NEWCOMERS’ INTRODUCTION TO ACCREDITED CME

A pre-conference to the ACCME Accreditation Workshop

Accreditation Council for Continuing Medical Education

learn well
Welcome to Chicago

Graham McMahon, MD, MMSc
President and Chief Executive Officer
Your Faculty

Steve Singer, PhD
*Vice President of Education & Outreach*

Marcia Martin
*Director of Provider Education*

Melody Latham
*Assistant Manager of Education & Outreach*
How long have you been in CME?

Show of hands…

• More than 6 months
• 4 to 6 months
• 2 to 3 months
• 1 month
• Less than a month
• I haven’t started yet!
What am I going to accomplish this afternoon?

1. Meet and network with new colleagues
2. Get my bearings on all things “CME”
3. Be able to explain what ACCME does (and why)
4. Plan a CME activity together
5. See ACCME requirements as a *leadership opportunity*
6. Plan for the workshop tomorrow and Friday
### Explore Your Workshop Materials

1) **Newcomers’ Session**
   - Agenda and Case Study Worksheet (on your table)
   - Glossary (online at [www.accme.org/workshop-materials](http://www.accme.org/workshop-materials))

2) **In your Folder**
   - For today: ARS Cards & Restaurant Guide
   - For the Workshop: Participant List, Breakout List, “A-ha” & Question Cards

3) **Workshop Syllabus**
We’ve gone wireless!

Complimentary Wi-Fi access is available in all ACCME meeting spaces for the duration of the Workshop.

Access posted slides, ACCME website, and on-line resources:

**Wi-Fi Network: WESTINCHICAGO_MEETING**

**Passcode: ACCME18 (no space)**

Slides posted at [www.accme.org/workshop-materials](http://www.accme.org/workshop-materials)
Go Social!

Follow us on social media and feel free to post and tweet using #ACCMEworkshop

facebook.com/AccreditedCME
@AccreditedCME
linkedin.com/company/AccreditedCME
instagram.com/accreditedcme/
SETTING THE STAGE
An Overview of CME
This first session is about Setting the “CME Stage.”

We will discuss:

1. What continuing medical education (CME) is;
2. Why & When physicians need CME
What is CME?

*Shared definition with American Medical Association (AMA)*

- educational activities
- maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services
- body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.
Newcomers’ Introduction to Accredited CME:
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August 1-3, 2018

Where and When is CME?

A LIFETIME OF PHYSICIAN PROFESSIONAL DEVELOPMENT

Achieving Licensure

Maintenance of Licensure

Achieving Certification

Maintenance of Certification

Under-Graduate Medical Education (LCME)

Graduate Medical Education (ACGME)

Continuing Medical Education
• Provider Accreditation by ACCME;
• Activity Accreditation by AAFP;
• Credit Systems by membership organizations (e.g. AMA, AAFP)

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A LIFETIME OF PHYSICIAN PROFESSIONAL DEVELOPMENT

Where and When is CME?

- In Practice
- Maintenance of Licensure
- Maintenance of Certification
- Continuing Medical Education
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What does CME look like at your organization?

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What does CME look like?

CME Presented by Providers Accredited in the ACCME System
Table 1. Size of the CME Enterprise—2017

<table>
<thead>
<tr>
<th>Activities</th>
<th>Hours of Instruction</th>
<th>Physician Interactions</th>
<th>Other learner interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses</td>
<td>76,006</td>
<td>470,512</td>
<td>1,988,077</td>
</tr>
<tr>
<td>Regularly scheduled series</td>
<td>23,654</td>
<td>526,082</td>
<td>4,819,388</td>
</tr>
<tr>
<td>Internet (live)</td>
<td>4,425</td>
<td>10,740</td>
<td>104,256</td>
</tr>
<tr>
<td>Test-item writing</td>
<td>134</td>
<td>1,042</td>
<td>2,420</td>
</tr>
<tr>
<td>Committee learning</td>
<td>448</td>
<td>1,477</td>
<td>7,272</td>
</tr>
<tr>
<td>Performance improvement</td>
<td>588</td>
<td>11,027</td>
<td>57,992</td>
</tr>
<tr>
<td>Internet searching and learning</td>
<td>74</td>
<td>1,074</td>
<td>361,724</td>
</tr>
<tr>
<td>Internet (enduring materials)</td>
<td>43,910</td>
<td>105,354</td>
<td>5,850,971</td>
</tr>
<tr>
<td>Enduring materials (other)</td>
<td>8,893</td>
<td>39,518</td>
<td>1,215,513</td>
</tr>
<tr>
<td>Learning from teaching</td>
<td>167</td>
<td>2,359</td>
<td>5,788</td>
</tr>
<tr>
<td>Journal CME</td>
<td>4,419</td>
<td>7,946</td>
<td>1,155,641</td>
</tr>
<tr>
<td>Manuscript review</td>
<td>117</td>
<td>666</td>
<td>57,313</td>
</tr>
<tr>
<td>Other</td>
<td>130</td>
<td>765</td>
<td>3,174</td>
</tr>
</tbody>
</table>

# Providers

- Grand total 2017: 1,794
- 162,965
- 1,178,562
- 15,601,498
- 12,886,339

From ACCME 2017 Data Report, page 5
<table>
<thead>
<tr>
<th>When… and How?</th>
<th>Live (Synchronous)</th>
<th>Enduring (Asynchronous)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-person courses</td>
<td>On-demand Internet activities</td>
</tr>
<tr>
<td></td>
<td>Small group discussions</td>
<td>Journal activities</td>
</tr>
<tr>
<td></td>
<td>Simulation &amp; training</td>
<td>Recorded video &amp; audio</td>
</tr>
<tr>
<td></td>
<td>Committee work</td>
<td>Case studies &amp; narrative</td>
</tr>
<tr>
<td></td>
<td>Webcast &amp; videoconference</td>
<td></td>
</tr>
</tbody>
</table>

Blended approaches?
Who Plans CME?

- The Accredited Provider
- Accredited Provider and Nonaccredited Organization = Joint Providership
  - the accredited provider is responsible for compliance!
- More than one Accredited Provider
  - one provider must take responsibility for compliance
Who values CME for physicians?

- **State and Territory Licensing Boards**
  *Federation of State Medical Boards (FSMB)*

- **Specialty Certifying Boards**
  *American Board of Medical Specialties*

- **Healthcare Institutions**
  *Anyone else?*
NEXT UP…

About the ACCME and Accreditation

- What does ACCME do?
- What value does accreditation in the ACCME system provide?
WHAT DOES IT MEAN TO BE ACCREDITED IN THE ACCME SYSTEM?

Steve Singer, PhD
Vice President of Education and Outreach
A BRIEF HISTORY OF SELF-REGULATION

• Flexner Report (1910)
• First mandatory CME (1934)
• Good medical practice standards from AMA (1957)
• State-based regulation (1960’s)
• Legislative attention to independence (1970)
• ACCME founded in 1981
ACCME Vision and Mission

Our vision is a world where its community of educators supports clinicians in delivering optimal healthcare for all.

Our mission is to assure and advance quality learning for healthcare professionals that drives improvements in patient care.
How do we meet our mission?

• Set standards
• Perform audits and surveys
• Reassure clinicians about the education they’re participating in:
  ✓ Balanced and evidence-based
  ✓ Designed for relevance: real needs and gaps
  ✓ Evaluated to guide safe, effective care
  ✓ Free of commercial influence
ROLES AND FUNCTIONS

Accrediting Body

• Sets the national standard for high-quality continuing medical education (CME)
• Accredits 688 health care organizations who deliver CME to a national or international community of learners
ROLES AND FUNCTIONS

Recognition of State Accreditors

• Serves as the body recognizing 41 state accreditors that offer CME accreditation to 1,106 health care organizations whose learners are within the state/territory
Accreditation vs Credit

ACCREDITED PROVIDER

Processes for Planning & Implementing CME in compliance with the ACCME Requirements

Credit

“This educational activity is designated for 2 AMA PRA Category 1 Credits™

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Value and Use of CME

- Achieving Licensure
- Achieving Certification
- Continuing Medical Education
  - Provider Accreditation by ACCME;
  - Activity Accreditation by AAFP;
  - Credit Systems by membership organizations (e.g. AMA, AAFP)

Credit Systems
- ACCME
- AAFP

Types of Education
- Undergraduate Medical Education (LCME)
- Graduate Medical Education (ACGME)

Types of Practice
- In Practice

Accreditation and Credit Systems
- Provider Accreditation
- Activity Accreditation
- Credit Systems
ROLES AND FUNCTIONS

Process Improvement

- Develop processes for assuring compliance with accreditation requirements
- Identify opportunities to simplify and evolve requirements and processes
ROLES AND FUNCTIONS

Stay Responsive

- Recommend and initiate studies for improving the organization and processes of CME and its accreditation;
- Review and assess developments in CME’s support of quality health; and
- Review periodically its role in CME to ensure it remains responsive to public and professional needs.
Self Regulation to Improve Practice and Health

A public trust to ensure that CME is…

- Linked to **quality and safety**
- Effective in **improving practice**
- **Independent** of commercial interests
- Based on **valid** content
HOW BIG IS OUR SHARED SYSTEM?
## 2017 REPORTING YEAR

### Scope of the Enterprise

<table>
<thead>
<tr>
<th>Providers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCME Accredited</td>
<td>688</td>
</tr>
<tr>
<td>State Medical Society (SMS)</td>
<td>1,106</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,794</strong></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Engagement</th>
<th></th>
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</table>
Volunteer-Supported

**ACCME**

- Accreditation Review Committee
  - 21 Members
- Accreditation Surveyors
  - >110
- 688 providers with planning committees
  - 688 x 8 ~ 5,504

**State Accreditors (41)**

- Accreditation Review Committee
  - 41 x 5 ~ 205 Members
- Accreditation Surveyors
  - 41 x 10 ~ 410
- 1,069 providers with planning committees
  - 1,069 x 8 ~ 8,552
WHAT’S ON YOUR MIND, ACCME?
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TRANSFORMING EDUCATION TO IMPROVE HEALTH

ACCME Strategic Plan

Priorities for 2018-2021

1. AUGMENT Awareness of CME’s Value
2. ASSURE Accreditation Quality and Equivalency
3. ACCELERATE the Evolution of CME
4. ASSIST CME Educators
5. ADVANCE Data Systems
6. ADVOCATE for CME Scholarship

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Menu of Criteria for Accreditation with Commendation
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American Medical Association
Centers for Medicare & Medicare Services
CAN CME ADDRESS HUMAN TRAFFICKING?

A Case Study
Case Study

First, let’s listen…

https://www.marketplace.org/2016/03/02/health-care/health-care-takes-fight-against-trafficking
Human Trafficking

Worldwide Statistics

- Around 20.9 million human trafficking victims
- 24.4% sexual exploitation, 75.6% forced labor
- 55% women, 45% men
- Estimated 4.5 million sex trafficking victims

https://www.dhs.gov/blue-campaign/infographic
87.8% of sex trafficking victims say they had some contact with health care while being trafficked.

5,686 = Total hospitals in the country.

60 = Have a plan for treating patients who are being trafficked.

95 = Percent of ER personnel aren’t trained to treat trafficking victims.

Sources: (Top) Laura J. Lederer and Christopher A Wetzel, “The Health Consequences of Sex Trafficking” / (Bottom) Statista, Journal of Human Trafficking, Project Muse
CASE STUDY

You are the CME Planning Committee

At your table…

1. What is the practice-based problem we want to address? (and how are my learners involved?)
2. Why does the problem exist?
3. What do we want to change?
4. How will we facilitate that change?
5. How will we know if we were effective in producing change?
6. How will we know if the problem is solved?
Improvement Science

We’re aware of a problem. We have come up with a possible solution…

We’ve put our plan into action…

We’re applying what we’ve learned, and we’re starting again…

Did our plan work in addressing the problem?
Continuous Improvement
As CME Providers > As an Educational Home

Current Practice
Optimal Practice
ACCME Criteria at a Glance

C1  Mission
C2-C6  Educational Planning
C7-C10  Ensuring Independence
C11-C13  Organizational Reflection & Improvement
C16-C22  Option A: Engagement with the Environment
C23-C38  Option B: Menu of Criteria for Accreditation with Commendation
Criterion 1

*CME Mission*

What do you want to achieve—in terms of learner’s improvement and/or improving care—as a result of your CME program?

How will you know if you’ve achieved your goals?
Criteria 2, 3, 5, 6

*Educational Planning*

How do you plan educational activities that **address practice-based problems** by facilitating **change/improvement**?

*Criterion 4 was removed in 2012.*
Criteria 7-10
Independence from Commercial Interests

A.K.A. ACCME’s Standards for Commercial SupportSM: Standards to Ensure Independence in CME Activities (SCS)
ENSURING INDEPENDENCE

The Undesirable Outcome

Commercial influence will result in:

- overuse
- misuse
- underuse
- use not appropriate to evidence

...of commercial products or services used on/for patients.

For a better start in life

start COLA earlier!

How soon is too soon?

Now comes research. Laboratory tests over the last few years have proven that children who start drinking soda during the early formative period have a much higher chance of gaining acceptance and "fitting in" during those awkward pre-teen and teen years. So do yourself a favor. Do your child a favor. Start them on a strict regimen of water and either sugarless or low-calorie, low-carbohydrate beverages right now, for a lifetime of guaranteed happiness.

The Soda Pop Board of America

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STANDARDS FOR COMMERCIAL SUPPORT

Criteria 7-10 (cont)

- No commercial influence
- Financial relationships and Conflict of Interest (COI)
- Management of commercial support
- Separating education and promotion
- Content validity and bias
- Transparency and disclosure
ENSURING INDEPENDENCE

CME is Independent

What does that mean?
✓ No role for ACCME-defined commercial interests
  (with a few special-case exceptions)
✓ CME is content-valid and evidence-based
✓ CME providers must address conflicts-of-interest that may introduce commercial bias

CME ensures a safe space for learning and improvement…
ENSURING INDEPENDENCE

Definition of a Commercial Interest

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

http://www.accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/definition-commercial-interest
ENSURING INDEPENDENCE

It’s Human Nature

Financial relationships create an incentive to maintain—or increase—the value of the relationship.

ACCME does not prohibit those who plan and implement CME from possessing financial relationships.
Conflict of Interest Occurs in Accredited CME When…

A person has a financial relationship with an ACCME-defined commercial interest… AND …that person has an opportunity to control the content of CME relevant to their relationship.

http://www.accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/financial-relationships-and-conflicts-interest
Criteria 11-13: Organizational Self-Assessment & Improvement

- Do your CME activities produce change in your learners and/or have an impact on patient care?
- Are you meeting your mission?
- What can you do to improve your CME program to better meet your mission?
ACCREDITATION WITH COMMENDATION IS OPTIONAL

Option A: Criteria 16-22 – Engagement

How do you facilitate improvement to maximize the impact of your program to improve practice and patient care? How do you ensure that your CME program is the reason for the success of others?

Available through 2019
Option B: Menu of Criteria for Accreditation with Commendation

16 Criteria in five categories

- Choose 7 from any category
- Choose (at least) 1 from “Achieves Outcomes” category
**TABLE EXERCISE**

**What ACCME Requirements Do You See?**

1. What is the practice-based problem we want to address? (and how are my learners involved?)
2. Why does the problem exist?
3. What do we want to change?
4. Were we effective in producing change?
5. How do we keep learning safe from commercial interests?
6. Is the problem solved? If not, start again.
Educational Resources

- ACCME website (www.accme.org)
- Share best-practices at the ACCME 2019 Meeting (April 29 – May 2, 2019)
SHARE YOUR QUESTIONS

• Contact me

Graham McMahon, MD MMSc
gmcmahon@accme.org
(312) 527-9200
SETTING EXPECTATIONS FOR THE WORKSHOP

• Workshop Agenda
• Resources to Guide You
  ✓ Pre-work Videos and Workshop Materials
  ✓ ACCME Report eNewsletter
  ✓ ACCME Website
• Contacting the ACCME (info@accme.org)