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Are Mandates the Answer? Improving Palliative Care and Pain Management in Vermont

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Are Mandates the Answer?

Improving Palliative Care and Pain Management in Vermont

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Background
The Vermont legislature (bill H.435, Sec. 19) has tasked the Vermont Board of Medical Practice (VBMP) with making a formal recommendation on improving Vermont health professions’ knowledge and practice of Palliative Care and Pain Management (PC/PM) [1]. In collaboration with the VBMP, our group set out to answer the following questions: • What are the barriers to achieving optimal patient care in PC/PM? • Do VT physicians believe mandatory CME would improve the overall quality of care in PC/PM? • What are the best methods of providing Continuing Medical Education (CME)?

Methods
We created a survey using a combination of 6-point Likert-like scale, fill-in-the-blank, and multiple-choice items. We distributed a total of 1810 surveys by e-mail to physicians licensed in Vermont, using lists from the VBMP and the Vermont Medical Society (VMS). The majority of respondents were collected online via SurveyMonkey.com®. Respondents were also given the option of printing out a paper copy of the survey and mailing or faxing it back. The total survey collection period was 26 days, with reminder emails sent after 10 and 18 days. We verified the data input via 10% random sampling. No errors were found. We calculated average scores and performed descriptive and analytical statistics using PASW software and Excel.

Results
(Data reported using 6-point Likert-like scale: 1 = Not at all confident/satisfied, 6 = Very significant barrier)

• 303 surveys were returned (16.8% response rate).

• 49.5% of VT physicians strongly disagree that mandatory CME requirements in PM and PC would likely improve quality of care (Figure 2).

• VT physicians report being satisfied with the quality of care their patients receive in PC (4.3/6) and PM (4.3/6).

• VT physicians generally feel confident in the use of opioids in controlling pain (4.4/6).

• VT physicians report a high level of confidence in discussing PC issues with patients (5.3/6) and patients’ families (5.3/6). There was no difference in these confidence measures between Primary Care and non-Primary Care specialties.

• VT physicians feel confident in managing agitation, dyspnea, and other end-of-life symptoms (4.9/6).

• Over 50% of VT physicians ranked patient adherence, access to services, and patient and family belief systems as barriers to effective PM (4.0/6).

Selected Physician Survey Comments
• “Mandatory CME would take time away from CME that I [use to] target my weaknesses.”

• “Mandatory requirements would only discourage me to practice in Vermont.”

• “Consistent education over time with EASY access to palliative care services and pain management services are more likely to help with change of day to day practices than ‘mandatory’ courses.”

• “I have access to [the]...FAHC Palliative Care [team] by phone and feel I have great support by phone whenever I need it!”

Discussion

Are Mandates the Answer?

Current Status of PC/PM in Vermont
• Vermont is currently ranked #1 for access to hospital Palliative Care programs [2].

• Although current law does not mandate CME requirements for physicians to be licensed by the State of Vermont, most specialties have their own requirements for board certification. Hospitals that responded to our inquiries also require CME credits for credentialing. This raises questions about how necessary additional, state-mandated CME guidelines would be.

• None of the average ratings for the potential PC or PM barriers were ranked as substantial (≥ 4.0 on 6-point Likert-like scale with 6 = very significant barrier).

CME in PC/PM: Past, Present, Future
• There is currently less education offered in PC than in other fields of medicine [3]. However, VT physicians do not believe that mandatory CME credits in PC/PM would improve quality of care.

• Our findings suggest that providers may be interested in having access to a PC/PM provider network database (Figure 3). Providing “point-of-care” educational options to physicians while in the clinical setting is the most recent initiative for “practice-based learning” [4]. This option may be the best method to improve education in PC/PM and may solve conflicts in terms of specialty and relevance to practice.

Study Limitations
• Requisite that all survey respondents have an active and valid email address on file with the VMS or the VBMP.

Recommendations
• Lack of physician and patient awareness regarding the Patients’ Bill of Rights in PC/PM must be addressed.

• The data do not support mandating PC/PM CME to obtain state licensure at this time.

• The VBMP should offer online educational modules and a Physician Database to most effectively improve the quality and implementation of PC/PM practices.

• Further research is needed to better understand the relationship between physician competency and patient satisfaction with PC/PM.

1These conclusions will be included in the VBMP’s official recommendation to the VT legislature regarding legal requirements and alternative options for improving PC/PM training and delivery.

References