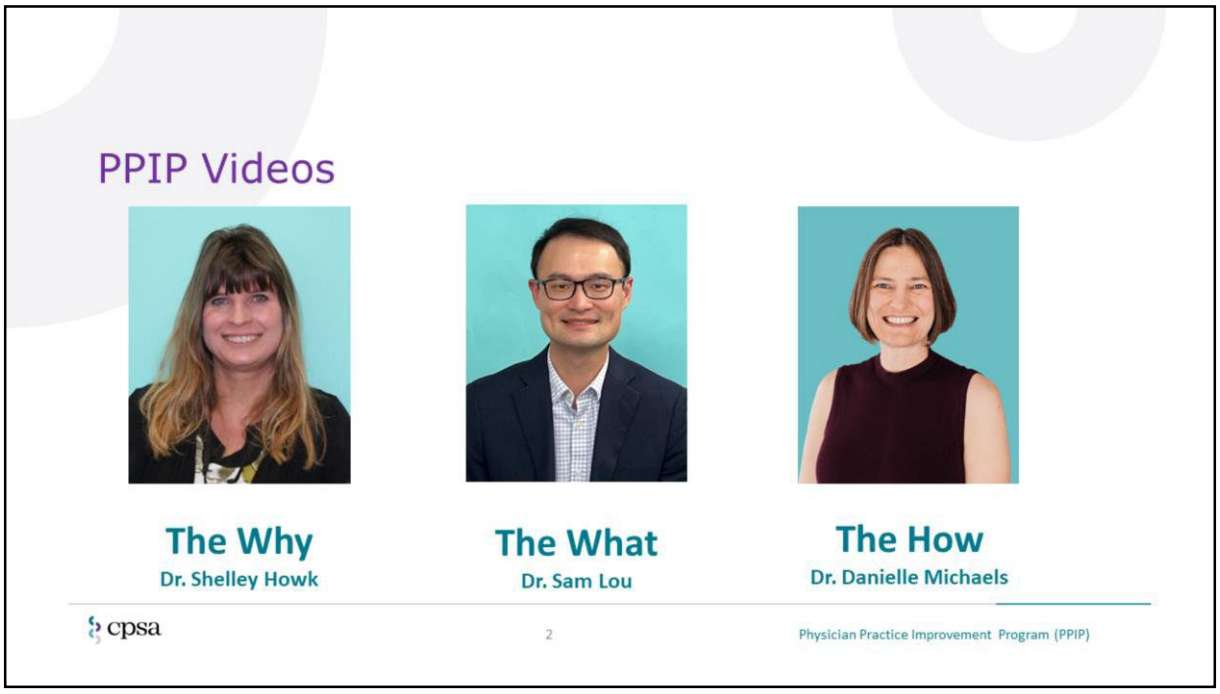
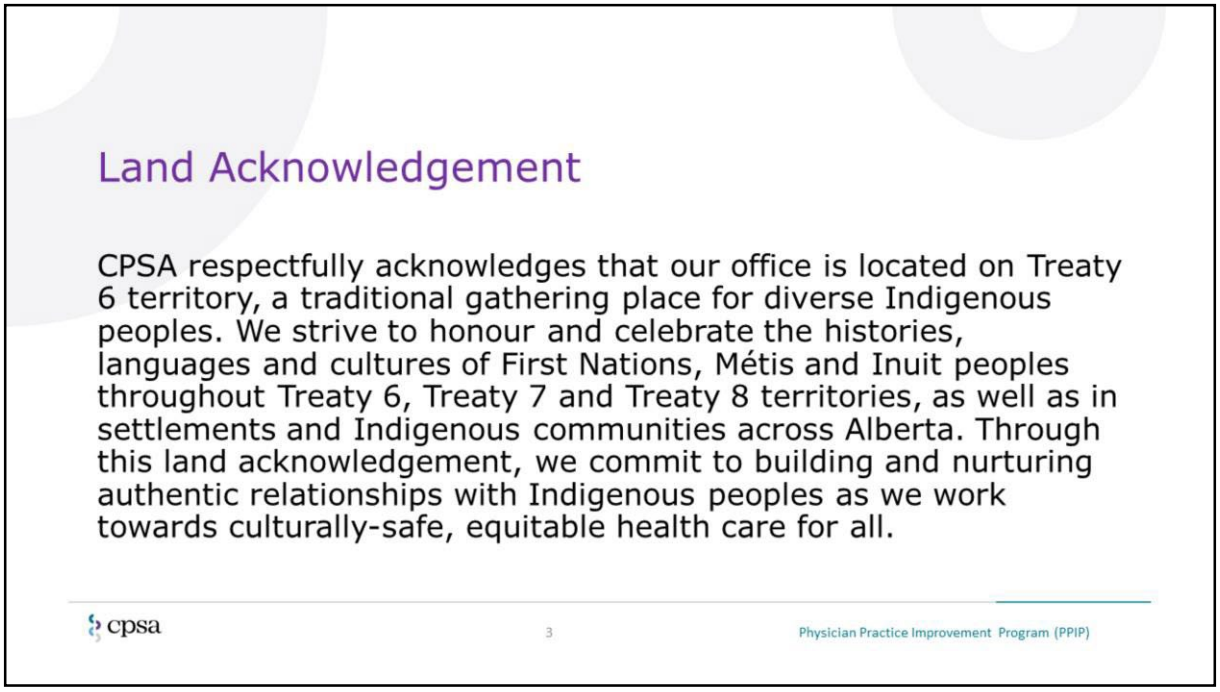
Hello! I am Dr. Danielle Michaels. I am a Senior Medical Advisor at the College of Physicians and Surgeons of Alberta.

This presentation will review the Physician Practice Improvement Program's requirements from a detailed implementation perspective.

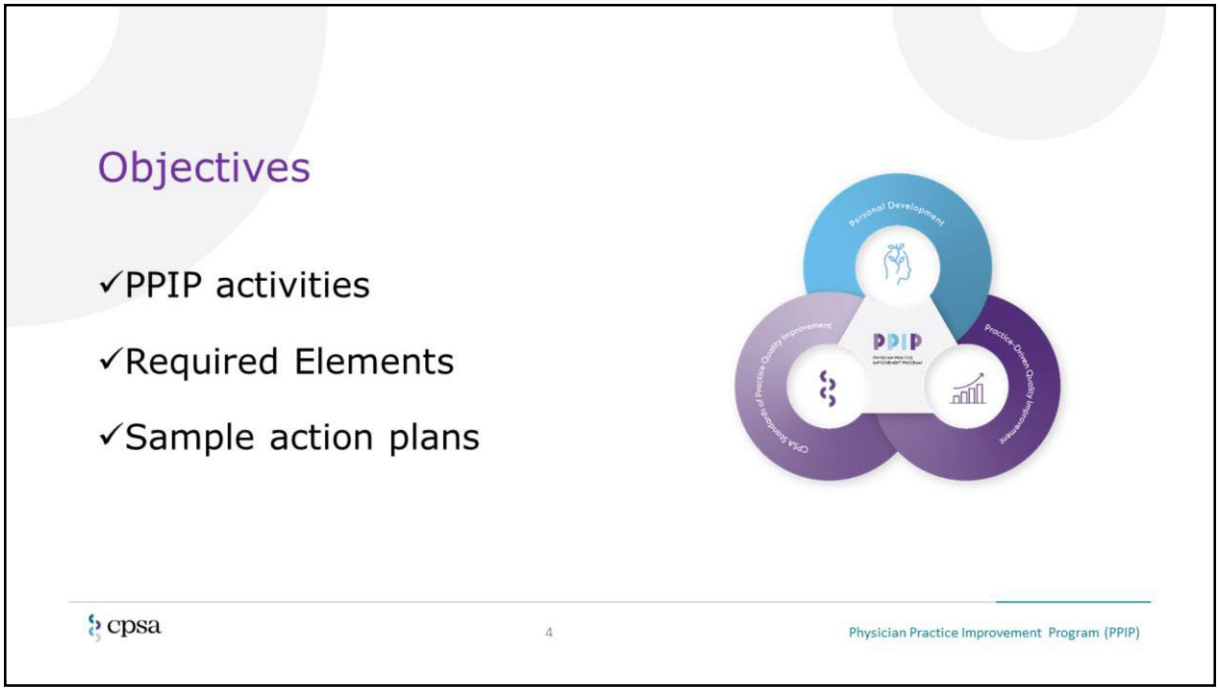


This is the third video in a three-part series. Please refer to the other videos with my colleagues Dr. Shelley Howk and Dr. Sam Lou, for additional information about the why and the what of PPIP.



CPSA respectfully acknowledges that our office is located on Treaty 6 territory, a traditional gathering place for diverse Indigenous peoples. We strive to honour and celebrate the histories, languages and cultures of First Nations, Métis and Inuit peoples throughout Treaty 6, Treaty 7 and Treaty 8 territories, as well as in settlements and Indigenous communities across Alberta. Through this land acknowledgement, we commit to building and nurturing authentic relationships with Indigenous peoples as we work towards culturally-safe, equitable health care for all.

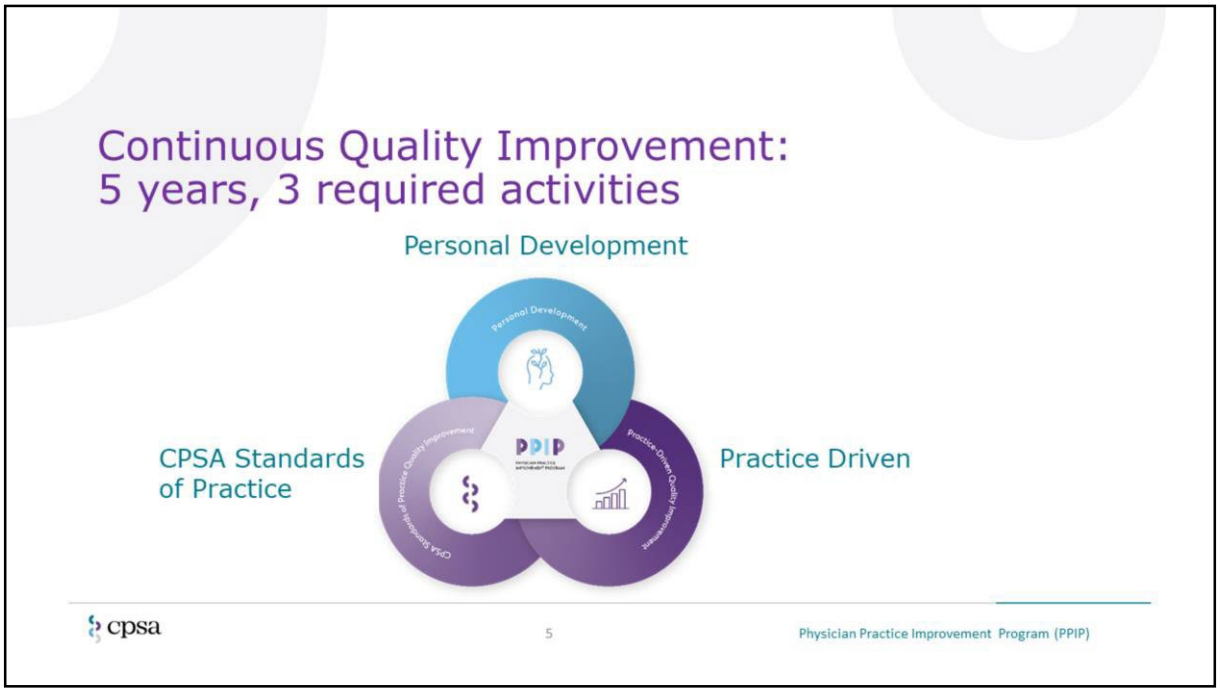
I am personally of settler origin, with my ancestors coming to Treaty 6 territory at various times throughout the 19th and 20th centuries. I am truly grateful to have the opportunity to live, work, and play in these lands.



It is my objective to increase your confidence in how to meet PPIPs requirements.

At the end of this presentation, you will be able to describe:

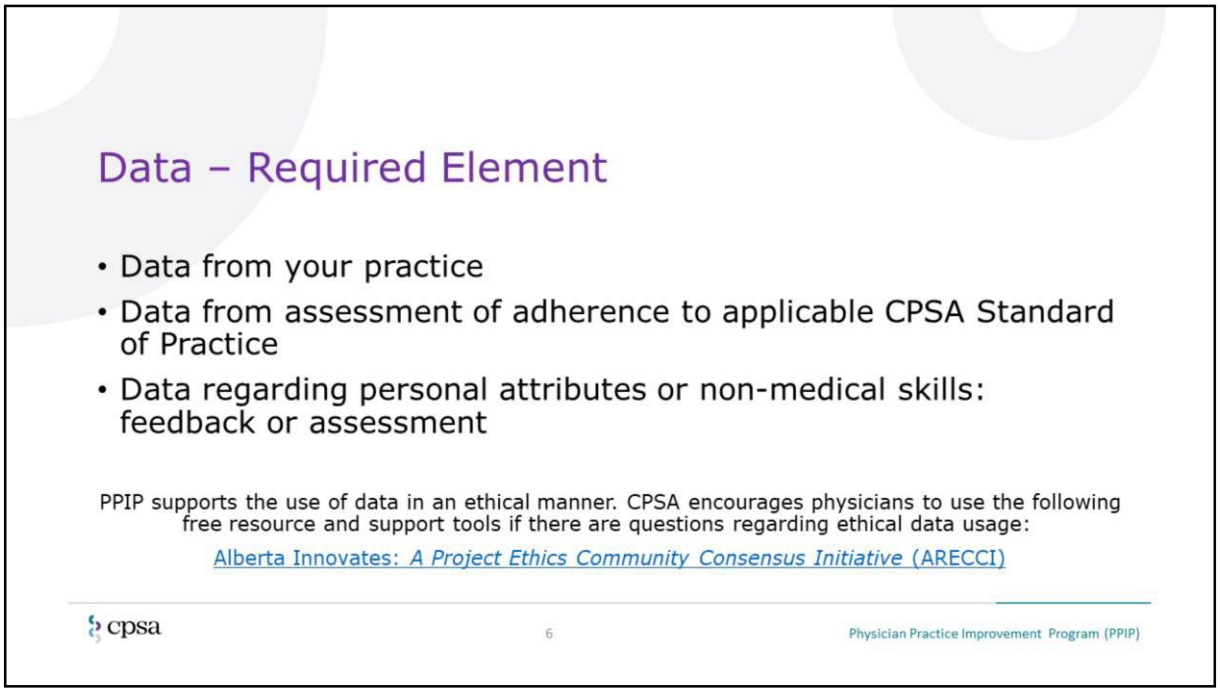
- The three different PPIP activities
- The required elements for each type of activity and
- Design action plans for each of the PPIP activities, whether you are a clinical or a non- clinical physician



The three activities of PPIP are:

- A practice-driven quality improvement activity
- A CPSA standards of practice quality improvement activity and
- A personal development activity

Physicians need to complete each these three activities every five years. The inaugural five-year cycle began in January 2021.



In order to qualify as a PPIP activity, there are mandatory elements.

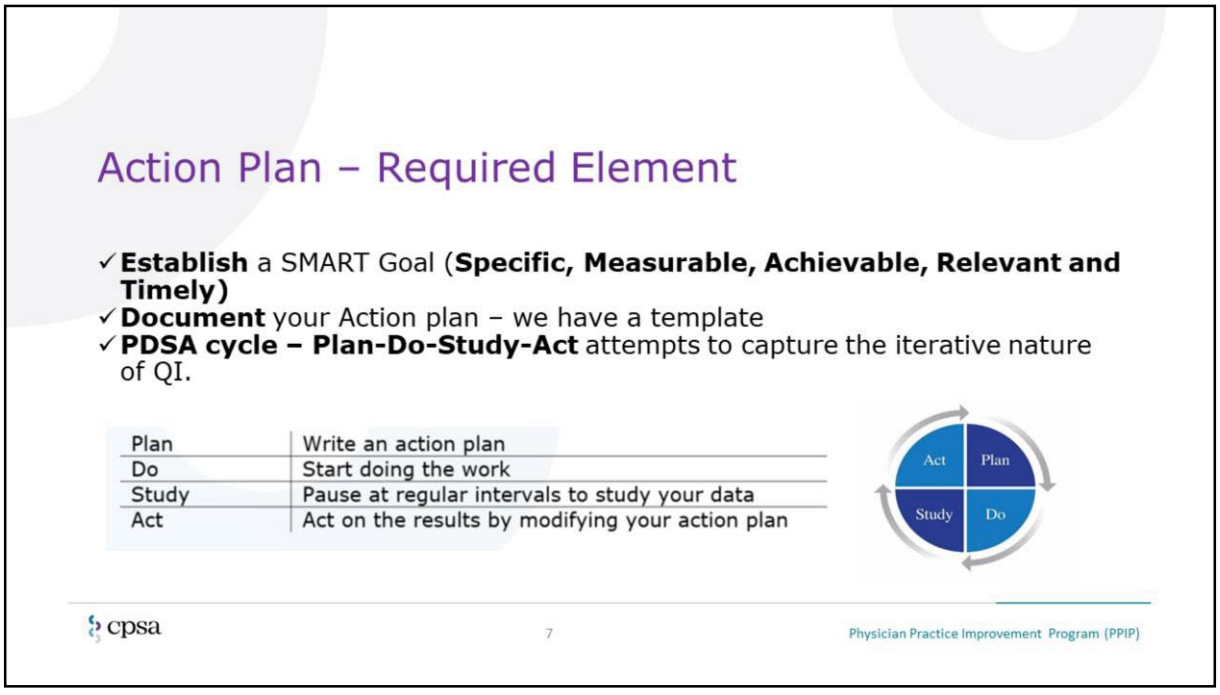
The first mandatory element is data. For the practice-driven PPIP activity, this data comes from your practice. For example, if you are a consultant physician, the data may be drawn from reports you write, whether your assessment is directly of the patient or of investigations associated with the patient.

For the standards of practice PPIP activity, this data comes from evaluating your practice's adherence to an applicable CPSA standard of practice.

For the personal development PPIP activity, this data may be from formal feedback or a structured assessment.

While the use of data for the purposes of quality improvement is generally considered to be ethical, CPSA encourages physicians to verify that their proposed activity meets ethical standards and provides the following resource in case of concerns in this area.

Physicians must review the data and identify an opportunity or gap.



The second mandatory element is an action plan. You must formally document your action plan for how you are going to address this opportunity. We recommend the use of a SMART (Specific, Measurable, Achievable, Relevant and Timely) goal to increase the likelihood of success, and also that you familiarize yourself with the iterative nature of quality improvement, for example by reviewing the PDSA (Plan Do Study Act) cycle. CPSA has provided a template for your use on our website, but you can create your own as well.

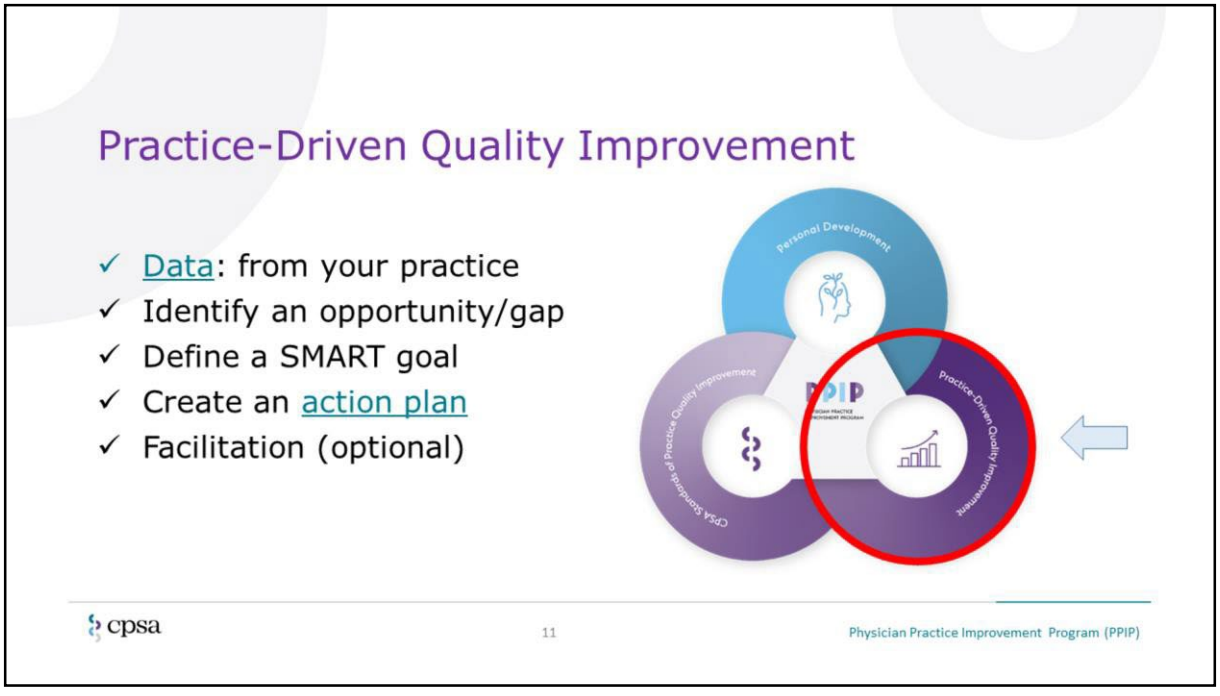
Action plans ask you to consider what is the root cause of the opportunity, who your team will be, what barriers to change you may face and how you will address these. Action plans also remind you that you will need to be monitoring progress in order to know whether you need to make changes to your current action plan.

The third element is facilitation. Facilitators are individuals who are competent to help you look at your data, reflect on the opportunities evident therein and assist you with developing an action plan.

Facilitation is encouraged for the practice-riven and CPSA standards of practice PPIP activities, and mandatory for the personal development PPIP activity.

A facilitator may be a colleague, supervisor, trained coach, Primary Care Network practice facilitator or other individual who is qualified to assist you in framing your data in a constructive manner.

Dedicated modules for self-facilitated reflection are also acceptable.



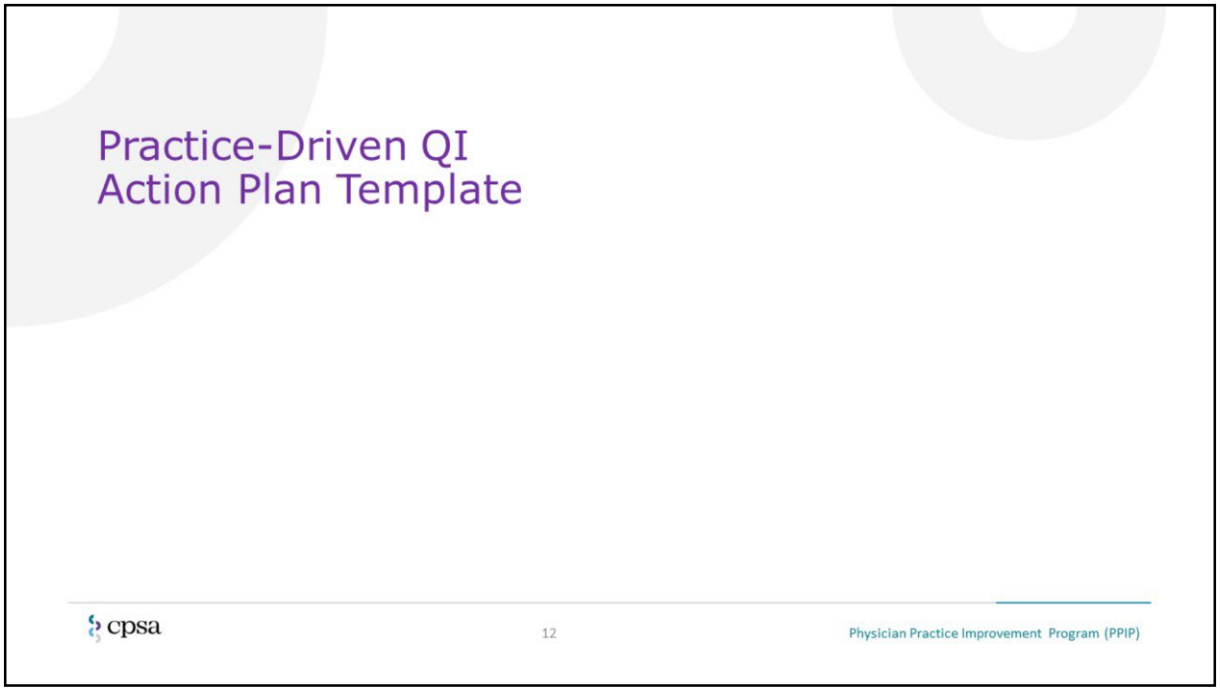
The rest of the presentation will focus on providing a very detailed look at examples of action plans.

While quality improvement initiatives can be seen as needing to be on a systems level, the intent of CPSA's PPIP program is to inspire individual physicians to examine their own practices and identify opportunities for improvement which are under their personal control.

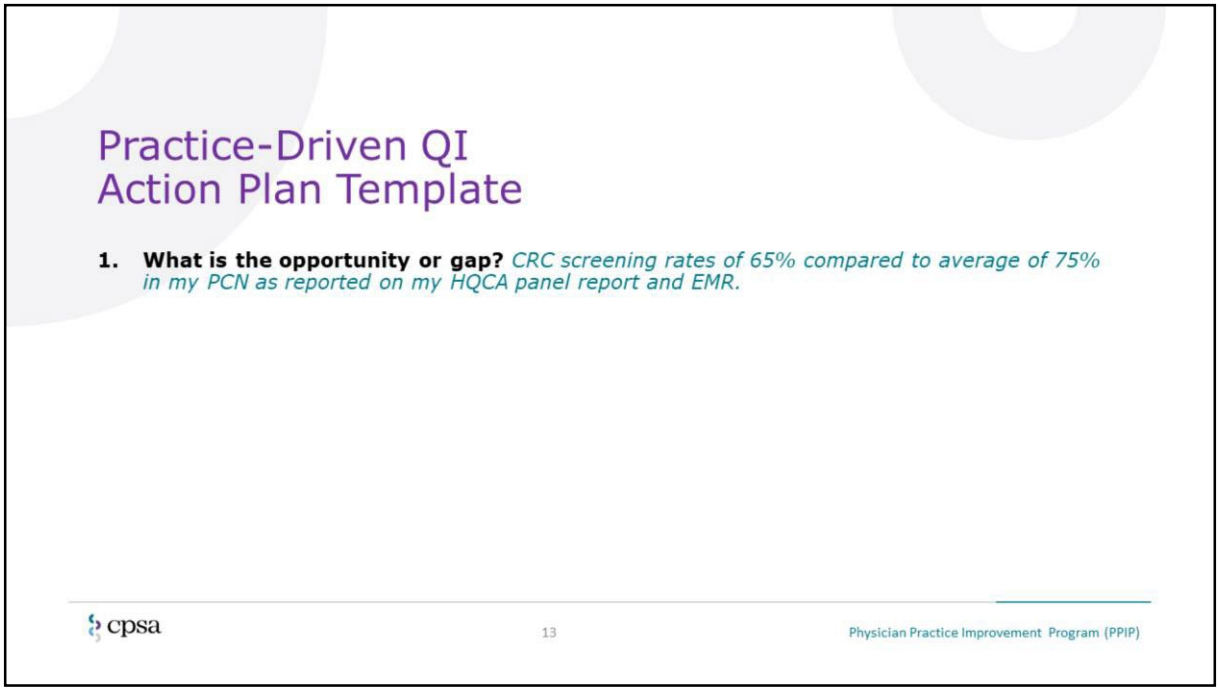
For a practice-driven quality improvement activity, you must review and reflect on objective data from your practice, such as scheduling, screening, reporting, vital signs acquisition, prescribing data or whatever data is available to you that pertains to your specific area of practice.

Identify an opportunity and formally document an action plan and SMART goal.

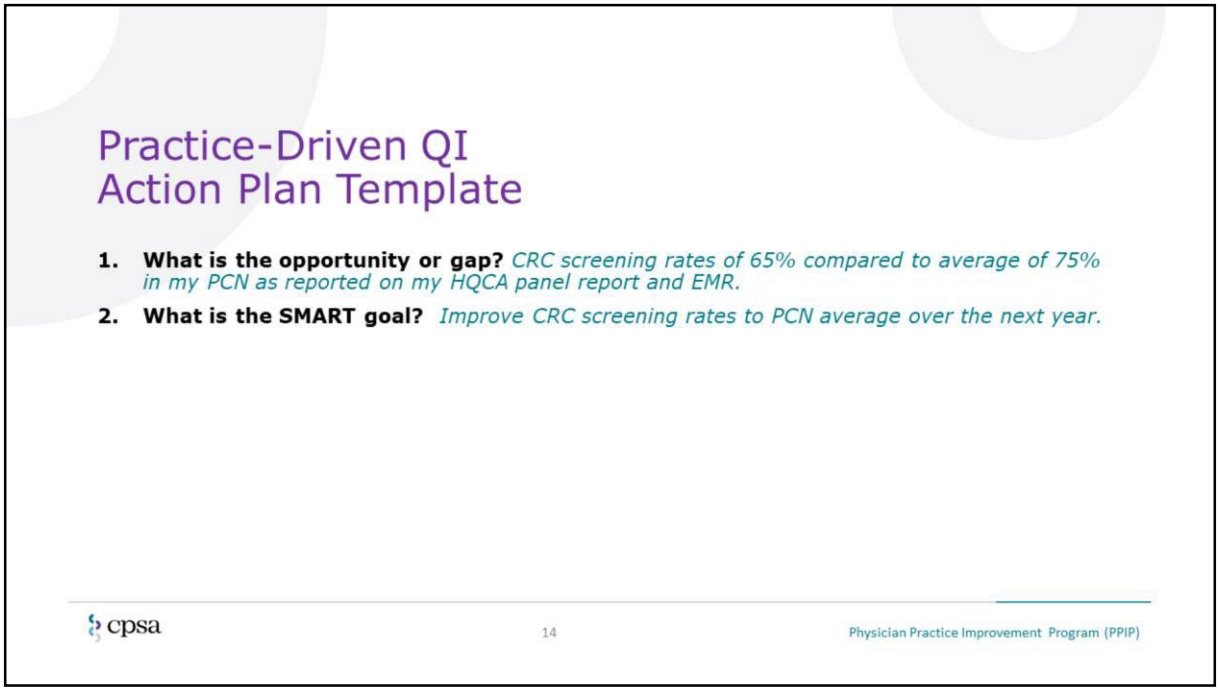
We encourage the use of facilitation in this process.



This example is taken from primary care and may not be directly applicable to your practice. It is intended to demonstrate one potential activity, which would qualify as a practice-driven PPIP activity.

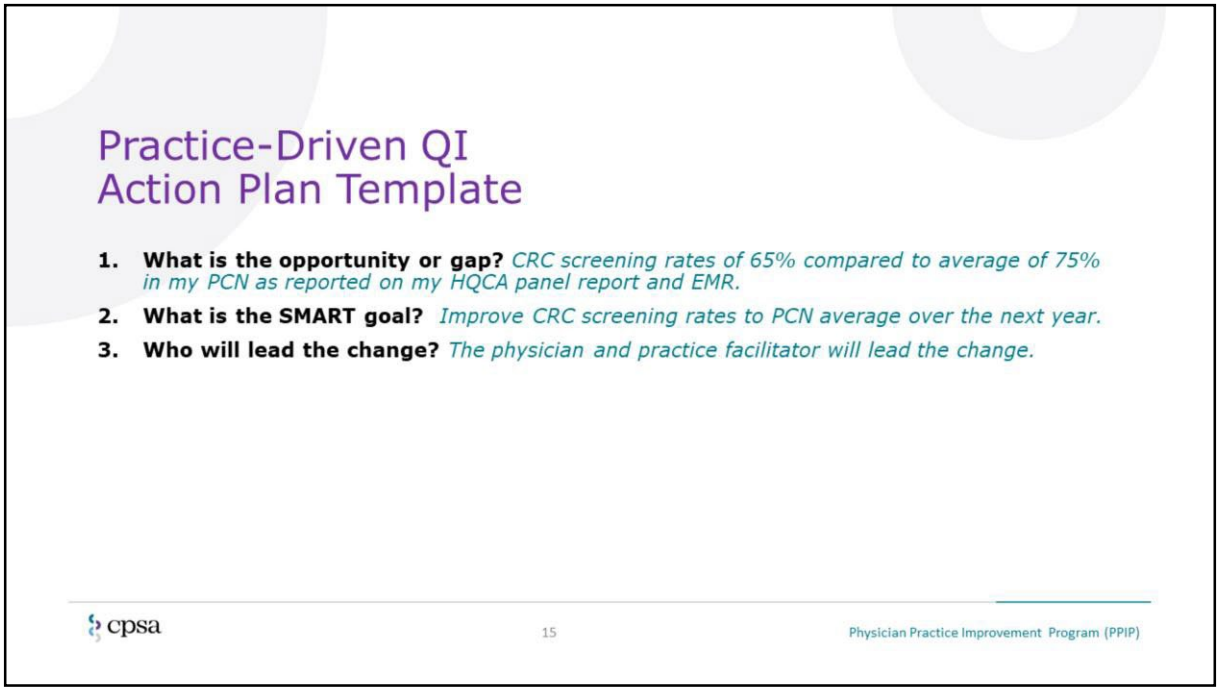


This physician identifies that their colorectal screening cancer rates fall below the PCN average by reviewing their HQCA panel report.

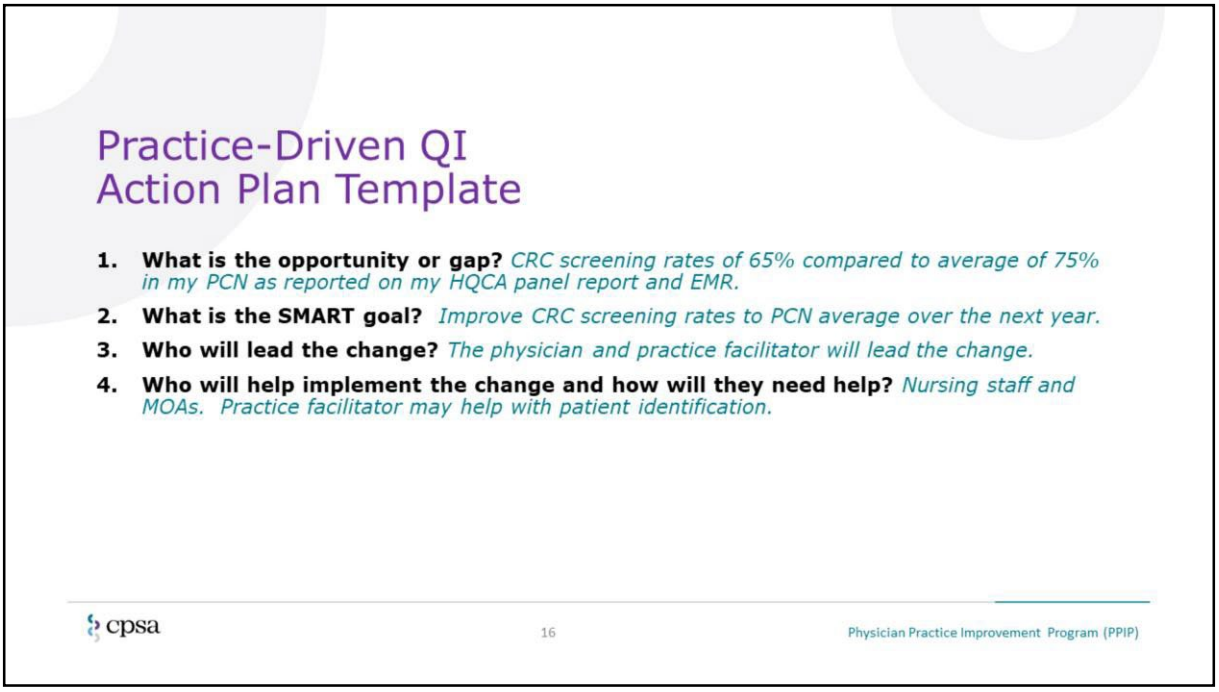


They set a SMART goal to increase their CRC screening rate from 65% to 75% over one year.

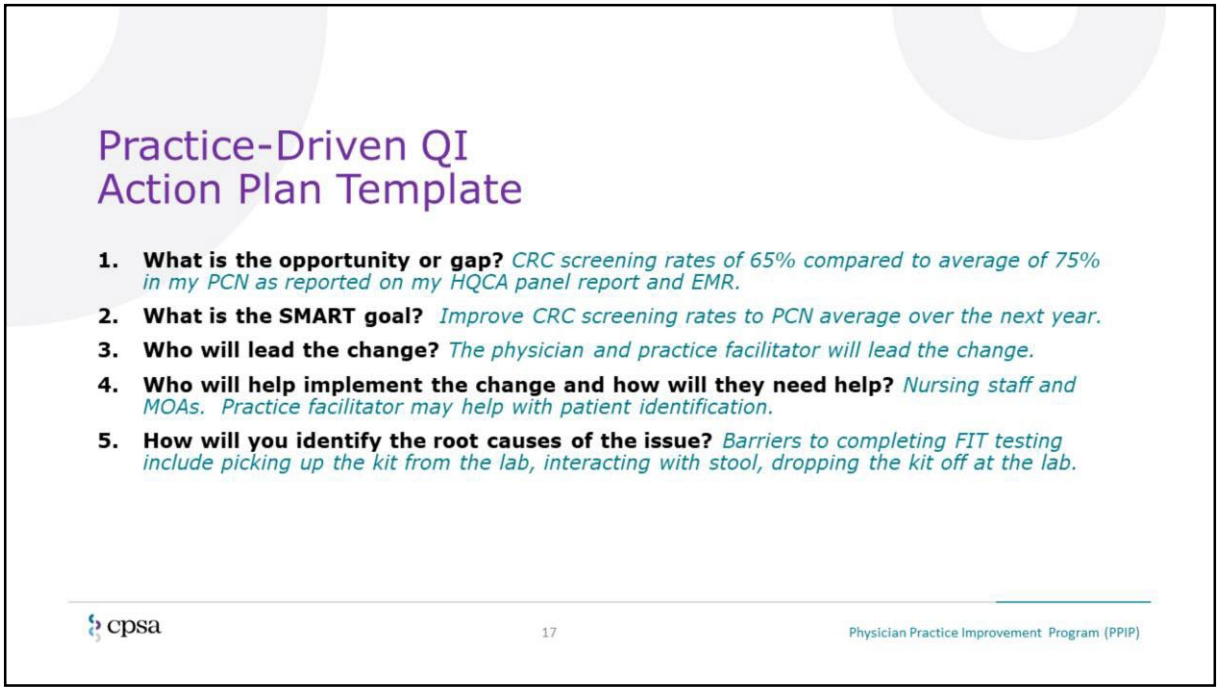
It is important to take a step back and determine if this is a SMART goal. It's natural when you identify a situation which needs improvement to want to ensure that it is completely and instantly rectified, but it is critical to make the changes achievable. One downside to this as a SMART goal is that the measurement of CRC screening rates is actually a composite measure of FIT testing, colonoscopy, sigmoidoscopy, CT colonography and so on. A project which involved blood pressures measured in clinic might lend itself more to a really narrow SMART goal.



The physician identifies that they will lead the change with the help of a PCN practice facilitator, and that they will need the help of admin staff and nursing.

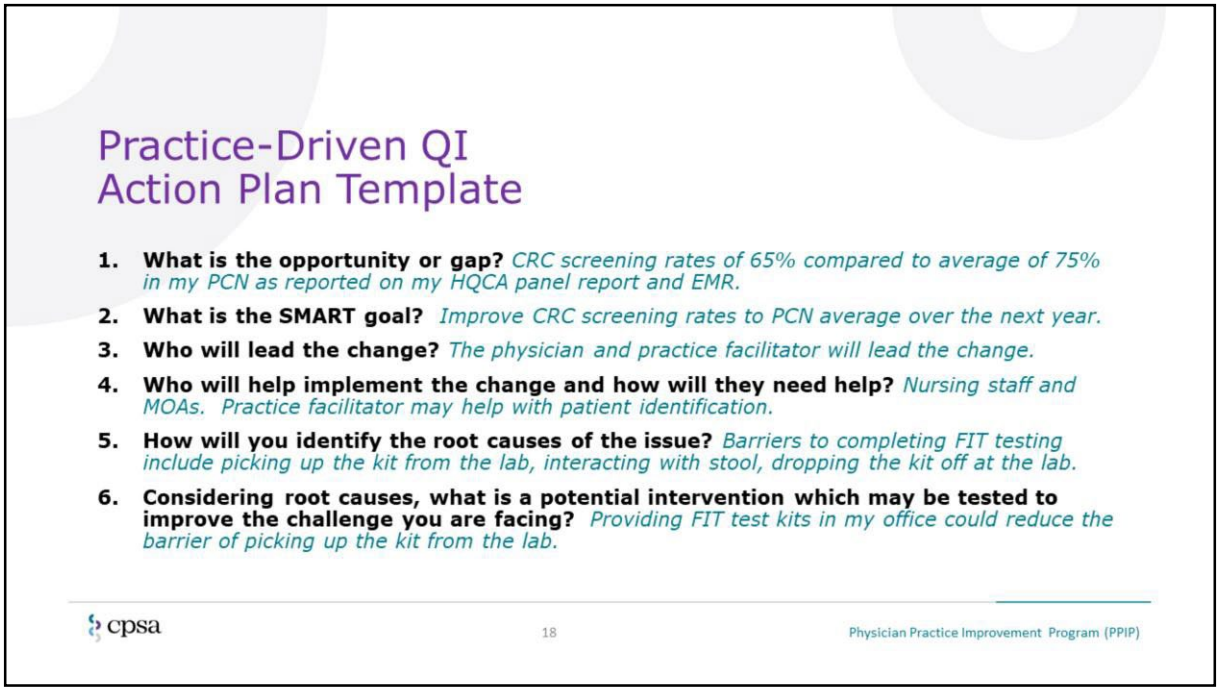


They will also need help with identifying patients who are eligible for CRC screening, which the practice facilitator may be able to help with.

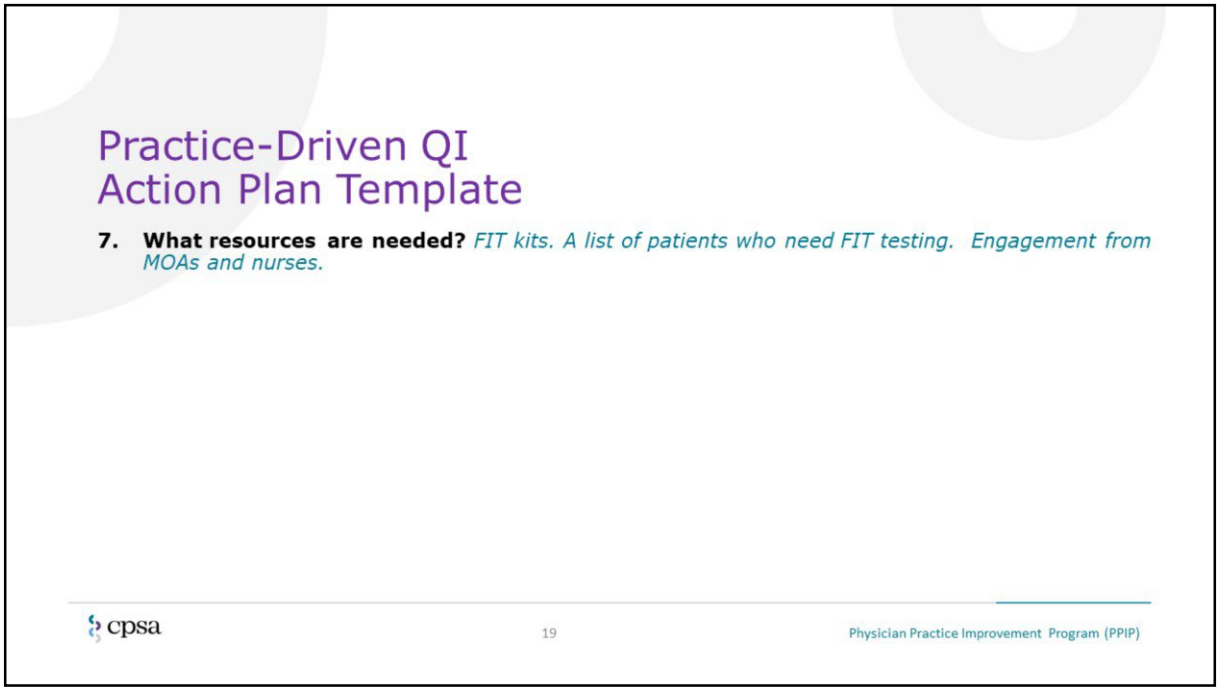


On review of why CRC screening rates might be low, they consider the following barriers:

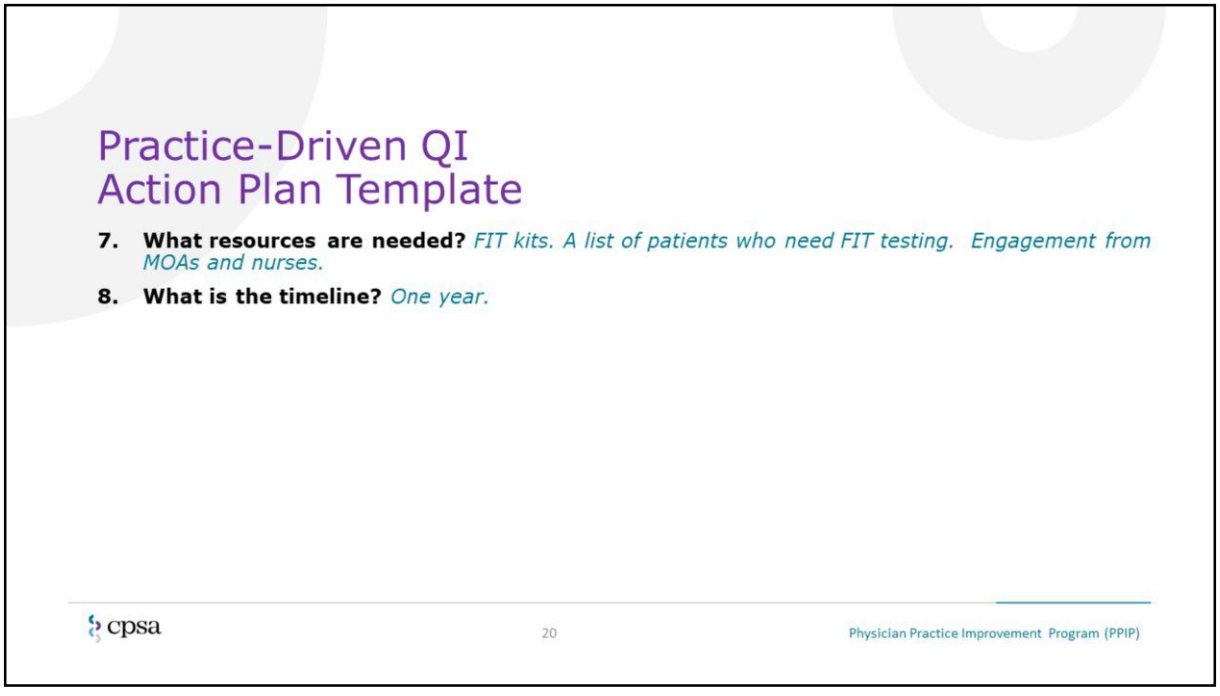
- In order to get a completed FIT test, the patient must be given a requisition, must go to the lab to pick up a collection kit, must interact with stool to collect a specimen and then drop the kit back off at the lab.



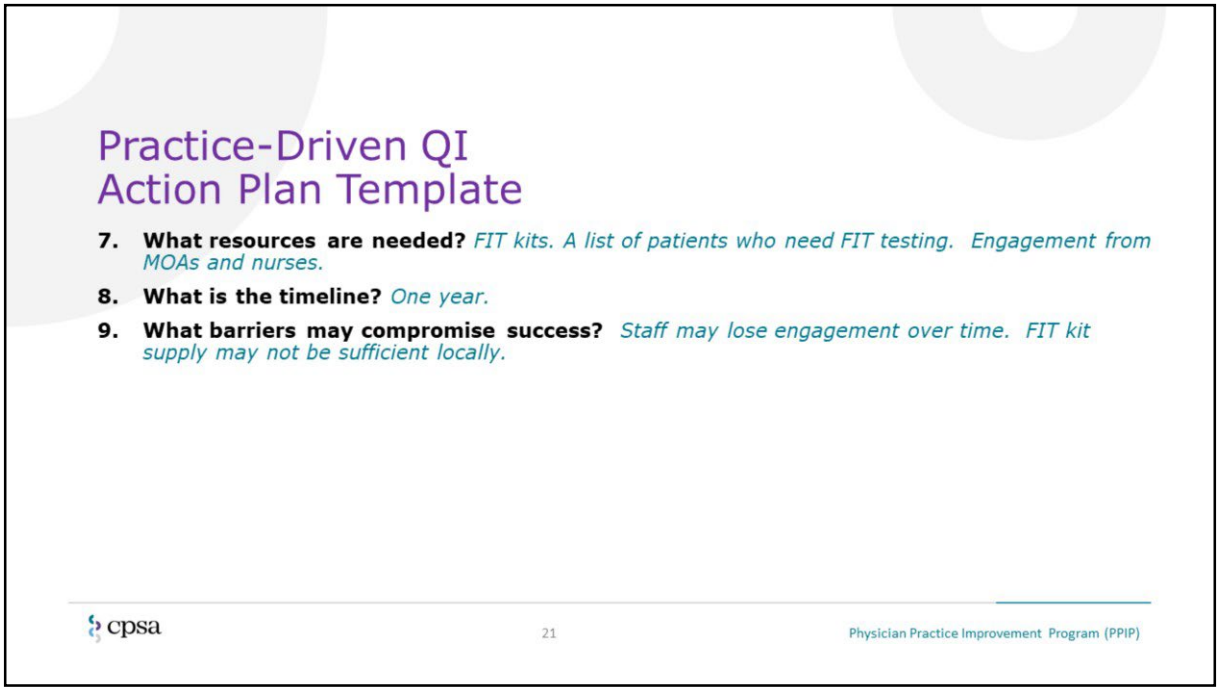
So considering these possible barriers, an intervention which may be tested would be to provide FIT test kits in office so that patients would not have to make the first trip to the lab.



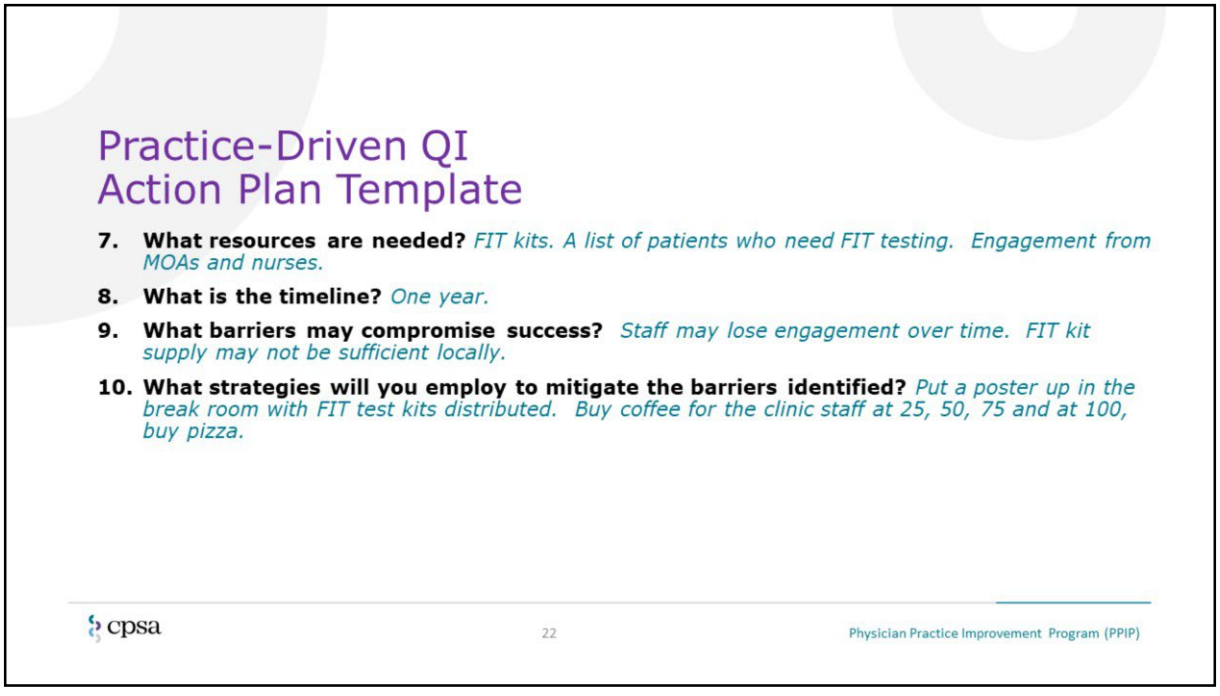
Resources needed would include FIT collection kits, a list of patients eligible for CRC screening and engagement from medical office assistants, nurses and practice facilitator.



The timeline is one year.

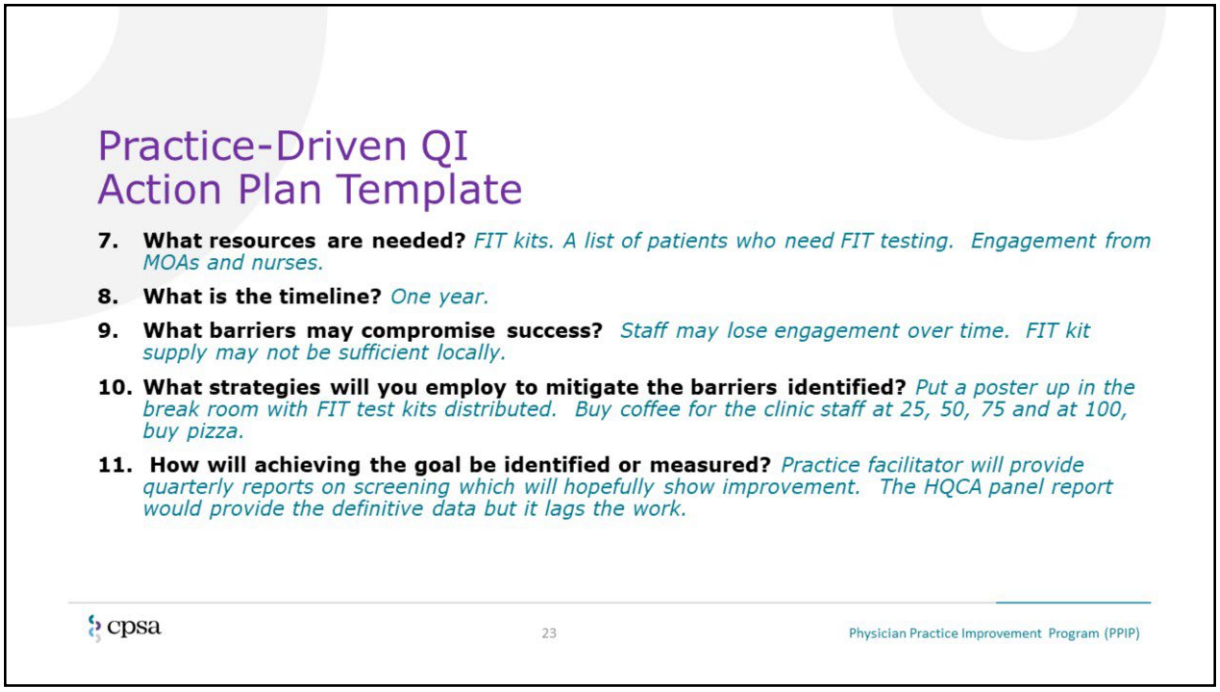


Potential barriers which may compromise success would include loss of staff engagement over time and insufficient FIT kit supply locally.

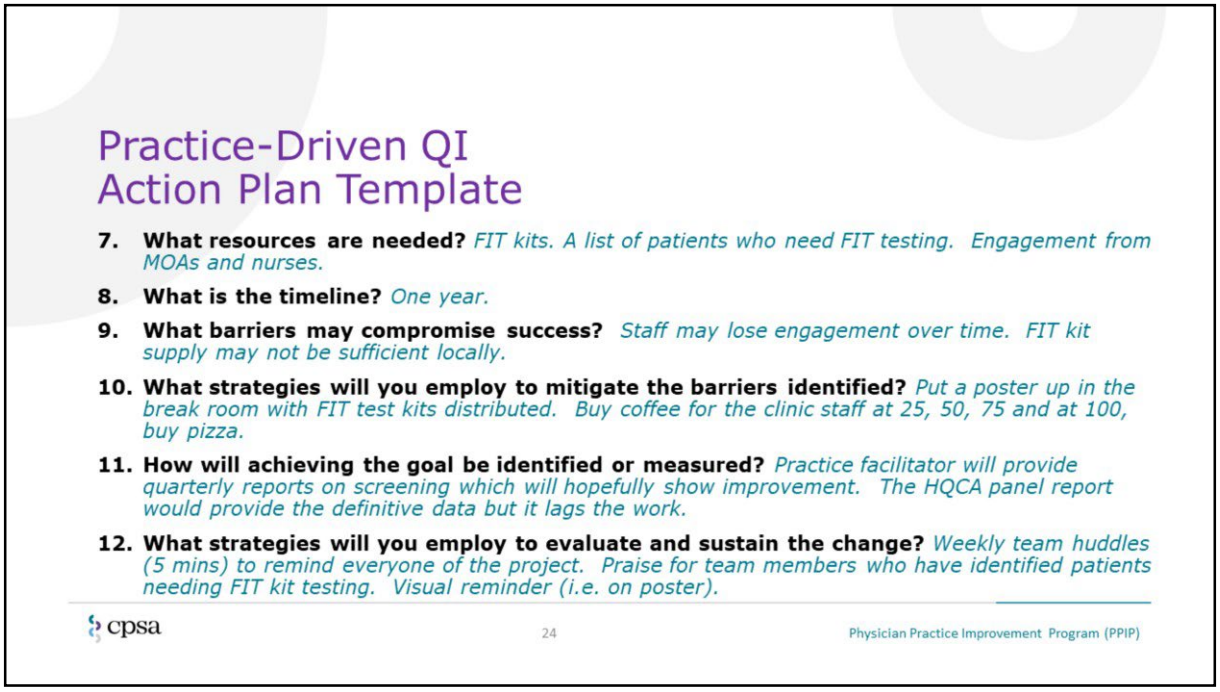


What strategies might be helpful to mitigate the barriers identified?

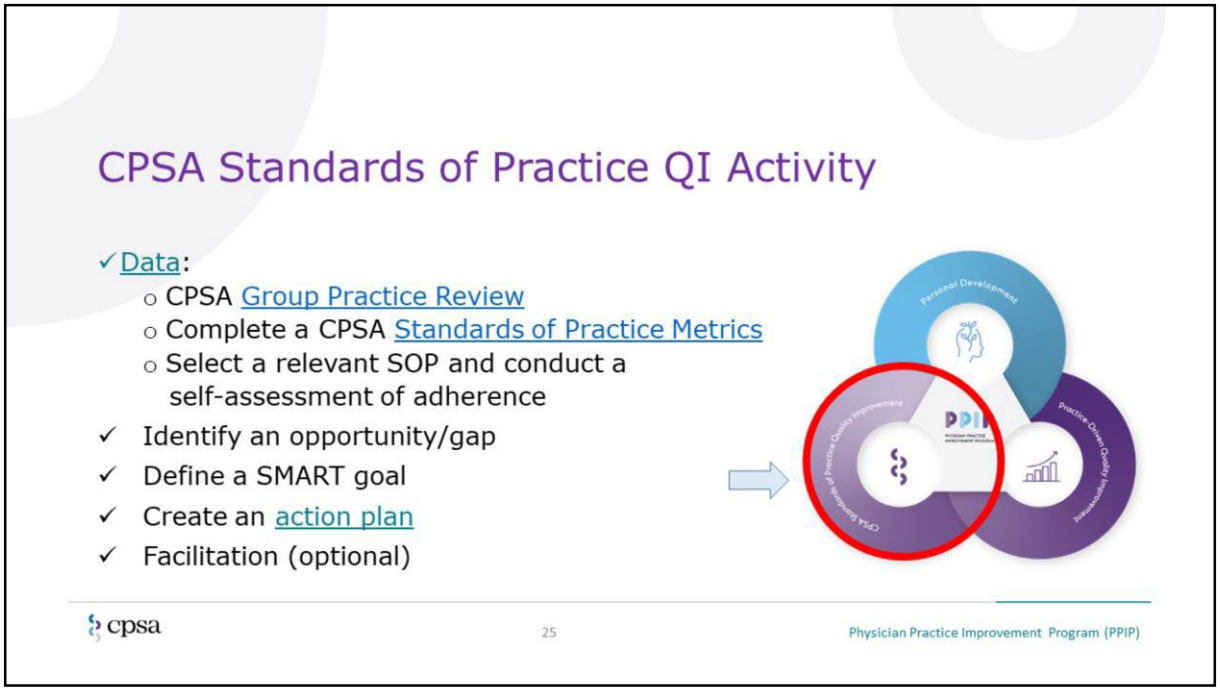
This physician envisions motivational tools such as a poster in the break room, coffee for the team at certain milestones and celebration at larger milestones.



In terms of measurement, the practice facilitator could provide a quarterly report back to the team in terms of FIT kits distributed.



Finally, the action plan template asks about sustaining change and this physician envisions posters in clinic to inform patients and remind staff about the project, as well as weekly team huddles of five minutes or less to remind everyone of the ongoing project, including praise for team members who have done some opportunistic recognition of patients eligible for screening.

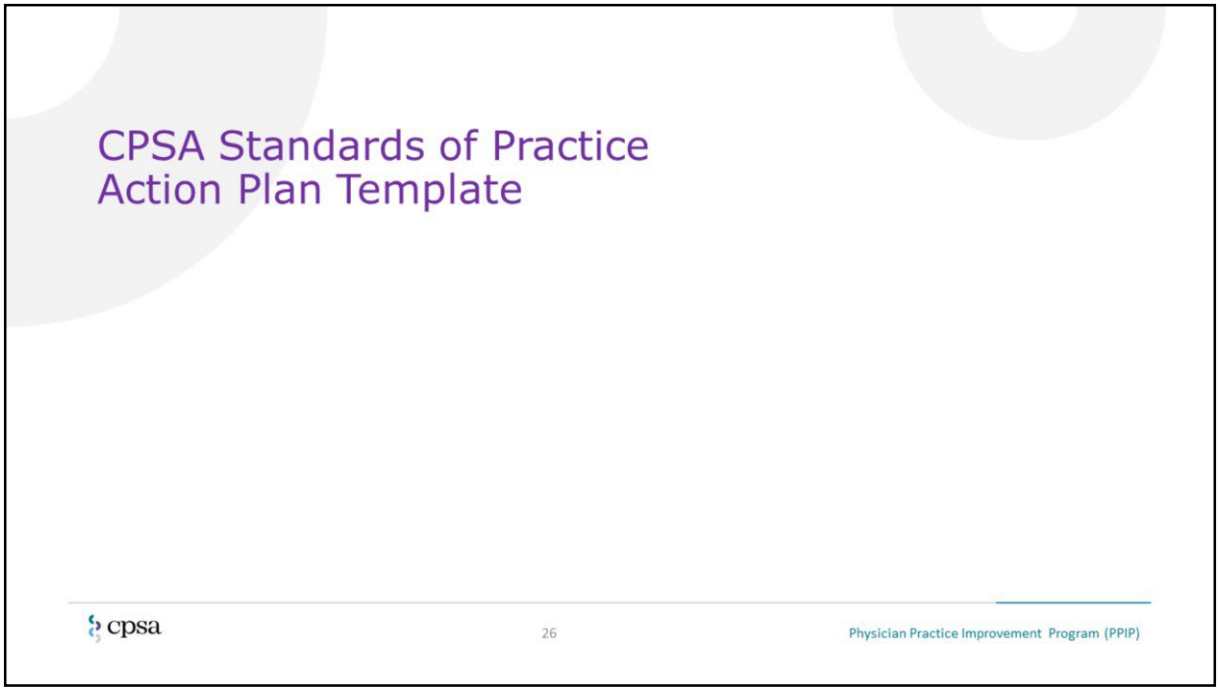


For a CPSA standards of practice activity, the data comes from assessment of adherence to a relevant standard of practice.

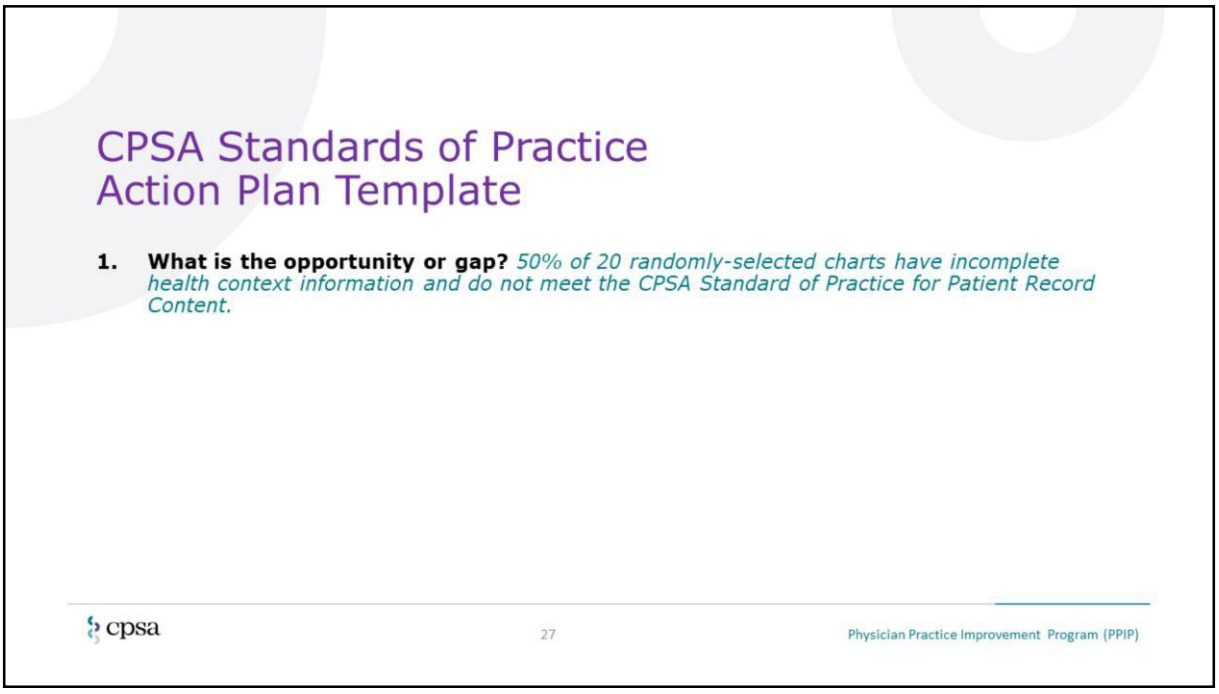
Participation in CPSA's Group Practice Review would allow all physicians in an office to get credit for this activity.

CPSA has also developed a couple of tools which are posted on our website, one for primary care and one for referral encounters which allow a structured self-assessment against some elements of the relevant standards of practice.

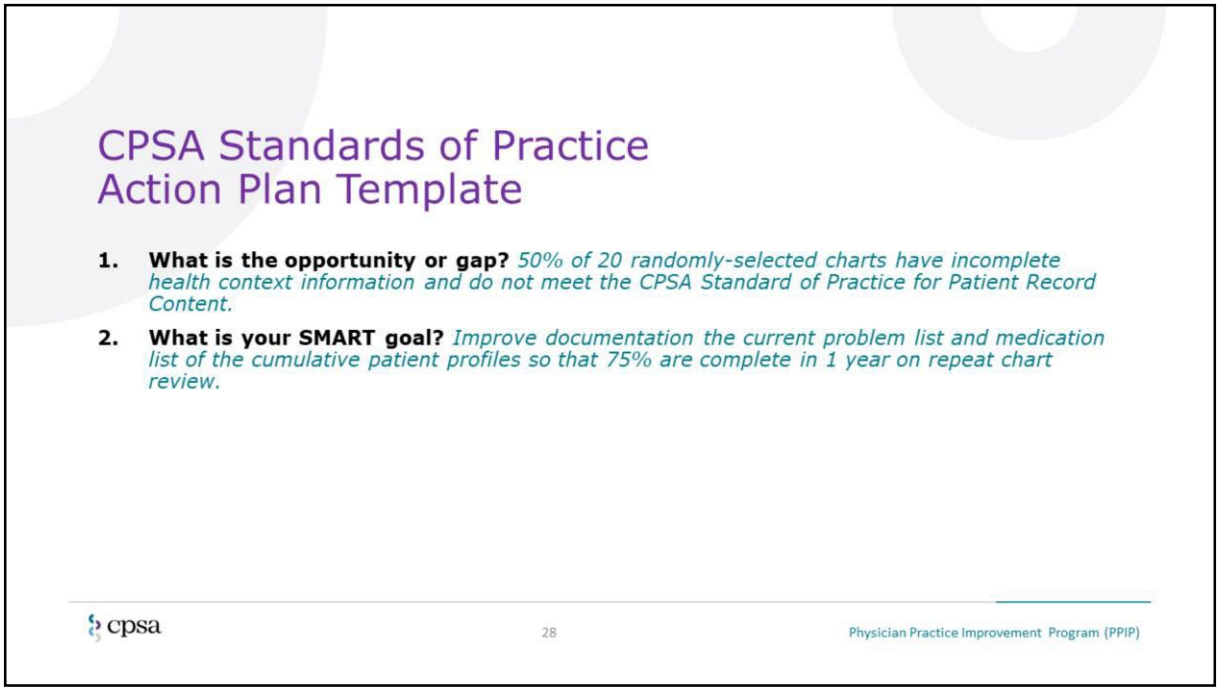
As with the practice-driven PPIP activity, you must review the data, create a SMART goal and formally document an action plan. Facilitation is encouraged.



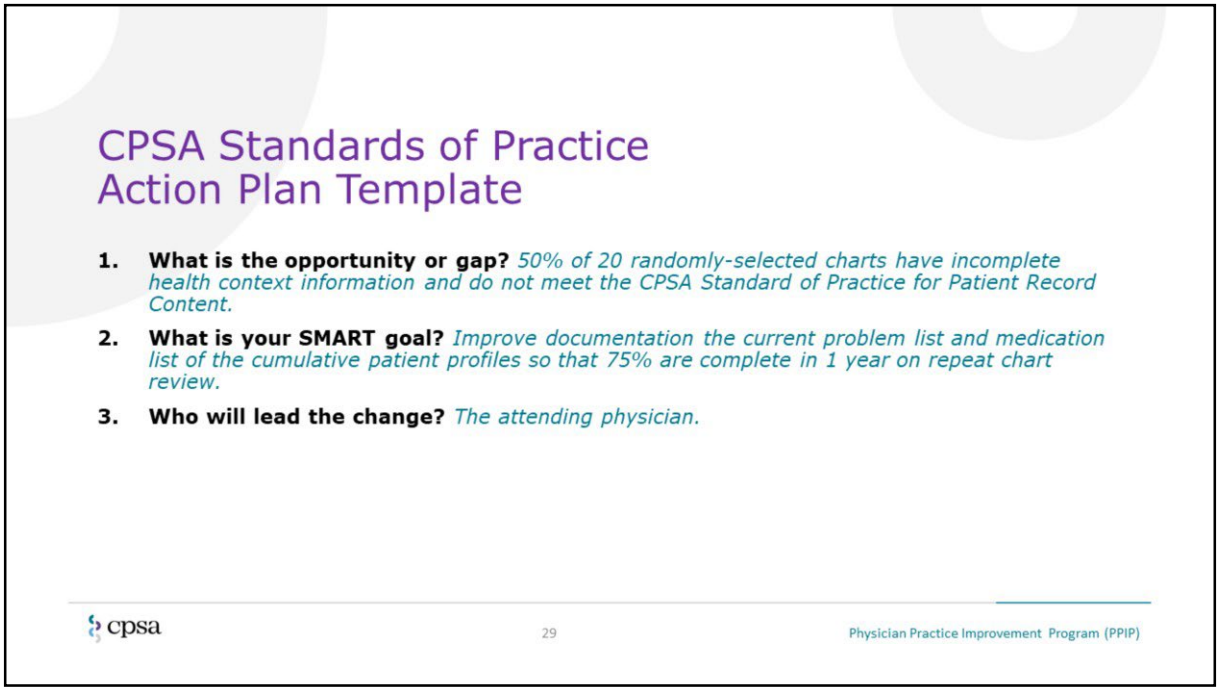
I will provide two examples, one for a clinical and one for a non-clinical physician.



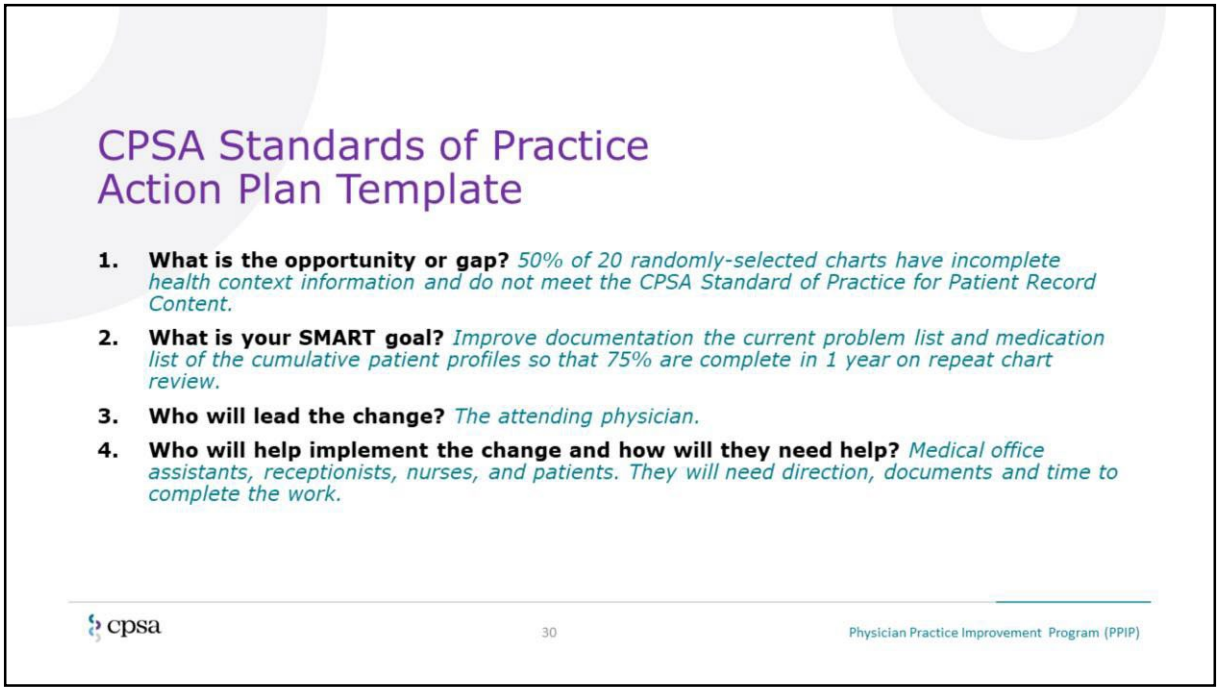
The first example involves CPSA's standard of practice for *Patient Record Content*. The physician selects 20 charts randomly and finds that 50% of them are missing some element of health context information.



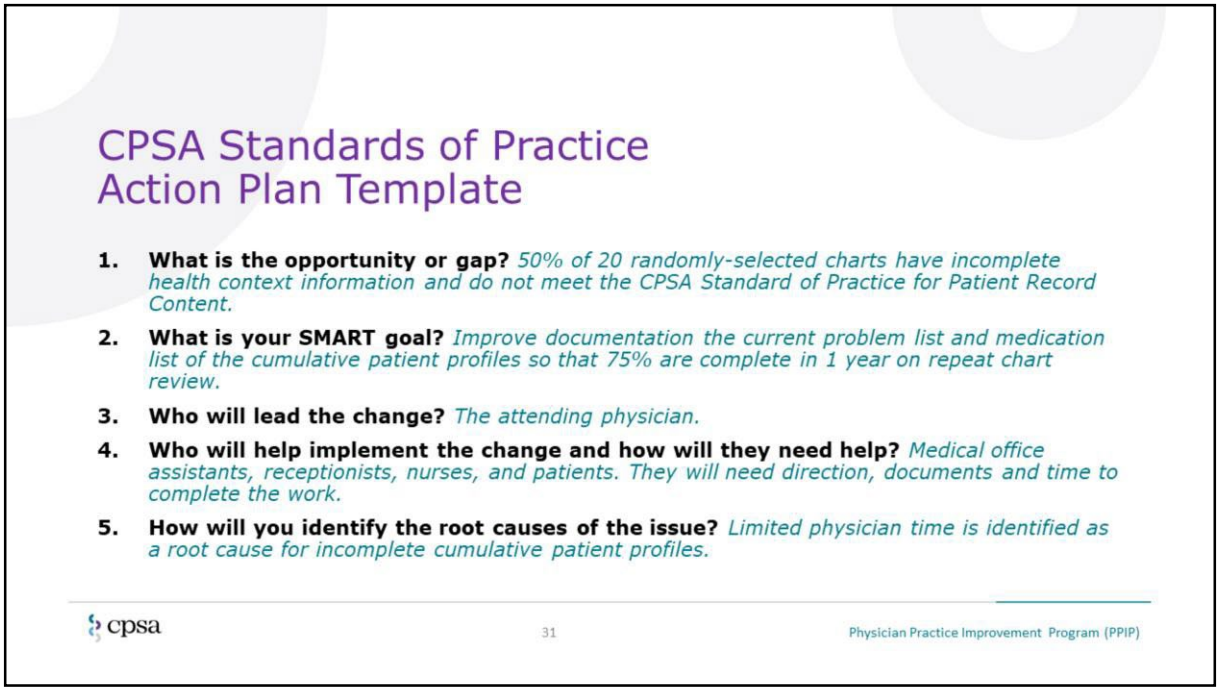
They set a SMART goal to have 75% of charts with a complete medication and current problem list at a year as assessed on repeat chart review.



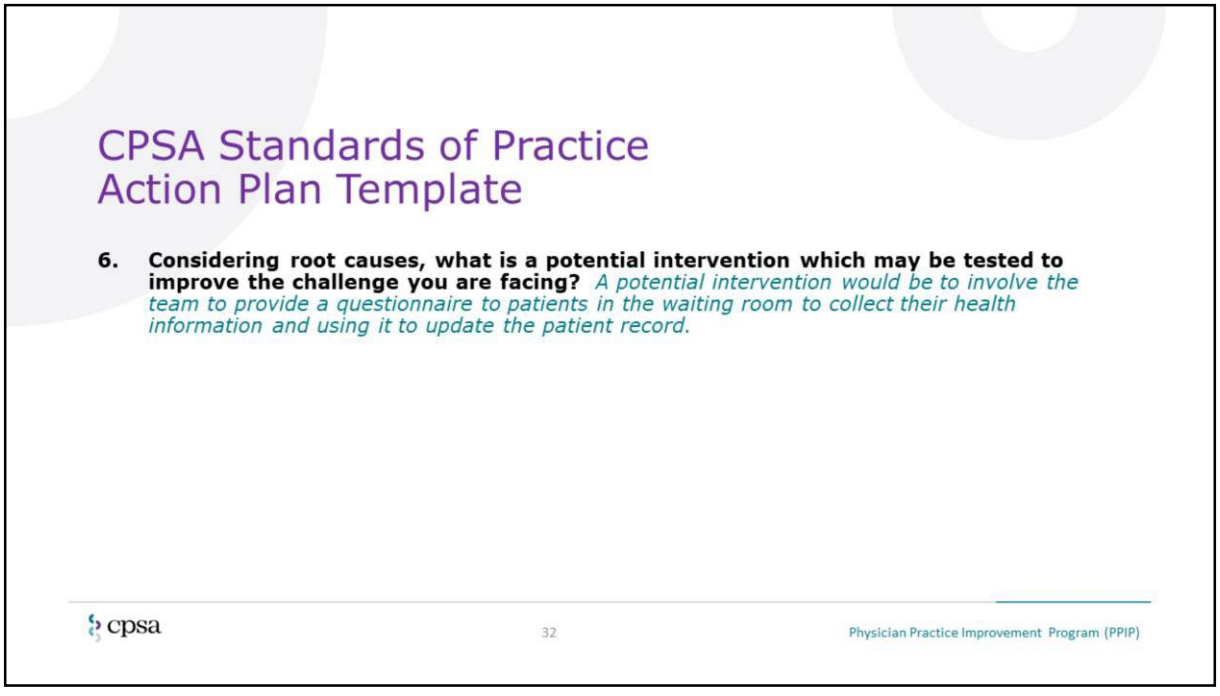
They identify the physician as the leader of the change and establish a team, including MOAs, receptionists, nurses and patients.



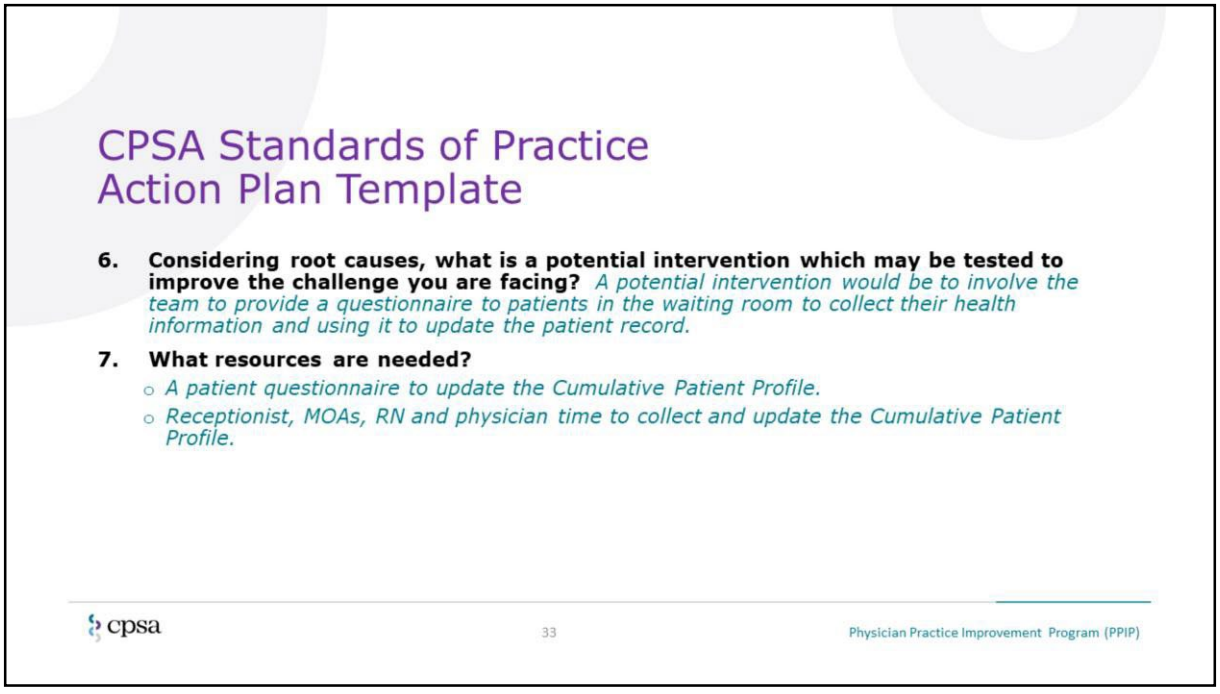
They will need direction, documents and dedicated time to complete this work.



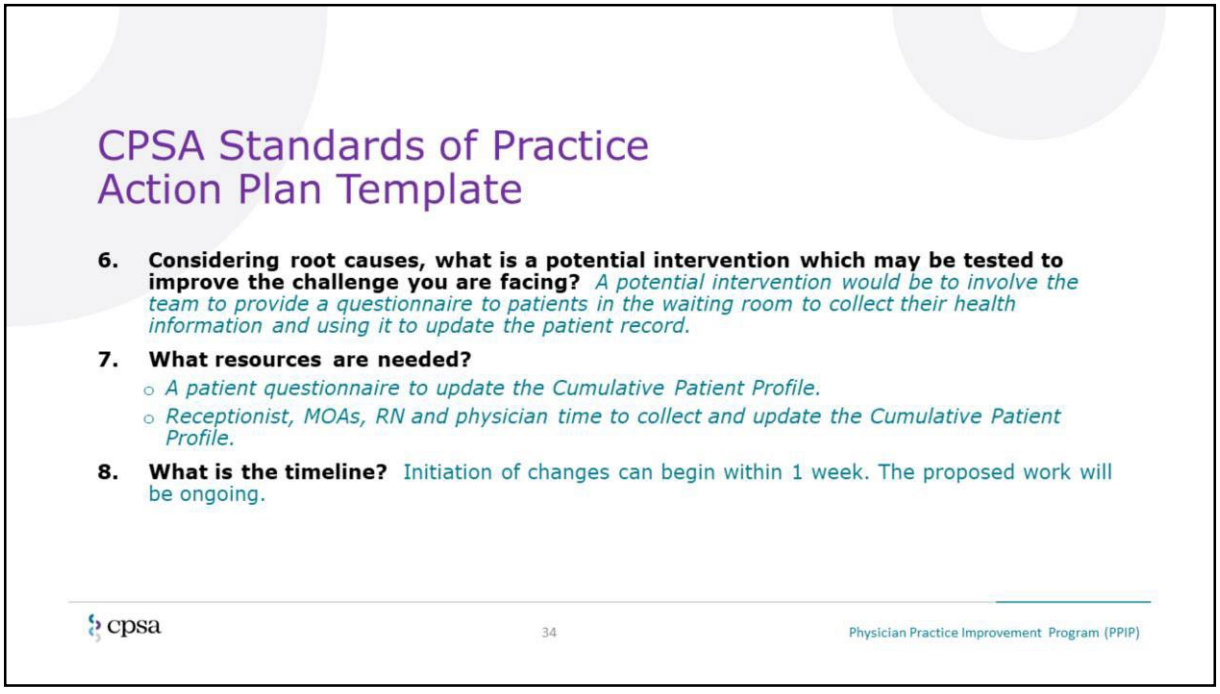
Considering root causes of this issue, the physician identifies limited time as a main contributor.



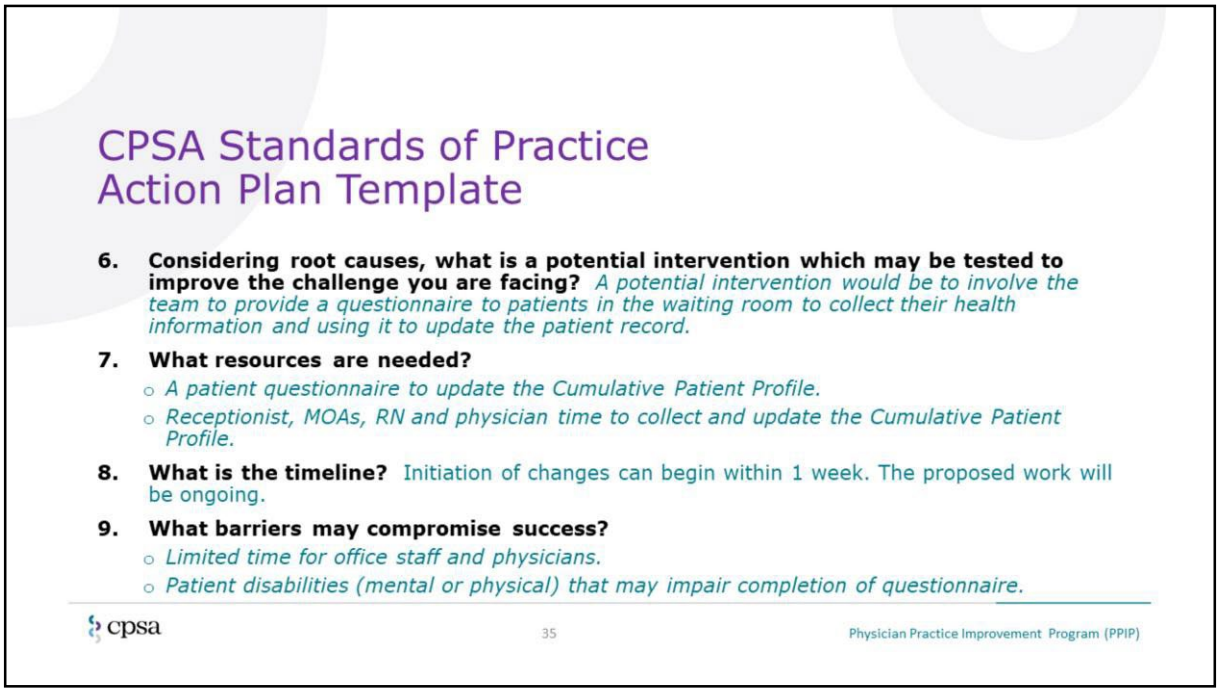
Considering this as a root cause, the physician plans to involve the team in creating and distributing a questionnaire to patients in the waiting room, in order to proactively collect their health information so it can be used to update the patient record.



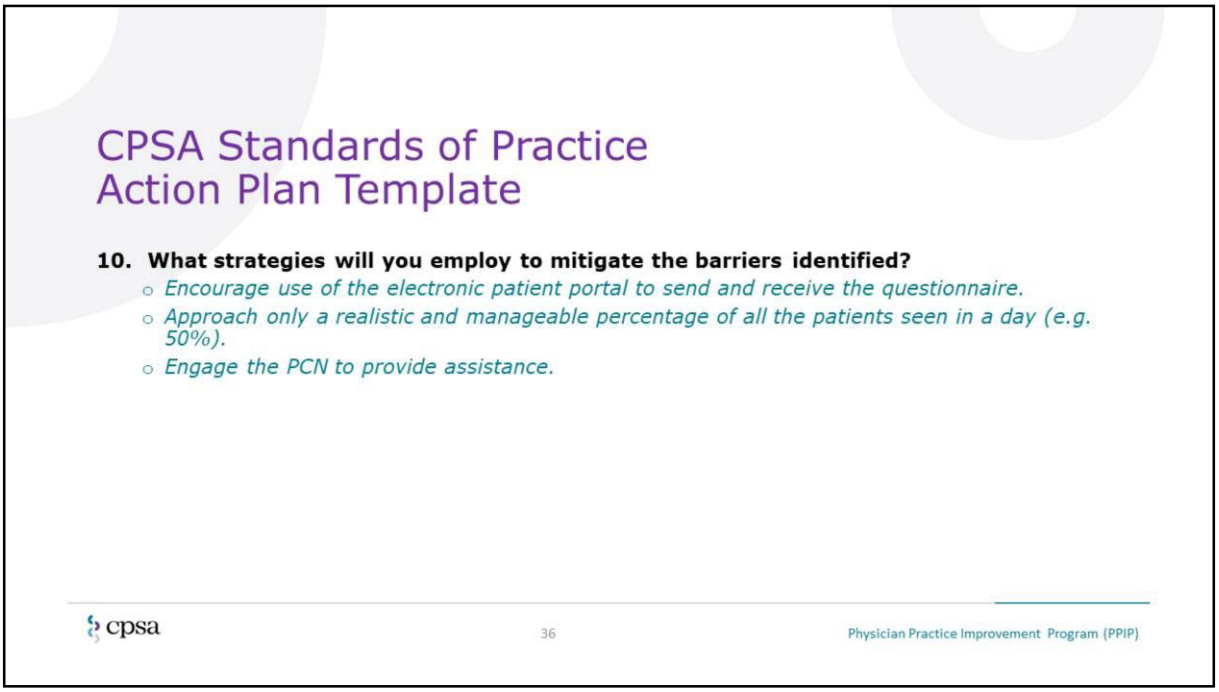
The resources needed are a patient questionnaire and enough time for team members to dedicate to this process.



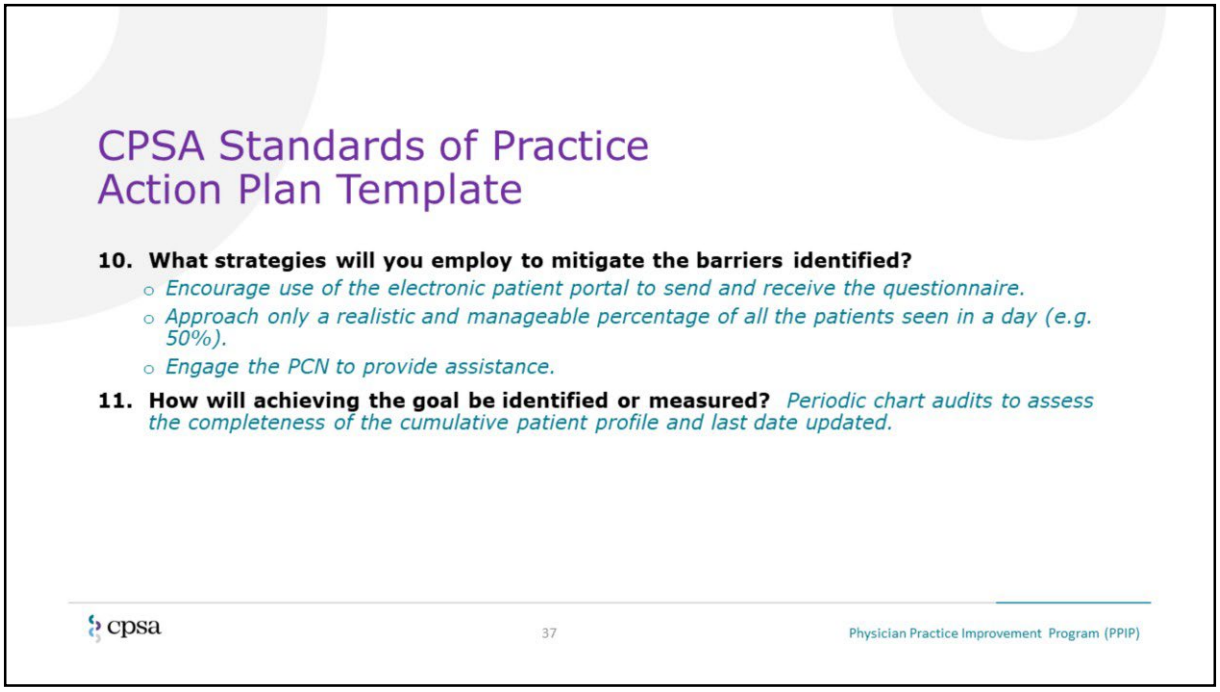
The timeline can begin with changes within the week and the work will be ongoing.



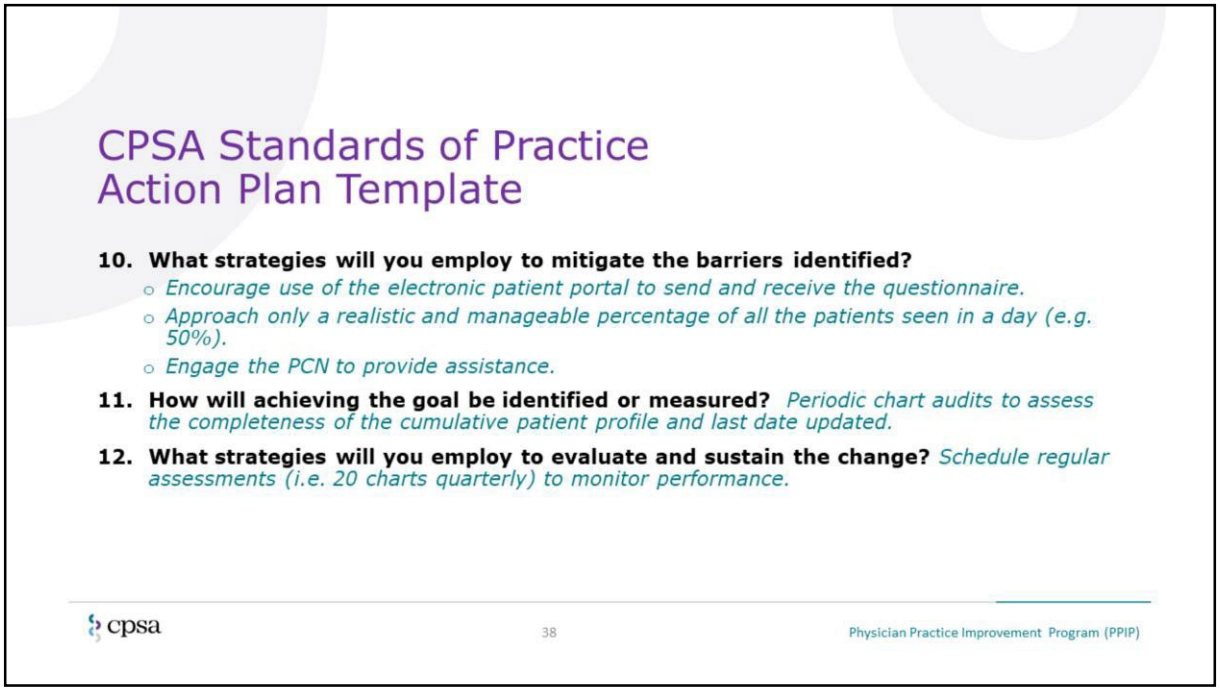
Limited time for staff and physicians will continue to be a barrier and patient factors such as illiteracy, English as a second language or disability may impair completion of a questionnaire.



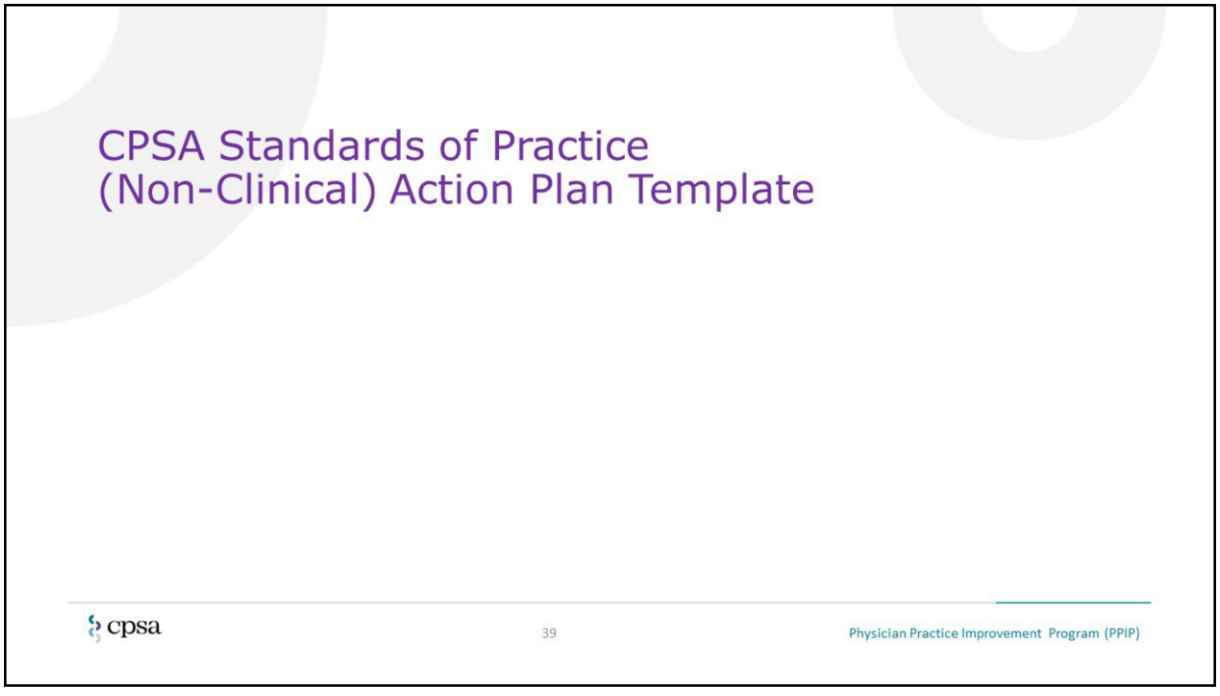
Strategies to mitigate these barriers would be to promote the use of an electronic patient portal to send and receive the questionnaire, to approach only a manageable percentage of patients each day, for example 50%, and engage the Primary Care Network for support.



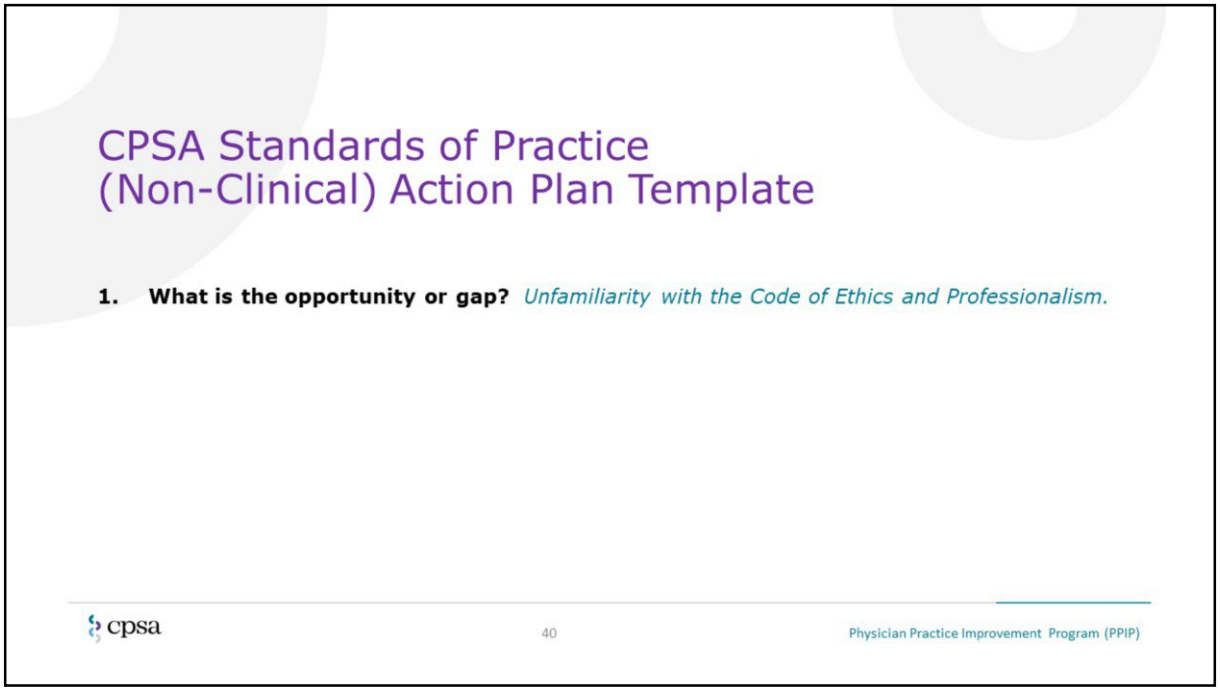
Measurement of progress would be through periodic chart audits to assess the completeness of the cumulative patient profile and the last date it was updated.



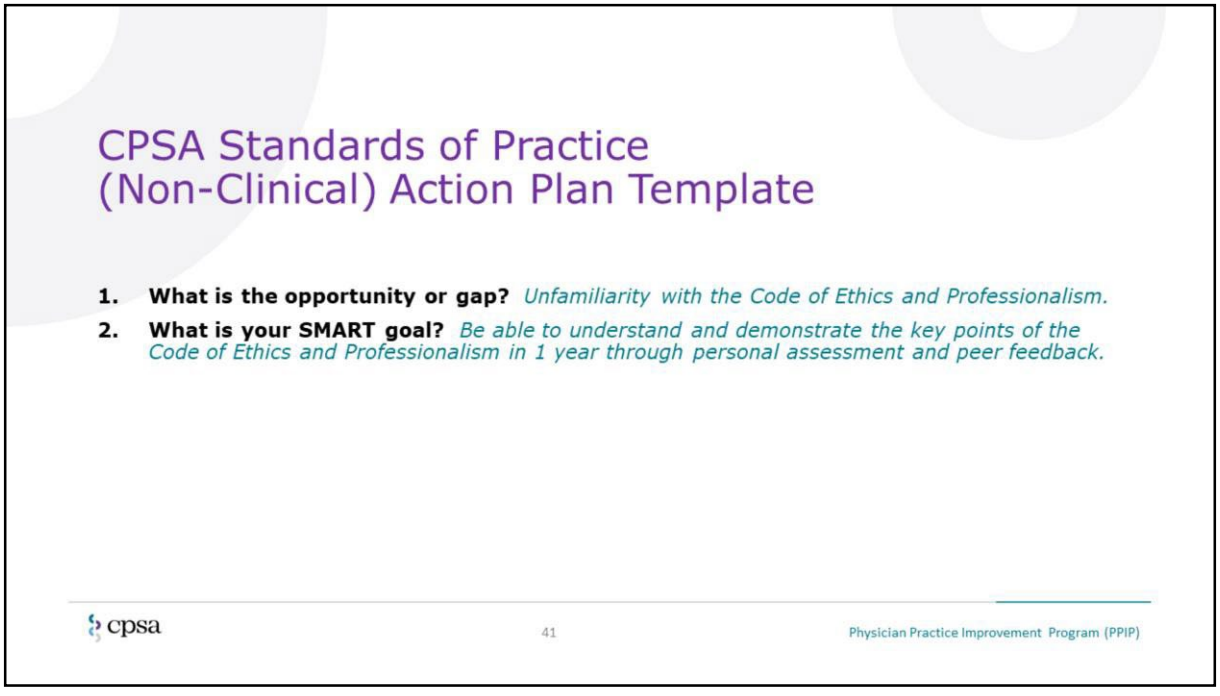
In order to evaluate and sustain change, quarterly reviews of 20 charts will be done in order to monitor performance.



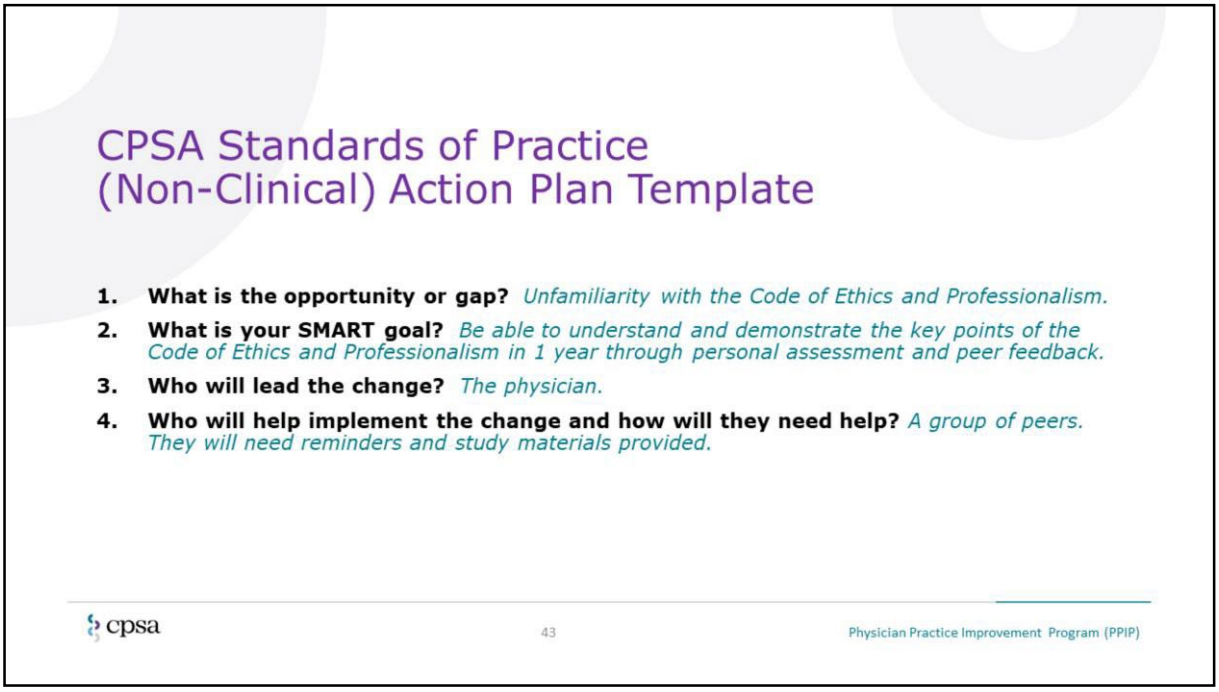
The second example is for any physician as it involves CPSA's standard of practice regarding the Canadian Medical Association's *Code of Ethics and Professionalism*.



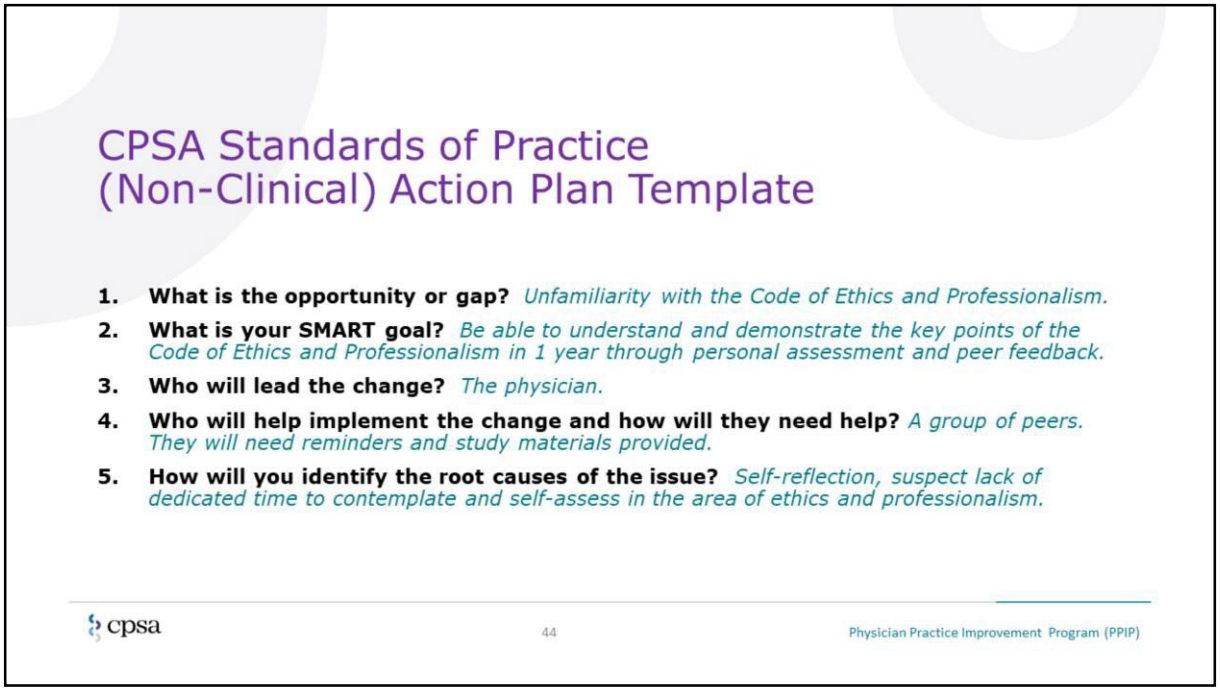
In this case, the physician identifies an unfamiliarity with the code as an opportunity...



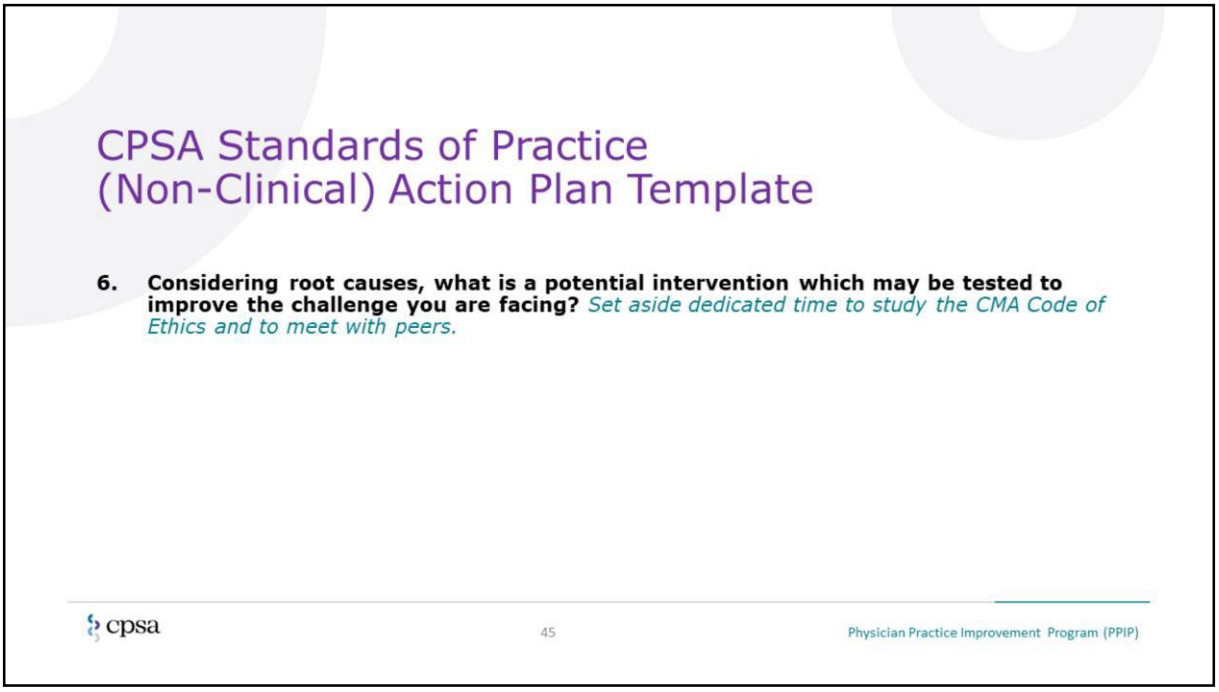
... and sets a goal of being able to understand and demonstrate the key points in one year.



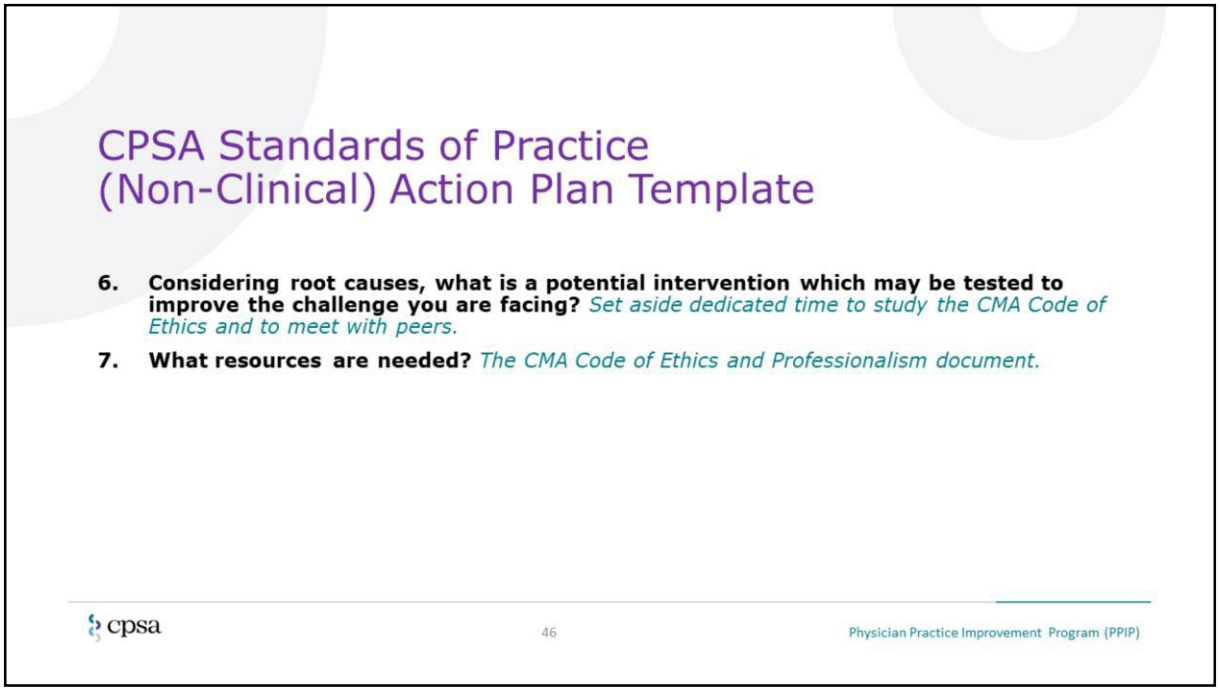
The physician is the leader of this change and a group of peers will be involved.



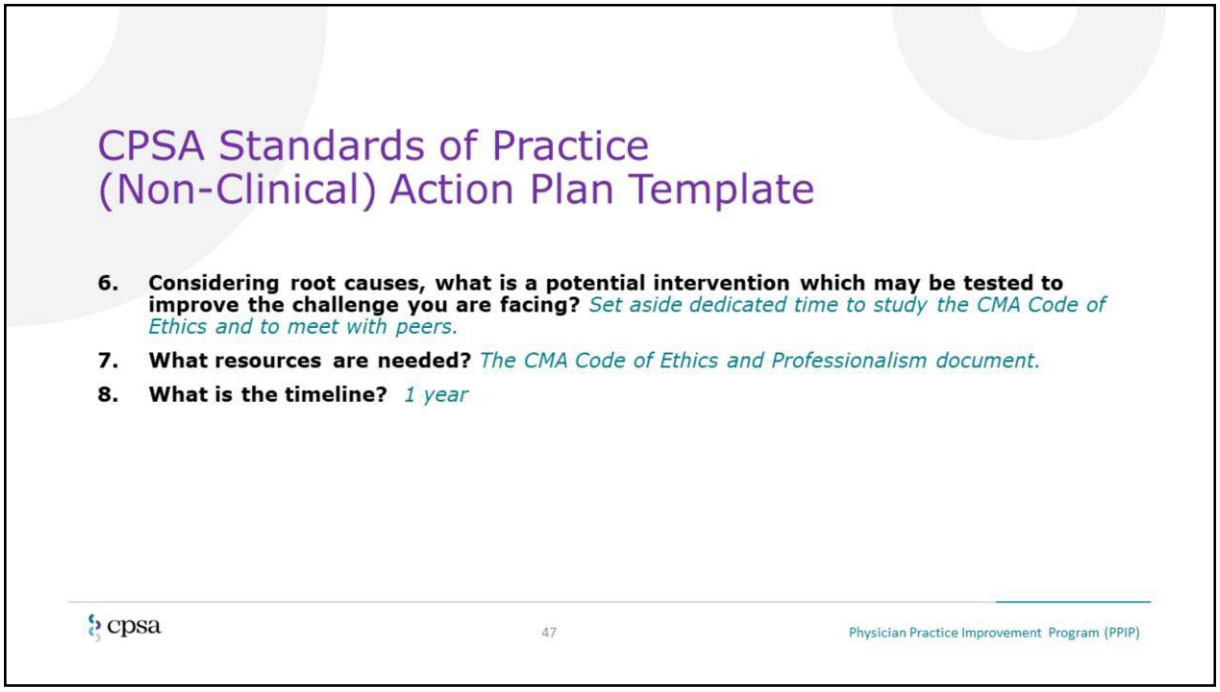
The root cause of this issue is suspected to be a lack of dedicated time to contemplate and self-assess in the areas of ethics and professionalism.



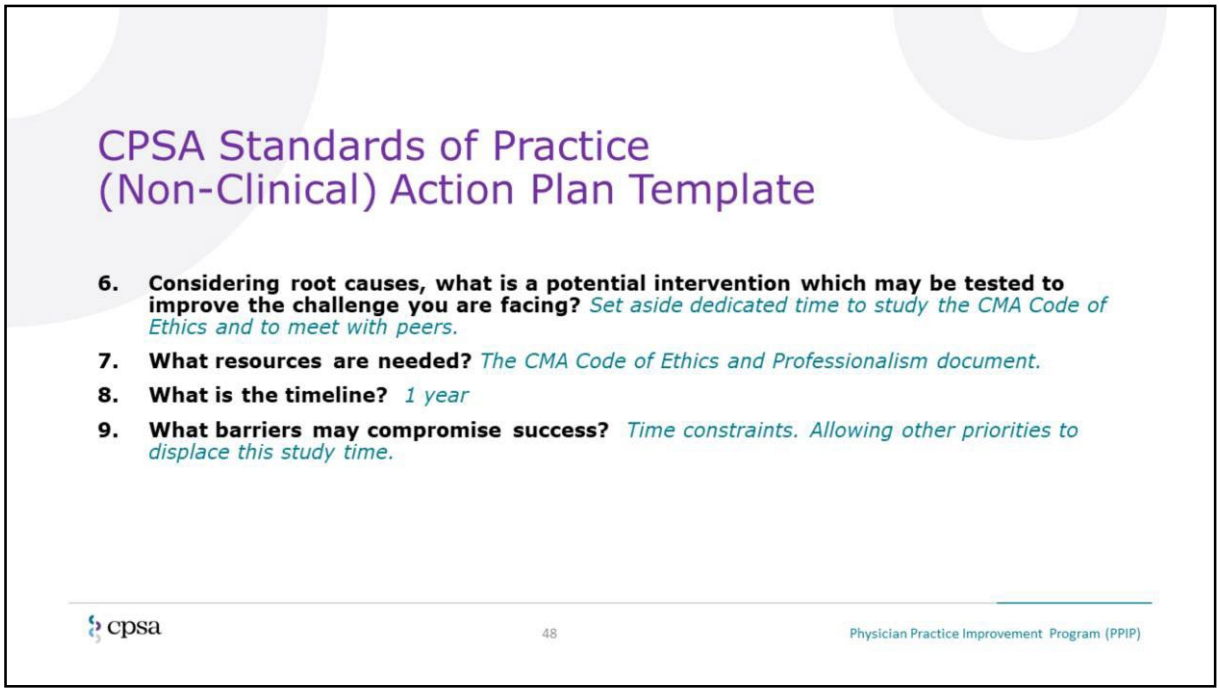
The physician decides to set aside dedicated time for review and establish an accountability group of peers, with dedicated time for meeting.



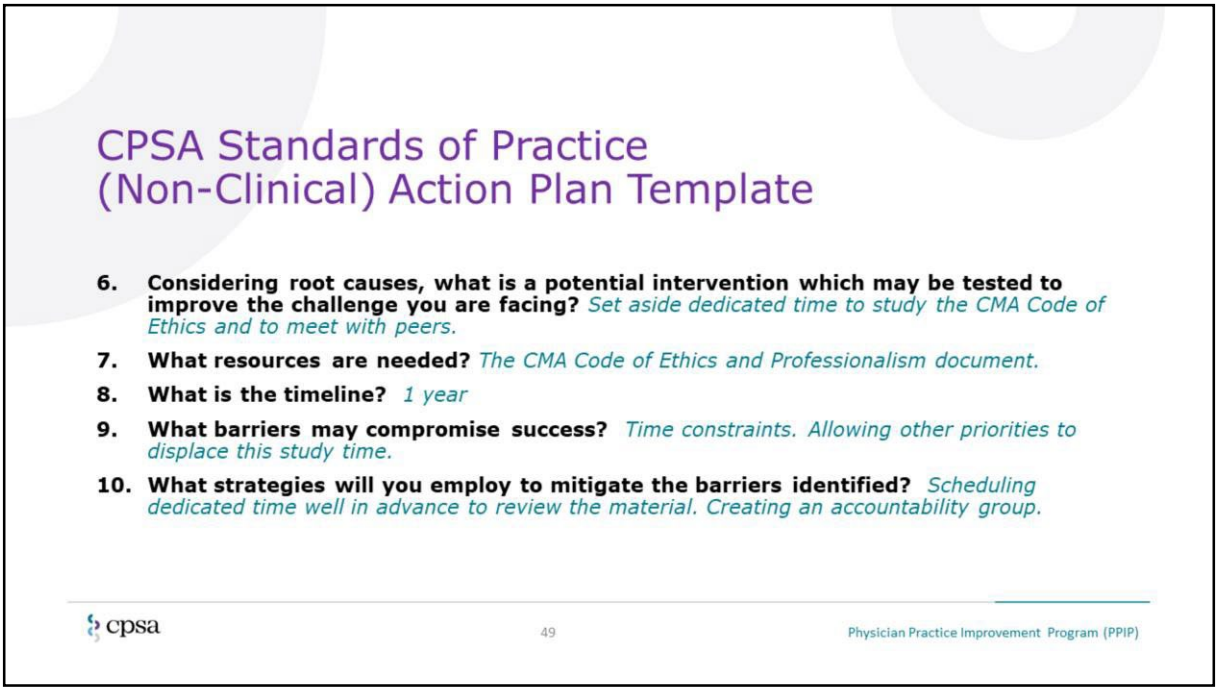
The resources needed are the *Code of Ethics and Professionalism*.



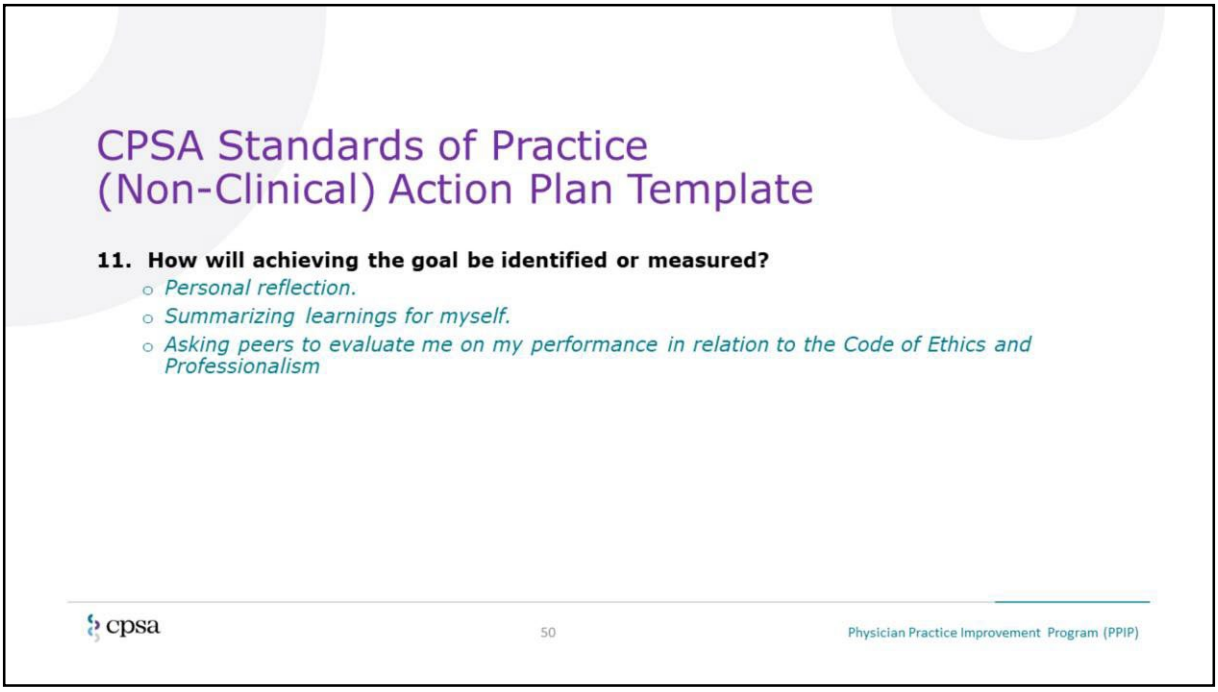
The timeline is one year...



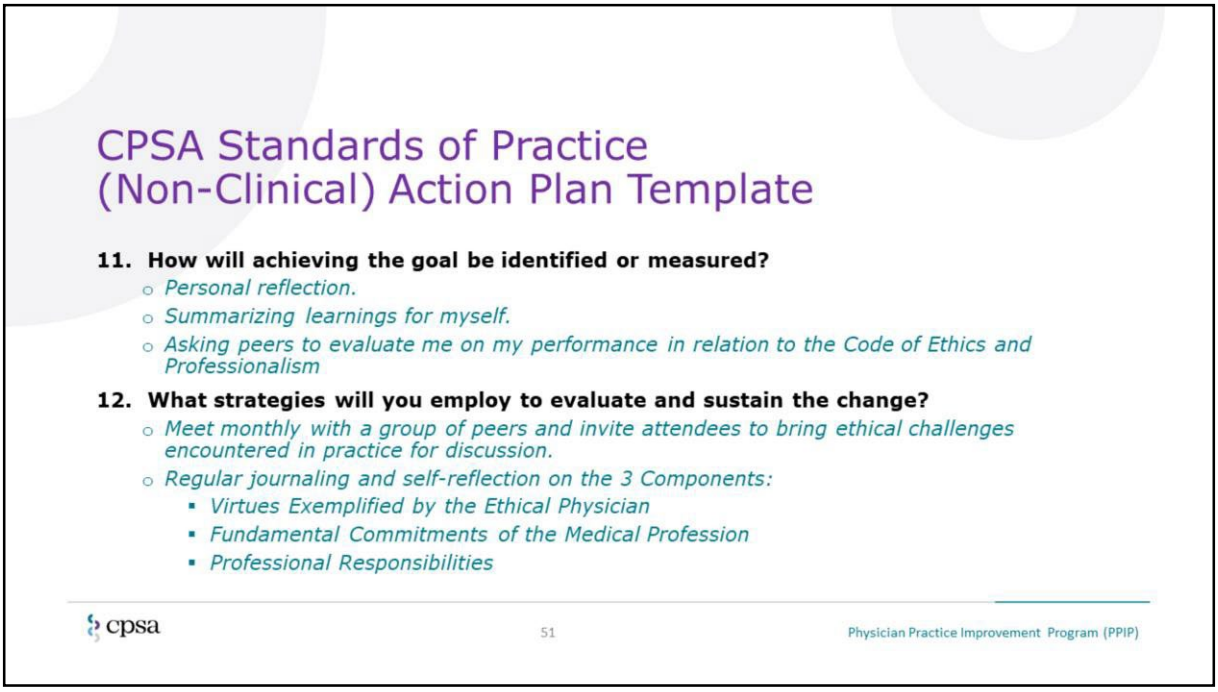
... and the barriers to success center around ensuring adequate time is dedicated and defended to meet this goal.



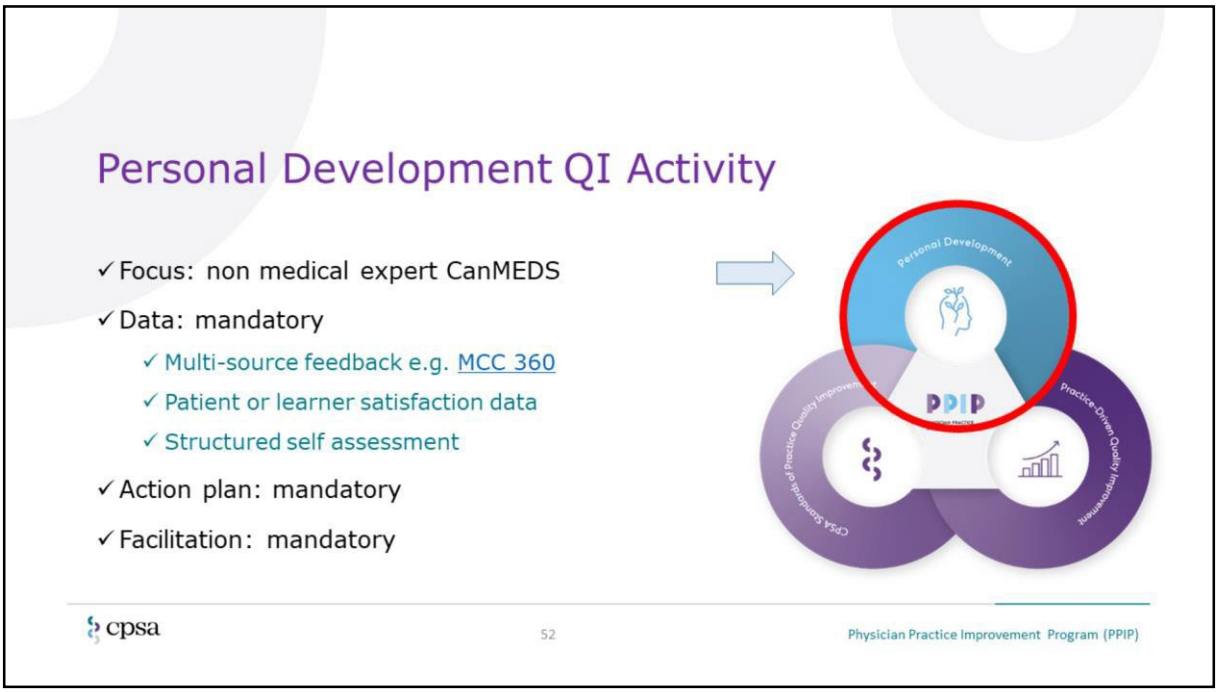
The strategies for mitigation of these barriers involve scheduling dedicated time well in advance and incorporating an accountability group.



Success will be measured by personal reflection, summarizing learnings for self and asking for peer evaluation in relation to the *Code of Ethics*.



Strategies for sustaining and evaluating change would include monthly meetings with peers, inviting them to bring ethical challenges encountered in practice for discussion, as well as regular journaling and self-reflection on the three components of the Code.



The third PPIP activity is a personal development QI activity. This provides an opportunity for growth in a non-medical expert CanMEDS role.

One possible data source is feedback data from learners, patients, or colleagues.

Another possible data source is a structured assessment for fatigue or burnout.

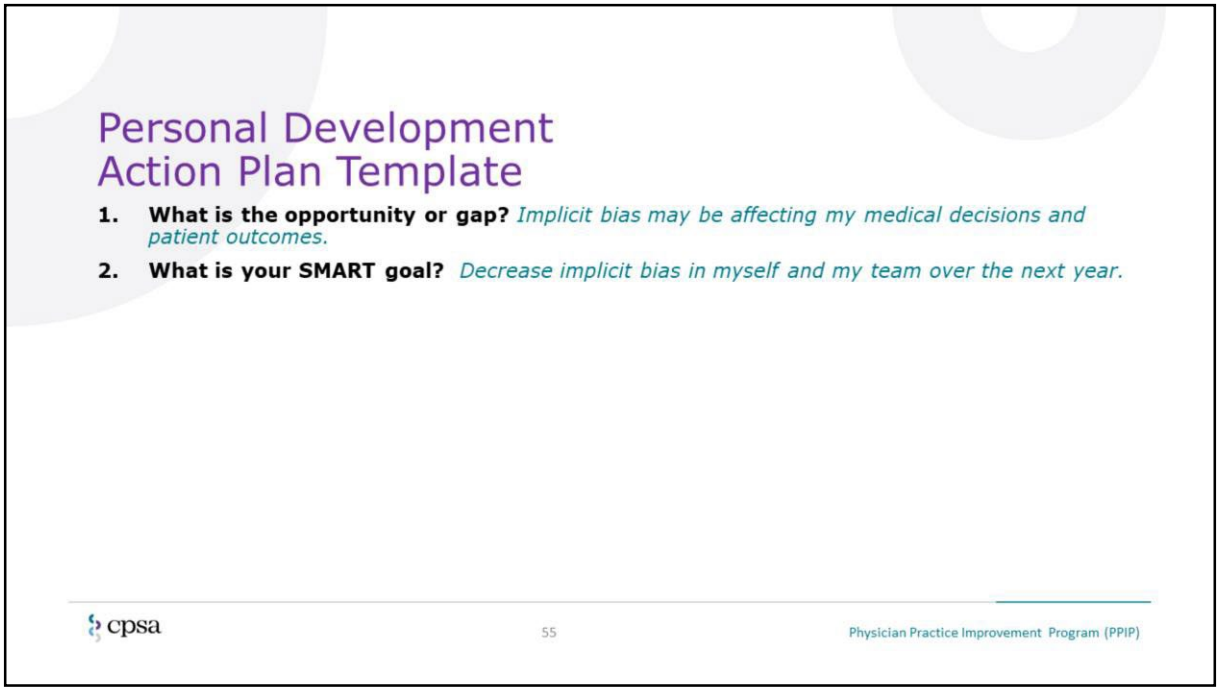
Facilitation is mandatory in the personal development activity, so you must identify an appropriate individual to help you frame the data and develop your action plan.

Some personal development activities might involve the whole team, as demonstrated in the example I will review over the next few slides. More personal action plans are also acceptable.

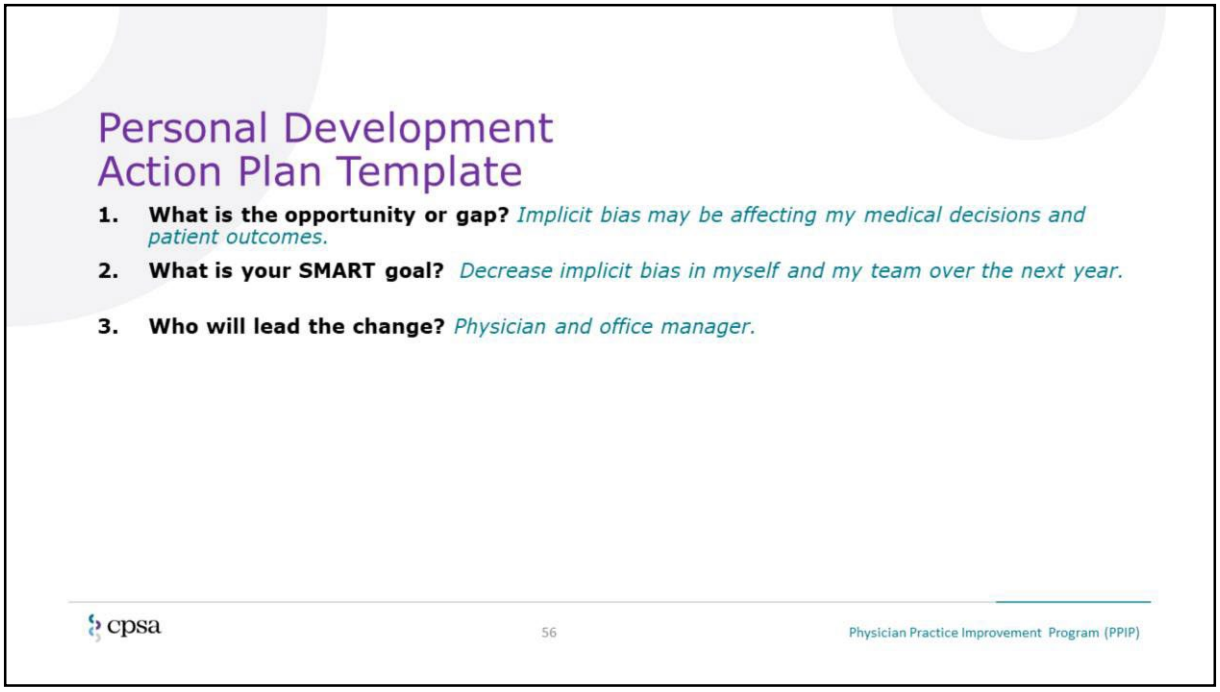
CPSA will never ask for data from PPIP plans, but particularly not for a personal development project.

The example involves looking at implicit bias, using modules for self-assessment by each member of the team.

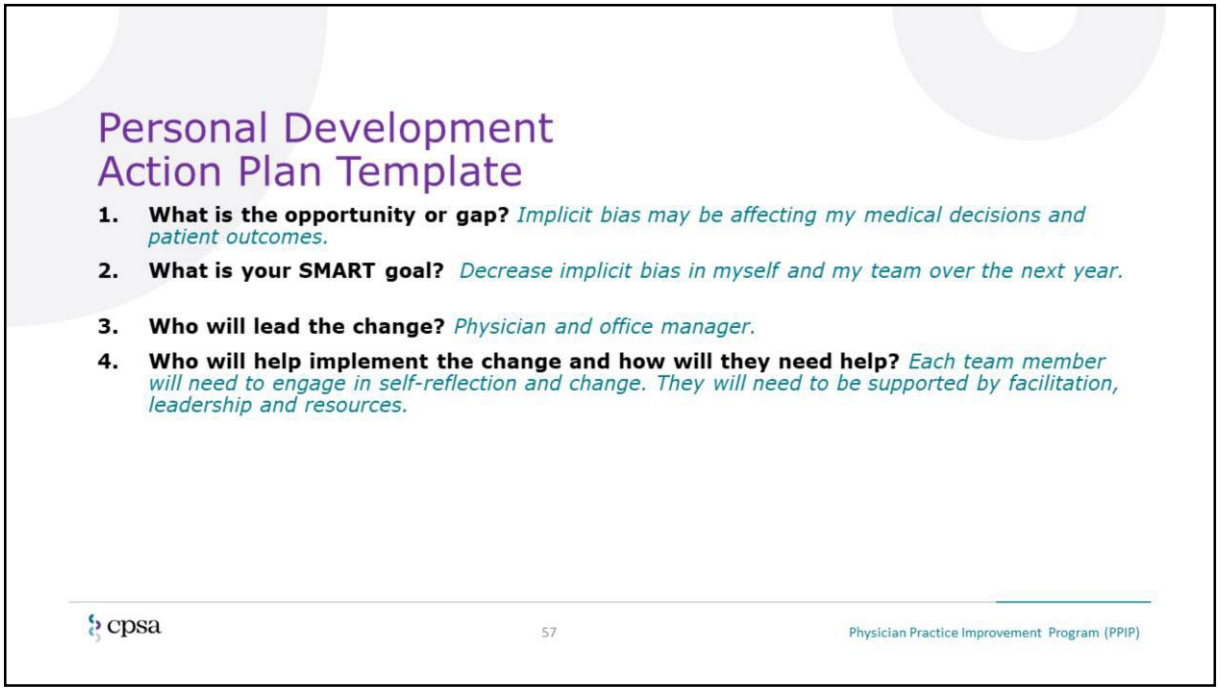
Implicit bias may be affecting my medical decisions and patient outcomes.



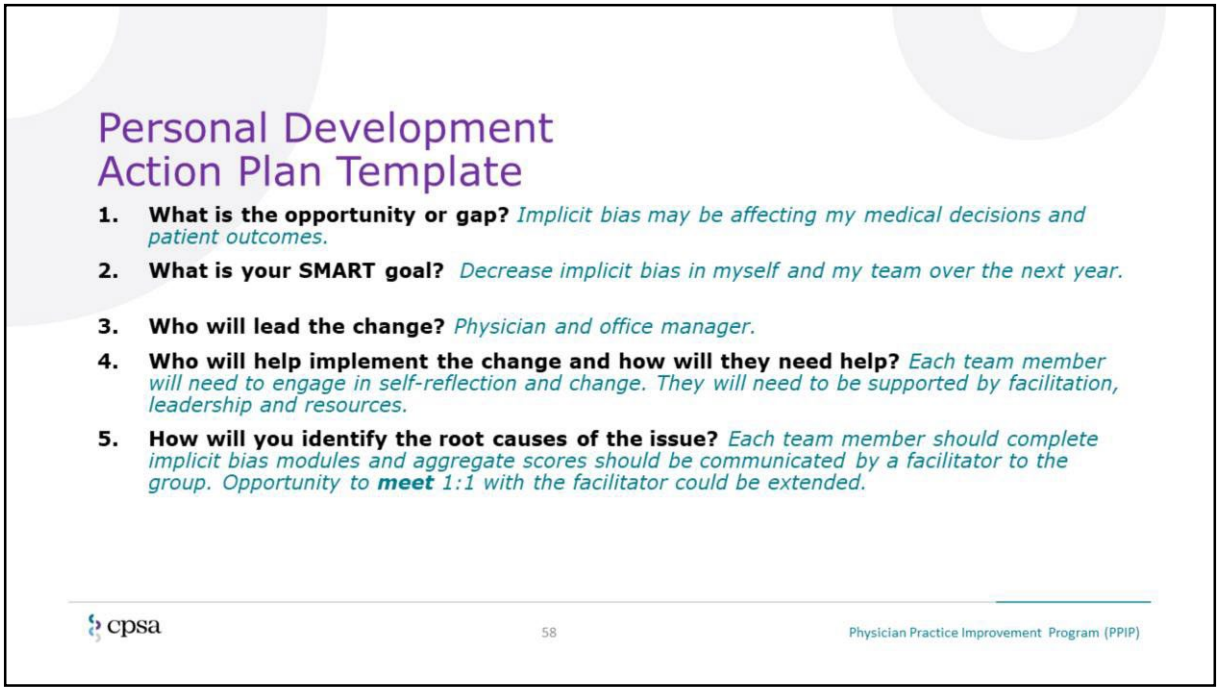
The goal is to decrease implicit bias in the physician and team.



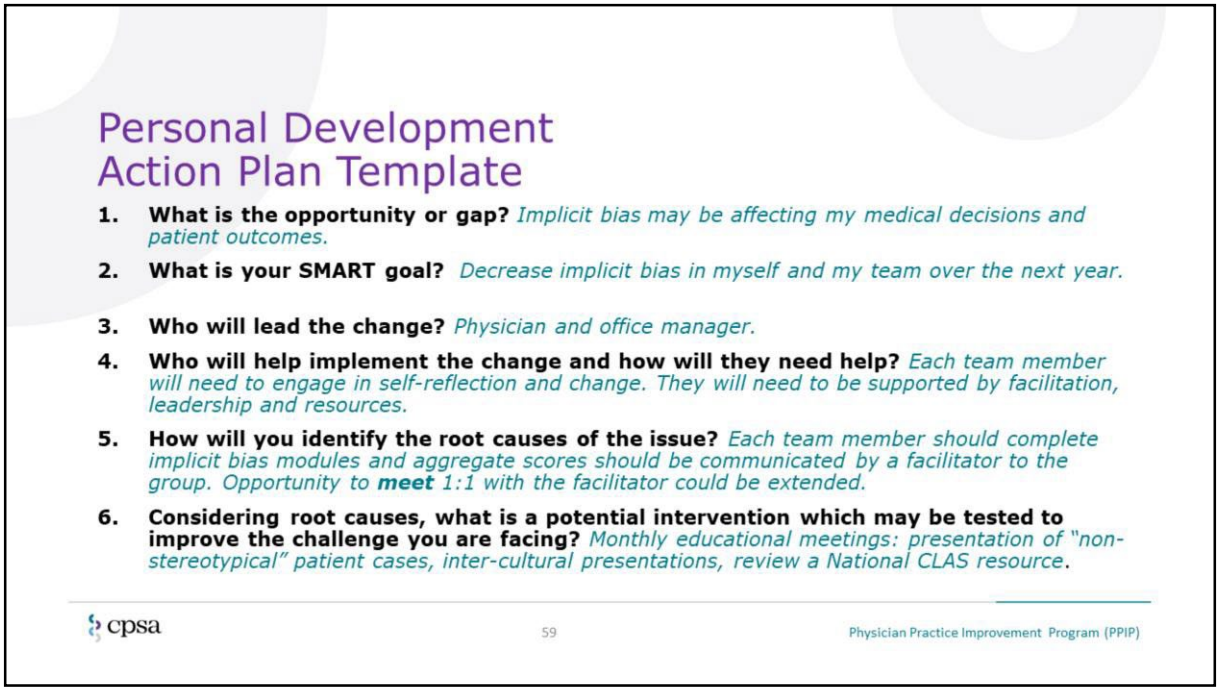
The physician and office manager will lead this change.



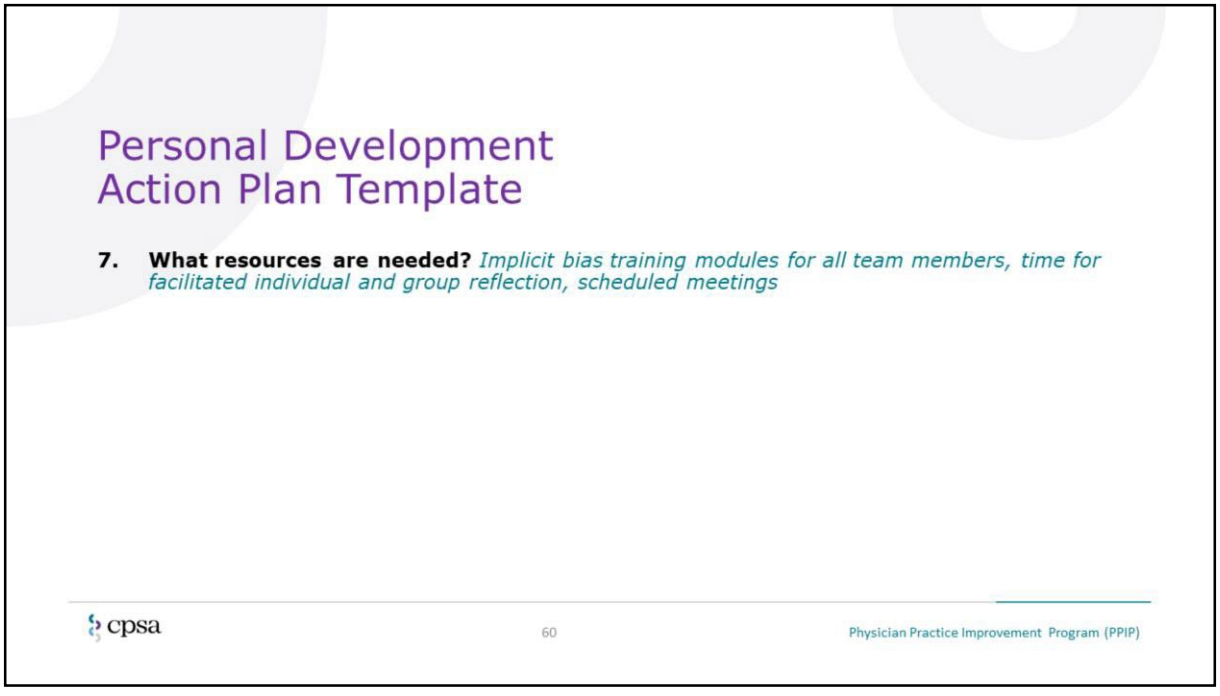
A facilitator could meet one-on-one with team members to help them review their results and develop personal action plans, as well as facilitating group discussion for that on the clinic level.



The root cause will be different for each team member, but influenced by the surrounding culture.

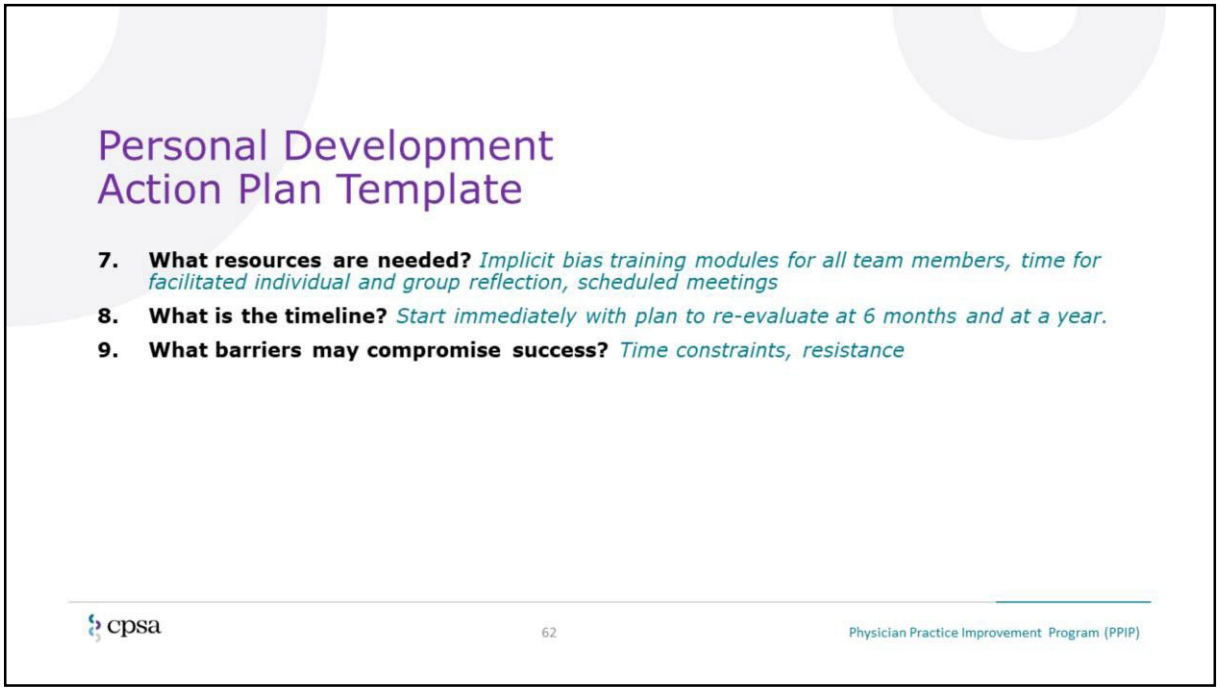


The intervention to be trialed would be a monthly education meeting at which inter-cultural presentations are given and non-stereotypical patient cases are presented. Additionally, there are a number of CLAS (Culturally and Linguistically Appropriate Services) resources which could be reviewed at the team meeting.

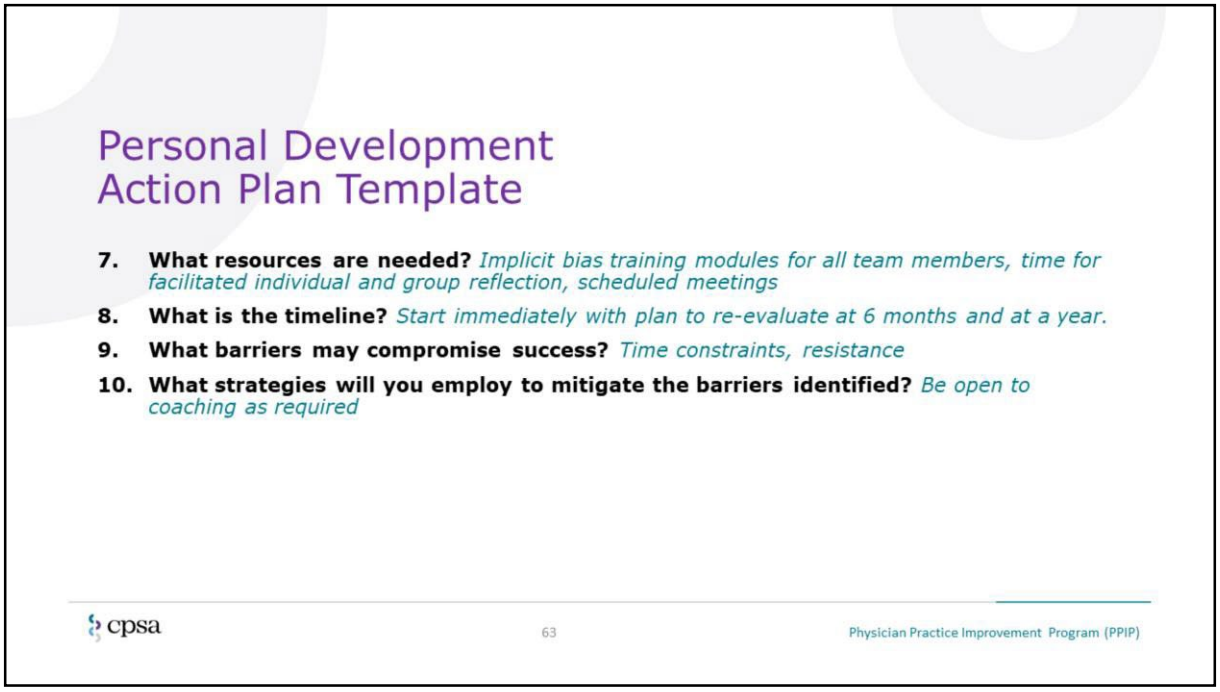


Resources needed include access to the modules, time for facilitated individual and group reflection and scheduled meetings.

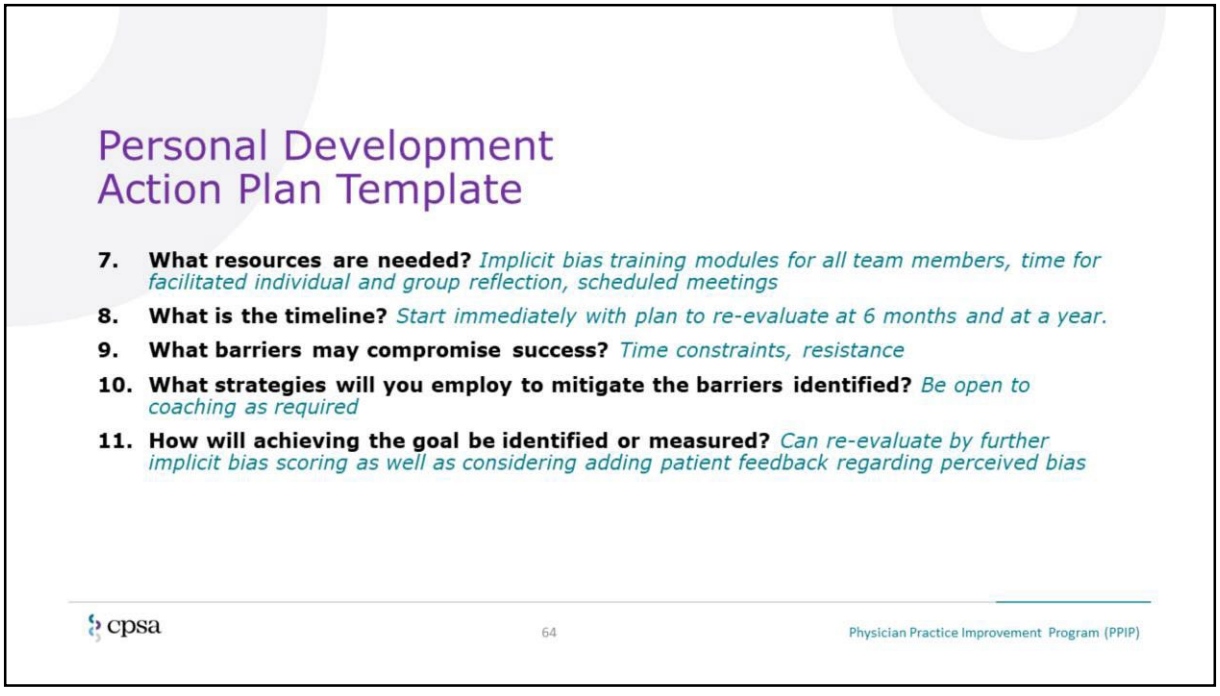
The timeline would start immediately with planned re-evaluation at six months and a year.



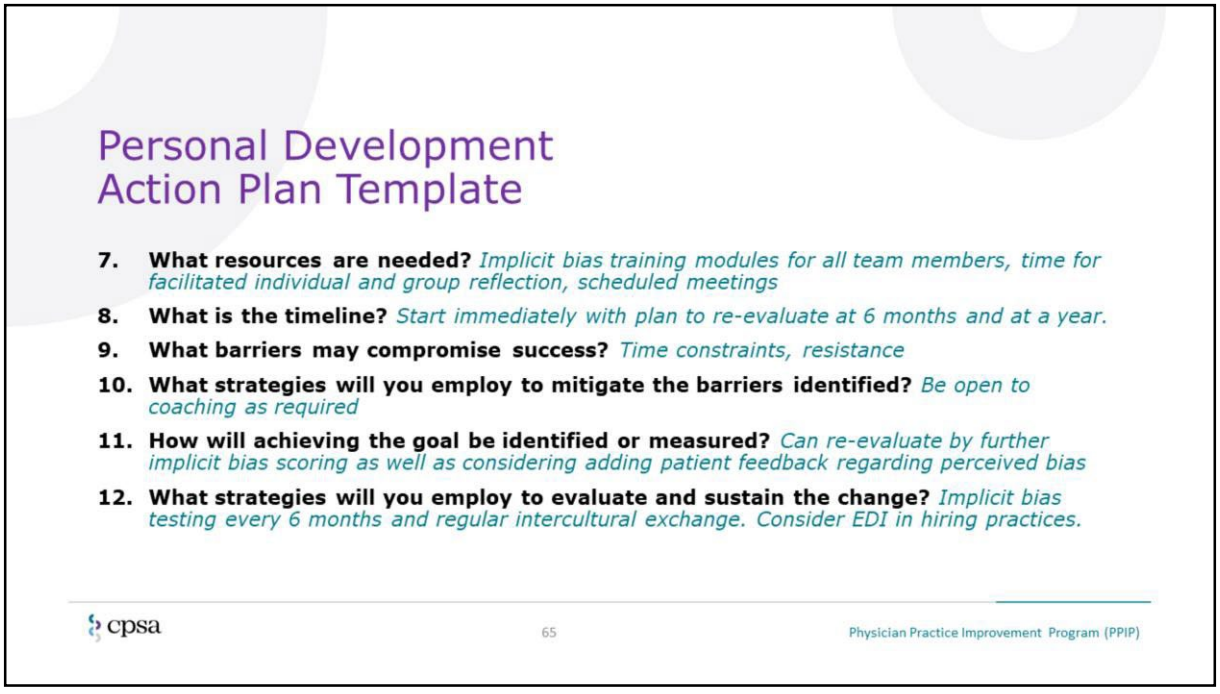
Resistance to the existence of implicit bias and time constraints might form barriers which could compromise success.



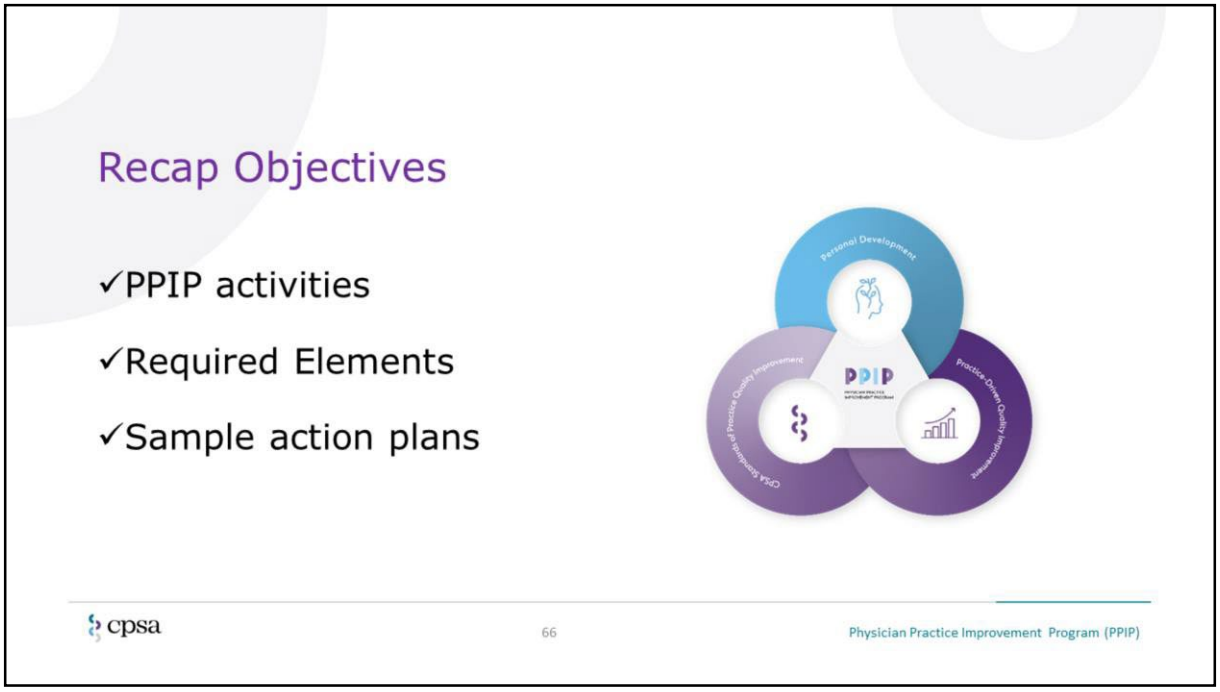
Leading by example and being open to coaching as required could address this barrier.



Success would be measured by repeating the implicit bias modules, as well as considering adding in patient feedback regarding perceived bias.

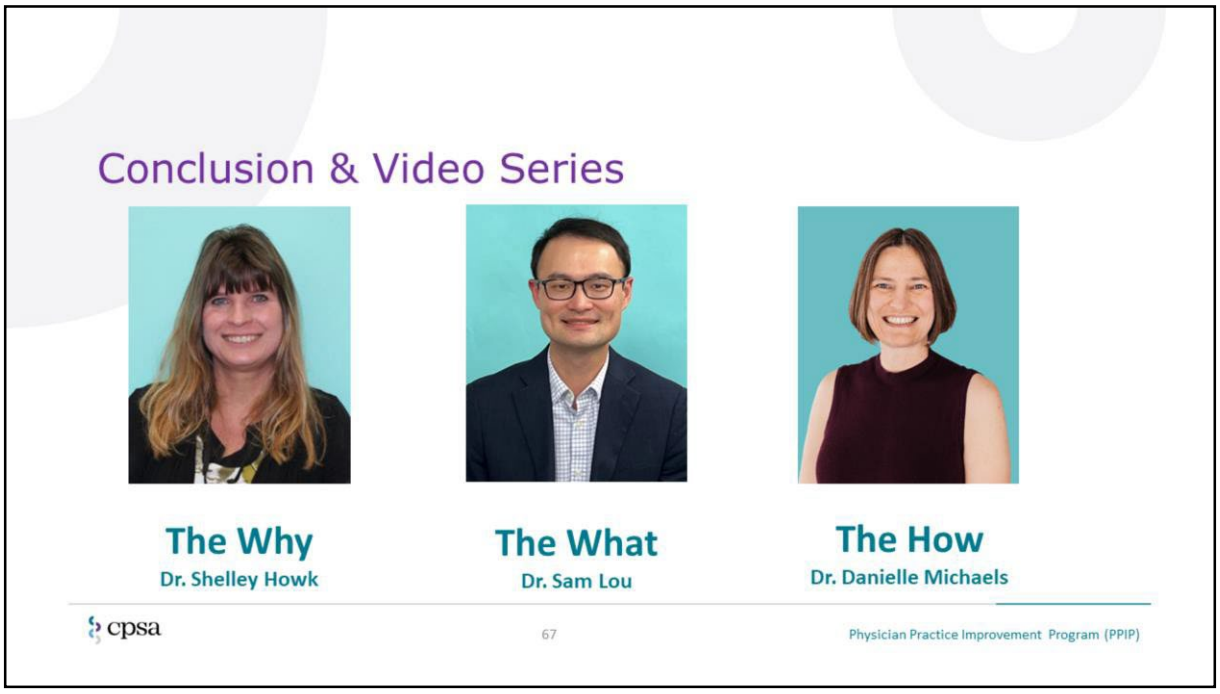


To sustain the change would require retesting at intervals and commitment to regular intercultural exchange. Additionally, the management of the clinic could consider incorporating equity, diversity and inclusion principles into their hiring and training practices.



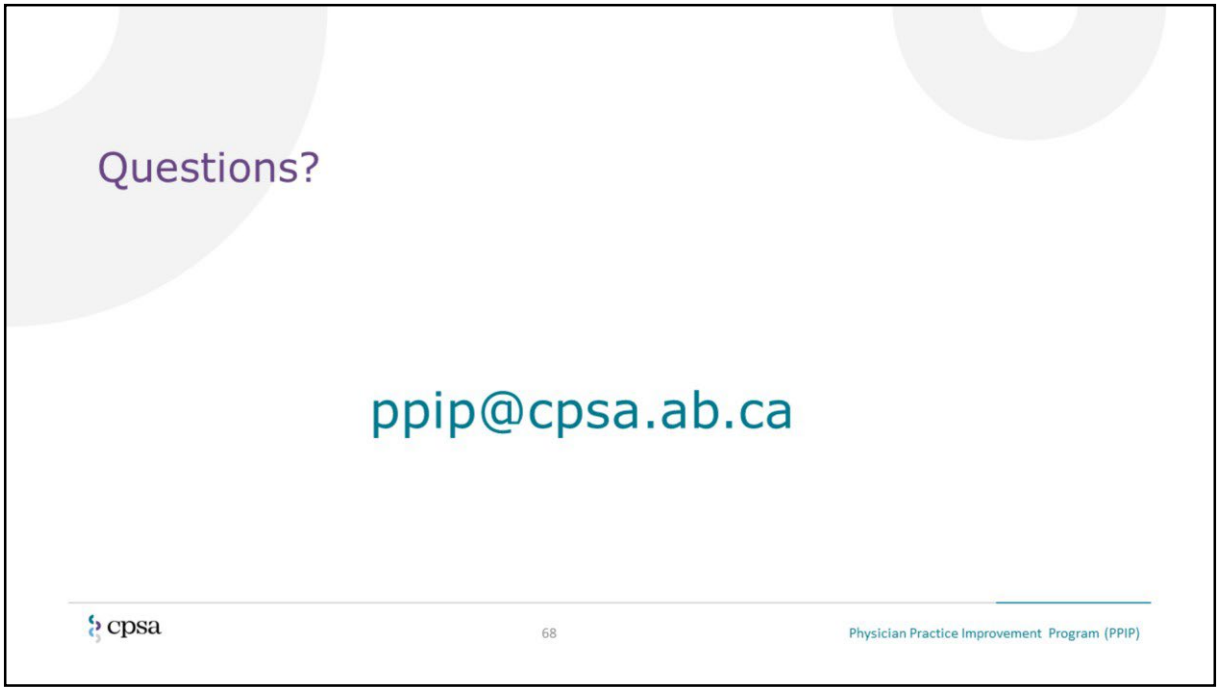
In this presentation, we have reviewed the three activities that comprise PPIP and defined the required elements for each activity.

Through reviewing action plans in detail, you have started to build the skills necessary to design and execute your own quality improvement activities in the areas of practice-driven, CPSA standards of practice and personal development, as appropriate to your scope and model of practice.



This concludes the PPIP Why-What-How video series. You will now be able to explain why PPIP was created, be able to confidently identify opportunities for quality improvement in the three PPIP areas, design QI projects which work in your scope of practice and analyze and adjust your approach according to your results.

For a refresher on why PPIP was created, please see “The Why” video presented by my colleague Dr. Shelley Howk and for more details on reporting PPIP activities, SMART goals and the PDSA cycle, please see “The What” video featuring my colleague Dr. Sam Lou.



Thank you for your time and do not hesitate to contact CPSA if you have further questions or need assistance.