Redesigning Continuing Education for the Health Professions

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Committee on Planning for a Continuing Health Care Professional Education Institute

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Charge to committee

Review issues in continuing education (CE) of health care professionals to consider the establishment of a national interprofessional CE institute to advance the science of CE
Committee process

- 12 month study
- 3 face-to-face meetings
- 2 public workshops with 17 speakers
- Extensive literature review
- 16 external reviewers
Conclusions about CE

- Purpose of CE is to enable health professionals to keep their knowledge and skills up to date, with the ultimate goal of improving performance and patient outcomes.

- CE should be interprofessional and include a broad variety of professionals (e.g., dentists, dieticians, nurses, speech-language pathologists).
Key messages

- There are major flaws in the way CE is conducted, financed, regulated, and evaluated
  - Focus on meeting regulatory requirements rather than identifying personal knowledge gaps
  - Concerns about conflicts of interest in CE activities
  - Regulations that vary widely by profession, specialty, and state, leading to inconsistent learning
Key messages (continued)

- The science underpinning CE is fragmented and underdeveloped
  - Often characterized by didactic learning methods (e.g., lectures) in traditional settings (e.g., auditoriums)
  - Little specific information about how to best support learning
  - Health professionals lack a dependable basis for choosing among CE programs
  - Leaves the larger value of continuing education for health professionals uncertain
Key messages (continued)

§ CE should be interprofessional in nature

§ A new, comprehensive vision for CE is needed that prepares all health professionals to perform to their highest potential
Toward a system of continuing professional development

$ In CPD, learning opportunities:
  - Stretch from the classroom to the point of care
  - Shift control of learning to individual practitioners
  - Adapt to individuals’ learning needs

$ CPD system offers promise to:
  - Advance evidence-based, interprofessional, team-based learning
  - Strengthen the research workforce, particularly through academic institutions
  - Engender coordination and collaboration among the professions
  - Provide higher quality for a given amount of resources
  - Lead to improvements in patient health and safety
Alternatives considered

- Status quo
- Program within a federal agency (AHRQ or HRSA)
- Purely private structure consisting of professional societies
- Coalition that includes the quality improvement community
- Public-private structure
Recommendation 1: Commission planning of an institute

The Secretary of the Department of Health and Human Services should commission a planning committee to develop a public-private institute for continuing health professional development.
Recommendation 1: Commission planning of an institute (continued)

The institute should coordinate and guide efforts in:

- Content and knowledge of CPD
- Regulation across states and professions
- Financing of CPD (both private and public funds will be needed)
- Strengthening of a scientific basis
Recommendation 2: Envisioning a CPD system

The planning committee should design an institute that:

a) Creates a new scientific foundation for CPD
b) Develops, collects, analyzes, and disseminates metrics
c) Encourages development of health information technology
d) Encourages development and sharing of improvement tools and theories of knowledge across professions
e) Fosters interprofessional collaboration
f) Improves the value and cost-effectiveness of CPD delivery
Recommendation 3: Improve quality and safety

The Continuing Professional Development Institute (CPDI) should be designed to work with other entities whose purpose is to improve quality and patient safety and involve patients and consumers in CPD.
Recommendation 4: Improve scientific foundation of CPD

The CPDI should lead efforts to improve the scientific foundation of CPD by:

a) Integrating research methods and findings from all disciplines and professions
b) Generating research directions to advance understanding of linkage between CPD and patient and population health status
c) Transforming new knowledge into tools and methods to improve patient care
d) Promoting the development of measurement instruments to evaluate CPD effectiveness and efficiency
Recommendation 5: Enhance data collection

CPDI should enhance data collection at the individual, team, organizational, system, and national levels, including:

a) Relating quality improvement data to CPD
b) Developing national standardized learning portfolios
Recommendation 6: Develop national regulatory standards

The CPDI should work with all stakeholders to develop national standards for regulation of CPD.
Recommendation 7: Strengthen financial support

The CPDI should analyze the sources and adequacy of funding for CPD to develop a sustainable business model free from conflicts of interest

(NOTE: The committee expects that with a greater emphasis on quality and patient safety, CPD would be more closely linked to daily operations than is the current case, helping absorb the costs of implementing a CPD system)
Recommendation 8: Foster development of interprofessional models

The CPDI should identify, recognize, and foster models of CPD that build knowledge about interprofessional team learning and collaboration.
Recommendation 9: Support research

Supporting mobilization of research findings to advance health professional performance, federal agencies that support demonstration programs should collaborate with the CPDI.
Recommendation 10: Evaluate progress

The CPDI should report annually to its public and private stakeholders through a national symposium on the performance and progress of professional development and its role in enhancing quality of care and patient safety.
Planning committee for the CPDI

- **Function**
  - Define scope of work
  - Develop governance model
  - Identify funding sources
  - Manage relationships with stakeholders

- **Structure**
  - 13-15 members, approved by the Secretary
  - Competency-based membership
  - Funded by contracts and grants
CPDI

- Independent, public-private body to guide development of national coordinated CPD system
- Budget should depend on exact functions and breadth,
- Standing councils and ad hoc committees to enhance transparency
CPDI (continued)

- Managed by competency-based board
- Initial oversight and coordination by federal government as a central convener
- Board should determine whether the government’s responsibilities should be transferred back to CPD stakeholders. Unless the board determines otherwise, the Secretary will eventually have no formal role in the institute.
For more information about the report and to download the summary:

www.iom.edu/continuinged
Please type any questions you have for any of the speakers into the chat box

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