Transforming Performance Improvement through an Unannounced Standardized Patient Program to Enhance Value Based Care
Quality Improvement Initiative
ABIM MOC Activity

Purpose: To enhance clinician performance based on information about how care is actually practiced when systematically observed.

Background: Health care delivery is rarely systematically directly observed. There are ample opportunities for the clinician to excel at or fall short of effective practice based on how well they listen, ask questions and examine the individual seeking their care. Remarkably, these variations in care are not captured using current measures of quality. The Unannounced Standardized Patient (USP) provides a highly customizable strategy for comparing how different clinicians respond to the "same" patient when carrying out a wide variety of diagnostic and therapeutic interventions, ranging from conducting a medical history, providing preventive care counseling, carrying out a physical exam, or developing a care plan. Research has demonstrated that these variations can account for differences in the health care outcomes of real patients, and in the costs of care. I3PI employs USPs to portray case scenarios with a high degree of consistency that are tailored to identify clinician behaviors that are have implications for patient outcomes. For instance, USPs can assess skills such as medication reconciliation, chronic pain management, and tobacco cessation counselling based on direct observation and benchmarked against known best practices. Findings are then shared with practice groups for the purpose of developing interventions. Subsequent USP assessments are employed to ascertain the efficacy of the intervention for facilitating a change in practice. All projects adhere to three principles: (a) Decisions about what data to collect and how to interpret and apply the information to inform change are the purview of participating clinicians; (b) absolute confidentiality is maintained such that the performance of individuals physicians is known to them alone; (c) work burden to physicians is minimized such that they are not involved in non-educational tasks, such as data collection or report generation.

ACCEPTED FOR MOC CREDIT

Successful completion of this activity enables the participant to earn 20 Practice Assessment points and patient safety credit in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the sponsor's responsibility to submit participant completion information to ABIM for the purpose of granting the MOC points.

QI Program: I3PI works with physicians and practices to customize priorities for performance improvement. These projects all follow a four step process consisting of the following elements (with a recent example included of an initiative to improve diabetes care during ambulatory visits):

Step 1: Facilitated by a designated clinical champion, a practice forms a team to identify specific performance improvement goals related to direct patient interaction:

> Example: The practice group identified history taking, physical exam, coordinated care planning, preventive care counseling, and documentation fidelity in diabetes care as priorities for assessment. Based on these priorities, they selected communication behavior, history taking, physical exam, and reconciliation of encounter data with note (documentation fidelity) from a menu of data collection options. (see I3PI Simulation Cycle)

Step 2: Deploy pre-intervention USPs:
Unannounced standardized patients (USP) are trained to collect and compile evidence related to areas targeted for assessment. Performance is described and rated based on industry benchmarks and/or evidence based guidelines and best practices. Example: USPs visited multiple sites portraying 3 diabetes clinical scenarios. They audio recorded visits and completed checklists.

Step 3: Review data & customize interventions:
The performance improvement team reviews findings and customizes interventions.

Example: They reviewed the following findings with clinical and administrative staff…..

- Medication non-adherence was discussed but not documented in 30% of visits
- Medication non-adherence was unaddressed in 42% of encounters
- Review of systems and physical exam findings were documented but not elicited in 42% of encounters
- Diabetic foot exam was incorrectly performed in 70% of visits.

….and customized interventions

- They reviewed findings with clinicians. Clinician prioritized improving the foot exam. The PI team disseminated information on correctly conducting the 3 components of the foot exam (visual, vascular, and monofilament). There was also a systems level intervention: nursing assistants were instructed to ask all patients with diabetes to remove their shoes and socks before the MD enters exam room.
- To increase attention to non-adherence: PI team placed small poster reminders in each exam room on physicians desk, to ask ""WHY are you having difficulty managing your condition?" and the other to consider "HOW can I help?"

Step 4 -- Assess change:
Post intervention USP visits assess change and document when goals are met.

Example: All 3 elements of diabetic foot exam improved: vascular inspection (78% improvement), visual inspection of foot (50%), and monofilament exam (54%). Other findings:

- Over-reporting of review of systems and physical exam decreased (fewer errors of commission)
- Referral for eye exam increased 71% to 92%
- Documentation of non-adherence – did not improve

Meaningful Engagement: Meaningful participation in this activity is defined by participation in all phases of the performance improvement cycle: Physicians provide input into the areas they would like to prioritize for performance improvement; they participate in the USP assessment process, in which a small number of patient encounters are with USPs. Physicians also participate in the intervention and in the post intervention assessment. Meaningful engagement is characterized by clinicians who appreciate that this data is collected for them, that decisions about how to modify their practice behaviors are collectively made by them, and that they will continue to get feedback on whether their performance changes are leading to better practice.