ACCME Accredited Continuing Education as a Strategic Asset to REMS

ACCME @ the Anesthetic and Life Support Drugs Advisory Committee and Drug Safety and Risk Management Advisory Committee
July 22, 2010

Murray Kopelow MD, MS(Comm), FRCPC
Chief Executive
Accreditation Council for
Continuing Medical Education

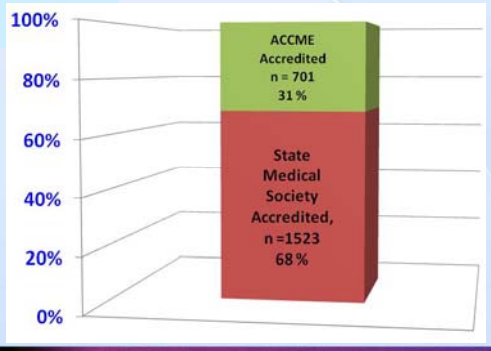
ACCME's Member Organizations

- American Board of Medical Specialties
- American Hospital Association
- American Medical Association
- Association for Hospital Medical Education
- Association of American Medical Colleges
- Council of Medical Specialty Societies
- Federation of State Medical Boards of the US, Inc.

Scope 2009

Activities	Hours of Instruction
96,042	714,759

Physician Participants	Non-Physician Participants
10,775,113	6,781,572



Not "business as Usual" in CME

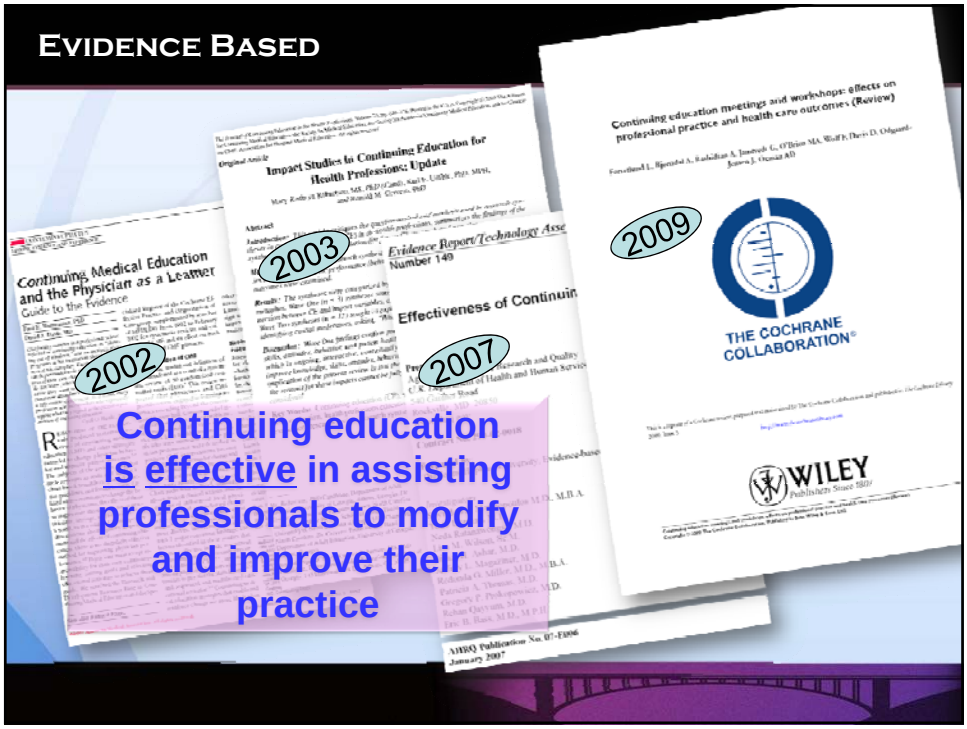
CME AS A BRIDGE TO QUALITY

Accredited CME **is** linked to practice and focused on quality gaps

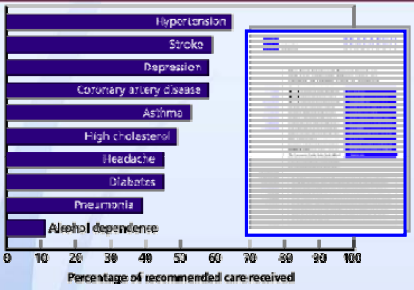
- **Using** practice-based needs
- **Matching** content to learner's scope of the practice
- **Measuring** change in competence **or** performance **or** patient outcomes as part of the process

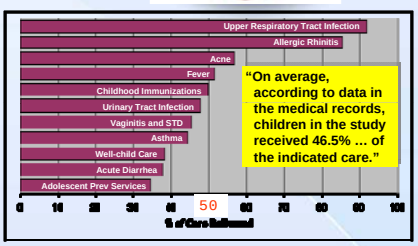
Sept 2006 – Change in Emphasis

Evidence Based

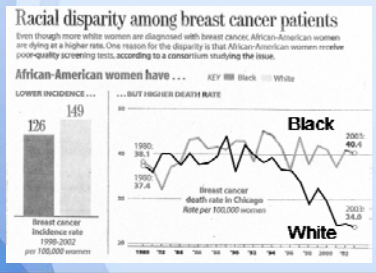


Focus on Practice Gaps





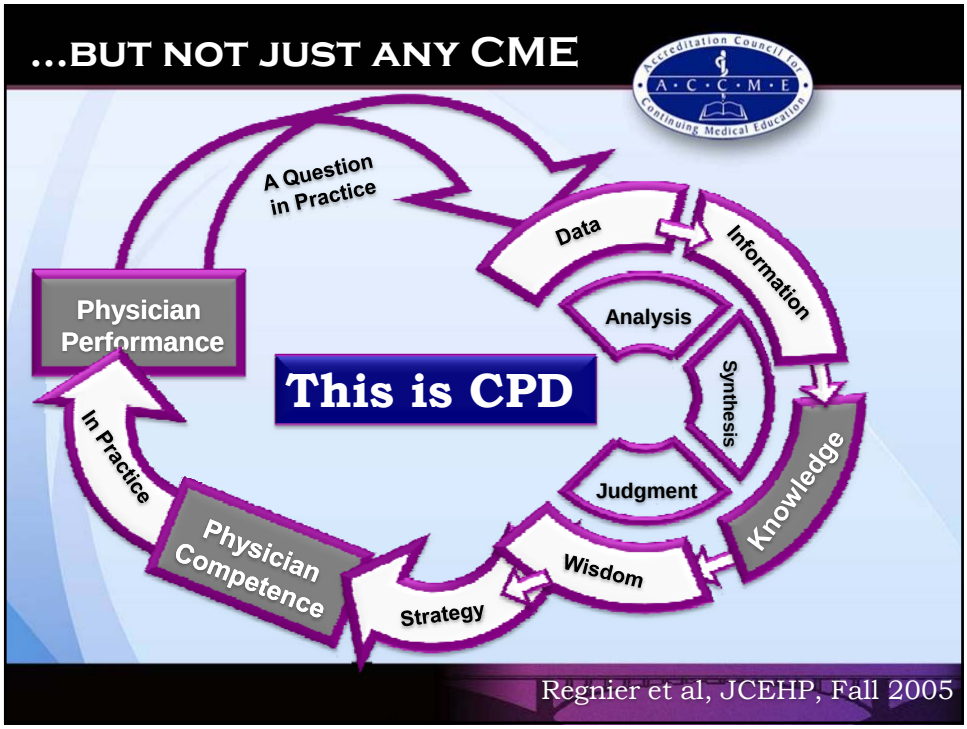
Rita Mangione-Smith et al, **The Quality of Ambulatory Care Delivered to Children in the United States,** NEJM, **Volume 357:1515-1523 October 11, 2007**

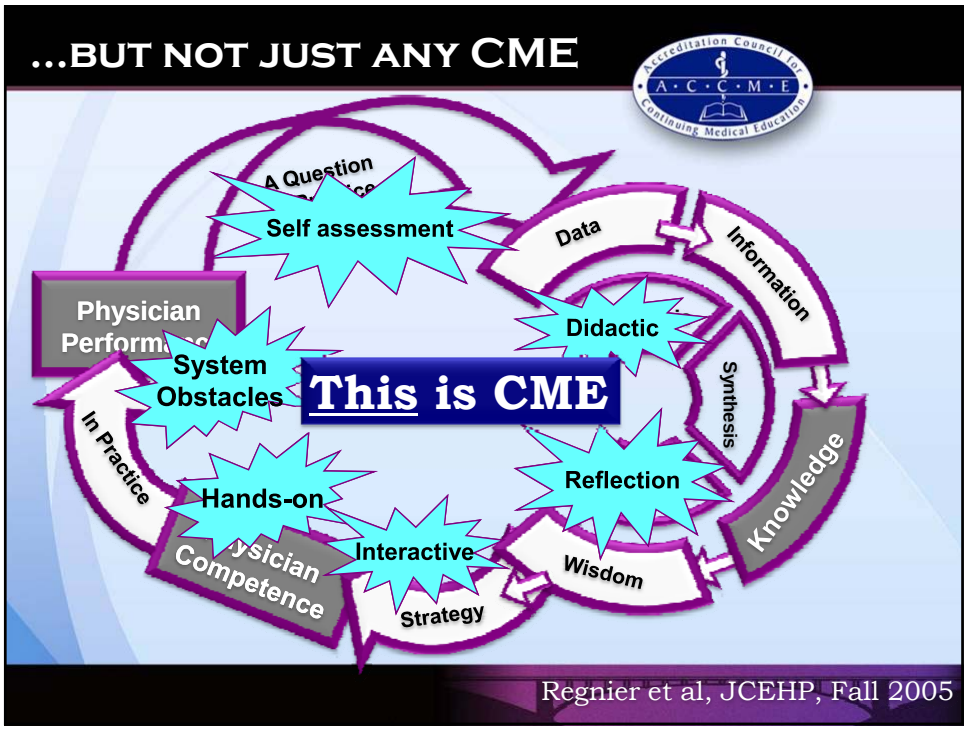


"The vast majority of people with a diagnosable illicit drug or alcohol disorder are unaware of the problem.....or do **not** feel they need help."

Not all of 21 million people who need treatment receive treatment for illicit drug or alcohol use	1.5%	Felt they needed treatment and did make an effort
	3.0%	Felt they needed treatment and did not make an effort
	95.5%	Did not feel they needed treatment

Source: SAMHSA, 2006 *National Survey on Drug Use and Health* (September 2007)


...BUT NOT JUST ANY CME
A Question in Practice
Data
Information
Analysis
Synthesis
Knowledge
Judgment
Wisdom
Strategy
Physician Competence
In Practice
Physician Performance
This is CPD
Regnier et al, JCEHP, Fall 2005


...BUT NOT JUST ANY CME
Self assessment
Data
Information
Didactic
Synthesis
Knowledge
Reflection
Wisdom
Interactive
Strategy
Hands-on
Competence
In Practice
System Obstacles
This is CME
Regnier et al, JCEHP, Fall 2005

Historically....

Our challenge is to overcome...

- Overuse
- Under use
- Misuse

...in clinical care

Grol, JAMA, 286,20,2001

Via interventions that are ...

- Predisposing
  (Prepare for change)
- Enabling
  (Link new to what learner already doing, in practice)
- Reinforcing
  (Via reminders and feedback)

Cantillon and Jones, BMJ, 318:127, 1999

Describes the 'Gap'

" **The misuse and abuse of the long-acting and extended-release opioid drug products have and, serious public health crisis of addiction; overdose and death.** The FDA can intervene in some aspects of this problem, but thoroughly addressing the problem will require a much broader set of interventions coming from the numerous stakeholders affected by this crisis. It is critical that we find ways to intervene that **will limit the increasing problems of addiction, overdose and death associated with the long-acting and extended-release opioids, while maintaining the necessary balance to assure continued access to these important analgesic drug products for people with chronic pain**."

From July 22, 2010 FDA Memo of Invitation

The ACCME Requirements

Concurrent Validity

Valued Requirements

Education Criteria

" 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, M.D.
CEO and President
Federation of State Medical Boards
August 30, 2006

Standards for Commercial Support

" We applaud the Accreditation Council for Continuing Medical Education's efforts to provide additional guidance for ensuring research independence and a free flow of scientific exchange, while safeguarding accredited CME from commercial influence.

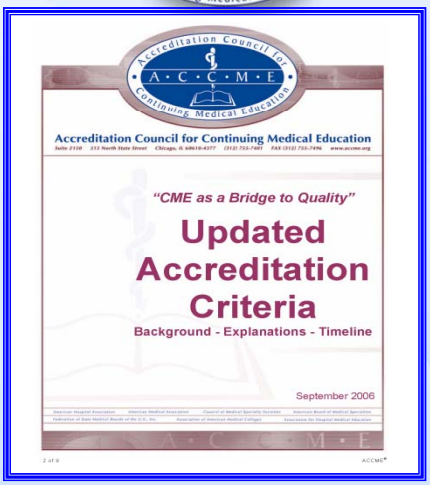
Your vigilance in this important matter contributes to the best practices of unbiased information-sharing and will benefit, ultimately, the health of the American public."

Raynard S. Kington, M.D., Ph.D.
Deputy Director,
National Institutes of Health
July 8, 2010

Alignment of Purpose

Final Report of the [FDA] Prescriber Education Working Group
June 2010

" Therefore, the stakeholders and the WG recommend that the REMS prescriber training be designed to exceed the goal of traditional CME methods (knowledge acquisition) and instead aim to demonstrate optimized practitioner performance and improved patient outcomes."



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

"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."

Content /Concurrent Validity

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

Criteria 3. Generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

Criteria 5. The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.

Criteria 11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

Content /Concurrent Validity

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Criteria 16. Integrates CME into the process for improving professional practice.

Criteria 17. Utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions).

Criteria 18. Identifies factors outside the provider's control that impact on patient outcomes.

Criteria 19. Implements educational strategies to remove, overcome or address barriers to physician change.

Criteria 20. Builds bridges with other stakeholders through collaboration and cooperation.

Criteria 21. Participates within an institutional or system framework for quality improvement.

Consistent with the ACCME's message

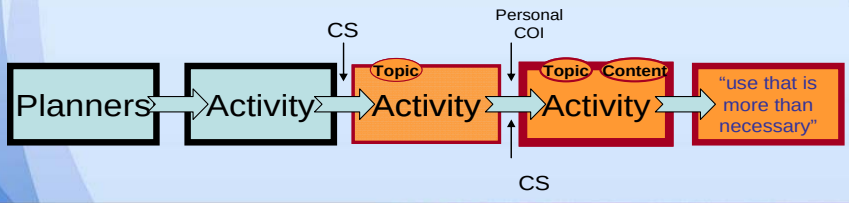
The SCS need not be a barrier

C7: The provider develops activities/educational interventions **independent** of commercial interests (SCS 1, 2 and 6).

C8: The provider appropriately **manages commercial support** (SCS3)

C9: The provider maintains a **separation** of promotion from education (SCS 4).

C10: The provider actively **promotes improvements in health care** and NOT proprietary interests of a commercial interest (SCS 5).



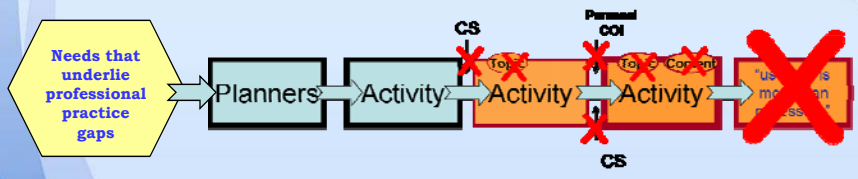
Prevention

Primary

1. **"CME providers cannot receive guidance either nuanced or direct, on the content of the activity or on who should deliver that content."**
2. **SCS 1: Independence**
3. **Education Criterion 1: Needs that underlie professional practice gaps**
4. **ACCME Content Validation Policy**

Secondary

5. **SCS 2: Resolution of Personal Conflicts of Interest**
6. **SCS 6: Disclosure**



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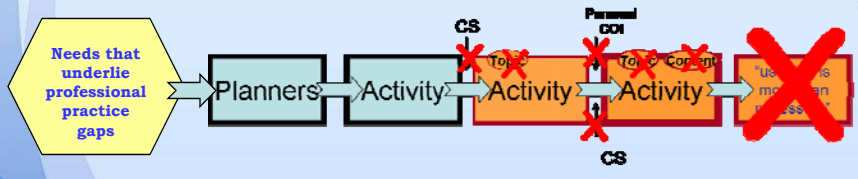

System-based Solution

" The misuse and abuse of the long-acting and extended-release opioid drug products have and, serious public health crisis of addiction; overdose and death. **The FDA can intervene in some aspects of this problem, but thoroughly addressing the problem will require a much broader set of interventions coming from the numerous stakeholders affected by this crisis.** It is critical that we find ways to intervene that will limit the increasing problems of addiction, overdose and death associated with the long-acting and extended-release opioids, while maintaining the necessary balance to assure continued access to these important analgesic drug products for people with chronic pain."

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No silver bullet…

Practice is a complex social network

" No single intervention available for universally shaping practice patterns and promoting quality improvement"

Heffner, Top Health Info Management, 22(2), 1, 2001

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

Context Important…

Factors affecting change…

- Administration
- Professional environment
- Educational environment
- Public pressure
- Economic incentives

Eve et al, J Management in Medicine 10(1)16-25 1996

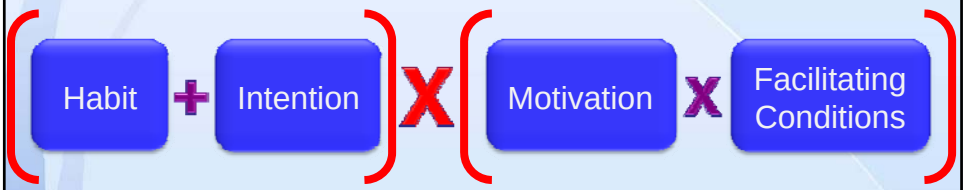
Change in practice also dependent on social and cultural forces

- Group norms
- Professional regulation
- Environment factors (location, demographics setting)

Oxman et al CMAJ, 153, 1423,1995

Predictive Validity

Probability of a Behavior



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

Opportunity

It is a Critical Time

US health care is at a crossroads

Accredited CME is being asked to provide solutions.

Time for CME to address the professional practice gaps of physicians.

CME as part of a strategy

Consistent with President Obama's 2010 National Drug Control Policy

" Increasing healthcare providers' knowledge of screening and brief intervention techniques through medical schools and **continuing education programs**."

" Primary care physicians and other healthcare providers **must learn how** to recognize and intervene in patients' early stage substance use."

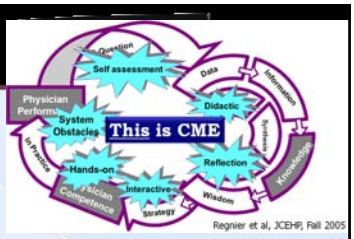
" Federal agencies that support their own healthcare systems will **increase continuing medical education** for their prescribers on proper prescribing and disposal."

Chapter 3: Integrate Treatment for Substance Use Disorders into Health Care, and Expand Support for Recovery

".....expand the number of physicians and other healthcare providers trained to recognize an overdose."

" This initiative will be pursued through **continuing education programs and through work with state licensing and accreditation bodies."**

Opportunity



Accredited Providers could, if asked….

- Produce specific CME to support CPD on proper use.
- Evaluate, or measure, effectiveness.
- Facilitate change and data.

ACCME Accredited Continuing Education as a Strategic Asset to REMS

Thank you