

# Establishing Basic Outcomes<sup>1</sup>

## Can the CME Community Agree on a Set of Baseline Metrics for all activities?

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This white paper originated as a presentation during the CBI Medical Education and Research Breakthrough Summit<sup>1</sup> in April 2014 addressing CME outcomes and the current problems faced by both commercial supporters and providers. Currently, commercial supporters receive outcomes reports from providers that vary greatly in the questions asked, report format, and outcomes delivery. Commercial supporters seek more useful information with greater accuracy and consistency from providers. The presentation explored the concept of potentially standardizing outcomes reporting in CME. The idea of “standardization,” is complicated due to the variety of therapeutic areas, commercial supporters, and providers with various levels of CME experience. The concept of utilizing uniform reporting criteria is the basis of this paper. The challenge is to investigate the opportunity for the CME community to commit to reporting **The Basics**.

This white paper is organized by three statements that were the result of discussions and subsequent research following the meeting. The statements below are simply ideas and not meant to create a monolithic series of outcomes that will take out the creativity and nuance necessary to truly measure the impact of educational activities. Instead of thinking of these as standardization, we want to advocate these as **The Basics**. The Basics are not intended to become the only metrics measured and reported on CME activities, but would be a minimum set of nine questions to provide a starting point in developing a more robust outcomes reporting plan.

### **Statement 1:**

**The medical education we create and support should strive to achieve the aims of the National Quality Strategies (Appendix A).** When appropriate, educational program design should be linked to a specific NQS, with outcomes reflecting how the NQS were met. There are six National Quality Priorities set forth by the National Quality Strategy emphasizing that U.S. healthcare support three primary aims: a) improving quality of care, b) reducing healthcare costs and c) improving the health status of the US population.

### **Statement 2:**

**There are some basic outcomes that we can all agree should be measured for each independent educational activity.**

CBI were attendees were broken up into small groups. The majority of participants from across the medical education community worked together to develop key suggestions. The Basics are a distilled version of that discussion outline below.

### **The Basics**

#### **Educational design**

- What method will be utilized to educate your audience?
- What Adult Learning Principles will be considered? (Ex: interactivity, pre-reads, etc.)
- Will there be opportunities to incorporate practice and feedback sessions during the CME activity? <sup>2</sup>

#### **Participant Metrics**

- What is the number of participants for each type of educational outreach?(e.g. print, online, live)
- Participant detail (specialty, years in practice, type of practice)
- If permitted by the accredited provider, the number of patients the providers treat that are affected by the disease or problem (per month, week or year)

#### **Impact Metrics**

- What Moore's level of outcomes are you measuring to, source of data, including if you are measuring outcomes from a subjective or objective source? (**Appendix B**) Specify if the subjective measure is validated.

#### **National Quality Strategy Priorities**

- Does your educational activity link to a National Quality Strategy Priority (**see Appendix A**)?

#### **Behavior Change**

- What would you like the learner to do differently as a result of this education?<sup>3</sup>

#### **Barriers to Change**

<sup>1</sup>The content of this white paper was not developed to endorse, suggest, or imply, directly or indirectly, policies or procedures that should be followed when reconciling CME activities. It is the responsibility of the CME provider to ensure that all applicable policies and procedures for his/her organization/Institution are observed. The opinions described in this white paper are those of the authors only and are not the official positions of Gilead Sciences Inc., or Allergan Inc. <http://www.cbinet.com/conference/pc14137#.VFLr7vnF-Sp>

<sup>2</sup> [1] Moore DE, Green JS Jr., Gallis, HA. Achieving Desired Results and Improved Outcomes: Integrating Planning and Assessment Throughout Learning Activities. Journal of Continuing Education in the Health Professions, 29(1):1-15, 2009.

<sup>3</sup> “Not enough to say [to physician] are you going to change, but you ask what are you going to do to differently now than you did before? Describe for us what you are going to do differently now than you did before? . . . So that in evaluating the activity what you want to know is what competence, what performance, what patient outcome has occurred or changed because of your educational intervention. You can craft your evaluation or measure in any way you want, self reported, outside observers, that is not the issue, its whether or not it is a measure where people are doing or planning on doing different than they were before.” - Murray Kopelow <http://www.acme.org/education-and-support/video/faq/how-should-i-approach-evaluating-effectiveness-cme-activity>

- Are there perceived or identified barriers that prevent learners from applying what they have learned?

**Statement 3:**

**CME providers will take ownership of the outcomes data presented to commercial supporters.**

Outcomes reports should not be forwarded from an accredited provider or copy/pasted into a word document and sent to the commercial supporter. Ideally, there should be a concise metric summary where the provider reports what they have interpreted to be the most significant impact of the educational activity on learners (e.g. the SO WHAT?). The outcomes report should also reflect the success of the learning objectives that were provided in the grant request. The ideal report should contain graphs, charts and tables wherever possible. The quality and usability of these reports contributes greatly toward potential funding decisions in the future.

**The Basics Worksheet Tool**

This paper is intended to be utilized in conjunction with the “The Basics Worksheet” tool (**Appendix C**). The tool is provided as a resource that providers can submit with a proposal as a tool in planning the education and then with the reconciliation at the end of a program. Please note the definitions below the worksheet.

**APPENDIX**

**A. Making the connection: National Quality Strategy Priorities in CME**

<b>Patient Safety</b>	<b>Making care safer by reducing harm caused in the delivery of care</b>	Does the CME activity promote or include patient safety guidelines or consensus information? Example: Utilization of hand washing guidelines in order to reduce the spread of infection.
<b>Patient and caregiver engagement</b>	<b>Ensure that family members and caretakers are engaged as active partners in their healthcare</b>	Does the CME activity provide and incorporate tools that clinicians can integrate into their workflow that aid in the communication of recommended care plans, improved adherence, and extended care plans for patients at home and/or at work.
<b>Coordination of care</b>	<b>Promoting effective communication and coordination of care</b>	Does the CME activity encourage or demonstrate a referral process in the continuum of care, ensuring patients requiring follow-up receive a plan of action and the appropriate medical contact(s) are notified. Examples: When patients with Hepatitis C, HIV, Migraine, Stroke have an initial presentation in the emergency room.
<b>Dissemination of best practices</b>	<b>Promotion of the most effective prevention and treatment practices for the leading causes of mortality</b>	Does the CME activity inform the attendees of the most recent updates from the medical literature or national associations addressing improved patient outcomes? Example: National Stroke Association, American Heart Association.
<b>Population and public health</b>	<b>Engage educationally with community groups and community leaders to support and promote culturally appropriate best practices to improve health outcomes</b>	Does the CME activity provide resources for appropriately leveled patient information, accessible in multiple languages, educational kits for health promotion available through many association websites and patient advocacy groups. Does the CME provider partner with large associations or patient advocacy groups for wider dissemination of critical updates or educational resources.
<b>Efficient use of healthcare resources</b>	<b>Support education that addresses quality of care and resources for affordable care including individuals, families, employers and governments by developing and utilizing new healthcare delivery methods</b>	Does the CME activity include references to new technology being utilized successfully in various practice settings. Technology has allowed for new and unique ways to improve access and communication between patient and provider. Examples: Live web healthcare visits, phone and computer applications, Telemedicine, Electronic Medical Records sharing accessible on cell phone or tablet etc. Technology may have an impressive influence on the cost of healthcare in the future.

For full report go to <http://www.ahrq.gov/workingforquality/nqs/nqs2011annlrpt.pdf>

**B. Outcomes Descriptions with Subjective and Objective Examples**

Program Outcomes Level <sup>1</sup>	Description	Source of Data	Results of data
<b>Level 1: Participation</b>	The number of physicians and others who participated in the CME activity	Attendance records	Number attended Number of patients impacted
<b>Level 2: Satisfaction</b>	The degree to which the expectations of the participants about the settings and delivery of the CME activity were met	Questionnaires completed by attendees after a CME event	Average satisfaction score
<b>Level 3: Learning - Declarative knowledge</b>	The degree to which participants state <i>what</i> the CME activity intended them to know	<b>Objective:</b> Pre and Post- tests of knowledge <b>Subjective:</b> Self-report of knowledge gain	Knowledge increased from X% to Y%
<b>Level 3: Learning - Procedural knowledge</b>	The degree to which participants state <i>how</i> to do what the CME activity intended them to know how to do	<b>Objective:</b> Pre and Post- tests of knowledge <b>Subjective:</b> Self-report of knowledge gain	Knowledge and implementation increased from X% to Y%
<b>Level 4: Competence</b>	The degree to which participants show in an educational setting how to do what the CME activity intended them to be able to do	<b>Objective:</b> Observation in educational setting <b>Subjective:</b> Self-report of competence: intention to change	Average % of learners with increased competence (% increase if available)
<b>Level 5: Performance</b>	The degree to which participants do what the CME activity intended them to be able to do in their practices	<b>Objective:</b> Observation of performance in patient care setting, patient charts, EMR <b>Subjective:</b> Self-report of performance	Average % of improvement in performance (+/-)
<b>Level 6: Patient Health</b>	The degree to which the health status of patients improves due to changes in the practice behavior of participants	<b>Objective:</b> Health status measures recorded in patient charts or administrative databases, EMR <b>Subjective:</b> Patient self-report of health status	Measured impact on a set of patients
<b>Level 7: Community Health</b>	The degree to which the health status of a community of patients changes due to changes in the practice behavior of participants	<b>Objective:</b> Epidemiological data and reports <b>Subjective:</b> Community self-reported	Measured impact on a community

**Additional definitions:**

- **Participants:** Be as specific as possible about the number of **participants**, for example if you are counting a web activity do not report on people who did a “drive by” on the site but only those that stayed on the site long enough to learn something
- **Learners:** Number of participants who sought CME or CE credit
- **Program component:** This refers to the type of education i.e., online, live or print

The Basics Worksheet				
Program name:				
Grant number:				
Program detail		PRE-ACTIVITY ASSESSMENT (planned)		
Examples	Activity* 1	Activity 2	Activity 3*	
Program component	Live, print, online			

POST-ACTIVITY ASSESSMENT (actual)		
Activity* 1	Activity 2	Activity 3*

<b>Target audience</b>	e.g., MDs/DOs, PAs, RNs, PharmDs/RPHs, MSWs, Case Mgrs, RTs, Dieticians, Others (specify)						
<b>Activity target location</b>	Ex: High prevalence cities in Southern states						
<b>Activity start date</b>	Approximate start date						
<b>Project end date</b>	Approximate end date						
<b>Name the NQS Priority that this activity supports</b>	See table in Appendix A						
<b>Outcomes Reporting</b>							
	<b>Examples</b>	<b>Activity 1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>PLEASE USE THE DEFINITIONS IN APPENDIX C</b>							
<b>Outcomes Level 1: Total participants</b>	Number of credits issued per event						
<b>Total Learners†</b>	Example and definition instead of Total						
<b>Average patients treated</b>	<i>Average # of patients treated by learners or participants(weeks, months or years)</i>						
<b>Level Outcomes 3 - 5</b>	<i>Ex: Level 5</i>						
<b>Objective or Subjective measure?</b> (list for each level of outcomes, if relevant)	<i>See table for definitions (If subjective indicate if it is a validated tool like SF-12)</i>						
<b>Source of outcomes data</b>	<i>Ex: Pre-post tests</i>						
<b>Result of data</b>	<i>See definitions</i>						
<b>Level Outcomes 3 – 5</b>	<i>See above</i>						
<b>Objective or Subjective measure?</b>							
<b>Source of outcomes data</b>							
<b>Result of data</b>							
<b>Key Planning Considerations</b>							
<b>What would you like the learner to do differently as a result of this education?</b>							
<b>Will there be opportunities for incorporating practice and feedback sessions into the education?</b>							
<b>Pre: What barriers to change were identified in your needs assessment?</b>							
<b>Post: How did they differ from the barriers reported by learners in the activity?</b>							