

Continuing Medical Education: Guide for Family Physicians involved in Medical Home Quality Improvement

Implementation of the medical home model in Alberta will provide primary care providers opportunities to participate in practice improvement initiatives. Among these initiatives are improvements focused on panel processes, screening/prevention processes, and clinical care processes. Each improvement area could occur in three phases: Pre-work, Intervention and Sustain. For ease, this guide is laid out in this format.

As physicians will implement customized processes throughout the Medical Home transformation, their continuing medical education (CME) process can be customized as well.

The College of Family Physicians of Canada (CFPC) has a series of self-directed learning activities where a family physician reflects on a practice question and completes an exercise (an on-line form) and submits to the CPFC for credit. Each exercise earns between 2 and 3 Mainpro-C credits with bonus Mainpro-M1 credits. Given that the CFPC has transitioned to on-line reporting of credits in 2013, the submission process has been simplified by completing the forms on-line. More information about the 2013 changes to Mainpro can be found at the CFPC: <http://www.cfpc.ca/Mainprochanges/>

It can take as little as 10 minutes to complete an exercise and earns up to 3 Mainpro-C plus 3 bonus Mainpro-M1 credits per form!

The exercises have a common approach with five steps:

1. A practice question is posed.
2. Information is acquired.
3. The information is evaluated.
4. A practice decision is made and changes may be integrated into the practice.

5. After a period of reflection, the impact of the decision is evaluated.

The CME approach for medical home transformation is staged, allowing family physicians to complete CFPC exercises and submit for credit while the experience is top of mind; no waiting until the end to fill out a long form for credit. Physicians that wish to delve deeper in different areas and evaluate more practice questions, decisions and changes can fill out more forms for additional credits. Each exercise must be supported by a unique practice question.

Mandatory on-line submission for CFPC members was just started in 2013. If you are a first time visitor to the CFPC site, first visit the login area. <https://stage.cfpc.ca/login/>

In September 2011 the College of Family Physicians of Canada described their vision for the Patient's Medical Home. The document can be found here: http://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/PMH_A_Vision_for_Canada.pdf

Toward Optimized Practice assists practitioners by providing tools, training and resources that support the goals of quality care achieved through the Medical Home model. We have given examples of practice questions below to help physicians focus on these goals while reflecting on their own practices and considering improvements that align with the Medical Home goals.

Example Potential Credits by Medical Home Transformation Phase

Pre-Work				
Topic of reflection	Example Practice Questions on which to base a CFPC exercise	Resource	Recommended Exercises	Potential Credits
Evidence - Medical Home	What is the evidence supporting the concept of the Medical Home?	CFPC Concept paper.	Pearls http://stage.cfpc.ca/PearlsResources/	3 Mainpro-C + 3 Mainpro M1

Evidence - panel	What is the evidence that panel process implementation is effective in primary care?	Guide to Panel Identification for Alberta Primary Care and CFPC Concept Paper	Pearls http://stage.cfpc.ca/PearlsResources/	3 Mainpro-C + 3 Mainpro M1
Evidence - Continuity of Care	What is the evidence to support continuity of care having a positive impact in patient outcomes primary care?	Comprehensive Literature Review	Pearls http://stage.cfpc.ca/PearlsResources/	3 Mainpro-C + 3 Mainpro M1
Evidence - Improved/Advanced Access	What is the evidence that supports the benefits of a primary care practice utilizing an EMR for documentation?	Comprehensive Literature Review	Pearls http://stage.cfpc.ca/PearlsResources/	3 Mainpro-C + 3 Mainpro M1
Evidence-Team Based Care	What is the evidence to support the value of team based care delivery?	Comprehensive Literature Review	Pearls http://stage.cfpc.ca/PearlsResources/	2 Mainpro-C + 2 Mainpro M1

Interventions				
Topic of reflection	Example Practice Questions on which to base a CFPC exercise	Resource	Recommended Exercises	Potential Credits
Panel	How many patients in the practice are attached to me as part of my patient panel? How can my care team improve our panel identification process?	Chart review/EMR search	Practice Audit http://stage.cfpc.ca/CreditForms/	3 Mainpro-C + 3 Mainpro M1

Identifying at-risk patients	How can we identify patients due for specific clinical care interventions? How many patients fall into different clinical care groups?	Chart review/EMR search	Practice Audit http://stage.cfpc.ca/CreditForms/	3 Mainpro-C + 3 Mainpro M1
Clinical Care-Planned proactive care	What is our process for caring for certain sub-populations in our practice? Will we use EMR prompts or other registries? Do we connect with different populations in the same way? How can we document and track patient contacts, exclusion criteria and re-ask intervals?	Improvement facilitator and clinic team	Practice Review and Improvement Initiative http://stage.cfpc.ca/CreditForms/	3 Mainpro-C + 3 Mainpro M1

Sustain				
Topic of reflection	Example Practice Questions on which to base a CFPC exercise	Resource	Recommended Exercises	Potential Credits
EMR Reporting/ Chart review	<p>What progress have we made in the practice with respect to panel identification processes and long-term maintenance?</p> <p>What progress have we made in regularly identifying patients due for specific clinical care interventions or follow-up?</p> <p>How many patients have been offered the care as we have outlined?</p> <p>Are there patients that need an offer of care that remains outstanding?</p> <p>Is there data to show how my results compare to others in my practice or primary care organization?</p>	Chart review/EMR search	Practice Audit http://stage.cfpc.ca/CreditForms/	3 Mainpro-C + 3 Mainpro M1

Spread	How can we spread the processes we developed to additional clinical areas or expand to more patients? What new initiatives can we expand this approach to?	Improvement facilitator and clinic team	Provincial Practice Review and Enhancement Program http://stage.cfpc.ca/CreditForms/	3 Mainpro-C + 3 Mainpro M1
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Before you begin each form, be prepared to provide the CFPC the following information:

- Contact information
- CFPC membership number

Each form asks specific questions. They have been provided in the **CME Guide Appendix** to help you prepare to complete the on-line form at <http://www.topalbertadoctors.org/file/asap-cme-guide-appendix.pdf>

Frequently Asked Questions:

Will I receive a Mainpro certificate of completion just for participating in a self-directed medical home project or an existing quality improvement initiative?

No. Participants are encouraged to use the existing framework from the CFPC, which includes the self-directed learning activities. This offers each participating physician maximum flexibility.

How many CFPC exercises should I complete?


Each physician is encouraged to complete an exercise for each practice question that progresses through the five steps:

1. Posing a question
2. Acquiring information
3. Evaluating the information
4. Practice decision and change
5. Evaluation after a reflection period.

A physician needs to take time to complete each form on-line. It can take as little as 10 minutes to complete a form but may take longer, depending on detail and complexity.

I've already completed my credits for this year or this cycle, so I don't need any credits this year.

You have two options:

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1. Complete the form this year. If a member earns more credit than required in a cycle, the CFPC member is allowed to carry over 30 Mainpro-M1 or 5 Mainpro-C credits to the next 5-year cycle. The same applies to residents.
 2. You may take your reflection period into the next calendar year and then complete the self-directed learning activity.

I took a leadership role for this initiative for my clinic, should I not receive more credit?

If you took a leadership role you may have posed more practice questions. Complete a self-directed learning activity for each practice question you posed and took through the five steps to receive credit. Your limit is based on the number of practice questions that are posed and have been taken through the five steps.

I took some time to refine my encounter documentation and prompting process in my EMR for this initiative, how may I receive credit for that work?

Pose practice questions based on this work and complete a Linking Learning to Practice exercise for each question. Based on your comment, a question could potentially be “How could I change my patient encounter documentation and use of prompts in my EMR to enable me and my care team to support systematic patient care activity in my practice?” Each completed Linking Learning to Practice exercise is worth 2 Mainpro-C credits plus 2 Mainpro-M1 credits.

CME Guide Supporting Literature

1. **Question:** What is the evidence supporting the concept of the Medical Home?

Resources:

Nielsen M, Olayiwola JN, Grundy P, Grumbach K. **The patient-centered medical home's impact on cost and quality: an annual update of the evidence, 2012-2013.** Patient-Centered Primary Care Collaborative (PCPCC); 2014 Jan. Available from: <http://www.pcpcc.org/resource/medical-homes-impact-cost-quality>

Ferrante JM, Balasubramanian BA, Hudson SV, Crabtree BF. **Principles of the patient-centered medical home and preventive services delivery.** Ann Fam Med. 2010 Apr;8(2):108–16. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2834717/>

Reid RJ, Coleman K, Johnson EA, Fishman PA, Hsu C, Soman MP, et al. **The Group Health Medical Home At Year Two: Cost Savings, Higher Patient Satisfaction, And Less Burnout For Providers.** Health Aff. 2010 May 1;29(5):835–43. <http://content.healthaffairs.org/content/29/5/835.long>

2. **Question:** What is the evidence that panel process implementation is effective in primary care?

Resources:

Bodenheimer T, Ghorob A, Willard-Grace R, Grumbach K. **The 10 Building Blocks of High-Performing Primary Care.** Ann Fam Med. 2014 Mar 1;12(2):166–71. <http://annfammed.org/content/12/2/166.full>

Neuwirth E (Estee) B, Schmittdiel JA, Tallman K, Bellows J. **Understanding Panel Management: A Comparative Study of an Emerging Approach to Population Care.** Perm J. 2007;11(3):12–20. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3057714/>

3. **Question:** What is the evidence to support continuity of care having a positive impact on patient outcomes in primary care?

Resources:

Health Quality Council of Alberta. **Primary care measurement initiative report.** Calgary, AB: HQCA; 2014 Mar. Available from: http://www.hqca.ca/assets/files/March%202014/HQCA_PCMeasurement_March2014.pdf

Saultz JW, Lochner J. **Interpersonal Continuity of Care and Care Outcomes: A Critical Review**. Ann Fam Med. 2005 Mar;3(2):159–66. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466859/>

Ionescu-Ittu R, McCusker J, Ciampi A, Vadeboncoeur A-M, Roberge D, Larouche D, et al. **Continuity of primary care and emergency department utilization among elderly people**. CMAJ. 2007 Nov 20;177(11):1362–8. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466859/>

4. **Question:** What is the evidence that supports the benefits of a primary care practice utilizing an EMR for documentation?

Resources:

PriceWaterhouseCoopers. **The emerging benefits of electronic medical record use in community-based care**. Canada Health Infoway; 2013 Apr. Available from: https://www.infoway-inforoute.ca/index.php/component/docman/doc_download/1395-the-emerging-benefits-of-electronic-medical-record-use-in-community-based-care-full-report

5. **Question:** What is the evidence to support the value of team based care delivery?

Resources:

Health Council of Canada. **Getting it right: case studies of effective management of chronic disease using primary health care teams**. Toronto, ON: Health Council; 2009. Available from: http://www.healthcouncilcanada.ca/rpt_det.php?id=164

Khan S, McIntosh C, Sanmartin C, Watson D, Leeb K. **Primary health care teams and their impact on processes and outcomes of care**. Ottawa, ON: Statistics Canada; 2008 Jul. Report No.: 82-622-X, NO.002. Available from: <http://www.statcan.gc.ca/cgi-bin/af-fdr.cgi?l=eng&loc=/pub/82-622-x/82-622-x2008002-eng.pdf>

Barrett J, Curran V, Glynn L, Godwin M. **Interprofessional collaboration and quality primary healthcare**. Ottawa, ON: Canadian Health Services Research Foundation; 2007 Dec. Available from: http://www.cfhi-cfss.ca/Migrated/PDF/ResearchReports/CommissionedResearch/SynthesisReport_E_rev4_FINAL.pdf