Redesigning GME to meet the Nation’s needs.

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Evaluating Obstetrical Residency Programs Using Patient Outcomes

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Context Patient outcomes have been used to assess the performance of hospitals and physicians; in contrast, residency programs have been compared based on non-clinical measures.

Objective To assess whether obstetrics and gynecology residency programs can be

Results Obstetricians’ residency program was associated with substantial variation in maternal complication rates. Women treated by obstetricians trained in residency programs in the bottom quintile for risk-standardized major maternal complication rates had an adjusted complication rate of 13.6%, approximately one-third higher than the 10.3% adjusted rate for women treated by obstetricians from programs in the top quintile (absolute difference, 3.3%; 95% confidence interval, 2.8%-3.8%). The rankings of residency programs based on each of the 9 measures were similar. Adjustment for medical licensure examination scores did not substantially alter the program ranking.
Where we have succeeded: Pedagogically Superb Medical Education

• Evidence Based Design

• New Frameworks for Planning
  – Competencies and Milestones
  – Entrustable Professional Activities

• New Tools for Teaching and Assessment
  – Simulation and Technology Enhanced Content Delivery
  – 360 Evaluations

• Life Long Learning and Maintenance of Certification
Where we have succeeded: Stunning advances in biomedical Science

- 1958: Coronary arteriography developed (Sones)
- 1961: First beta-blocker developed (Black)
- 1969: First description of CABG (Favaloro)
- 1972: First HMG CoA reductase inhibitor described (Endo)
- 1976: First implantable cardioverter-defibrillator developed (Mirovski)
- 1979: Coronary angioplasty developed (Grüntzig)
- 1980: TIMI 1
- 1983: CASS
- 1985: NHBPEP
- 1985: NCEP
- 1986: GISSI and ISIS-2
- 1992: SAVE
- 1993: Superiority of primary PCI vs. fibrinolysis in acute MI noted
- 2000: ALLHAT
- 2002: Efficacy of drug-eluting vs. bare-metal stents determined
- 2007: Benefit of cardiac resynchronization therapy in heart failure demonstrated
- 2009: Left-ventricular assist device as destination therapy for advanced heart failure shown to be effective
- 2009: Genomewide association in early-onset MI described
- 2009: Deep gene sequencing for responsiveness to cardiovascular drugs performed
Where more work is needed: achievement of RELIABLY superb health care for all.

SAFE, TIMELY, EFFECTIVE, EFFICIENT, EQUITABLE PATIENT CENTERED AND ECONOMICALLY SUSTAINABLE
20th Century: The Goal of GME is to produce physicians

Traditional Medical Education Design
The 20th Century Hero Physician

- Individually Excellent
- Autonomous, Authoritative
- Master Clinician, Educator, Scientist
- Ideal for an era characterized by
  - Acute Disease
  - Limited diagnostic and therapeutic options
  - Steep professional role hierarchy
  - Restricted Access to biomedical information for all but those in the professions
21st Century Health Problems are Systems Problems

- Complex Chronic Disease
- Health Care Safety
- Reliable Quality
- Health Disparities

In an era characterized by:
- Limitless Diagnostic & Therapeutic Options
- Easily accessible health care information
- Flattened Professional Role Hierarchy
Decreasing the burden of suffering from illness and disease

Interprofessional Health Care System

21st Century: the goal of GME is to improve health

Methods and Experiences

Competencies and Evidence

MD Role and Identity

New Educational Design
New Target: The Systems Physician

- Not a tweaking of curriculum but a fundamental redesign of professional roles and identity.
The new physician: “Do the Work, Improve the Work*”

- Proactive Management of Patients and Populations
- Continuous Quality Improvement and systems redesign integrated into daily work
- Highly effective interprofessional and interdisciplinary collaborative work models
- Continuous Monitoring of Data to Assess Performance

* Paul Bataldan and Eugene Nelson
How do we get there?

**Curricula**
- Informatics, Complex Systems, Collaborative Care, Shared Decisions

**Experiences**
- Authentic longitudinal roles in systems redesign as well as primary pt care

**Systems**
- Coordinated, interprofessional work environments with continuous data support
EXEMPLARS EXIST
UCSF-VA EdPACT: Incorporating Trainees into Care Model Redesign

• Collaborative Care Model:
  - Residents and Nurse Practitioners Share Pt Panels
  - Dedicated, “trained up” support staff
  - Daily Huddle
  - Proactive Outreach
  - Virtual Visits

• Outcomes:
  - Better Patient Care
  - Higher Trainee Satisfaction
  - Altered Career Choices
UCSF Resident Quality and Safety Innovations: “improving the work while doing the work”

• Resident and Fellow Quality Improvement Incentive Program: PFP
  - All Program and Department Specific Goals
  - Improvements in hand hygiene, lab test ordering, patient satisfaction

• Quality and Safety Innovation Challenge
  - Year long mentored quality and safety projects
  - Selected by Residents
  - Rewarded: Competitive Selection for Presentation
Accelerators

- Close collaboration between educational experts and clinical care delivery leaders
- Flexibility in care delivery roles and organization
- Ability to assign trainees to teams and projects longitudinally
- Data systems that are easily accessible
- Multicomponent Maintenance of Certification requirements model the ideal competencies
- Acceptance of trainees as part of the solution, not part of the problem.
Structural Challenges

• Licensing regulations that require weeks in specific curricula
• Outdated scope of practice statutes that rely on traditional roles rather than demonstrable competencies
• Funding strategies that reinforce focus on in person visits and physician work only
• Training requirements that haven’t kept pace with the changing nature of physician practice.
• Tools to measure new competencies are still in their infancy and need more attention.
Conclusion

• This is important work and we must work collaboratively to accomplish our common goals:

• To ensure that every patient receives the type of care that we would want for someone we love.