METHODS CONTINUED

STEP #3: Create a Cross Cutting Planning Team & Leverage Resources

Identity key stakeholders including GME champions, system leaders in risk management/incident reporting and MOC leaders. Highlight opportunities to cross-leverage resources for MOC and GME related core curriculum conferences.

Shared “pain points”

METHODS

STEP #1: Start the Conversation Between Clinical, GME, and MOC/CPD Leaders

Continuing Professional Development (CPD)/MOC leaders meet with GME and ask to review CLER related documents and site visit reports. Identify the “low hanging fruit” that set us up for high success. The feedback from the CLER visits can help MOC, CPD, and GME partners identify what those opportunities might be.

STEP #2: Identify Shared Pain/Performance Improvement Needs/Targets

Joint Commission and the ACGME CLER Patient Safety (PS) Pathway 1 highlight the importance of incident reporting. Per CLER, reporting is an “important mechanism to identify patient safety vulnerabilities,” yet physician reporting is low relative to other professions = A cross cutting performance improvement target.

METHODS

PROBLEM

The Accreditation Council on Graduate Medical Education’s (ACGME) Clinical Learning Environment Review (CLER) pathways provides a clear opportunity to connect Maintenance of Certification initiatives, hospital/system priorities for quality and safety, with graduate medical education. Through partnership with our Graduate Medical Education-CLER leaders, we have identified opportunities for win-win initiatives that meet Maintenance of Certification, GME and system needs.

PURPOSE/OBJECTIVE

To elucidate the process steps associated with connecting GME and MOC using a patient safety QUALITY example.

RESULTS: EDUCATION ACROSS THE CONTINUUM

Our recently approved ABMS MOC Portfolio application included incident reporting as one of the three required examples. Two GME –wide curriculum sessions have focused on incident reporting with a performance improvement focus (abstract accepted at national quality improvement meeting). MOC module scheduled to go live spring 2016. Approach is serving as a template for approaching other cross-cutting GME/Hospital/System needs.

Several other “pain points” have been identified and are being developed as potential MOC global projects for the entire system.

- **Behavioral health (focus on PC)**
  - Accessing and completing depression assessment in Epic
  - Increase depression screening tool use in primary care. Includes what do to after diagnosis of depression (how to manage comorbidities, when mood stabilizers are necessary)

- **Patient Safety**
  - Incident Reporting Reporting rates Physician feedback
  - Change perception of reporting. Emphasis on physician reporting incidents unlikely to be reported by others (i.e. near misses)

- **Advance Care Planning**
  - Initiated AD conversation/completed AD
  - Improve geriatric care by improving the primary care providers’ ability to initiate AD discussions with patients

- **Pain Management**
  - Prescribing rates, number of patients on opioids (length of time)
  - Decrease unnecessary opioid prescribing, alternative pain management strategies

- **CQI (with Care Management)**

CONCLUSIONS

Identifying shared GME and hospital requirements/needs provides an opportunity for CPD/MOC leaders to integrate performance improvement/MOC within an integrated health care system.

It’s just a matter of making the win-win connections CLEAR and using CPD/MOC leaders expertise to align requirements.