"Home Grown" PI-CME Results in Improved Patient Care

Brian Kilbarger, PA-C, associate chief PA at the University of Michigan Health System (UMHS), wasn't always in favor of PI-CME but says: "What made it work for us is that we could do home-grown CME at little or no cost to my team. At UHMS we are able to utilize our existing physicians' maintenance of certification program. We plugged into their systems and processes to develop a personalized project."

Brian and two other PAs in otolaryngology, Alexandra Tiefel and Janet Urban, successfully completed a PI-CME project, which he says showed "great improvement in patient follow up and care just by creating and following a simple plan."

There are usually three basic steps to complete PI-CME activities:

Step 1: Identify an area of concern based on a benchmark or evidence-based metric.
The problem we identified was that a large number of patients who come to be evaluated for ear pain actually have TMJ, bruxism or myofascial pain. We generated a baseline measurement by doing a query of our EHR data and found that in September 2015, 41 patients presented with one of those three conditions as a primary or secondary diagnosis. However, only 52% were referred for further treatment to the TMJ clinic, a dentist, a physical therapist or a combination of the three.

Step 2: Develop and implement a plan for improvement.
Says Kilbarger: "Our goal was to improve outcomes by directing patients to the care they need. We asked ourselves why only half of these patients were being seen and put together a plan to remove barriers and increase referrals to appropriate providers."

Step 3: Evaluate the impact of the improvement effort.
The result was an increase in referrals from 52 % to 88 % within three months and a sustained increase to 82% -- a direct impact on patient outcomes in terms of treatment and symptom relief.

What did the team do to achieve these results?

- They met with the director of the TMJ Program to discuss seeing patients on an expedited basis since wait times for the TMJ clinic were up to one year. The team created "Smart Orders" with the name of therapists who see TMJ patients and copied the director. The Smart Orders were a flag that this patient needs prompt attention.
- They created a "Smart Phrase" in the orders that said "prescribed soft diet and anti-inflammatory." This Smart Phrase was a trigger for providers to realize there was a Smart Order for this patient.
- In addition to educating providers, they asked who else they could meet with to be effective and began engaging and educating residents and scribes on Smart Orders and Smart Phrases.

"This shows that with focus and simple interventions, significant changes can be made," concludes Kilbarger. "The key to the success of PI-CME is allowing the PA to tailor it to meet their individual clinical and patient needs. Most PAs are currently performing process improvement on a daily basis, as PAs are inherent problem solvers. "

Marc Moote, lead PA at UMHS who was one of the first PAs to embrace the concept of Performance Improvement CME says: “I remain convinced that these activities are best for our patients and long-term for demonstrating increased PA value to hospitals and health systems.”

Note: You can find information on how PI-CME and Self-Assessment CME are weighted and see a list of these types of CME here.