

PRACTICE GAP

A practice gap can be defined as the difference between what physicians are actually doing in their practice and what they could/should be doing as it may impact patient outcomes, measuring against actual achievable treatment success. These gaps may be due to a multitude of reasons or challenges, including physician ability or environmental issues present in the world in which the physician operates. Gaps may occur on the individual, community, or population level. Gaps can be identified within clinical practice, research practice, education practice, and/or executive administration practice.

Documentation: Documentation of the identified practice gap must accompany the Application for CE Accreditation. Performance data and performance measures at the national, state, or community level may be used to document a practice gap. An explanation of how the specific gap was determined from that data must also be stated as well as the policy or committee from which the gap was identified (e.g., QI Committee).

For RSS: If you are planning a new RSS, the identified practice gap(s) may cover the activity overall. You are not required to identify a Practice Gap for each session.

Example:

You are planning a new RSS entitled Infectious Disease Grand Rounds. The identified Practice Gap is a higher-than-average rate hospital-acquired infections when compared to national statistics. Individual sessions may focus on physician knowledge, strategies for improving the rate of hospital-acquired infections, and measuring or changing individual performance. Each session relates back to the same Practice Gap.

If the RSS may cover a broad range of topics, you should plan to identify a Practice Gap for each session. The Practice Gap should then be submitted when you submit the details about each session to the WMed CE Office.

Example:

You are planning a new RSS entitled WMed Medical Staff Symposium. It will cover a variety of topics related to the WMed clinics throughout the year. On your application, you should write, "Topics covered will include quality initiatives, malpractice issues, and treatment updates. Individual practice gap analysis will be done for each meeting."

Follow-Up: In order to determine whether or not the activity had an impact on the stated Practice Gap, a follow-up review must be done. This may take place near or on the date of the activity in the form of an attendee evaluation question asking whether or not attendees plan to make changes in their practice and/or performance and, if so, what changes they plan to make. The results should be reviewed and/or assessed by the activity planning committee as well as the WMed CE Office.

In addition, an Outcomes Assessment may take place 3-6 months following the last date of the activity. This may take the form of a survey of attendees on how they may or may not have changed their practice and/or a request for updated documentation showing whether or not the institution has seen a change in physician practice. The WMed CE Office reserves the right to determine which method or methods of follow-up is best for each activity.

Important Note:

While a practice gap may primarily be in provider knowledge, the educational activity should be designed to improve not only provider knowledge, but provider competence. The follow-up will focus on provider competence, performance, and/or patient outcomes. Follow-up only on provider knowledge is insufficient to show improvement in a practice gap.

EDUCATIONAL NEED

The educational need determines the necessity for the activity and should largely emanate from the identified gap analysis. The educational need for an activity is determined from the point of view as to why it is necessary to have an activity focusing on the chosen topic(s). The need must be different than the

objectives for the activity. Why does the provider need to learn what is being presented? Document it by showing proof as to your reasoning.

Educational need should be described in one of the following ways:

Knowledge: Learners do not know about the topic being addressed. E.g., a new cancer treatment is being presented.

Skills/Strategy: Learners know about the topic but do not know how to apply it. E.g. learners know that a new EHR has been implemented, but they have not been trained on how to use it.

Performance: Learners both know about the topic and how to do apply it but are not doing so. E.g., hospital policy states that aspirin should be given to heart attack patients upon arrival at the ER, but patient statistics indicate that this is only happening 75% of the time.

Documentation: Appropriate documentation for the Educational Need must accompany the Application for CE Accreditation. An explanation of the need is not acceptable documentation. Documentation may include, but is not limited to, any one or more of the following:

- Joint Commission
- Minutes from planning committee meetings
- Minutes from board of directors meeting
- Survey results
- Statistical data
- Documentation from peer review activity
- Written requests from experts
- Written requests from faculty
- Activity evaluations
- Post activity outcomes survey
- Minutes from department meetings
- Local/Regional health statistics

Examples

- Survey of Target Audience (documentation example - a copy of the survey results)
- Patient Care Audit (documentation example - a copy of the audit summary)
- Self-Assessment (documentation example - a letter from yourself as well as supporting journal articles)
- Peer Review Activity (documentation example - a detailed summary of the peer review activity)
- Request from Experts (documentation example - copies of the written requests received prior to conference planning)
- Faculty Perception (documentation may include minutes from faculty meetings or other evidence)
- Health Statistics or Mortality/Morbidity Statistics (documentation would include a copy of these statistics)

Unacceptable Methods for an Educational Need: Physicians need to have CE credits, Physicians will have the opportunity to learn, To have an educational session for physicians.

SUPPORTING DOCUMENTATION FOR GAPS & NEEDS

The supporting documentation for practice gaps and educational needs may be the same and included in a single document.