Welcome to today’s webinar!

Assessment of Barriers to Changing Practice as CME Outcomes

Tuesday, November 13, 2012
2:00-3:00 PM EST

The Alliance is grateful for the support from:
Presenters

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Faculty Disclosure

We have no relationships with pharmaceutical or device companies.
Performance Expectation

- At the completion of this session, participants will be able to classify and assess attendee perceived barriers to implementing CME learnings in practice as an outcome of their CME program.

Contextual questions

- What major initiatives are going on in your organization (or the organizations of your customers) right now?
- What major CME programs are on your plate?
- Do they match?

- Have you ever explicitly talked with your organizational leaders about how CME can help them with specific initiatives?
Complexity Theory (Plsek)

- Organizations are complex adaptive systems (complex web of multiple interconnected relationships)
- Individuals often have choices whether to change
- Universal agreement on need to change is rare
- Lack of agreement on effects of proposed change
- Change happens over time, at different speeds in different parts of the organization

CME in Context

- Physicians (even solo) practice as part of a system
- Perspectives vary in different system parts
  - Resources
  - Context of care
  - Barriers and incentives
  - Accountability
- Context (including the system in which one practices) is a variable in adoption of new practice
PRECEDE/PROCEED
Green and Kreuter

- Predisposing factors
  - knowledge
  - skills
  - attitudes
  - beliefs

- Enabling factors: tools to overcome barriers
  - scripts
  - handouts
  - patient education
  - patient self-care
  - flow sheets
  - EMR prompts/decision support

Theory of Reasoned Action

Knowledge, skills
- Personal assessment of expected result of behavior change
- Intention to perform behavior (ie, Intent/Commitment to Change)

Attitudes, beliefs
- Perception of support of behavior change by important others

Behavior
**Premise**
- Identifying barriers is important to change (improve) practice in a system
- CME as part of a system or organization can help identify barriers to change
- Feeding back barriers to stakeholders can help the system improve

**Competency & Criteria**
- **Competency 4.6**
  - Identify and help modify processes that are barriers to change and the implementation of new knowledge.

- **Criteria C16 & C20**
  - C 16: “...integrates CME into the process for improving professional practice.”
  - C 20: “...builds bridges with other stakeholders through collaboration and cooperation.”
Barrier Question Example

- “What barriers do you perceive might impact your ability to make desired or intended changes in your practice or work?”

Evolving the Barrier Coding Schema

- Started with barriers identified in our Journal Clubs & Case Conferences (JCEHP 2005)
- Iterative qualitative analysis of barrier comments on immediate post activity evaluation
- 4 raters started with previous categories, evolved until stable categorization
- Differences resolved by consensus or director of education
- Inter-rater reliability between 2 main coders = .996

- 75 live activities (FM, IM, Peds, OBGYN)
- >8,600 attendees (average ≈115/activity)
- Average ≈ 70% (online) evaluation return
- >3,100 barrier statements
- After initial work:
  - 12 major categories, 27 discrete barrier codes
Provider sub-barriers

- Fear, med-legal: 2.01%
- Lack of opportunity: 26.76%
- Other: 0.67%
- Training, skills, competence: 29.16%
- Memory, behavior, habit: 41.47%

![Bar chart showing distribution of sub-barriers by category: Adult, Ob/Gyn, Peds]
Barriers 2010

Categories of Barriers

- After initial work:
  - 12 major categories, 27 discrete barrier codes

- Where we are now:
  - 7 major categories, 15 discrete barrier codes
  - With open ended option for including “others”
Categories of Barriers

Members (patients)
- Agenda, beliefs, bias, priorities, readiness to change
- Complexity or co-morbidities
- Compliance/adherence

Organization
- Decision support or access to data lacking/insufficient
- Cost of care/benefits
- Accessing expertise of others is difficult
- Priorities or policies

Categories of Barriers

Provider (self)
- No chance to use the knowledge/skills
- Worry about consequences, legal ramifications
- Hard to remember or change habits or routine

Time
- Competing demands
- Insufficient appointment time
Categories of Barriers (Con’t)

Staff
- Knowledge, training, experience, proficiency, comfort, skills, or incentive to perform the task(s)
- Doesn’t believe that performance of task/skills is necessary
- Lack of time; competing demands; not enough staff

Team
- Not enough time to work with staff on workflows, delegation of tasks, or follow-up communication

No Barriers

Other---Please specify

Reflections/group think

1. How might you apply this in your CME activities? What will you commit to trying in the next three months?
2. What barriers do you anticipate in applying what you’ve heard here?

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Thank you!

We welcome your questions and comments. Please submit them via the chat box.
Please take a moment to complete the brief evaluation.

We appreciate your feedback!

Join us for our upcoming Takeout Tuesdays webinars!

Teamwork: Fostering High Performance, Time To Think Orange!  
December 18, 2012  2:00-3:00pm EST

The Educational Coach: Transforming the CME Planning Process  
January 15, 2013  2:00-3:00pm EST

A SPECIAL THANKS TO IMPROVE CME and MEDSCAPE EDUCATION FOR THEIR SUPPORT OF THE ALLIANCE’S TAKEOUT TUESDAY WEBINAR SERIES!