

Leadership in Lifelong Learning

Continuing Medical Education A Value Center

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Discovering and Disseminating CME as a Value Center: An Interactive Session

SACME Spring Meeting

Rancho Mirage, CA

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Disclosures

I have no relevant financial interests to disclose



Education Scope

- **Keywords**
 - Ethics, professionalism, value, education
- **Core Competency**
 - Professionalism
 - Practice-based learning/Improvement

Objectives: Attendees will be able to.....

Formulate a presentation, pertinent to their environment so as to establish themselves as a Value Center within their organization

List the values CME brings to their organization at the macro and micro environmental levels



My hope for today

- I help you
- You help me
- We all help each other

- The result should be a stronger case for CME as a Value Center



MARS (Manual Audience Response System)

- My Dean/CEO knows CME exists.
- I report more to my Dean/CEO.
- I report more to my CFO.
- My Dean/CEO drives the decision bus.
- My CFO drives the decision bus.
- You just won a \$50,000 grant for research in CME, your Dean/CEO/CFO.....
 - Doesn't know
 - Doesn't care
 - Rolls over dead
 - Congratulates you publicly
 - How dare CME seek a grant for an academic endeavor so they fire you





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Business Centers

- Profit Center: R/E & profitability determined
 - Examples: Consulting divisions, a store
 - Accountable and thus controls all R/E
- Cost Center: Directly adds to cost & indirect profit
 - Examples: R&D, Customer Service
 - Service Centers like banquet services or AV
 - Value Centers are usually seen as a subtype
 - Danger does exist
- Investment Center: Measure is use of capital
- Revenue Center: Adds to profit but doesn't control costs



CME MUST Not Be A Profit Center

- Profit centers are profit seeking
- If a margin is the required bottom line then CME is at risk and that risk carries liability
 - Two kinds of bias
 - Conscious
 - Subconscious
- A Value Center can make profit...Its just not required to!!!!
- The values are seen as viable alternatives to direct profits



Value Definitions

- **General:** Price X Quantity
- **Accounting:** Monetary worth of an asset, business entity or service.
- **Economics:** Worth of all the benefits and rights arising from ownership. Refers to intrinsic value
- **Marketing:** Extent to which a good or service is perceived by its customer to meet his or her needs or wants, measured by customer's willingness to pay for it. It commonly depends more on the customer's perception of the worth of the product than on its intrinsic value
- **Mathematics:** Magnitude or quantity as in a numbers



Two Step Process

1. Identify Value provided
 - a. **Benchmark when possible**
2. Know thy audience
 - a. **If you have seen one Dean/CFO you have seen one Dean/CFO**
 - b. **Know who the decision maker is**
 - i. Deans can usually be swayed by clinical, education & research data and faculty development/promotion
 - ii. CEOs of organization tend to appreciate stakeholder service
 - iii. CFOs typically are pure \$\$ people



Macro versus micro environment

- Macro Environment
- Think Organizations
 - Dean/CEO, Vice Dean
 - CFO
 - Board
 - Risk Management, Legal
 - PI/UM
 - Univ/SOM/Org mission
 - Community
- Micro Environment
- Think Individuals
 - Professional development
 - Promotion
 - Recognition/satisfaction
 - Honoraria
 - MOC
 - MOL
 - Member services



So what is CME?

- It's a strategic and tactical **asset** tied intimately to mission
- It's a strategic and tactical **lever** to accomplish mission
- It's a **force** for improvement
- All interventions start with education!
- Thus..... **CME is indispensable**



Exercise # 1

- Write down up to 5 things that your CME program does that bring value to your organizations mission (research, education, patient care)

You have about 3 minutes for this exercise



Exercise # 2

- Compare and contrast your list with the 3-4 people sitting near you (exact group size is not important, just keep it small enough so everyone can contribute)
- Agree on a final list. If not full consensus on an item it doesn't go on the list
- Identify a scribe who will record the list.....

You have about 5 minutes for this exercise



Value Domains to Consider

- Accreditation status
- Image/Brand
- Research funding
- Improved Outcomes
- Leadership
- Faculty development
- Member benefits
- Conference Ctr management
- Regulatory Support
- Economic Impact
- Portfolios
 - Job satisfaction
- Promotion
 - Clinician Educator
- Partnerships
- Referrals

Stakeholder Satisfaction



Accreditation Status

- Explain cycle
- Process
 - Connectivity into LCME
 - Connection with ACGME
- State status
- State domains if scored exemplary
- Benchmark status



Image/Brand

- How do you protect it
- How do you impact it
- Tabloids, best doctors, rankings
- Web site hits
- Attendee satisfaction data
- Preceptorships, observerships, etc



Research Funding

- Do you do education research?
- Diversification of grant funds
- Diversification of office funding



Improved Outcomes

- Patient care
 - PI-CME
 - GR tied to sentinel events
 - Case conference stories
 - M&M stories
- Research
 - Ethics of research
- Education
 - Knowledge, competency
 - Faculty development



Member Benefits

- One stop shopping for specialty
- Added benefit at annual meeting
- Added benefit in journals
- MOC
- MOL coming
- MOC_o coming



Faculty Development

- Speaking skills
- Presenting skills
- Knowledge in education cycle
- Curriculum development
- Educational objectives
- Portfolio materials
- Core competencies



Economic Impact

- The Baltimore Area Convention and Visitors Association (BACVA) attributes an average of \$1,036 per attendee
- We had 6565 attendees...so economic impact for Baltimore of over \$6.8 mil



Appropriate Referrals

- CME can never be done to engender referrals
 - *Absolutely no Quid Pro Quo can exist!*
- Physicians should refer based upon their desire to refer a certain patient for a certain condition at a certain stage of illness to whomever they and the patient desires
- Education from specialty practices on when to and when not to refer can resolve gaps and outcomes can be collected and analyzed
- Referrals may be a secondary/tertiary outcome that can be assessed



Programs

- Epocrates
- POC-IT
- Podcasts
- **ASiM**
- **E-Newsletter**
- Nursing ASiM
- Hopkins Dialogues
- Clinical Geriatrics
- Teleconferences Board reviews
- Dinner series
- **BOM**
 - **Carey “distinctive competency”**
- Journals
- Biennial
 - **Alumni**
- Collaborations with SPH, SON
- Grand rounds
- DVDs
- **BMJ*Learning***
- Regularly scheduled conferences (RSCs)
- Live
- Enduring materials
- Preceptorships and Practicums
- Web
- Podcasts
- **Discovery Health**



Our Customer's Opinion Matters

- 99% say we meet or exceed objectives
- 74% state they plan on changing practice based on activity
- 99% stated overall good, **very good, or excellent**
- 99% stated content was good, **very good or excellent**
- 98% stated usefulness was good, **very good or excellent**
- 3.8% say they are concerned that potential commercial bias existed. Median value 2%.
- 1.6% stated activity was below the average CME
- Activity Director's evaluation of coordinating staff was excellent > 95% of the time



Additional Activities

- Grant review
- Research in Ed Symposium
- Innovation, simulation, PI, RM
- Keywords and core comp as curriculum
- Consult with departments on ME and GME
- PI CME as value to institution and value to individuals for MOC. Also value to residencies, etc as core competencies
- Capstone projects from BOM and informatics
- Civility and diversity
- Essential public purpose
- Alumni affairs



Core Competencies

- Of the first 117 activities
 - Patient Care 111
 - Medical Knowledge 61
 - Practice –based learning 53
 - Interpersonal communications 43
 - System-based practice 41
 - Professionalism 43



Curriculum-based Education

- First 120 activities
- 2501 unique subjects/keywords



Exercise # 3

- Lets edit the list
- Work to identify new ideas we have not yet captured



Presenting The Information

Painting the Picture

Telling a Story

Play up YOUR Strengths

Try to Touch Hearts & Minds



Basic Principles

- Know the audience
- Executives like short and sweet
 - Have a handout that has more information than your slides
 - Summarize where possible but use data to support
 - A presentation of all data slides will usually fail
 - Use a story... Create the connection
- Use the key phrases repetitively
 - Value, strategic, asset, lever,
- I like to present to a mixed audience



Use the Opportunity to Educate?

- OCME Organization & MVV
- Diversity
- Policy & Procedure
- Future issues



Value: CME is a Strategic Asset

- JHUSOM Accredited status
- Large number of external physicians view of JHM is through CME experience- Impact on USWN&R
- Referrals
- Staff licensure, credentialing, & Maintenance of Certification (MOC)
- Support of tripartite mission + leadership
- Regulators



Accreditation

- Accreditation Council for CME (ACCME)
- Accreditation with Commendation (top 10%)
 - 6 years
 - Exemplary compliance in 1.1, 2.1, 2.4, 2.5
- Included in *Best Practices* by ACCME
- Included in *Best Practices* by Alliance for CME
- Role in LCME
- Created Accreditation & Compliance Specialist (ACS) position

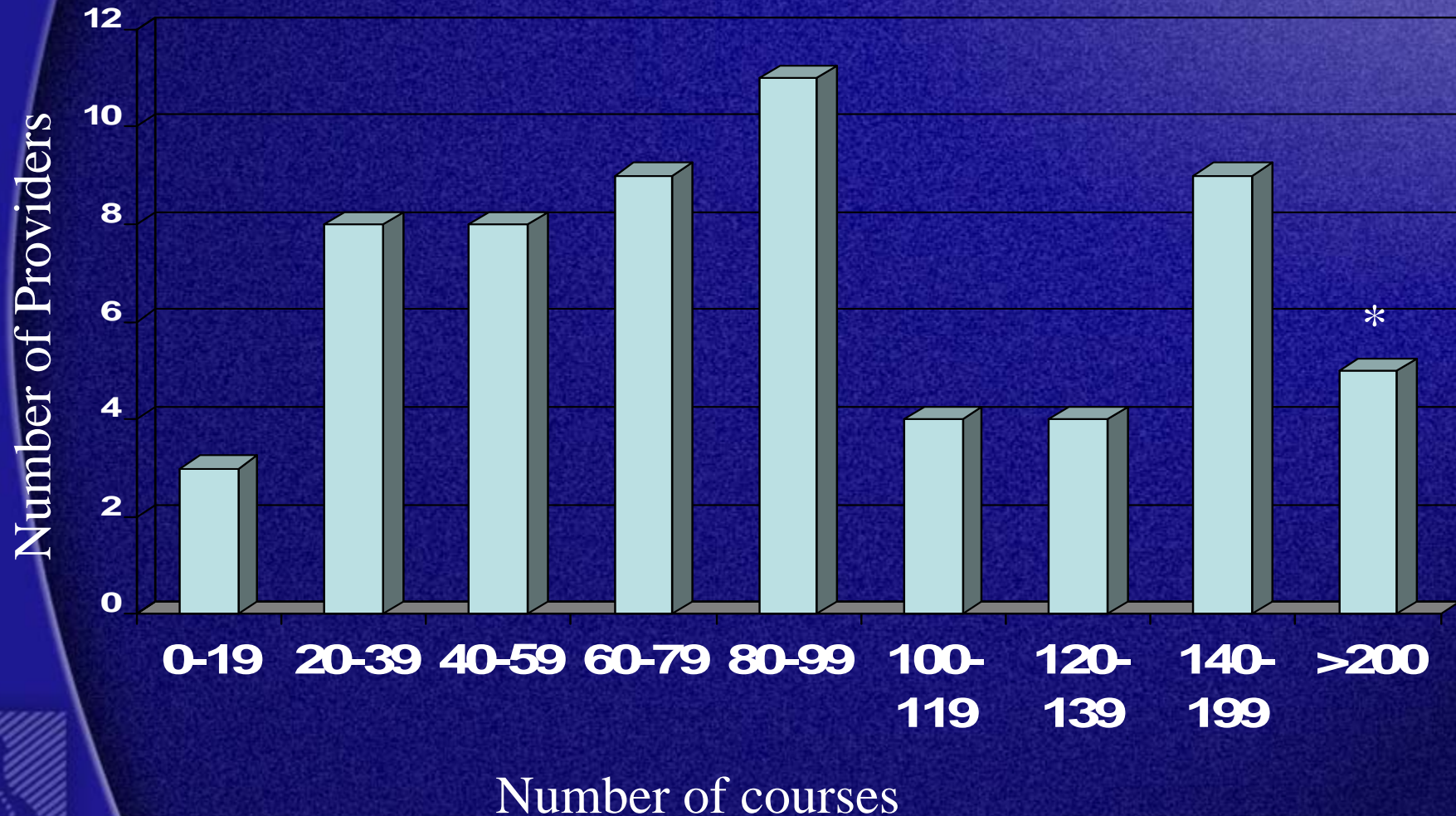


External Physicians View of JHM

- > 800 activities
- ~100,000 physician attendees/year
- ~ 50, 000 non-physician attendees
- > 650,000 unique web hits/year
 - > 10,000,000 million hits
- Marketing to XXX per year

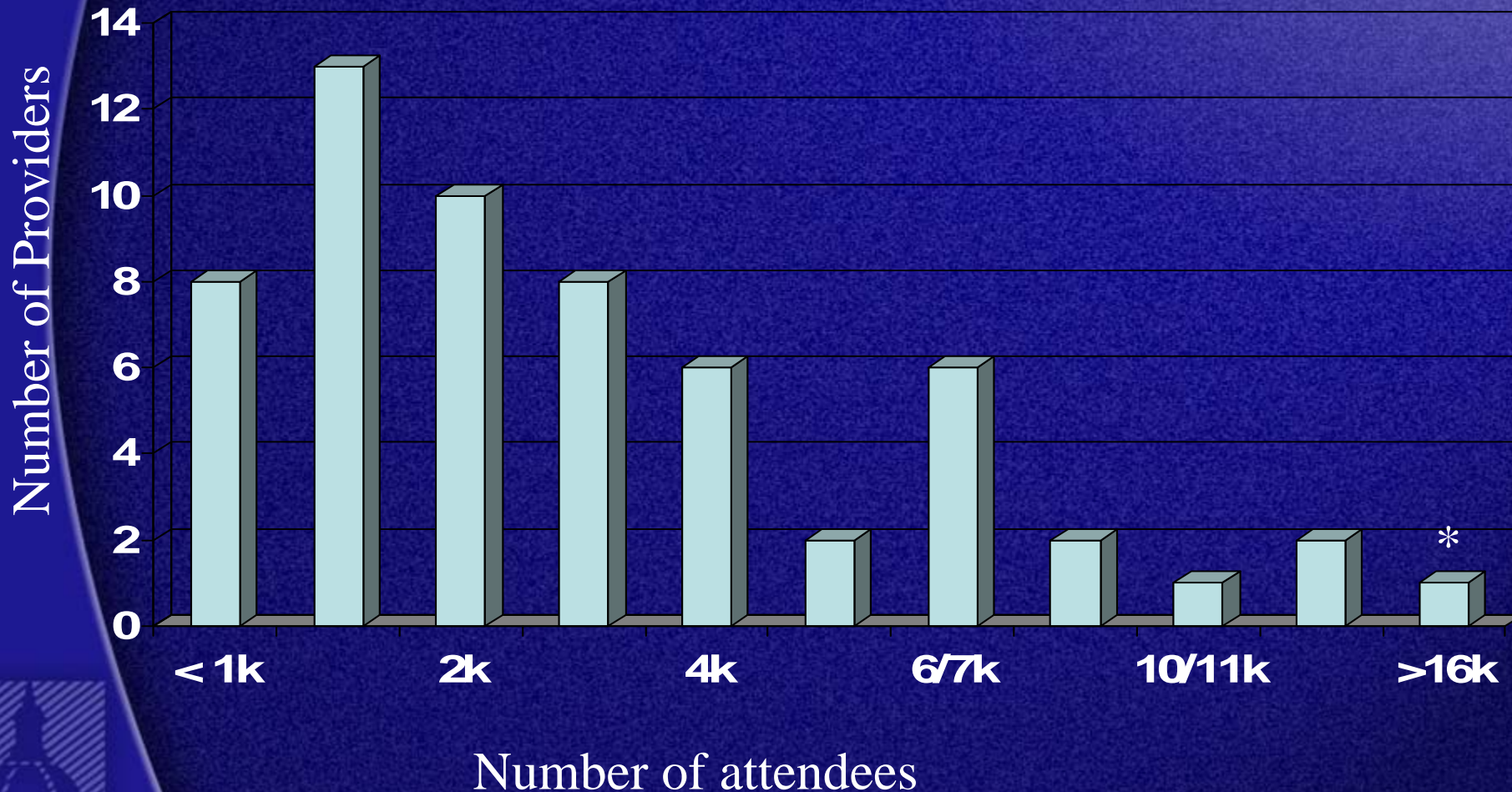


Courses for External MDs



Data from SACME survey 2006

External Attendees



Data from SACME survey 2006

Referrals

- 50% of “community” attendees at a Cardiology course referred patients
- Case study- Bermuda physicians- ~ 7 years*
 - 25 of 26 physicians referred patients
 - 1760 patients referred
 - > 57 million in charges
- May be a continuous loop
 - CME-referral-CME-referral**

*Data from L Griffith

** Data from UM



Licensure, Credentialing & MOC

- Prior to 2005, 100 physicians used CME tracker
- Now, every physician receives their credits
 - 2,519 physicians
 - 1,900 non-physicians (certificates of attendance)
 - 42,122 credits

$2500 * 25 \text{ credits} * \$25/\text{credit} = \$1.5 \text{ million}$

$2500 * (4 * 1000) = \$10 \text{ million}$

“The equivalent of uncompensated care”



Tripartite mission + 1

- Research
- Education
- Patient care
- Leadership



Research

- AHRQ grant on “Effectiveness of CME”
 - Monograph & manuscripts
 - “The Flexner Report for CME”
- Annual research in education symposium
- Submitting additional grants
 - AHRQ CERT/TRIP (EPC partnership)
 - Needs assessments
 - Outcomes
- Diversification of institutional research funding streams
- Recruitment into research trials*
- Benchmarks
 - 26% of academic CME offices involved in research

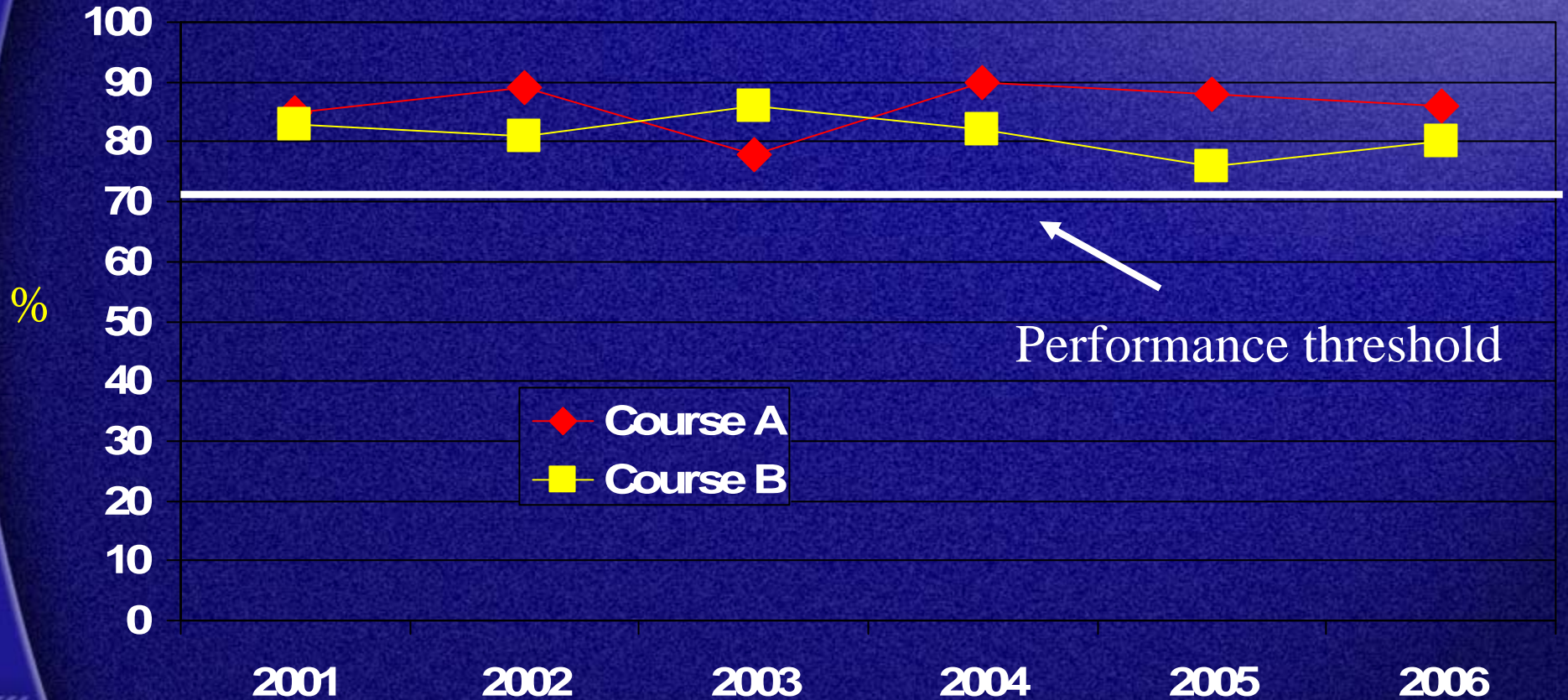


Education

- Regularly Scheduled Conferences (RSCs)
- **QI/PI/RM- education as a lever for change**
- Institutional Training
 - **Course director's module**
 - **Grand Rounds series on CME, Lifelong learning & MOC**
 - **CORE**
 - **BOM**
- Faculty development activities
- Teacher credits & portfolio material
 - **> 33% of faculty participate in activities sponsored through OCME**



% of attendees stating they intended to change practice



Average for all live activities for 2007 calendar year = 74.5%

Patient Care

- Practice-focused Continuing Professional Development
- Projects
 - Partnerships with PI/QI
 - UHC projects
 - Risk Management program
 - E learning tool with Clinical Practice Association
 - “How to admit harm”
 - Possible projects with CPOE being explored



Leadership

- Sarah Davis Buck Scholar Program
 - 2 scholars per year since 1999
 - 75% continued past Bachelors
 - 4 PhD, 2 MD, 3 Masters, 1 DDS
- Dean & Director
 - Alliance of CME (ACME)
 - Society for Academic ACME (SACME)
 - Program Committee
 - Fox Award
 - Vice President....President-elect
 - Journal of Continuing Education in the Health Professionals (JCHEP)
 - Consulting Editor
 - National Organizations
 - ACCP, ASA, SCCM



CMS and CME

- “...CMS asks that the ACCME consider working with its members to develop CME programs that would support physicians ability to achieve the desired performance outlined in the PVRP.”
Straube letter to ACCME 11/2005
- CME is usually the primary intervention in areas of poorer performance and thus supports PQRI/PFP



JCAHO and CE

- 2007 JCAHO Standard MS.5.10
- “All licensed independent practitioners & other practitioners privileged through the medical staff process participate in CE”
- Elements
 - #4: CE is based on the findings of PI activities
 - #5: Each individual's participation in CE is documented
- HEDIS, UHC, etc
 - CME is the primary intervention for improvement



Financials

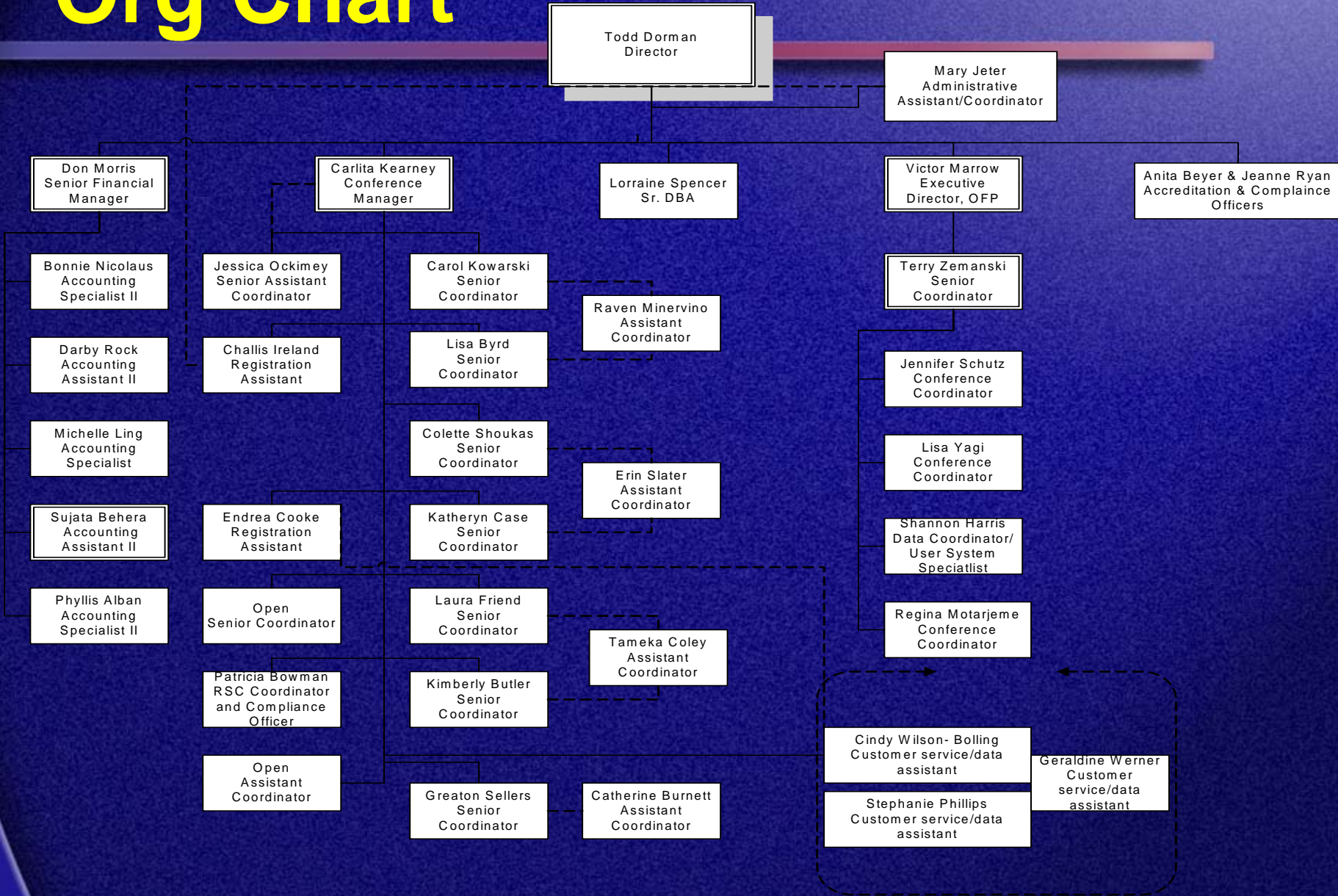
- Course Year does not equal FY
- This is different than any other thing they do
 - It adds a variability to fiscal numbers that will drive them crazy
 - So teach them why....If they expect it and understand it at some level you have made a small step forward



Financials:

	FY0X	FY0Y	FY0W ⁺	FY0Z ⁺
Course				
Revenue	\$6,000,000	\$5,000,000	\$8,000,000	\$7,000,000
Expense*	\$5,500,000	\$6,000,000	\$6,000,000	\$7,000,000
<i>* To Depts.</i>	<i>\$500,000</i>	<i>\$1,000,000</i>	<i>\$1,000,000</i>	<i>\$2,000,000</i>
Net	\$500,00	(\$1,000,000)	\$2,000,000	\$0
Operations				
Revenue	\$1,000,000	\$4,000,000	\$1,000,000	\$2,000,000
Expense	\$1,100,000	\$2,000,000	\$1,700,00	\$1,700,000
Net	\$100,000	\$2,000,000	(\$700,000)	\$300,000

Org Chart



Mission

- To be the world leader in healthcare education with the ultimate goal of improved healthcare and patient outcomes.

CME Vision

- To provide physicians and other health care providers with exemplary, cutting-edge endeavors which teach evidence-based practices and identify new and emerging health care needs and opportunities from research through delivery of care so that, through education, we can significantly improve health.

Values

- Johns Hopkins University School of Medicine CME fosters the continuing professional development of health care professionals. The offerings are intended to enhance physician and other health care professionals' training and influence their behavior for the purpose of improving health outcomes.
- The Office of Continuing Medical Education is committed to finding, creating, evaluating and disseminating new approaches to lifelong education
- We value reliability, trust, equal opportunity, diversity, and integrity in all aspects of our work.
- We strive to identify all customers, measure and monitor their levels of satisfaction with our services and to continually improve service satisfaction.
- We seek to provide an evidence-based structure for healthcare education. We are metric and outcomes driven and continually assess the impact of the CME Program through qualitative and quantitative methods. We constantly refine and refocus our efforts aiming for improved outcomes for both the healthcare provider and patients.

Diversity

- Office staff
 - Gender: 88% female: 12% male
 - Race: 69% White, 22% African American, 8% other
- Leadership team
 - 25% WM, 50% WF, 12.5% AAM, 12.5% AAF
- Advisory Boards (AB)
 - Main Board: 68% WM, 14% WF, 4.5% AAM, 4.5% AAF, 4.5% OM, 4.5% OF
 - OFP: 63% WM, 21% WF, 5% AAM, 0% AAF, 5% OM, 5% OF
- Activity Directors
 - Project underway
- Attendees
 - Project underway



Policies & Procedures

- Standardized for OFP and OCP
- All policies submitted for review and approval by ABs
- Major policies resubmitted yearly for review and approval
- Activities must have Hopkins faculty as Director/co-director with content under their control
- Applications must be reviewed & approved by ACS, ABs and then by Associate Dean
- Disclosure managed by ACS & Associate Dean +/- AB
- Marketing meets institutional & ACCME guidelines
- LOAs meets institutional & ACCME guidelines



MO: Continuous Improvement

- Financial
 - Audits
 - Internal & External controls
 - Good shepherd (tax, travel)
 - Account Trak
 - Income diversification
- Process redesign
 - Standardized procedures
 - CRRC
 - SWOT
 - Yearly theme
 - Web
- Partnerships
 - QI/PI
 - Innovation
 - RM
 - CPA
 - POE
 - MedBiq
- Legal
 - State reporting
 - Marketing
 - Copyright
 - LOA
- Metrics/benchmarking



Liability Management

- State licensure
- Hotel contracts
- Printing contracts
- Email & fax blast laws
- Tax regulations
- Copyright management
- Accreditation & Compliance Office
- HIPPA



Grantors 200X-200Y

- Abbott
- Agouron
- Alcon
- Allergan
- Amgen
- Ammersham health
- Apharmaceuticals
- Astra Zeneca
- Aventis
- Aventis-Pasteur
- Bayer
- Bayer Consumer care
- Bayer Diagnostics
- Biogen
- Biogen/IDEC
- Biovail
- Boehringer
- Bristol-Myers Squibb
- Centocor
- Cepahlon
- CIEF
- Cordis
- Cubist
- CV Therapeutics
- Cytoc Corp
- Daiichi
- Dermik
- DuPont
- Eisai Pfizer
- Elan
- Eli Lilly
- Endo Pharmaceuticals



Grantors (cont)

- ESP Pharma
- Ethicon
- Fleet
- Forest Laboratories
- Genentech
- Genzyme
- Glaxo SmithKiline
- Guidant Foundation
- Guidant Pharmaceuticals
- IUCB Pharma
- Janseen
- KOS Pharmaceuticals
- Medicis Aesthtics
- Merck Schering Plough
- MGI Pharma
- Novartis
- Novo Nordisk
- Ortho Biotech
- Othro-McNeil
- Pathogenesis
- Pfizer
- Pharmacia
- Pharmion
- Purdue
- Reliant
- Roche
- Salix
- Sankyo
- Sanofi
- Sanofi-Aventis
- Schein
- Sepracor



Grantors(Cont)

- Shering
- Shire
- Siemens
- Solvay
- Takeda
- TAP Pharmaceuticals
- Taro
- Teva Neurosciences
- Tibotec Therapeutics
- Toshiba
- UCB Pharma
- Watson
- Wyeth
- Wyeth Ayerst
- Xenoport
- Yamanouchi Pharma
- King
- Ligand
- INO Therapeutics
- Upjohn



Society Partners 200X

- American Association Clinical Endocrinologists
- American College of Cardiology
- American College of Gynecologists
- American College of Physicians
- American College of Surgeons
- American Diabetes Association
- American Diabetes Association
- American Psychiatric Association
- American Society of Bariatric Surgeons
- American Society of Clinical oncology
- American Urological Association
- Congress of European Academy of Allergy & Clinical Immunology
- European Congress of Clinical Microbiology & ID
- Infectious Disease Society of America
- International AIDS Society
- International Congress of Endocrinology
- World Congress of Gastroenterology



Future Accreditation (2012)

- Needs & Outcomes capabilities
- Enhanced instructional design options
- Grants team
- Copyright team
- Marketing
- IT support
- + Response to recent Congressional review



Future

- Tighter integration with QI/PI, RM, CPD, CPA
- Simulation center
- Progress from ROE to ROO to ROI
- Upfront integration of CME into planning & achieving JHUSOM strategic goals
 - **CME as a Strategic Lever**



Leadership in Lifelong Learning



JOHNS HOPKINS

M E D I C I N E

CONTINUING MEDICAL EDUCATION

A Value Center

Values Raised from Participants

- Outreach
- Meet national mandates like Stroke Centers
- Disseminate CPGs
- Improve interdisciplinary communication
- Work with QI/PI
- Improve family satisfaction with care
- Institutional accreditation
- Tie-in with LCME & ACGME
- Mentorship programs
- Engage strategic partners
- Forum for new initiatives
- Resource for practice integration of knowledge
- Maintain licensure for MDs
- Faculty recognition & promotion
- Promote educators
- Funds for departments



Values Raised from Participants

- Research projects
- Faculty development
- UME & GME
- Innovation awareness
- Using educational innovations
- Clinical services are seen by regional MDs
- Compliance issues for SOM
- Improve patient safety
- Improve patient outcomes
- Accessible education
- National recognition
- Team based education and care
- Professionalism
- Support & Promote alumni issues



Values Raised from Participants

- Partner with external stakeholders
- Resource for quality
- Public relations outside system
- Educational consultants
- Contribute to interdisciplinary education
- JCAHO requirements
- Research funding through CME
- Appropriate referral flow
- Risk mitigation

