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

<table>
<thead>
<tr>
<th>Research Objectives:</th>
<th>Data Collection:</th>
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<tbody>
<tr>
<td>• Assess what proportion of members currently implement formal QI initiatives</td>
<td>• Data collected between November 23-December 18, 2020</td>
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<tr>
<td>• Identify motivators and barriers to implementing formal QI initiatives</td>
<td>• 345 responses, 237 completed surveys</td>
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<td>• Evaluate what types of resources and products members need to improve workflows</td>
<td>• Data collected from Dermatologists in solo, group or multi-specialty group</td>
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<tr>
<td>and deliver high standards of care</td>
<td>practices</td>
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<tr>
<td>• Analyze commonalities and differences in perspectives, interest levels, and needs</td>
<td>• Academic institutions were not surveyed</td>
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<td>by key segments (solo, small, and large practices)</td>
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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.
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<tr>
<td>Improved outcomes/best care</td>
<td>52%</td>
</tr>
<tr>
<td>Improved efficiencies/protocols</td>
<td>42%</td>
</tr>
<tr>
<td>Continuous assessment to drive practice improvement</td>
<td>32%</td>
</tr>
<tr>
<td>Error reduction/patient safety</td>
<td>16%</td>
</tr>
<tr>
<td>Creates busy work/adds little</td>
<td>12%</td>
</tr>
<tr>
<td>Patient experience/satisfaction</td>
<td>10%</td>
</tr>
<tr>
<td>Best practices/latest research</td>
<td>9%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Type Segment</th>
<th>Solo</th>
<th>Dermatology Group</th>
<th>Multi-specialty Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved outcomes/best care</td>
<td>50%</td>
<td>53%</td>
<td>54%</td>
</tr>
<tr>
<td>Improved efficiencies/protocols</td>
<td>28%</td>
<td>52%</td>
<td>54%</td>
</tr>
<tr>
<td>Continuous assessment to drive practice improvement</td>
<td>27%</td>
<td>32%</td>
<td>46%</td>
</tr>
<tr>
<td>Error reduction/patient safety</td>
<td>7%</td>
<td>20%</td>
<td>27%</td>
</tr>
<tr>
<td>Creates busy work/adds little</td>
<td>18%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Patient experience/satisfaction</td>
<td>11%</td>
<td>11%</td>
<td>4%</td>
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↑↓ Results significantly different at 95% confidence. ↑↓ Results significantly different at 90% confidence.
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!