There's an App for That!

David B. Nash, MD, MBA

I'm beginning to see a new trend on the near horizon, and I would like to solicit your feedback. The trend is the confluence of three important areas, namely:

- continued professional education, especially continuing medical education (CME).
- the need for performance improvement (PI) in our failed systems of health care.
- the maintenance of board certification (MOC).

Let's visualize a Venn diagram with three interlocking circles of CME, PI, and MOC. Now imagine that your P&T committee is responsible, at least in part, for recognizing the intersection of these trends and finding a way to use the information that emerges from it. I believe that this trend will enable P&T committee leaders to improve the quality of medication administration and reduce adverse drug events.

One way in which P&T committees might realize this vision is to continuously monitor physician-prescribing behavior, especially as it relates directly to specific clinical outcomes. For example, let's say that a managed care plan with which your institution has worked closely is willing to place information relating to physician-prescribing behavior on a secure Web site. Well, it turns out, *there's an app for that!*

I had the privilege of visiting a company called CECity in Pittsburgh, Pennsylvania, several times,[1] and I was impressed by some of the technology that this firm has created.

CECity calls its Lifetime product the premiere Web-based platform for continuous PI and lifelong learning. Lifetime is viewed as the first in a new class of health care information technology called PEOPLE (Performance Education and Outcomes Professional Learning and Environment).

I believe that company's product will help to articulate the vision of the confluence of CME, PI, and MOC. Through its registry platform, data collection can be shared to drive PI for multiple sources, including Web-based chart abstraction, such as from a managed care company, a registry, and integrated data feeds from third-party data-based systems. To translate this jargon, the application already exists for a managed care plan to send detailed de-identified physician-specific prescription ordering reviews, via CECity, to P&T committee members.

What if your P&T committee could create peer comparisons of individual doctors or could compare one department with another? For instance, what if we could compare prescribing behavior and outcomes of family physicians in their ambulatory practice with those of internal medicine physicians in their practice of care for patients with hypertension? When we implemented such a project recently, without the benefit of this new technology, it required the equivalent of two full-time employees for six months!

Through Lifetime, CECity automates the performance assessment and the PI cycle. Easy-to-follow navigation guides users step by step as they discover performance gaps associated with individualized pathways for PI. The performance "dashboard" and monitor create an environment for continuous self-assessment; re-evaluation; comparisons against peers, benchmarks, and goals; reflection; and improvement. *There is an app for this.*

CECity products would allow P&T committees to create communities and social networking sites on the same platform. These sites would enable a group of learners, in our example, within a department of medicine to share a curriculum, their performance information, and their resulting analyses. I can envision a group of learners using this tool for self-evaluation and improvement. They could do it all seamlessly online without the need for phone calls and in the privacy of their own home if they desired.

CECity is working with many prestigious organizations such as the American Board of Internal Medicine and the American College of Cardiology. By having practitioners use these tools, organizations can participate in MOC, as it is known by the accrediting groups. On a periodic basis, doctors would assess their own performance. This information would become a component of the re-certification in their specialty—again, a good example of the confluence of CME, PI, and MOC. *There is an app for this too.*

I am very enthusiastic about CECity's work, and I'm sure other companies will someday be competing to move the technological needle further on the performance dial. I also foresee opportunities for P&T committee members to create registries for pay for performance, to contribute to the patient-centered medical home, and to even build lifelong learning portfolios for themselves. I expect the Venn diagram intersection of CME, PI, and MOC to grow. Emanating from this intersection should be a better understanding of how we might improve our broken health care system by using real-time data and by giving feedback to other practitioners in a nonpunitive way.

As always, I'm very interested in your views. My e-mail address is david.nash@jefferson.edu. Please also visit my blog at http://nashhealthpolicy.blogspot.com.

REFERENCE

1. CECity, Homestead, PA. Available at: www.cecity.com. Accessed November 21, 2009. ■