

Performance Improvement CME That “Gets Positive Feedback Every Time”

Would you sign up for a PI-CME course that is:

- Simple
- Doesn't take a lot of time
- Inexpensive
- Relevant in any specialty
- A game changer in your practice
- Allows you to earn 40 Category 1 CME credits?

Then take a closer look at Kidneys in a Box (KIB), a program for non-nephrology providers developed by the American Academy of Nephrology PAs as outreach to their colleagues.

According to Kim Zuber, PA-C, one of the developers of the program, “the concept of PICME may seem out of our comfort zone, but every time a PA completes this program, we get positive feedback.”

“PAs are all working hard to do a great job, but sometimes just following a repeatable protocol can make a world of difference in your practice. That is what KIB can do — and has done — in the VA system and in practices around the country.”

The three basic steps to complete a PI-CME activity are:

Step 1: Identify an area of concern based on a benchmark or evidence-based metric.

“We recognized that Chronic Kidney Disease (CKD) is an epidemic and we wanted to find a way to improve early detection,” said Zuber.

Step 2: Develop and implement a plan for improvement.

“Our goal was to develop simple, repeatable protocols that PAs could implement without adding a significant burden to every patient encounter. We identified six factors that should be considered on each patient with diabetes.”

- Is the patient taking a statin drug?
- Has the hemoglobin A1C been measured in the last 6 months?
- Has the urine albumin-creatinine ratio been checked in the last year?
- Has the stage of CKD been identified?
- Does the patient have a yellow caution over-the-counter medication list that identifies OTC medications that could be harmful to the kidney?
- Has the patient been counseled on smoking cessation?

Even if you are not the ordering or managing practitioner, you can review these modifiable risk factors for CKD with your patients. Patient charts were evaluated before and after implementing a program to highlight one of the six factors.

Step 3: Evaluate the impact of the improvement effort.

“We found statistically significant improvements in the first five metrics,” says Zuber. “We were able to increase early detection, which leads to interventions that can slow the progression of CKD.”

To elaborate on why this program make sense for many PAs earning CME credits, consider:

- **Simplicity:** The program requires you to evaluate 10 charts, implement the protocol and evaluate 10 charts again. Any PA can do it.
- **Time efficient:** The entire process takes about five dedicated hours. (two hours to review 10 charts, one hour to develop what you want to do and two hours to evaluate 10 charts again).
- **Inexpensive:** \$25 per person
- **Relevant in any specialty:** Almost half of the 302 PAs in the initial study practiced outside of primary care, in surgical and internal medicine specialties, urgent care, emergency medicine and critical care.
- **Game changing:** This program changes behaviors not just of PAs but of the physicians and nurse practitioners who work with us. Results are exponentially multiplied across providers so it creates, measurable, systematic change that improves the entire practice.
- **Double the CME value:** The course has a value of 20 CME credits but first the 20 PICME credits logged during every two-year cycle will be doubled when logged with NCCPA.

“The physical and financial toll of CKD cannot be overestimated. The United States spends more on managing kidney failure than the entire budget of the NIH,” says Zuber. “KIB will help you meet your certification maintenance requirements, but more importantly it will help you change your patients’ lives.”

Kim Zuber is the executive secretary for the American Academy of Nephrology PAs.