MEG Webinar Series

December 5, 2012

Presented by the Pfizer Medical Education Group

Agenda/ Topics

- Introduction - Jackie Mayhew
- Hospital grant results: Heart Failure Readmissions - Cathy Brown, BSN, RN
- Hospital grant results: Diabetic Foot Exams - Susan Szpunar, PhD
- Questions and Answers on Hospital Grants Programs
- Year in Review - Maureen Doyle-Scharff
- Final Q & A

2011 Hospital Strategy Background

Recognition of Important Role Hospitals Play in Providing CME to their physicians

- ACCME 2009 data – 58,000 CME activities offered by hospitals, both nationally accredited or state-accredited
- More than 25% of these were Regularly Scheduled Series or "Grand Rounds"

Recognition that ACCME criteria recognize the need for CME to be incorporated into the larger framework of quality improvement in healthcare systems

- C.2. The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.
- C 21. The provider participates within an institutional or system framework for quality improvement.

2011 Hospital Strategy - History

- AHME block grant - $210K awarded Q4 09 in support of 16 hospital based QI-CME projects.
  - Included an initial training component as well as a coordinated approach to presentation and publication of outcomes.
- Physicians Institute – multiple grant awards either directly or as a collaborative partner.
  - Organization has successful administered workshops for hospital based CME directors on QI and PI methodologies and grass-roots implementation.
  - Known for their block grant model which allows committees from state medical societies to award grants to state-level accredited providers.

2011 Hospital Strategy Background

Objectives

- Mount a grass roots effort that is appropriate to our place as a supporter of ethical independent professional education that positively impacts patient health.
- Encourage the advancement of hospital CME from a single live activity model to CME that targets improvement in hospital quality care.
- Make resources available to a broader base of hospitals than usually apply in the Grant Management System.

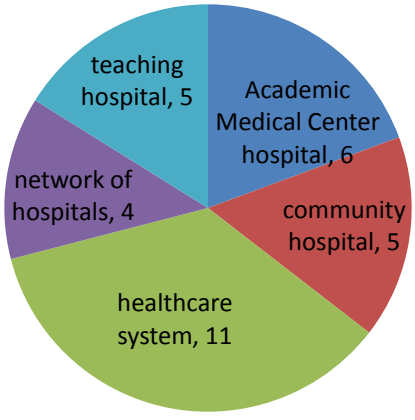
Hospital Call for Grant Applications (CGA)

- May 2011 – Issued CGA announcing new grant funding resources available specifically to CME departments of hospitals or healthcare systems.
- Purpose: To encourage hospital CME departments to collaborate with quality improvement and other internal groups to target specific aspects of hospital-based patient care that needed improvement.
- The CGA resulted in 52 grant requests
- September 2011 - 31 applications (60%) approved for funding up to a maximum of $30,000 per project.
- Total amount of all grants awarded was $730,587.

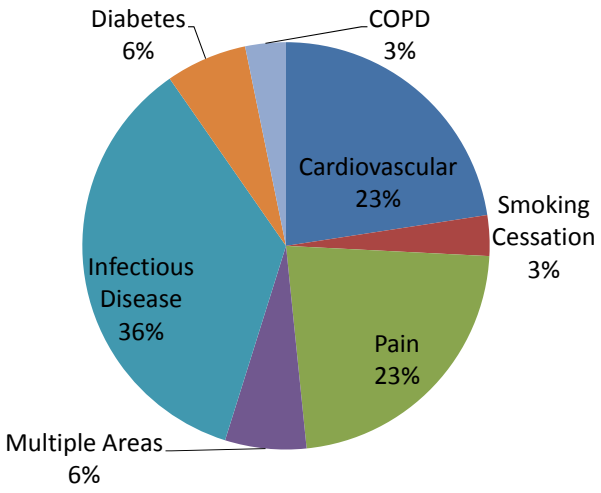
Hospital Call for Grant Applications (CGA) – Clinical Areas of Interest

- Bacterial Infections
- Cardiology (cardiovascular risk reduction, primary and secondary prevention, lipids, hypertension, smoking cessation, anti-coagulation/thrombosis prevention)
- Immunizations
- Neuroscience (delirium, dementia, Alzheimer's)
- Respiratory (COPD, smoking cessation)
- Pain Management

31 grants awarded – by hospital type



31 grants awarded – by clinical area



Speaker Introductions

Cathy Brown, BSN, RN

CME Coordinator

Jackson-Madison County General Hospital

Jackson, Tennessee

Dr. Susanna M. Szpunar

Senior Medical Researcher, Faculty Research & Simulation

St. John Hospital & Medical Center

Grosse Pointe Woods, Michigan

Heart Failure (HF)
Quality Improvement Team

Our Mission

Utilizing best practices and published evidence, the QIT will develop a fully integrated HF care plan model in stages that will improve the experience and quality of care for patients with heart failure.

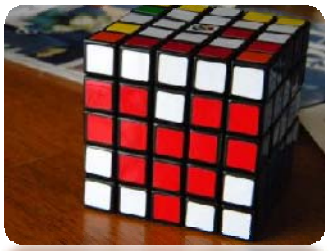
The new model should result in better outcomes, better compliance with core measures, reduction of readmissions within the 30 day window and HF accreditation.

First Stage

- The first stage will include development of a multi-disciplinary HF team for the management of the patient while in the hospital.

Second Stage

- The second stage is to develop a model to successfully transition the patient to a home setting that will improve the quality of care and reduce avoidable re-hospitalizations.



The Team

Team Members

Quality Assurance Nurses
Cardiac Care Nurses
Case Managers
Cardiac Nursing Directors
EMS Director
ED Director
Pharmacist
Physicians
Home Health Nurses
Hospitalist Director
Dietician
Cardiac Rehab Nurses
Patient Transitions Director

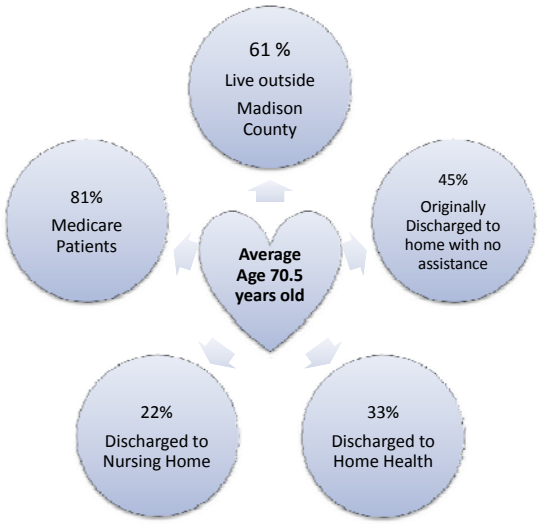
Team Sponsor

Dr. David Roberts
CMO/VP

Team Leader

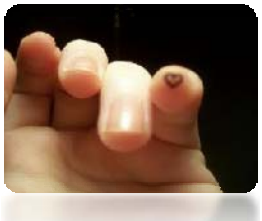
Mollie Taylor
Executive Director,
ICU/Progressive Care Units

HF Readmit Demographic



Accomplishments

- Developed clinical team on A7 to work together on HF patients. (Nurse, doctor, case manager, dietary, pharmacist, cardiac rehab nurse)
- Implemented clinical rounding with case managers to recognize high risk HF patients.
- Develop HF Education material for HF patients.
- Developed HF dietary education class for patients that meets every Wednesday at 11:00 a.m. on A7

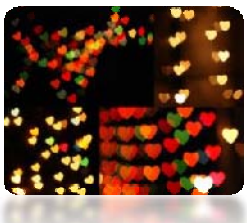


Accomplishments

- Worked with IS to develop and distribute daily reports for elevated BNP's, for HF patients readmitted <30 days, and for patients receiving more the 80 mg lasix
- Developed HF cooking class that meets once a month in Cardiac Rehab
- Provided pharmacy education on A7 by pharmacist as needed
- Provided good working scales from QIT to HF patients who could not afford them.

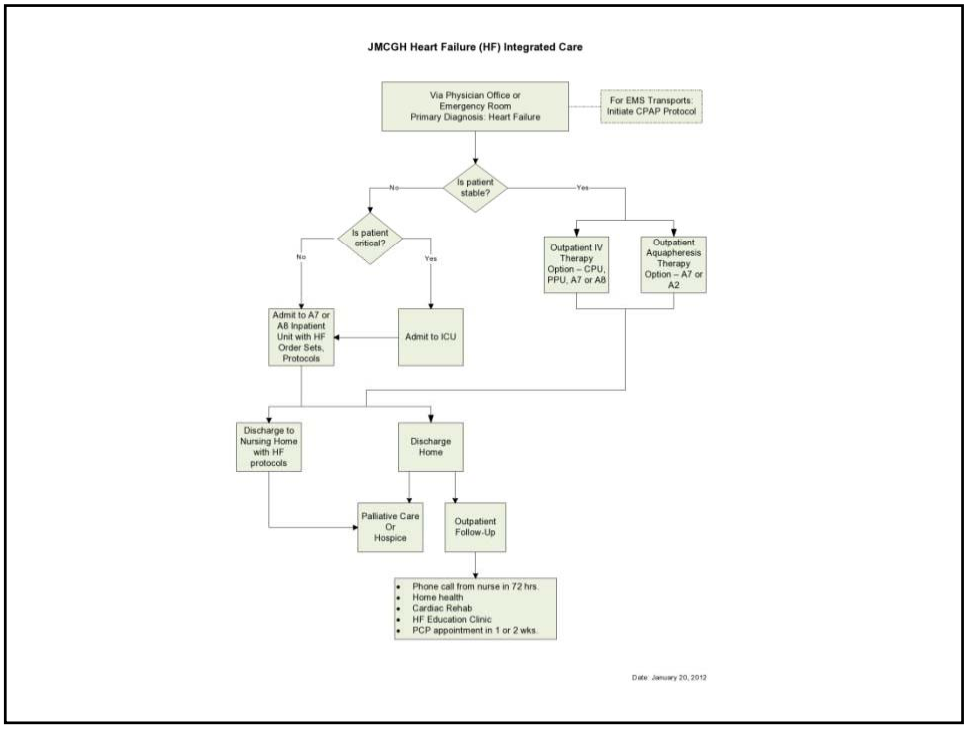
Accomplishments

- Developed follow up calls post discharge in 72 hours to make sure appointment arranged for HF patients within two weeks of discharge.
- Purchased HF videos for Patient Education channel with Pfizer grant
- Spoke to Nursing Homes to educate and consider palliative care
- Developed HF algorithm for entire team which includes new CPAP protocol for EMS



Accomplishments

- Worked with physicians to refer patients to outpatient setting for prophylactic diuresis in lieu of admitting patient
- Worked to get physicians to admit as outpatient for Aquapheresis if resistant to IV diuresis
- Met with all local home health agencies and nursing homes to make sure they had HF protocol
- Had HF education class though Pfizer grant by a cardiologist for allied health professionals
- Developed HF Education clinic from Pfizer Grant for high risk HF patient to see cardiac nurse on Wednesdays for weighing, education and follow up with PCP if needed



HF QIT Recommendations

- Admit HF patients to A7 & A8
- Core Team meets monthly
- Continue providing scales to HF patients in need
- Continue OP Education Clinic on Wednesday (Including patient follow-up phone calls)

One HF Patient

- January to June 2011
- 4 Readmissions <30 days
- January-June 2012
- 1 Readmission <30 days
- 16 Clinic visits 2012

HF Clinic Results as of 6/30/12

- Number of HF visits-179
- Percentage readmitted-13%
- Mortality rate has dropped overall 20%

Future Potential

- Follow up on pulmonary and diabetic patients
- Use nurses in clinic for tele-health follow up
- Develop disease management clinic for all chronic disease

Final Results

- Approved as a continuing Disease Management Clinic
- Continue with purchasing of individual scales
- Follow up education with 2 nurses/coach and pharmacy one day per week

CMS Hospital Compare

- Readmission Report Released July 2012 Third Quarter 2008 to Second Quarter 2011
- National Average HF Readmission Rate

  24.7%

  JMCGH Readmission Rate

  22.8%

Team Goal 19% Readmission Rate

- HF Readmission rate for June 2012
- **18.1%**

Improving the Completeness of Annual Foot Examinations in Patients with Diabetes: A Performance Improvement–Continuing Medical Education (PI–CME) Project

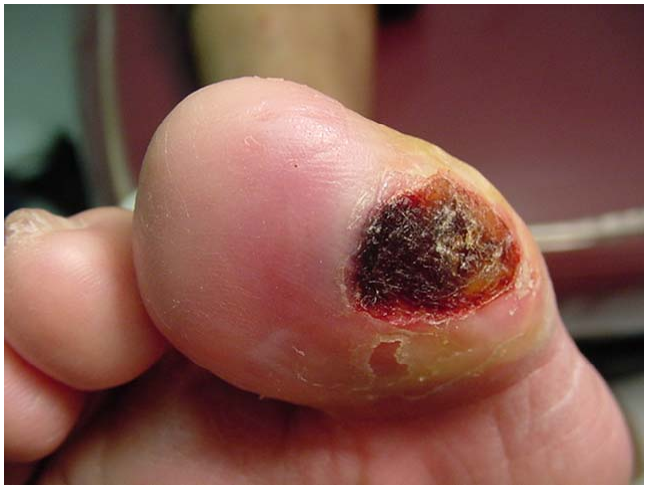
Susan M. Szpunar, PhD
St. John Hospital and Medical Center

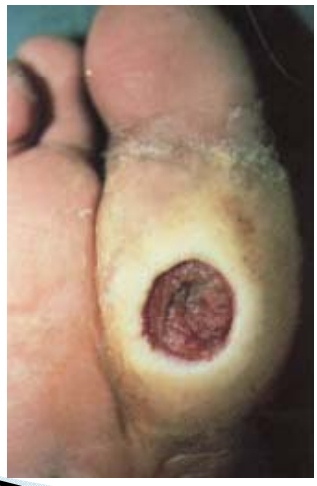
Background

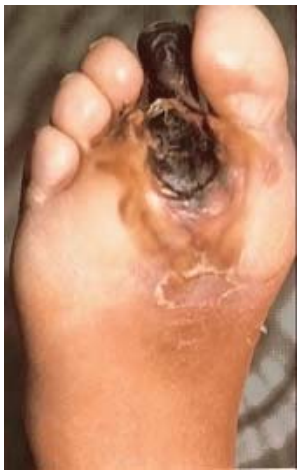
- The prevalence of diabetes mellitus in the US is approximately 8.3%--25.8 million Americans.
- Among diabetics, the lifetime risk of developing a foot ulcer approaches 25%.
- Complications from foot ulcers can lead to infections, gangrene and ultimately to amputation.

Background

- The American Diabetes Association suggests that all patients with diabetes should have an annual foot examination that includes:
  - Inspection;
  - Assessment of pulses; and
  - Testing for the loss of protective sensation (monofilament testing).







Performance Gap

- Many patients seen in our Internal Medicine Faculty practice (IMD) and in the Internal Medicine resident clinic (IMSC) do not receive complete foot examinations; i.e. at least one of the three elements is missing.

Objectives

- Using a PI-CME approach, to increase the percentage of "complete" foot examinations in diabetic patients seen in the faculty Internal Medicine clinic (IMD);
- Using the same approach, to increase the percentage of "complete" foot examinations in diabetic patients seen in the resident Internal Medicine clinic (IMSC).

Performance Improvement-Continuing Medical Education

- Stage A: Baseline evaluation
- Stage B: Intervention
- Stage C: Re-evaluation and reflection on whether performance changed from Stage A to Stage C.
- If all three stages are completed, physicians are awarded 20 AMA PRA™ Category 1 CME credits.

Stage A: Baseline Evaluation

- We completed chart review of all patients who had a visit to IMD or IMSC between 1/1/2011 and 4/30/2011 and diabetes was listed as one of their diagnoses for that visit.
- Assessed 252 unique patients in IMD and 300 patients in IMSC.
- Each physician then received a personal report about the completeness of foot examinations in patients under their care.

Stage B: Intervention

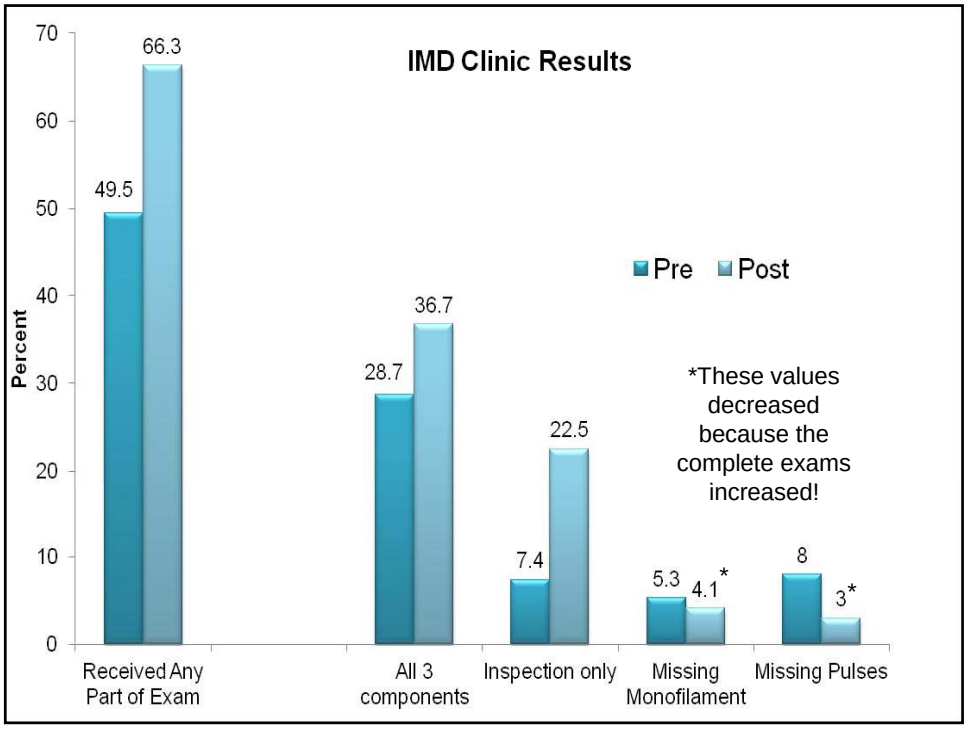
- Didactic session with the faculty staff physicians including the presentation of the aggregate baseline results.
- Didactic session with the resident physicians including aggregate baseline results and a demonstration of comprehensive foot examination.
- Introduction of a checklist tool to be added to the intake documents for each visit.

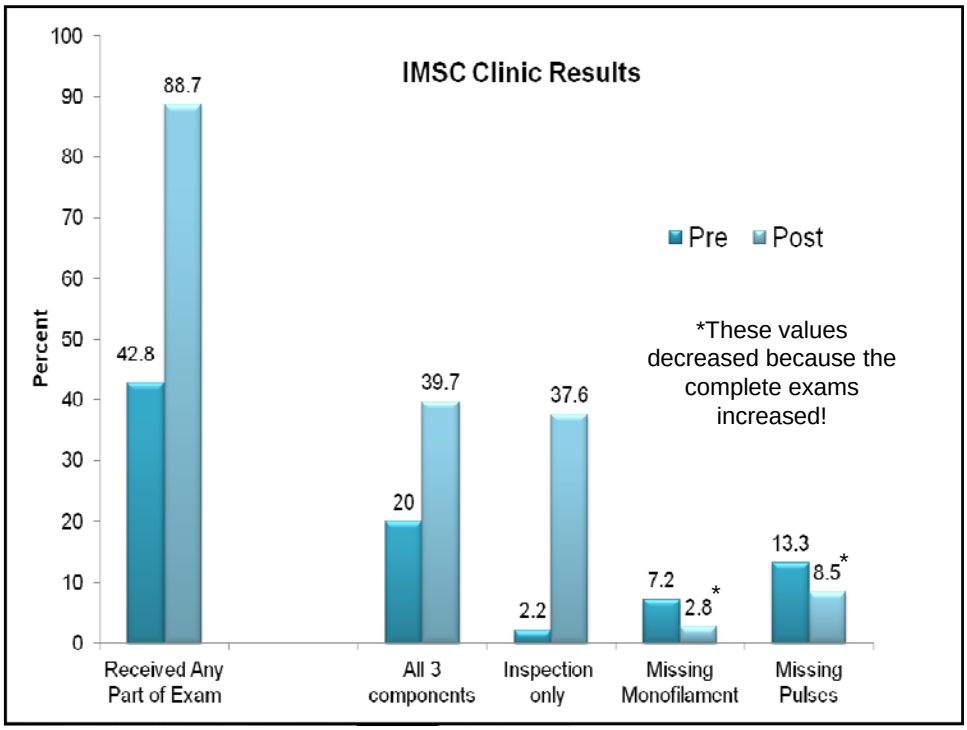
Stage C: Re-evaluation & Reflection

- Chart review, as in Stage A, of all patients who had a visit to IMD or IMSC between 2/1/2012 and 5/31/2012 and diabetes was listed as one of their diagnoses for that visit.
- Assessed 252 unique patients in IMD and 221 patients in IMSC.
- Each physician then received another personal report about the completeness of foot examinations in patients under their care.

Results

- In both the faculty and resident clinics, the percentage of patients who received an examination when due and the percentage of patients who received a complete examination examination (all three components) increased.


IMD Clinic Results
Percent
70
60
50
40
30
20
10
0
66.3
49.5
36.7
28.7
22.5
7.4
5.3
4.1*
8
3*
Pre
Post
*These values decreased because the complete exams increased!
Received Any Part of Exam
All 3 components
Inspection only
Missing Monofilament
Missing Pulses


IMSC Clinic Results
Percent
100
90
80
70
60
50
40
30
20
10
0
88.7
42.8
39.7
20
37.6
2.2
7.2
2.8*
13.3
8.5*
Pre
Post
*These values decreased because the complete exams increased!
Received Any Part of Exam
All 3 components
Inspection only
Missing Monofilament
Missing Pulses

Conclusions and Lessons Learned

- The PI-CME initiative helped to improve the timeliness and completeness of foot exams in patients with diabetes.
- Both the faculty staff physicians (who receive CME credits) improved as well as the residents (no CME credit).
- Their were distinct Aha! moments for both the faculty and the residents.
- The project created so much enthusism that it is continuing in the resident clinic with the addition of a stamp that will be used as reminder.

Questions?

Thank You!

2012 Year in Review

Track 1

- 11 RFPs Issued
  - Vaccines, Pain, Serious Infections, Lung Cancer, Inflammation, Women's Health and Smoking Cessation, RCC + Hematologic Malignancies (NA)
- 8 External Review Panels, approved 62 proposals (to date)
- 2 Partnerships
  - UCSF Smoking Cessation Leadership Center
  - The Joint Commission
- $26 Million budget

Track 2

- 30 posted areas, 29 supported (did not received any Amyloidosis grants)
- 216 grants approved
- $4 Million budget

2013 and Beyond

- Launch new online system
  - Simple, streamlined
- Track 2 enhancements
- 12 new RFPs proposed
- Global strategy
- Updated MEG website
  - Approved proposals, milestone updates, outcomes reports, etc.
- Forums, publications, presentations