



Continuing Health Education Subset

Decision Brief:

Continuing Education for Department of Defense Health Professionals

**Defense Health Board
August 20, 2015**

PREDECISIONAL



Overview

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Problem Statement

(1 of 2)

The Department of Defense (DoD) is operating under a severely constrained fiscal environment, one that is expected to continue into the foreseeable future. Within the Military Health System (MHS), analyses are ongoing to identify opportunities to reduce costs while preparing staff to provide the best possible care to beneficiaries. With recent funding cuts and restrictions pertaining to conferences and travel, it is important to identify innovative methods and means of providing the required continuing health education for military and civilian health professionals.



Problem Statement

(2 of 2)

On February 25, 2013, the Acting Under Secretary of Defense for Personnel and Readiness endorsed a request for the DHB to examine the issue of continuing health education for military and civilian health professionals, and to recommend a strategy for DoD to address this problem.



Membership

There are four DHB members participating in the investigation.



Meetings/Briefings

- Uniformed Services University for the Health Sciences Representatives
- Continuing Medical Education (CME)/Continuing Nursing Education (CNE) Representatives from the Army, Navy, and Air Force
- Defense Health Agency (DHA) Education and Training Directorate Representatives
- Joint Medical Executive Skills Institute
- WebMD/Medscape



Timeline

June 2013: Subset members begin investigation.

October 2013 – June 2015: Members receive briefings from DoD and civilian subject matter experts.

October 2014 – July 2015: Members develop draft report and findings and recommendations for the DHB consideration.

August 2015: Present pre-decisional draft to DHB.



Structure of the Written Report

- Executive Summary
- Introduction
- Continuing Education Requirements and Policies for Health Professionals
- Continuing Education as it Relates to Professional Development
- The Future of Continuing Education within the Department of Defense



Background

(1 of 3)

- “Escalating health care costs and the growing gap between health care evidence and practice [has] prompted close scrutiny of health professions education as one potential solution for improving the health care delivery system.”

–Advisory Committee on Interdisciplinary, Community-Based Linkages. 2011. *Continuing Education, Professional Development, and Lifelong Learning for the 21st Century Health Care Workforce.*

- “A health care system that gains from continuous learning is a system that can provide Americans with superior care at lower cost.”

– Institute of Medicine. 2013. *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America.*



Background

(2 of 3)

- Continuing education (CE) has shifted from simply achieving credit hours/units to enhancing patient care practices, measuring and demonstrating competence, and improving quality and patient safety.
- CE is at a transformative point, and DoD has the opportunity to be a leader in developing and providing more comprehensive and effective CE, focusing on the needs of the patient population, the health professional, and the MHS.



Background

(3 of 3)

- The MHS includes a broad spectrum of health professionals with a variety of educational requirements and professionals needs. The recommendations are intended to apply to all health professionals, not just physicians and nurses.
 - The term “CE” was used for this reason, and much of the literature cited also uses this general terminology.
- Many individuals in the health care field are not directly involved in patient care but require CE, therefore the report refers to “health professionals” as opposed to “health care professionals.”



FINDINGS and RECOMMENDATIONS



Overarching Finding

An effective and fiscally responsible CE program should improve the performance of a complex health care system. Given DoD's extensive health care expertise, comprehensive practice environment, and worldwide delivery of care, it is uniquely positioned to be among the leaders in the development of a model CE program for health professionals.



Overarching Recommendation

In an effort to establish itself as a leader in the field of CE, DoD should implement an innovative, multi-modal, cost-effective CE program that employs the latest educational and technological advancements; provides an efficient infrastructure to plan, track, and deliver CE; and uses a systems approach that integrates measures of access, quality, patient safety, medical readiness, and efficiency in assessing program effectiveness.



Finding 1 – Conference Approval Processes

Current DoD policy has resulted in significant administrative overhead and long approval times for health professionals who request to participate in CE conferences. These delays have prevented military health professionals from participating in and, in some cases, being invited to present at these conferences.



Recommendation 1

DoD should streamline the approval process for military health professionals to participate in CE conferences by establishing a CE budget and delegating approval authority to the Military Treatment Facility Commander level or equivalent.



Finding 2 – Differences Among Military Departments

There are differences among the Military Departments and the DHA in administrative and funding practices, procedures, and policies for CE and (re)certification activities. Given the increase in joint manning at military treatment facilities, these disparities may affect the morale and retention of military health professionals. In addition, having multiple administrative processes for approval of CE or certification activities introduces inefficiencies.



Recommendation 2.1

DoD should implement policies to specify consistent processes and equitable funding opportunities for CE and (re)certification for health professionals across the MHS.



Recommendation 2.2

DoD should provide a common, web-based application to submit requests for approval to host or participate in all CE activities, including participation in non-DoD sponsored professional conferences. Expanding the capability of the Medical Operational Data System to include these functions and cover all health professions with accredited CE would be one option to accomplish this.



Finding 3 – Consolidation of DoD CE Providers and Learning Management Systems

DoD currently has multiple entities accredited as CE providers and is not using a common system to plan, provide, and track CE, which results in duplication of expenditures.



Recommendation 3

In coordination with the Uniformed Services University of the Health Sciences and the Military Departments, DoD should establish a central office of CE for health professionals under the DHA Education and Training Directorate. This office should serve as the consolidated accredited CE provider for DoD and should continue to develop and maintain a single learning management system delivery platform with planning and tracking capabilities to support the Military Departments in managing CE for health professionals.



Finding 4 – CE Resources

There are currently a wide variety of CE resources and reference materials for DoD health professionals. However, finding these resources can be challenging, as there is not a dedicated CE web portal to provide a single, organized access point to this information.



Recommendation 4

DoD should create and maintain a dedicated CE web portal to provide a single gateway to all CE resources available to DoD health professionals, including links to appropriate resources outside DoD.



Finding 5 – Unique DoD Medical Expertise

There is a wealth of unique operational expertise within the MHS on topics of medical significance with potential civilian applications. DoD could improve access to essential medical readiness education and training for military and civilian health professionals by creating online CE offerings on key topics such as aerospace, environmental, and undersea medicine in addition to expanding medical readiness topics.



Recommendation 5

DoD should leverage its medical expertise by developing unique CE opportunities to enhance military readiness and share expertise broadly with civilian health professionals.



Finding 6 – Relationship between CE and Performance Trends

Effective CE that has a positive impact on performance metrics should result in cost savings. DoD does not have an integrated system to assess the relationship between CE and individual, institutional, and enterprise performance trends in patient safety, quality, cost, and efficiency.



Recommendation 6

DoD should explore the design, creation, and implementation of an integrated system to assess the relationship between CE and performance trends in patient safety, quality, cost, and efficiency at the individual, institutional, and enterprise levels.



Finding 7 – Assessing CE Effectiveness

A review of current literature suggests that research on the effectiveness of CE has been hindered by inconsistent terminology, definitions, methodology, and outcome metrics. This creates challenges in determining the most effective approach to measuring, achieving, and maintaining competency



Recommendation 7.1

DoD should collaborate with other stakeholders to develop a common approach and methodology for assessing the effectiveness of CE in accomplishing specific health care goals.



Recommendation 7.2

DoD should lead the health care field in facing these challenges through the research, development, application, and delivery of new technologies and learning theories to provide exceptional, cost effective, evidence-based CE.



Finding 8 – Interprofessional Education

Recent reviews of CE research indicate significant benefits are associated with well-designed interprofessional education activities.



Recommendation 8

DoD should continually review the effectiveness of interprofessional education initiatives to identify opportunities to add, modify, or delete activities to optimize educational benefits.



Finding 9 – Performance Improvement

The 2014 *Military Health System Review: Final Report to the Secretary of Defense* (MHS Review) highlighted the need to support performance improvement with better analytics, greater clarity in policy, and aligned training and education programs. In addition, with the drawdown of personnel and changes in the MHS infrastructure, new challenges in medical readiness training are emerging.



Recommendation 9.1

Consistent with the MHS Review, DoD should develop, periodically update, and use access, quality, and patient safety metrics to prioritize and target CE toward those areas needing the most improvement at both the institutional and enterprise levels.



Recommendation 9.2

To supplement ongoing internal reviews, the MHS should conduct periodic independent reviews of the content and effectiveness of general and career field specific medical readiness sustainment training. The results of these reviews should be used to prioritize and target future training and CE toward those areas needing the most improvement at both the institutional and enterprise levels.



Finding 10 – Maintenance of Competency

The focus of CE is moving toward maintenance of competency, lifelong learning, and outcomes-based effectiveness



Recommendation 10

DoD should seek to be a leader in responding to the changing focus of CE by implementing a mechanism for continuous CE program evaluation and improvement to accomplish these aims.



Finding 11 – Importance of In-Person Interactions

Personal interactions during meetings and conferences provide essential opportunities for collaboration, information sharing, establishing trust among colleagues, mentorship, and professional development that benefit both the military and civilian health systems.



Recommendation 11.1

DoD should ensure that DoD health professionals have opportunities for regular in-person participation in CE meetings and conferences.



Recommendation 11.2

Given the strategic benefit to DoD and its partnership with the civilian health system, additional priority for funding should be given to individuals serving as a presenter, moderator, or military liaison at an approved conference or meeting.



Finding 12 – External Feedback for CE Planning

There is a need for external feedback to the individual health professional to ensure knowledge and performance gaps are identified and incorporated into CE planning.



Recommendation 12

DoD health professionals, with peer review and supervisory input, should create and periodically update professional development plans to provide balanced and cost-effective individual CE roadmaps targeted to knowledge and performance gaps and goals.



Questions

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