



Building Bridges to Increase Avenues for Quality Improvement



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Disclosures

All presenters have no relevant relationships to disclose.



Learning Objectives

- Identify opportunities for collaboration between education and quality departments
- Recognize benefits of education and quality collaborations
- Develop strategies to engage physician certification board(s) to build a bridge for collaboration



What is Continuous Certification?

- Ongoing process of board certification that supports physicians in keeping their knowledge and skills current while validating their increasing expertise in a specialty
- Standards are established by the American Board of Medical Specialties
- Elements include:
 - Current license
 - Periodic self-assessment and CME
 - Practice Assessment/Quality Improvement
 - Examination
- Each specialty board manages the process for their diplomates/board-certified physicians
- Societies often create education or resources that meet these requirements



History of Collaboration and Practice Improvement Activities

Until 2019

Performance Improvement CME activities

- Education lead the development with little to no involvement from the quality team
- Expensive to create
- Cumbersome for the member
- Everyone was frustrated including American Board of Dermatology (ABD), American Academy of Dermatology (AAD) staff and members



History of Collaboration and Practice Improvement Activities

2019 - Present

- Changed our approach to collaboration
 - Meetings with ABD shifted from staff driven to leadership driven
 - Education and Quality team began discussing opportunities for collaboration
 - Recruited champions from key areas to “move the needle”
- AAD sunset PI CME
- ABD began providing Practice Improvement exercises
- AAD’s DataDerm™ registry approved to meet ABD Practice Improvement requirements (2019)

Where do we start?



Environmental
Scan



Met with
Quality Leaders



Internal QI
Education



Survey
Members



Product
Development



“Without data, you’re just another person with an opinion.” – W. Edwards Deming

An Idea Panel was conducted in 2019:

- 37 dermatologists responded
- Some dermatologists did not understand how to collect QI data
- Misconception that quality improvement is solely MIPS or regulatory requirements
- Negative perception of QI:
 - Being “second guessed” or being “told what to do”
 - Feeling of not seeing outcomes in proportion to the work they do in QI processes
- Goal and value of quality improvement understood and voiced support for better patient care
- Top motivators for participating in QI efforts:
 - Improving patient outcomes
 - Streamlining workflow
 - Understanding best practices for specific skin conditions.



Survey Background

Research Objectives:

- Assess what proportion of members currently implement formal QI initiatives
- Identify motivators and barriers to implementing formal QI initiatives
- Evaluate what types of resources and products members need to improve workflows and deliver high standards of care
- Analyze commonalities and differences in perspectives, interest levels, and needs by key segments (solo, small, and large practices)

Data Collection:

- Data collected between November 23-December 18, 2020
- 345 responses, 237 completed surveys
- Data collected from Dermatologists in solo, group or multi-specialty group practices
- Academic institutions were not surveyed

What QI means

- **More than half** associate QI with **improving outcomes and care**.
- **2 in 5** believe QI is about **improving efficiencies, processes, and protocols**.
- **One-third** define QI as **ongoing, continuous assessment** to drive **overall practice improvement**.
- **Group** practitioners are significantly **more** likely to associate QI with **improved practice efficiencies/protocols** and **error reduction/patient safety** compared to **Solo** practitioners.
- **Just over 10%** of physicians feel QI **creates busy work** without any real value addition. This proportion nearly **doubles** among **Solo** practitioners and **triples** among those with **negative** perceptions of QI.
- The **youngest** physicians (**30-39**) are significantly **more** likely to associate QI with **improving efficiencies/protocols**, compared to **older** physicians.



	Practice Type Segment			
	N	Solo	Dermatology Group	Multi-specialty Group
Improved outcomes/best care		50%	53%	54%
Improved efficiencies/protocols		28%↓	52%↑	31%
Continuous assessment to drive practice improvement		27%	32%	46%
Error reduction/patient safety		7%↓	20%↑	27%
Creates busy work/adds little		18%	9%	8%
Patient experience/satisfaction		11%	11%	4%
Best practices/latest research		12%	8%	4%

↑ ↓ Results significantly different at 95% confidence. ↑ ↓ Results significantly different at 90% confidence.

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	Practice Type Segment			
	N	Solo	Dermatology Group	Multi-specialty Group
Improved outcomes/best care	74	50%	53%	54%
Improved efficiencies/protocols	127	28%↓	52%↑	31%
Continuous assessment to drive practice improvement	26	27%	32%	46%
Error reduction/patient safety	74	7%↓	20%↑	27%
Creates busy work/adds little	127	18%	9%	8%
Patient experience/satisfaction	26	11%	11%	4%
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QI Survey- Key Takeaways



Groups and Multi-specialties have a **more favorable** perception of QI than Solo dermatologists. Solo practices are more interested in regulatory reporting support.



Half or more acknowledge they **rarely** or **never** engage with QI organizations, use QI tracking tools, or QCDR or other registries to facilitate QI in their practices.



Group practices are more likely to associate QI with workflows and error reduction/patient safety.



Clear evidence of how QI can lead to better outcomes/benefits and high-quality care is the **strongest** motivator to participate in QI activities.



The preferred incentive for participation is for products to serve multiple purposes, including credit for CME, CC/Practice Improvement, and MIPS reporting.



AAD Education and Quality Collaboration

Shared goals and mission:

- Providing valuable education on patient safety and quality to AAD members
- Connecting incentives to integrate quality into practice
- Keeping the best interest of the AAD members at the core of all our work
- Collaboration as a goal





AAD Quality Team & ABD Collaboration

- Quality Champion at ABD
 - Requested collaboration with AAD regarding focused practice improvement modules
- Updated ABMS Standards
 - Included language on quality expectations
 - AAD sought out ways standards translate to dermatology and connected with ABD



Quality and Education teams developed proposal to ABD with current AAD offerings

AAD members reviewed and approved offerings that include CC

AAD and ABD discussed and modified proposal

Quality Project Offerings for Continuing Certification



Resident Quality Improvement Award Applicant Mentors



Innovations in Quality Improvement Award Applicants



Guideline/Quality On-demand Courses



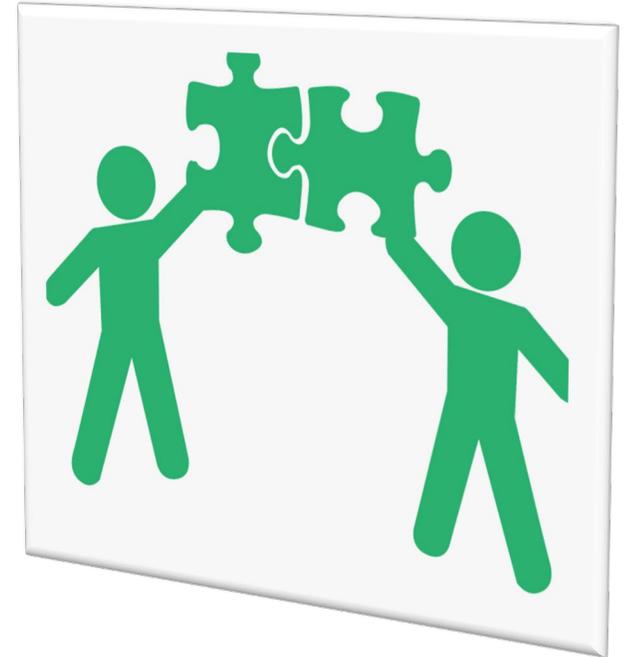
Current Status

- Refining the process of how a member would move through their projects and receive credit for first three offerings
- Outlining the next three quality offerings
- Maintaining consistent communication/collaboration with ABD, AAD Quality, AAD Education, and AAD members



Strategies for Continued Collaboration

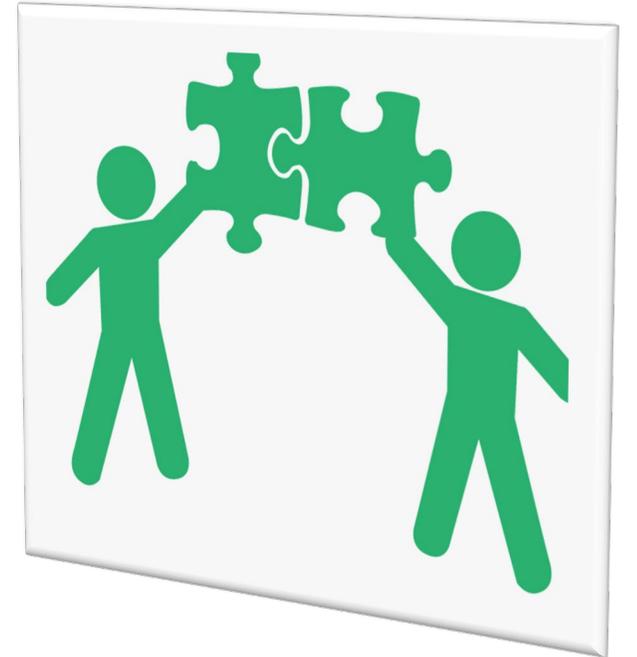
- Begin building your relationship *before* you plan your project
- Clearly define roles
- Find champions among staff and physician leaders
- Identify common goals
- Align language of culture and terms





Strategies for Continued Collaboration

- Data, data, data
- Start with 'small'/existing projects
- Utilize existing systems and platforms
- Develop an action plan
- Engage certifying board to build collaborations
- Implement continuing process improvement cycle





Questions?

Thank you!