Practice-Based Learning and Improvement: Application to Cancer Reporting

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Topics

• What is practice-based learning and improvement and how does it apply to pathologists?
• Cancer reporting example in Intermountain
• How does this example apply to my practice?
• Why is it important?
Problem-Based Learning and Improvement (PBL)

- PBL is one of the six core competencies of ABMS MOC on which all physicians will ultimately be examined
- In pathology, MOC certification is restricted to those physicians who received pathology board certification in 2005 or later
- It is likely that all pathologists will ultimately have to show competencies for all these MOC areas as do all other physician groups
What is MOC?

ABMS Definition:
Maintenance of Certification (MOC) is the board certification program for assessment of continuing competence of physicians and encompasses recertification.
Program Elements

6 Competencies

4 Components for Assessment
Program Elements

6 Competencies
- Medical Knowledge
- Patient Care
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice

4 Components for Assessment
Program Elements

6 Competencies

4 Components for Assessment

- Professional standing
- Commitment to lifelong learning and involvement in a periodic self-assessment process
- Cognitive expertise
- Evaluation of performance in practice
Where Did MOC Come From?

- In March 1998, ABMS created a Task Force on Competence to “…develop and implement a system for certifying that physicians are competent”
- Focus of activities is on evaluation of physicians AFTER initial certification, resulting in the MOC concept
Who is Responsible for MOC?

• As a member board of the ABMS, the ABPath is responsible for developing the MOC program for pathologists

• Responsibility transferred to ‘cooperating societies’:
  – CAP
  – USCAP
  – ASCP
  – Pathology subspecialty societies
MOC Evaluation by CAP

- Evaluated ABMS definitions of MOC categories to make them pathologist specific
- Defined competency categories and knowledge and skill statements for each
- Validated work by:
  - Dialogue with peers
  - Needs assessment of random pathologist sample online
  - Needs assessment of CAP 04 attendees
CAP’s Commitment to Support MOC

• Continue to review CAP products and services to see how they can fulfill Performance in Practice requirements
• Ensure CME activities align to the annual list of topics published by the ABPath:
  – Important developments in pathobiology
  – Critical elements in the accurate diagnosis of disease
CAP’s Commitment to Support MOC

• Participate fully with other cooperating societies to:
  – Develop final specific list of MOC knowledge and skill statements for each competency category
  – Understand criteria for self assessment activities
  – Harmonize educational activities and tracking across all societies
  – Undertake pathologist needs assessment to develop products of greatest value
Needs Assessment Results

• 357 pathologists participated*
• Areas with largest gap between proficiency rating and importance ratings were:
  – Systems-based practice
  – Practice-based learning and improvement

*Needs assessment by CAP survey, 2004
Practice-Based Learning and Improvement

• Investigate and evaluate diagnostic and laboratory practices, appraise and assimilate scientific evidence, and improve laboratory practices and patient care.
  – Practice Analysis
  – Assimilation of External Data
  – Process and Outcome Improvement
MOC Assessment Methods

- Professional Standing
- Lifelong Learning and Assessment
  - CME and SAMS
- Cognitive Expertise
- Evaluation of Performance in Practice
4. Evaluation of Performance in Practice

• Accreditation of laboratory
• Laboratory participation in inter-laboratory improvement and QA program
• Pathologist participation in inter- and intra-laboratory improvement and QA program relevant to practice*
• Use of appropriate protocols, outcome measures, and practice guidelines

* Certified pathologists not practicing will also be required to complete this requirement.
Why is it Important to Pathologists?

• All board-certified pathologists* will need to demonstrate evidence of lifelong learning and performance in practice

• Health care organizations may require similar evidence from ALL physicians, including pathologists

• Patients want evidence of ongoing competence

* Certified starting January 1, 2006
Public Value on Physician Competency

• According to recent Gallop findings:
  – Over 75% of patients surveyed would choose a board-certified physician over a physician who was not board certified but was recommended by a trusted friend or family member.
  – 80% of those surveyed would be likely to seek another physician if their current physician’s certification had lapsed.

(JAMA, 2004;292:1038-1043)
Practice-Based Learning and Improvement

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What Problem is Worthy of Analysis?

- Think about the issues in practice which lead to the most consternation for pathologists, other practitioners and patients
- Define the scope of the problem narrowly enough to be able to address it
- Use tools to further understand it
  - Is it really a problem?
  - What other characteristics of the problem will help to define appropriate intervention?
Impact of Report Issues at Intermountain Healthcare….an Example

- Pathologists are frequently interrupted to provide correct or clear information about breast cancer reports
- Phone calls lead to disruption of work, rework, potential confusion of other cases being done at the time
Status Quo: Phone Call Frequency by Survey Group Breast Cancer Reports

Pareto Chart

% OF REPORTS

0.00% 35.00%

30.00% 25.00%

20.00% 15.00%

10.00% 5.00%

0.00%

Secretaries Onocologists Tumor Registrars

The University of Utah School of Medicine
### 1990 Report Review (Pareto)

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Breast tumor received

Frozen section? Y N

Examine and describe tissue

Dictate report

Secretary transcribes report

Pathologist report review N Y

Report OK?

Report sent to MD Y N

Report sent to Tumor Registry

Report OK? Y N

Report entered in Tumor Registry Treat patient
Causes of Poor Breast Cancer Reports

- Poor Dictation
  - Resident Inexperience
  - Noisy Room
  - Poor Memory
  - Resident Inexperience

- Inaccurate Description
  - Poor Information
  - Interruptions

- Poor Memory of Detail
  - Resident Inexperience
  - Interruptions

- Poor Report
  - Poor Typist
  - Haste
  - Poor Tape
  - Interruptions

- Poor Transcription
  - Inadequate Exam
Practice-Based Learning and Improvement

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  - Practice Analysis
  - Assimilation of External Data
  - Process and Outcome Improvement
We Evaluated Potential Solutions to Correct Poor Reports

• We reviewed the literature
• We selected synoptic reporting
• We brainstormed with our oncologists:
  – What elements of reports were important for patient care?
  – How should these elements be reported to create clarity and effectiveness?
We Implemented the Report Format Iteratively

• A teaching discussion with pathologists defined how to fill in the required fields in the new report and included case examples
• A draft synoptic report was tested for acceptance by pathologists for one month
• A follow-up conference was held to modify the form based on suggestions of oncologists and pathologists
• The form was put in place
Practice-Based Learning and Improvement

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### Pareto Analysis

#### Holding the Gain Impact of Change Over Time

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<tr>
<td>Missing gross reports</td>
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Pathology Practice Implications

- Decreased phone calls about cancer reports
- Satisfied clinicians…we even get fan mail!
- Simplified transcription; elimination of ~1 FTE
- Less pathologist interruption
- Less pathologist resistance
- More consistent reporting
- More oncologist satisfaction: they wanted all reports to be synoptic!
Application to Practice 1

• Find areas of practice needing improvement
  – Audit of reports to assess quality
  – Audit of processes to define issues
  – Scale approach to most clearly defined example

• Assess the magnitude of the problem
  – Important or not to patient care
  – Frequency of problem
Application to Practice 2

- Identify current process by flow chart
- Identify key causes of the problem using cause effect diagram
- Identify intervention
  - Evidence of effective strategies
  - Feasibility of implementation
    - Are processes in place that can be modified?
    - Are stakeholders willing?
    - Will it be measurable to assess if it worked?
    - Is there sufficient support to assure acceptance of the changes?
Application to Practice 3

• Implementation
  – Identify time lines
  – Schedule feedback
  – Respond to issues
  – Provide final summary of results

• Holding the gains
  – Measure durability of change
  – Report on durability
  – Modify strategy if necessary and redo
  – Survey stakeholders about process/improvement

• Record what you have done
How do I start?

• Where in your practice are there the most complaints from clinicians?
• Are there guidelines available that have not been implemented here?
  – HER2 guideline
  – ER/PR guideline
  – Surgical pathology reporting guidelines
  – Cytology reporting guidelines
  – K-ras white paper
So What?

- Practice changes are only feasible based on such analysis
- Data from this process inspires persistent improvement
- Evaluation process is critical for MOC in practice-based learning and improvement
- Patient care will improve