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Are Mandates the Answer?

Improving Palliative Care and Pain Management in Vermont

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1. UVM College of Medicine
2. UVM/Fletcher Allen Health Care Faculty
3. Vermont Board of Medical Practice

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 professionals' 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:

- How confident/competent are VT physicians in the practice of PC/PM?
- 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 responses 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 confident/satisfied)

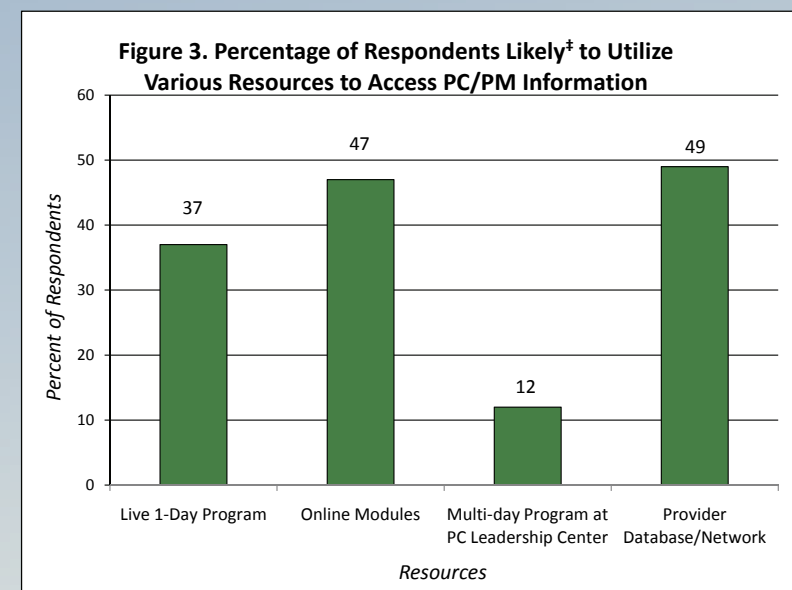
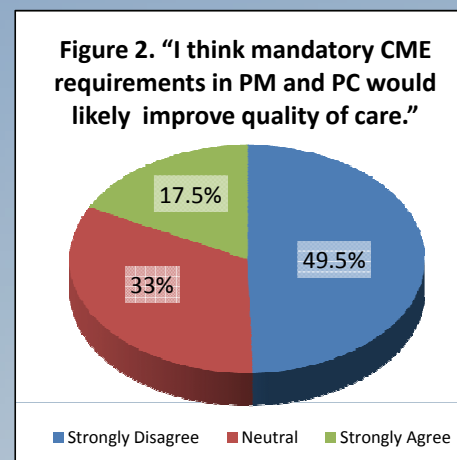
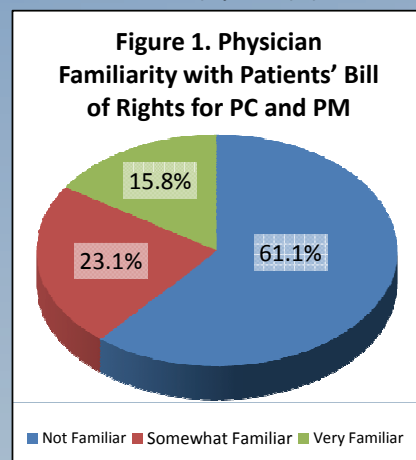
- 303 surveys were returned (16.8% response rate).
- 49.5% of VT physicians strongly disagree that mandatory CME requirements in PM and PC would likely improve quality of care (Figure 2).
- VT physicians report being satisfied with the quality of care their patients receive in PC (4.9/6) and PM (4.3/6).
- 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).

Results

Table 1. Demographics: Survey respondents vs. Vermont physicians

| | Survey Respondents (%) | State of Vermont (%)* |
|--------------------------------------|------------------------|-----------------------|
| Sex: Male | 69 | 69 |
| Female | 28 | 31 |
| Not specified | 3 | 0 |
| Age: < 30 | 0 | 0 |
| 30-45 | 21 | 33 |
| 46-60 | 55 | 51 |
| > 60 | 24 | 16 |
| Specialty: Primary Care | 46 | 34 |
| Non-Primary Care | 54 | 66 |
| County: Chittenden | 46 | 39 |
| Non-Chittenden | 41 | 61 |
| Not specified | 13 | <0.01 |
| VT MD License - Practicing in VT | 86 | 58 |
| VT MD License - Not Practicing in VT | 14 | 42 |

* VT licensed physician population data from VT Board of Medical Practice.



† ≥ 4 on a 6-point Likert-like scale (1 = very unlikely, 6 = very likely)

Acknowledgements

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Table 2. Perceived barriers to PC/PM

2a. Primary Care vs. Non-Primary Care Physicians

| Perceived Barrier | Mean Likert Score** | | p value |
|---|---------------------|------------------|---------|
| | Primary Care | Non-Primary Care | |
| Inadequate MD education regarding PM legal issues | 2.68 | 3.02 | 0.035 |
| Inadequate MD education regarding PC legal issues | 2.46 | 2.83 | 0.018 |
| Palliative Care: Patient financial constraints | 2.70 | 3.04 | 0.027 |
| Patient Adherence to palliative care regimen | 2.25 | 2.70 | 0.001 |

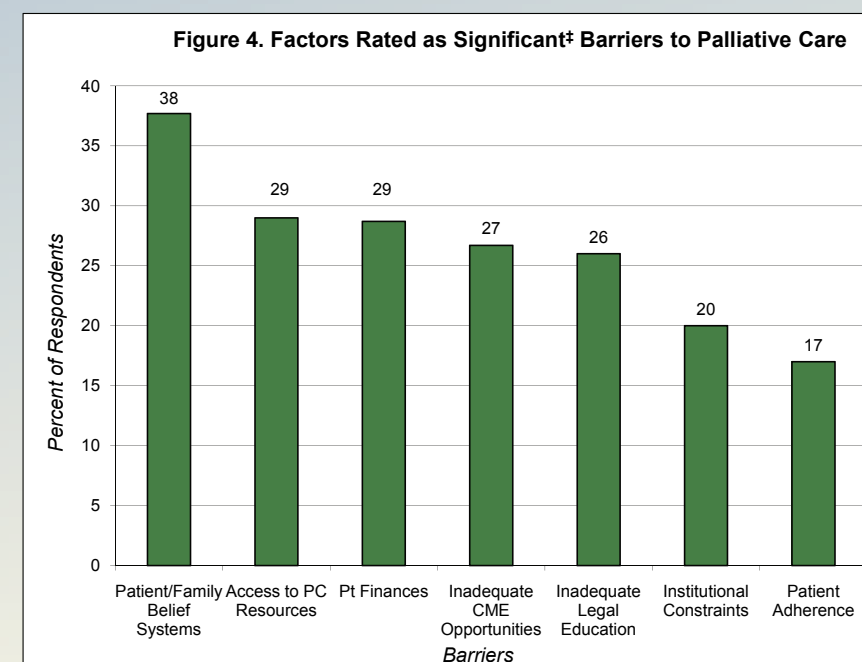
2b. Chittenden County vs Non-Chittenden County Physicians

| Perceived Barrier | Mean Likert Score** | | p value |
|---|---------------------|-----------------------|---------|
| | Chittenden County | Non-Chittenden County | |
| Inadequate MD education regarding PM legal issues | 2.88 | 2.35 | 0.002 |
| Access to appropriate palliative care resources | 2.59 | 2.92 | 0.065 |
| Patient adherence to palliative care regimen | 2.36 | 2.65 | 0.053 |

** 6-point Likert-like scale used: 1 = Not a barrier at all, 6 = Very significant barrier

Selected Physician Survey Comments

- "Mandatory CME would take time away from CME that I [use to] target my weaknesses."
- "Mandatory requirements would only discourage more physicians from practicing 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 C[a]re team by phone and feel I have great support by phone whenever I need it!"



† ≥ 4 on a 6-point Likert-like scale (1 = not a barrier, 6 = very significant barrier)

Discussion

Current Status of PC/PM in Vermont

- Vermont is currently ranked #1 for access to hospital Palliative Care programs [2].
- Although there are currently no 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.
- Only a subset of VT physicians (16.8%) participated in the survey.

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.

† These 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

- [1] Vermont legislative bill H.435 Sec. 19. <http://www.leg.state.vt.us/docs/2010/bills/Passed/H-435.pdf>
- [2] Grant M et al. "Current Status of Palliative Care—Clinical Implementation, Education, and Research." *CA Cancer J Clin.* 2009; 59:327-335
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