ACCME at the 17th Annual Conference
National Task Force on CME/Industry Collaboration

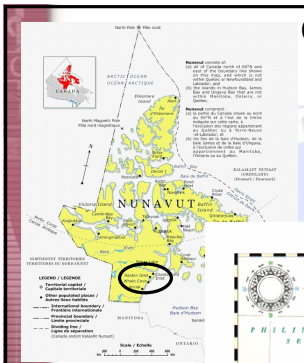
The 2004 Standards for Commercial Support

The 2006 ACCME Revised Model and Updated Accreditation Criteria

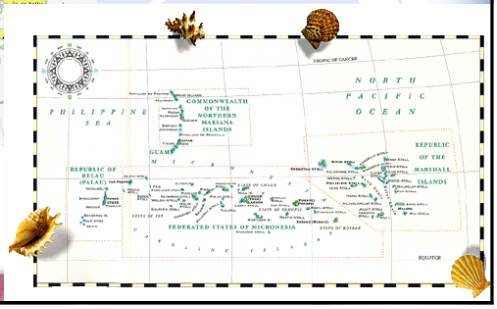
"Mission critical"

CME must,

- **Contribute to** patient safety and practice improvement
- Be based on valid content
- Be independent of commercial interests



CME is about helping the Docs deliver …"The best care for everyone, every time"



"Mission critical"

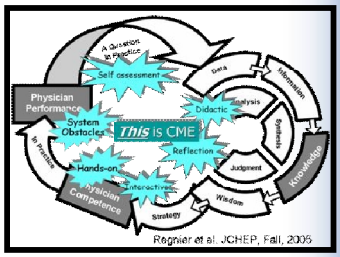
CME must,

- **Contribute to** patient safety and practice improvement
- Be based on valid content
- Be independent of commercial interests

Incentive to Link CME and CPD

"Physicians must,

- **Recognize** the ongoing opportunities to generate important questions,
- **Interpret** new knowledge, and
- **Judge** how to apply that knowledge in clinical settings."



from Mazmanian & Davis JAMA 2002

Accreditation Council for Continuing Medical Education

STANDARDS FOR COMMERCIAL SUPPORT

Standards to Ensure the Independence of CME Activities

Approved Sept 2004

Effective Immediately

ACCME

ACCME Implementation

Educational support
Screening @ Pre-application
Complaints and Inquiries
Re – Accreditation

ACCME Implementation

Educational support
- Workshops
- Printed materials: "Tool Kit"
- Phone support

Screening @ Pre-application
Complaints and Inquiries
Re – Accreditation

ACCME Implementation

Educational support
Screening @ Pre-application
- Failure to implement SCS
- Still asking "*Disclose Conflict of Interest*"

Complaints and Inquiries
Re – Accreditation

ACCME Implementation

Educational support

Screening @ Pre-application

Complaints and Inquiries

– "Is this independent ?"

Re – Accreditation

ACCME I

Educational suppo

Screening @ Pre-

Complaints and In

– "Is this independent ?"

In making decisions about implementing the SCS…

"CME providers must be guided by what is in the best interest of the public."

"…always deferring to

- **Independence** from commercial interests
- **Transparency** and
- CME **separate** from product promotion"

…as basic and guiding principles."

"…Steps away from independence…"

ACCME Implementation

Educational support

Screening @ Pre-ap

Complaints and Inqu

– "Is this independen

– "This was biased !"

Re – Accreditation

Sources of Bias

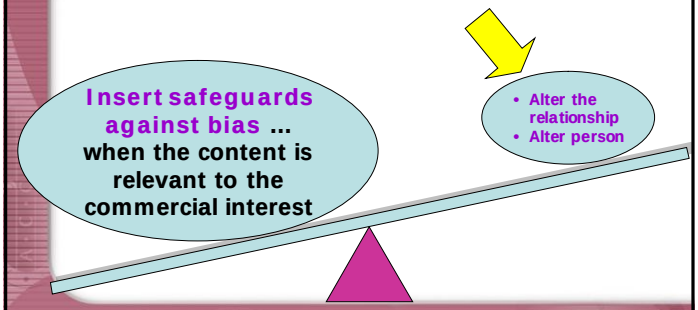
- Religious
- Societal / Cultural
- The Evidence
- Experience / Mastery
- **Commercialism**

ACCME Implementation

Educational support
Screening @ Pre-application
Complaints and Inquiries
Re – Accreditation

- …**this** is two years later
- ~ 50 applicants
- Decisions not forwarded to ACCME
- Nothing bad in the results

Resolving **the conflict means making sure that the content of the activity is aligned with the interests of the public.**



Standards for Commercial Support are a key part of ACCME's overall strategy to ensure validity of CME…

Content Validity
True
New *or* Important
Free of commercial bias

Credibility or Face Validity
Credentials
Independent
Transparency

Safeguards against bias…

An individual's

- **Role / Assignment**
- **Accountability / Use of external validation**

can be managed in ***several ways*** **…..**when the opportunity to affect content related to the products and services of a commercial interest exists.

From 2004

Safeguards against

" After all, many past worries proved to be unfounded: the "best and brightest" medical minds were not excluded from CME activities; Providers were not forced to radically alter their methods of practice; commercial support did not vanish from CME."

Kurt J. Boyce
NAAMECCPresident

www.naamecc.org

"Mission critical"

CME must,

- **Contribute to** patient safety and practice improvement
- Be based on valid content
- Be independent of commercial interests

Accreditation for Learning and Change

The 2006 ACCME Revised Model and Updated Accreditation Criteria

"Widely used CME delivery methods such as conferences have little direct impact on improving professional practice."

From D. A. Davis et al
JAMA 274 (9), Sept 6 **1995**

"…we must conclude that where perfomance change is the immediate goal of a CME activity, the exclusively didactic CME modality has little or no role to play."

From D. A. Davis et al
JAMA 282 (9), Sept 6 **1999**

"…we must conclude that wher… change

Turned into…

"We all know traditional CME is ineffective…."

Davis et al
JAMA 282 (9), Sept 6 **1999**

"… the majority of [CME] activities offered to physicians employ learning methods … that have been shown **not to have a positive effect on the quality of care physicians provide to their patients."**

A Vision for Medical Education in the United States
Association of American Medical Colleges
July 2004

While the only **meta synthesis** in the literature actually said….

"Continuing education **is effective** in assisting professionals to modify and improve their practice"

Umble and Cervero, 1996
Robertson, Umble, Cervero 2003

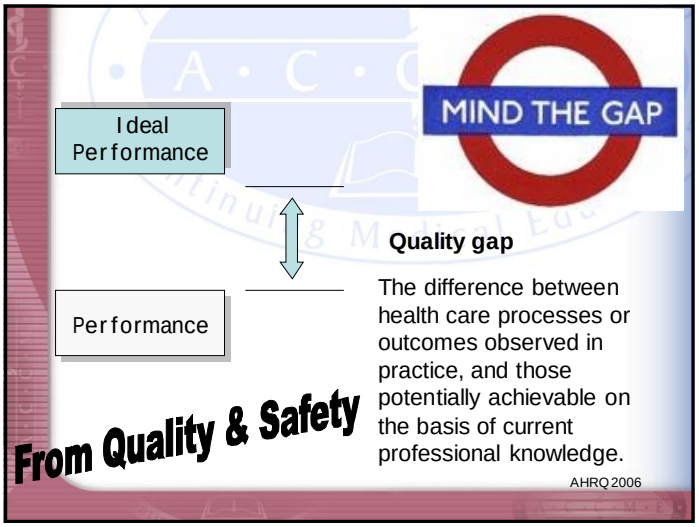
Other messages from…

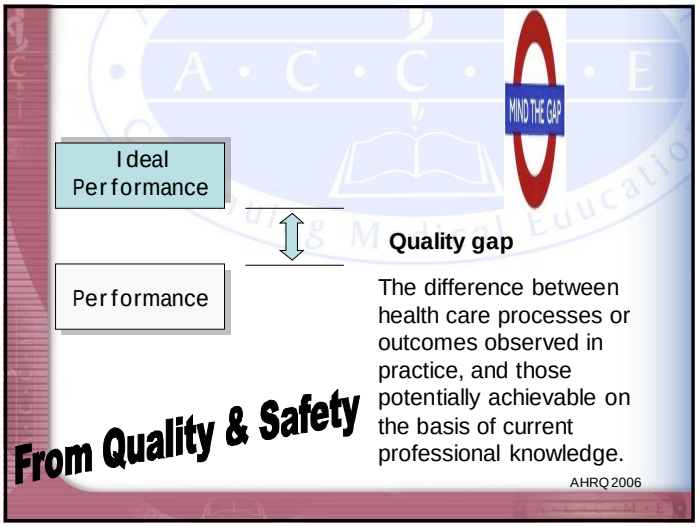
Maintenance of Certification

Maintenance of Licensure

Quality and Safety

…about what they needed





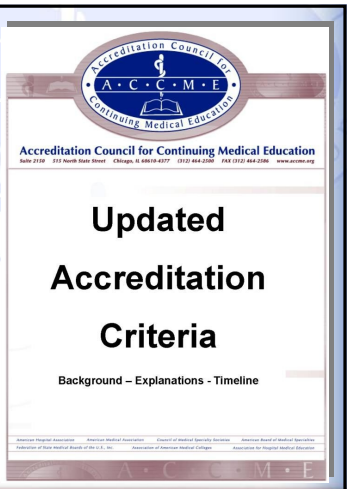
"To meet the needs of the 21st century physician, CME will provide support for the physicians' professional development that is based on continuous improvement in the knowledge, strategies and performance-in-practice necessary to provide optimal patient care."

Final Report from the ACCME Task Force on Competency and the Continuum April 2004

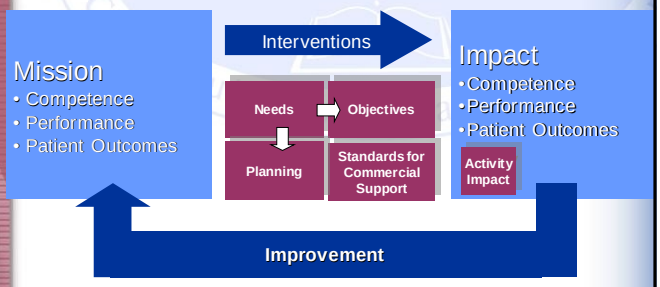
Sept 2006

Change in emphasis

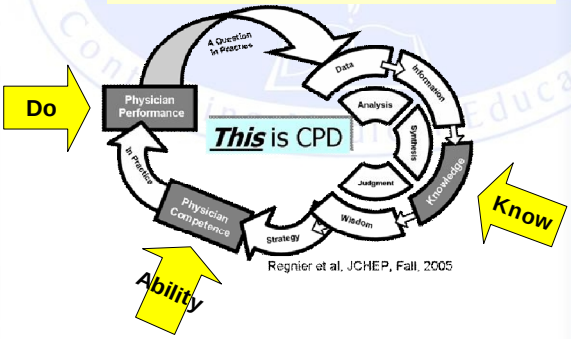
Focus on rewarding providers for changing and improving their practice of CME



Aligns Learner and Provider



Starting Point: The "Professional Practice Gap" --- the "Questions in Practice"



"The new accreditation elements will prove to be valuable in the national initiatives to assure competence of physicians. This level of activity is just what has been needed to place the continuing medical education community at the forefront of improving quality in the practice of medicine."

James Thompson MD,
President and CEO
Federation of State Medical Boards

Probability of Behavior

Habit

Intention

Motivation

Facilitating Conditions

Triandis' Theory of Social Behavior
cited in Winzenberg, T and N Higginbotham, BMC Education, 14 December 2003

Probability of Behavior

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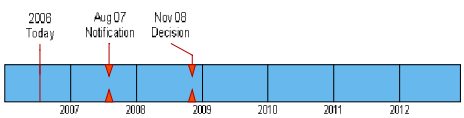
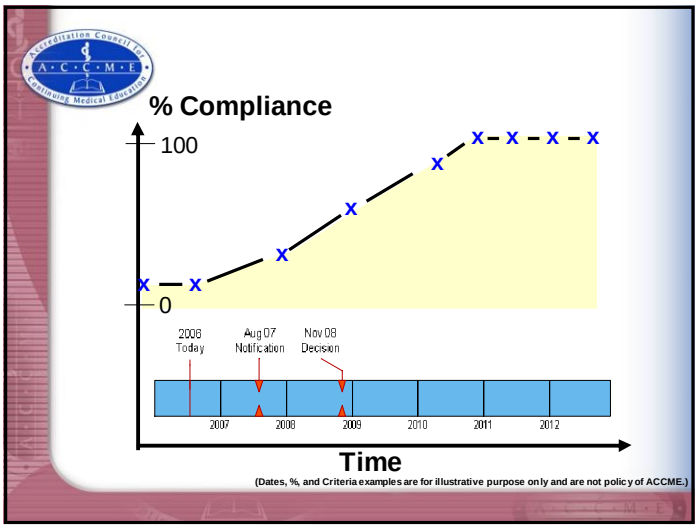
Timeline for Implementation



(Dates, %, and Criteria examples are for illustrative purpose only and are not policy of ACCME.)


% Compliance
100
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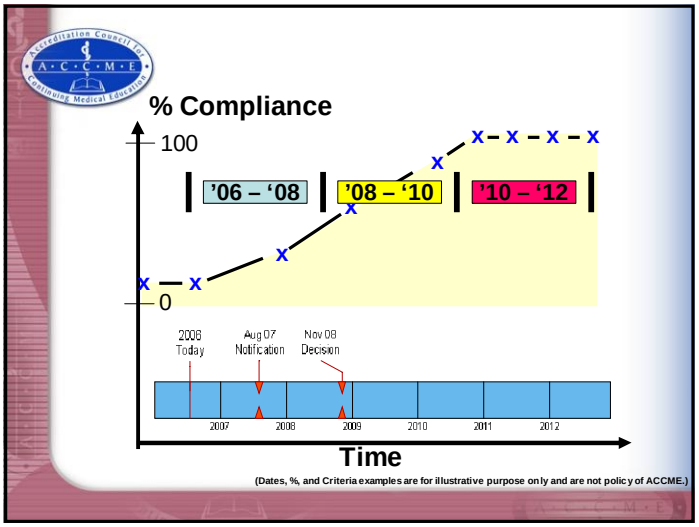
2008
Today
Aug 07
Notification
Nov 08
Decision
2007
2008
2009
2010
2011
2012
Time
(Dates, %, and Criteria examples are for illustrative purpose only and are not policy of ACCME.)


% Compliance
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2008
Today
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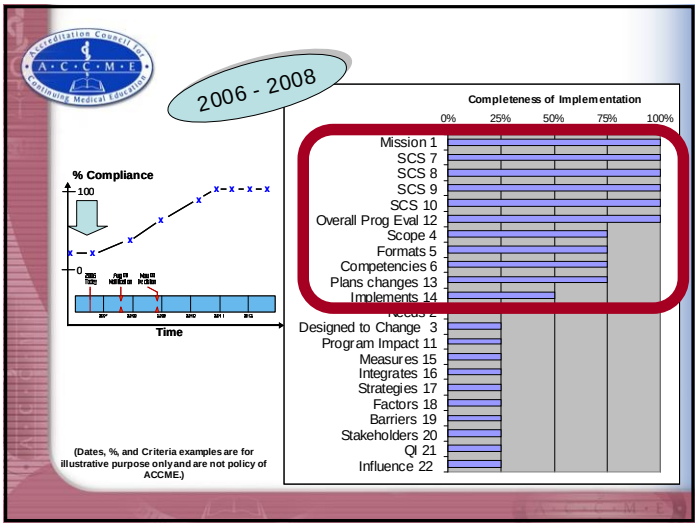
2006 - 2008
% Compliance
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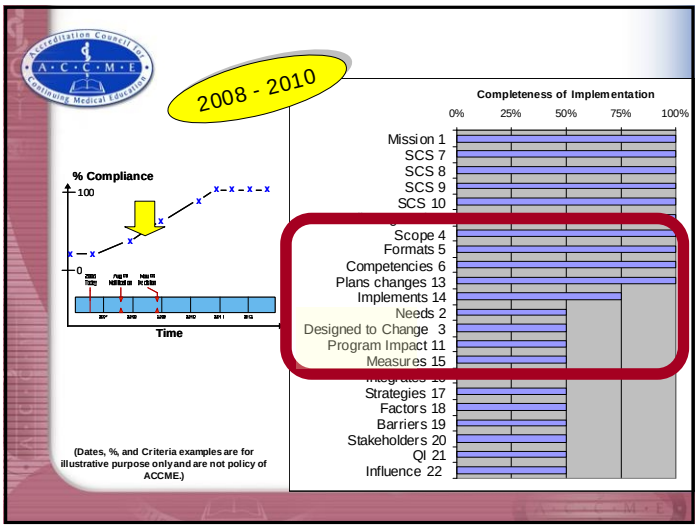
Time
(Dates, %, and Criteria examples are for illustrative purpose only and are not policy of ACCME.)
Completeness of Implementation
0%
25%
50%
75%
100%
Mission 1
SCS 7
SCS 8
SCS 9
SCS 10
Overall Prog Eval 12
Scope 4
Formats 5
Competencies 6
Plans changes 13
Implements 14
Designed to Change 3
Program Impact 11
Measures 15
Integrates 16
Strategies 17
Factors 18
Barriers 19
Stakeholders 20
QI 21
Influence 22


2008 - 2010
% Compliance
100
0
Time
Completeness of Implementation
0%
25%
50%
75%
100%
Mission 1
SCS 7
SCS 8
SCS 9
SCS 10
Scope 4
Formats 5
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Plans changes 13
Implements 14
Needs 2
Designed to Change 3
Program Impact 11
Measures 15
Strategies 17
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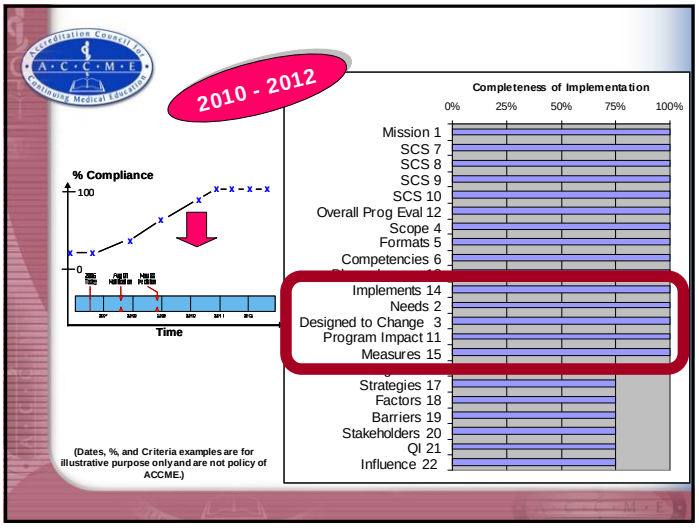
2010 - 2012
% Compliance
100
0
Time
Completeness of Implementation
0%
25%
50%
75%
100%
Mission 1
SCS 7
SCS 8
SCS 9
SCS 10
Overall Prog Eval 12
Scope 4
Formats 5
Competencies 6
Implements 14
Needs 2
Designed to Change 3
Program Impact 11
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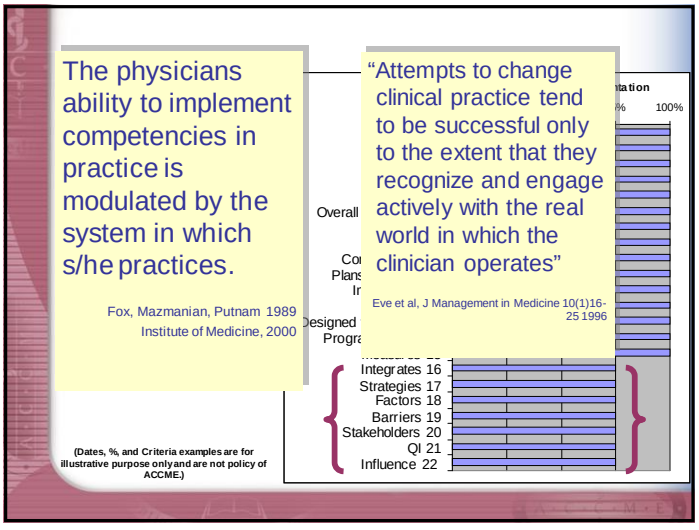
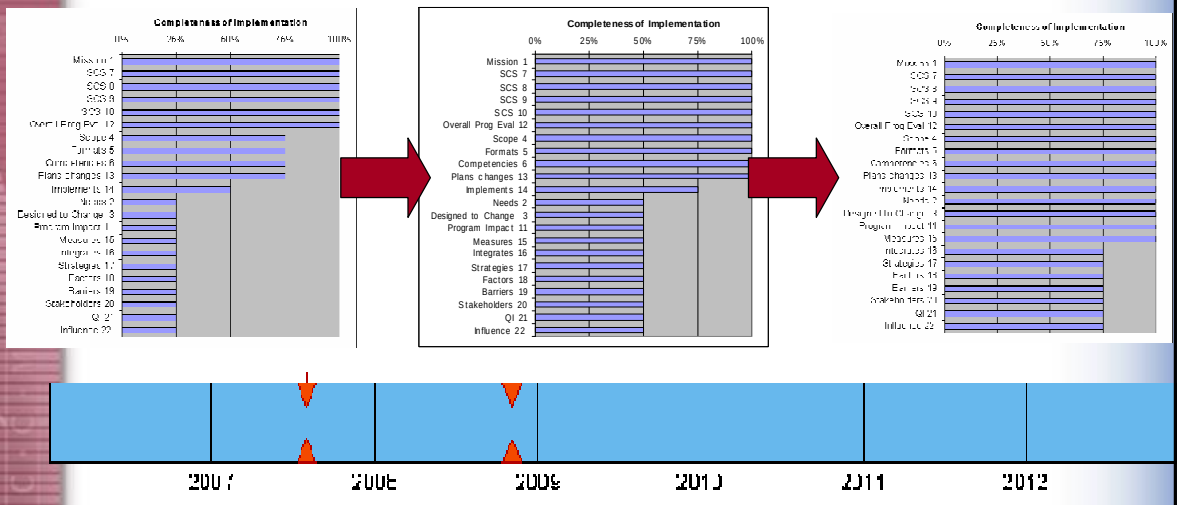

The physicians ability to implement competencies in practice is modulated by the system in which s/he practices.
Fox, Mazmanian, Putnam 1989
Institute of Medicine, 2000
"Attempts to change clinical practice tend to be successful only to the extent that they recognize and engage actively with the real world in which the clinician operates"
Eve et al, J Management in Medicine 10(1)16-25 1996
Integrates 16
Strategies 17
Factors 18
Barriers 19
Stakeholders 20
QI 21
Influence 22
(Dates, %, and Criteria examples are for illustrative purpose only and are not policy of ACCME.)

A system wide transition…



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An Example

RAND HEALTH

RESEARCH HIGHLIGHTS

The First National Report Card on Quality of Health Care in America

How good is the quality of health care in America? To answer this question, Elizabeth McGlynn led a team of experts in the largest and most comprehensive examination ever conducted of health care quality in the United States. Called the Community Quality Index Study, it assessed the extent to which recommended care was provided to a representative sample of the U.S. population for a broad range of conditions in 12 metropolitan areas. *The bottom line: all adults in the United States are at risk for receiving poor health care, no matter where they live, why, where, and from whom they seek care, or what their race, gender, or financial status is.*

Key findings:

- Overall, adults received about half of recommended care.
- Quality of care was similar in all of the metropolitan areas studied.
- Quality varied across conditions, and across communities for the same condition.
- No community had consistently the best or worst quality.
- All sociodemographic groups were at risk for poor care.
- Systemwide investments in health information technology, performance tracking, and incentives for improvement are needed to improve care.

Designing a National Report Card on Quality of Care

The Community Quality Index Study differed from previous assessments of quality because it was more comprehensive, examined quality across the nation rather than in one geographic area, and included people from diverse socio-

This Highlight summarizes RAND Health research reported in the following publications:

…M, Kerr EA, Keesey J, Adams J, Setodji CM, Malik S, and McGlynn EA, "Who Is at Greatest Risk for Receiving Poor-Quality Health Care?" *New England Journal of Medicine*, Vol. 354, No. 11, March 2006, pp. 1147–1156.

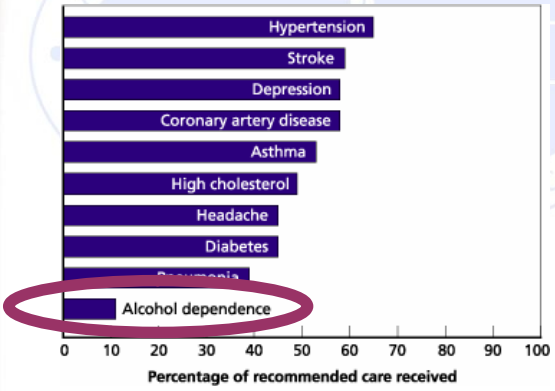
Asch SM, McGlynn EA, Hogan MM, Hayward RA, Shekelle P, Rubenstein L, Keesey J, Adams J, and Kerr EA, "Comparison of Quality of Colorectal Patients in the Veterans Health Administration and Patients in a National Sample," *Annals of Internal Medicine*, Vol. 141, No. 12, December 21, 2004, pp. 938–945.

Kerr EA, McGlynn EA, Adams J, Keesey J, and Asch SM, "Profiling the Quality of Care in Twelve Communities: Results from the CQI Study," *Health Affairs*, Vol. 23, No. 3, May/June 2004, pp. 247–256.

McGlynn EA, Asch SM, Adams J, Keesey J, Hicks J, DeCristofaro A, and Kerr EA, "The Quality of Health Care Delivered to Adults in the United States," *New England Journal of Medicine*, Vol. 348, No. 26, June 26, 2003, pp. 2635–2645.

" All adults in the United States are at risk for receiving poor health care, no matter where they live; why, where, and from whom they seek care; or what their race, gender, or financial status is."

Rand 2006



Rand, 2006

#1 The provider has a CME mission statement that includes all of the basic components with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

- **C** *....physicians have strategies to address public health imperatives, like substance abuse*
- **P** *....physicians implement strategies to address substance abuse in our community*
- **PO** *....to contribute to a reduction in UNTREATED substance abuse in our community*

2 The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

Practice Gap

- Available ONDCP data
- 10% of Americans who need treatment get treatment

23.48 million persons needed treatment
2.33 million received treatment

2 The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

Knowledge about…	The prevalence and type of substance abuse in their practice.
Strategies about……. (Competence)	Screening for risk factors / signs in their own patients.
Performance about…	Asking high-yield questions; Examining for relevant signs

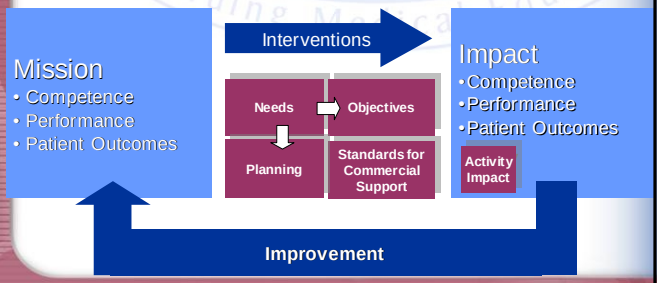
#3 The provider generates activities / educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

Competence is 'knowledge-in-action'

Strategies about……. (Competence)	Screening for risk factors / signs in their own patients.
Performance about…	Asking high-yield questions; Examining for relevant signs
Patient Outcome…	Patients diagnosed / referred

Aligns Learner and Provider

11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.
12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.



In conclusion….

Thank you