STRATEGIC OPPORTUNITIES

Current and Emerging Collaborations to Enhance the Value of Accreditation
Are any of these statements true?

<table>
<thead>
<tr>
<th>Learners' needs are changing fast.</th>
<th>It’s hard to engage clinicians in quality and safety initiatives.</th>
<th>Health professional burnout threatens our mission.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Although we’re practicing in teams, education is largely siloed.</td>
<td>Clinicians primarily attend to get the credit, rather than learn.</td>
<td>Educators are under-appreciated and continuing education is under-funded.</td>
</tr>
</tbody>
</table>

ALIGNMENT AND EVOLUTION

AMA Collaboration

Evolving AMA PRA system to:

- Simplify expectations
- Harmonize with ACCME requirements
- Shared glossary
- Facilitate and encourage innovation and flexibility
Examples of Designating an Activity as “Other”

- Bedside learning
- Virtual reality
- Social media
- Blended quality improvement and skills-based activities
- Gamification in learning

Visit [www.accme.org](http://www.accme.org) for more information.

Centers for Medicare and Medicaid Services

- Proposes to recognize accredited CME as a mechanism to meet *clinical practice improvement activity* expectations of MIPS/MACRA legislation
- Pursuing opportunities to allow providers to report required data through PARS
INTEGRATION WITH THE CLINICAL LEARNING ENVIRONMENT

ACGME Collaboration

- Using CLER (Clinical Learning Environment Review) Feedback
- Faculty Development
- Share milestone data
- Wellness curriculum
- Educational leadership/Chief Learning Officer
- Operational alignment

Building the Value of CME

Leadership values accredited CME

C-Suite Leaders in Quality and Safety Educational leaders

Providers have flexibility

American Medical Association American Board of Medical Specialties boards Center for Medicare and Medicaid Services Food and Drug Administration State Licensing Credentialing authorities

The output is recognized
CME can connect…

- The continuing education professional with the learner
- Across the medical education continuum
  - Medical School, Graduate Medical Education
- Interprofessional teams
- With quality improvement
- With public health

Making Connections

Licensure Certification Credentialing

You

Educational Expertise
Quality & Safety Priorities
Public Health Priorities
Local Gaps & Needs

Learner Community
Evidence-based Independent Meets a need
Overview

• Encourage and reward best practices in pedagogy, evaluation, change management and generating meaningful outcomes
• Community asked us to…
  ✓ Recognize provider best practices
  ✓ Create flexibility for different types of organizations
  ✓ Balance rigor and attainability
• Commendation remains optional.

Implementation

• ACCME-accredited providers receiving accreditation decisions between November 2017 and November 2019 have the option to demonstrate compliance with:
  ➢ **OPTION A:** Current Commendation Criteria (C16-C22) or
  ➢ **OPTION B:** New Commendation Menu (C23-C38)
• All providers receiving accreditation decisions after November 2019 must use **Option B** (new commendation menu C23-C38) to seek Accreditation with Commendation
The Menu Approach

• 16 Criteria in five categories
• Choose 7 from any category
• Choose (at least) 1 from “Achieves Outcomes” category

Why Require Outcomes?

There was widespread consensus that it is important to demonstrate the relevance, value and impact of CME.

Assessing outcomes will help the CME community identify more effective ways of delivering CME that contributes to healthcare improvement.
Supporting Documentation

On the ACCME website
www.accme.org/commendation

Wheel graphic is available at www.accme.org.

Determining Compliance

ACCME.ORG/COMMENDATION

Promotes Team-Based Education
www.accme.org/teambasededucation

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Criterion Rationale</th>
<th>Critical Elements</th>
<th>The Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>C23</td>
<td>Interprofessional continuing education (IPCE) occurs when members from two or more professions team with, from, and about each other to enable effective interprofessional collaborative practice and improve health outcomes. This criterion recognizes accredited providers that work collaboratively with multiple health professions to develop IPCE.</td>
<td>Includes planners from more than one profession (representative of the target audience) AND Includes faculty from more than one profession (representative of the target audience) AND Activities are designed to change competence and/or performance of the healthcare team.</td>
<td>Attain to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities: *G: 2; M: 4; L: 6; XL: 8</td>
</tr>
</tbody>
</table>

Criterion requirement

see page 36
## Determining Compliance

**Promotes Team-Based Education**

### ACCME.ORG/COMMENDATION

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**Rationale** for each Criterion’s inclusion

---

### Determining Compliance

**Promotes Team-Based Education**

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**Critical Elements** required to demonstrate Compliance

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* ACCME 2017 FOR EDUCATIONAL USE ONLY
Determining Compliance

The Standard for measuring Compliance

see page 36

Determining Compliance (cont)

- Activity-based vs program-based standards
- Sliding scale to accommodate CME programs of different sizes
- Approaches for demonstrating compliance include:
  - Attestations
  - Submitting evidence at review (It may be possible to meet multiple Criteria with one CME activity.)
  - Examples and descriptions
Members of interprofessional teams are engaged in the planning and delivery of interprofessional Continuing education (IPCE).

C23

Promotes Team-Based Education

www.accme.org/teambasededucation

Patient/public representatives are engaged in the planning and delivery of CME.

C24

Students of the health professions are engaged in the planning and delivery of CME.

C25
Compliance with Criterion 24

Due to the rise in awareness about sports concussions in recent years, a medical specialty society began holding an annual conference dedicated to prevention and treatment. The planning committee included experts in clinical neurology research, athletes who had experienced sports concussions, and coaches from all levels of competition from youth to professional athletes. During the conference, one of the professional athletes and several coaches participated in a panel sharing their first-hand experience about the lifelong effects of concussions on athletes’ physical, mental, and emotional health.

Addresses Public Health Priorities

www.accme.org/publichealthpriorities

The provider advances the use of health and practice data for healthcare improvement.

C26

The provider addresses factors beyond clinical care that affect the health of populations.

C27

The provider collaborates with other organizations to more effectively address population health issues.

C28
EXAMPLES

Compliance with Criterion 27

The Director of Nutrition Services recognized the barriers facing many patients who are referred for nutrition counseling. The patients had limited access to affordable fresh fruits and vegetables, were not well educated on how to make good choices at the grocery store, and had limited insight on healthy cooking. The CME department, along with nutrition services, the medical library, and a local community Seed-to-Feed program, collaborated to start three regular programs for clinicians and their patients to participate in together: tours of a local vegetable garden; grocery store tours with a nutritionist; and accessing databases, books, journals, and websites containing evidence-based resources and recipes.

Enhances Skills

www.accme.org/enhancesskills

The provider designs CME to optimize communication skills of learners.

C29

The provider designs CME to optimize technical and procedural skills of learners.

C30

The provider creates individualized learning plans for learners.

C31

The provider utilizes support strategies to enhance change as an adjunct to its CME.

C32
EXAMPLES

Compliance with Criterion 29

The provider delivered a CME course that seeks to improve skills in scientific writing as it applies to publishing clear and effective scientific papers. The coursework included several hours of online instruction and writing assignments, followed by an onsite workshop where healthcare publishing experts review assignments and provided feedback to each learner.

EXAMPLES

Compliance with Criterion 32

A provider holds a monthly CME online webinar series on “Hot Topics in Psychiatry.” After each webinar, participants are invited to participate in an online discussion about the topic of the month utilizing a mobile app. The provider analyzes the participation during the discussion and includes questions to the learners about how to improve the online discussion to gain greater participation and engagement. The provider shows what improvements were made to the questions and cases to facilitate easier engagement and follow-up with the learners.
The provider engages in CME research and scholarship.

C33

The provider supports the continuous professional development of its CME team.

C34

The provider demonstrates creativity and innovation in the evolution of its CME program.

C35

Demonstrates Educational Leadership
www.accme.org/educationalleadership

EXAMPLES

Compliance with Criterion 33

A recent survey of learners revealed that many appeared to prefer to engage in asynchronous learning (using recorded webinars) rather than live activities. One of the faculty from the provider’s CME Committee began a research study to characterize the basis of these apparent changes in learning preference and describe how learning resources could be better deployed to meet their educational needs. The result of the study was submitted and accepted as a presentation at the annual conference for CME providers in the state.
The provider demonstrates improvement in the performance of learners.  

C36

The provider demonstrates healthcare quality improvement.  

C37

The provider demonstrates the impact of the CME program on patients or their communities.  

C38

Achieves Outcomes  

www.accme.org/achievesoutcomes

EXAMPLES

Compliance with Criterion 36

The provider describes that it has participants complete a self-directed performance inventory before each course begins and then again 3-months after the course has taken place. The inventory is comprised of a web-based survey that asks the learner to estimate how often they perform specific practice-based behaviors. For example, the inventory for a course addressing the diagnosis of Post-Traumatic Stress Disorder (PTSD) asks learners to report how many veterans they see in their practice each month and how often they screen for PTSD using a written inventory. The provider shares data that demonstrate that the regular use of the screening inventory increased from 20% to 40% among the majority of learners who completed the course and responded to the follow-up survey.
Reflect on Your Best-Practice

Mark it up! (5 mins)

- Circle Criteria that your CME Program is likely already meeting
- Star the Criteria that you could see incorporating into your CME Program

CME FOR MOC

Accreditation Council for Continuing Medical Education

learn well

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MAINTENANCE OF CERTIFICATION (MOC) COLLABORATION

Evolving MOC to…

• Align educational requirements with medical specialty boards
  o Internal Medicine, Pediatrics, Anesthesia, Pathology
• Blend quality improvement (QI) and self-assessment activities
• Provide a seamless data transfer service for credit management (via ACCME’s Program and Activity Reporting System - PARS)

ACCME is working with Boards to…

Make it easy for accredited providers to offer a variety of

➢ MOC points for existing and new activities
➢ Shared view of what counts
➢ Maximize flexibility by adopting trust-and-verify
➢ Centralized data management
➢ Pilot QI programs through accredited providers
"By collaborating with ACCME, ABIM will open the door to even more options for physicians engaged in MOC and will allow them to get MOC credit for high-quality CME activities they are already doing."

- Richard J. Baron MD
President and CEO, ABIM

"This collaboration is designed to create a central repository that will help our diplomates easily locate courses that are most relevant to their practice needs."

- James P. Rathmell MD
Secretary, ABA

"This agreement will allow pediatricians to automatically get lifelong learning and self-assessment credit for qualifying CME activities. It is one of several changes the ABP is making to simplify the MOC process and remove barriers to getting credit for projects and learning activities that pediatricians already are doing."

- Virginia A. Moyer MD
Vice President, MOC and Quality, ABP

"This collaboration will generate many more opportunities for accredited CME providers to serve as a strategic resource by delivering relevant, effective, independent, practice-based education that counts for MOC."

- Graham McMahon MD MMSc
President and CEO, ACCME

A Simpler, Unified Process

Welcome to CME Finder

Welcome! This website gives you the accredited CME activities that are best for you:
- Filter your search by the criteria, where "ABIM" is a list of all available activities.
- Search for ABIM MOC or REMS
- Search by provider

Filter results by:
- Keyword
- Activity Type
- Number of Credits
- Specialty
- Location
- Fee
- Date
- Type of registration (i.e. limited vs open)

ACCME’S CME FINDER

www.CMEfinder.org
TUTORIALS

CME for MOC Education

REGISTRATION CME ACTIVITIES FOR MOC POINTS

In August 2013, ACCME and the American Board of Internal Medicine (ABIM) announced a collaboration to simplify the integration of Maintenance of Certification (MOC) and accredited CME for ABIM diplomates and CME providers. In April 2016, ACCME announced a similar collaboration with the American Board of Anesthesiology (ABA) and the American Board of Pediatrics (ABP) for board certified anesthesiologists and pediatricians. As a result of these collaborations, accredited providers can now register CME activities that relate to the scope of these boards for MOC points using ACCME's Program and Activity Reporting System (PARS). This tutorial is designed to help accredited providers with the process of registering accredited CME activities for MOC points in PARS.

All CME providers accredited within the ACCME system already use PARS to enter data. However, there are additional considerations for providers who are also certified in MOC. This tutorial provides information on how to enter data related to MOC in PARS.

ACCME.ORG/CMEFORMOC

Website Resources

CME in Support of MOC

The ACCME has long supported the goals of Maintenance of Certification (MOC), the importance of alignment between accredited CME and MOC, and the role of accredited CME as a strategic resource to MOC.

The ACCME’s Accreditation Criteria were designed to align with and support continuing professional development (CPD) systems, including MOC. These Accreditation Criteria support the goals of MOC by requiring accredited providers to design CME activities that are free of commercial bias, are based on learners’ needs, and contribute to physicians’ ongoing practice improvement and commitment to lifelong learning. The Criteria require that CME providers develop activities in the context of desirable physician attributes such as the ACCME/ABMS competencies. In 2013, at the request of the American Board of Medical Specialties (ABMS), the ACCME modified the Program and Activity Reporting System (PARS) to require CME providers to indicate which competencies are addressed in each activity.

As a consequence of these efforts, MOC for ABIM diplomates was accredited by the ACCME, and similar efforts were planned for other ABIM diplomates and additional boards. The following resources are designed to help providers with the process of registering CME activities for MOC in PARS.

USEFUL VIDEOS

- Developing CME for MOC: A Provider Perspective
- CME that Counts for MOC Webinar
- CME That Counts for ABIM MOC - Archived Webinar

ASK ACCME

What is required for a provider to register CME activities to count for MOC in PARS?

How do I provide feedback to the learner?
CME FOR MOC

“Ask Your Questions” Webinars

Wednesday, September 13 – 2 pm Central
Wednesday, November 15 – 2 pm Central

MOC HANDOUTS

Accreditation Council for Continuing Medical Education
learn well
ABOUT THIS TOOL

ACCME requirements are designed to ensure that accredited continuing medical education (CME) provides a safe place for learning—indeed, independent of commercial interests and commercial influence. We prepared this tutorial and flowchart to help you navigate the identification of relevant financial relationships and the resolution of conflicts of interests in CME activities.

**It’s optional**: Use of these resources is optional. Please note that the tutorial and flowchart do not address all of the expectations of ACCME requirements for independence from commercial interests.

**Get the flowchart and step-by-step tutorial on the ACCME website at** [www.accme.org/coiflowchart](http://www.accme.org/coiflowchart).
Ensuring Independence

ACCME expects accredited organizations to ensure independence by:

1. **Identifying** relevant financial relationships between commercial interests and those who plan, teach, and implement CME
2. **Resolving** conflicts of interest that arise when those with relevant financial relationships with commercial interests have the opportunity to control CME content related to the products or services of those commercial interests
3. **Disclosing** to learners the (identified) relevant financial relationships for those in control of CME content prior to the educational activity or disclosing that there were no relevant financial relationships.

Key Terms

**Commercial Interest**

ACCME defines a **commercial interest** as 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 - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

**Relevant Financial Relationship**

**Relevant financial relationships** are financial relationships in any amount, which occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity, and which relate to the content of the educational activity, causing a conflict of interest. The ACCME considers financial relationships to create conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest.
Key Terms (Cont)

Who is “in control of content”? If someone in connection to the activity has the opportunity to affect the content, they are “in control of content.”

Those individuals in a position to control the content of an educational activity might include (but are not limited to) planners, faculty, authors, committee members, content reviewers, editors, and staff depending on the accredited provider’s processes for developing educational activities.

Let’s Get Started

Start early! Use this flowchart early in your planning process to make sure you can implement your approaches to ensure independence during the planning process and before the educational activity occurs.
A. In the context related to products or business lines of an ACCME-defined commercial interest?

- Yes
- No

B. Is the person an employee/owner of an ACCME-defined commercial interest? (SCS 1)

- Yes
- No

C. Does the person have a relevant financial relationship with an ACCME-defined commercial interest? (SCS 2.1)

- Yes
- No

Disclosure to Learners: Before the activity, disclose to learners that the person(s) have no relevant financial relationships with ACCME-defined commercial interests to disclose. (SCS 6.2)

Is there a relevant financial relationship? If you can check all 4 boxes below, you've identified a relevant financial relationship with an ACCME-defined commercial interest that must be resolved before the activity occurs.

- Financial relationship between person in control of content (or their spouse/partner) and an ACCME-defined commercial interest
- Any amount ($)
- In the past 12 months
- Products/services of the ACCME-defined commercial interest (with which they have the financial relationship) are related to the content of the CME activity

Done!
Disclosure to Learners

Before the activity, disclose to learners the name(s) of the individual(s), name of the ACCME-defined commercial interest with which they have a relevant financial relationship(s) and the nature of the relationship. (SCS 6.1)

Done!
CASE EXAMPLES

Work at your table… Share the effort!

1. An employee of ABC Heart Medicine Company is a member of the planning committee for a CME activity about medications for heart disease.
2. Dr. Jones is a speaker for a CME activity focused on improving team communication and coordination for chronic diseases.
3. Dr. Smith is the Chairwoman of the CME Planning Committee for the Annual Conference on Spinal Surgery. Her husband is employed by XYZ Spine Surgery Devices, Inc.
4. CME Coordinator Joe sends an email to everyone who is planning, authoring, or presenting in next year’s Tumor Board Case Conferences asking, “What significant financial relationships (e.g. >$5,000) have you had over the past year with manufacturers of pharmaceuticals related to cancer/tumor treatment?”

QUESTIONS
INFO@ACCME.ORG
Follow ACCME on Social Media

facebook.com/AccreditedCME
@AccreditedCME
linkedin.com/company/AccreditedCME