INTRODUCTION/BACKGROUND
QUALITY & SAFETY STANDARDS — MEDICAL EDUCATION
• Accreditation and certification standards across the continuum of physician education — medical student, resident, practicing physician — emphasize quality and safety
  o AAMC Teaching for Quality
  o AAMC CEPAR
  o Reference List of General Physician Competencies
  o ACGME Common Program Requirements & CLER
  o ABMS Maintenance of Certification
  o USMLE Step 1-3 increase focus on quality improvement principles and safety science beginning in 2014
• Medical education is often siloed missing opportunities for cross-cutting instruction across trainee levels (e.g., MS & Res; Res & Practicing physician)
  o EXCEPTION: Since June 1, 2012, American Board of Family Medicine (ABFM) requires all trainees entering family medicine residencies to complete a Performance in Practice Module (Part IV) for initial board certification
  • Integrated health care systems are uniquely positioned to align accreditation and certification requirements by focusing on quality/safety priorities identified by health care system clinical care metrics

HYPOTHESIS
Aligning quality & safety priorities with accreditation and/or certification requirements will yield cross cutting physician education initiatives.

METHODS
• Identify Common Quality/Safety Accreditation/Certification Requirements
  o AAMC Teaching for Quality & CEPAR + LCME
  o ACGME Common Program Requirements
  o ABMS MOC
• Map Q&S Reqs Using Reference List of General Physician Competencies
  o 6 ACGME – ABMS Competencies
  o #7 Interprofessional Collaboration
  o #8 Personal Professional Development
• Identify Cross-Cutting, Sustainable Q & S Initiatives
  o Health System Leaders
  o Cost Professional Dev
  o EMRC & Resident Council
  o Medical Student

Prioritize Q&S Initiatives Using Criteria
• Availability of existing metrics
• Appropriate for 2 levels (MS, Residency)
• Suitable for Rapid Cycle Improvement
• Resident – Faculty Interest
• Align with CLER & AAMC F4 F5

RESULTS: APPROVED ABFM PART IV MODULES
1. ASTHMA MODULE
  • Focus on Asthma Control Test (ACT); predictive of Asthma Action Plan
  • Goal: minimum of 20% individual improvement in ACT; anticipate that 2 residency site clinics will see > increase in% II medical students + residents
  • Kicked off in April 2014 for family medicine physicians and residents
  • Medical students participate during primary care clerkship
  • Trained during required M3 clerkship orientation

2. NUTRITION/DIET MODULE
  • Focus “Diabetes” with Diabetes (A1C or LDL), HTN, Obesity as metrics
  • Goal: Minimum of > 10% from provider’s baseline emphasizing diet/nutrition strategies
  • Kick Off following Asthma (FM Physicians, Residents, Medical Students)

RESULTS: Q & S Reqs x PHYSICIAN COMP
REFERENCE LIST OF GENERAL PHYSICIAN COMPETENCIES
[Englebardt et al 2013]
LCME Accrcred CEPAR List
1. Patient Care
   1.6. Transitions of Care/Handoffs
   I.A.S.4.i
   PC Part II

2. Knowledge for Practice (Medical Knowledge)
   2.2.5. Science-based principles care patients & populations
   I.A.S.5.i
   PI Saf; HMS Care Qual
   MS Part III

3. Practice-based Learning & Improvement
   3.4. Practice improvement
   I.A.S.4.i (3)/I.A.S.5.i (3)
   HMS Care Qual
   PBL/B Part II

4. Interpersonal & Communication Skills
   4.3. Teamwork: Member & Leader
   I.A.S.4.i (3)
   HMS Care Qual
   ICS Part I

5. Professionalism
   5.2. Patient needs supersedes self-interest
   I.A.S.4.i (3)
   Prof Part I

6. System-Based Practice
   6.4. Advocate for quality patient care and systems
   I.A.S.4.i (3)/3.6.i
   PI Saf
   SBP Part IV

7. Interprofessional Collaboration
   7.4. Participate in different team roles to provide pt & pop care safely, timely, effective, equitable...
   I.A.S.4.i (4)
   PI Saf
   ICS Part IV/V

8. Personal & Professional Development
   Qualities to sustain lifelong personal & professional growth (conflict resolution, coping w stress, team)
   I.A.S.5.i
   Prof MOC

RESULTS: ASTHMA
MOC PART IV – ABFM MODULE ON ASTHMA CONTROL TEST
• Within our family medicine residency program 15 have completed Part A to date:
  • 6 faculty and 9 residents
  • Asthma Pre-Quiz Results
    o Mean Percent Correct: 71%
    o Difficult Items: Evidence-based/system goals
  • Assessment of asthma control determinants:
    • Current impairment and future risk (65% correct)
    • System goals for completion of ACT: 100% (12% correct)
    • System definition for persistent/recurrent appropriate asthma care: Documented asthma action plan (59% correct)
  • Adult ACT Score associated with non-optimal asthma control: ACT Score less than 20 (47% correct)

MEDICAL STUDENT PERCEPTIONS — PRIMARY CARE ROTATION JULY-AUGUST 2014
• 86% of students (6/7) saw patient with asthma but did not complete ACT
  • Orientation Mislignment with ACT
    o Focused on Asthma Action Plan — not relationship to ACT
    o Lack of knowledge re: ACT (e.g., do on all patients with documented asthma)

ASTHMA QUALITY DATA 2013 vs 2014
• 5% increase January–July 2014 over 2013

DISCUSSION & FUTURE WORK
• Using ABMS/ABFM MOC Part IV requirements to re-frame practicing physician resident, and medical student education as “one” (not three separate documents)around quality & safety accreditation/certification requirements, allows leaders to cross-walk Q&S standards with health care system priorities resulting in:
  • A common Q&S training foci across the continuum
  • Role delineation (medical student will do _____; resident will be responsible for _____)
  • A sustainable process for continuous improvement

REFERENCES
• ACGME Common Program Requirements, 5-26-2012

PRIOR PRESENTATION:
• Parts of this presentation were previously presented at the 6th Annual/AAMC Integrating Quality Meeting: Improving Value Through Clinical Transformation, Education and Science. Rosemont, Ill. June 12-14, 2014