

# CKD Initiatives and Primary Care

What can AHEC do?

# CME

- NC Licensure - 50 category I credits per year

# “Consumer Demand”

- Update in .....

# Potential Outcomes of CME

- Attendee Satisfaction
- Knowledge
- Measures of care processes
- Health outcomes (individual patient and community)

# What CME Methods Work?

- Davis et al. JAMA (1995) 274:1836.
- Bloom. Int Journal Tech Assess (2005) 21:380.
- Davis et al. JAMA (1999) 282:867
- Cochrane Database 2000.
- Cochrane Database 2001.
- Cochrane Database 2006.

# What Works?

- Printed Materials
- Didactics

**NOO!**

# What Works?

- Workshops / Practicums
  - good for procedural skills if interactive, hands-on

# What Works?

- Audit / Feedback +  
(low performing practices +++)
- Opinion Leaders ++
- Academic Detailing +
- Patient Activation ++1/2
- Outreach Activities Plus (e.g. QIC's) +++

# Reforming CME

# How to Operationalize?

- We must satisfy our CME constituents.
- Every gathering must at least “advertise” performance improvement (PI) and Category 1 credit!
- Every gathering must offer PI advice and tools ?

# How to Operationalize?

- We need to establish and adhere to a statewide policy that defines how specifically we will intertwine PI with every CME activity?
- Regional Conferences / Goals
- Collaboratives (Opinion Leaders)

- Infiltrate:
  - Professional Societies
  - Practice Organizations
  - Staff Meetings
  - Hospital Administration

# Future Strategies

- The Statewide Quality Initiative
- Board Certification
- Medical Licensure
- P4P

# Where Does CKD Fit In?

- We must define:
  - educational objectives
  - the reasons that providers should care
  - the practical applications / what exactly do we want folks to do?
  - the achievable measures
  - the tools / practice redesign
- Integration into Statewide Initiatives

# Conclusions

- AHEC CME will evolve toward quality improvement formats.
- We can meet “consumer” demand while fostering transition.
- We must establish formal policies to incorporate PI and gain exposure.
- Patient outcomes must be part of the deliverable measures.

# Conclusions

- Simple didactics re: CKD will not work
- CKD can be incorporated into evolving primary care initiatives

BUT

- The goals must be well defined!

- AHEC can provide practice education and support.
- We cannot provide effective change in licensure and board certification CME policies.
- We cannot provide access as new CKD cases are identified.