

PACT

PACIFIC ASSOCIATION for CLINICAL TRAINING

**Cooperative Agreement to Plan, Develop and Operate a Continuing
Clinical Education Program in the Pacific Basin**

April 2007 update to PIHOA

**Neal A. Palafox, MD, MPH -- Principal Investigator
Professor and Chair**

Lee Buenconsejo-Lum, MD – Project Director

Gregory Maskarinec, PhD – Cultural advisor

**Department of Family Medicine and Community Health
University of Hawaii John A. Burns School of Medicine**

Background

- 1998 Institute of Medicine declared need for continuing clinical education for health care providers in the US Associated Pacific
 - Funding to the University of Washington for CCE programs from 1999-2003
- Lobbying of the US Federal Government by UH-JABSOM, PIHOA and PBMA
 - Funding for a 4 year program from 2003-2007
 - Department of Family Medicine and Community Health at UH-JABSOM awarded the cooperative agreement to coordinate this program

PACT Goals

- “Continuing Clinical Education”
 - Morphed into continuing professional development (2/04) → (1/06) educational activities to include foundational as well as “continuing” (for those who are already “certified” in their fields) → part of the HRH spectrum
- Advisory Board
- Needs Assessments
- Workforce Capacity Building
- Develop Partnerships
- Sustainability
- Improved Outcomes

Advisory Board Strategic Planning Meeting

Feb 18-19, 2004

- Strategic Plan Priority Areas
 - Prioritize Continuing Professional Development at government level
 - State-level coordination
 - Incentive Structure
 - Collaboration and Partnerships
 - Curriculum Modules and Library
 - Computer Skills and Telecom access
 - Educational Priorities
 - Public health and preventive care
 - Nurse training

Prioritize Continuing Professional Development at government level

Will ensure that each member state effectively implements a formal continuing professional development committee that includes representatives from QA, nursing, lab, radiology, public health and other disciplines important to delivery of health care in the jurisdiction

Formal CE committee?

- LBJ only; DOH coordinator
- Guam GMHA committee and DPHSS coordinator separate but coordinating
- CNMI – not really
- Palau – sort of (AHEC)
- RMI – yes
- Kosrae – not quite
- Pohnpei – not quite
- Chuuk – sort of
- Yap - AHEC

Prioritize Continuing Professional Development at government level

Will ensure that each member state effectively implements a formal continuing professional development committee that includes representatives from QA, nursing, lab, radiology, public health and other disciplines important to delivery of health care in the jurisdiction

- **Multidisciplinary CE / CPD committee?**
 - None except the AHECs
- Per the Feb 2004 Strategic plan, the government should dedicate the resources as a demonstration of their commitment.
- Per Dec 2006 Board meeting, some need a dedicated person / funding source to “jump start” (like the comprehensive cancer control coordinator).

State-level coordination

Will encourage close collaboration and coordination with the local community colleges to develop learning opportunities in topics that will augment the daily functioning of the health professional (i.e., computer skills, accessing medical information on the internet, management and administration, quality assurance)

Collaboration with local resources?

- Yap AHEC - COM
- Palau AHEC - PCC
- CNMI AHEC? (not really that integrated with the hospital staff, but coordinating for nursing and other areas)
- Guam – yes!

State-level coordination

Will encourage close collaboration and coordination with the local community colleges to develop learning opportunities in topics that will augment the daily functioning of the health professional (i.e., computer skills, accessing medical information on the internet, management and administration, quality assurance)

Per Dec 2006 Board meeting:

- dedicated person (i.e., the PACT / CPD / ?HRD coordinator should be able to facilitate these discussions (vs. secretarial role)
- or DOH/MOH leadership should play this role
- or PACT Board members should be encouraged/ allowed time to play this role

Incentive Structure

- Will develop and/or enforce existing laws and policies surrounding re-licensure of health professionals
 - FSM on track; RMI ? On track (Univ of Michigan)
 - Other member states have laws, regulation and infrastructure to track / enforce the legislation
- Will ensure that licensure, credentialing and/or renewal of contract is tied to attaining a certain number of continuing education credits (based on existing opportunities and capacity in the jurisdiction)
 - Yes: Yap, Palau, Guam, CNMI, American Samoa

Incentive Structure

- Will ensure that each member state develops or expands quality assurance (QA) processes so that **continuing professional development programs can be formally linked to QA**
 - Yap restructured civil service req. ; Palau similar (tie to pay scale)
 - Others?

Collaboration and Partnerships

- Have increased awareness, sharing, partnering, leveraging of resources
- CDC DTBE
- Potential PPEC / COM-FSM and others
- Leveraging cancer monies to conduct CE and foundation training
- WHO HRH, WHO POHLN
- Pacific Health Dialog issue dedicated to HRD will be published in the next 2 months

Curriculum Modules and Library

- Fairly successful with this
- PBL successful in Yap, Chuuk and elsewhere
- Need more for allied health, especially
- Find more resources for allied health (lab, pharmacy, environmental health)
- Mental health?
- Administration and Mgmt?
 - Community College certificate program?
 - HLATTE
 - Mini-grant to fund 1-2 people to regional QA/administration brief training

Computer Skills and Telecom access

- Overall improved in the region since 2004
- Lots of BT monies
- WHO Computer labs
- Computer skills workshops (COM-FSM)
- Still needs work, resources, addressing the monopolies
- VTC still not great in all areas
- Tegrity CDs valuable everywhere except CNMI (physicians)

Educational Priorities

- Feb 2004:
 - Public health and preventive care
 - Nurse training
- December 2006:
 - Allied health
 - Management training

Year 4 requests from others

- Chuuk health dispensary workers –
 - Support for 50 HA to attend training in Weno
 - 0.5 FTE dedicated nurse trainer
 - Assist with curriculum development as needed
 - Develop evaluation tool
 - Onsite training needs assessments to Mortlocks, Western Islands: HA and community members (focus groups)

Year 4 requests from others

- Facilitate quality improvement training (esp. FSM, RMI)
- Help regional organizations with requiring CE for licensure / membership – **helped rewrite proposal to PIHOA/HRSA, funded Dec 06 trip / prelim needs assessment**
 - Mark Durand's excellent work and report

PACT Beyond Aug 2007

- Need for a clearinghouse of training opportunities and resources appropriate to the USAPIN
- Need for continued advocacy and facilitation of relationship-building

PACT Beyond August 2007

- Tech support to
 - Convert DV videotapes to CD-ROMs (for distribution, non AMA Category 1 CE credit)
 - AMA Category 1 less important because CNMI and Guam physicians accessing their own / going off-island
 - Capture/process Tegrity recordings
- Need a way to capture presentations made by consultants for future distribution

PACT Beyond Aug 2007

- Need to develop regional training and CE opportunities for certain functions
 - Maintenance chemotherapy, basic lab histopathology / cytopathology prep and processing, palliative care, basic rad tech / US tech / CT tech / mammo tech
- Mental health in primary care initiatives?

How does HRH fit into Cancer?

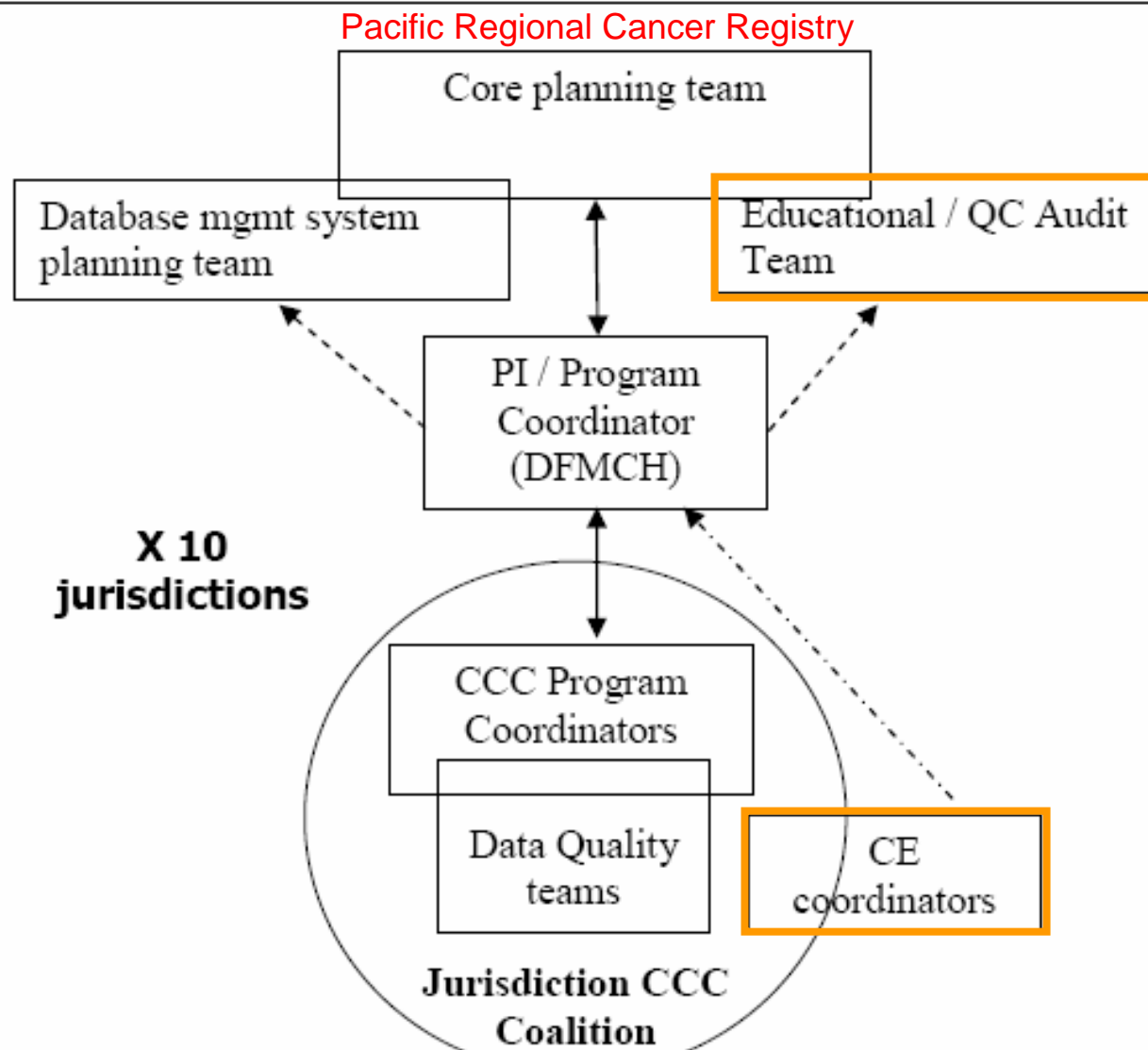
- Training needs identified
 - Foundational coursework for medical records staff
 - Continuing education
 - Retraining of health assistants
 - Cross-training
- Need to mobilize and maximize locally available resources for training
 - CCC partners: community colleges, NGOs, other agencies or departments

How does HRH fit into Cancer?

- Need to have a local coordinator just for the training components of the CCC and Registry
 - CE/CPD coordinator
 - PACT Board members will still need to help facilitate discussions between the community colleges / other resources and DOH/MOH needs

Communication and Coordination

**Each jurisdiction has a CCC Program Director/Coordinator, a continuing education coordinator and a registry/data quality implementation team leader. In general, the data teams in the jurisdictions include the database coordinator/registrar and/or medical records supervisor, lab supervisor, a physician and IT person. Communication will be via the Cancer Program coordinator.



What are the next steps?

- Defining the role of “PACT” or PACT-like organization
 - Board / Advocacy
 - Strengthen the coordinator network
 - Help tackle HRH ? Or not?

What are the next steps?

■ Advocacy and Funding?

– If tied closely to QA: DOI and/or AHRQ monies?

- ! Dedicated coordinator
- Coordinator training / meetings?
- Funding to help jurisdictions pay for college credit courses (i.e., Massey Univ, others)
- Etc?

- Does PIHOA see a role for PACT or PACT-like (regional training/coordinating body) entity in the future and if so, how might PACT help in moving the PIHOA HRH agenda forward ?

Thanks for your support!