First Fridays Webinar Series:
Medical Education Group (MEG)

Think Globally, Empower Locally:
Crossing Borders to Improve Quality of Care

December 3rd, 2010

Webinar Series Goals

- Provide Insights into MEG Operations
- Share Up-To-Date Information
- How Can Pfizer Improve Processes?
- Share Best Practices
- Respond to Outstanding Questions From Providers
Agenda: Think Globally, Empower Locally

1. Introduction
2. **Topic One: Partnerships Across Sectors in Global Health Improvement**
3. **Topic Two: Impact of Technology & Innovation on Improving Patient Outcomes**
4. Q and A

Today’s Objectives

Upon completion of today’s call participants should be able to:

1. Assess capacity for change and implementation of new organizational strategies to establish a global footprint and revolutionize approach towards international medical education
2. Apply lessons from a case study of collaboration and identification of local needs and barriers to build capacity and infrastructure for sustainable improvement modules
3. Incorporate technology and innovation into global planning as a means to continuously improve efficiency, communication, error mitigation, decision making and patient outcomes
Polling Question: Placeholder

Please advise your level of involvement in international medical education:
1. Current & future focus is predominantly US
2. Current focus is predominantly US, but interested in expanding scope to international
3. Current focus is US, but have been involved in international education at a beginner level
4. Current focus is US, but have expertise in international education
5. Current focus is predominantly international

How Do We Adapt to a Rapidly Changing & Diverse Global Healthcare Environment while Unifying 195 Countries?

What do we know?
• Medical advances & knowledge not limited by geographic boundaries
• Development, implementation & role of Medical Education/CPD among regions remains extremely diverse
• Communication across continuum of care not prevalent
• Medical Education/CPD is not defined or mandated consistently across the globe - concept of lifelong learning not prevalent
• Medical education content is not always unbiased/based on validated evidence & accepted standards of care
How Do We Adapt to a Rapidly Changing & Diverse Global Healthcare Environment while Unifying 195 Countries?

What do we know?
• Educational solutions are often based on perceived needs, rather than measured & documented needs
• Educational solutions often don’t account for local practice gaps
• Barriers vary across regions- methods to identify and remove barriers often not accounted for
• Learning preferences & patterns vary across regions
• No standard approaches for assessing competency, practice performance and measuring educational outcomes
• Accreditation can be complex-activities rather than providers often accredited

Regional Diversity & Challenges- A Bird’s Eye View
Measuring Barriers and Local Needs

Impact Global Health through a collaborative partnership to improve the knowledge, performance and competence of HCPs, while accounting for local barriers and needs, to ensure high quality healthcare and improved patient safety and outcomes world-wide.
What is Pfizer Doing to Establish a Global Footprint?

- Exploring global healthcare improvement strategies
- Support of Advisory Boards using medical education experts to understand global needs, priorities & barriers to adoption in regions
- Established International Pharmaceutical Alliance for CME & International Benchmarking Working Group
- Actively involved in Global Alliance for Medical Education
- Developing Global CME/CPD best practices & guiding principles in collaboration with other healthcare sectors

Think Globally, Empower Locally

US rules & regulations differ in respect to the development, support and participation in/of Medical Education/CPD of HCPs

What role should each sector below play in improving global health and patient outcomes and what guiding principles should be established?

http://www.surveymonkey.com/s/cornerstonesofglobalmedicaleducationcpd

- Pharmaceutical/Medical Device/Biotech Company
- Medical Education Provider
- Medical Society/Association
- Healthcare System (Medical Center, Ministry of Health, Insurers, etc)
- Healthcare Professional
- Patient Advocacy Groups/Patients
- Regulating Bodies
Partnerships Across Sectors in Global Health Improvement

Case Study: Spotlight on Regional Needs & Barriers and the Impact of Collaborative Efforts in Sierra Leone, Africa
Adam L. Kushner, MD, MPH, FACS
Founder & Director, Surgeons OverSeas (SOS)
Lecturer in Surgery, Department of Surgery at Columbia University
Case study: Regional Needs and Barriers

The Surgeons OverSeas (SOS) model

Adam L. Kushner, MD, MPH, FACS
Founder & Director, Surgeons OverSeas (SOS)
Lecturer in Surgery, Columbia University

Key End Points

Legitimate
Collaborative
Empowering
Builds Capacity
Sustainable
SOS model components

Local Health Care Provider
Policy Maker (MoH) Support
Data
Analysis
Publication

SOS Mission Statement

Surgeons OverSeas (SOS) saves lives in developing countries by improving surgical care.

SOS achieves this through collaborative training, funding, and research initiatives.
SOS model

- Local Surgeon
- Minister of Health
- W.H.O.

Needs Assessment

Manpower
- Training
  - Residency
  - E2SC workshops
  - Mission support

Staff support
- Top-ups
- S.H.A.R.P.

Material
- Supplies
- Equipment

Sierra Leone:
SOS First Target Country

In 2007:
- Bottom of UN Development Index
- Highest infant mortality
- Life expectancy of 40 years
- 6.5 million people
- Size of South Carolina with population of San Francisco and Chicago combined

www.surgeonsoverseas.org
@globalsurgeon
Local partner in Sierra Leone:
Dr TB Kamara

Standardized data collection:
WHO Tool for Situational Analysis of Access to EESC

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Quantifying Surgical Capacity in Sierra Leone
A Guide for Improving Surgical Care

T. Peter Kingsm, MD; Thaim R. Kamara, MD; Meena N. Cherian, MD; Richard A. Gascoine, MD; Meghan Simkins, BA; Chris Meissner, BA; Lynda Fossey-Bahall, MD; Evisor S. Dosoh, MD; Soccoh A. Kabu, MD; Adam L. Kalinene, MD, MPH

No oxygen
50% no running water
10 surgeons
60% no chest tube insertion
30% no sterile gloves
70% no eye protection

Publication:
Transparency and collaboration
www.surgeonsoverseas.org
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Data analysis:
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60% no chest tube insertion
Supplies and Equipment

Empowering:
Emergency Surgery Workshops
Surgery and HIV Awareness and Response Program (S.H.A.R.P.)

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Missions and training

Photo: Susan Braun
Dr SS Dumbuya: “Who will care for me?”
Residency training

Long-term:
Build capacity and sustainable

Summary: SOS model

Strong relationship with local surgeon
Ministry of Health involvement
Formal needs assessment
Publish findings
Identify key determinants
Develop interventions
Evaluate and publish results
Modify interventions based on monitoring
Key End Points

Legitimate
Collaborative
Empowering
Builds Capacity
Sustainable

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Technology can serve as a catalyst in transforming the healthcare landscape and improving global health. It can prove beneficial when interwoven seamlessly into the education curriculum. The end product of effective education should be developing learners that are capable of creating new and effective pathways rather than those who repeat history.

New Frontiers: Is it Time for Medical Education to Step Outside the Box to Improve Patient Outcomes Through Technology & Innovation?
Denise Silber, MBA
Partner, Health 2.0 Europe 2010, Founder Basil Strategies, Organizers of Doctors 2.0 & You, 2011, President of French Association for Health Internet Quality
Patient Outcomes: Time for MedEd to Step Outside the box?

Pfizer
Global MedEd Webinar
Denise Silber

We have met the enemy and ...
CME/CPD & Patient Outcomes

PubMed – 12 months

- CPD or CME in title
  - 53 articles
- Performance or outcomes in title:
  - 1 article

Avenues of Improvement 1
MedEd on Communication

- Flattening the hierarchy in the OR, so that everybody, the scrub tech, the nurse, the surgeon, the anesthesiologist, whomever it is in the OR could bring up any concerns they had about the patient.

- Staying Patient-centered

-18% Annual Mortality

10/10 Jama
Avenues of Improvement 2
MedEd on QC, ex. CHECKLISTS

« Effect of a Comprehensive Surgical Safety System on Patient Outcomes »

medication, operative side, post-op instructions

10% fewer complications

DeVries & coll.
NEJM 11/10

Avenues of Improvement 3
MedEd on DecisionSupport

Locally relevant evidence-based, practice-informed pathways

Map of Medicine
Avenues of Improvement 4
MedEd on HCP Communities

- Sharing images, Cases, Automatic Access Medline refs, Translation

Global Stroke Net
Medting + Mayo Clinic

Avenues of Improvement 5
MedEd on the 2.0 Patient

80 000 patients
- Sharing data with graphing capabilities
Avenues of Improvement 6
MedEd on Patient Narrative

650k cancer patients
Support mailing lists are similar to traditional offline self-help groups that they are "composed of members who share a common condition, situation, heritage, symptom or experience.

Directing patients to more appropriate facilities, HCP, treatments.

Avenues of Improvement 7
MedEd on TM : store/forward

Telemedicine Clinic Barcelona
Avenues of Improvement 8
MedEd on Devices: synchronous/asynchronous

Avenues of Improvement 9
MedEd on Integrating Data
Clinical Benefits

**Features:** Health professionals

- Information for physicians
- Reference to a professional forum
- Distribution and processing of healthcare resources
- Educational and training activities
- Collaboration with healthcare providers

**Features:** Citizens/Patients

- Information and guidance
- Consultation
- Communication, presentations, consultations (by appointment)
- Information on healthcare services
- Information on services, quality and accessibility
- Information about procedures and treatments
- Medical information and consultation
- Medical advice
- Online information and services
- Information on health policies and services
- Support and information
- Educational and training activities
- Online patient records
- Educational and training activities

www.doctors20.com  Paris
Global Planning: Questions to Consider?

Can a global curriculum serve the needs of HCPs and patients in all countries?

- What are the barriers faced globally?
- Who should we partner with locally?
- How do learning preferences differ?
- What are the needs of your target audience?
- What adaptations need to be made to accommodate those needs?
- Ideally, how can you build a learning platform that is sustainable?
- How can technology and innovation serve as a catalyst?

Until Next Time…

- Think Globally, Empower Locally
- Please join us for our next webinar – It’s All About the Patient:
  – Friday January 7th, 2011
  – 11am ET
- We are currently evaluating topics for 2011 – please submit your ideas and suggestions to mededgrants@pfizer.com