Survey: The State of National Medical and Professional Society QI Programs

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Background

The PCPI Foundation*, based in Chicago, is a national, clinician-led nonprofit organization focused on innovative ways to measure, improve and assess performance. PCPI’s QI Program highlights leading practices to scale and spread QI initiatives, provides clinicians training in QI methods and tools, as well as lead national cross-cutting QI initiatives.

Specific Aims

- To understand the current state of QI programs among its member organizations; satisfaction with those programs; and gaps, including the following:
  - Scope of QI-focused programming and services
  - Focus of specific QI programs currently provided
  - Methods used to deliver QI education, training & tools
  - Barriers to providing QI education & tools
  - Current and future QI programming being offered
  - Success of current QI offerings

Methods

An email invitation with a survey link was sent by the PCPI team to 149 member organizations (primarily medical specialty societies). Data were collected from March 13 to April 23, 2015. A total of 73 organizations responded for a 49% response rate. The survey focused on the state of clinical registries and QI programs. This summary focuses solely on the QI-related responses.

Results

Among respondents who currently have QI programs:
- 55% have been conducting QI activities for more than 10 years
- 66% of QI programs report to the board [specialty society] and 16% include in BOD’s responsibilities
- 95% conduct clinical quality improvement activities, 85% conduct process improvement activities
- Two-thirds do not offer education in QI models and methods
- Those that do offer education, focus on “PDCA/PDSA,” “continuous quality improvement (CQI),” “IHI Model for Improvement”
- 95% support the QI activities of their members through educational sessions. They also use: toolkits (85%), guidelines (72%), training programs (69%), networking (55%), and QI collaboratives (49%)
- 85% deliver QI content via webcasts, followed by website (85%), in-person meetings (82%), articles/monographs (70%), and online curriculum (61%)
- Majority have small QI teams ranging from 0 to 6 staff members, most having only 2 dedicated staff members (frequency=mode)
- 44% of QI programs account for less than $500,000 of annual operating budget
- 41% refer to outside organizations for QI activities (no clear leader)
- 64% partner with other organizations to offer QI activities; wide range of partners.
- Indicated that “members feel overwhelmed by the rapidly changing health care field” as one of their greatest barriers to implementing and sustaining their QI programs, followed by "lack of funding" and "member perceptions that QI resource needs are high."
- “Limited time,” “limited financial resources” and “limited staff” are their members’ biggest barriers to improving care.

Results (continued)

Use of Outside QI Resources

Barriers to QI

Conclusion

The results may be used to design QI and education programs, as well as promote and support QI projects and programs intended to support clinicians’ successful participation in the Centers for Medicare and Medicaid Services (CMS) Quality Payment Program (QPP), and other national efforts. Results are descriptive, not goals.

Limitations

- Survey completed 3 years ago.
- Not all medical and professional societies participated.
- Does not account for other sources of QI education and support (i.e., commercial, consultants, health system, etc.)

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