Contributors: See bmj.com.
Funding: US Agency for Healthcare Research and Quality (RO1-HS08509), US Bureau of Maternal and Child Health (RO1-HS08509), the North Carolina Division of Medical Assistance, the North Carolina Area Health Education Centers, and the Robert Wood Johnson Foundation Generalist Faculty Scholars Program.
Competing interests: None declared.
Ethical approval: University of North Carolina at Chapel Hill ethics committee.

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Commentary: Reinventing continuing medical education

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In 2003, two significant reports confirmed large gaps in the quality of American health care. McGlynn found that Americans receive recommended services only 54.9% of the time, and the first National Healthcare Quality Report demonstrated a similar "chasm" between evidence-based and actual care.[1,2] Both reports confirmed that the gaps in delivery of evidence-based preventive services are comparable in size to those in delivery of other services. Sadly enough, this is old news. Questions prompted by these and other studies include:
1) Don't physicians keep up on scientific advances?
2) What will it take to close the gap?

Continuing medical education (CME) is a time-honored but questionable strategy by which physicians update their knowledge of recent scientific developments and in turn apply this knowledge to patient care. A core premise of what might be called "trickle down" quality improvement is that all roads to improved care directly traverse the physician's brain. Multiple studies have shown that CME does indeed advance physicians' knowledge, but that passive acquisition of information results in only modest –if any—measurable improvements in care.[3]

Several recent reports from the Institute of Medicine have emphasized the importance of systems and practice organization as critical components of closing the gap in the delivery of evidence-based care. Antedating these reports, Margolis and colleagues had the novel idea of combining customized practice improvement strategies to improve delivery of clinical preventive services to children with receipt of CME credits. Their randomized trial clearly showed that children seen in intervention practices were significantly more likely to be up to date with preventive services, an effect that persisted for 30 months. Moreover, improvements were achieved without significant disruption of busy practices.

The team worked hard to address obstacles to the linking of CME and practice improvements. Negotiations were required for participating physicians to obtain credits for meetings with the research team in which they learned about both the relevance of process improvements and the importance of preventive services for their patients. The good news is that a number of leading professional organizations, including the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians–American Society of Internal Medicine, and the American Board of Medical Specialties, are now actively pursuing a similar approach by implementing CME programs with a direct link to practice improvements and recertification. This development brings new meaning and credibility to the longstanding tradition of continuing medical education.

Competing interests: None declared.

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BMJ: first published as 10.1136/bmj.328.7445.E291 on 15 April 2004. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.