



Continuing Health Education

Defense Health Board
May 12, 2015



Overview

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Problem Statement

- The Department of Defense (DoD) is operating in a severely constrained fiscal environment, one that is expected to continue into the foreseeable future. Within the Military Health System, analyses are ongoing to identify opportunities to reduce costs while preparing staff to provide the best possible care to beneficiaries. With recent funding cuts and restrictions pertaining to conferences and travel, it is important to identify innovative methods and means of providing the required continuing health education (CHE) for military and civilian health professionals.



Tasking

- On February 25, 2013, the Acting Under Secretary of Defense for Personnel and Readiness endorsed a request for the Defense Health Board (DHB) to examine the issue of CHE for military and civilian health professionals. The DHB was asked to **review the full spectrum of health education options** and offer recommendations on how to **innovatively reduce training expenditures** while ensuring health professionals continue to **meet annual requirements for proficiency, licensure, and life-long learning.**



Membership

Continuing Health Education Subset:

- 5 Members from the Defense Health Board



Briefings

- Uniformed Services University of the Health Sciences
- WebMD/Medscape
- Military Department Continuing Medical Education/Continuing Nursing Education Office Representatives (Army, Navy, Air Force)



Noted References

- Institute of Medicine (IOM) Reports - *Health Professions Education: A Bridge to Quality (2003)*; *Redesigning Continuing Education in the Health Professions (2010)*
- Josiah Macy, Jr. Foundation Reports – *Continuing Education in the Health Professions (2007)*; *Lifelong Learning in Medicine and Nursing (2010)*
- American College of Chest Physicians (ACCP), *Effectiveness of Continuing Medical Education: Evidence-Based Educational Guidelines (2009)*
- *Military Health System Review Final Report (2014)*
- Alliance for Continuing Education in the Health Professions (ACEHP) Report - *Quality Improvement Education Roadmap (2015)*



Literature Highlights

- In 1996, the IOM launched a three-phase quality initiative. IOM then published a series of reports which discussed:
 - Health care quality issues;
 - A vision for how to transform the health care system to provide high quality care; and
 - Implementing the vision of a future health system.
- 2001 IOM report, *Crossing the Quality Chasm: A New Health System for the 21st Century* recommendations:
 - Build an information infrastructure to support health care
 - Hold a multidisciplinary summit to develop strategies for restructuring clinical education for a 21st century health system



Literature Highlights

- 2003 IOM recommendations:
 - Focus on integrating core competencies into health professions education and oversight processes;
 - Develop a common language for core competencies

- Josiah Macy, Jr. Foundation 2007 recommendations:
 - Shift emphasis to practice-based learning, lifelong learning
 - Create new metrics to assess quality of CE based on process improvement and patient outcomes
 - Create a national, inter-professional CE institute
 - Remove influence of pharmaceutical/device companies
 - Form a single accreditation organization for nursing/medicine



Literature Highlights

- ACCP (2009) recommendations:
 - Use CME to improve knowledge, performance, clinical outcomes
 - Use multiple media, multiple techniques, multiple exposures
 - Practitioners/researchers should use common terms/definitions
 - Fund additional studies of CME process/effectiveness

- IOM (2010) recommendations:
 - Develop public-private institute for continuing professional development (CPD) to foster delivery of high quality healthcare
 - Collaborate with stakeholders to include improvement in knowledge, metrics, regulation, financing, inter-professional collaboration, quality/safety, cost-effectiveness, and transparency



Literature Highlights

- Macy Foundation (2010) report emphasized:
 - Lifelong learning skills;
 - Inter-professional and team-based education and practice;
 - Outcomes-based CHE methods;
 - Link between education and delivery of care

- ACEHP (2015) recommendations:
 - Integrate education into Quality Improvement efforts;
 - Develop a consistent framework to measure and communicate the impact of education



Literature Highlights

- Common Themes:
 - Training environments that are state-of-the-art, innovative, and interdisciplinary/inter-professional;
 - Continued research and evaluation of CHE methods; and
 - Lifelong learning of health professionals to improve the quality of health care delivery.



Areas of Interest

- Cost Saving Opportunities
- Organizational Factors
- Optimal Balance of Recurring Educational Experiences
- Future Directions of Continuing Health Education



Areas of Interest

- Cost Saving Opportunities
 - Up-front costs (direct cost of CHE activities)
 - Improvements in efficiency
 - Consolidating learning management systems
 - Combining administrative functions to reduce overhead
 - Example: multiple DoD entities accredited as CE providers
 - Downstream cost savings
 - Improvement in patient outcomes/quality
 - Challenge: determining impact of up-front investments on downstream performance



Areas of Interest

- **Organizational Factors**
 - Differences in CHE funding policies/practices between Military Departments
 - Impact on recruiting, morale, retention in Joint environment?
 - Administrative overhead for conference attendance approval
 - Inefficient, blunt instrument for cost control
 - Delay in approval for presenters: impact on perception of DoD
 - Access to CHE resources, policy, event information
 - MHS does not have a single portal to facilitate easy access to resources/information



Areas of Interest

- Optimal Balance of Recurring Educational Experiences
 - Varies with profession/specialty
 - Self-directed learning most effective;
 - Example: Point of care learning (POCL)
 - External input needed to identify gaps, meet institutional goals
 - In-person professional conference attendance has value
 - Interprofessional education/training
 - Simulation
 - Online references/training
 - Facility level (Grand rounds, journal club, M&M, etc.)



Areas of Interest

- Optimal Balance of Recurring Educational Experiences (continued)
 - Impact of Conference Approval Process
 - 2015 GAO Report:

“...DOD and DOE officials stated that approval decisions are often not made until close to the start of a conference, which creates a disincentive for the departments’ scientists and engineers to take on active roles, such as presenting research or serving as a keynote speaker, and may lead to increased registration or travel costs.”



Areas of Interest

- Future Direction of Continuing Health Education
 - DoD has an opportunity to lead in development of a model, innovative, comprehensive CHE program
 - DoD has unique expertise in operational medicine
 - May leverage this to provide accessible CHE content
 - Role of CHE is no longer to simply meet licensure or certification requirements; focus is shifting to:
 - Maintenance of competency
 - Impact on performance metrics: patient safety/quality



Way Forward

- Continue Monthly Teleconferences
- Further Develop Findings and Recommendations
- Present Draft Report for August 2015 DHB Meeting



Questions?