Outcome Measurement in Continuing Medical Education

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CME Policy on Outcomes Measurement

• Encouraged 2010-2012

• Required that one CME program must be outcomes based in CME Cycle 2013-2015
Moore’s Seven Levels of CME Outcomes Measurement

• Level 1  Attendance
• Level 2  Satisfaction
• Level 3  Learning
  – 3a Declarative Learning (Knows)
  – 3b Procedural Learning (Knows how)
• Level 4  Competence (Shows How)
• Level 5  Performance
• Level 6  Patient Health
• Level 7  Community Health
Moore’s Seven Levels of CME Outcomes Measurement

- **Level 1** Attendance – 1970’s – physicians attended
- **Level 2** Satisfaction – 1980’s – physician’s evaluated
- **Level 3** Learning - 1990’s
  - 3a Declarative Learning (Knows what) – Can test
  - 3b Procedural Learning (Knows how) – Can diagram
- **Level 4** Competence (Shows How) - Return demo
- **Level 5** Performance – CAP program and AOA policy
- **Level 6** Patient Health – Hospital Statistics
- **Level 7** Community Health – State/National stats
Historical Perspective

• Past Focus has been on physician attendance and satisfaction
• Role of CME provider was to provide new information
• Usually in a group setting
• Very little or no follow-up
• No physician accountability
• No provider accountability
Focus on CME from Outcomes Perspective

1. Physicians take what is learned in a structured CME program and then evaluate how she or he apply it in the practice setting.

2. CME providers now structure the learning activity so that the physician’s current performance is measured or evaluated.

3. CME providers ask the physician to re-assess performance in the practice setting through various tools and activities.
Pre- and post-tests
Level 3 A and B Measurement

• Physicians complete multiple choice questions concerning activity content before and immediately after a CME activity
  – Measures learning that occurred as a result of the activity.

• Participants, faculty and CME staff get immediate feedback on physician learning

• There are no indicators that learning is retained or there will be a change in performance.

• Pre- and post-tests can be used in conjunction with live meetings, printed enduring materials and Internet-based CME activities
Examples of Case-based Assessments

Level 3B and Level 4 Outcomes

- Comparison of chart audits and/or standardized patients
- Physicians evaluated on interactions with “patients” through case vignettes/presentations
- Case vignettes/presentations are found to be as effective as other methods in determining outcomes
- Physicians in live meetings answer key multiple choice questions in response to a case presentation
- The cases and questions are presented before and after the CME activity to measure learning
- Case vignettes can also be administered to a control group (a group of physicians who share a similar professional profile but who did not participate in the activity)
Roles of the CME Sponsor Before

- Expert in meeting planning
- Evaluate satisfaction of physician attendees
- Grant writer
- Topics usually on the top five disease states where drug therapies would easily find grant support
- Speakers were easy to find because topics supported by industry
New Roles of the CME Sponsor

- Work with planning teams to assess needs (include multidiscipline health providers for effective change)
- Design CME activities that promotes skill and procedural activity
- Include review panels who can provide useful feedback and evaluation
- More emphasis on the seven core competencies and patient safety
- Interested in outcomes measurement and improving patient health
Value Propositions and Outcome Measures

- CME planning committees need to agree on the value proposition required to ensure the work it takes to measure outcomes will meet the expectations of their physicians and perhaps the multidisciplinary team of health care providers.

- Enhancing outcomes like patient care, safety, and practice efficiency will be of value to physicians if they can see tangible results.
Commitment to Change
Level 4 outcomes measurement

• Physicians asked to commit in writing changes that they plan to make as a result of CME activity

• A study showed only 75% of the participants fully or partially changed behavior

• Useful needs assessment data for planning future CME activities can be found if you survey physicians at a later date
Post Activity Surveys
Level 5 Outcomes Measurement

• First venture into performance based change
• Physicians asked to commit in writing changes that they plan to make as a result of CME activity over next 1-3 months
• The CME sponsor emails physician participants and asks if they have fully, partially or were unable to implement changes they intended to make.
• Data is self-reported and serves as a surrogate marker that is indicative of actual change
AMA Performance Improvement CME (PI CME)

• Accredited CME providers structure a long-term, three-stage process. Physicians:
  1. Assess their practice using the selected performance measures
  2. Implement interventions to improve performance related to these measures over a useful interval of time
  3. Then reassess their practice using the same performance measures

• A PI CME activity may address any facet (structure, process or outcome) of a physician’s practice with direct implications for patient care