

Exploring a business case for workplaces as investing entities for high-value CPD

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Case

- 5 VA facilities established a collaborative workgroup to use workplace learning strategies to prepare interprofessional clinical faculty/staff to teach PI to interprofessional trainees
- Expert led conference calls followed by expert and collaborative peer coaching led to the participants learning to do/teach PI by each site improving low acuity use of Emerg Dept for empaneled primary care patients.

STAKEHOLDERS

- Patients
- Clinical Institution Senior Management
- Clinical Institution Mid Management
- Front line clinicians
- Front line staff
- Academic affiliates
- VACO Academic Affiliations
- Community representatives

OPTION DESCRIPTIONS

- Choices about what problems to tackle
- Choices about expected results of the activity
- Choices about instructional designs
- Choices about outcome measures to use
 - What unit(s) of analysis
 - Preferable to demonstrate patient outcomes
 - Multiple outcome measures : team knowledge, transference of skills in other circumstances

QUANTITATIVE COST-BENEFIT ANALYSIS

What sorts of costs go into designing and implementing this CPD intervention?

- Workplace-focused education likely involves educational costs/benefits and clinical environment costs/benefits.
- Development costs: faculty time, instructional design resources, data management resources....
- Implementation/Operational costs: participant time, facility costs, food, materials, transportation, time, staff support, lost clinical productivity, data management resources, simulation equipment, space, staff, clinical intervention costs

Workplace Education Cost/Benefit Table

Prototype

	Education	Clinical
Development	<ul style="list-style-type: none"> • Faculty time curriculum development • Instructional design • Data management • Educational outcomes identified 	<ul style="list-style-type: none"> • Clinical staff time for aim development, current state inquiry • Data management • Clinical outcomes identified
Operation	<ul style="list-style-type: none"> • Faculty time • Costs of educational intervention (e.g. technology, media, simulation....) • Data collection, management, analysis 	<ul style="list-style-type: none"> • Clinical staff time for champions as well as all staff involved in clinical change • Patient out of pocket, time, parking, transportation.... • Data collection, management, analysis

RISK ASSESSMENT

What are the risks to the investing entity?

- Cost shifts
- Substitution risks- Doing more of one thing may lead to using less of something important.
- Liability: If new system seriously misperforms
- Unsuccessful educational process or clinical transformation generate cynicism
- Some interventions may be at odds with other improvement goals

Why would a workplace organization want to be an investing entity for high-value CPD?

- **Needs to have an authentic impact on workplace operations** for support of the high-value CPD. At least some of the outcome measures must focus on impact to facility (e.g. ED utilization).
- But we also **need to have measures making the case for workforce development**. Measures of learning outcomes and competencies, staff retention and recruitment optimally linked to real clinical performance

QUANTITATIVE COST-BENEFIT ANALYSIS

What sorts of cost savings might be realized with its implementation?

- Patient education to help patients access care and to ultimately change patient behavior
- Possibly avoidance of maintenance cost (if it's a 1-year plan)
- Reduction of burnout
- Retention of faculty & lower turnover, recruitment
- Higher satisfaction ratings
- Engagement by stakeholders (low engagement can lead to patient number reduction, meaning loss of money)
- Social capital
- Educational side:
 - Using technology (video recordings, for ex) to reduce costs of hiring faculty
 - Train the trainer approach

QUALITATIVE COST-BENEFIT ANALYSIS

What are the benefits to the investing entity?

- Improved quality/safety, reduction of waste....
- Prevention of burnout
- Patient satisfaction
- Interrelationship interventions
- Job enlargement- e.g. nursing where nurses' roles are expanded in a clinical setting
- Measure engagement scores to track progress of patient acuity improvement

What are the benefits to other stakeholders?

- Clinical stakeholders- fiscal benefits e.g. time
- Diffusion outcomes e.g. skills gained can lead to better socio/societal outcomes
- Improved curriculum elements exported to other settings