American College of Rheumatology

Continuous Quality Improvement in Fellowship Training---
The PIM

Prepared for
Program Directors' Retreat
March, 2007

ACR and Continuous Professional Devlopment

- Subcommittee of Committee on Education
- Multidisciplinary Oversight
- Multidisciplinary Development Groups

ACR CPD Initiatives

Current Activity:
1. ABIM Learning Sessions — **Commenced 2004** Held in conjunction with annual meeting & SOTA

Scheduled Activities:
2. ABIM Practice Improvement Module — **Release Date:** Osteoporosis- Fall 2006
3. Self-Assessment Program — April 2006
4. ACR Practice Improvement Module — November 2006 - RA

Pending Activities:
4. Board Recertification Review Course — March 16-19 2007, Phila

Need for Continuing Professional Development (CPD) Initiatives

- Changes in ABIM Maintenance of Certification (MOC) Program
- Changes in ACR membership demographics
- National movement to improve quality of patient care
  ACGME Requirement for Resident/ Fellow Training Programs
  - ABMS Mandate
    - response to societal concerns re: quality of care, medical errors
    - not just internal medical - MOC blueprint is standardized
- Anticipate members needs
  - ***Fellowship Training Directors***
  - Pay for Performance
  - Rheumatology Provider Recognition Programs

Changes in ABIM MOC Program

Through 11/31/05	Beginning 1/1/06
1. Be licensed and in good standing 2. Complete 5 self-evaluation modules (one of which is in medical knowledge area) 3. Pass Exam 4. For each additional certificate, medical knowledge module must be completed	1. Be licensed and in good standing 2. Complete 100 points for self-evaluation modules - 20 points medical knowledge - 20 points practice performance - 60 points for any approved tool *(developed by ABIM or others)* 3. Pass Exam 4. No additional self-evaluation requirements for renewing multiple certificates

Changes in ACR Membership

Data per ABIM - 2004

- Total number of Rheumatology Certificates issued – 4687
  - 2514 (54%) are lifetime certificates *(certificates issued before 1990 were not time-limited)*
  - Of the remaining 2173 (46%) certificates:
    - 251 are due to expire in 2006
    - 134 are due to expire in 2007
    - 107 are due to expire in 2008
    - 133 are due to expire in 2009
    - 106 are due to expire in 2010
    - 119 are due to expire in 2011
    - 162 are due to expire in 2012

National Movement to Improve Quality of Patient Care

ACR US Membership Demographics – Majority of Time Spent

Administration	161
ARHP Pt Care	54
Basic Research	443
Clinic Research	415
Other	9
Patient Care	4,657
Retired	12
Student	2
Teaching	193
No Response	468
Total	6,414

ACR Self-Assessment Program

CARE (Continuing Assessment, Review and Evaluation) Program

Launch Date – April, 2006

ACR Self-Assessment Program

CARE (Continuing Assessment, Review and Evaluation) Program

CARE Summary:

- Reintroduce
  - Launch Improved Program - April 2006
  - New name – CARE (Continuing Assessment, Review and Evaluation) Program
  - Designed primarily as a self-assessment tool, focusing on the knowledge-base of a rheumatology practitioner
- Target Audience
  - Fellows (initial in-service exam and board review tool)
  - Members and non-members who need to recertify
  - Members and non-members who require CME and/or ABIM Points
- Format
  - Web based
  - 60 case-based questions
  - Multiple choice answers and educational links
  - CME credit & ABIM points

ACR Practice Improvement Module

The AIM (Assess, Improve, Measure) Initiative

Launch Date – November, 2006 registration
March, 2007 Phase I- Abstraction

ACR Practice Improvement Module (PIM)
The AIM (Assess, Improve and Measure) Initiative

ACR PIM Summary:

- Web-based self-evaluation tool
  - Designed to guide the abstractor through medical chart review
- Questions based on measures and guidelines; generation of automatic report that will enable the physician to:
  - Reflect on practice performance data
  - Select areas for improvement & review educational links
  - Develop and implement an improvement plan with objectives and strategies
  - Assess impact of change through re-measurement – typically one-six months after implementing change
  - Report changes

ACR Practice Improvement Module
The AIM (Assess, Improve and Measure) Initiative

Criteria for Measures :

- Responses to the questions should be easily identified from outpatient medical records reviewed by an abstractor familiar with the practice, though not necessarily a trained research technician, nurse, or physician;
- Measures should allow for binary status assignments (yes/no, concordant/nonconcordant) and
- Measures must relate to important issues and are not limited to those found in evidence-based medical literature.
- Ideally, the questions will be developed using a combination of evidence-based standards (e.g., published practice guidelines), consensus-derived indicators of quality care (e.g., measures developed by the ACR's QMC and data associated with patient/physician interactions generated from other organizations (e.g., JCAHO).

ACR Practice Improvement Module (PIM)
The AIM (Assess, Improve and Measure) Initiative

RA Measures *continued*:

1. History and Exam: IF a patient has a confirmed diagnosis of rheumatoid arthritis, THEN a measure of each of the following should be documented within 3 months of diagnosis and at least annually thereafter: joint exam, functional status assessment, acute phase reactant, measurement of pain, physician global assessment and patient global assessment.

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RA Measures:

2. Treatment: IF a patient has an established diagnosis of rheumatoid arthritis, THEN the patient should be treated with a DMARD unless contraindication to DMARD, inactive disease or patient refusal is documented. 3. (Former RA QI#5, modified) IF a patient has rheumatoid arthritis and is being treated with a DMARD and there is evidence of increased disease activity or there is evidence of progression of RA bony damage over a 6-month period of time, THEN one of the following should be done: change DMARD dose or route of administration, change DMARD, add an additional DMARD, start or increase dose of glucocorticoids or provide local glucocorticoid injection(s), unless the patient refuses or all of the above are contraindicated.

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RA Measures *continued*:

3. Treatment: IF a patient has rheumatoid arthritis and is being treated with a DMARD and there is evidence of increased disease activity or there is evidence of progression of RA bony damage over a 6-month period of time, THEN one of the following should be done: change DMARD dose or route of administration, change DMARD, add an additional DMARD, start or increase dose of glucocorticoids or provide local glucocorticoid injection(s), unless the patient refuses or all of the above are contraindicated.

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Drug Safety Measures:

1. Informing Patients About Risks: IF a patient is newly prescribed any of the following drugs: NSAIDs (selective or non-selective), DMARDs, glucocorticoids or narcotics, THEN a discussion with the patient about the risks of the chosen therapy should be documented.

2. Prophylaxis for patients at risk for gastrointestinal bleeding: IF a patient is treated with 1) a non-selective NSAID or 2) a COX-2 selective NSAID plus aspirin, AND the patient has risk factors for upper gastrointestinal bleeding‡, THEN the patient should be treated concomitantly with either misoprostol or a proton pump inhibitor unless patient refuses.

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Drug Safety Measures *continued* :

3. Lab monitoring: IF a patient is treated with daily NSAIDs (selective or non-selective) and the patient has risk factors for gastrointestinal bleeding‡ THEN a hemoglobin or hematocrit should be performed at baseline and during the first year after initiating therapy.

4. Lab monitoring: IF a patient is treated with daily NSAIDs (selective or non-selective) AND the patient has risk factors for developing renal insufficiency** THEN a serum creatinine should be assessed at baseline, within the first 3 months, and then at least annually thereafter.

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Drug Safety Measures *continued*:

5. Lab monitoring: IF a patient with rheumatoid arthritis is newly prescribed a DMARD, THEN appropriate baseline studies should be documented within an appropriate period of time from the original prescription.

6. Lab monitoring: IF a patient has established treatment with a DMARD or glucocorticoids, THEN monitoring for drug toxicity should be performed.

PIM HIPAA / Legal Issues

- All records will be submitted to the ACR in a de-identified format
  - Data collected may not qualify as protected health information
    - To eliminate concerns that patients could be identified based on their age, diagnosis, time/place of treatment ACR and practice will enter into a business associate agreement.
  - Currently working with legal counsel to ensure compliance
- The limitations of the data e.g., designed strictly for quality improvement
- The ACR will maintain the confidentiality of individual practice results and will release results only to the practice or in aggregate or de-identified format.

ACR Practice Improvement Module (PIM)
The AIM (Assess, Improve and Measure) Initiative

Next Steps: Timeline – Phase I

- First chart abstraction phase opens June 12 and closes June 30
  - Login anytime during that period to complete the 25 chart abstractions
  - Folders contains online access information, login details, and abstraction guidelines
- Physician improvement plan development phase opens July 10 and closes July 17
  - Physicians review reports created during the first abstraction phase, develop improvement plans
- Physician improvement plan phase opens July 17 and closes October 13
  - Physicians implement the improvement plan into practice

ACR Practice Improvement Module (PIM)
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Next Steps: Timeline – Phase II

- Second chart abstraction phase opens October 16 and closes October 30
  - Login anytime during that period to complete the 25 chart abstractions
- Physician review of final report and development of final impact statement opens November 1 and closes November 8
  - in preparation for the completion of the module, each physician will complete an impact statement

ACR Practice Improvement Module (PIM)
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Next Steps: Chart Selection Guidelines

- **Patients whose charts are selected for abstraction must be:**
  - At least 18 years old
  - Have a confirmed diagnosis of RA
  - Seen by the physician within the last 3 months

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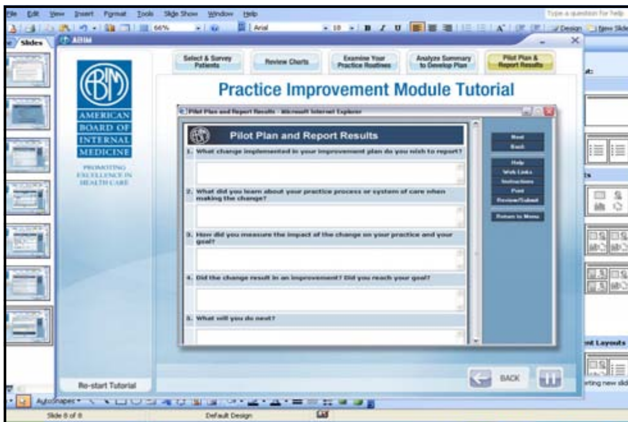
Physician Improvement Plan Development



ACR CPD Initiatives
Benefits to ACR & Members

- ACR offers members all the tools to meet ABIM Maintenance of Certification (MOC) Program
  - Relevant to 47% of ACR members
  - Complete 100 points for self-evaluation modules
    - 20 points medical knowledge – SAP
    - 20 points practice performance – PIM
    - 60 points for any approved tool – Learning Session, additional ACR PIM
- Provides options for all members, not only those that are required to recertify, to be able to demonstrate the quality of care they deliver
  - Pay for Performance
  - Rheumatology Provider Recognition Programs
- ***Provides Essential CQI Activity for Fellowship Training Programs***
- Complements QMC Initiatives

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The End

- Thank you
- ?Any questions?