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In recognition of an Industry-Supported CME Activity that Most Effectively Illustrates an Appropriate Relationship Between a CME Provider and an Industry Supporter

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Clinicians on the Front Line: Virtual Community of Practice Performance Improvement Activity

Overview

Boston University School of Medicine Continuing Medical Education (BUSM), in partnership with Haymarket Medical Education (HME), an education partner, submitted a proposal to Wyeth Pharmaceuticals in December 2005 to support a series of integrated educational activities on the topic of depression. These activities included a web-enhanced teleconference series, a monograph, and a performance improvement activity. The proposal was funded, enabling us to launch our first Virtual Community of Practice Performance Improvement Activity targeted to a national audience of primary care physicians (MDs), nurse practitioners (NPs) and physician assistants (PAs).

The Clinical Gap

In our discussions, Larry Culpepper, MD, Chief of Family Medicine at BUSM and Course Director for this program, made it clear that many primary care practitioners have knowledge about depression but have difficulty integrating routine screening and treatment into their practice. Once a patient is diagnosed with depression, follow-up with that patient, as they move from the acute to the chronic phase, is crucial to ensuring their recovery. Many barriers stand in the way of the successful management of the depressed patient.

Program Design

BUSM CME and HME, designed a series of integrated educational activities intended to:

- Increase knowledge via a web-enhanced teleconference and monograph
- Improve performance via a Virtual Community of Practice Performance Improvement Activity.

Recruitment

Participants in the teleconference and monograph activities were invited to enroll in the Virtual Community of Practice.[1] We envisioned a virtual community of practice that enabled members to interact via email and telephone in support of their performance improvement goals. These communities of practice were to be supported by an experienced physician who is both a clinical content expert and a skilled group facilitator.

Program Components

The Virtual Community of Practice was designed to enable a group of practitioners, geographically separated, to participate in a performance improvement activity as defined by the American Medical Association (AMA). Participants would be asked to complete the AMA Performance Improvement Activity Stages A, B, and C via a series of chart reviews, implementing an action plan, and conducting a second set of chart reviews.[2] Chart reviews would be designed to assess compliance with specific performance measures. The activity was designated by Boston University School of Medicine Continuing Medical Education for 20 *American Medical Association Physician Recognition Award (AMA PRA) Category 1 Credit(s)™*.

The program began in September 2006, with participants being asked to complete a first set of patient chart reviews from their own practices. During the fall of 2006, participants completed and carried out individual action plans. The program was completed by the participants in February of 2007, with a second set of chart reviews, the final teleconference, and evaluation of the program by the participants.

Program components developed to support the Virtual Community of Practice included:

- A dedicated website developed, hosted, and maintained by BUSM that included a program overview with timetable, accreditation information, a participant profile survey, forms for inputting chart review data, an action plan form, a discussion board, a resource center with links to model programs and screening tools, and an evaluation form (among the resources we drew upon were the AMA Physician Consortium tools)
- Four scheduled teleconferences with program faculty, each one-hour in length, covering clinical topics, a discussion of barriers to optimal practice, and analysis of summarized program data
- On-going email support from BUSM CME, including reminders about tasks (ie, completing chart review) deadlines, and teleconference dates.

Essential to the program was the inclusion of *educational enhancements* designed to fortify the efforts of the participants to change their practice and overcome barriers. For the Community of Practice participants, as described above, we held four, one-hour teleconferences with faculty. During the teleconferences, participants were able to discuss their particular concerns with each other and with the faculty. We also provided links to model programs and screening tools as educational enhancements.

We felt strongly that assisting participants in overcoming barriers and implementing a chronic care model in their practice was important. We recruited a faculty member who specializes in care management of depressed patients to lead two of the teleconferences.

Meeting the Essentials

Intended to build on the objectives from the teleconference and the monograph, our Community of Practice learning objectives were as follows:

- Identify what system barriers exist in your practice that inhibit the screening and successful case management of the depressed patient.
- Develop and implement strategies to overcome the system barriers that you have identified.
- Manage the care of the depressed patient during the first 6–12 weeks of care, actively assessing the success of selected interventions and making adjustments to achieve remission.
- Transition the depressed patient from the acute to the continuation phase of treatment after achieving remission during the 6–12 week period of care.

The participants of the Community of Practice (as with the teleconferences and the monograph) were asked to complete an evaluation of the activity. ACCME Standards for Commercial Support were strictly followed from concept to completion.

Partnership with Haymarket Medical Education

BUSM CME and HME have partnered together on many educational activities. The staff at HME is dedicated and knowledgeable, and shares our commitment to producing high-quality CME activities. Under the direction of the program faculty and BUSM CME, HME created the teleconference and monograph materials. HME designed, with our approval, the brochures announcing the teleconference. They also assisted us with setting up the teleconferences for the performance improvement activity.

Results

Among the 39 participants who originally signed up for the Community of Practice, seven were MDs, 16 were NPs, 14 were PAs, one was a PhD, and one reported himself as *other*. The group who completed all three stages of the performance improvement program included one MD, two NPs, and two PAs. In addition, two NPs and one PA completed Stage A of the program.

Figure 1 shows that the group who participated in the entire Community of Practice project did improve their screening rates between the time before and the time after the implementation of their action plans. What became clear as this program evolved is that our initial objectives were overly ambitious. The participants focused entirely on the first two objectives—on overcoming barriers to increased screening, and as the results show, were able to make improvements.

Lessons Learned

- The final group of completers included only one physician, leading us to believe that the physicians in our program had a more difficult time sustaining their commitment to the program.
- Select a few key clinical measures to be assessed and addressed for change—keep it simple.
- The participants who completed the program did indeed make changes in their practice, but not at the level that we expected. Most were struggling to make screening a routine part of their care, and they would have had even more work to do to implement a chronic care model in their practice.
- Very little discussion took place via the discussion board.
- The best teleconferences were those that used the hour for discussion rather than lecture.
- This model can work as a way to support practitioners in their practice changes.

The author would like to thank Lynne Callea of Haymarket Medical Education for her contribution to this project.

References

1. *Communities of Practice* as defined by Etienne Wenger, author of *Cultivating Communities of Practice—A Guide to Managing Knowledge*: "Communities of practice are formed by people who engage in a process of collective learning in a shared domain of human endeavor: a tribe learning to survive, a band of artists seeking new forms of expression, a group of engineers working on similar problems, a clique of pupils defining their identity in the school, a network of surgeons exploring novel techniques, a gathering of first-time managers helping each other cope."
2. The AMA Physician's Recognition Award and Credit System—Information for Accredited Providers and Physicians, Available at: www.ama-assn.org/ama1/pub/upload/mm/455/pra2006.pdf. Accessed February 29, 2008.

Figure 1: Comparison of Screening Rates