Brandon Hall GROUP

CAPC Uses Mobile Learning to Advance Palliative Care

Center to Advance Palliative Care (CAPC)
Best Use of Mobile Learning Technology
February 2017

Brandon Hall GROUP
HCM EXCELLENCE AWARDS

SILVER
EXCELLENCE IN
LEARNING
2016

Company Background

Center to
Advance
Palliative Care

capc

Company At-a-Glance	
Headquarters	New York, NY
Year Founded	2000
Revenue	$6 million
Employees	25
Global Scale (Regions that you operate in or provide services to)	U.S.
Customers/Output, etc. (Key customers and services offered)	CAPC provides training and technical assistance for palliative care programs in hospitals, hospitals, community-based health care organizations and payers nationwide.
Industry	Health Care – Palliative Care
Stock Symbol	N/A
Website	www.capc.org

Budget and Timeframe

Budget and Timeframe	
Overall budget	$660,000 ($1 million total including staff and contractor time)
Number of (HR, Learning, Talent) employees involved with the implementation?	4
Number of Operations or Subject Matter Expert employees involved with the implementation?	15
Number of contractors involved with implementation	3
Timeframe to implement	1.5 years
Start date of the program	1/15/2015

Business Conditions & Business Needs

It is widely recognized that both past and current medical and nursing education fails to prepare clinicians to meet the needs of complex and chronically or seriously ill patients and their families. As a result, clinicians are untrained in pain and symptom management, skilled communication and delivering responsive and reliable continuity of care through the course of a long illness, and across the many settings through which a typical patient may pass. It is clear to us that no matter what financial incentives and disincentives are in place, clinicians will continue to practice as they are trained.

While palliative care specialists receive such training, there are not now – nor will there be – enough specialists to meet the needs of the millions of people living with serious illness in this country. The curriculum was built to address the need to supplement the

services of palliative care programs with widespread training of non-specialists in core palliative care skills, to improve quality of life for all seriously ill patients.

Overview

CAPC's mission statement is to improve access to quality palliative care services for all persons with serious illness and their families. By creating a scalable online platform for learning (which, compared to instructor-led training is low unit cost), CAPC hopes to be able to increase the number of patients who receive needed care.

CAPC's goals for the curriculum format were as follows:

- Achieve excellence in content. All courses were developed by an interdisciplinary (medicine, nursing, social work) committee of SMEs and were then formally peer-reviewed in order that the courses could be approved to provide continuing education credits. Approval was awarded by the discipline-specific accrediting bodies for all 36 of the CAPC courses that are currently online.
- Leverage responsive design to achieve compatibility across device types and ease-of-use for busy clinicians. The audience of clinicians is very busy and often learners do not have access to desktop or laptop computers in the clinical setting. Therefore it was essential that CAPC courses be mobile-compatible (which was achieved).
- While the hope is that provider organizations will require clinicians to take CAPC courses, it is not realistic that that will happen 100% of the time. Therefore, the goal was that the courses leverage cutting-edge technology and best practices in instructional design such that users are engaged by the content, continue to take additional courses after trying the curriculum, and spread the word to their colleagues. This has been achieved (detail in section 5).

Design

To meet the diverse needs of this program, the design had to be extremely flexible. With an audience ranging from doctors, to nurses, hospital administrators, social workers, and a variety of other service providers, there is an equally diverse set of content areas to deliver. Project constraints limited the number of unique screens, requiring a design that would be very efficient in presenting information in short, interactive bits, and assessing

learner comprehension. Adding to the complexity, the design needed to work seamlessly on mobile devices and desktop computers.

The instructional designer met with stakeholders to gather characteristics about the audience and possible curricula content. She asked the stakeholders to describe their ultimate vision of the design, inquired about their likes and dislikes, and requested examples of websites and applications that aligned to their vision. The instructional designer reviewed the samples, searched for other sites that delivered the functionality the stakeholders wanted, and most importantly, researched industry best practices for mobile learning. Bringing all of the requirements and constraints together, the instructional designer began wireframing, working closely with a graphic designer and developer to iterate the design, not only of each screen, but of the entire interface and user experience. The team used an iterative design process throughout the entire project, and often found it easier to start with mobile design first, then desktop. The result is an experience that meets the needs of the on-the-go audience, delivering impactful training in an easy-to-access format.

Figure 1: Easy-to-Access Format
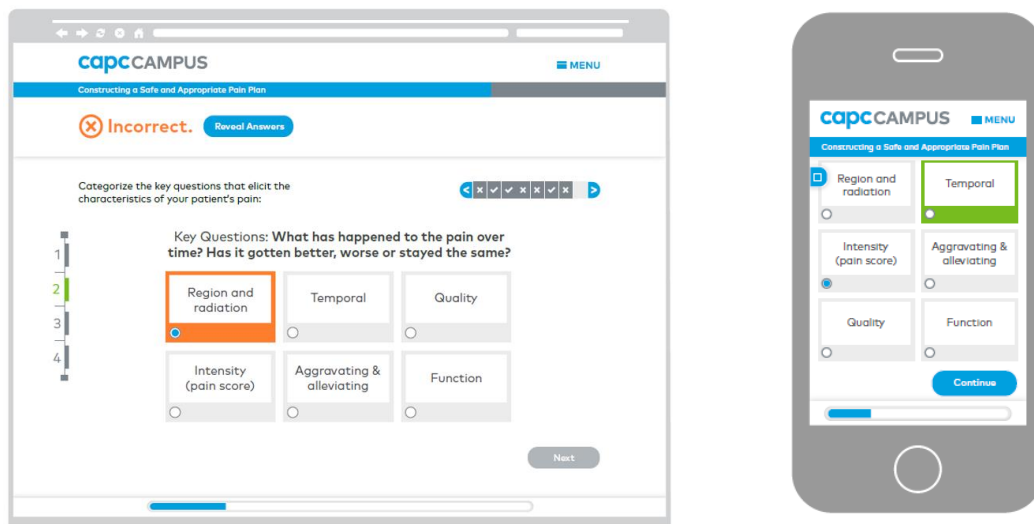
Source: CAPC 2016

Delivery

CAPC is a membership organization. Provider organizations (hospitals, home health agencies, nursing homes, payers, hospices, etc.) subscribe as CAPC members, and their staff have unlimited access to CAPC courses, tools and resources. CAPC created this business structure (rather than charging per-seat for courses) specifically so that our member organizations would be incentivized to use the online training with as many clinicians as possible.

Figure 2: Wisetail Next-Generation Learning Management System
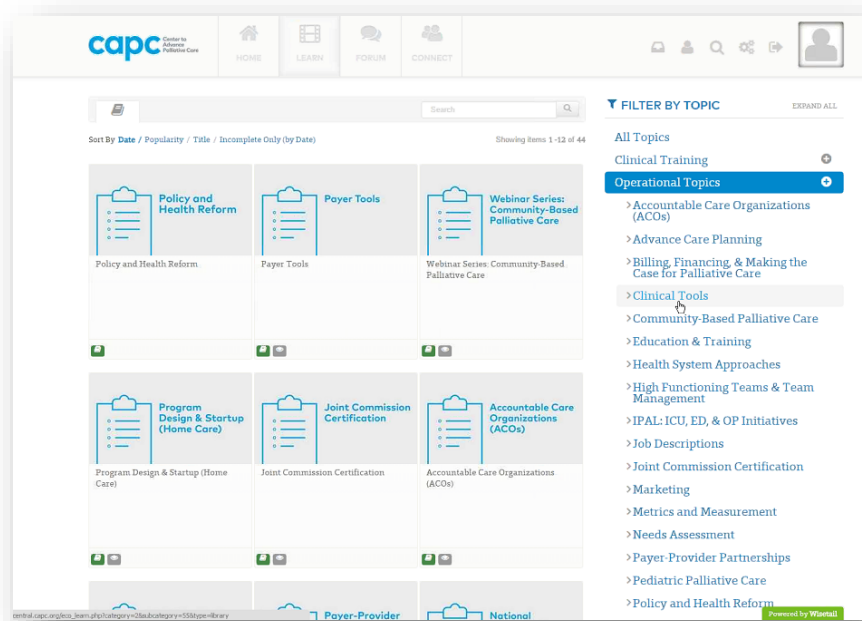
Source: CAPC 2016

The courses also provide continuing education credits needed by clinicians to maintain their licensure, and for many clinicians the CAPC curriculum is the easiest to use and has the most applicable content of the training options available to them.

Using these two levers, CAPC has worked with palliative care contacts within each member organization to spread the word about the curriculum. CAPC has created marketing templates, 'How To Implement Palliative Care Training at Your Organization' guides for educators, job aids for end users and has hired account management staff to support key constituents through large training implementations. CAPC's Learning Management System (Wisetail) provides real-time reporting to training and development leaders within member organizations, and this reporting capacity has proved to be a valuable differentiator between the CAPC curriculum and other clinical training options.

Measureable Benefits

CAPC's goal for Year 1 of the curriculum (1/15/15 – 1/14/16) was to achieve 20,000 course completions. The organization surpassed this goal and on 1/14/16 had had over 29,500 course completions by more than 5,100 users.

To date, the average user of the CAPC curriculum has taken 5.8 courses. Since the vast majority of users are encouraged to take courses rather than required, this statistic means that users see value in the courses and find them easy enough to use that they wish to continue their training by taking subsequent courses.

Each CAPC user completes a brief online evaluation after taking the course. Responses to the following questions have averaged between a 4 ("Agree") and 5 ("Strongly Agree") since the courses were launched:

- The topics covered in the course are relevant to my practice
- I would recommend this course to colleagues
- Teaching format was appropriate to achieve program objectives
- As a result of information received in this course, I will make practice changes that will benefit my patients.

CAPC also collects qualitative feedback through the online evaluations, in informational interviews with constituents, and via a support line:

"Love the ease of this format,

I can't wait to hear the feedback from some of the floor nurses."

-Susie Prescott, NP, Palliative Care Program Coordinator, St. Joseph's Hospital (Tampa, FL)

"Well constructed training program. This is an overall excellent format and review/learning experience."

-Kenneth Nickle MD, Family Practice Physician, Summit Medical Group (Greeneville, TN)

"[The Comprehensive Pain Assessment course] helped me to feel more comfortable discussing medications, performing pain assessments, and educating on pain management strategies with my oncology patients. I feel like a greater asset to my patients after completion of the course."

-Emily Cone, RN BSN, Dayton Physicians Network

"As a palliative social worker, this course was helpful because it offered practical applications to my work."

-Liz Griswold, MSW, MedStar Union Memorial Hospital

"I would definitely recommend this as a resource. I will have our addiction medicine fellow use these modules! Also great for future geriatric and hem-onc fellows."

-John Hopper, MD, St. Joseph Mercy Ann Arbor

Finally, CAPC's goal was to reach not only its core audience of palliative care clinicians (who do receive training in pain and symptom management and communication skills), but also the huge audience of clinicians from other specialties who do *not* receive such training. When CAPC launched the curriculum in January 2015, the strategy was to work with palliative care constituents to empower them to spread the word about the curriculum to their colleagues in other specialties. After several months live, ~70% of course completions came from palliative care specialists, because they had been primary points of contact for outreach efforts. Today that number has dropped to 28%, meaning that 72% of course completions are from users who work in specialties other than palliative care. Since this is the user group where the need for training is most acute, CAPC considers this to be a major success for the first year.

Overall

In the coming year, CAPC will develop additional courses on symptom management, support for the family caregiver, and disease-specific palliative care interventions based on feedback received from Year 1 users. CAPC is working with a partner and vendor, Principled Technologies, to explore new course functionality and new ways to make course content interactive, including branching scenarios and expanded use of multimedia in patient case studies.

During the first year after the launch of the curriculum, CAPC learned important lessons. The audience is made up of clinicians, and the organization has learned how closely regulated their time is. For that reason, CAPC continues to improve upon data reporting structures so that constituent organizations can integrate CAPC course completions into their existing learning and development reporting structures. Since most of CAPC's audience does not have access to a computer during the day, it has also learned that the penetration devices/models are critical.

Finally, CAPC learned that there is great demand for this content among constituent organizations. Particularly since the Affordable Care Act, improving the patient experience has become imperative not only because it is the right thing to do (which was always the case), but also because reimbursement for provider organizations increasingly depends upon it. The CAPC goal is to continue to be a provider of excellent content, using a format that is easy for clinicians to use, and that is aligned with the priorities of constituent organizations.

About Brandon Hall Group

Brandon Hall Group is a HCM research and advisory services firm that provides insights around key performance areas, including Learning and Development, Talent Management, Leadership Development, Talent Acquisition, and HR/Workforce Management. With more than 10,000 clients globally and more than 20 years of delivering world-class research and advisory services, Brandon Hall Group is focused on developing research that drives performance in emerging and large organizations, and provides strategic insights for executives and practitioners responsible for growth and business results.

Inspiring a Better Workplace Experience

Our mission: Empower excellence in organizations around the world through our research and tools each and every day. At the core of our offerings is a Membership Program that combines research, benchmarking and unlimited access to data and analysts. The Membership Program offers insights and best practices to enable executives and practitioners to make the right decisions about people, processes, and systems, coalesced with analyst advisory services which aim to put the research into action in a way that is practical and efficient.

Membership Offers Tailored Support

Our membership delivers much more than research. Membership provides you direct access to our seasoned team of thought leaders dedicated to your success, backed by a rich member community, and proactive support from our client services team.

RESEARCH ACCESS & EVENTS
• Reports
• Case Studies, Frameworks & Tools
• DataNow® & TotalTech®
• Webinars and Research Spotlights
• Annual HCM Conference

ADVISORY SUPPORT
• Ask the Expert
• 1 on 1 Consultations
• Research Briefings
• Benchmarking

CLIENT SUCCESS PLAN
- Your Priorities
- Executive Sponsor
- Client Associate
- Monthly Meetings

Strategic Consulting Offers Expert Solution Development

Our consulting draws on constantly updated research and hundreds of case studies from around the globe. We provide services that simplify and target efforts to produce business results.

BENCHMARKING
- Competitive/Comparative
- Maturity Model
- Custom Research

STRATEGY
- Business Case
- Planning
- Organization & Governance

TECHNOLOGY SELECTION
- Vendor Selection
- Architecture Design
- Systems Evaluation

DEVELOPMENT & INTEGRATION
- Program Design
- Assessment
- Survey
- Process Integration

For more information, contact us at success@brandonhall.com.