

Quality and Professionalism in the Digital Era:  
Impact on Physician Assessment and Remediation



October 15, 2020

Coalition for Physician Enhancement

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Coalition for Physician Enhancement (CPE)

A consortium of professionals with expertise in quality assurance, medical education, and the assessment, licensing, and accreditation of referred physicians seeking higher levels of performance in patient care.

[www.cpehq.org](http://www.cpehq.org)



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CPE: Mission and Vision

- **Mission:** To support and develop expertise in assessment and education for physicians and other healthcare providers who seek a higher level of performance.
- **Vision:** CPE will be a leader in the development of a system that fosters safe practice and enhanced performance by physicians and other healthcare providers in North America



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**CME**

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of Albany Medical College and The Coalition on Physician Enhancement. Albany Medical College is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Albany Medical College designates this Enduring Material activity for a maximum of 1.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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**Disclosures**

Michael Victoroff, MD: Lynxcare, Inc.

Ewan Affleck, MD: included in presentation

Elizabeth Grace, MD; Nielufar Varjavand: no disclosures



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**Webinar Objectives**

- Describe current confusion related to differing definitions of “telehealth/telemedicine/virtual care/digital health”;
- Articulate potential clinical challenges related to provision of digital healthcare in the near term;
- Define new competencies required for the delivery of health care in the digital era, and discuss their assessment;
- Explain potential benefits and risks arising from healthcare augmented by digital technologies;
- Consider recommendations regarding best practices for the assessment and remediation of physicians adapting to digital healthcare technologies



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**Speaker Panel** 

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| <p><b>Welcome and Introductions</b><br/>Elizabeth Grace, MD</p> <p>CPE President<br/>CPEP</p> | <p><b>Ewan Affleck</b><br/>CM, BSc, CFPC, MDCM</p> <p>Senior Medical Advisor - Health Informatics<br/>College of Physicians &amp; Surgeons of Alberta</p> | <p><b>Michael Victoroff</b><br/>MD, FAAFP, CI</p> <p>Risk Management Consultant for Health Information Technology<br/>COPIC</p> | <p><b>Moderator</b><br/>Niefufar Varjavand<br/>MD</p> <p>CPE Board Member<br/>Drexel University</p> |

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**Redefining Professional Competency in 21'st Century Medicine in Canada**

Coalition for Physician Enhancement  
Virtual Conference

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EWAN AFFLECK  
SENIOR MEDICAL ADVISOR, HEALTH INFORMATICS  
COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA  
OCTOBER 2020

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**Disclosure**

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| <p><b>Faculty</b></p> <ul style="list-style-type: none"> <li>Associate Professor University of Calgary</li> </ul> <p><b>Senior Medical Advisor - Health Informatics</b></p> <ul style="list-style-type: none"> <li>College of Physicians &amp; Surgeons of Alberta</li> </ul> <p><b>Member</b></p> <ul style="list-style-type: none"> <li>Health Canada Expert Working Group - Virtual Care</li> </ul> <p><b>Member</b></p> <ul style="list-style-type: none"> <li>Committee on Accreditation of Canadian Medical Schools</li> </ul> | <p><b>Co-Chair</b></p> <ul style="list-style-type: none"> <li>National Virtual Care Task Force</li> </ul> <p><b>Clinician / Hospitalist</b></p> <ul style="list-style-type: none"> <li>Northwest Territories Health &amp; Social Services Authority</li> </ul> <p><b>Executive Producer</b></p> <ul style="list-style-type: none"> <li>Networked Health</li> </ul> <p><i>No Conflict of Interest</i></p> |
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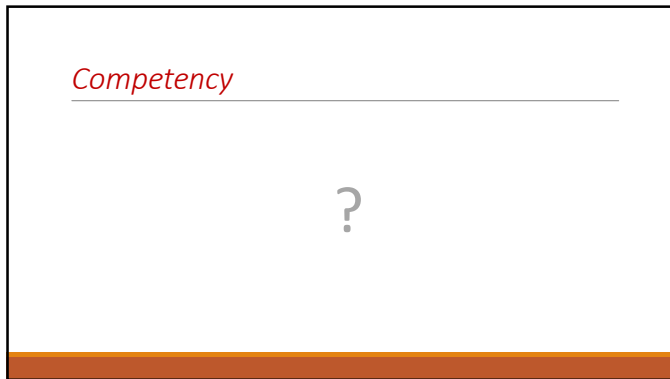
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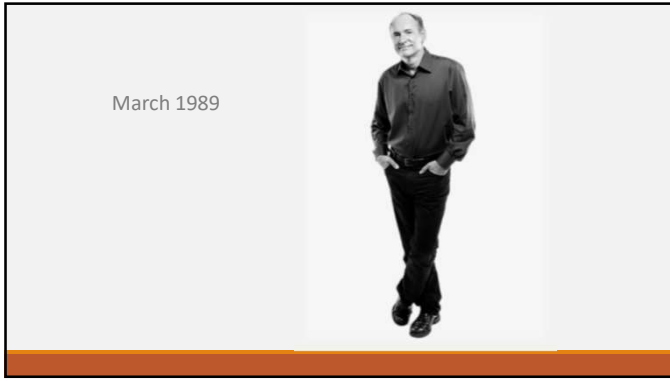
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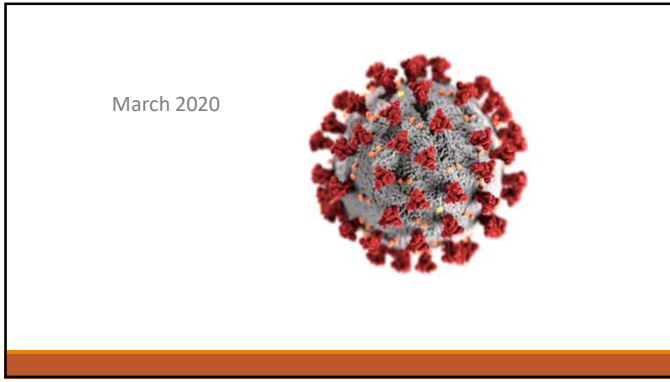
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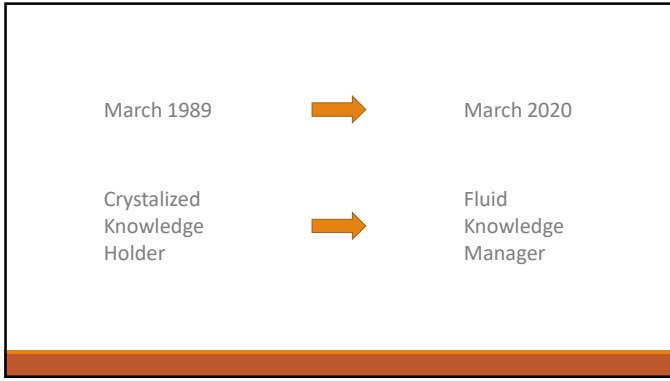
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Medical Competency is not fixed

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Medical Competency is not fixed

Quality of Care suffers with a lack of attention to changes in Medical Competency

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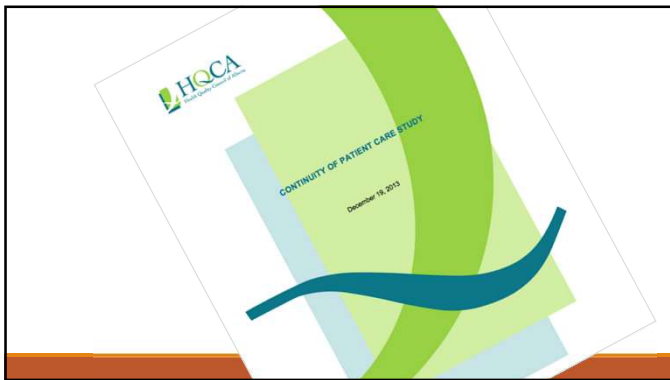
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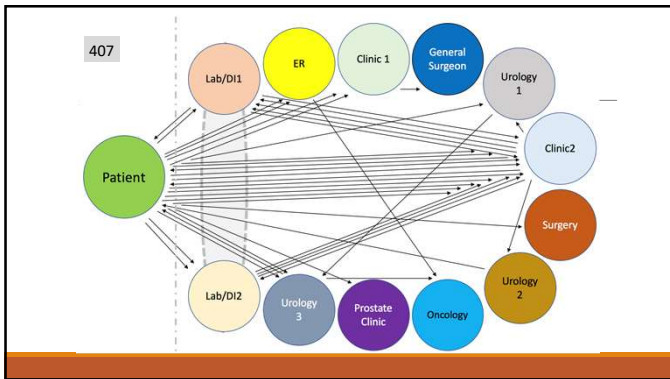
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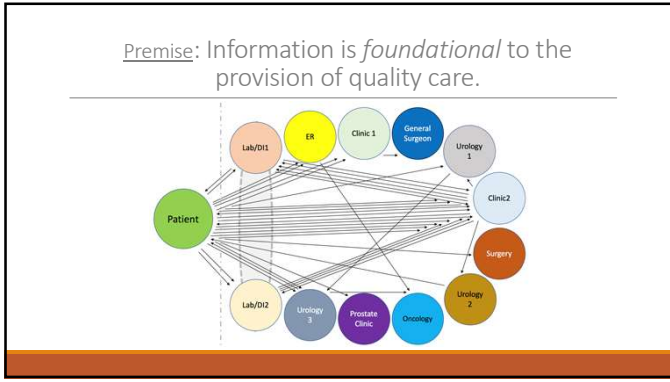
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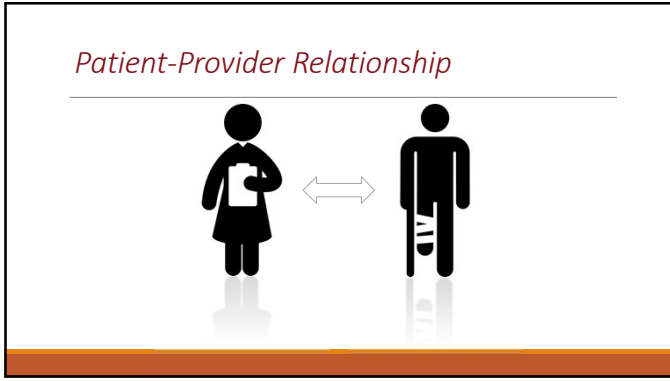
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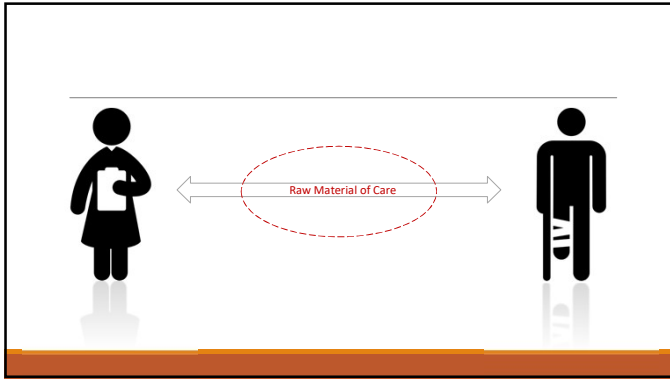
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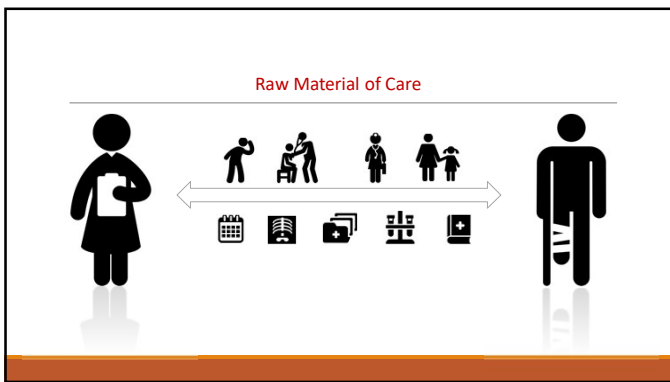
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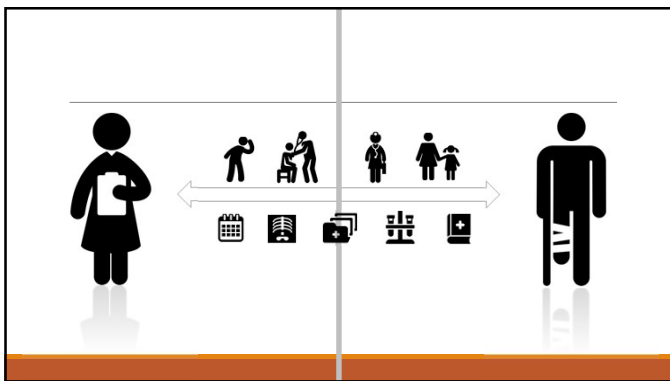
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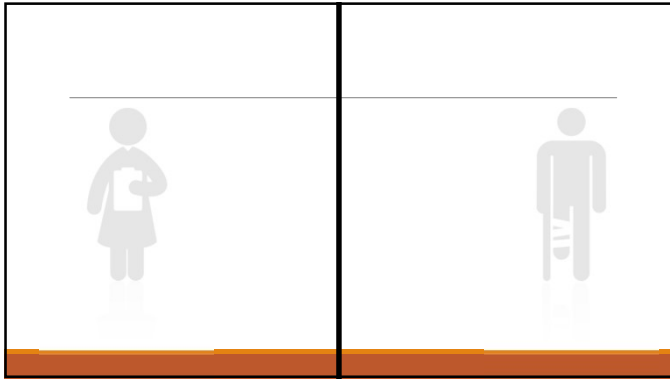
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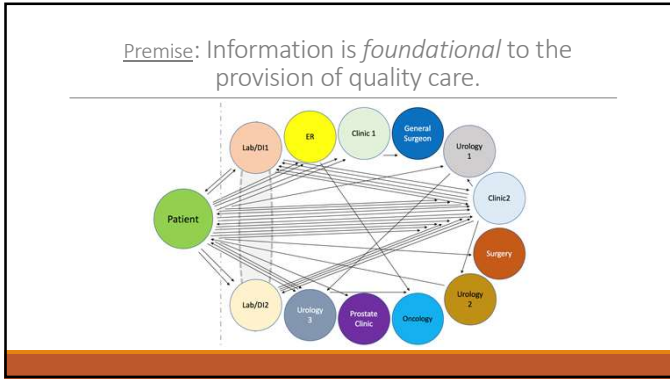
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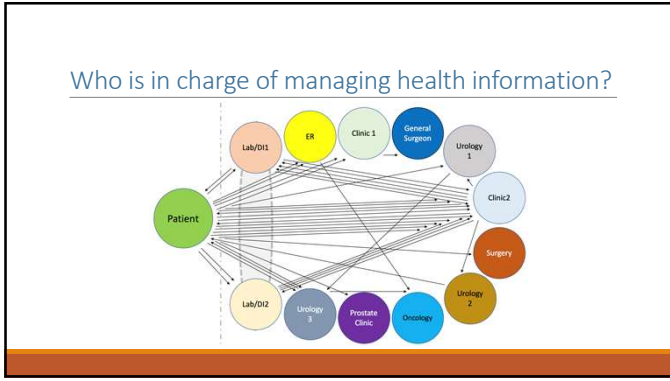
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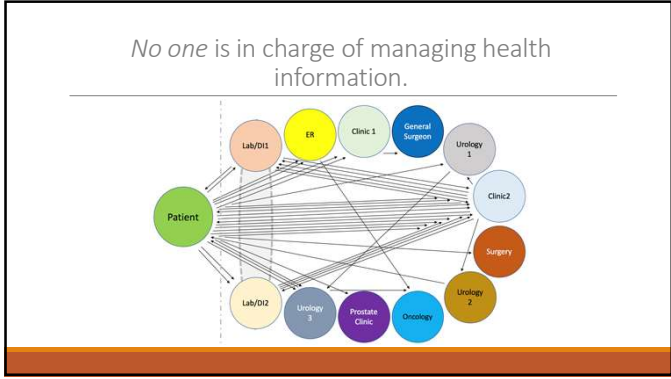
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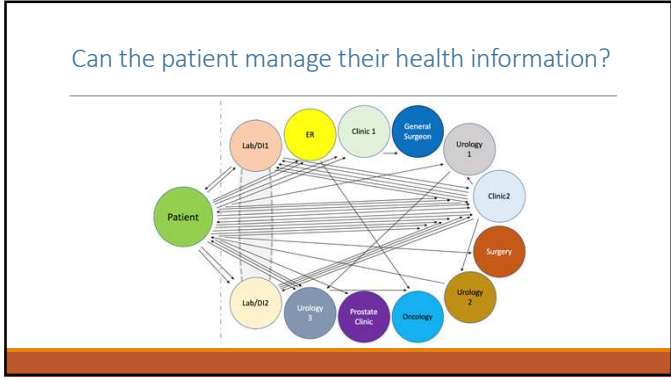
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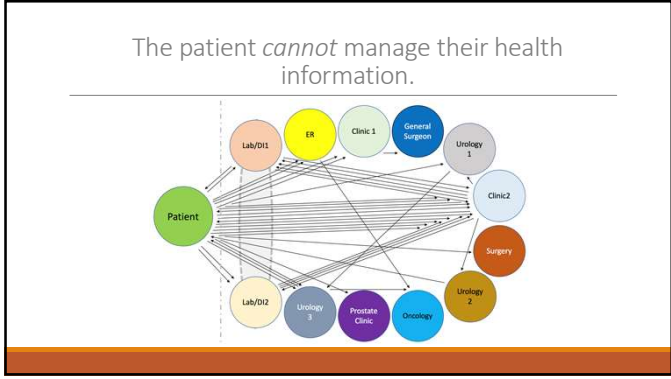
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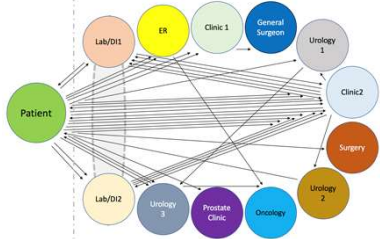
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Who is health information centered around?



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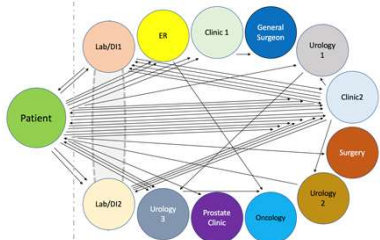
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Health information is service-centric.



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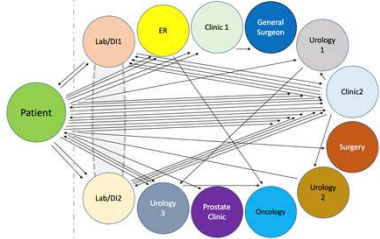
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Does the health industry manage information safely?



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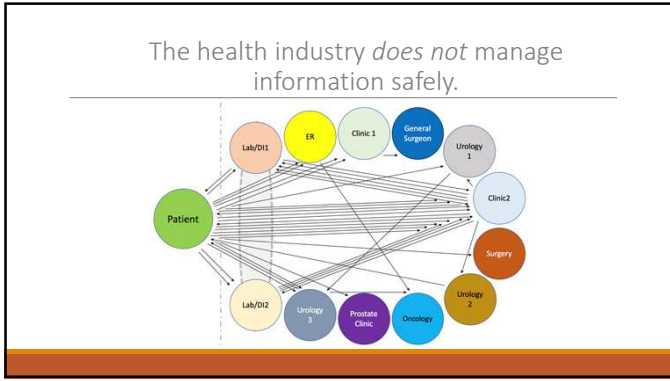
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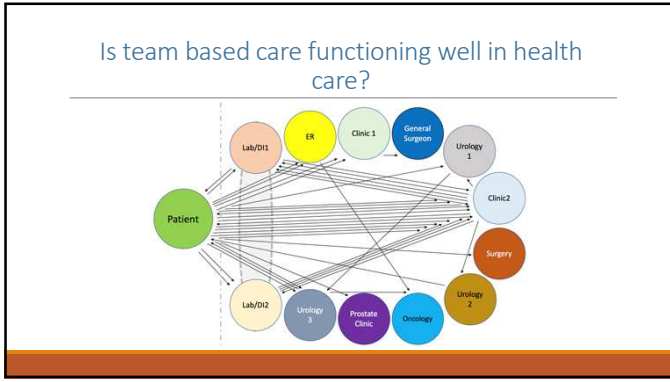
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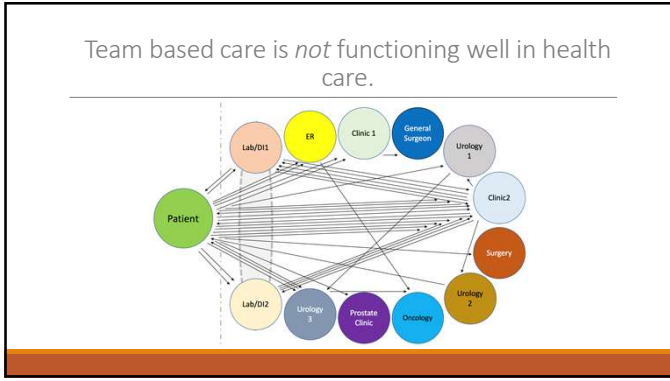
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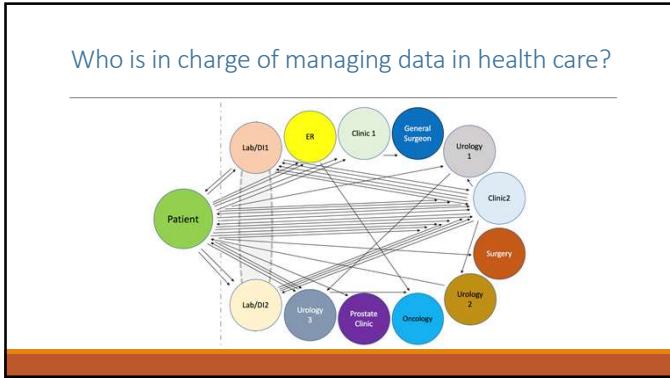
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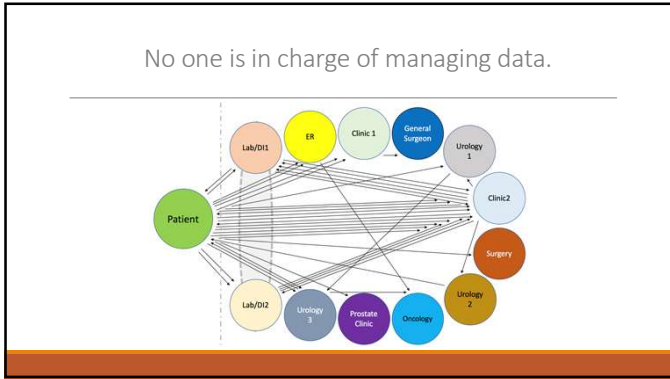
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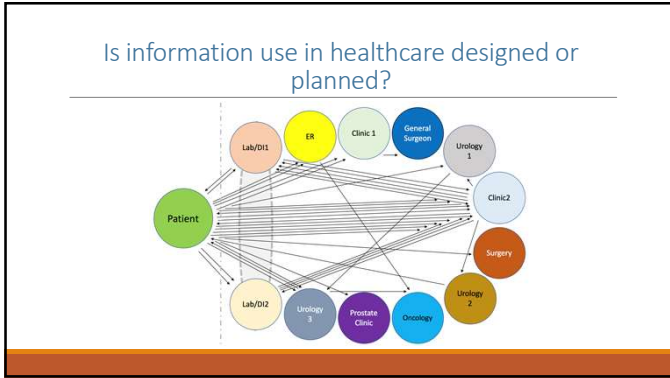
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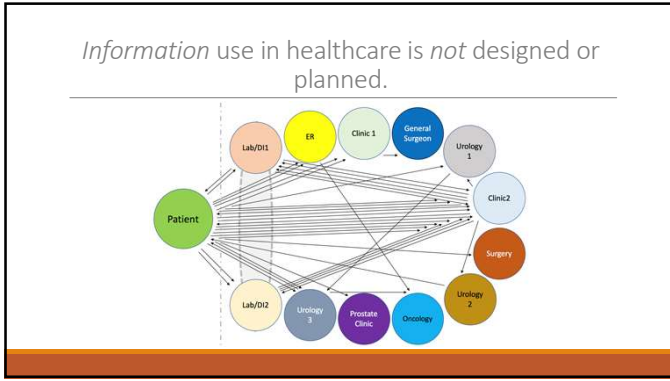
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Information is foundational to the provision of quality care.

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- No one is in charge of managing health information.
- We do not manage information safely.
- The patient cannot manage their health information.
- Health information is service-centric.
- Team based care is not functioning well in health care.
- No one is in charge of managing data.

Information use in healthcare is *not* designed or planned.

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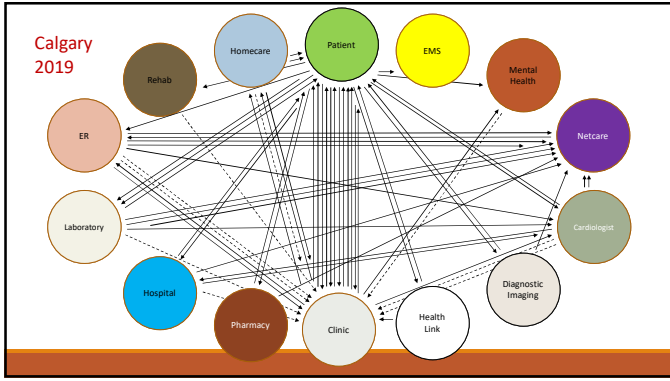
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Are the physicians of today  
competent to be  
*Fluid Knowledge Managers?*

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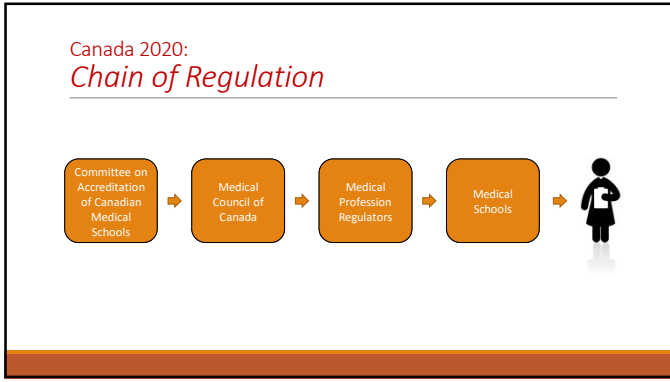
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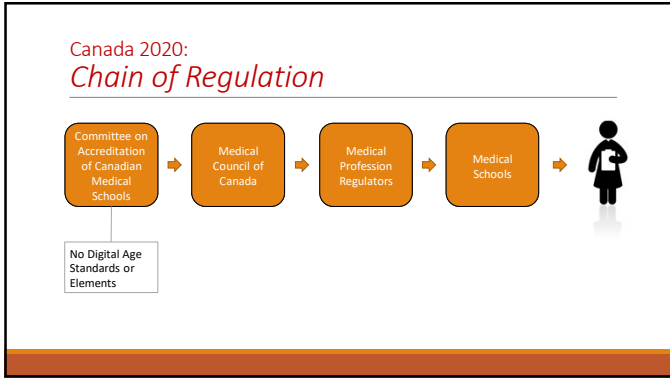
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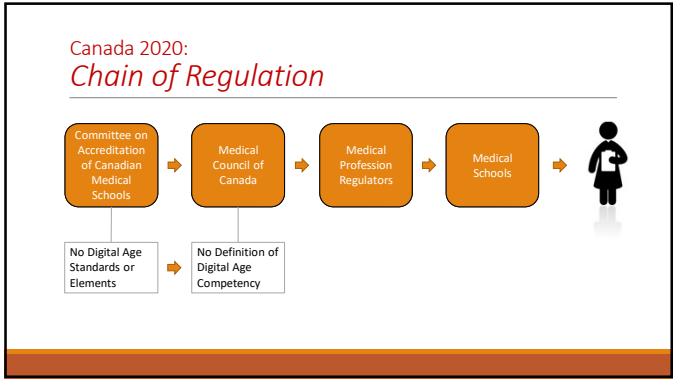
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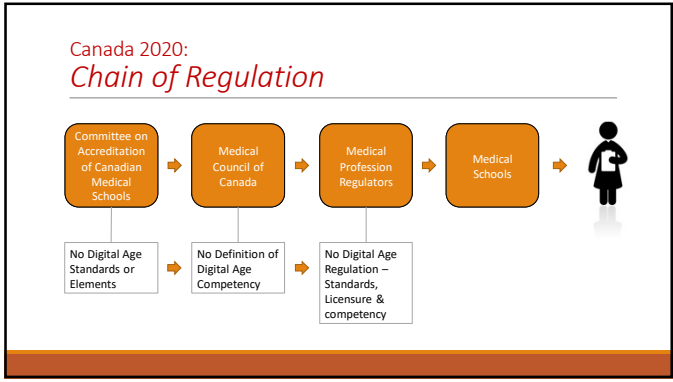
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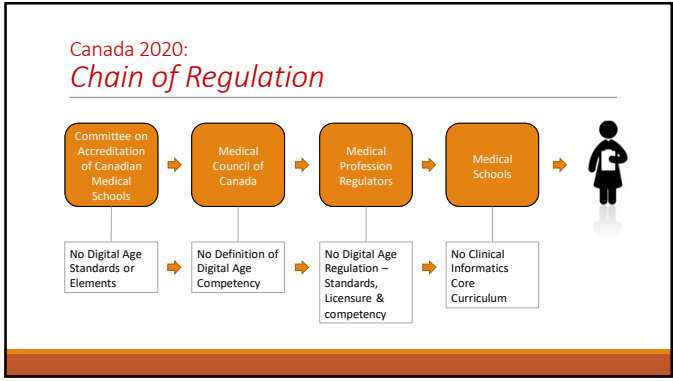
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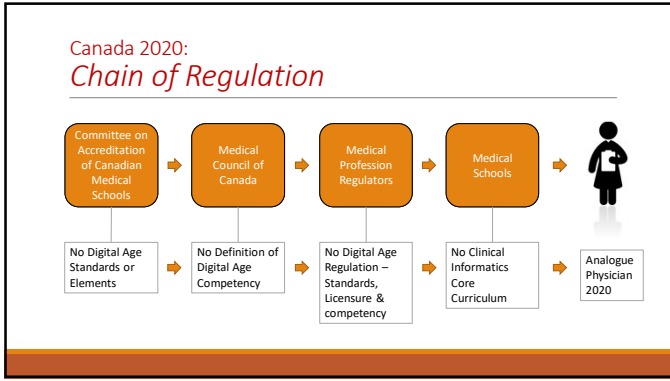
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If one does not define what digital age competency is... how can we assure it exists?

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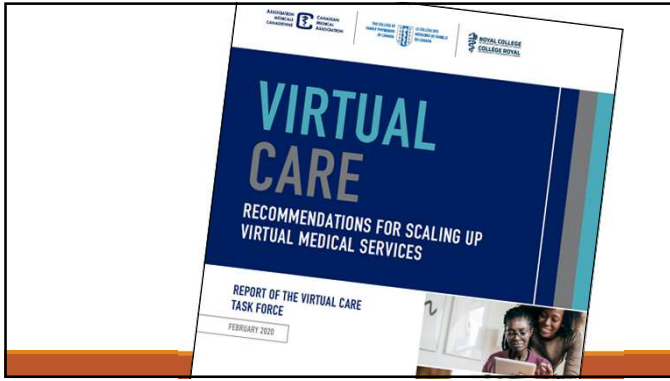
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- 9. Ensure that standards set by medical regulators support the provision of competent and safe virtual care.
- 14. Engage the CanMEDS consortium in incorporating and updating virtual care competencies for undergraduate, postgraduate and continuing professional development learners.
- 15. Engage the Association of Faculties of Medicine of Canada's Faculty Development Network to undertake an environmental scan to identify existing resources available to support clinical teachers in virtual care environments and ask it to proceed to develop a national virtual care faculty development plan.
- 16. Develop a comprehensive program evaluation framework that can be applied across dimensions of virtual care in medical education.
- 17. Support and recognize faculty-based virtual care education and scholarship.
- 19. Create national virtual care accreditation standards.

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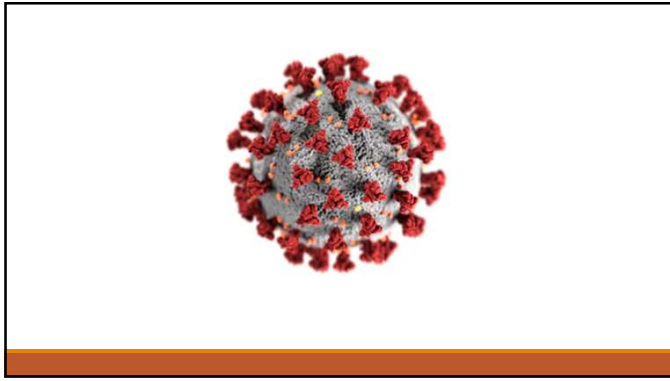
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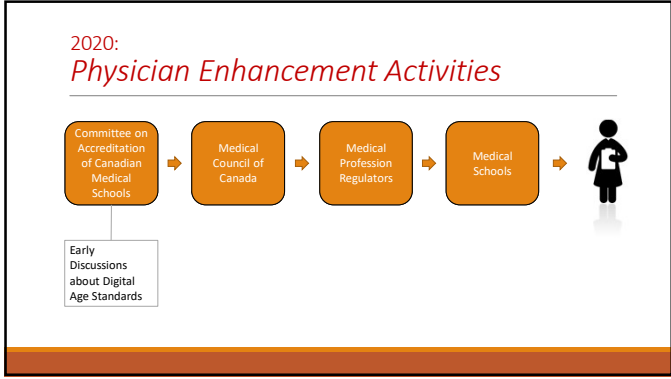
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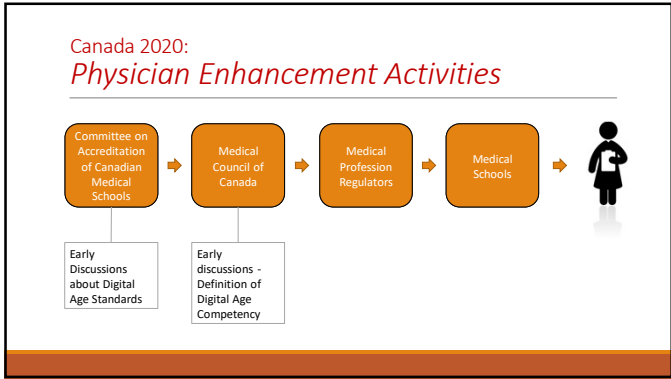
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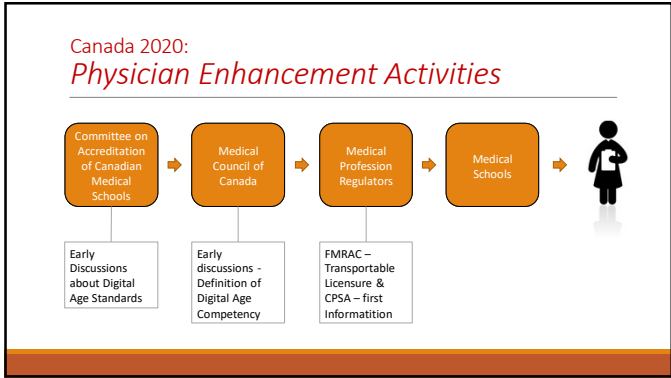
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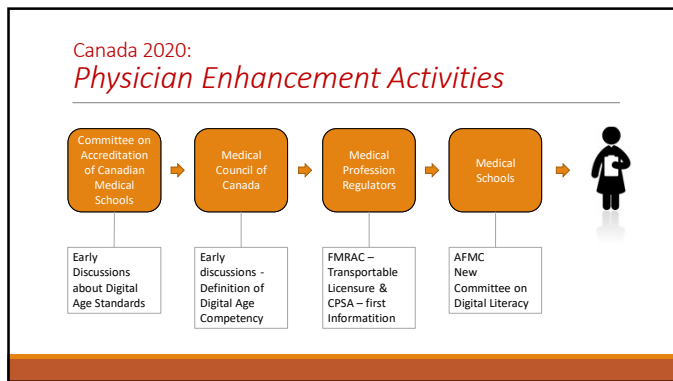
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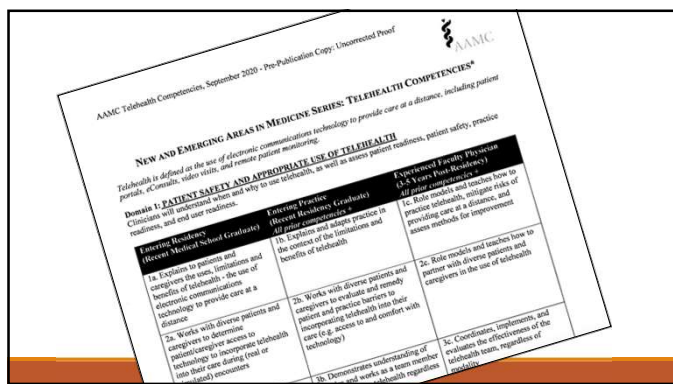
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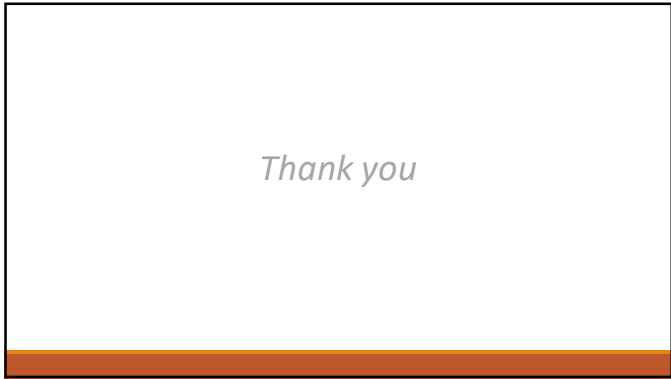
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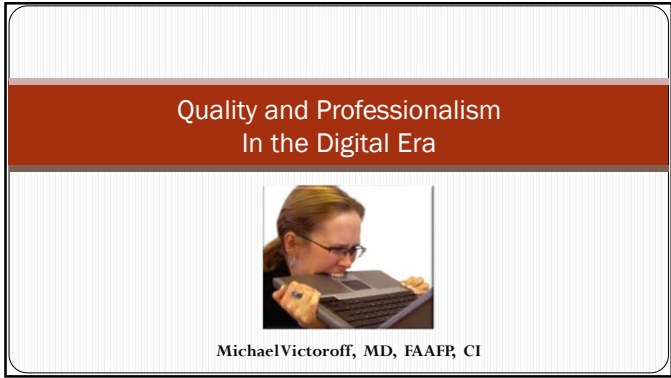
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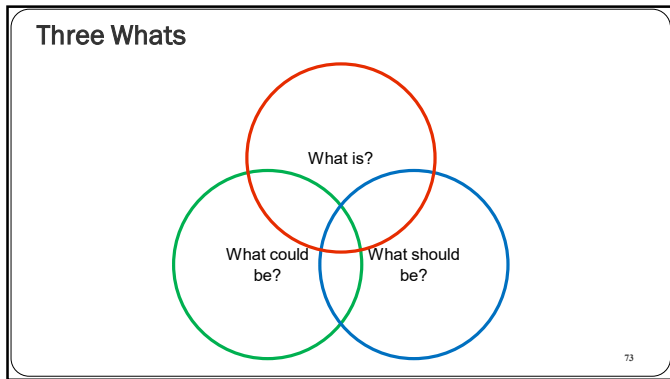
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- ### e-Skills
- Effectively use the clinician's "e-Suite"
  - Effectively use communication technologies
  - Manage the "in-box"
  - Conduct an effective multimedia visit
  - Practice Task-Oriented Medicine
  - Effectively use structured and unstructured data
  - Effectively use knowledge and decision support
  - Practice cyber safety
  - Adapt to e-Discovery and user surveillance
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- ### The Clinician's "e-Suite"
- Documentation
  - Communication
  - Order entry & prescribing
  - Scheduling and delegation
  - Result review
  - Device management
  - Telemedicine
  - Social media
  - ...
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### e-Communication



- **Channels**  
Email, texting, portals, mobile devices, websites, social media, blogs/chats, feeds
- **Consents, terms of use, standards**
- **Professional communication**  
Referrals, consults, reports, collaboration, journals
- **Patient communication**  
Reminders, record review, task management, questions, surveys, patient-generated data
- **Social media**



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### The “in-box” problem

- Unmanageable burden of input management
- AI/ML solution is currently not available
- Extracting “enduring data” from records
- Summarization and distillation
- The “clinical informatics assistant?”

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### It’s a “multi-media” visit



- The EMR is a 3<sup>rd</sup> presence in the exam room



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### Task-Oriented Medicine



- **Problem-Oriented Medicine is incomplete**  
The central organizing principle of the medical record is the "Task List"
- **Patients are managed in intradisciplinary teams**
- **The "Task List" is the missing part of the record**  
Adherent to the patient, not siloed with the provider  
Networked, transparent, editable, viewable anywhere
- **It's not a "tickler file"**  
It's a life care plan



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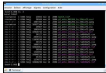


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### Structured vs Unstructured data

- 80% of critical patient information is in the clinical narrative
- Most time spent in the EMR is with structured data
- The focus of the provider/patient encounter is "The Task"
- *Visit Effectiveness* measures how well the practitioner can identify TheTask and collaborate with the patient to advance it

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### Knowledge and Decision Support

- **Medical data doubling time**  
1950 — 50 years  
1980 — 7 years  
2010 — 3.5 years  
2020 — 73 days
- **But, is this medical wisdom?**

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**Cyber Safety**



- Healthcare is the biggest target among all industries for cyber attacks



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**Provider Surveillance and e-Discovery**

- The exam room as recording studio

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**Contact**



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Thank you for participating in this CPE webinar.  
The slides along with the audio from this  
webinar will be available on our website  
shortly under the resources tab.

[WWW.CPEHQ.ORG](http://WWW.CPEHQ.ORG)

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