

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/lifelong-learning/the-learning-process-revolution-in-medicine-embracing-quality-metrics/7038/>

ReachMD

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

The Learning Process Revolution in Medicine: Embracing Quality Metrics

Alicia Sutton:

Welcome to Lifelong Learning on ReachMD, the channel for medical professionals. Today we're talking about the process of learning for healthcare professionals, and how it maybe undergoing change. We know that continuous professional development is a lifelong endeavor that extends well beyond medical school, and as our knowledge of system improvement increases, we're starting to see some changes in the learning environment. Healthcare professionals might be facing new reasons to engage in quality improvement education, and that's the purpose of this segment of Lifelong Learning. I'm your host, Alicia Sutton, and with me today is Dr. Jack Keus, Associate Dean for Continuous Professional Development and Professor of Emeritus of Family and Community Medicine at the University of Cincinnati. He's an expert in quality improvement, and quality assurance, and Jack, thank you, we are glad you could join us.

Dr. Jack Keus:

Happy to be here.

Alicia Sutton:

You know, the first thing we should do is maybe give our listeners, give our audience an understanding of what quality improvement education or QI education is. Given your background in this, can you kind of give us a big picture of that?

Dr. Jack Keus:

Certainly. Quality has become sort of the watch word of not only continuing education, but also healthcare in general. Quality improvement has evolved as sort of a science or a discipline in and of itself. There are a number of different strategies that are out there, and a lot of institutions have used this as the underpinning of how they drive change in their institutions, but most healthcare providers have relatively little exposure to this in their formal training. And for that matter, a lot of adult educators and others who have been in the continuing medical education world for most of their career also have found this to be a new area. So, there is quite a need to familiarize, not only the providers, but also the educators about how this works, and how it integrates into the education world that they're familiar with.

So, quality improvement, in general, has typically focused on the outcome, and looking at metrics, quality metrics, or practice standards, and examining where practice or practitioners are relative to those goals or standards, and then using a very discreet or very specific process of identifying mechanisms to move from where practitioners and where practice is currently to where they would like it to be, and going through these iterative improvements. Most of QI focuses on a series of smaller improvements, rather than a single improvement, and providing practices and practitioner's feedback to slowly move closer and closer to these desired outcomes or desired practice metrics. So, that's sort of the short version of what quality improvement is.

Quality improvement education then, is actually a combination of things. One is understanding how that works, and two, and perhaps more importantly for those whose careers have been in continuing education, it's the role of education in the quality improvement process.

Alicia Sutton:

That's excellent, thank you for that. Good perspective on it and it sounds like QI means different things to different people. It could mean more a research role, more of an education role, certainly a collaboration role. How do you think that our listeners...you know the healthcare professionals are not only learners, but they're educators themselves, some of them train within their own organizations, institutions. What are some ways they might go about thinking about QI measurements, if they aren't associated with their Quality

Improvement Centers, you know, if they're not closely aligned with the CME Department. Perhaps they want to do something on a smaller scale in a medical practice. Are there some keys you can give them about how they could include quality improvement perspectives in their education?

Dr. Jack Keus:

Certainly. There are a couple of underlying features of quality that I think could be applied without going through a lot of the formal processes that we see in organizations. I think the first underlying premise of quality improvement is to understand your practice, and typically that means having access to data about how you are practicing currently, and as we see practices and practitioners moving more and more toward electronic health records, that is somewhat easier to do than it used to be when we were talking about paper charts. So, having access to data and being able to regularly provide yourself and your practice with information about who you're seeing, who the patients are, what their conditions are, and how they are being cared for is probably the most important foundational part of quality improvement.

The second piece of that, I think that a lot of practitioners, particularly physicians who have been in practice for some time, the thing that quality improvement embraces is a systems level or a practice level change, rather than requiring a single practitioner, notably the physician, to be responsible for the change all by themselves. So, this really is a team effort, and I would say those are the two things that if practitioners can embrace those, they will be able to make iterative changes in their practice to improve care.

Alicia Sutton:

Right. So we see the individual performance improvement, the obvious collective system improvement. Is there a role for the patient in the evolving quality improvement direction?

Dr. Jack Keus:

Certainly, the focus of quality improvement is to improve the care of patients, ultimately, and I think we're seeing nationally a recognition of the role of patients, not just as the passive recipient of care, but as an important variable, an important component of care, where they actually have the opportunity to drive a number of these improvements.

On the research side of this, we have seen the emergence of PCOR or Patient Centered Outcomes Research, which is founded on the idea that research, and particularly quality improvement types of research, need to embrace the perspective of the patient. In other words, what is the patient's orientation or issues around their care, and to include that early on in the development of changes, and in the development of research questions if we're talking about research. Patients really see healthcare very differently than most practitioners. They spend most of their lives really not interacting with healthcare professionals, but taking care of themselves and maintaining their own health. So, their perspective on this is really critical to help practitioners make changes that patients will be able to embrace, and ultimately improve care.

Alicia Sutton:

That's terrific perspective there. So, if you're just joining us, you're listening to the Lifelong Learning series on ReachMD, produced in cooperation with the Alliance for Continuing Education in Health Professions, and with me today is Dr. Jack Keus. Jack, give us a picture may be down the road. When you look out say five years, do you see a big difference in the way education will be constructed or delivered as it relates to QI?

Dr. Jack Keus:

Well, I think we're seeing that beginning to emerge already. If you think of where continuing medical education has come from and continuing education has always been a part of medicine and healthcare delivery in general. The evolution, I think, of education has been paralleling some of the important changes we've seen in healthcare itself. So the shift in both the reimbursement model, and the emphasis on quality outcomes, has really forced education to evolve as well as healthcare delivery. So, I think, on the education side, we're seeing the evolution evolving to not just having lectures or other educational events that increase the knowledge and skills of practitioners, but to help practitioners understand how to make changes that are going to meaningfully impact patient outcomes, and that's sort of the evolution of education.

But I think more than that, what we're seeing is the transformation of the educators themselves. Educators in the continuing education arena in the future, I think, are going to have to have a much better understanding of systems and how healthcare is delivered. They're going to have to have a much better understanding of the underlying data and metrics that are starting to drive healthcare, and they're going to have to develop education that primarily embraces both the concepts of team science and implementation science, two things that have been relatively new on the healthcare and healthcare education scene, but these are important aspects of being able to make the changes, and make them persevere over time in changing environments.

Alicia Sutton:

That makes total sense, and certainly, the team science and the team approach to patient management applies, of course, to all areas, but in your particular domain, family medicine, it seems like that would be critical, given the breadth of what family medicine encompasses. Jack, the Alliance for Continuing Education in Health Professions, or as some people call it, The Alliance, I know you're heavily involved with them on an executive level. Tell us about their role in establishing QI as mainstream in education, and certainly, in establishing competencies for educators.

Dr. Jack Keus:

The one thing that I would like to emphasize is where are we going to help the current and future providers of continuing education? How are we creating an environment in which they can meaningfully contribute to healthcare? I think that the need for a broader skill set, and the need to better understand where healthcare is going, and how education fits into that, I think, is a unique role for The Alliance to play, and the QIE, the Quality Improvement Education initiative, a major component of that is to concretely identify the competencies that educators need currently, and will need in the future, and then provide a clear path by which our members and professionals in this area can gain the skills and competencies and maintain them over time.

I think that a lot of people that have been occupied in the more traditional continuing medical education offices in various institutions, or private companies, or industry, I think they have found that healthcare has been changing so quickly, and the quality initiatives, the QI initiatives, have really moved the bar, or moved the focus of education that they're really finding themselves sort of on the outside looking in, and I think our role is to help them recognize the new role, and the new position, that they're going to be playing in the future, but certainly, education is going to be a critical component of where healthcare, and particularly where QI is going.

Alicia Sutton:

Jack thanks for being here and helping us understand more.

Dr. Jack Keus:

Well, my pleasure. I hope it was helpful.

Alicia Sutton:

You've been listening to Lifelong Learning on ReachMD. I'm your host, Alicia Sutton, and I want to thank our guest, Dr. Jack Keus for his insights on Lifelong Learning, continuous professional development, and quality improvement. To access this and other interviews in the Lifelong Learning series, please visit ReachMD.com, or download the Podcast on the ReachMD mobile app. Thanks for listening.