

# Performance Anxiety

PI CME may be poised to become the predominant format. By **Marc Iskovitz**

Since its 2004 debut, performance improvement (PI) CME has been hailed by some medical-education experts as the format of the future. While the three-stage process for documenting practice change is gaining acceptance, relatively few physicians have engaged in it.

According to ACCME figures, just 3,623 physicians participated in 2007, compared to some 3.5 million attending traditional courses and lectures. Nor are there many programs available. CME providers say that may soon change.

Bruce Bagley, MD, medical director of quality improvement for the American Academy of Family Physicians (AAFP), which grants credit for the format along with the American Medical Association (AMA), says he expects a “marked increase in the participation of family physicians in PI CME because of the changing rules for Maintenance of Certification [MOC] part 4,” which requires practice performance assessment.

The American Board of Family Medicine has about 8-10,000 family physicians taking the MOC yearly, Bagley adds, and most participants in AAFP’s PI-oriented METRIC program have come in the last 12-18 months.

Also active in encouraging PI CME is the American Board of Internal Medicine (ABIM). The American College of Physicians’ (ACP) Closing the Gap CtG program has part-4 recognition from ABIM, so internists who need to re-certify can get the credit, and “That’s been a big motivator,” shares Vincenza Snow, MD, FACP, director, clinical programs and quality of care for ACP.

Carrots and sticks aside, barriers remain. While hospitals and societies, schools and HMOs appear most committed to the concept, medical-education companies lag. The problem: “The challenge is, right now, 99% of providers out there are still trying to figure out how to implement PI CME,” observes Venkat Gullapalli, MD, CEO, Gullapalli & Assoc., whose firm facilitates strategic collaboration among providers of QI-oriented CME, including Johns Hopkins University School of Medicine and the American Psychiatric Association.

Some providers also are trying to retrofit conventional CME programs instead of designing PI CME from scratch. Rick Kennison, DPM, MBA, CCMEP, president, general manager, PeerPoint Medical Education Institute—an accredited medical-education company that has been doing PI CME for two years—says he sees a certain amount of what he calls “level creep,” taking a program powered for Moore level-3 outcomes, modifying it slightly and claiming level-4 outcomes.

Pamela Mason, CCMEP, FACME, director, Medical Education Grants Office, AstraZeneca US, says she has noticed that most grant applications specifically stating level of outcomes expected are at Moore levels 3-4, with “commitment to change” being the most frequent measure and few doing follow up.

She adds, “The challenges we face are identifying specific review and decision criteria and stretching grants budgets in order to support long-term QI initiatives. Any guidance from institutions and medical associations would be valuable in making these determinations.”

## PI CME tips

### THE SOCIETY



**Vincenza Snow, MD, FACP**, director, clinical programs and quality

of care, American College of Physicians “Hands-on coaching on conference calls and hand-holding to help practices develop implementation plans... We spend a lot of time helping them bite off just enough that they can make changes and see results. That helps set up the program for success.”

### THE MECC



**Rick Kennison, DPM, MBA, CCMEP**, president, general

manager, PeerPoint “IRB review for most programs... That will help us with publication planning, because most journals want to see some type of IRB or waiver. We’re creating tools in conjunction with experts and guidelines that recommend treatment.”

### THE STRATEGIC FACILITATOR

**Venkat Gullapalli,**



**MD, CEO, Gullapalli & Assoc.** “Providing Moore level-5

outcomes needs to be your organization’s model. Understanding, developing models and working with providers who can collect and analyze those results needs to be within the soul of your organization.”