

# Performance Improvement CME

In 2005, the American Medical Association (AMA) recognized and implemented a new CME format. Performance Improvement CME (PI CME) redesigns traditional CME from an outcomes orientation, drawn from quality improvement methodology. PI CME implements the core CME best practices (needs assessment, instructional design and development, and evaluation of learner results) in the context of the core quality-improvement practice — the Plan-Do-Study-Act cycle. The structure of PI CME acknowledges that learning occurs throughout a classic quality improvement cycle, and it provides a platform for physicians to participate in that learning, document it, maximize and optimize its impacts, and earn intellectual credit in the marketplace through award of category 1 credits.

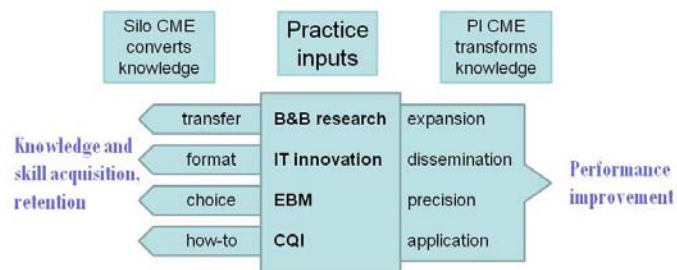
## Moving past CME silos

Performance Improvement CME (PI CME) synthesizes several key developments in CME over the past two decades:

- The American *bench and bedside research* infrastructure produces volumes of biomedical knowledge at an accelerating pace;
- Physicians—via professional development and generational training effects—now integrate into practice and learning more widely than ever a set of dynamic, *electronic information and communication tools* designed to break biomedical knowledge bottlenecks while stimulating an even heavier deluge;
- A maturing discipline of meta-analysis and its wide dissemination via now-ubiquitous *evidence-based medicine* tools tames that flood with a knowledge-selection “technology” clinicians can use to validate or transform their own clinical decision-making.
- In a crucible of public scrutiny, the American CME enterprise responds to challenging questions about health care in the United States that have been raised by the *continuous quality improvement* paradigm: How do “we” ensure patient safety? Reliably reduce error? Improve health outcomes? Spend sustainably?

In response to each of these trends (accelerating knowledge growth, information technology, evidence-based medicine, quality improvement) the American CME enterprise has vigorously researched, deployed, tested and institutionalized innovations to support physician performance improvement—that is, to optimize the process physicians use to learn,

## Performance Improvement shifts CME from a knowledge platform to an application platform

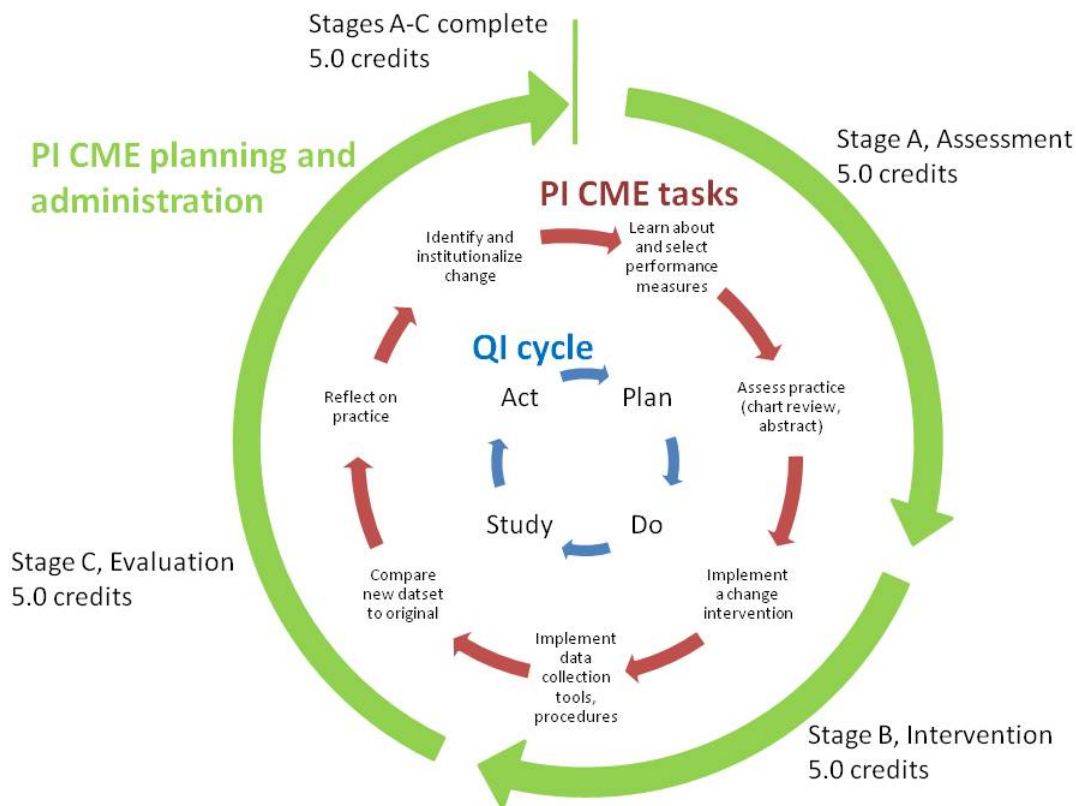


assess, integrate, adopt and refine the research results that emerge from bench and bedside.

In applying a *performance improvement* model for CME, PI CME sponsors offer physicians and the CME community a compelling tool that adds new value by synthesizing these domains into a coherent, explicit learning process. PI CME recognizes that innovations in all areas must be in place and working smoothly in the context of physician learning if patients are to benefit.

## What is PI CME?

PI CME activities describe a structured, long-term process by which a physician or group of physicians learns about specific performance measures, retrospectively assess their practice, apply these measures prospectively over a useful interval, and re-evaluate their performance. The classic quality improvement Plan-Do-Study-Act cycle is clearly apparent beneath these tasks, and a three-stage educational process overlay translates the tasks into an authentic instructional design framework:



## How PI CME works

The tasks that physician learners complete during the PI CME cycle occur over time, and may take from three to nine months to complete. The three-stage model of PI CME activities organizes those tasks into smaller groupings, and CME providers have the flexibility to award up to 5.0 category 1 credits to physicians as they complete each stage of the PI CME cycle. CME providers may award an additional, final 5.0 credits to physicians who complete all three stages of a PI CME activity, thus recognizing that the best learning occurs when a learner applies into practice the skills and knowledge that have been learned and then analyzes and integrates the results of the learning process. When determining the number of category 1 credits to award for completing each stage of a PI CME activity, CME providers use the same principles that are used to assign credits for other CME activities. Thus, a physician who completes a PI CME activity may earn up to 20.0 category 1 credits toward the AMA Physician Recognition Award.

### Physician Learner Tasks

### CME Provider Tasks

<b>Stage A: Learning from current practice performance assessment</b>	
Assess current practice using identified performance measures, either through chart reviews or some other appropriate mechanism.	Establish an oversight mechanism that assures content integrity of selected performance measures. Measures must be evidence based and well designed (e.g., clearly specify required data elements, data collection is feasible).
Participating physicians should be actively involved in data collection and analysis.	Provide adequate background for physicians to identify and understand a) the performance measures that will guide the PI activity, and b) the evidence base behind those measures. Providers may deliver this education through live activities, enduring materials or other means.
<b>Stage B: Learning from the application of PI to patient care</b>	
Implement an intervention based on the performance measures selected in Stage A, using suitable tracking tools (e.g., flow sheets).	PI activities may address any facet (structure, process or outcome) of a physician's practice with direct implications for patient care.  Provide clear instructions to learners that define the educational process of the PI activity (documentation, timelines, etc.) and establish how they can claim credit.  Provide guidance on appropriate parameters for applying an intervention and assessing performance change, specific to the performance measure and the physician's patient base (e.g., how many patients with a given condition, seen for how long, produce valid assessment?).
<b>Stage C: Learning from the evaluation of the PI effort</b>	
Re-evaluate and reflect on performance in practice (Stage B), by comparing to the assessment in stage A.	Validate the depth of physician participation by a review of submitted PI activity documentation.
Summarize any practice, process and/or outcome changes that resulted from conducting the PI activity.	