CLER: Lessons Learned and Future Directions

Robin Wagner, RN, MHSA
ACGME Vice President, CLER
Kevin B. Weiss, MD
ACGME Senior Vice President, Institutional Accreditation
Disclosure

No conflicts of interest
CLER Program

• Site Visits Update

• Lessons Learned

• Future Directions

#ACGME2017
CLER Site Visits

Protocol 2.0

• Second set of visits to sponsoring institutions (SIs) with 3 or more core programs targeted for completion in June 2017

• First set of visits to SIs with 1-2 core programs approx. 50% complete-targeted for completion in 1st quarter 2018
CLER Program

• Site Visits Update

• Lessons Learned

• Future Directions
Inputs for continual program development

• Focus groups/conversations at national meetings
• Internal metrics
• Retrospective surveys
• Exit surveys
• Optional responses
Inputs for continual program development

Number of Passes for Scheduled Sites

Round 2 for SIs with 3 or more core programs

- 50% No passes
- 35% One
- 11% Two
- 4% Three

Scheduled: 136 96 30 10

Round 1 for SIs with 2 or less core programs

- 68% No passes
- 28% One
- 2% Two
- 1% Three

Scheduled: 115 47 4 2

For sites visited through May 5, 2017
Inputs for continual program development

Early Impressions of the CLER Program: A Survey of the Designated Institutional Official Community

Nancy J. Koh, PhD
Robin Wagner, RN, MHSA
Hongling Sun, PhD

Robin Newton, MD, FACP
Baretta R. Casey, MD, MPH, FAAFP
Kevin B. Weiss, MD, MPH

Editor’s Note: The ACGME News and Views section of JGME includes data reports, updates, and perspectives from the ACGME and its review committees. The decision to publish the article is made by the ACGME.

Introduction

The Accreditation Council for Graduate Medical Education (ACGME) established the Clinical Learning Environment Review (CLER) Program in 2012. This grant-funded program was to assess perceptions of the first round of CLER visits and the changes made by each institution to improve its CLE.

Methods

Requests for participation in a 14-item online survey were sent via e-mail, followed by 3 reminders. The
Inputs for continual program development

DIO Exit Survey Results: October 2015-December 2016 (N=213)

The CLER visit leader responded in a timely manner to my questions or concerns in arranging the visit
- Strongly Agree: 88.7%
- Agree: 10.8%
- Disagree: 0.0%
- Strongly Disagree: 0.5%

The written instructions adequately specified the documents and information needed in advance of the visit
- Strongly Agree: 73.7%
- Agree: 24.4%
- Disagree: 0.9%
- Strongly Disagree: 0.9%

The verbal report provided information that stimulated new conversations in one or more of the CLER focus areas
- Strongly Agree: 65.9%
- Agree: 32.2%
- Disagree: 0.5%
- Strongly Disagree: 1.4%
Inputs for continual program development

DIO Exit Survey Results: October 2015-December 2016 (N=213)
Suggestions for improvement most frequent themes

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide accurate &amp; concise pre-visit instructions</td>
<td>17%</td>
</tr>
<tr>
<td>Provide more advance notice</td>
<td>12%</td>
</tr>
<tr>
<td>Improve presentation of results</td>
<td>10%</td>
</tr>
<tr>
<td>Provide more time for verbal report</td>
<td>7%</td>
</tr>
<tr>
<td>Allow more time for discussion &amp; reflection in...</td>
<td>6%</td>
</tr>
<tr>
<td>Allow more flexibility on group meeting...</td>
<td>5%</td>
</tr>
<tr>
<td>Improve blackout dates</td>
<td>4%</td>
</tr>
</tbody>
</table>
## Inputs for continual program development

- Optional Responses

### CLER SITE VISIT REPORT—RESPONSE (LIMIT TO 3 PAGES IN TOTAL)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Sponsoring Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Participating Site:</td>
</tr>
</tbody>
</table>

#### GENERAL COMMENTS

#### PATIENT SAFETY

#### HEALTHCARE QUALITY

#### TRANSITIONS IN CARE

#### SUPERVISION
The first national report of findings from the Clinical Learning Environment Review (CLER) Program, published as a supplement to this issue of the *Journal of Graduate Medical Education*, is a very important initiative recently undertaken by the Accreditation Council for Graduate Medical Education (ACGME). \(^1\) Prior discussions about interventions to improve the quality of graduate medical education (GME) have included important issues, such as standard setting, the balance of service and education, assessment, sites of training, and the content of training. The focus has been primarily on education becomes more relevant to the institution.

The specific findings are encouraging news and progress. In the area of patient safety, almost all residents have principles of patient safety achieved. However, it is done, however, to involve them in the real work of reporting, analyzing, and improving patient safety in their institutions. This is a missed opportunity for learning and a missed
Overarching Themes

1. CLEs vary in approaches to patient safety and health care quality and the degree of engagement of residents and fellows in addressing those areas.

2. CLEs vary in the approach of implementing GME within the organization.

3. CLEs vary in the investment of teaching and engaging faculty and program directors on system-based initiatives.

4. CLEs vary in the degree of coordination of educational resources across professions.
www.acgme.org/cler
CLER Program

- Site Visits Update
- Lessons Learned
- Future Directions
CLER Site Visits

Protocol 3.0

• Field testing June-Aug, launch Sept 2017

• Changes based on inputs and evolution of focus area

• 2018 will begin synchronizing cycle lengths to 20-24 months for all SIs
CLER Six Focus Areas

- Patient Safety
- Healthcare Quality
- Professionalism
- Well-Being
- Transitions In Care
- Supervision
Well Being (selected topics)
  • Fatigue
  • Burnout
  • Work/life balance
  • At risk for self harm
Well Being Focus Area

CLE perspective

• Emphasis on systematic and institutional strategies and processes to cultivate and sustain well being of patients and clinical care team
Well-being: 6 major pathways

**WB 1:** CLE promotes well-being across the clinical care team to ensure safe and high quality patient care

**WB 2:** CLE demonstrates specific efforts to promote the well-being of residents, fellows, and faculty members
Well-being: 6 major pathways

**WB 3:** CLE promotes an environment where residents, fellows, and faculty can maintain their personal well-being while fulfilling their professional obligations.

**WB 4:** CLE demonstrates system-based actions for preventing, eliminating, or mitigating impediments to the well-being of residents, fellows, and faculty.
Well-being: 6 major pathways

**WB 5:** CLE demonstrates mechanisms for identification, early intervention, and ongoing support of residents, fellows, and faculty at risk of or demonstrating self-harm

**WB 6:** CLE monitors its effectiveness at achieving the well-being of the clinical care team
Well Being Focus Area

Protocol 3.0

• Assessed in group discussions and on walking rounds

• Group discussions to include new meeting with “well being” leadership at the CLE
CLER Program

- Site Visits Update
- Lessons Learned
- Future Directions
Pursuing Excellence in Clinical Learning Environments
Pursuing Excellence Initiative

• Spans four years

• Includes three major components
  • **Innovators**- engages executive/GME leadership in strategic change
  • **Leaders**- engages participants in identifying new models for addressing each of the six focus areas
  • **Learners**- broadly disseminates successful models and practices
Pursuing Excellence in Clinical Learning Environments

• Explores the variability identified in the CLER National Report

• Seeks new models to enhance integration of education and clinical care

• Facilitates dissemination and sharing of successful models and practices
Pathway Innovators
Pursuing Excellence in Clinical Learning Environments

- Explores the variability identified in the CLER National Report
- Seeks new models to enhance integration of education and clinical care
- Facilitates dissemination and sharing of successful models and practices

1st collaborative will address Patient Safety
Announcement June 2017
Pursuing Excellence Partners

• Accreditation Council for Continuing Medical Education (ACCME)
• Alliance of Independent Academic Medical Centers (AIAMC)
• American Association for Physician Leadership (formerly ACPE)
• American Association of Colleges of Osteopathic Medicine (AACOM)
• American Board of Medical Specialties (ABMS)
• American Hospital Association (AHA)
• American Medical Association (AMA)
• American Nurses Credentialing Center (ANCC)
• American Osteopathic Association (AOA)
• American Society of Health-System Pharmacists (ASHP)
• Association for Hospital Medical Education (AHME)
• Association of American Medical Colleges (AAMC)
• Association of Osteopathic Directors and Medical Educators (AODME)
• Council of Medical Specialty Societies (CMSS)
• Health Resources and Services Administration (HRSA)
• Institute for Healthcare Improvement (IHI)
• Liaison Committee on Medical Education (LCME)
• National Patient Safety Foundation (NPSF)
• Organization of Program Director Associations (OPDA)
• The Joint Commission (TJC)
• Vizient Inc.
Sponsoring Institution 2025

• Commissioned by the ACGME Board of Directors
• 19-member multi-stakeholder Task Force
• 18-month project
Why is there a need for **Sponsoring Institution 2025**?

- To develop a future vision for characteristics and challenges for accredited Sponsoring Institutions.

- To guide institutional accreditation and improvement processes.
Information-Gathering Process

• AEC 2016 Session
• Regional Listening Sessions
• Other Activities
  – Special Listening Sessions (e.g., Organizations)
  – ACGME Staff Focus Groups
3 Questions

1) Identify up to four aspects of healthcare delivery in the United States in the year 2025 that are most likely to impact graduate medical education.
2) How will these aspects of future healthcare delivery affect the graduate medical education needs of residents and fellows?
3) How will these aspects of future healthcare delivery affect the organization of residency and fellowship training?
More than 800 stakeholders interviewed

- Residents/Fellows
- DIOs
- GME Staff
- Program Directors
- Physician Faculty
- Nurses
- PAs and NPs
- Pharmacists
- Senior Healthcare Executives
- Medical School Deans
- Social Workers
- Healthcare/Education Orgs
- Government Agencies
- Patient Advocates
- Medical Students
Selected Observations

1. Changing healthcare needs
2. Changes in health care delivery
3. Evolution of the healthcare systems
4. Evolution of other healthcare professionals
5. Evolution of the role of the physician
6. Evolution of Graduate Medical Education
7. Uncertainties in the models of GME funding
8. Role of GME in the continuum of medical education
Changing Healthcare Needs

- Demographic changes (age and diversity) and related changes in consumption patterns
- Personal use of technology in healthcare
  - Digital real time health management
  - Access, use and portability of patient information
- Publicly reported outcomes data foundational
Changes in Healthcare Delivery

- Evolving inter-professional teams, including AI-assisted IT and decision support
- Non-hospital care settings (retail, telemedicine, home care, wearable health technologies)
- Data, including big data analytics
- Evidence based standardization of care
Changes in Healthcare Delivery

- Evolving inter-professional teams, including AI-assisted IT and decision support
- Non-hospital care settings (retail, home care, wearable health technologies)
- Data, including big data analytics
- Evidence based standardization of care
Evolution of the Healthcare System

- Healthcare financing and technology driven commoditization
- Mergers, acquisitions and the race to scale
- Population health
- Patients increasingly accountable for consumption and share in risk (out of pocket costs)
Evolution of the Healthcare System

- Healthcare financing and commoditization
- Mergers, acquisitions and the race to scale
- Population health
- Patients increasingly accountable for consumption and share in risk (out of pocket costs)

...resulting in the elimination of the need for more than 14,000 visits to specialty care professionals, a 16.3% increase in annual rates of screening for DR, and an 89.2% reduction in wait times for screening.

Daskivich LP et al., JAMA Int. Med 2017
10 largest non-profit health systems with 475 hospitals

1. Ascension Health (St. Louis) — 75
2. Trinity Health (Livonia, Mich.) — 44
3. Catholic Health Initiatives (Denver) — 39
4. Kaiser Permanente (Oakland, Calif.) — 37
5. Adventist Health System (Winter Park, Fla.) — 35
5. Dignity Health (San Francisco) — 35
6. Sutter Health (Sacramento) — 26
6. Providence Health and Services (Seattle) — 26
7. CHRISTUS Health (Irving, Texas) — 20
8. Banner Health (Phoenix) — 19
8. Baylor Scott & White Health (Dallas) — 19
9. Mercy Health (Cincinnati) — 17
*Formerly Catholic Healthcare Partners
9. UPMC (Pittsburgh) — 17
9. SSM Health Care (St. Louis) — 17
9. Intermountain Health Care (Salt Lake City) — 17
10. New York-Presbyterian Healthcare System — 16
10. Adventist Health (Roseville, Calif.) — 16

Becker’s: based on June 2015 data
Evolution of the Roles of Other Healthcare Professionals

- Culture change and shared leadership models
- More horizontal organization of team structures
- Regulation and scope of practice
- Inter-professional learning opportunities/priorities
Evolution of the Roles of Other Healthcare Professionals

- Culture change and shared leadership models
- More horizontal organization of team structures
- Regulation and scope of practice
- Inter-professional learning opportunities/priorities
Evolution of the Role of the Physician

- Increasing employment by large health systems
- Cost efficiency in practice
- Accountable for cost, quality, safety, and service
- Increasing use of advanced healthcare technology, including artificial intelligence
- Specialization and blurring of boundaries between inter-professional team members
Evolution of the Role of the Physician

- Increasing employment by large health systems
- Cost efficiency in practice
- Accountable for cost, quality, safety, and service
- Increasing use of advanced healthcare technology, including artificial intelligence
- Specialization and blurring of boundaries between inter-professional teams

Medical Group Management Assoc. data
Evolution of Graduate Medical Education

- Clinical productivity and faculty educational effort
- Inter-generational learning styles and adaptive challenges
- Structure and duration of training
- Transparency of GME financial support
- Other healthcare professionals as faculty
Evolution of Graduate Medical Education

• Clinical productivity and faculty educational effort
• Inter-generational learning styles and adaptive challenges
• Structure and duration of training
• Transparency of GME financial support
• Other healthcare professionals as faculty
Evolution of Graduate Medical Education

- Simulation and other educational resources
- Types of scholarly activity
- Distance learning
- Quality and safety education imperative across medical disciplines.
Evolution of Graduate Medical Education

- Simulation and other educational resources
- Types of scholarly activity
- Distance learning
- Quality and safety education imperative across medical disciplines
ACGME SIs in the year 2025 will need to have evolved to engage residents as innovators and to ensure that GME is well integrated and a valued contributor to healthcare systems and what they must accomplish.
Questions?