National Center for Physician Training in Addiction Medicine
Core Competency Webinar Series

Competency: Practice-Based Learning and Improvement
Webinar #4
October 23, 2015

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(Supported by a grant from the Conrad N. Hilton Foundation to the American Board of Addiction Medicine Foundation)
2015-2016 Core Competency Webinar Series

• July 24: Patient Care
• August 28: Medical Knowledge
• September 25: Systems-Based Practice
• October 23: Practice-Based Learning & Improvement
• January 22: Interpersonal & Communication Skills
• March 26: Professionalism
HOW TO MEASURE AND IMPROVE PERFORMANCE?
Practice-Based Learning and Improvement (PBLI)
What is PBLI?

ACGME Definition:
“Residents must demonstrate the ability to investigate and evaluate their patient care practices, to appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning.”

(Hayden, Dufel et al. 2002)
Why PBLI?

• The goal of PBLI as defined by ACGME:
• Improve patient care practices by accessing and integrating the scientific literature, real time scientific evidence, and practical experience

Hayden, Dufel et al. 2002)
Elements of PBLI by the ACGME

Locate, appraise, and assimilate evidence from scientific studies related to the health problems of the resident’s patients

Obtain and use information about the resident’s own population of patients and the larger population from which the patients are drawn

Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness

Use information technology to manage information, access online medical information, and support the resident’s own education

Analyze practice experience and perform practice-based improvement activities using a systematic methodology

Facilitate the learning of students and other health care professionals

(Hayden, Dufel et al. 2002)
Components of PBLI

PBLI includes components of evidence-based medicine (EBM), systems-based practice (SBP), and performance improvement (PI).

- EBM is the integration of best *clinical evidence* with clinical expertise and patient values.
- SBP teaches physicians to utilize *resources* and provide resources to individual patients and others.
- PI focuses on *continuous improvement* in health care delivery.

AAFP, 2014
Components of PBLI

• SCIENCE
• PRACTICE
• QUALITY IMPROVEMENT
Science

National Center for Physician Training in Addiction Medicine
Core Competency Webinar Series

Core Competency: Medical Knowledge
Webinar #2
August 28, 2015

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(Supported by a grant from the Conrad N. Hilton Foundation to the American Board of Addiction Medicine Foundation)
BIRT is one tactic that sometimes works, but to IMPROVE we may also have to AND continue to evaluate and look elsewhere!
Implementation

National Center for Physician Training in Addiction Medicine
Core Competency Webinar Series

Core Competency: Systems-Based Practice
Webinar #3
September 25, 2015

Richard D. Blondell, MD
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(Supported by a grant from the Conrad N. Hilton Foundation to the American Board of Addiction Medicine Foundation)
PBLI in Practice: Quality Improvement

1. **Measuring** performance (checking):
   How are we managing the problem?
   Are physicians adhering to the guidelines or practice determined to be the best, based on critical literature review?

2. **Improving** performance (acting):
   Can we improve how we manage the problem that the guideline intended to solve?

Current practice  \(\leftrightarrow\)  The best practice
Measuring Performance in Practice

QUALITY INDICATORS

Quality – as seen by:

• Administrators: Cost-effective safe care with demonstrable/measurable outcomes
• Patients: Practitioners who meet patients’ needs
• Practitioners: Ability to practice the skills

Quality Indicators

• Measurements that focus on demonstrating clinically effective, personalized, and cost-effective care that meets the needs of patients and families
• Patient safety – adverse events
• Care outcomes
  • Patient satisfaction – questionnaires
  • Process vs. outcome measures

(Bowers 2014)
Quality Improvement Controversy

Outcome versus Process Measures

Process:
- How healthcare is provided - adherence to guidelines and best practices
- How the system works

Outcome:
- The final product, results - health status
- Does it make a difference?

(Bilimoria 2015)
Quality Improvement Controversy

Move away from process measures b/c of public reporting and pay-for-performance programs (e.g., Medicare & Medicaid Services).
When outcomes are poor, process(es) get(s) dissected

• How does this relate to SBIRT?

(Bilimoria 2015)
The addiction medicine resident **MUST** be able to:

1. Appraise and assimilate **scientific evidence**.
2. Investigate and evaluate his or her **care of patients**.
3. Continuously improve patient care based on constant **self-evaluation and life-long learning**.
4. Identify strengths, deficiencies, and limits in one’s **knowledge and expertise**.
PBLI in ADM

The addiction medicine resident **SHOULD** develop skills and habits to:

5. Set learning and improvement **goals**.
6. Identify and perform appropriate **learning activities**.
7. Systematically analyze practice using quality improvement methods, and implement changes with the goal of **practice improvement**.
8. Incorporate formative evaluation **feedback** into daily practice.
9. Locate, appraise, and assimilate evidence from **scientific studies** related to patients’ health problems.
10. Use **information technology** to optimize learning.
11. **Participate in the education of patients, families, students, residents and other health professionals.**
PBLI in ADM Fellowships

Self-reflection, self-assessment, life-long learning

• Case conferences/analyses - fellow gathers and synthesizes information for a presentation, and over time, in conjunction with faculty feedback identifies own strengths and weaknesses, sets new goals, thus engaging in the process of life-long learning
  • Use evidence-based findings from literature
  • Operationalize a clinical question, diagnoses, treatment plan
  • Interpret the case in light of the wider knowledge base
• Monitor a group of patients over time and present the results of audit to a team
  • Self-reflection and learning regarding the dynamic nature of recovery over time
  • Unique challenges of individual patients
• Research/scholarly project
  • Research questions driven by scientific inquiry
  • Presentation of findings to get feedback
Use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients’ health problems

- Library manuals and staff training events, personalized instruction by a library faculty member, reference librarians
- Access to various electronic databases
- Integration of information technology training to practice, presentations, and scholarly projects/research with faculty feedback
- Journal clubs, seminars, critical article reviews, grant and manuscript reviews
Quality improvement

- Established curricula for training in quality and safety
- Independent written Quality Improvement project (re: referral process, medication safety, team work, etc.)
- Integrating SBIRT billing and documentation into EHR
- Developing practice guidelines (e.g., prescription of controlled substances in a clinic)
PBLI in ADM Fellowships

Teaching, application and dissemination of knowledge

- Teaching of staff, students, residents
- Grand rounds, conferences, didactic seminars
- Supervision by faculty during clinical rotations (bedside)
- Educating patients, families, other collaterals
- Systematic learning about teaching, e.g., classes/curricula (“Teaching Medicine”), teaching certificate programs with seminars, workshops, skills building, presentations
- Develop own educational curriculum
- Scholarly projects related to health professions education
Open Discussion
References


