

# Needs Assessment Results Drive CPE Activities

*Building Bridges to Reposition CPE*

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# Speaker Disclosure

- No conflicts of interest to disclose
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# During This Session

- Demonstrate the utilization of needs assessment data to develop CPE objectives and educational planning
- Explain how to utilize a needs assessment to derive a practice/learning gap
- Share approaches and techniques for utilizing needs assessment information for CPE activities

# Your Organization

- A. Pharmacy/Medical School
- B. Hospital/ Healthcare Network
- C. National/Local Society or Organization
- D. Government
- E. Medical Education Company

# Experience : Years Involved In CE

- A. < 1 year
- B. 1-5 years
- C. > 5 years

# Self Reflection Questions

- What do you hope to learn and or take back to your organization regarding:
  1. Needs Assessments ?
  2. Linking of Learning Objectives ?

# Audience Participation Question:

- In reference to your program, what aspect of performing a needs assessment do you feel you struggle with the most?
  - A. Narrowing the focus of the need
  - B. Getting speakers to use/follow the identified need
  - C. Linking the objectives back to something measurable
  - D. Just the whole darn thing!

# Needs Assessment Purpose

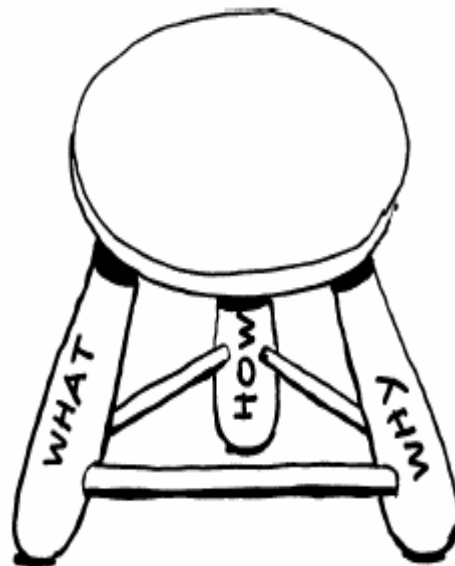
- Remember, the purpose of doing a “**Needs Assessment**” is to

*Systematically* gather information, then utilize this information to formulate and determine instructional (educational) solutions to *close the GAP* between what the audience **does know** or **do** and what the audience **should know** or **do**



# Needs Assessment Model

**How:** Learning Objectives



**What:**

Things we know and do

**Why:**

Things we should know and do

# Getting Started

- Beginning with a systematic approach
  - Identify resources to find needs
  - Determine the audience
  - Explore why the audience needs this education
  - Define what the learners are doing now that is not up-to-date with practice
  - Define what would be the improvement or benefit from the education



# Identifying Resources

- National or local professional organizations
- Attend department leadership group meetings
- Multidisciplinary teams at your organization
- Committees outside your organization

# Identifying Resources

- Get others involved
  - Other health professionals typically face the same issues as pharmacy
- Form a planning committee
  - Invite someone from CME/GME committees to be involved

# CPE Planning Committee

- Can be useful for
  - Determining target audience
  - Developing program agenda and curriculum
  - Constructing surveys/evaluations
  - Brainstorm for further needs
  - Recommend speakers and facilitators

# Explore to Find the “Needs”

- **Proven needs** are based on objective, internal and external data sources
  - Epidemiologic data
  - Quality assurance/audit data
  - Incident/event reporting systems
  - Re-credential reviews
  - Morbidity/Mortality
  - Statistics from Infection Control
  - Professional Society or State requirements
  - Journal articles/literature citations, news media

# Explore to Find the “Needs”

- **Inferred needs** are derived from
  - New methods, new agents or treatments
  - Development of new technology, assays, techniques
  - Input from experts regarding advances in medical knowledge or opportunities
  - Acquisition of new facilities or equipment
  - Legislative, regulatory or organizational changes

# Explore to Find the “Needs”

- **Verbalized needs** or interests are derived from
  - Requests from staff, or other health care team members
  - Formal surveys of potential participants
  - Informal comments
  - Patient problem inventories compiled by potential participants
  - Consensus from faculty members within department or service areas
  - Committee notes/minutes



# Needs Assessment Tools

- Develop your own material, tool or worksheet
  - Use ones already available
    - Business resources
    - General education programs
    - Other medical professional organizations (CME programs, ACCME website)
    - Pharmacy professional organizations
      - ASHP needs assessment templates



▫ Available:

<http://www.ashp.org/Import/CONTINUINGEDUCATIONCE/Presenter-Resources.aspx>

# Example Assessment Tool

## Ask the following:

- Who is the audience?
- Why have this education? (“need”)
- What impact will this education have on the audience?

## Action

- Describe them
- List what is being done now, problems (potential/actual), recent changes (current/future)
- List end or desired results

# Justify and Focus the “Need”

- Use the evidence from the resources consulted to justify the “need” for the education
- Consider the prevalence of the need within your audience
- Analyze what has been identified within your audience
- Determine priority aspects to the deficiency, problem or topic

# Translating the Need into Learning

- Good learning objectives will be formulated from your identified needs worksheet, tools or aids
  - Make objectives specific, short-range and action oriented with respect to
    - **Competence:** change in knowledge, skill or technique
    - **Practice:** change in patient care outcomes
    - **Behaviors:** change in attitudes or performance

# Translating the Need into Learning

- Learning objectives = stepping stones
  - Use the objectives to further determine exactly what about the topic or education learners will be able to do or know after attending
  - Keep in mind that will need to evaluate these in the end

# Example: Developing Objectives

- Inferred needs:
  - A new national guideline has just been released which will impact how patients are treated at your facility
  - Use objectives that describe how informing your audience of this “new treatment guideline” will impact overall patient care

As a result of this program, participants will be able to:

- Discuss new literature regarding treating.....
- Illustrate how best to target patients affected by.....
- Evaluate and manage outcomes related to.....
- Adjust pharmacy operations and process flow to reduce medication errors related to.....

# Example: Developing Objectives

- Proven needs:
  - A recent incident has indicated that employees are not properly addressing medication counseling efforts when confronted with patients who have limited English proficiency at the pharmacy
  - Use objectives which describe how education will improve outcomes

At the conclusion of this program participants will:

- Predict factors which make communication difficult...
- Describe the importance of proper education...
- Demonstrate how to communicate effectively with.....

# Example: Developing Objectives

- Verbalized needs
  - During a recent department meeting, many of the staff stated they did not feel comfortable adjusting medications in patients who are experiencing renal failure
  - Use objectives which describe how a change in confidence may impact outcomes after an education

At the end of this program, participants will be able to:

- Describe how to determine which medications...
- Perform calculations using a new renal dosing program to...
- Identify patients to closely monitor for...



# Audience Participation

Now it's your turn ...

NHLBI is expected to release their expert guidelines, JNC8 Fall of 2011. It is anticipated these new guidelines will recommend significant changes in how patients are managed with respect to first line drug therapy and Hypertension.

What type of educational need might you consider this?

- A. Proven need
- B. Inferred need
- C. Verbalized need
- D. I have no idea

# Audience Participation cont.

- Think about....
  - Who would be the audience for an activity like this?
  - What are they doing now that will be impacted, in terms of patient care?  
[Current state]
  - What do we want/need them to do in the future in terms of patient care, or to be competent in?  
[Desired state]

# Post Event Follow Up

- Survey audience after the education
  - At closure of event or perhaps later
    - Utilize the Q & A time
    - Can be conducted formally or informally
      - Ex: survey monkey, paper or email
- Review responses with the committee
- Determine if further educational needs were identified as a result of the activity
- Complete the cycle of evaluation

# Summary

- Needs assessment should be systematic and multifaceted
- Effective needs assessments will help ensure the needs of the audience are considered and met
- Consider collaborating with other medical professionals
- Utilize resources, don't reinvent the wheel



The France Foundation

## **Needs Assessment Results Drive CPE Activities**

ACPE's 14<sup>th</sup> Conference on Continuing Pharmacy Education

Building Bridges to Reposition CPE

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# Disclosures

*No Conflicts of Interest to Disclose*

# Outline

- Introduction
- Needs Assessment Sources
- Linking Needs into Measurable Objectives

# The France Foundation

**Founded in 1999**  
**Located in Old Lyme, CT**

**Focused on Delivering  
Innovative Educational  
Models**

**Strong History of  
Collaborative Partnerships**



**Accredited Provider  
ACCME & ACPE  
(6 year accreditations )**

**Broad Spectrum  
Experience Delivering  
Education for  
Physicians, Non-  
Physicians, Patients, &  
Caregivers**



# Outline

- Introduction
- Needs Assessment Sources
- Linking Needs into Measurable Objectives

# What Sources Do You Currently Use For Needs Assessments?

- A. Literature
- B. National data
- C. Local data
- D. QI data
- E. Combination of the above

# Sources for Needs Assessment

- Review of current literature
- Evidence based guidelines
  - National Guideline Clearinghouse
- Government agencies
  - CDC/MMWR
  - HHS
  - Agency for Healthcare Research and Quality
- Health Care Focused Groups
  - Common Wealth Fund & Why Not the Best
  - Institute for Healthcare Improvement
- Associations and Boards of Medical Specialties
- Healthcare provider surveys, focus groups, discussions
- Prior CE evaluations

# Sources for Needs Assessment & Quality and Performance Measures

- National Committee for Quality Assurance (NCQA)
  - Accredits, certifies, recognizes health care organizations, physician/groups in key clinical areas
  - Develops performance measures and manages performance measures and the Health Plan Employer Data and Information Set (HEDIS)
  - 71 Measures within 8 Domains
- National Quality Forum (NQF)
  - Membership organization both private and public stakeholders that
    - Sets national priorities and goals for performance improvement
    - Endorses national consensus standards for measuring and reporting on performance and
    - Promotes attainment of national goals via education and outreach
  - Endorses many NCQA, AMA-PCPI, AHRQ, CMS and other measures
  - Currently over 600 endorsed standards

# Sources for Needs Assessment & Quality and Performance Measures (cont)

- Joint Commission: Standards and accredits health care organizations
- Joint Commission: ORYX<sup>®</sup> The Joint Commission's performance measurement and improvement initiative. Report on at least four core measures.
  - Acute myocardial infarction
  - Children's asthma care
  - Heart failure
  - Hospital-based inpatient psychiatric services
  - Hospital outpatient measures
  - Perinatal care
  - Pneumonia
  - Stroke
  - Surgical care improvement project
  - Venous thromboembolism

# Sources for Needs Assessment & Quality and Performance Measures (cont)

## The Pharmacy Quality Alliance (PQA)

- Established in 2006
- Public-private partnership
- Independent, non-profit organization
- Consensus-driven, membership alliance with 60 members
- *Mission: Improve the quality of medication use across health care settings through a collaborative process in which key stakeholders agree on a strategy for measuring and reporting performance information related to medications.*
- 9 Measure domains

# Sources for Needs Assessment & Quality and Performance Measures (cont)

- Bridges to Excellence (BTE)
  - Multi-state coalition developed by employers, physicians, health care services researchers, and other industry experts
    - To create leaps in quality of care by rewarding health care providers who demonstrate comprehensive solutions for patients and deliver safe, timely, effective, efficient, equitable, and patient-centered care.
- Center for Medicare and Medicaid Services Quality Improvement Organizations (QIO)
  - National Network of QIO for each state, territory, and DC
- Hospital Quality Alliance (HQA)
  - Collaboration with CMS, American Hospital Association, the Federation of American Hospitals, and AAMC
- AQA Alliance (previously know as Ambulatory Quality Alliance)
  - Collaboration with AAFP, ACP, America's Health Insurance Plans, and AHRQ to determine performance measures, data aggregation, and reporting

# Sources for Needs Assessment & Quality and Performance Measures (cont)

- Physician Consortium for Performance Improvement (PCPI)
  - Since 2000, an AMA physician-led initiative now comprising over 100 national medical societies and state medical societies, CMSS, ABMS, AHRQ, and CMS
  - Mission to improve patient health and safety by
    - Identifying, developing, testing, and maintaining clinical performance measures , and measurement resources for physicians
    - Promoting implementation of these PI initiatives
    - Advancing the Science of clinical performance measurement and improvement
  - 271 measures for 42 topics and conditions
    - Many endorsed by NQF and selected by AQA alliance
    - Used for MOC-ABIM Practice Improvement modules
    - Used for CME- AAFP CME, AAAAI PI-CME, and others
    - Used by Physicians - internal QI
    - Use by CMS - Physician Quality Reporting Initiative (PQRI)



# Sources for Needs Assessment & Quality and Performance Measures (cont)

- Physician Quality Reporting Initiative (PQRI)
  - Since 2006, a CMS program that provides incentive payments (up to 2%) to eligible professionals/groups who satisfactorily report quality data on Medicare patients
  - The requirements and measures are defined each year by CMS
  - 2011: 194 measures developed by NCQA, AMA-PCPI, CMS/Quality Insights of Pennsylvania, Society of Thoracic Surgeons, Society of Vascular Surgeons, ASCO/NCCN, Audiology Quality Consortium, American Speech Hearing Pathology Association, American Podiatric Medical Association

# Other Sources

- National Institute for Quality Improvement and Education (NIQIE)
  - Improving patient care through the integration of quality improvement and continuing education for health professionals
- Healthy People 2010/2020
  - National health promotion and disease prevention setting health objectives and goals
- Agency for Healthcare Research and Quality
  - Includes National Quality Measures Clearinghouse (NQMC) and National Guidelines Clearinghouse (NGC)
- Commonwealth Fund
  - Private foundation that aims to promote a high performing health care system
- Institute for Healthcare Improvement (IHI)
  - Helping to lead the improvement of health care by building the will for change, and helping health care systems put those ideas into action



An Example

VTE Prevention

# Venous Thromboembolism

- Venous Thromboembolism (VTE) refers to blood clots (thrombi) which originate in the venous system and includes
  - Deep vein thrombosis (DVT) is a blood clot which forms most commonly in a lower leg vein
  - Pulmonary embolism (PE) is a blood clot which dislodges and travels to the lungs where it partially or completely blocks the flow of blood, which can be potentially life-threatening and fatal

# Venous Thromboembolism

- DVT & PE occurs in ~400,000 patients/yr
- Death occurs in up to 100,000 patients/yr
  - 10% of hospital deaths are attributed to PE
- Most hospitalized patients have risk factors for VTE
  - Most will be clinically silent
  - Difficult to predict which patients will develop VTE complications including fatal PE
- Thromboprophylaxis is highly efficacious and cost effective in preventing VTE
- Up to 60% of at-risk hospitalized patients are not receiving appropriate prophylaxis
  - AHRQ called thromboprophylaxis against VTE the “number one patient safety practice to prioritize”
  - NQF endorsed that all hospitalized patients be assessed for risk

# National VTE Quality Initiatives: Data, Measures, and Goals

- AHRQ and Quality Improvement for VTE
- Surgeon General Report
- Joint Commission and National Patient Safety Goals and reporting
- CMS Never Events
- National Quality Forum Endorsed Standard
- Surgical Care Improvement Project

# Outline

- Introduction
- Needs Assessment Sources
- Linking Needs into Measurable Objectives

# Who Provides/Creates the Learning Objectives for Your Activities ?

- A. You/Your CPE staff
- B. Education/Planning committee
- C. Faculty
- D. Combination of some or all of the above
- E. That's a good question, Not Sure



## GAP ANALYSIS—OUTCOMES—LEARNING OBJECTIVES—OUTCOMES LINKAGE WORKSHEET [C2-3]



BEST PRACTICE (What should be)	CURRENT PRACTICE (What is)	RESULTING GAPS (What interventions are indicated?)	Gap Cause Deduced	LEARNING OBJECTIVE	OUTCOME INDICATED (Designed to change...)	OUTCOMES QUESTIONS (Match 'Outcomes Indicated' Column) SEE APPENDICES D & E FOR INSTRUCTIONS AND WORKSHEET
Key Point: Source:	Key Point: Source:		<input type="checkbox"/> K <input type="checkbox"/> C <input type="checkbox"/> P		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> PO	Insert Pre/Post Question that measures designated outcome Insert Follow-Up Performance and/or Patient Outcome Question
Key Point: Source:	Key Point: Source:		<input type="checkbox"/> K <input type="checkbox"/> C <input type="checkbox"/> P		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> PO	Insert Pre/Post Question that measures designated outcome Insert Follow-Up Performance and/or Patient Outcome Question
Key Point: Source:	Key Point: Source:		<input type="checkbox"/> K <input type="checkbox"/> C <input type="checkbox"/> P		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> PO	Insert Pre/Post Question that measures designated outcome Insert Follow-Up Performance and/or Patient Outcome Question
Key Point: Source:	Key Point: Source:		<input type="checkbox"/> K <input type="checkbox"/> C <input type="checkbox"/> P		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> PO	Insert Pre/Post Question that measures designated outcome Insert Follow-Up Performance and/or Patient Outcome Question
Key Point: Source:	Key Point: Source:		<input type="checkbox"/> K <input type="checkbox"/> C <input type="checkbox"/> P		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> PO	Insert Pre/Post Question that measures designated outcome Insert Follow-Up Performance and/or Patient Outcome Question

**LEGEND:      K=KNOWLEDGE      C=COMPETENCE      P=PERFORMANCE      PO=PATIENT OUTCOMES**

*\* Created by The France Foundation in collaboration with Steve Passin & Associates.*

# Activity Summary Table

**Educational Alignment – Summary Table of Integrated Elements**

Clinical Gap	Corresponding Learning Objective	Core Competencies Being Addressed	Performance Metric*	Tactical Element(s)	Outcomes Measurement Tool(s)
Bipolar Disorder is under diagnosed and frequently misdiagnosed in both primary and specialty care settings	Utilize available screening tools to improve the diagnosis of bipolar disorder in primary care and mental health settings	<ul style="list-style-type: none"> <li>• Patient Care</li> <li>• Medical Knowledge</li> <li>• Practice Based Learning and Improvement</li> </ul>	Screening for bipolar mania/hypo mania prior to treatment for depression (STABLE – NQF Endorsed)	<ul style="list-style-type: none"> <li>• Medical Professional Society Engagement plan</li> <li>• State Society &amp; Academic Engagement Plan</li> <li>• State Depts. of Mental Health Channel</li> <li>• Dedicated Web Portal</li> </ul>	<ul style="list-style-type: none"> <li>• ARS Results</li> <li>• Results from Clinical Simulations</li> <li>• Self Reported Survey Data</li> <li>• Documented Results from Hands-On Skill Workshops</li> <li>• Patient Chart Review</li> <li>• PI-CME Assessment</li> <li>• Measurement Improvement Cycle</li> <li>• Direct Assessment of Performance In Clinical Practice</li> <li>• Interviews</li> <li>• Medicaid Data</li> <li>• WHIO Data Mart</li> </ul>
Strategies for management often used in Bipolar Disorder, in both the acute and maintenance phases, are not consistent with recommended clinical guidelines	Appropriately apply clinical practice guidelines into the management of patients with bipolar disorder	<ul style="list-style-type: none"> <li>• Patient Care</li> <li>• Medical Knowledge</li> <li>• Practice Based Learning and Improvement</li> </ul>	<p>Use of antimanic agent in BPD 1 (mania/hypomania, mixed, or cycling) (STABLE – NQF Endorsed)</p> <p>Avoidance of antidepressant monotherapy in BD1 (STABLE)</p> <p>Use of a mood stabilizing or antimanic agent in BD1 (depression) (STABLE)</p> <p>Recommending adjunctive psychosocial interventions, including evidenced based therapies (STABLE)</p> <p>Screening for hyperglycemia, hyperlipidemia when atypical antipsychotic agent used (STABLE)</p> <p>Medicaid Data / WHIO Data Mart information / APA Clinical Guidelines / TIMA Guidelines</p>		
Many patients with Bipolar Disorder do not adhere to the management course established by their clinician, which leads to suboptimal clinical outcomes. One of the causes includes ineffective coordination of care among mental health professionals, primary care providers, patients, and their caregivers	<p>Improve coordination of care among primary care providers and mental health specialists for patients with bipolar disorder.</p> <p>Enhance clinician-patient communication through the use of condition-specific education to improve outcomes and adherence</p>	<ul style="list-style-type: none"> <li>• Patient Care</li> <li>• Practice Based Learning and Improvement</li> <li>• Professionalism</li> <li>• Interpersonal Skills and Communication</li> </ul>	<p>Providing condition-specific education and information (STABLE)</p> <p>Monitoring change in symptom complex (STABLE)</p> <p>Monitoring change in level of functioning (STABLE – NQF Endorsed)</p>		

\* Performance Metrics developed from the following established sources

- The STAndards for BipoLar Excellence Project (STABLE) <http://www.cqaimh.org/stable>
- Wisconsin Health Information Organization (WHIO) Data Mart <http://www.wisconsinmedicalsociety.org/whio>
- APA Clinical Guidelines (2002)

# Activity Summary Table

## II. PROTECT CURRICULUM ALIGNMENT – SUMMARY TABLE OF INTEGRATED ELEMENTS

Clinical Gap	Corresponding Learning Objective	Core Competencies Being Addressed	Performance Metric*	Tactical Element(s)	Outcomes Measurement Tool(s)
Recommendations for immunizations are continuously changing. Changes include an increased number of available vaccines, the emergence of new diseases (eg, H1N1), and changes to recommended vaccine schedules. Inevitably these ongoing changes create knowledge, competence and performance gaps among clinicians	Acknowledge the indications and recommendations for current vaccines and vaccine schedules across childhood, adolescent, and adult populations	<ul style="list-style-type: none"> <li>• Patient Care</li> <li>• Medical Knowledge</li> <li>• Practice Based Learning and Improvement</li> </ul>	Knowledge and competence measures regarding immunizations will be utilized to support subsequent performance improvement	<ul style="list-style-type: none"> <li>• Medical Society Engagement Plan</li> <li>• AHEC Channel</li> <li>• Dedicated Web Portal</li> </ul>	<ul style="list-style-type: none"> <li>• ARS Results, Results from Clinical Simulations, &amp; Self Reported Survey Data</li> <li>• Documented Results from Hands-On Skill Workshops</li> <li>• Patient Chart Review</li> <li>• PI-CME assessment, measurement, improvement cycle</li> <li>• Direct Assessment of Performance In Clinical Practice</li> <li>• Immunization Records - Patient Survey Data &amp; Analysis</li> </ul>
Recent surveys and studies demonstrate ongoing barriers in relation to patients and caregivers knowledge, and attitudes, surrounding immunizations	Address immunization barriers frequently encountered during patient/caregiver communications regarding safety, efficacy, and possible misinformation	<ul style="list-style-type: none"> <li>• Patient Care</li> <li>• Medical Knowledge</li> <li>• Practice Based Learning and Improvement</li> <li>• Professionalism</li> <li>• Interpersonal Skills and Communication</li> </ul>	Document the use of patient education and/or health literacy tools to help facilitate communications regarding patient/caregiver barriers		
Despite established guidelines and numerous resources for clinicians, immunization goals are not being met across childhood, adolescence, and adulthood. This outlines a significant performance gap for clinicians who are not vaccinating patients in accordance with current recommendations	Implement strategies for improving immunization rates within one's clinical practice, taking into account current immunization schedules and guidelines	<ul style="list-style-type: none"> <li>• Patient Care</li> <li>• Practice Based Learning and Improvement</li> </ul>	<p><b>Childhood (0-6 Years)</b> % of patients who complete recommended immunizations (HepB / RV / DTaP / HiB / PCV / PPSV / IPV / Influenza / MMR / Varicella / HepA / MMR)</p> <p><b>Adolescence (7-18 Years)</b> % of patients who complete recommended immunizations (Tdap / HPV / MCV / Influenza / PPSV / HepA / HepB / IPV / MMR / Varicella)</p> <p><b>Adults (Over 18 Years)</b> % of patients who complete recommended immunizations (Influenza / PPSV / Tdap / HepB / HepA / HPV / MMR / Varicella / MCV / Zoster)</p>		

\* Performance Metrics developed from the following established sources

- The Health Plan Employer Data Information Set (HEDIS) <http://www.ncqa.org/tabid/1044/Default.aspx>
- Advisory Committee on Immunization Practices <http://www.cdc.gov/vaccines/default.htm>

# Resources

- Ambulatory Quality Alliance - [www.aqaalliance.org](http://www.aqaalliance.org)
- CMS - [www.cms.hhs.gov](http://www.cms.hhs.gov)
- National Guideline Clearinghouse - <http://www.guideline.gov>
- National Quality Forum - [www.qualityforum.org](http://www.qualityforum.org)
- National Committee for Quality Assurance - [www.ncqa.org](http://www.ncqa.org)
- AMA Physician Consortium for PI - [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality)
- PQA [www.pqaalliance.org](http://www.pqaalliance.org)
- NIQIE <https://www.niqie.org/default.aspx>
- American Board of Medical Specialties <http://www.abms.org>
- Commonwealth Fund- <http://www.whynotthebest.org>
- Healthy People 2020-  
<http://www.healthypeople.gov/2020/default.aspx>
- Institute for Healthcare Improvement-<http://www.ihl.org>

# Self Reflection Questions & Actions

- What will you take back and hope to implement within your organization regarding:
  1. Needs Assessments ?
  2. Linking of Learning Objectives ?



# *Questions & Discussions*