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ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Quality Improvement Education: Harnessing Interdisciplinary Teams, Patient Data, & EHRs

Alicia Sutton:
Quality improvement education. It's a rapidly expanding focus of education that brings in the interdisciplinary team with the aim to improve quality. In some respects this seems natural. Our health care system is changing. Education should change along with it. But what does that mean for our listeners and their medical practice? We're here today to explore this.

Welcome to Lifelong Learning on Reach MD, the channel for medical professonals. I'm your host, Alicia Sutton, and with me today is Dr. Destry Sulkes, cofounder of Medivo, a health data and analytics company, who also serves in a volunteer capacity as President of the Board of Directors of the Alliance for Continuing Education in Health Professions. Welcome, Destry. We are glad to have you join us.

Dr. Destry Sulkes:
Thank you, Alicia. Glad to be here.

Alicia Sutton:
Given your background, you are of course a physician and an educator in any sense, and you obviously have your hands on data, give us an overview in your opinion of what quality improvement education or QI Education is.

Dr. Destry Sulkes:
It's as you mentioned a really exciting time, with quality becoming a focus in the health care landscape. With the Affordable Care Act and health care reform taking place recently everyone is talking how to treat patients better for better outcomes. And while the systems need to change the systems also need to learn how to change. And we as educators in this organization, the Alliance, what we're here to do is to help the educators have an impact on the systems and help the systems build the tools to basically treat patients better and get better outcomes for the patients.

Alicia Sutton:
So you've mentioned systems, you've mentioned patients, you've mentioned providers. I think QI means different things to different people, as you probably agree. Some also say it's about education, it's about research, it's about the practice. Is there a global way for our listeners to kind of think of QI education as it might start impacting how they like to learn?

Dr. Destry Sulkes:
Absolutely. QI I would say traditionally has had its own set of experts and own set of organizations that support it, so quality improvement itself. Education has really been in a parallel world where educators are educating health care professionals on knowledge, skills, and attitudes, and how to treat patients, but they haven't been really connected directly to the quality improvement organizations. And so quality improvement education is really a new concept. And what we're here to do is to help define it and then to build it and implement it across the nation, really.

Alicia Sutton:
It makes sense that it would be a parallel. You've got the traditional way, as you said, and now you've got newer ways, including the patient him- or herself. How does the patient factor into that model?

Dr. Destry Sulkes:
Really good question. It's not only the patients, it's actually the patient and their entire caregiving constellation, I'll call it. So the family, their friends, and then all the clinicians that help them. And the way I like to think about this is to get specific and look at an actual disease state like heart failure. So there's been a lot of talk lately about heart failure patients leaving the hospital after some episode

and then getting readmitted within 30 days.

And basically that's because they haven't been transitioned out with a good plan and a good support system so that the patient themselves knows what to do as well as their family and anyone else that helps care for that patient. And so what quality improvement has striven to do is really reduce those readmissions through building that support network, which is a fantastic effort, and a lot of examples exist where those readmission rates have gone down.

What hasn't been happening and what we think can happen now is, education can be a very specific element within that effort. So educating not just the institution and the systems around how to transition that patient out of the hospital but then educating the family and all the caregivers and the local community about how to take that patient back into the home. And so we think there's real great opportunity to build a quality improvement education system now.

Alicia Sutton:
I think that's so true, especially when it relates to health IT or health information technology and patient engagement. Are you seeing more of that being done in institutions, where they're relying on some of the more technology advanced tools to bring the patient to a better level of understanding?

Dr. Destry Sulkes:
Well, I tell you there's legislation in the Affordable Care Act itself that requires now that patient have access to all of their, not just lab data but all of their health care information in their EMR, and so that is now available. There are precious few examples of patients truly getting engaged. So I think that is still a big challenge that we all need to address.

Alicia Sutton:
You hear about it on bedside education, where they roll in a monitor that you can look at it, but then you also hear about it at home where they can access it. But perhaps they aren't accessing it as much as they should. Many of our listeners are obviously educators as well. They're lifelong learners, they're in a health care environment, they're clinicians who might have to train their own staff, they might work in an academic center.

How can they go about bringing in some of this QI focus into the education that they offer themselves? It's not an easy thing to do at times if you're not in an organization that's already structured to do that. So what are some steps they might think about taking early on?

Dr. Destry Sulkes:
The first few steps that I took that I felt were personally rewarding were doing some research on my own. So if you go look at the National Quality Forum or if you Google National Quality Strategy you'll find long lists of quality metrics that are very specific for each condition where you can find out what a patient really needs to achieve to have an improved outcome. And so I would guide the educators and the learners to do some research on the conditions that they're interested in and learn what the metrics are that they need to address in order to have an improved outcome.

Alicia Sutton:
If you're just joining us, you're listening to Reach MD, the channel for medical professionals. I'm Alicia Sutton, and I'm speaking with Destry Sulkes from Medivo. We're talking about lifelong learning, and particularly as it relates to quality improvement education. So give us some insight into reimbursement. What kind of strategies can you look at in education, and where is that shaping up now?

Dr. Destry Sulkes:
With the Affordable Care Act and legislation even back in the early 2000s there have been bonus payments that will be made for improved outcomes. And those reimbursement, I'll call them levers or motivators can really change behavior.

So when an institution learns that it can get paid potentially tens of millions more dollars by getting directly better outcomes with their patients suddenly there's a real motivator and there's a reason for the institution to think about changing the way they're having their patients come into the hospital or how they're educating their physicians about that condition and the importance of reaching a certain and specific goal.

Alicia Sutton:
Are there some resources that our listeners could go to, to actually read a bit more about some of those examples that you can think of on the reimbursement side, some case studies or...

Dr. Destry Sulkes:
One place I would send everyone immediately is to the Star Bonus website that CMS runs. This is a Medicare program, and it offers basically bonus payments to organizations that achieve higher outcomes. It's a five-star system, and all of the rankings are based on HEDIS Measures, the longstanding quality measures, probably the first quality measures developed, but they're still being used across

the board in the Star Bonus program.

Alicia Sutton:
Yeah, absolutely. That's a great resource. Thank you. Let's talk about benchmarking and progress reports in general, because we can get those HEDIS data. And certainly there's a lot of stakeholders already in this space of QI, and they've been out there for a while. If the focus is on improvement we should anticipate seeing some changes. Can you describe what changes you think our learners might see as the education gets rolled out to them? So they might have had a certain way of being educated that didn't bring in QI, but now they're going to take some education that does bring in QI. How do you think it might look different?

Dr. Destry Sulkes:
I think you'll see it for example in a hospital setting where the quality department may have run its own initiative in the past to do things like reduce the rate of heart failure readmission. Now you'll see the quality department potentially partnering with the education department to link up not only what they're requiring happens during a patient's discharge but also what the weekly grand rounds topic might be on. So simultaneous with the rollout of a new discharge protocol you'll see a grand rounds session that focuses on that discharge protocol, and they'll get education credit for attending that round.

Alicia Sutton:
Valid point. And clearly the benefit of being in a larger institution or at least any institution that has a QI department that is responsible for putting that input in there based on their own outcomes data. No, I can see that. So without a doubt there's got to be listeners saying, kicking and screaming, "Don't want to have to go through another level of measurement or another way to do something" when they're comfortable with what they have.

But clearly this is upon us. The Affordable Care Act has moved in new measures that are required, and they're here to stay. What do you think some of the value propositions are that we could put in front of learners who might be less reluctant?

Dr. Destry Sulkes:
Well, as a physician part of the reason we founded our data analytics company is that we know there's a lot of data on our patients out there, but we haven't had great access to that data. So if you asked me on an anecdotal level if I'm treating my patients well, I'll say of course I am. I'm trained well, everyone that comes in front of me I treat them right away. But if you actually just show me a bunch of data on my patients I typically don't have access to that.

And once I see a list of all the patients who aren't at their goals or haven't necessarily even been in for a visit recently that enables me to take action. And so the value proposition to the clinician is to give new insights to their patients. It's not really to threaten them with bonuses being taken away or changing the flow of patients in their practice, it's really just giving them new insights and analytics around how their patients are being treated.

Alicia Sutton:
Absolutely. I think the data story is the key here, is to let them see it. Because you're right, people do believe they're providing the best care. So what are some of those creative ways that data companies are putting that story out there to get access to it? We know patients can obviously get some of their own data, but what are we using for clinicians to see the data story behind their own practice?

Dr. Destry Sulkes:
As a clinician I think the most important thing is to go to your EMR, your electronic medical record or health record, or your system, and demand these kinds of reports, because they exist. And the only way you get them, it's the don't ask, don't tell rule. You need to go ask, and then you'll start receiving some insights that you've never seen before. And so that's I think the first thing that needs to happen.

And again, like I said, this is why we started our own company, is because we realized if you could show me a list of 300 patients and 50 of them had A1Cs over 10 percent and haven't been in for six months, well, of course I'm going to have my staff call them right in immediately. So I think that's the immediate next step for us all.

Alicia Sutton:
Agreed, it's sort of an action plan based on your data that you might not be seeing. And like you said, I mean, that data's out there. It's in the EMR, but perhaps some of our listeners are not accessing that data as frequently as they should. That's a good point, that they should reach out and ask for it. So crystal ball, what do you think it's going to look like, say, let's go out a few years. Let's go out maybe three years and think, what is it going to look like realistically for QI in education, and what the data might tell us?

Dr. Destry Sulkes:
Well, one thing I think we'll certainly see is very different type of QIE in each specialty. And the reason I say that is that we try to talk about this in blanket terms but it's very specific to what condition we're treating. So a patient who has heart failure is going to be much

different than the patient who has macular degeneration, much different than a patient who has a hernia.

And so depending on what the condition is you're going to see a different, I guess I'll call it constellation of resources that are developed. And so first of all, one thing that will be common is that EMRs will show you better reports. So you will see more automated reporting coming, and it'll be specific again to your condition, but it will help you treat that patient better by knowing the critical factors that need to be addressed to have the best outcome.

Alicia Sutton:
Okay, fair enough. I can hear that. We've got maintenance of certification standards, we've got maintenance of licensure coming up. You're seeing that evolve more into that, where you're really going to see a difference. If you want to keep that license, you want to keep those standards, it'll be very specific to those conditions.

Dr. Destry Sulkes:
I mean, my dream is that these new certification standards will be very specific to each specialty, which is underway right now. But the crystal ball dream would be that they're so specialized that we're really looking at patient outcomes to determine if someone should be recertified or not.

Alicia Sutton:
Where can our learners go to learn more about QIE? We talked a little bit about what they can find for data examples, but what are some resources that you would recommend they could turn to, to get a better understanding of what's going to impact their lifelong learning as they go through the journey?

Dr. Destry Sulkes:
Well, certainly in my role at the Alliance I have to bring them to the Alliance website because we have a lot of resources there to provide some context. Beyond that of course there's been organizations doing this for quite a while, so certainly the CMS website has great resources. That's the Medicare website. And also the Institute for Health Care Improvement is another organization that's been at this for a long time, as well. And finally, the National Quality Forum is a great resource to look at for the history of how these quality metrics have been developed.

Alicia Sutton:
Well, as we wrap up, any final comments about QIE, what you see on the horizon? Some advice you can give to the listeners?

Dr. Destry Sulkes:
My advice is to ask for these reports. I think that's the most important thing that we can all do, is to not sit in our status quo and resist this change but actually to start asking for what's available through our current analytic systems, and our current quality improvement departments, and our local institutions.

Alicia Sutton:
I really thank you for your time and your insights, Destry. Very, very useful.

Dr. Destry Sulkes:
Thank you, Alicia. This was very helpful.

Alicia Sutton:
So to access this and other interviews in the Lifelong series please visit ReachMD.com. I'm your host, Alicia Sutton, and we've been talking to Destry Sulkes from Medivo. Thank you very much.