

## **Provider Survey on CME**

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### **Introduction**

The determination and verification of provider attitudes towards current and future trends in continuing medical education (CME) and continuing nursing education (CNE) were the primary considerations in the development of this survey. The survey was designed as a tool for discriminating the successes and failures of current education modalities as well as experience of, and attitudes to, performance and quality improvement-based (PI/QI) initiatives.

### **Methods and Results**

Over a seven-day period from September 2-9, 2008, a survey was sent out to 100 MD/DOs, NPs, and PAs. The survey's response rate was 41%.

The attitudes of respondents towards CME were assessed. When asked to rank the general impression of accredited CME, 85% (34/40) of respondents rated the condition as "excellent" or "good", while 15% (6/40) rated CME as "average" or "ok". No respondents picked out "poor" as an answer option. In addition, roughly 93% (37/40) of respondents believed that CME has become better over the last few years, and 100% of respondents thought CME provides educational value.

Approximately 63% of respondents (25/40) stated that they had previously participated in QI activities. Responses were predictably mixed when respondents were asked to provide comments on their impression of QI (irrespective of whether they had actually participated in QI or not). Roughly 45% (18/40) of these comments were positive towards QI, 45% were either neutral or that the respondent had no prior experience of QI, while 10% (5/40) were negative towards QI. Respondent comments in addition to this question included:

- "QI has become a very important part of good clinical care."
- "QI is important to keep medical professionals on their toes."
- "Provides a platform to instruct from."
- "Improves patient care, decreases length of stay."
- "Useful if evidence-based."
- "A necessary evil."
- "Good idea, which is sometimes difficult to implement."
- "It can be very pertinent to clinical care or it can be so far removed from primary care practice that it is useless."
- "The paperwork is time consuming."
- "Often burdensome."

When asked if they believed QI initiatives are valuable in improving the delivery of care, a large majority (93%, 37/40) responded in the affirmative. When asked to explain their answer, respondent comments included:

- "Our clinic has had really positive experiences with QI initiatives."

- “If done well these initiatives can be highly educational.”
- “We all benefit from QI (patients, families, and health care professionals). Everyone can always improve on health care provided.”
- “Gives subjective measurement of what one is doing.”
- “It is becoming clear that applying QI methodologies and tools to medical practice improves efficiency, quality and patient satisfaction.”
- “I practice good medicine, but I do not have time for additional paperwork.”

The survey then sought to determine the drivers toward, and barriers against participation in QI programs. Initially, respondents were asked if pay-for-performance (P4P) and other payer incentive programs have been positive in their practices—however only 7% indicated that these programs have had a beneficial effect. Comments given by respondents explaining their answer were particularly revealing. Examples include:

- “I have found that they use horrible performance criteria and have been a hindrance to good medicine.”
- “So far the benefit is not enough to pay for the time it takes.”
- “Too cumbersome with very little incentive.”
- “A lot of work for a small practice with only a few employees.”
- “Too time consuming without increased pay.”

Although roughly 52% (21/40) of respondents indicated that they are affected by QI inclusion from their certification organizations (Maintenance of Certification), some 60% (24/40) of respondents had not yet seen an initiative that combined QI and CME as a single package. Approximately 60% (24/40) of respondents indicated that they were not bombarded with QI initiatives. Although some 38% (15/40) of respondents indicated that they were in a position to select which initiatives they participated in, hospital administrators were also often likely (58%, 23/40) to involve them in a QI program. When asked what was the greatest barrier to their participation in QI initiatives, respondents overwhelmingly (48%, 19/40) suggested that “finding the time to devote to the initiative” was the single greatest factor. Less common answers included “lack of manpower” (13%, 5/40); “too much complexity” or “lack of team motivation” (10%, 4/40); “cost effectiveness” or “need to get administrative buy-in” (8%, 3/40). A further barrier is suggested at from 54% (18/33) of respondents who indicated from their own previous experience, that even when participation of the QI initiative had been agreed upon it had not been easy to implement or maintain.

Despite these barriers, the primary drivers for respondent participation in QI initiatives are focused on an acknowledgement that although enhancing patient care and quality of life are essential it is also necessary to improve practice efficiency. When asked what features of a QI program would help stimulate participants into participating in QI initiatives, 73% (29/40) of respondents indicated that ease of use is highly important, coupled with 58% indicating that the initiative should not be a burden on physician time. In addition, 70% (28/40) of respondents suggested that CME credit would be an attractive feature in an initiative, the lack of program associated fees was indicated by 48% (19/40) of respondents and other forms of incentivized participation received 40% support. Interestingly, most respondents (73%, 29/40) indicated that they are more interested in local rather than national QI initiatives; the reasons for this include a belief that local initiatives are more sensitive to local needs, and are not “top-down” in

approach, mandated by a national organization with little regard for patient/practice variation in different localities .

The final question in the survey asked if personalized contact between themselves and a QI “provider,” such as Peer·Point, is regarded as important for the success of the QI initiative. The majority (52%, 21/40) of respondents suggested such an interaction is “very” or “extremely” important, 45% (18/40) thought it is “moderately” or “somewhat” important, while only 1 respondent thought it was “not at all” important.

## **Discussion and Analysis**

The findings of this simple survey, corresponds well to national opinion in a variety of ways. First, it supports the sense that CME is an important component of provider education that is looked upon positively when conducted appropriately. It also reinforces the thought pattern that PI-based CME can be well accepted by providers if created and implemented with the needs of the participating provider in mind. Second, there appears to be gaining acceptance of the role of performance and quality improvement in improving patient outcomes. Based on the responses, however, many of the programs that these providers participated in historically may have been created without the needs or resources of the provider in mind. It is also noted that providers need to have a vested interest in the programs that they are to participate in. Finally, it appears that many of the respondents believe that the largest incentive for participation is “easy of use.” Programs that are not time consuming, provide value and maintain interests are the ones best accepted. In terms of incentives for participation, 70% believed that receiving CME credit for participation is incentive enough. However, as expected, approximately 40% hinted that financial incentives would be preferred, based on the large volume of commitment historically given to “top-down” QI programs.

## **Conclusion**

The results of this small survey match up very well with the goals and characteristics of the performance and quality improvement programs created and implemented by Peer·Point. The incorporation of CME with easy-to-use initiatives that do not add additional strain to provider resources, based on this survey, is what providers are looking for. Maintaining the “value-added” message for providers and patients and by taking their practice situations into consideration are keys for successful completion.