

Assessing Competency in a Complex Environment: The What, the Who, the How

Assessor Meeting

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Faculty/Presenter Disclosure

- Faculty/Presenter: Steven Lewis
- Relationships with commercial interests:
 - **Grants/Research Support: none**
 - **Speakers Bureau/Honoraria: No (receive speaking fees from non-commercial interests)**
 - **Consulting Fees: none (but I'm available, industry!)**
 - **Other:**
I currently have a contract with the Saskatchewan Medical Association (I'm just as shocked as you are)



Mitigating Potential Bias

- My role with the Sask. Medical Association is to increase their policy capacity and help align physician and health system goals and interests
- I neither know nor represent the SMA's views on physician competency assessment, if indeed they have such views



Learning Objectives

1. List threats to high quality, patient-centred care resulting from fragmented service delivery patterns and diffused accountability for performance.
2. Describe challenges posed by regulating individual professionals in a health care environment that is increasingly complex, team-based, and patient-centred.
3. Identify at least one idea on how the assessment process can be adapted to the new realities of professional practice.



Part 1: Competency In A Patient-Centered World



What Is Competency?

- **The concept evolves over time**
- **Now more multi-dimensional and adaptive**
- **Ontario has done a lot of serious thinking about what and how to measure**
- **Affected by changing goals, norms, capacities, and expectations**



Patient-Centred Competency

- Incorporates the patient perspective
- Technically sound based on evidence
- Empowers the patient to be meaningfully involved in decisions and management
- Effective communication among care team



How Do People Know They're Competent?

- **Clear and shared understanding of the domains of competence**
- **Valid, real-time comparative data**
- **Peer reflection, comparison, support**
- **Feedback from people they serve**
- **Feedback from people they work with**



Where Does This Occur?

- **In organizations where performance is defined collectively**
- **Where there are valid and reliable measures**
- **Where there is a culture of QI**
- **Where there is serious accountability**
- **Where the patient voice is heard**



That's Not Canadian Medicine

- **Highly autonomous**
- **Individually focused**
- **Relatively data-starved**
- **Diffused accountability**
- **Few rigorous performance reviews**
- **Few market forces at play from patients**



Canadian Health Care Attributes












- **Underperforms compared to OECD counterparts**
- **Major variations in resource use, practice patterns, and outcomes**
- **Poor IT**
- **Lots of error, waste, and harm**



EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*

											
	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

Source: Davis K et al, Commonwealth Fund,
http://www.commonwealthfund.org/~media/files/publications/fund-report/2014/jun/1755_davis_mirror_mirror_2014.pdf

The Inescapable Inference

- **The system is incompetent by OECD standards**
- **Almost everyone in every occupation is deemed competent**
- **And I believe it (mostly)**
- **This is both perplexing and discouraging**



Part 2: Challenges to Assessment: Conceptual and Practical



**This is the section where I will
have to beg for forgiveness.**



Major Competency Challenges

- **Frailty**
- **Management of multiple chronic conditions**
- **Adherence and self-management**
- **Coordinating care plans**
- **Secondary prevention**



Assessment Is Individual, Problems Are Systemic

- **QI theory and regulatory practice are (often) conceptually in conflict**
- **The organization of work strongly affects patient experience and outcomes**
- **Continuity of care demands collaboration, communication, and collective accountability**



A Trenchant Critique of Assessing Competency in Medical Education

“We have all had a favourite pair of shoes, a coat, or perhaps a mug that has seen better days. We carry on using it even though it is falling apart as our fondness transcends its practical or aesthetic limitations. However, sooner or later we are forced to admit its decayed state and we set it aside and start afresh. This is a metaphor for the present state of assessing physician competence.”

- [Whitehead et al. 2014](#)

How Assessment Works

- **Every 10 years is the goal (5 for MDs>70)**
- **Limited number of charts**
- **No peer review by colleagues**
- **No 360 degree surveys**
- **No systematic outcomes or resource use profiles**
- **No data triangulation**



This Could Work If....

- **Doctors were organized into functioning peer groups**
- **All doctors participated in QI activities**
- **All got comprehensive, real time data routinely**
- **Doctors had QI-oriented periodic reviews, coaches, and other supports**



Therein Lies the Dilemma

- **If the system were organized to help doctors improve, would once-a-decade assessment be needed?**
- **If it isn't so organized, how much value can once-per-decade assessment plausibly add?**
- **What does assessment achieve that the complaints and other processes don't?**



Would You Accept Ten Year Intervals for...

- **Airline pilot assessment and certification**
- **Restaurant inspections**
- **Auto mechanic assessments**
- **Lab test audit and review**



Part 3: An Attempt to Be Helpful



#1. Assess the Quality Environment

- Performance is multi-level and interconnected
- Identify the main systemic drivers of quality and improvement
- Assessment can and should verify whether the conditions for competency exist
- If not, a) say so, and b) intensify the assessment



#2. Harness the Power of Data

- Algorithms are the key to early detection and best practices
- Work towards the automated generation of performance data
- Include PREMs, PROMs, utilization, and outcomes data
- Randomness is a blunt instrument for reducing risks and improving quality



#3. Identify Value-Added Niches

- **Concentrate your efforts on what no one else is doing and can do**
- **Your effectiveness is dependent on other moving parts**
- **Assessment that suits one context may be ineffective in another**
- **“Assessing assessability” becomes a key element of the job**



#4. Focus on the Unsupported

- **CPSO resources are limited and time is precious**
- **The more advanced the QI environment, the less risk of lost competency**
- **Good data mining can make risk assessment more precise – and the data have to be valid, reliable, and transparent**
- **Exemption from review is a useful carrot**

#5. Hard Cases Make Bad Law...But Good Physician Assessment

- **Theorem: if an MD is good at complex cases she will be good at simpler cases**
- **Corollary: assessment should focus on competencies required in hard cases**
- **This is not foolproof but selective and purposive reviews may outperform random chart reviews and standardized inquiries**

Conclusion

- **Health care is increasingly a team sport dealing with complex issues**
- **Success depends on horizontal and vertical integration and collaboration**
- **An incompetent environment will defeat competent individuals**
- **Choose and tailor your processes wisely**

