Gaps vs Needs

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Disclosures

John Juchniewicz and Sondra Moylan have no relevant disclosures to make.
Learning Objectives

- At the conclusion of this presentation, you should be able to:
  - Differentiate between professional practice gaps and educational needs
  - Incorporate the requirements for documentation of Criterion 2

ACCME Criterion 2

- The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.
What is a professional practice gap?

- "the difference between health care processes or outcomes observed in practice, and those potentially achievable on the basis of current professional knowledge."

What is a professional practice gap?

What Should Be Professional Practice Gap What Is

Sources for “What should be”

- Guidelines
- Institutional protocols
- Q/A measures
- CMS
- Joint Commission
- State regulations/requirements
- Literature (eg, Cochrane Collaboration, meta-analysis, etc)
Sources for “What is”

- National Sources
  - Useful if your physicians are representative of physicians nationally
  - Sources:
    - AHRQ (National Healthcare Quality Report)
    - NCQA (State of Healthcare Quality Report)

- Local Sources
  - QA data
  - Surveys of learners
    - CAUTION: this is not just asking your learners what topics they want
  - Surveys of nursing, pharmacy, P&T committee, and other departments
Frame Your Surveys of Learners in Context of Professional Practice Gap…

- What questions in practice are you having that you are not getting answers to?
- What patient problems or patient challenges do you feel that you’re not able to address appropriately or to your satisfaction?
- What problems are your patients saying back to you that need more attention or more follow-up?


Don’t Stop Yet…

- Don’t just identify “what should be” and “what is”
- Need to state the gap based on your analysis
Educational Needs

The knowledge, skill, competence, attitude, behavior, performance, which must be addressed in order to close the professional practice gap that has been identified

What Are the Educational Needs That Underlie the Gap? (C2)

- Lack of knowledge (know what to do)
- Lack of competence (know how to do it)
- Lack of performance (ability to do it)
- Lack of institutional guidelines/protocols (barrier)
Questions?

Case Study

Your hospital has identified the following:

- Current insulin use and glycemic control is triggering a revamping of its insulin protocols.
- Physicians are not current on the latest glycemic goals, national guidelines, and insulin protocols.
- The medical and administrative staff have approached the CME committee to develop educational activities/initiatives to help with changing physician performance.
Do the Research – National Data

- Despite longstanding treatment guidelines, in 2009 there were changes based on evolving evidence.
- Recent recommended changes in glycemic targets may lead to improved blood glucose (BG) control.
- Insulin is a major contributor of injury-induced medication errors within the hospital.

Research – Hospital Specific Data

- Q/A, Q/I, nursing, and pharmacy provided data to the CME Committee regarding current physician utilization of insulin.
- What is current practice to correct BS (timing, initiation of hyperglycemia order set, use of sliding scale or basal/bolus criteria)?
- What does the institution wish to initiate in order to bring practice into current standards?
Questions to Ask (Define the Gap)

- What do your physicians order regarding patients with hyperglycemia vs. national standards?
- Is there a difference between care provided in ICU vs. Med/Surg floors?
- Are physicians following the current standard of care?
  - If not, why not?

Educational Needs (Content)

- What should your physicians know that they don’t know? (knowledge)
- What information should you include in your activity to begin to align inpatient hyperglycemia targets with current recommendations? (competence)
- How do you help your physicians apply available evidence to improve inpatient glucose control? (performance)
What Should You Do?

- How can the CME committee, through educational activities/initiatives help improve inpatient glucose control and subsequently transition patients through to discharge with the appropriate follow-up treatment, evaluation, and education? (patient outcomes)