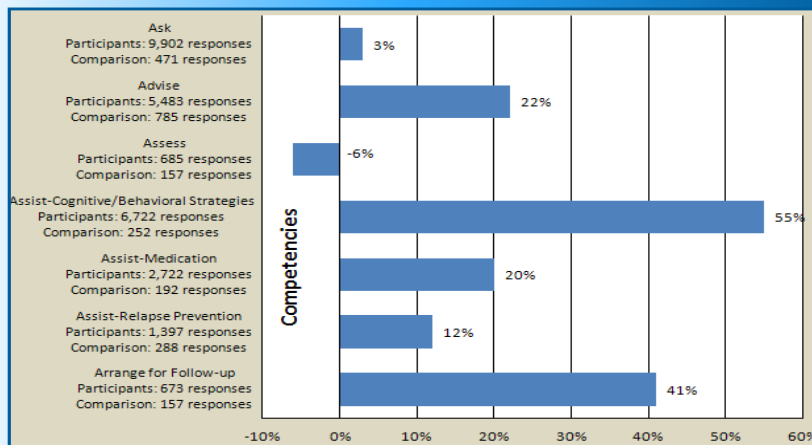
- Overall, the participants were satisfied with the CS2day educational activities
- Examples:
  - Will this educational activity make you more effective in clinical practice?
    - Mean score of 4.1 on a scale from 1 = low to 5 = high (5,472 responses)
  - Is the content and curriculum appropriate to your clinical practice?
    - Mean score of 4.2 on a scale from 1 = low to 5 = high (7,948 responses)



[Shershneva et. al., JCEHP 2011; 31(S1), In press]

## Level 3 Outcomes

Difference in Mean Competency Scores: Participants vs. Comparison Group (measured by responses to clinical vignettes with questions)



[Shershneva et. al., JCEHP 2011; 31(S1), In press]

## Level 4 Outcomes

- Commitment to change without follow up
- Commitment to change with follow up
- Patient registry (CareMeasures®)
  - Includes data from different PI CME activities that used different models
  - The online PI CME activity has over 500 clinicians enrolled and was approved for Maintenance of Certification (MOC) by ABPN (Parts II and IV), ABIM (Part IV), and ABP (Part IV)



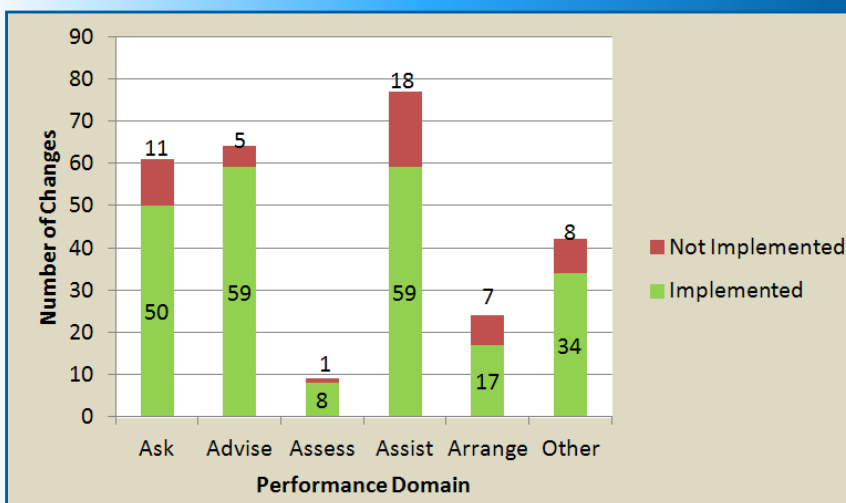
## Commitment to Change (CTC)

- Integrated into state chapter meetings of the American Osteopathic Association
- 576 (54%) of the respondents indicated a total of 813 intended changes (all were in line with the educational objectives)
  - Largest proportion of change statements:
    - Advising patients to quit (28%)
    - Assisting patients in developing a quit plan (28%)
  - At follow-up, 215 participants who responded confirmed that 227 (82%) of 277 changes that they initially planned were implemented



[Shershneva et. al., JCEHP 2011; 31(S1), In press]

## Aggregate Results from Live Activities (Changes Confirmed on Follow Up, n = 277)



[Shershneva et. al., JCEHP 2011; 31(S1), In press]



## Level 5 and 6 Outcomes

- Patient registry (CareMeasures®)
  - Deployed in 56 primary care practices
  - Utilized by 145 different clinicians
  - Clinical data from 8,267 unique patient charts have been evaluated for smoking status
- In the PI activities that were evaluated at these levels, a change in smoking status was recorded for 231 of 494 patients who were seen two or more times during the project, representing a quit rate of 46.8%



[Shershneva et. al., JCEHP 2011; 31(S1), In press]

## Comparison to the Literature

- A quit rate of 46.8% was achieved among smokers seen 2 or more times by clinicians participating in the CS2day PI activities
- Because of difference in methodology, it may be misleading to compare the CS2day results with those published in the literature
- However, outcomes of previously reported multi-component interventions range from 7% and 15% for smoking abstinence

[Papadakis S, McDonald P, Mullen KA, Reid R, Skulsky K, Pipe A. Strategies to increase the delivery of smoking cessation treatments in primary care settings: A systematic review and meta-analysis. *Prev Med* 2010; 51:199–213]



## Comparing the PI CME Activities

	UW Case 1	IFMC Case 3	CAFP Case 4
PI CME Design	Web-based	Nurse Practice Facilitator Plus Clinical Data Registry	Collaboratory Team-based CareMeasures™
Data collection tool	Online data repository	CareMeasures™	CareMeasures™
Number of Patient Charts Entered in the Starting Period/Stage A	3211	406	1030
Number of Patient Charts Entered in the Ending Period/Stage C	3266	2544	2457
Performance Measure* Changes in Percentage Points (Range)**			
TOB-01	35.6 (-8 to 100)	-15.1 (-100 to 60.3)	1.0 (-12.5 to 26.67)
TOB-02	25.3 (-33 to 100)	1.1 (-100 to 100)	8.5 (-15.21 to 66.67)
TOB-03	36.2 (-33 to 100)	-11.3 (-100 to 45.9)	8.5 (-15.21 to 66.67)
TOB-04	17.0 (-3 to 100)	0.5 (-100 to 100)	3.0 (-50.00 to 66.67)
TOB-05	30.6 (-38 to 100)	-11.2 (-36 to 84.6)	-9.0 (-66.7 to 66.67)
TOB-06	9.0 (-67 to 100)	18.5 (-100 to 100)	6.6 (-35.29 to 65.24)
TOB-07	29.2 (-100 to 100)	3.8 (-93.7 to 100)	-14.9 (-100 to 40.01)
TOB-08	28.8 (-25 to 100)	50 (0 to 100)	-
Percentage of Patients Who Quit Smoking			
Number of patients seen two or more times and quit over number of patients seen two or more times***	NA	85/260 = 32.7%	146/234 = 62.4%

Table 6. Summary of Cases 1, 3 and 4

Note: data for IPMA Case 2 are not available because the project has been retooled and is currently underway

[Mullikin et. al., JCEHP 2011; 31(S1), In press]

## Comparing the PI CME Activities

- At this time, it is impossible to conclude which model was most successful
- Many operational and design differences between the projects can easily explain variation in final aggregated performance
  - Example: 2 projects had few eligible patients during the comparison phase for measure #8
  - Example: Aspects of the project that focused on practice redesign can lead to paradoxical worsening of results (i.e., more accurate measures downstream compared to baseline)



[Mullikin et. al., JCEHP 2011; 31(S1), In press]

## Success Case Method

- A research project within CS2day that involved an in-depth analysis of 9 clinical practices that had successfully improved
- PI activities were a primary and proximal cause of improvement in clinical practice
- Activities contributed to behavior change:
  - Helping learners develop new skills
  - Providing practical tools to implement change
  - Depended on the clinical context (e.g., ability to customize electronic health records system and prior experience using clinical data)



[Olson et. al., JCEHP 2011; 31(S1), In press]

## JCEHP Supplement

- JCEHP supplement coming out in last quarter of 2011 that is dedicated to the CS2day initiative
- Guest Editor was Don Moore, PhD
- Nine total articles, including two that focus on outcomes



[JCEHP 2011; 31(S1), In press]



## A Physician's Story: Dr. Thomas Bent

“The other day I had a middle aged man who smoked for many years and he came back in for follow up. My nurse had written down that he was a non-smoker. I thought she had made a mistake so I said, ‘My nurse says you don’t smoke anymore.’

And the patient said, ‘That’s right.’ I said, ‘Well how’d you quit?’ He said, ‘Well you told me it was bad for me and nobody had ever talked to me about it before. So I quit.’ You could have knocked me over...”



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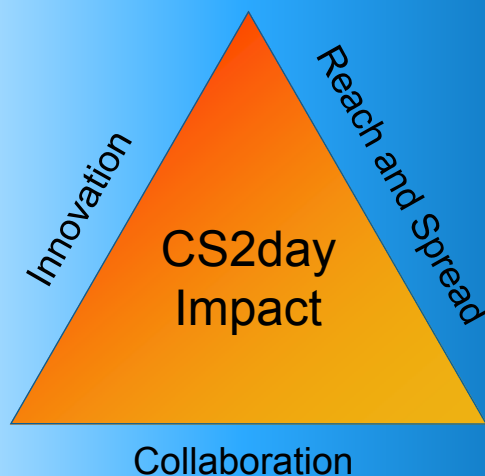
## A Physician's Story: Dr. Eric Ramos

“The performance improvement has changed the way everybody's dealing with the patient. It's really been a fun challenge and watching the staff grow has really been exciting, as well as a success with patients.

Over the past year and a half that we've been involved with the project my success rate – or our success rate – has increased tremendously. I've probably had more patients that have quit smoking in the past year and a half than in my previous 18 years prior to that.”



## Making a Difference!



## Conclusion

- The CS2day initiative is a ground breaking, historic collaboration involving 9 different organizations that committed to improving public health by using education to improve tobacco cessation rates in the United States
- There has been an overall positive impact on participating clinicians and their patients
- The accomplishment of desired outcomes was documented across various program components at multiple levels of evaluation

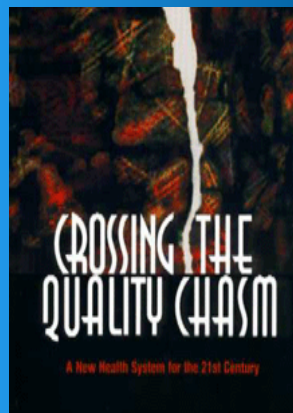


## Final Thoughts



## Six Aims for Improvement

1. Safe
2. Timely
3. Effective
4. Efficient
5. Equitable
6. Patient-centered



[Source: IOM, Crossing the Quality Chasm

## Six ACGME/ABMS Competencies

1. Patient Care and Procedural Skills
2. Medical Knowledge
3. Practice Based Learning & Improvement
4. Interpersonal and Communications Skills
5. Professionalism
6. Systems-based Practice



[[http://www.abms.org/Maintenance\\_of\\_Certification/MOC\\_competencies.aspx](http://www.abms.org/Maintenance_of_Certification/MOC_competencies.aspx)]

**ACGME Competencies: Suggested Best Methods for Evaluation**

Competency	Required Skill	Evaluation Methods													
		Record Review	Chart Stim. Recall	Check-list	Global Rating	SP	OSCE	Simulations & Models	360° Global Rating	Portfolios	Exam MCQ	Exam Oral	Procedure or Case Logs	Patient Survey	
Medical Knowledge	Investigatory & analytic thinking		1					2	3			1			
	Knowledge & application of basic sciences							2	3		1	1			
Practice-Based Learning & Improvement	Analyze own practice for needed improvements	2	2			2	2	3	3	1				2	
	Use of evidence from scientific studies	1	1			3	2			1	1	1			
	Application of research and statistical methods		2	3	3					1	3				
	Use of information technology					2	2		1	1			2		
	Facilitate learning of others			2	3				1	3					
Interpersonal & Communication Skills	Creation of therapeutic relationship with patients			3		1	1		2					1	
	Listening skills			3		1	1		2					1	

Ratings are 1 = the most desirable; 2 = the next best method; and, 3 = a potentially applicable method.  
*Toolbox of Assessment Methods:* Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialties (ABMS). Version 1.1.

[\[http://www.acgme.org/Outcome/assess/ToolTable.pdf\]](http://www.acgme.org/Outcome/assess/ToolTable.pdf)

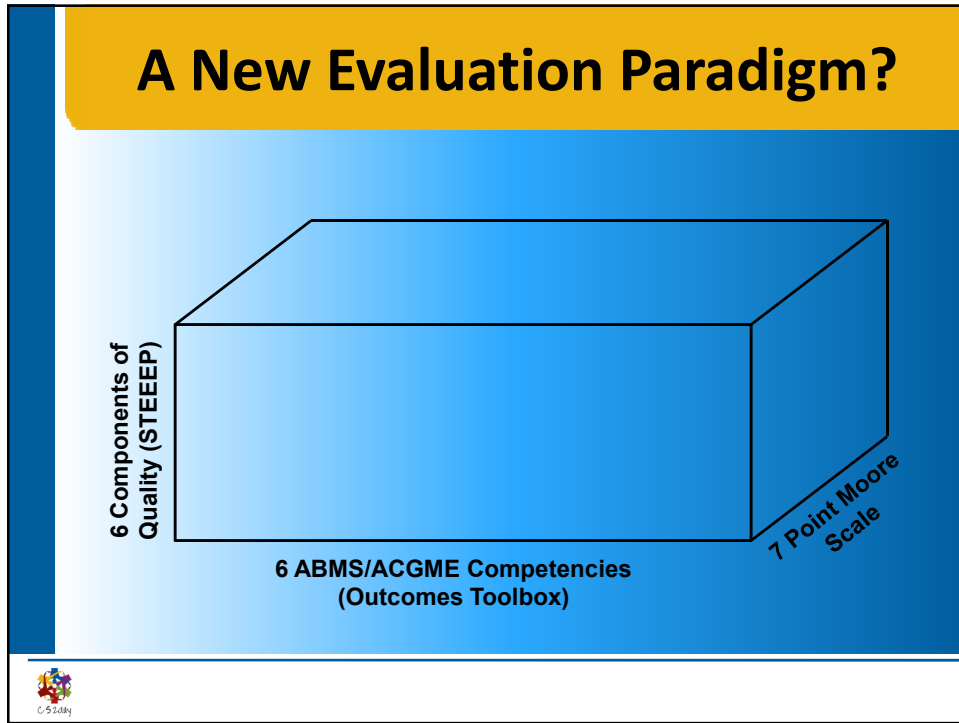
## Moore's Evaluation Paradigm - 2009

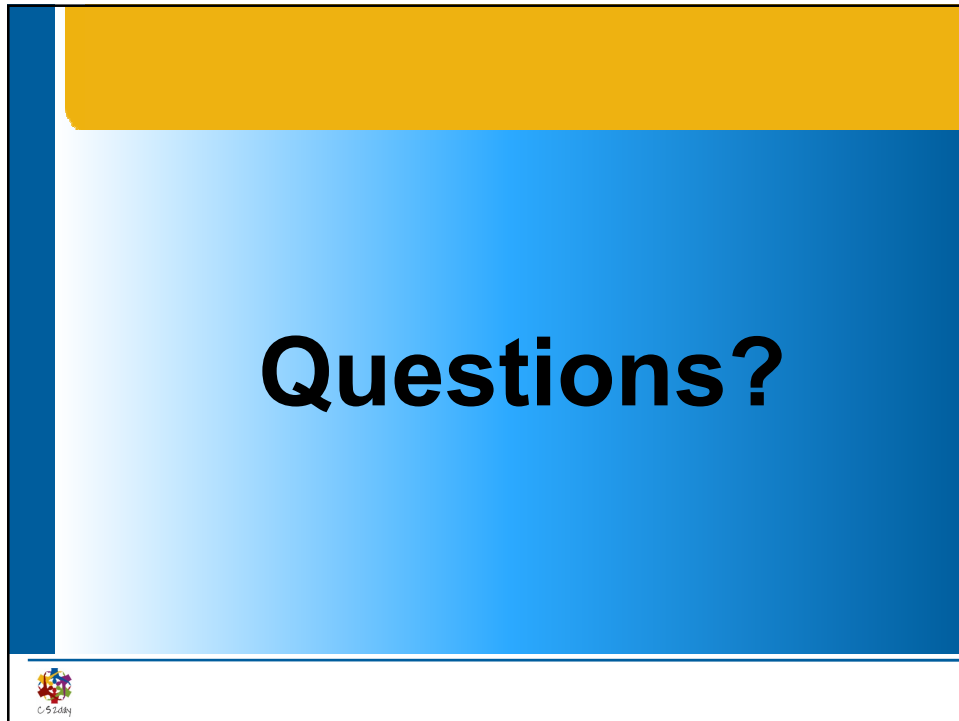
1. Participation
2. Satisfaction
- 3a. Learning (declarative knowledge = knows)
- 3b. Learning (procedural knowledge = knows how)
4. Competence (shows how)
5. Performance (does)
6. Patient Health
7. Community Health




[Moore D, Green J, Gallis H. JCEHP 2009; 29(1):1-15]



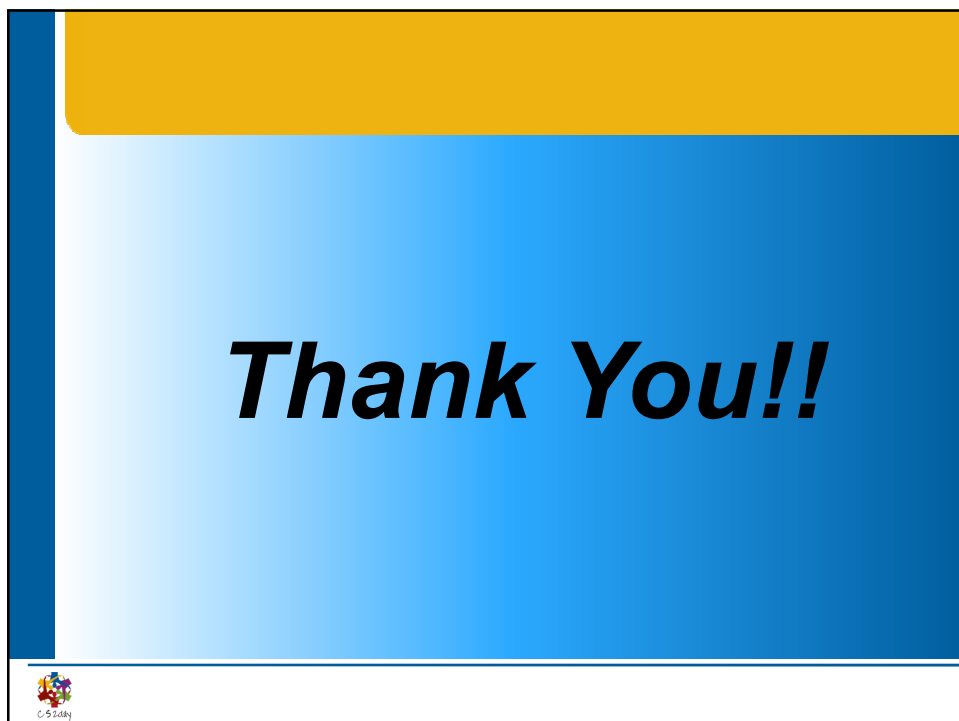





**Questions?**

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***Thank You!!***

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This slide features a blue gradient background with a yellow header bar at the top. The text "Thank You!!" is centered in a large, bold, black font, with the word "Thank" in italics. A small, colorful logo is located in the bottom left corner, and the copyright notice "© 5.5.11" is positioned directly below it.

 **Until Next Time...**

- Please join us for our next webinar – 2012 and Beyond: Pfizer’s Support of Medical Education
  - Friday, December 2, 2011
  - 11am ET
- See what providers are doing to move education forward
  - PfizerMedEdGrants
    - Resource Center
      - Publications
      - First Friday Webinars
    - Transparency Report

