

Engaging Global Stakeholders in CME: A Model for Continuous Improvement in Healthcare Outcomes

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INTRODUCTION & BACKGROUND

- We performed a needs assessment in the field of immuno-oncology (IO) and discovered a series of complex educational needs.
- The lack of effective educational approaches that disseminate information in-step with the developments in the field of IO has led to pronounced delays in clinical implementation across the globe.
- It is therefore imperative to provide an educational strategy that reflects this multifaceted environment, adapting to local-level practice and fostering interdisciplinary collaboration.
- Our educational solution is a collaborative, international quality improvement (QI) programme (see Figure 1).
- Collaboration between organisations is essential for this approach. This includes continuing medical education (CME) providers, hospitals, patient advocacy groups and other stakeholder organisations.

Figure 1. Our educational solution



To be effective, collaborations must:

- Identify areas where outside partners can provide strategic resource and mission-driven value.
- Navigate barriers to optimum health delivery (including administrative, political and logistical issues) to make truly impactful improvement.
- Utilise human and financial resources outside individual organisations to broaden the scope of delivery.

RATIONALE

- Our objectives:
 - Broaden the impact of independent medical education (IME)/CME in healthcare delivery and patient health.
 - Improve the efficiency and effectiveness of education delivery.
 - Create educational platforms responsive to identified professional practice gaps.
 - Successfully integrate the patient perspective into educational design.
- An international QI programme will achieve these objectives.
- To run such a programme successfully, relationships must be forged between stakeholders who are in a position to influence outcomes.
 - These relationships confer both strategic and operational benefits, with the opportunity to further public health interests.

METHOD

- Stakeholder organisations were assessed for potential collaboration.
- Drivers for selection included: prior collaborative experience with demonstrated success, location, size, reputation in the therapy area and interest in participating in a QI programme.
- Once a list of high-impact organisations was identified, the value of potential collaboration and the objectives and expected outcomes of the education were clearly defined.

Initiation of collaboration

1. Identify decision-makers within stakeholder organisation and gauge level of access to those individuals

2. Create a rationale for engagement of decision-maker(s).

- Demonstrate how proposed education aligns to organisation's priorities and mission.
- Define value of collaboration at the organisational and constituent level; Examples:
 - Organisational level: ability to influence policy, ability to improve levels of care, ability to control healthcare delivery costs, revenue.
 - Constituent level: enhanced education, improved patient outcomes, improved access to care.
- Describe expected outcomes and measures of success.
- Provide examples of how similar collaborations have been successful.

3. Describe proposed relationship:

- Roles and responsibilities.
- Access to information.
- Resource allocations/requirements for each organisation and proposed timing.
- Levels of ownership and control/oversight.
- Mechanisms for systems integration (technology, shared staffing).
- Financial commitments and/or revenue projections.

- By undertaking these steps prior to commencing the project, the CME provider can:
 - Improve the ongoing efficiency of the implementation.
 - Appropriately manage the expectations of each stakeholder.
 - Ensure individual goals are being met.
- This analysis further guides mapping of ongoing steps, including:
 - Initiation of appropriate letters of agreement with each collaborator and funding entity (if already secured).
 - Creation of a project roadmap and outline collaborators' tasks at each milestone.
 - Establishment of an internal communications plan and mechanism for reviews/approvals.
 - This must consider the profile completed for each stakeholder.
 - Recognition of a process for contingency planning.
 - Design of an outcomes methodology and define measures of success.
 - Creation of an external communications/awareness plan.

ANALYSIS

Challenges and solutions

- Multiple collaborators bring multiple viewpoints and opinions on what to include in the proposal development.
 - Faced with challenges with proposal page limits, several iterations of the proposal were developed in order to ensure that all partners' elements were included within the page limitations.
 - All partners were flexible and willing to work together to ensure a powerful proposal and proposed project.
 - Coordinating calls with all collaborators and securing the required information about personnel and organisational information was time intensive and challenging due to the multiple organisations involved and the various international time zones.
 - We had regular calls with the ACHL & Liberum to ensure consistency, then smaller calls with each respective partner when schedules became an issue.
 - During these calls, roles and responsibilities were frequently discussed. All parties were open to discussions and flexible which allowed for easy role assignments.
- Multiple reviewers across multiple time zones, with tight timelines in order to create and submit applications for financial support.
 - Partners were given one week to review the proposal.
 - One member from ACHL was responsible for incorporating edits and suggestions to maintain version control.

Considerations in collaborative design

- What is the formal exercise to be undertaken to evaluate prospective collaborations?
- How do you determine which collaborations offer greatest benefit to the success of the education, and what level of influence each partner holds relative to their effectiveness as an organisation?
- What criteria should be considered in assessing each collaborator's level of influence?

Ability to engage internal stakeholders

Ability to engage external stakeholders

Ability to maintain political or public support

Ability to influence healthcare policy

What criteria should be considered to assess organisational effectiveness?

Solutions in collaborative design

Rate the effectiveness of each organisation on your list based on the following criteria:^a

This exercise has the potential to help prioritise who is critical to the success

Life-cycle stage (e.g. start-up vs. established organisation)

Availability and skill of resources (e.g. volunteer vs. paid staff)

Organisation size and complexity

Degree of bureaucracy/assessment of power alignments and decision-making processes

Purpose: for profit vs. non profit

Technology capabilities

Organisation culture

of the initiative, based on a high level of influence and high assessment of organisational effectiveness.

RESULTS & EVALUATION

- We formed a coalition of six organisations to develop our educational solution:
 - Liberum IME, an education provider.
 - The Academy for Continued Healthcare Learning, an ACCME-accredited provider.
 - Guy's and St Thomas' NHS Foundation Trust, a UK-based health system.
 - The University of Chicago Medicine, a US-based health system.
 - PCPI, a clinician-led non-profit organisation specialising in performance improvement.
 - Project Patient Care, an independent non-profit organisation working to improve healthcare quality.
- We developed a proposed educational solution (Figure 1), and began applying for financial support.
- The initial application for financial support was unsuccessful.
 - Reasons for potential rejection could be attributed to the total budget for the proposed QI project.
 - Baseline data from the participating health systems were not included in the proposal.
 - The QI model as described in the proposal was intentionally vague.
 - This was to allow each participating health system and their team to determine what their own goals would be and the necessary systems changes that they would have to make.
- Future applications will consider these factors and adapt accordingly.

CONCLUSIONS

- There is a need for interdisciplinary, international educational programmes, particularly in rapidly-changing therapy areas such as oncology.
- For CME to be effective, programmes must successfully engage stakeholders and adapt to regional considerations.
- International collaboration between stakeholders allows for the development of highly effective education that exceeds the reach of conventional programmes.
- The approach described here provides a system of quality improvement that both fosters collaboration in local practice and plans for global implementation.
- Future CME initiatives should explore international collaboration in order to produce novel, efficacious educational programmes.

Reference
a. Harrison, Michael I. Diagnosing organizations: methods, models and processes. 1994. Sage Publications.