Putting Patients at the Center of CME

A New Paradigm for a Digital World

Background

The central mission of Continuing Medical Education is to support professional development by providing evidence-based and unbiased educational opportunities that contribute to improved patient care and outcomes.

Yet, according to a Robert Wood Johnson Foundation analysis, nearly 80% of what influences a person’s health relates to non-medical issues, such as food, housing, transportation, and the financial means to pay for medications, utilities, and other services. Therefore, it is critical that HCPs are able to see data on what a patient is doing in the time that they are not under care. The healthcare system does not have a consistent, organized way to capture those needs and then incorporate the data into a person’s overall care plan.

A goal of current healthcare system is to improve care quality and safety, with reduced cost. Alone, provider educational interventions cannot overcome the barriers confronting patients and caregivers in achieving sustainable impact on outcomes and cost. We see this manifested in report after report from notable health organizations. An estimated 161,250 preventable deaths occur each year in U.S. hospitals, according to a new analysis from the Leapfrog Group. Eighty percent of diagnosis related claims against physicians result from the misinterpretation of clinical tests. CERC’s national analysis of high value primary care facilities revealed targetable features of care delivery such as deeper patient relationships, a wider scope of responsibility, and team-based clinical practices, yet these remain the exception to the rule.

In a world where we can track food on Uber Eats or packages on Amazon, why can we not track and engage patients pre-clinic or post-clinic visit to prevent harm, improve safety, achieve better outcomes, and lower costs?

The Promise of Digital Health

Technologies such as smart phones, online channels, and connected devices provide innovative ways for individuals to monitor their health and well-being and in the process, have created a whole new dataset of patient...
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Digital Health in Action

Services that Transform Care Delivery in Traditional Healthcare Settings

EASE buzzes every 30 minutes to remind nurses to send a text, video or photo update to waiting relatives.

Illumicare provides a non-intrusive Smart Ribbon® of information that is embedded within or floats over the EMR, giving providers real-time data within the physician workflow.

XEALTH is an integrated digital prescribing and analytics platform that enables physicians and care teams to order digital health content, apps, and services.

Services that Extend Care Beyond Clinic Doors

Teladoc gives patients 24/7 access to clinicians, online and over the phone.

Pack Health offers one-on-one coaching to educate, navigate, and coordinate care of people living with chronic conditions.

Glooko enables patients to track blood glucose data on their smartphone and share this real-time data with their care team.

PillPack organizes and delivers 90-day prescriptions in daily packets.

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The broad scope of digital health includes categories such as mobile health (mHealth), health information technology (IT), wearable devices, telehealth and telemedicine, and personalized medicine. Providers and other stakeholders are using these digital health interventions in their efforts to:

- Reduce inefficiencies,
- Improve access,
- Reduce costs,
- Increase quality,
- Improve adherence to plan of care,
- Increase patient ownership of health outcomes,
- and make medicine more personalized for patients.

Digital Health has revolutionized the patient experience beyond clinic doors, giving them tools to better manage and track their health and wellness related activities, remote access to clinical consultations, and online forums to access information and share their stories in new and transformative ways.

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Gaps in knowledge, adoption, incentives, preference-sensitive care, system, and process, still separate reality from evidence-based care. It remains a challenge to connect patient data to the interprofessional team, and thus it remains a challenge to arm the clinical team with the insights they need to optimize care. Ultimately, the promise of digital health is to create this circular loop where the patient is sharing relevant and timely information with care providers to ensure a continuum across acute and chronic care needs.

**From Promise to Practice: Implications for CME**

Over the last decade, leaders in digital health have emerged from the shroud of buzzwords and wishful thinking to define a respected field of medicine. A range of digital interventions have published peer-reviewed studies and results with meaningful implications for medical practitioners. A randomized study of individuals with cancer found that patients receiving symptom monitoring were admitted to the hospital less, made fewer ER visits, remained on chemotherapy longer, and even reported higher quality of life. Another study demonstrated that a remote digital coaching program led to a statistically significant improvement in mental status, outpatient exacerbations, body weight, and ASUI in patients with asthma. A study of individuals with diabetes found that users of a mobile platform tested their blood glucose more often and demonstrated greater improvement compared to users who did not use the mobile platform.

These tools and interventions are quickly becoming a part of the standard of care for our nation’s leading physicians. For example, Medicare provides reimbursement for non-face-to-face chronic care management with eligible beneficiaries, and the 2020 Medicare Reimbursement schedule offers physicians direct reimbursement for remotely monitoring patients.

A recent ACEHP survey found that over 90% of CME professionals agree that digital health interventions can help patients manage chronic disease. According to this same report, however, many feel under-informed about digital health. Because digital health engages patients beyond the scope of traditional provider interactions, it is a difficult topic to incorporate into traditional provider education models.

Leaders in CME will and must embrace the innovations of digital patient engagement. More specifically, they need to leverage these new platforms to incorporate Patient Reported Outcomes and assess Social Determinants of Health as curriculum and evaluation criteria.
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Digital interventions have changed the paradigm of patient care, and are poised to reshape the scope of CME. The opportunity to incorporate, educate around, and increase the adoption of digital health tools into CME initiatives can have a profound impact on health outcomes, social determinants of health, and quality of life. As a community of CME professionals who strive for better health outcomes outcomes, we have a duty to keep the patient at the center of our mission and education.

Effective Continuing Education activities equip healthcare professionals to provide evidence-based care to patients inside the clinic, and to support patients following through on the care plan beyond clinic doors. The data from such patient-centered interventions, particularly those leveraging digital health tools, equip clinicians and their patients to monitor health, modify treatment plans, and provide real-time support and feedback. Ultimately this benefits the patient, provider, and the system as a whole to access the right care and achieve better outcomes. By leveraging digital tools to engage with patients beyond clinic doors and optimize discussions on healthcare engagement and self care, well-designed CME can move the industry forward towards achieving the Triple Aim of better health outcomes, higher patient satisfaction, and lower overall costs.

References


