Academic Detailing and PI CME - What a Marriage!
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ABSTRACT

This Academic Detailing and PI CME project focuses on effective management of pediatric asthma and supports the CHIPRA (Children’s Health Insurance Program Reauthorization Act) Quality Improvement measures for reduction in the annual number of asthma patients with more than one asthma-related emergency department visit (ED visit). QTP (Quality through Technology and Innovation in Pediatrics) is the CHIPRA Quality Demonstration Grant awarded to the South Carolina Department of Health and Human Services to improve the quality of pediatric primary care through evaluating the use of CHIPRA child health quality improvement (QI) measures, health information technology, peer to peer learning, and integration of physical and mental health services in a medical home. Eighteen pediatric practices located throughout the state: 1) participate in learning collaboratives on evidence-based best practice behaviors surrounding selected CHIPRA QI indicators; 2) hold routine Quality Improvement (QI) practice meetings; and 3) conduct regular plan/do/study/act (PDSA) cycles at their individual practices for practice-based learning and improving. Participating in this Academic Detailing/PI CME project allows these practitioners to improve patient care, develop additional skills and knowledge, and earn up to 20 AMA PRA Category 1 Credits™ and the foundation for 25 ABP Part IV MOC Credits.

METHODS

Academic Detailing, derived from adult learning principles and pharmaceutical industry marketing strategies, involves trained professionals visiting medical practitioners in their own practice setting with the goal of improving practice patterns. As a stakeholder in QTP, the SCORxE (South Carolina Offering Prescribing Excellence) Academic Detailing Service researches and develops pediatric-focused clinical topics that align with one of the CHIPRA child health quality indicators. SCORxE clinical pharmacists (i.e., academic detailers) visit twice a year with pediatricians and other health professionals at the eighteen QTP practices to deliver the particular topic, offer an opportunity for Continuing Medical Education (CME) through printed enduring materials, and provide a balanced medication data resource to research and answer questions related to the topic. Evidence-Based Best Practices for the Management of Pediatric Asthma in SC aligns with the CHIPRA QI measure for reduction in the annual number of asthma patients (> 1 year old) with more than one asthma-related emergency department (ED) visit and is the first SCORxE CME activity to provide the opportunity to earn up to 20 AMA PRA Category 1 Credits™ for Performance Improvement Continuing Medical Education (PI CME) in addition to 1 AMA-PRA Category 1 Credit™ for the enduring material associated with the Academic Detailing Visit. Active participation in the QTP project on effective asthma management, including two SCORxE Academic Detailing visits, can award 5, 10 or 20 AMA PRA Category 1 Credit(s)™ and the foundation for 25 American Board of Pediatrics (ABP) Maintenance of Certification (MOC) Part IV credits, depending on the level of participation.

RESULTS

Currently, several pediatricians in the QTIP group are in various stages of this Academic Detailing and PI CME project. Below is a project summary of two of the QTIP pediatricians who have completed the project. They are Dr. Helen Bertrand - Stono Pediatrics in Charleston, SC and Dr. Kurt Ellenberger - Beaufort Pediatrics in Beaufort, SC - see photos below.

Dr. Bertrand and her practice focused on whether spirometry, the preferred objective measure for assessing lung function, was administered at every asthma follow up visit to patients 6 years and older and documented in the EHR. In May 2012 and again in August 2012, 10 charts on patients with a diagnosis of asthma were reviewed. The second chart review focused on January 2012 and June/July 2012 visits. Spirometry had been administered to 100% of patients 6 years and older. No action was taken based on results – the plan was to follow up in the future. SCORxE clinical pharmacists visited Dr. Bertrand’s practice during this QI project.

Dr. Ellenberger and his practice focused on a target population that could benefit from written asthma action plans for patient self-management. In July 2012, they queried their EHR to identify those patients who had been admitted to the hospital with a diagnosis of asthma. The list contained 17 patients, 3 with documentation of asthma action plans. They chose to monitor this group for the next 6 – 12 months, get the group in for a visit before cold and flu season to review their asthma symptoms, and develop written asthma actions. Generating an asthma action plan and providing copies for home, school and daycare is one of the teaching points provided by the SCORxE clinical pharmacists during their Academic Detailing visits to the practice. At the end of September 2012 the audit revealed that 10 of the 17 had been seen for an asthma visit, 9 of 17 had an asthma action created (90% of patients seen) and 7 of 10 had an asthma action plan scanned into their chart. 6 of the 7 scanned charts were generated by Dr. Mr. Elliot. The plan is to monitor this list every 3 months for the next 6 months to determine if any of the children are admitted for asthma.

CONCLUSIONS

We effectively use CME in Academic Detailing visits to reinforce our key messages – it works! This method is ‘quicker’ than traditional PI CME and provides 1 AMA PRA Category 1 Credit™. Fifty-three percent (53%) of QTIP providers have completed the Academic Detailing enduring material on Asthma Management in Pediatric Practices so far!

PI CME works well with QTIP as it helps
1) reinforce the PI process that the QTIP project is already encouraging practices to implement,
2) reinforces discussion points about evidence-based asthma management in pediatrics, provided through Academic Detailing visits, and
3) awards multiple hours of AMA PRA Category 1 Credits™.

We do not see PI CME outside of QI projects – it would be a challenge. But within QI initiatives like QTIP, we see value and interest.

REFERENCES

http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm and additional review of primary literature, including literature published after EPR-3 was issued (full reference list available).
