

## **Common/Not-So-Common Case Conundrums in CME**

### **Case 1**

#### **Part 1**

You work for a medical education company that recently received grant funding for an ambitious project that involves the development of delicate partnerships with 5 different healthcare institutions. Your company's funded proposal outlined an initiative that would work with each institution in the following stepwise fashion:

**Step 1:** Collect and analyze the institution's data on measurement of biomarkers in patients with non-small cell lung cancer and how biomarkers impact treatment selection

**Step 2:** Bring in an expert faculty member from an external facility to deliver in-house education based on this data analysis, focusing on where each particular institution is falling short of guideline-derived goals

**Step 3:** Work with each institution to develop actionable steps that can be implemented to help the institution meet specifically defined goals

**Step 4:** Deliver a series of brief online educational activities to members of the institution's staff that will be responsible for implementing the changes

**Step 5:** Perform a follow-up data analysis 6 months later to gauge any impact of the intervention

As part of this initiative, institutions must agree to provide your company's medical and outcomes team with access to specific data at multiple time points.

Once funding for this initiative is secured, you reach out to several potential partners and line up 5 interested facilities, whose CME Directors all assure you that they will be able to provide you with the data your team needs and to engage the necessary clinicians in the project.

However, as the live presentation dates draw near, you find that the 5 institutions are unable to provide the data at a level that will be useful to your team. There are a variety of reasons offered – their electronic medical record doesn't function the way they had thought, their lead clinician refuses to sign off on the data transfer, the data that you need simply doesn't exist, etc.

#### **Questions to Consider:**

How might this crisis have proactively been avoided? What could you have done differently during the grant development and submission process?

What are the current possible courses of action? Is the initiative salvageable?

Can you reach level 5 outcomes without getting your hands-on patient-level data from each institution's EMR?

## **Part 2**

With some creativity and a lot of work, you are able to salvage the initial proposal and achieve measurable Level 5 performance goals from learners at each institution.

Now it's time for the next step, and your team decides to pursue the possibility of developing a proposal on this same topic – and potentially with the same institutions – that includes a demonstration of Level 6 patient outcomes.

### **Questions to Consider:**

How often do you utilize outcomes from previous education to extend your education in future years?

Can a MECC even achieve Level 6 outcomes with its education? What are some of the possible ways this may be achieved?

How can patient outcomes be linked to actual accredited education?