

Supporting Physician Advocacy: CME Web Module in Development

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Disclosures

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Outline

1. Problem & Needs Assessment
2. Methods for Web Module
3. Outcomes & Implications

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1. ***Problem & Needs Assessment***
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Problem Identification

- Advocacy central to health of community
- 90% of doctors value public roles
- 2 out of 3 played public role in last 3 yrs

Gruen et al, 2006

- Specific curriculum in Peds residency
- No specific training in other residencies

ACGME, 2007

- No CME for practicing physicians

Needs Assessment

- Knowledge gap
 - Received formal training? In which skills?
 - Mode and content preferences?
 - Barriers to learning?
- Questionnaire
 - Survey Monkey
 - 11 items on advocacy; 10 items on demographics
 - March-April 2010; 839 / 17684 = 5% response

Respondents

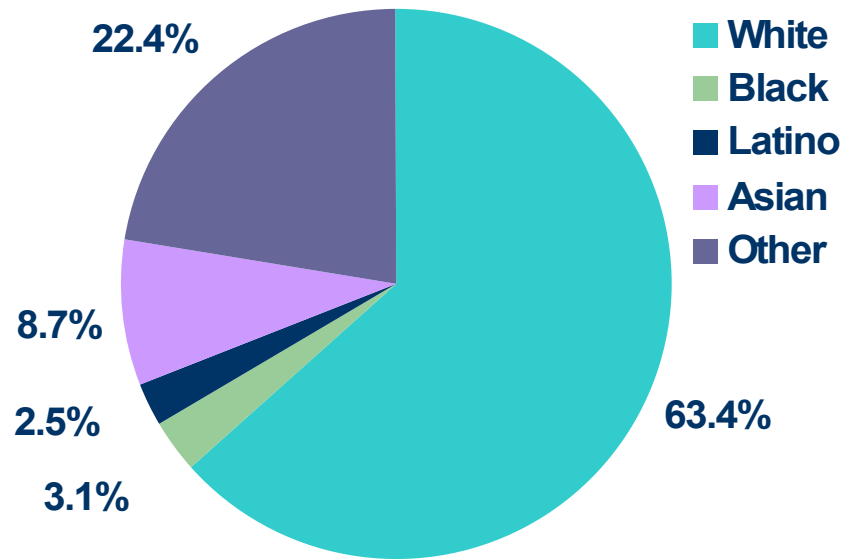
- 32.8% family medicine
- 45.9% primary care
- 56.4% salaried
- 58.2% academic affiliation*
- 42.8% female / 39.5% male

*Question: Are any of the medical centers in which you work (or to which you have admitting privileges) a major teaching hospital or academic health center?

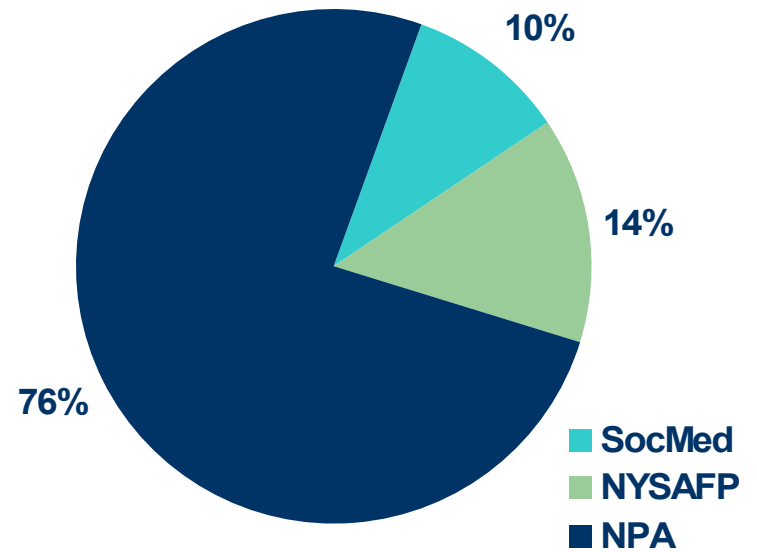
Commonwealth Fund, 2003

Demographics

Race/Ethnicity



Organization

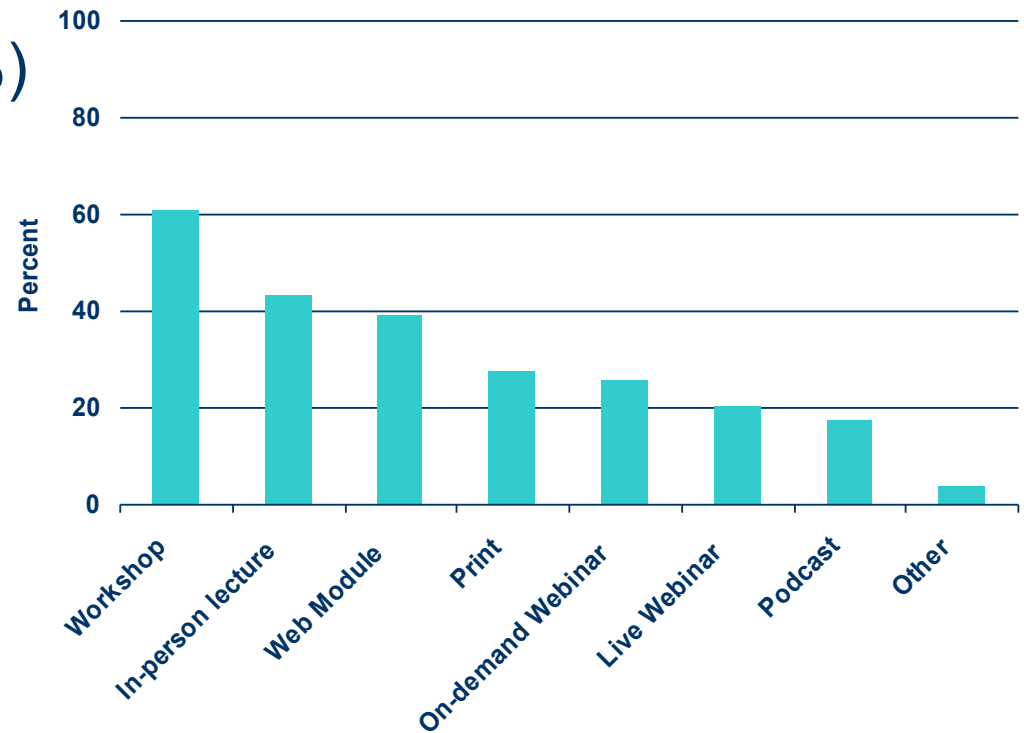


Opinions & Past Experiences

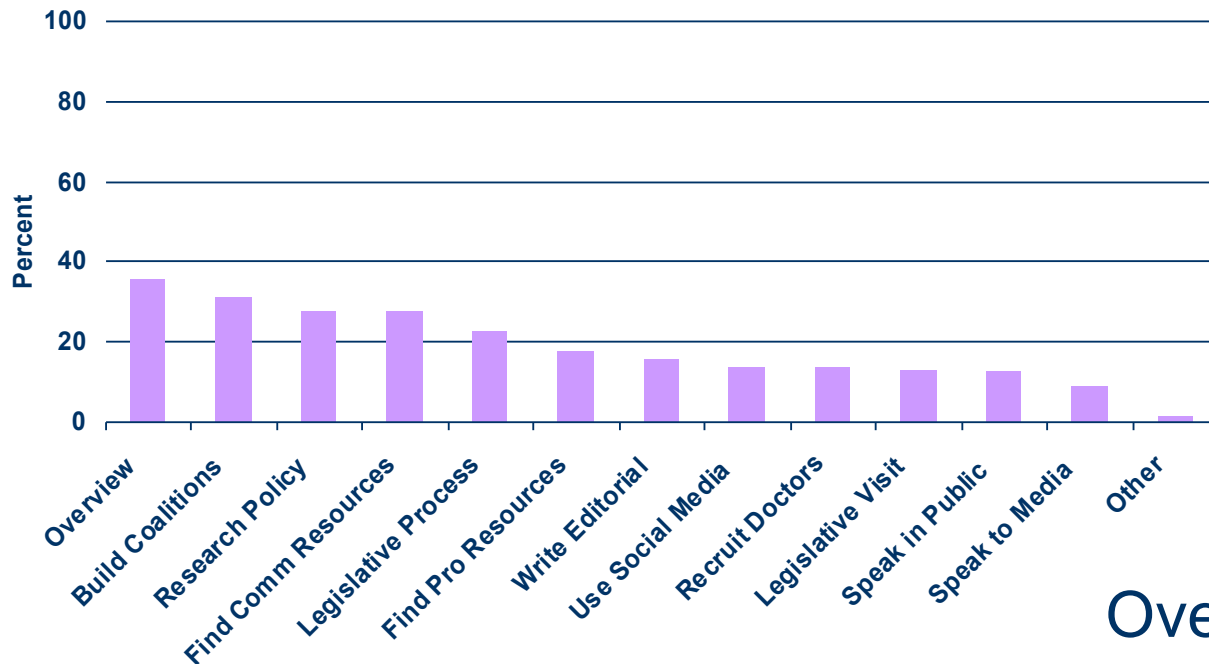
- past advocacy activities & training
 - about half have participated in advocacy
 - most common past training: legislative process (29.4%), legislative visit (29.0%), advocacy overview (25.3%)
 - 16.0% received formal advocacy training during residency
- opinions on advocacy training
 - 77.0% feel personal obligation to engage in advocacy
 - 49.4% believe advocacy should be mandatory for CME

Preference: Format

- Workshop (60.9%)
- Lecture (43.5%)
- Web module (39.2%)



Preference: Content



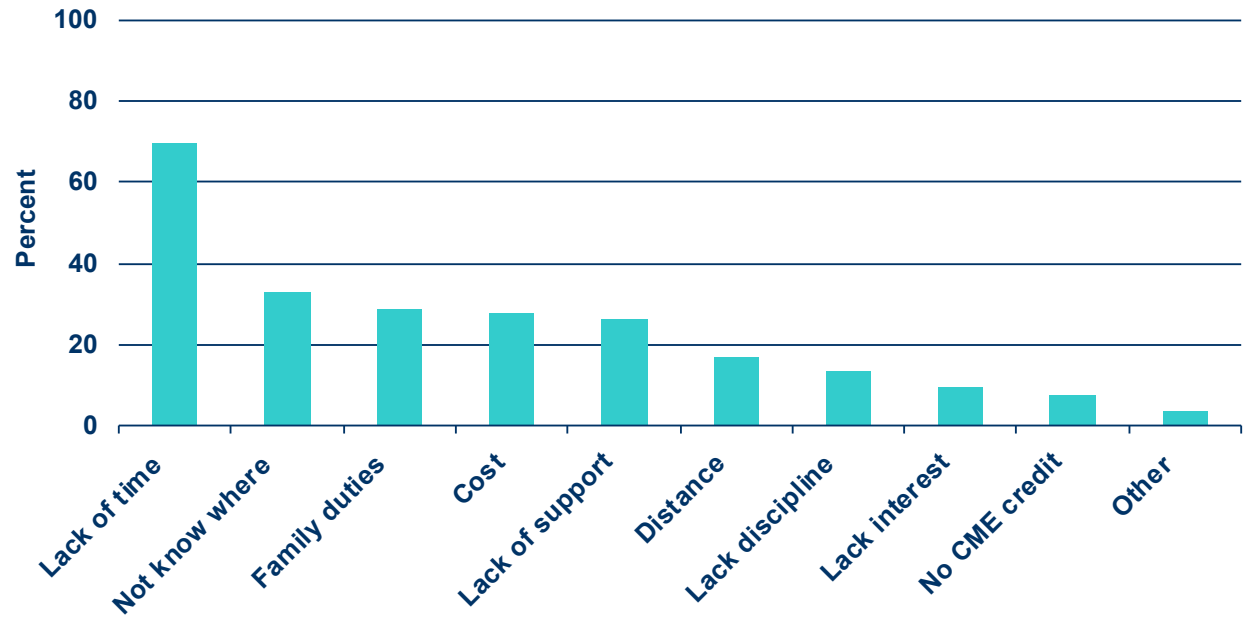
Overview (35.5%)

Community coalitions (31.3%)

Research issues & find community resources (27.8%)

Barriers

- Lack of time (69.8%)
- Not knowing where to find training (32.7%)
- Family duties (28.8%)



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Targeted Learners

- Low-hanging fruit
- More likely active: family med, peds, gen surg, URM, precepting, academic or small practice, rural

Gruen et al, 2006

- Organizations
 - SocialMedicine.org: family, peds, academic
 - NYSAFP: family medicine
 - NPA: advocacy-oriented physicians

Module Goals

- Increase favorable attitudes about advocacy by physicians
- Provide physicians with skills to engage in advocacy

Module Objectives

- Cognitive
 - Identify information source on health issues
 - Describe method of finding community resources
 - Describe steps of building community coalition
- Affective
 - Intention to seek out information (health issue or comm org)
 - Intention to sign up with org for updates
- Psychomotor
 - Sought information in past 4 weeks
 - Signed up for updates in past 4 weeks

Module Content

- Definition of advocacy & process of advocacy

Health Advocacy Process

(Christoffel, 2000)

- problem identification
- research / data gathering
- *coalition building*
- education of policymakers (including via media)
- development & promotion of regulations / legislation
- endorsement of regulations / legislation via elections & government action
- enforcement of effective policies
- policy process & outcome evaluations



Module Content

- Definition of advocacy & process of advocacy
- Examples where advocacy improved health
- Search strategy: issue info & advocacy orgs
- Quality & relevance evaluation: info sources

Module Format

- Mini-lecture w/ sample cases

Case 1: Green Carts



Case 2: Health Reform



Module Format

- Mini-lecture w/ sample cases
- Exercise for learner to work through
 - Search for info & org
 - Assess info
 - Sign-up for updates

Case 1: Passing Legislation

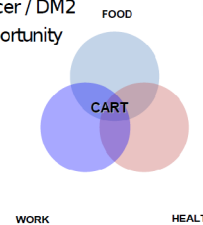
- New York City Council March 2008
- consumer affairs committee
- coalition building: CCCNY
- hearings, rallies, e-mail, letters, calls
- supporters (mayor, speaker, CBOs) & opponents (supermarkets)
- MD: *marshal support - medical center, professional organizations, primary care residency directors*



ACTION

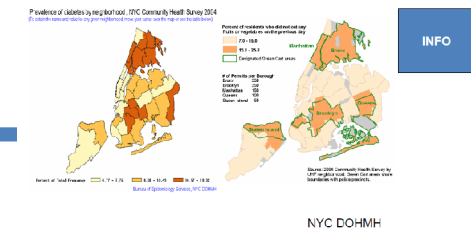
Case 1: Win-Win

- health: obesity / heart disease / cancer / DM2
- economic opportunity
- social capital
- public safety
- affordability
- ubiquity
- low overhead



STRATEGY

Case 1: Problem



INFO

NYC DOHMH

Module Format

- Mini-lecture w/ sample cases
- Exercise for learner to work through
- “Studio audience” pre-recorded
 - Offer personal anecdotes
 - Enumerate barriers
 - Discuss solutions

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Evaluation

- Questionnaire (based on objectives)
- O1—X—O2—O3
- Pre-test, post-test, & 4-week post-test
- No control group

Implications

- Interest in advocacy training exists
- Little past formal training of physicians
- Web module for advocacy CME
 - Appreciation of time and access barriers
 - Overview with focus on skills of finding information on health issues & community resources
 - Possible focus on community coalitions

Future Steps

- Finish module development
- Pilot module
- Refine evaluation instrument
- Apply for grant funding
- Obtain CME accreditation

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