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Case Study In Continuing Medical Education Collaboration

Ann Lichti, CHCP

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MeetingsNet/medical columnist Ann Lichti invites colleagues to share how they all collaborated on a CME initiative that resulted in improvements in physician performance.

By Ann C. Lichti, CCMEP; Chanda Nicole Holsey, DrPH, MPH, AE-C; and Meg Burke, MHSA, CCMEP

Ann Lichti: Dr. Holsey was my mentee for the mentor/mentee session during the Alliance for Continuing Education in the Health Professions conference in Orlando a couple of years ago. Dr. Holsey is the *administrator for the National Medical Association's Internal Medicine Section and the Allergy, Asthma, and Immunology Section*, and she's the president of the Association of Asthma Educators.

Before the conference, we reviewed the agenda and abstracts together and I provided suggestions about which sessions she might find most beneficial. We communicated regularly during the conference, discussing the workshops we enjoyed. We also made a plan to collaborate on an outcomes-themed article that would share the story of a successful collaboration between providers on a CME initiative that resulted in improvements in physician performance. The hope is that it will inspire similar partnerships among other CME and CE providers.

As we began developing the article, I was introduced to our third coauthor, Meg Burke, MHSA, CCMEP, who is the senior educational partnerships manager in the Office of Professional Education at National Jewish Health in Denver. Collaboration, networking, and mentoring are rewarding personally, professionally, and, as this example shows, can result in education that leads to physician self-reported practice changes.

Setting the Stage for Collaboration

Lichti: So, how did this partnership unfold?

Meg Burke: A couple of years before I met Dr. Holsey, I worked on a project with Michael B. Foggs, MD, FACAAI, at the NMA.He helped us develop an initiative that would help primary care physicians incorporate spirometry in their practices. Dr. Foggs was our local presenter in the Chicago area, where he teamed up with a National Jewish Health physician, Barry J. Make, MD, to provide an in-depth spirometry workshop. Dr. Foggs was extremely enthusiastic about the collaboration, and saw a big need for this type of education for the NMA members, specifically the Asthma, Allergy, and Immunology Section. He introduced Dr. Holsey to me, and we're now in our third year of collaboration.

Lichti: Dr. Holsey, tell us a bit about your organization and what desired outcomes you envisioned through this partnership.

Holsey: NMA is the nation's oldest and largest organization representing African-American physicians and health professionals in the United States, with a mission to advance the art and science of medicine for people of African descent through education, advocacy, and health policy to promote health and wellness, eliminate health disparities, and sustain physician viability. Not only was I introduced to NJH through Dr. Foggs, I also had contact via my role on the Association of Asthma Education Board. One of our past presidents of AAE served in a leadership position at NJH. Therefore, I was aware that NJH was a quality organization and supported and encouraged the collaboration between the Allergy, Asthma, and Immunology Section of NMA and NJH.

Our partnership with NJH on the chronic obstructive pulmonary disease, or COPD, initiative was designed to close practice gaps in utilization of spirometry. NJH brought with them the reputation as the nation's top respiratory hospital, and thus, the ability to assist with physician self-reported practice change data. During the three years that NJH and the NMA have collaborated, the activities have been multi-supported by Forest, Merck, Pfizer, and Sunovion.

Lichti: How did the development of this initiative unfold?

Burke: After discussing our partnership at length with Drs. Holsey, Foggs, and Make, we decided to reach out to the COPD Foundation to collaborate on this project as well. The COPD Foundation had been involved in our initial spirometry activity, and they were an awesome addition because they added the patient care and patient education components to our activity. At each meeting, the COPD Foundation sent out a spirometry trainer with spirometers and other equipment, who worked in small groups with the participants to teach them hands-on spirometry, as well as bring lots of patient education materials that participants could bring back to their offices. The fact that we had very different partner groups, including an academic medical center, a medical society/association, and a patient advocacy group, really made sure all our stakeholders were well represented in our program.

Innovative Formats: Keeping the Patient in Mind

Lichti: How did you decide on the optimal educational design, based on the gaps and needs uncovered?

Holsey: As we were educating practicing clinicians, we knew it was important to incorporate a variety of learning formats into the activity that addressed both clinical knowledge and translation to the patient. Participants engaged in clinical discussions and case vignettes with [faculty](#) from NJH and the NMA, as well as patient education talks and hands-on spirometry training by a respiratory therapist from the COPD Foundation. Our gap and needs analysis determined that healthcare providers faced challenges in differentiating asthma from COPD, identifying the diagnostic criteria for COPD, performing spirometry on appropriate patients, and correctly interpreting the results of spirometry performed.

Lichti: **What were the lessons learned, educational impact on learners, and ultimately, patient health improvements that resulted from this initiative?**

Burke: The program showed successful outcomes in the areas of provider knowledge, competency, and performance, but more important, we were thrilled that providers were actually using spirometry more and were more confident doing so after the 2013 activities:

- There was a 55 percent (n=44) improvement in physicians' comfort with using spirometry on their patients.
- 69 percent (n=44) of physicians planned to use spirometry for their patients with obstructive lung disease more than 80 percent of the time.
- 65 percent (n=44) of physicians felt they are able to correctly diagnose COPD in more than 80 percent of their patients

This means that more patients are being properly diagnosed and hopefully diagnosed earlier, treated appropriately, and as a result were in better overall health as a result of this program. In addition, I've personally learned so much through this collaboration about the importance of having different perspectives contributing to CME programs. This partnership has brought a lot of important players together, including National Jewish Health with an expertise in this disease area, an organization with access to providers who are out in the communities seeing these patients, and a patient advocacy group with resources that we wouldn't have been able to provide to participants without their involvement. We actually received an award from the Colorado Alliance for Continuing Medical Education recognizing the activity as the Most Outstanding Collaboration in 2012.

Lichti: **How did including patient advocacy groups benefit your CME initiative?**

Burke: The providers really appreciated having the COPD Foundation involved in our project. Providers (especially primary care providers) are extremely busy, and they appreciate having a place to send patients for support, as well as resources and materials that they can share with their patients. Patient education is a huge part of the COPD Foundation's mission, so it was really a perfect union.

Lichti: **With so many partners involved, what are some "pearls of wisdom" that you can share for others looking to partner in a similar fashion?**

Holsey: In our NMA/NJH/COPD Foundation partnership experience, we found that collaborations can be essential to the effectiveness of CME programs. Partnering with external groups can shape creative initiatives that may not be as feasible with a single institution. It can be quite energizing and exciting to work with mission-focused colleagues from other respected establishments on important educational efforts. The key to maintaining a lasting partnership is enabling each partner representative to provide valuable input and

feedback while shaping the program. Good organization of the program, efficient implementation, effective communication among partners, and successful outcomes are vital to ongoing, healthy collaborations.

Lichti: Collaborating can take on many different shapes. Whether formally partnering on CME initiatives with diverse provider types and patient advocacy groups, mentoring and peer-to-peer discussions, or through articles and presentations that highlight our successes, let's continue finding ways to work together.

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The opinions expressed are those of the authors and do not constitute the views of PER®, NJH, or *NMA*.

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