

Assessing quality and safety competency in physicians

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Disclosures

- ABMS Visiting Scholar
- Former ACMQ Quality Scholar
- Honoraria from AAFP
- Research Funding from SDRME

Objectives

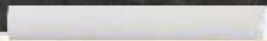
- Discuss assessment of quality and safety in GME
- Discuss assessment of quality and safety in MOC
- Consider novel approaches to assess competency in quality and safety

Why is this important . . .



Rule #1

Do No Harm





DID YOU SAY

EXTRA MONEY

memes.com

How are we doing?



98,000-440,000 deaths per year
due to medical error

Only give about 55% of
appropriate care, and little
improvement since 2009

US is by far highest cost country
for medical care with little
demonstrable outcomes to show
for it

Quality and Safety in Medical Education

- AAMC EPA 13
- ACGME Competencies
- MOC Part IV

Two part project



Accreditation Council for
Graduate Medical Education



What does every physician, regardless of specialty, need to know in quality and safety?

- Qualitative Content analysis of Milestone documents from 26 specialties
- Codebook developed
- All milestones read and coded
- Counts, level, types of milestones

Concepts Identified

- Quality Improvement
- Patient Safety
- Teamwork
- Documentation

- Equity
- Handoff Communication
- Patient-Centered Care
- Cost-Effectiveness

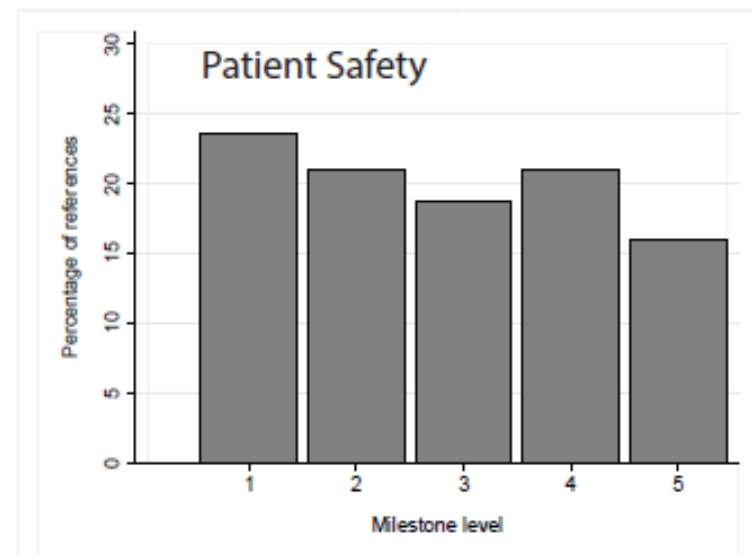
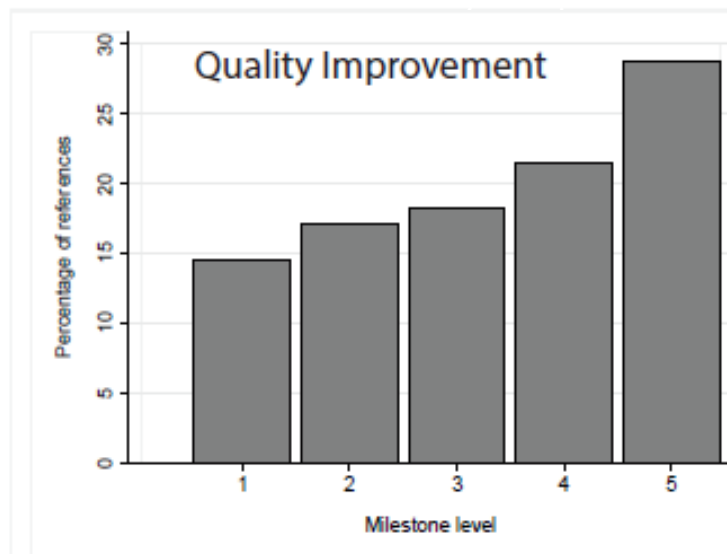
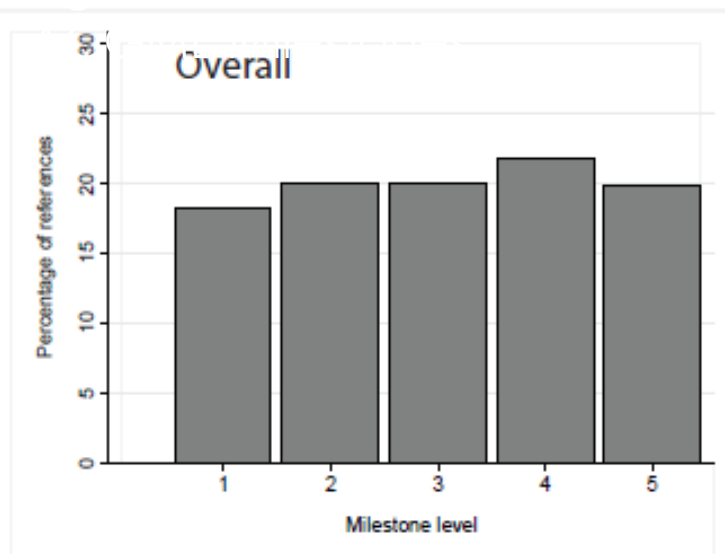


Table 1. Number of references to quality and safety in 26 ACGME Milestone documents

Domain	N (references, 1375 total)	Percentage
<i>Quality Improvement</i>	448	33.6%
Knowledge	127	28.3%
Skill	301	67.2%
→ Attitude	20	4.5%
Focus		
Individual-focused	245	54.7%
System-focused	203	45.3%
<i>Patient Safety</i>	426	31.0%
Knowledge	178	41.8%
Skill	227	53.3%
→ Attitude	21	4.9%
Focus		
Individual-focused	291	68.3%
System-focused	135	31.7%

Table 2. References to quality improvement and patient safety in 26 sets of ACGME milestones

<i>Patient Safety</i>					
	Number of references			Number of milestones (n=612)	Percent
	Systems*	Individual+	Total		
PC	4	97	101	54	24%
MK	6	31	37	15	13%
SBP	107	80	187	33	45%
PBLI	16	33	49	9	14%
PROF	1	27	28	11	15%
ICS	1	20	21	10	16%
Total	135	288	423	132	22%
<i>Quality Improvement</i>					
	Number of references			Number of milestones (n=612)	Percent
	Systems*	Individual+	Total		
PC	22	29	51	40	18%
MK	4	10	14	9	8%
SBP	86	20	106	32	44%
PBLI	86	148	234	41	62%
PROF	4	31	35	17	23%
ICS	1	5	6	5	8%
Total	203	243	446	144	24%

So what?

- Some variability, as expected, but there are some unifying themes
- QI and PS are not limited to SBP and PBLI and should be integrated into clinical practice
- Fundamentals of patient safety are a basic skill that should be expected of early residents
- Deeper understanding of QI may require clinical experience first



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of Medical Specialties®**
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How do the 24 member boards of the ABMS
integrate quality and safety into MOC?

- Modified previously identified GME framework for MOC
- 3-source multimodal, qualitative approach
- Survey with 23/24 Boards responding
- Similar codebook methodology

Table 2. Quality and Safety Related Concepts Assessment Strategies for Maintenance of Certification of 24 American Board of Medical Specialties Member Boards (n, %)

Assessment Strategy	Handoffs	Physician Wellness	Substance Abuse	Cost-effective Practice	Patient-centered Care	Inter-professional teamwork
Component of written exam	4 17%	0 0%	2 8%	6 25%	5 21%	4 17%
Component of oral exam	2 8%	0 0%	0 0%	4 17%	3 13%	4 17%
Peer/supervisor Survey	7 29%	5 21%	4 17%	3 13%	5 21%	9 38%
Self-learning module or portion of self-learning module	4 17%	1 4%	1 4%	2 8%	1 4%	2 8%
Patient surveys	0 0%	0 0%	0 0%	0 0%	2 8%	0 0%
Self-attestation	2 8%	3 13%	6 25%	1 4%	1 4%	2 8%
External database (DANS, LIDS, state boards, AMA)	0 0%	2 8%	16 67%	1 4%	4 17%	4 17%
Other	0 0%	3 13%	0 0%	0 0%	0 0%	0 0%
Not assessed	11 46%	13 54%	5 21%	14 58%	13 54%	8 33%



So what?

- Again, expected variability across specialties
- HOWEVER, there are novel approaches we can learn from each other
- Diplomat-driven approaches not assessed in this study

Putting it all together

- There is likely a core set of knowledge skills abilities that all physicians, regardless of specialty, need in quality and safety
- There are specialty-specific components to quality and safety, as well
- As a community, we need to decide what is important to assess in Diplomates regarding quality and safety
- Then, we can more closely examine how best to assess these items and consider novel approaches

Questions?
Comments?
Concerns?
Opinions?
Anecdotes?

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