



VOLUME 18, NO. 6, JUNE 1996

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## **Work Begins on 1997 Annual Conference**

By Bruce J. Bellande, Ph.D., Southern Medical Association

As program chair of the Alliance for Continuing Medical Education 22nd Annual Conference, I am starting a monthly column to highlight the progress of the conference, which is scheduled for New Orleans, Jan. 29–Feb. 2, 1997.

First, I want to acknowledge the time and effort of the Program Committee, which began its work in January 1996. Currently, the committee is directing its efforts toward developing a timely and informative program focusing on the conference's theme: "Educational Outcomes: Research, Measurement and Management."

The deadline for proposals was April 30. The committee received more than 100 applications for educational sessions and posters. Members of the committee screened proposals and sent them to track leaders and the Poster Committee for review. Based on the scope and content of the proposals, 12 educational tracks will be offered during the conference. To contribute to a particular track, contact the respective track leader before June 15. Leaders are listed in the gray box below.

In addition to educational sessions and posters, the 1997 conference will feature seven institutes, eight focus and consensus conferences, and two plenary sessions. In future issues of the Almanac, information will be provided concerning these components, as well as details about social, recreational and sight-seeing activities.

The prospectus for commercial exhibits mailed in May. If you know of a company interested in exhibiting, please let me know.

The 1997 conference will be held at the Hyatt Regency Hotel, which is next to the Superdome, the site of the 1997 Super Bowl. The educational sessions and exhibit area are conveniently located on the same level of the hotel. The Alliance reserved a large

block of rooms at the Hyatt. Members must reserve their rooms prior to the reservation deadline to receive applicable discounts. (The Hyatt will provide complimentary shuttle service to and from the French Quarter.) One final note, the 1997 conference will begin Jan. 29 with the Newcomers Preconference, special interest groups and institutes. Mark your calendar now for New Orleans, Jan. 29–Feb. 2.

### **Annual Conference Educational Tracks, Leaders**

Educational Track	Track Leader
Needs Assessment	Robert E. Kristofco, M.S.W.
Educational Design, Method and Development	Ronnie Davidson, Ed.D.
Outcomes Measurement and Evaluation	Linda Casebeer, Ph.D.
CME and Health Services Delivery	Harry Gallis, M.D.
Quality Management/CQI	Barbara Schneidman, M.D., M.P.H.
CME Faculty Development	Joseph W. Ray
Professional and Personal Development	Joan E. Sondag, M.B.A.
Meeting Management	Sherri H. Cathcart
Administration/Marketing/Management	David A. Shore, Ph.D.
Technology	Sue Leiken, M.S.P.H.
Accreditation	Patrick Sweeney, M.D., Ph.D.
Research	David A. Davis, M.D.
Educational Posters	B. Kaye Boles, Ph.D.

### **Quality Improvement**

#### **Achieving Organizational Success Through CME/QI Links**

By Robert S. Pyatt, M.D., F.A.C.R., Pennsylvania Medical Society & Board of Examiners, Malcolm Baldrige National Quality Award

As we move into the new models of health-care delivery, the continuing medical education office must show success and value to its organization. Linking with the key business drivers of your organization are critical for success. As W. Edwards Deming, one of the fathers of modern quality improvement theory (QI), said, "You cannot manage what you cannot measure." The days of quality assurance are being replaced by QI. QI requires education to develop the necessary skills, knowledge and attitude.

Each CME leader should have a familiarity with the basics of QI, such as process flowcharts, team skills, QI toolbox and brainstorming. Even in well-managed companies, QI leaders estimate that 25 percent of revenues are lost because of poor quality, which includes rework, waste, dissatisfied patients, increased malpractice claims, less than optimal clinical outcomes, low mammography screening rates and reduced access to health-care services.

In the evolving and increasingly competitive atmosphere of health care, there is the Deming Chain Reaction. This theory states that improving quality leads to increased productivity, which leads to decreased costs, allowing for decreased prices. Once costs are driven down, quality will emerge as the difference between organizations.

This emergence of quality is expected to occur during the next three to five years, depending on market conditions. However, if you wait until then, it may be too late to begin the QI journey.

In 1986, Deming issued his famous 14 Points, including: "Institute a vigorous program of education and training." In American industry, the winners of the Malcolm Baldrige National Quality Award ? companies such as Federal Express, Motorola and Xerox ? consistently demonstrate strong education efforts. Similar organizational success is occurring in health-care organizations that link QI and education.

There are a number of organizations that provide CME about QI, including the Institute for Healthcare Improvement (IHI). Founded by Dr. Donald Berwick, the IHI has an outstanding catalog of short courses, capped by the annual forum in December. Programs include topics such as hands-on health-care simulators by Innovation Associates/Microworld and the Foundation for Accountability. CME leaders should attend these programs to gain valuable insight into the work as seen by QI leaders. For more information, call the IHI at 617/754-4800.

In the managed-care environment, health plans are accredited by the National Committee for Quality Assurance (NCQA). Physicians and other providers are being measured through a dataset called Healthplan Employer Data and Information Set, or HEDIS. Through their efforts with publishers, Healthplan's data is now being published in the consumer magazine Health Pages. In this publication, physicians' practices are listed, with many aspects of their offices portrayed, including office fees, location and amount of residency training, and board certification.

The NCQA has a Web site that also may be useful: <http://www.ncqa.org>.

Lastly, look at how you are collaborating with your QI committee on the local level.

- Is the committee identifying topics?
- Is the committee initiating surveys to measure the level of concern about a problem then remeasuring after intervention?
- Are you measuring patients' satisfaction with their care and developing CME addressing these issues, then remeasuring patients' satisfaction?
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- Are you approaching local patient support groups for CME topics, objectives and speakers, then asking for a report on the effectiveness with specific measures?
- Does your QI leadership play an active role on your CME committee?
- Have you mandated CME on QI basics for new physicians joining your staff?
- Is your QI staff working with you on CME programs for measuring your effectiveness? For example, if you had a program on *heliobacter pylori*, are you measuring increased *heliobacter* cultures in the laboratory, as a measure of the effectiveness of an educational intervention?
- Have you had CME training for physician team leaders or facilitators?

- Are you providing CME credit for interactive QI work, such as clinical pathways (assuming the Essentials are followed)?
- Are you including "systems thinking" as a CME topic to help physicians understand the future of health care?

As CME leaders understand and participate in the culture of QI, the opportunities in CME will seem endless. Part of QI culture is to share your success, and the same holds true for CME/QI leaders.

As we move toward the next millennium, I hope that we can look for best practices with CME/QI links, promote collaborative and creative thinking, and share ideas with other members. Beginning today, realize that your organization's future success is linked to knowledge and implementation of quality management and is facilitated by CME. What are you doing to make this happen?

For more information on this topic, contact Robert S. Pyatt, M.D., F.A.C.R., at 717/267-7181; e-mail, [RSP1@aol.com](mailto:RSP1@aol.com).

For More Information  
Institute for Healthcare Improvement  
617/754-4800

National Committee for Quality Assurance  
URL address: <http://www.ncqa.org>

## **Practice Profiles**

### **Changing Times at Jefferson**

By Betsy A. Alexander, M.Ed., Office of Continuing Medical Education, Jefferson Medical College

Jefferson Medical College and Medical Center became Thomas Jefferson University on July 1, 1969. As a medically oriented university, it trains people to provide modern health services. The university includes Jefferson Medical College, College of Graduate Studies, College of Allied Health Sciences, Thomas Jefferson University Hospital and University Services.

### **The Present Day**

On Aug. 7, 1995, representatives of the hospital and the Main Line Health System signed agreements establishing a new corporate entity known as Jefferson Health System. This system includes the hospital, four suburban community hospitals and a group of purchased practices in Delaware Valley. The mission of this integrated health-care system is to improve quality of life by providing comprehensive, cost-effective, state-of-the-art health services for defined populations; support education in clinical practice; and encourage research in the advancement of health-care delivery.

### **On Jefferson's Campus**

Thomas Jefferson University Hospital separated from the university on March 1, 1996, allowing the hospital to fully participate as a member of the Jefferson Health System. While the university and Jefferson Medical College are separate from the health system, they are strategically linked in their academic and research missions.

A priority of the Jefferson Health System is to develop an integrated information technology capability, ensuring that patient identification and sharing of data can occur easily between member hospitals. Another key component to success is the commitment of physicians. While a few doctors left the hospital to work with other academic health-care centers, the Jefferson Faculty Foundation recruited new physicians.

Today's challenges for the hospital continue to be rising costs, decreased length of hospital stay and reduced state-appropriated funds. Design teams on campus are looking at ways to more efficiently provide health-care services. These teams also are looking at organizational structure, capacity management and employee benefits.

### **The Office of CME**

Jefferson Medical College's office of CME joined its Jefferson Health System colleagues in assessing where and how things can be done more efficiently by holding a series of strategic planning meetings to evaluate its services and customer satisfaction. Outcomes of those meetings are:

- A vision statement,
- A revised mission statement that aligns Jefferson Medical College with the emerging Jefferson Health System,
- A redefined partnership with faculty,
- One- and five-year business plans,
- An evaluation of CME fees, and
- An assessment of the office structure.

These components, in addition to effective communication and flexibility, will equip the CME office for success. As CME professionals, we must be willing to work in new ways to meet the educational needs of physicians in a managed-care setting.

This summer my husband and I are planning to vacation in Nova Scotia, Canada. A highlight of our trip will be rafting on the Shubenacadie River. In a narrow section of this river, a rush of water causes a phenomenon known as a tidal bore. Our boat ? we hope ? will drive us into the middle of a full-fledged whirlpool.

Like the challenges I face in my day-to-day work environment, I can choose to look at riding the tidal bore as an adventure or a disaster. I choose adventure.

## **<Click>ing Through the RDRB/CME Web Site**

By Anne Taylor-Vaisey, M.L.S., University of Toronto

I have to give a presentation on continuing medical education and the Internet, but I don't know much about it. Better do some reading; however, it's raining and the library's closed. Maybe there's something on the Alliance for Continuing Medical Education home page.

Two hundred searching hours using the Alliance's Web browser software should be enough. <Click> Here's the site. Contents. <Click> Resources. <Click> Full text of the Almanac ? I'll check that out later. JCEHP ? I could leaf through back issues. The Research and Development Resource Base (RDRB) in CME ? "a database of articles." Looks promising. <Click> University of Toronto, eh. <Click> Overview of the RDRB/CME. <Click> Kind of boring, but necessary ? "a bibliographic database of over 6,000 references to the literature of continuing health professional education. The database is not yet available to the public for direct searching. However, a librarian offers a low-cost literature search service."

Wonder if there's anything on this Web site that can help me right now. New References. <Click> "A selection of references added to the database in recent weeks." The first title looks good: "Educators must take the electronic revolution seriously." It's in Academic Medicine, and there's an abstract. <Click> A hot link to the AAMC. Cool! I'll read it later. Back I go. <Click> "The age of the cybrarian." <Click> A whole article on Internet librarians. This RDRB person must be one. <Click> What a gold mine of articles. Here's one from a recent JCEHP: "Skills and knowledge needed by the CME professional in the 21st century." Interesting array of journals in this list: Annual Symposium on Computer Allocation in Medical Care, Bulletin of the Medical Library Association, Chest, Medical Education, Advances in Anesthesia, Journal of Cancer Education, Journal of Nuclear Medicine, Journal of the American Medical Informatics Association, Teaching and Learning in Medicine, CMAJ. This looks good: "A clinician's experience on the Internet." Full text, too. <Click> Neat article, and a hot e-mail link to the author! Back I go. <Click> Here's a 1995 book with a yellow star. It is the fourth edition of E.M. Rogers' Diffusion of Innovations.

Wonder what else this RDRB site has. <Click> Recent Search Topics. <Click> Bingo! "Barriers to adoption of new technology by physicians," "Telemedicine, teleconferencing and CME," "Physician attitudes to computers," and "The future of technology and education." I want these articles. Wonder if I can get them today. My question is answered: "If you are interested in these or related topics, you may wish to request a literature search." <Click> Here's the name of the cybrarian and a hot e-mail link. I wonder, how much this will cost? "There is a minimum search cost of \$10." As an Alliance member I only have to pay for long-distance faxes and mailing. "By far the most economical delivery method is electronic mail." Sounds like a bargain. I'll e-mail her now. <Click> [Types message.] <Click>

While I'm waiting, I'll look at Journal Web Sites. <Click> A list of links to Web sites containing the contents pages of individual journals: Academic Medicine; BMJ, not exactly a hotbed of CME, but I can check out the latest on Mad Cow Disease; and JAMA. There's even a link to the American Medical Association.

<Beep> Here's an e-mail message from Toronto! The cybrarian wants my fax number. She can e-mail me those searches today and deliver photocopies for a modest fee. Looks like I'll make my deadline after all, and I didn't have to go out in the rain.

For more information about the RDRB/CME and its services, contact Anne Taylor-Vaisey, M.L.S., Office of Continuing Education, Faculty of Medicine, University of Toronto, 150 College St., #121, Toronto, ON M5S 3E2, Canada; 416/978-8419; fax, 416/971-2200; e-mail, a.taylor.vaisey@utoronto.ca; URL, <http://bioinfo.med.utoronto.ca/~cme>.

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