



Florida Medical Association

2023 CME Providers Conference

Renaissance Orlando Airport Hotel

November 9-10, 2023

AGENDA

Thursday, November 9th

- | | |
|-------------------|--|
| 9:00 to 10:00 am | Registration/Check-In - Berlin
Breakfast - Paris |
| 10:00 to 10:30 am | Welcome and opening comments - Berlin
Melissa Carter, MA , Sr. VP, Education & Member Services, FMA
Fran Jamross, BS , Joint Providership Coordinator, FMA |
| 10:30 to 12:00 pm | Reviewing the Basics/CME 101
Melissa Carter, MA
Virginia Provenza, BA , CPD Manager, AdventHealth Orlando - *Provider Perspectives* |
| 12:00 to 1:30 pm | Lunch and Networking |
| 1:30 to 3:00 pm | ACCME Update
<i>Where Are We Headed? Opportunities for Accredited Providers</i>
Steve Singer, PhD , Vice President of Education and Outreach, Accreditation Council for Continuing Medical Education (ACCME) |
| 3:15 to 5:15 pm | Standards for Integrity and Independence in Accredited Continuing Education <ul style="list-style-type: none">• <i>Highlighting the Standards</i> – Melissa Carter, MA• <i>One Provider's Approach to Meeting the Standards</i> - Lucille Kilgore, VP of Education, FL Academy of Family Physicians - *Provider Perspectives*• <i>Let's Test Our Competence!</i> - Melissa Carter, MA; Lucille Kilgore; and Steve Singer, PhD |
| 6:00 to 7:00 pm | Reception - Munich |



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Friday, November 10th

- | | |
|----------------------|---|
| 9:00 to 9:30 am | Registration/Check-In - Berlin
Breakfast - Paris |
| 9:30 to 9:45 am | Welcome and opening comments - Melissa Carter and Fran Jamross - Berlin |
| 9:45 to 11:15 am | Analyzes Changes, Program Analysis, and Program Improvements
<i>Activity and Program Evaluation: Setting Yourself Up for Success</i>
Celina Makowski, DHA, MBA, Manager, CPPD/CME - *Provider Perspectives* |
| 11:30 am to 12:00 pm | Physician Perspectives about CME
Lilia Correa, MD , FMA Committee on CME & Accreditation
Richelle Malott, MD , Member, FMA Committee on CME & Accreditation
Paul Winner, DO , CME Chair, FL Assoc for the Study of Headache & Neurological Disorders |
| 12:00 to 1:00 pm | Lunch and Networking |
| 1:00 to 2:00 pm | MOC for CME
<i>Planning and Reporting CME Activities for MOC</i>
Virginia Provenza, BA - *Provider Perspectives* |
| 2:00 to 2:15 pm | Wrap-Up and Final Q&A |



CME Providers Conference

Where Learning and Leadership Meet

November 9-10, 2023

Renaissance Orlando Airport Hotel

The planners and presenters of this activity have no relevant financial relationships with ineligible companies.

My CME Program!!

FAMILY



GYM



WORK!



HOME







It's Fine



*I'm Fine
Everything Is Fine*

The Ground Rules

Respect – This is a safe space for everyone to learn and grow

Recognition – We are all experts, and we are all novices in our own way

Acceptance – We are all doing our best

Acknowledgement – There are expectations; improvements are expected

Let's Pair and Share





Education & Member Services Team

Melissa Carter, MA

SVP, Education & Member Services

Trent Batchelor

Member Relations Manager

Fran Jamross

Joint Providership Coordinator

Chandra Prine

Membership/Education Coordinator

Nancy Wisham

Education Coordinator



We're Missing Someone



Steve Vernon, MD
FMA Director of Medical Education
Retired December 2022

Where in the World is Dr. Steve Vernon?

“Greetings from Madrid! Went to Del Prada Museum and just back for dinner. Starting bus tour of Spain Sunday.”



Zach Wilson, MD
Chair, CME &
Accreditation Committee
2021 - Present




Lauren Berkow, MD
Vice Chair, CME &
Accreditation Committee
2019 - Present

- Chair**, Zachary Wilson, MD (Emergency Medicine) Niceville
 - Vice Chair**, Lauren Berkow, MD (Anesthesiology) Gainesville
 - Danish Bhatti, MD (Neurology) Orlando
 - Lilia Correa, MD (Dermatology)** Tampa
 - Jean Yves Dastain, MD (Dermatology) Naples
 - James Dunnick, MD (Cardiology) Bonifay
 - Kelechi Esoga, MD (General Practice) Lakeland
 - Pran Kar, MD (Nephrology) Orlando
 - Richelle Malott, MD (Pathology)** Longboat Key
 - Arthur A. Mauceri, MD (Infectious Disease) Gainesville
 - Joseph Parker, MSS (Medical Student) Tallahassee
 - Mohammed Ruzieh, MD (Cardiovascular Disease) Gainesville
 - Jill Ward, MD (Emergency Medicine) Jacksonville
-



Ok! Let's get started!



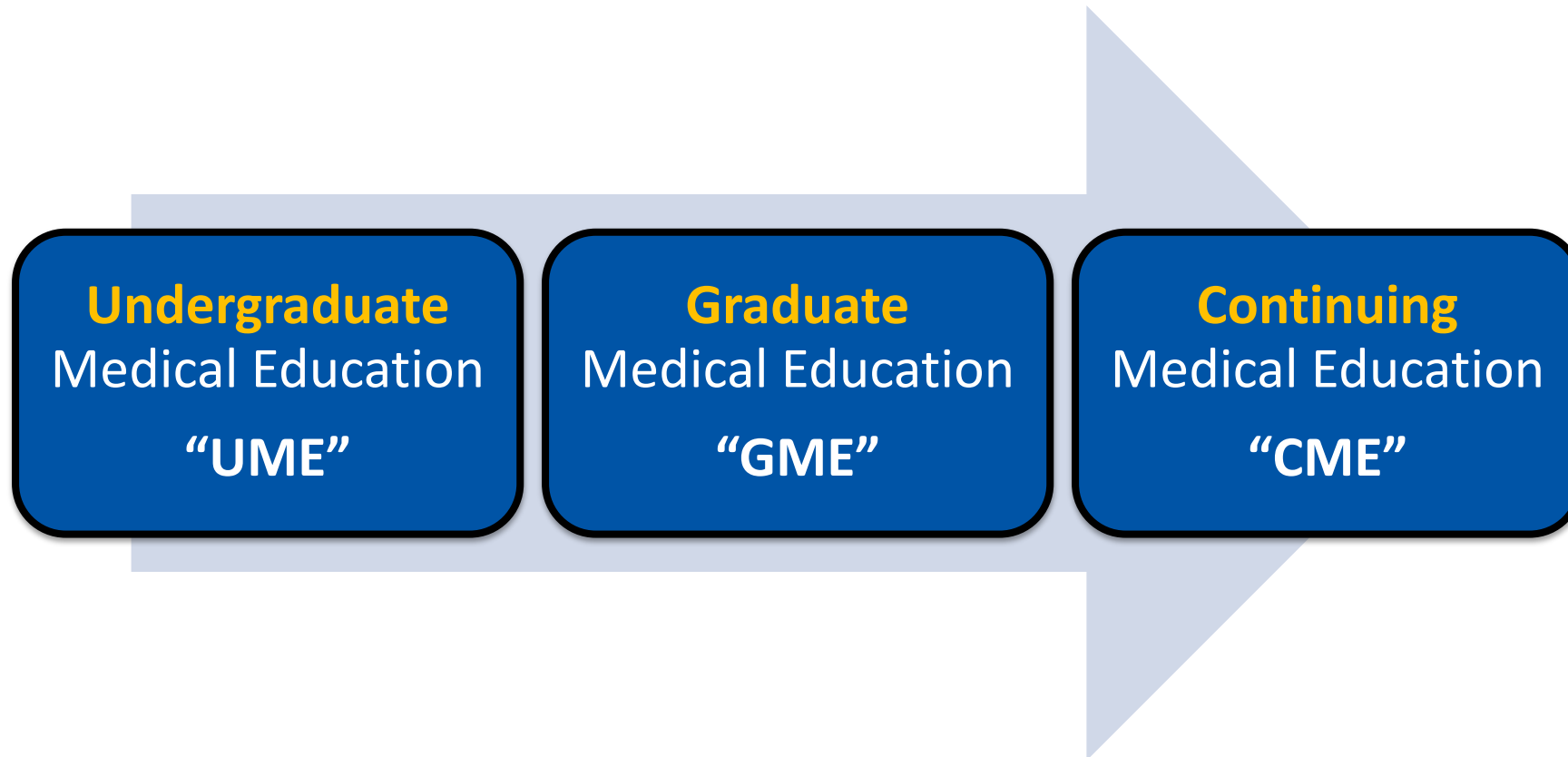
**Basics of
CME
Accreditation**



- **ACCME** = Accreditation Council for Continuing Medical Education
- **AMA** = American Medical Association
- **AOA** = American Osteopathic Association
- **AAFP** = American Academy of Family Physicians

- **CME** = Continuing Medical Education
 - Physicians
- **CE/CNE/CEU** = Continuing Education for:
 - Nurses, Advanced Practice Nurses, Physician Assistants
 - Pharmacists
 - Other health professionals
- **IPCE** = Interprofessional Continuing Education
- **CPD** = Continuing Professional Development

Medical Education Path for Physicians

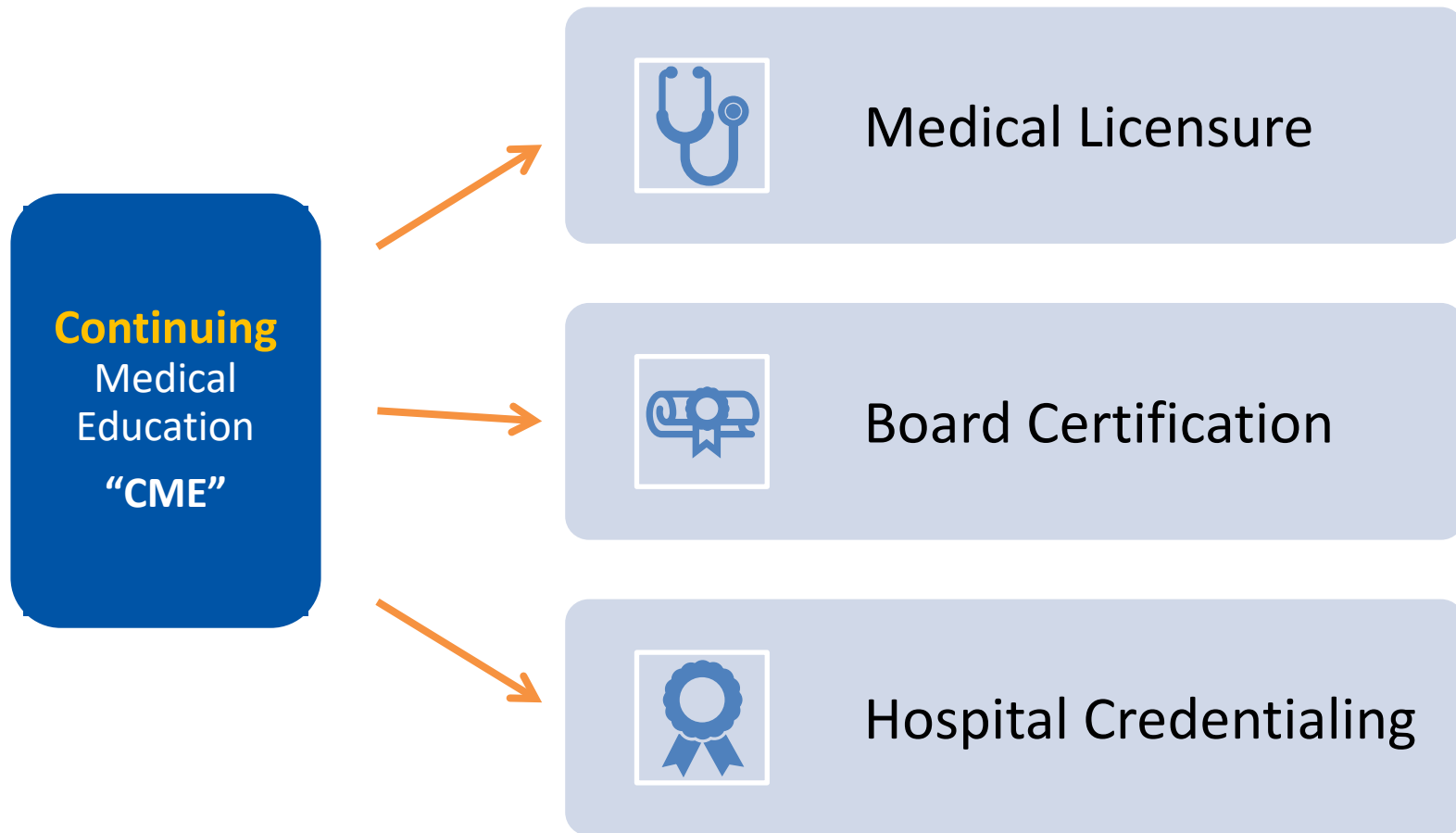


Undergraduate
Medical Education
"UME"

Graduate
Medical Education
"GME"

Continuing
Medical Education
"CME"

Physicians use CME Credit for:



- American Academy of Family Physicians (AAFP) - 1947
 - AAFP Prescribed and Elective Credit
- American Medical Association (AMA) - 1968
 - *AMA PRA Category 1 Credit*[™]
 - *AMA PRA Category 2 Credit*[™]
 - “PRA” = Physician’s Recognition Award
- American Osteopathic Association (AOA) - 1973
 - AOA 1A, 1B, 2A and 2B Credit



- Developed, monitored, and owned by the AMA
 - AMA Council on Medical Education determines requirements, formats for credit
- Credit = “Currency”
- *AMA PRA Category 1 Credit™* is “awarded” by AMA and by “Accredited Providers”
- *AMA PRA Category 2 Credit™* is “self-claimed”



<https://www.ama-assn.org>

Our Focus: ACCME System



- ACCME controls the Accreditation System that allows providers to award *AMA PRA Category 1 Credit™*
- ACCME has requirements providers must meet:
 - Accreditation Criteria
 - Standards for Integrity and Independence in Accredited Continuing Education
 - Policies



<https://www.accme.org>

-
- Scientifically accurate, valid content
 - Fair, balanced, and free of bias or product promotion
 - In the best interest of the public trust
 - Rooted in the principles of adult education
 - Intended to do more than improve knowledge. Intended to improve competence, performance and patient outcomes

ACCME Accreditation System



33 Recognized
State Medical Society
Accreditors

International Accredited
Providers: Canada, Korea,
Pakistan, Qatar, Saudi
Arabia & U.K.



Accreditation Council for Continuing Medical Education (ACCME)



- Sets Criteria and Standards since 1981 when it was founded by the AMA
- Accredits about 950 national providers and medical schools
- Recognizes 31 state medical societies as accreditors

Florida Medical Association (FMA)



- One of 31 state medical societies recognized as an accreditor by the ACCME
- The 31 state medical societies accredit about 750 hospitals, state specialty societies and foundations
- Follows strict equivalency standards with ACCME Criteria and Standards



Florida Medical Association

FMA Accreditation Requirements Adopted October 2021

TABLE OF CONTENTS

ACCREDITATION CRITERIA.....	2
CORE ACCREDITATION CRITERIA.....	2
MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION.....	3
MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION: RATIONALES, CRITICAL ELEMENTS, AND STANDARDS.....	4
STANDARDS FOR INTEGRITY AND INDEPENDENCE IN ACCREDITED CONTINUING EDUCATION.....	9
FMA POLICIES.....	15
FMA GOVERNANCE.....	15
CME PROGRAM AND ACTIVITY ADMINISTRATION.....	17
JOINT PROVIDERSHIP.....	21

These requirements ensure that accredited CME is designed to be relevant, practice-based, effective, based on valid content, and independent of commercial influence. Our rules reflect the values of our educator community, build on adult education research, and respond to the evolving healthcare environment.

With this framework, we empower CME providers to deliver high-quality education that drives improvements in practice and helps clinicians and teams to optimize the care, health, and wellness of patients.

Note for this October 2021 edition: In this edition, we included the reorganized Accreditation Criteria, the Standards for Integrity and Independence in Accredited Continuing Education, and current FMA policies as adopted from the ACCME.

- Accreditation Criteria
 - 8 Core criteria (required)
 - 16 Commendation criteria (optional)
- Standards for Integrity and Independence in Accredited Continuing Education
 - Five areas (If applicable, then required)
- FMA Policies
 - Several (If applicable, then required)

CME Mission and Program Improvement

- Mission
 - Program Analysis
 - Program Improvements
-
- Formerly C1, C12 & C13

Educational Planning and Evaluation

- Educational Needs
 - Designed to Change
 - Appropriate Formats
 - Competencies
 - Analyzes Change
-
- Formerly C2, C3, C5, C6 & C11

CME Mission and Program Improvement

MISSION

The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program. (formerly Criterion 1)

PROGRAM ANALYSIS

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. (formerly Criterion 12)

PROGRAM IMPROVEMENTS

The provider identifies, plans and implements the needed or desired changes in the overall program (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission. (formerly Criterion 13)

CORE Criteria: CME Mission and Program Improvement

The provider has a **CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes** that will be the result of the program. (formerly C1)

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. (formerly C12)

The provider **identifies, plans and implements the needed or desired changes in the overall program** (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission. (formerly C13)

Educational Planning and Evaluation

EDUCATIONAL NEEDS

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

DESIGNED TO CHANGE

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

APPROPRIATE FORMATS

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

COMPETENCIES

The provider develops activities/educational interventions in the context of desirable physician attributes (competencies). (formerly Criterion 6)

ANALYZES CHANGE

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

CORE Criteria: Educational Planning and Evaluation

The provider incorporates into CME activities the **educational needs (knowledge, competence, or performance) that underlie the professional practice gaps** of their own learners. (formerly C2)

The provider generates activities/educational interventions that are **designed to change competence, performance, or patient outcomes** as described in its mission statement. (formerly C3)

The provider **chooses educational formats** for activities/ interventions **that are appropriate for the setting, objectives, and desired results** of the activity. (formerly C5)

CORE Criteria: Educational Planning and Evaluation

The provider **develops activities/educational interventions in the context of desirable physician attributes** [eg, Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies]. (formerly C6)

The provider **analyzes changes in learners (competence, performance, or patient outcomes)** achieved as a result of the overall program's activities/educational interventions. (formerly C11)

1. Self-Study Report
 - Covers the Core criteria & Standards & Policies (required)
 - Covers the 16 Commendation criteria (optional)
2. Performance-in-Practice Reviews
 - Up to 15 CME activities are selected for review
 - Information submitted via the FMA “structured abstract”
3. Interview with FMA Surveyors

These three components form the basis for determining findings of “**Compliance**” or “**Non-Compliance**” with Criteria, Standards & Policies

- Initial or Provisional Accreditation = 2 years
- Accreditation = 4 years
 - Can be asked to complete a “Progress Report”
 - Can be placed on “Probation” when there are multiple non-compliance finding
- Accreditation with Commendation = 6 years
 - All Core and Commendation Criteria found in compliance



1. Promotes Team-based Education
2. Addresses Public Health Policies
3. Enhances Skills
4. Demonstrates Educational Leadership
5. Achieves Outcomes

See pages 3-8 of FMA Accreditation Requirements Booklet

To be eligible for Accreditation with Commendation, CME providers need to:

- demonstrate compliance with **any seven** criteria of their choice, from **any category**
- **plus one from Achieves Outcomes** category

$$7 + 1 = 8$$

Supporting Information

Criterion	Rationale	Critical Elements	The Standard
Demonstrates Educational Leadership			
C34	The provider supports the continuous professional development of its CME team.	The participation of CME professionals in their own continuing professional development (CPD) supports improvements in their CME programs and advances the CME profession. This criterion recognizes providers that enable their CME team to participate in CPD in domains relevant to the CME enterprise. The CME team are those individuals regularly involved in the planning and development of CME activities, as determined by the provider.	<ul style="list-style-type: none"> <input type="checkbox"/> Creates a CME-related continuous professional development plan for all members of its CME team AND <input type="checkbox"/> Learning plan is based on needs assessment of the team AND <input type="checkbox"/> Learning plan includes some activities external to the provider AND <input type="checkbox"/> Dedicates time and resources for the CME team to engage in the plan

Providers demonstrate compliance by submitting ...

- Attestations:
 - Attest to meeting the criterion in 10% of activities
- Evidence:
 - To show how you've met the criterion
 - Amount of evidence is based on the number of activities held
 - Possible to meet multiple criteria with one activity
- Examples, descriptions, explanations



**Two
Additional
Parts**



Standards for Integrity and Independence in Accredited Continuing Education

Standard 1
Ensure Content is Valid

Standard 2
Prevent Commercial Bias and Marketing in Accredited Continuing Education

Standard 3
Identify, Mitigate, and Disclose Relevant Financial Relationships

Standard 4
Manage Commercial Support Appropriately

Standard 5
Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education

See pages 9-14 of FMA Accreditation Requirements Booklet

- FMA Governance
- CME Program & Activity Administration
 - Accreditation Statements
 - Administrative Deadlines
 - CME Activity & Records Retention
 - CME Content and the AMA PRA
 - CME Content: Definition and Examples
 - CME Program Business, Management Procedures
 - Content Validity of Enduring Materials
 - English as Official Language
 - Fees, HIPAA Compliance, Releases & Waivers
 - Joint Providership

See pages 15-21 of FMA Accreditation Requirements Booklet



Questions?



CME 101

Virginia Provenza, BA
Continuing Professional Development Manager
AdventHealth Orlando



Disclosures

- I have no financial interests to disclose.

Notice the word *Relevance* no longer has to be in the sentence. With Standard changes in December 2020, the ACCME wants all relationships stated. It is up to the individual organizations to determine what is relevant and what isn't – not the speaker.

Various Ways to Present Disclosures

Disclosures can be verbal or written but you must be able to prove that disclosure was made. Planner/ Speaker Disclosures don't have to be dissertations, but we are *required* to disclose to the audience:

- **The name of the entity – the “ineligible company”:**
 - Medtronic (employment)
 - Boston Scientific (consultant, ended October 2022)
- **The type of relationship:**
 - Speakers Bureau, consultant, research, ownership, etc.
- **Describe what was received:**
 - Salary, honorarium, research grant, expert witness, etc.
- **Choose the type of mitigation taken:**
 - A peer review will be performed to mitigate potential COI.
 - The speaker will be paired with a non-conflicted individual to ensure commercial bias is not present.
 - The individual's conflict cannot be mitigated, and is ineligible to plan, present, author, or review any aspect of this activity.
 - The individual is recused from controlling aspects of planning and content where there is a financial relationship.
 - The disclosed relationships are not relevant, and no further mitigation is needed.



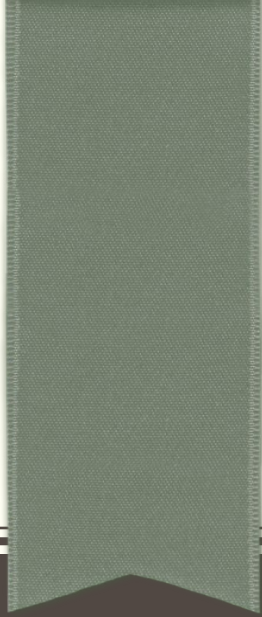
HOW DID CONTINUING MEDICAL EDUCATION (CME) START

Little Known Facts

- The AMA conducted a survey in the 80's - of the 5,000 physicians surveyed a third reported no participation in formal education after they graduated.
- The AMA Council on Medical Education declared CME “lacked direction and was suffering from a lack of clearly defined objectives.”
- In 1981 the AMA and six other organizations formed the Accreditation Council for Continuing Medical Education (ACCME).
- The AMA authorizes organizations that are accredited by the ACCME or a state medical society, to designate and award *AMA PRA Category 1 Credit™* to physicians.

Accredited Bodies that have Adopted the Standards

- Accreditation Council for Continuing Medical Education (ACCME)
- Accreditation Council for Pharmacy Education (ACPE)
- American Academy of Family Physicians (AAFP)
- American Academy of PAs (AAPA)
- American Nurses Credentialing Center (ANCC)
- American Osteopathic Association (AOA)
- Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE)
- Joint Accreditation for Interprofessional Continuing Education™



WHAT IS CME?

What is CME



AMA Definition: educational activities which maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession.



Education can be:

Small groups – introduces learners to a broader perspective.

Case based – collaboration of learners that provides feedback from peers.

Reflective – development of self-awareness; you want the learner to leave thinking what can I change.

Common Reasons for CME

- License renewal (of course).
 - Each state has their own education titles and number of hours required.
 - Each board has their own requirements of how education can be applied.

- Don't put yourself in a box!

- The *AMA PRA* designation protects learners from biased education sponsored by ineligible companies.

- Does the education assist in maintaining 'other' certifications?
 - Is your organization a certified Cancer Center, Stroke Center, Trauma Center, etc.?

CME is recognition that learning has taken place, not a reward for attending a meeting.



DON'T RECREATE THE WHEEL

Why are You Making it Harder than it Needs to Be?

- Network!
 - Here, in this room, is your pool of peers – the ACCME does not forbid you from sharing information, forms and processes.
 - It's called gaining a “woooo hooooo”.
- Set up a standing meeting to get together and share best practices with other organizations in your area.
 - Melissa, the FMA, is our cheerleader, but we need to know how to reach each other as our pool of peers.
- The rules are already here – you just need to know how to look for them.

CME is recognition that learning has taken place, not a reward for attending a meeting.

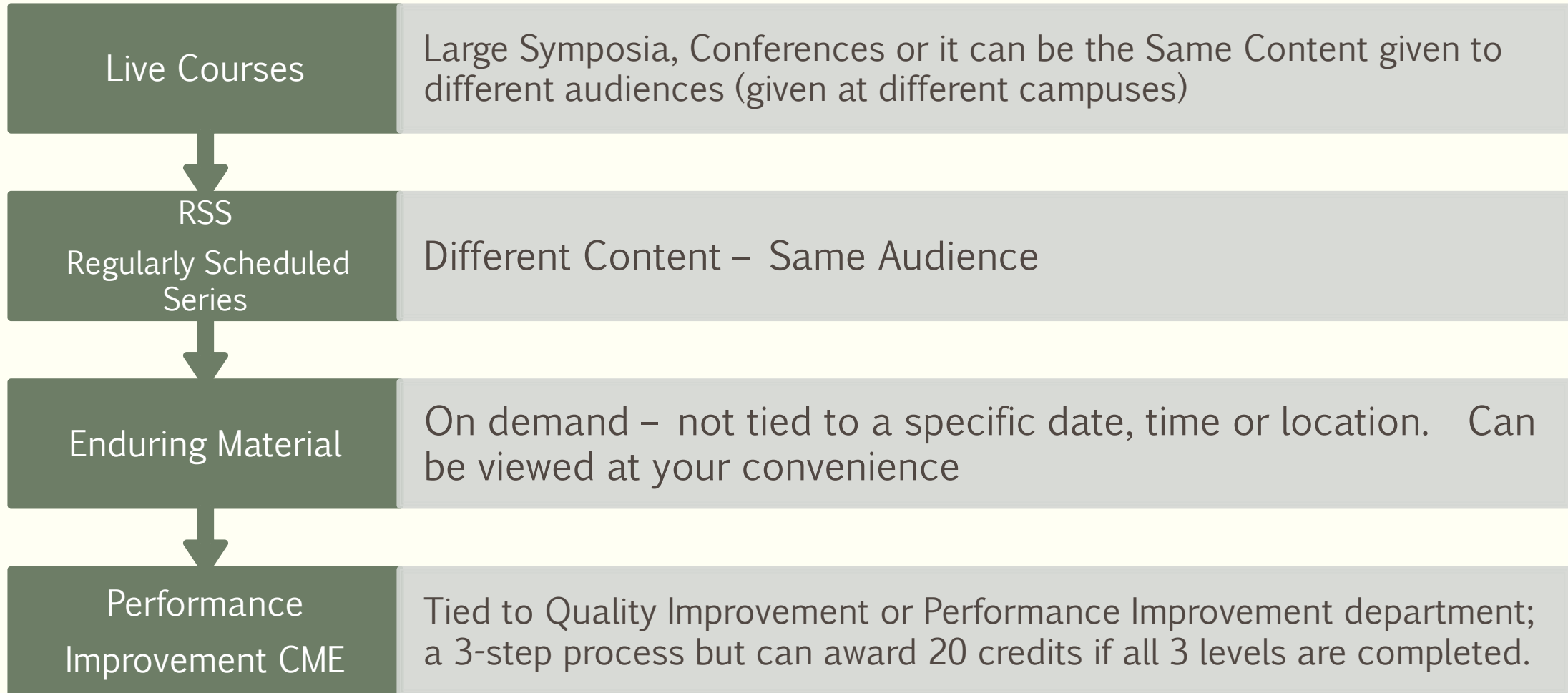
Objectives – Myth or Reality

While learners should be able to discern the purpose of education, making sure it meets their needs, there is no criteria that *requires* learning objectives.

Do what is best for your organization and help streamline processes allowing you to be more efficient. Don't be afraid to have objectives for your large conferences but not for your tumor boards. You can mix it up!



Several Types of Education You Can Offer



Designing the Activity – Bite Size Pieces



The ACCME provides guidelines but allows each organization to formulate their processes.



Create you Application or Form to determine the issue that needs improvement; how was it discovered? How will the education help resolve the issue? Don't lose sight - this isn't 'just a meeting'.



Who are your speakers? Are they qualified in the subject? Do they have conflicts of interest that can be resolved?



Who is your target audience – not everyone has the same needs or the ability to make changes.



How will you determine if changes were made? Do you 'have' to use an evaluation? What will you collect and how?



Ask your Planners if they have something to add to the education, i.e., pocket cards or handoff sheets, etc.

What Will Change



Knowledge

Knowing how to do something.



Competence

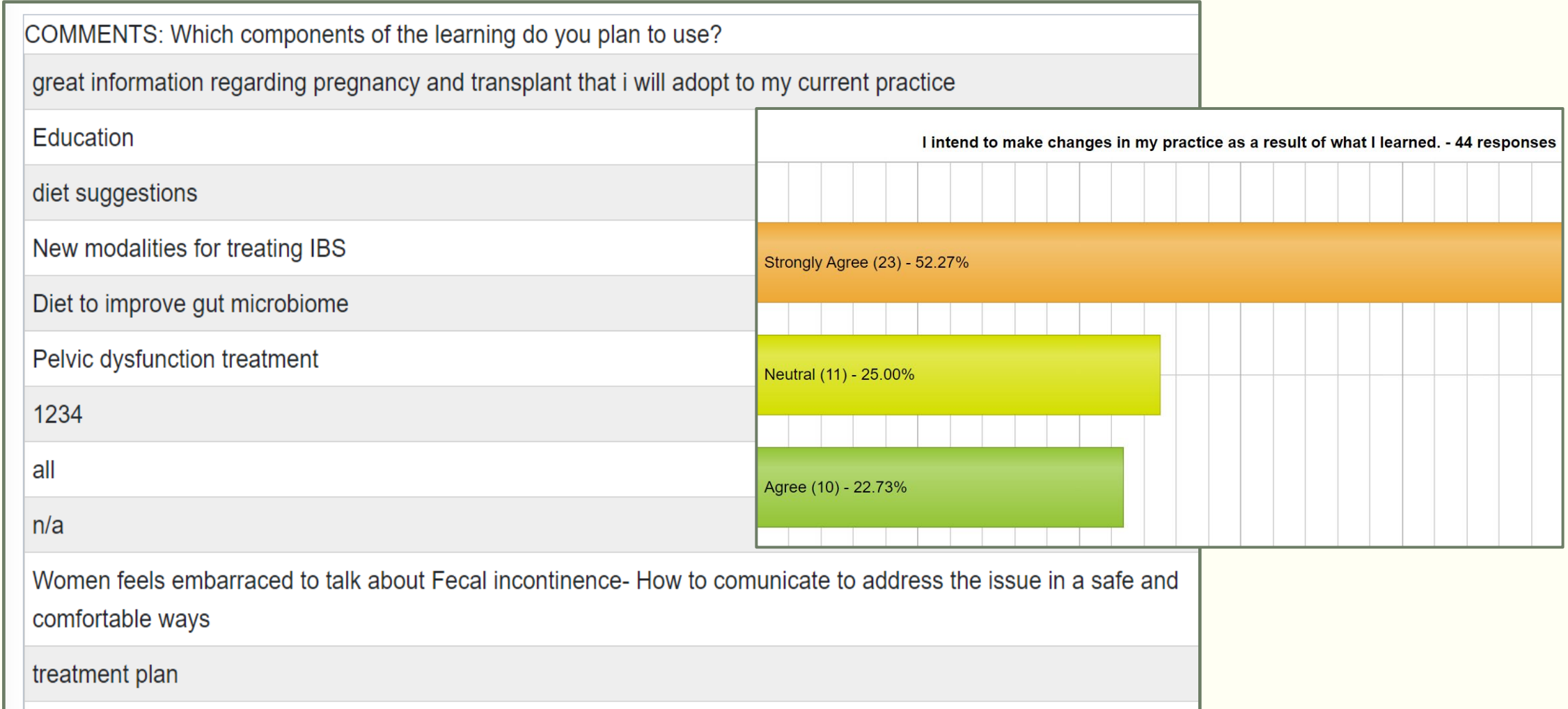
Having the knowledge to do something but not in practice yet.

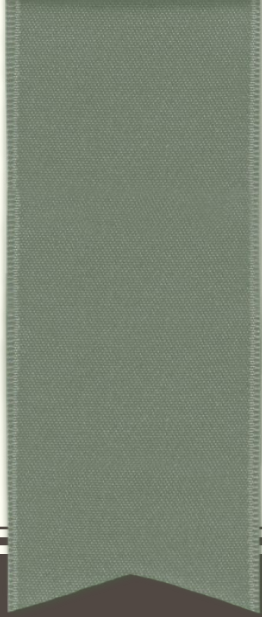


Performance

Having the skills and strategies (knowledge and competence) to be able to perform the practice.

Is it Possible to Get Results from something Other than an Evaluation





PITFALLS

Commercial Entities

- Ineligible companies are those whose primary business is producing, marketing, selling, reselling, or distributing health care goods or services consumed by, or used, on patients.
- Financial Support
 - Can be an exhibitor at a conference, a monetary donation, or in the form of a restricted or unrestricted grant.
- In-Kind Support
 - The most common non-monetary donations:
 - Loan of equipment
 - Disposable supplies – instruments, masks, gowns, etc.
 - Human or animal parts or tissue

References

Everything in this presentation was found on the ACCME website or a reference from the ACCME website.

- [CE Educator's Toolkit | ACCME](#)
- [AMA_ACCME Glossary_of_Terms \(1\).pdf](#)
- [ACCME Disclosure Form \(asam.org\)](#)
- [The Physician's Recognition Award and credit system 2017 revision | AMA \(ama-assn.org\)](#)
- [Standards for Integrity and Independence in Accredited Continuing Education | ACCME](#)
- [Debunking CME Planning Myths: Tips for Simplification](#)
- [How is an enduring material activity defined? | ACCME](#)
- Miller's Framework for Clinical Assessment
- [Society for Academic CME - CE Educator's Toolkit \(sacme.org\)](#)



FMA

Florida Medical Association

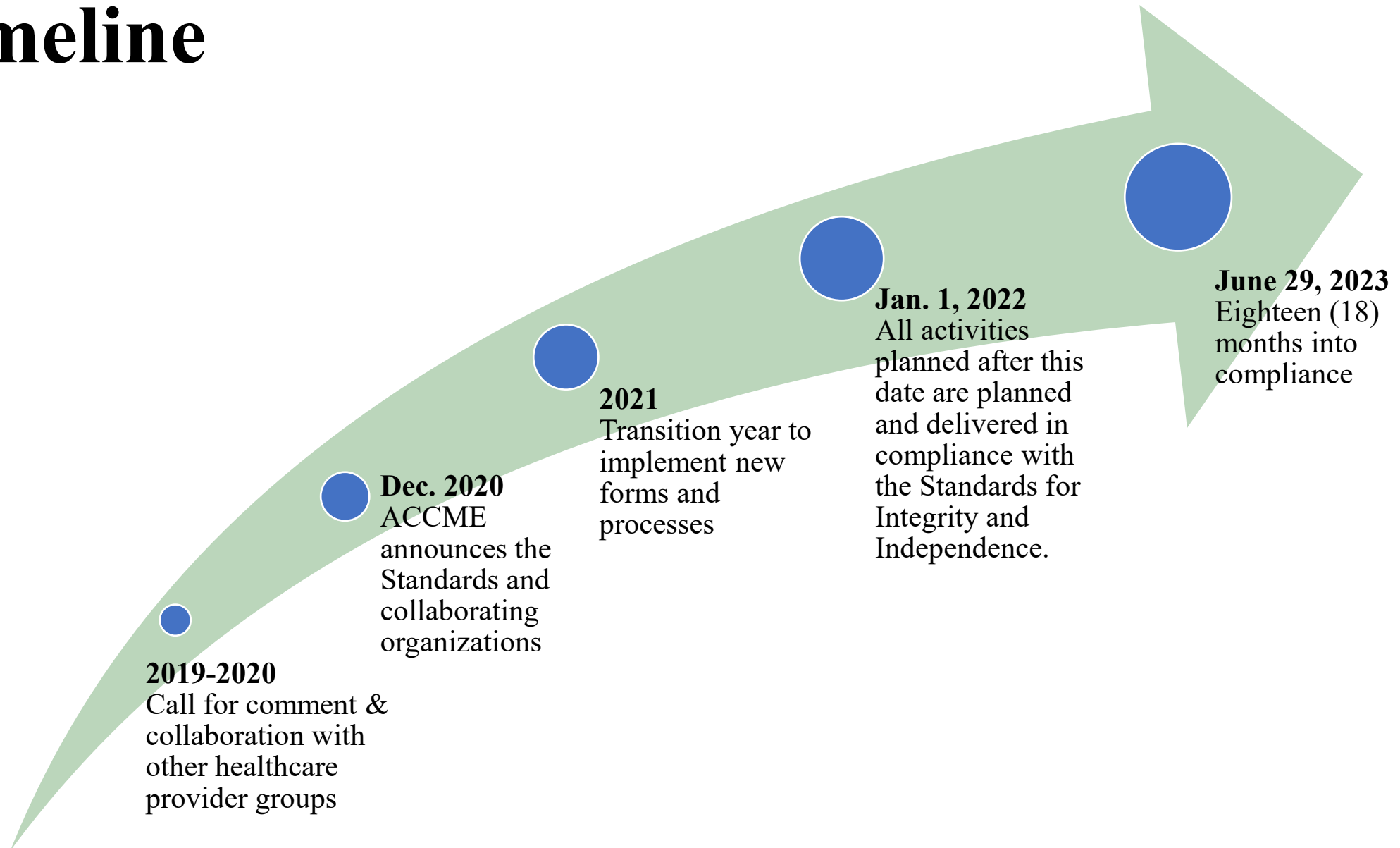
Highlighting the
**Standards for Integrity and Independence in
Accredited Continuing Education**

November 9, 2023

Melissa Carter, MA

Sr. VP, Education and Member Services

Timeline



New terminology introduced in the Standards

- Eligible company
- Ineligible company (replaces commercial interest)
- Relevant Financial Relationships (replaces conflict of interest)
- Mitigate (replaces resolve)



Standards for Integrity and Independence in Accredited Continuing Education

Preamble

Eligible and Ineligible
Companies; Use of
Owners and Employees

Standard 1

Ensure Content is Valid

Standard 2

Prevent Commercial
Bias and Marketing in
Accredited Continuing
Education

Standard 3

Identify, Mitigate, and
Disclose Relevant
Financial Relationships

Standard 4

Manage Commercial
Support Appropriately

Standard 5

Manage Ancillary
Activities Offered in
Conjunction with
Accredited Continuing
Education

See pages 9-14 of FMA Accreditation Requirements Booklet

- **Eligible Organizations/Companies** are those whose mission and function are
 1. providing clinical services directly to patients; or
 2. the education of healthcare professionals; or
 3. serving as fiduciary to patients

versus

- **Ineligible Companies** are those whose primary business is:
 - Producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Examples of **Ineligible Companies**:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

- Owners and Employees of **Ineligible Companies** are:
 - considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty, and
 - must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education,
 - EXCEPT in the limited circumstances outlined in Standard 3.2.

1. All recommendations for patient care ...must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.

3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

1. ... **all decisions** related to the planning, faculty selection, delivery, and evaluation of accredited education are **made without any influence or involvement from the owners and employees of an ineligible company.**
2. ... must be **free of marketing or sales** of products or services. **Faculty must not actively promote or sell** products or services that serve their professional or financial interests ...
3. The accredited provider must not share the names or contact information of learners with any ineligible company or its agents **without the explicit consent of the individual learner.**

1. Collect information: **Collect information** from all planners, faculty, and others in control of educational content **about ALL their financial relationships with ineligible companies within the prior 24 months.**
 - The name of the ineligible company
 - The nature of the financial relationship
- **Collection tool must include definition of an ineligible company**
- **Spouse's information no longer needs to be collected**

2. Exclude owners or employees of ineligible companies
 - Must exclude unless they meet one of three exceptions:
 - content of the activity is not related to the business lines or products of their employer/company
 - content of the accredited activity is limited to basic science research
 - Individual is participating as a technician to teach the use of a medical device and do not recommend whether or when a device is used.

3. Identify relevant financial relationships
 - Financial relationships are relevant if the educational content ... is related to the business lines or products of the ineligible company they reported a relationship with.

4. Mitigate relevant financial relationships
 - Do this before roles are assumed by individual
 - Note that different roles require different mitigation processes
 - Planners
 - Reviewers
 - Faculty
 - Document how this process was conducted

5. Disclose all relevant financial relationships to learners
 - The names of the individuals with relevant financial relationships.
 - The names of the ineligible companies with which they have relationships.
 - The nature of the relationships.
 - **A statement that all relevant financial relationships have been mitigated.**
 - **A statement that discloses the absence of relevant financial relationship with ineligible companies.**

Applies only to accredited continuing education that receives **financial or in-kind support** from **ineligible companies**.

1. Decision making and disbursement lies with provider
2. Signed Agreement b/t provider and supporter
3. Accountability
4. Disclosure of the nature of support to learners

1. Arrangements for ineligible companies to market or exhibit
2. Ensure learners can easily distinguish between accredited education and other activities.
 - New “30-minute rule”
 - No corporate or product logos, trade names, or product group messages on educational materials
3. Ineligible companies cannot deliver educational content to learners

STANDARDS RESOURCES

Standards Toolkit – Now in an Editable Microsoft Word Version

- ✓ Tools for Identifying, Mitigating, and Disclosing Relevant Financial Relationships
- ✓ Tools for Ensuring Valid Clinical Content – including sample language and peer review forms
- ✓ Quick Tool to Simplify Educational Planning When Identification, Mitigation, and Disclosure is Not Required



Available now at <http://www.accme.org/standards-resources>



FMA

Florida Medical Association

2023 CME Providers Conference

Renaissance Orlando Airport Hotel

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Standards to Ensure Integrity & Independence in Accredited Continuing Education

***Provider Perspectives:
One Provider's Approach to Meeting the Standards***

Standards to Ensure Integrity & Independence in Accredited Continuing Education
Provider Perspectives: One Provider's Approach to Meeting the Standards

Standard	What Does the Standard Say <i>Checklist for Compliance</i>	Process & Example Tools Used
<p>Standard 1: Ensure Content is Valid</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review your process for ensuring that education is fair and balanced, and supports safe, effective patient care. <input type="checkbox"/> Review your process for communicating your expectations to planners, authors, and faculty. <input type="checkbox"/> One strategy to ensure the clinical content validity of accredited continuing education is to allow external (peer) review by persons with appropriate clinical expertise and no relevant financial relationships with ineligible companies <p>ACCME Resource: Tips and strategies in the clinical content validation tool from the Standards Toolkit.</p>	<p>FAFP Speaker Letter & Packet:</p> <ul style="list-style-type: none"> • Communicating expectations to speakers about ensuring that clinical content is valid • Explaining why financial relationship information is collected • Disclosure Form • Speaker Benefits & Expenses Guidelines • Speaker Guidelines: Ensuring Content is Valid; Preventing Commercial Bias & Marketing in ACE; Permission for Publication on Material <p>FAFP Educational Activity Peer Review Form: to facilitate peer review to ensure that clinical content is valid</p>

Standard	What Does the Standard Say <i>Checklist for Compliance</i>	Process & Example Tools Used
<p>Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Communicate to faculty that they cannot actively promote or sell products or services during accredited education. <input type="checkbox"/> If you intend to share learners' names or contact information with an ineligible company, determine how you will obtain the explicit consent of individual learners. <ul style="list-style-type: none"> • If you ask for consent at registration, the learner must have the ability to opt out and still register for your activity. • The consent statement must be clearly visible—not hidden in a long list of terms and conditions. 	<p><u>FAFP Speaker Guidelines: Prevent Commercial Bias & Marketing</u> (part of <i>Speaker Packet</i>)</p> <p><u>FAFP Registration Page for Learner Data Sharing Consent</u>: showing how learners' consent is obtained at registration</p>

Standard	What Does the Standard Say <i>Checklist for Compliance</i>	Process & Example Tools Used
Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships	<ul style="list-style-type: none"> <input type="checkbox"/> Change your process as needed to make sure that you collect information from all planners, faculty, and others in control of educational content about: <ul style="list-style-type: none"> • all their financial relationships with ineligible companies • within the 24 months prior to their involvement with an accredited CE activity <input type="checkbox"/> Use the correct and complete definition of ineligible company: <i>Those whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.</i> <input type="checkbox"/> If you choose to collect the information periodically, rather than for each activity, ask individuals to update their disclosure information if anything changes to ensure you have up-to-date, accurate information. 	FAFP Disclosure Forms: <ul style="list-style-type: none"> • For Planners (FAFP CPD Committee) • For Speakers/Faculty

Standard	What Does the Standard Say <i>Checklist for Compliance</i>	Process & Example Tools Used
<p>Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Determine how you will review and manage the disclosure information to ensure that you: <ul style="list-style-type: none"> • Exclude owners or employees of ineligible companies, unless they meet the exceptions to the exclusion. • Determine/identify relevant financial relationships. • Mitigate relevant financial relationships, as appropriate to the person’s role. <input type="checkbox"/> Ensure that disclosure to learners includes all four elements of Standard 3.5: <ul style="list-style-type: none"> a. The names of the individuals with relevant financial relationships. b. The names of the ineligible companies with which they have relationships. c. The nature of the relationships. d. A statement that all relevant financial relationships have been mitigated. <input type="checkbox"/> Determine how you will save the materials you used to communicate disclosure to learners for verification during the accreditation process. <p>ACCME Resource: Tools for Identifying, Mitigating, and Disclosing Relevant Financial Relationships from the Standards Toolkit.</p>	<p>FAFP Identification & Mitigation Process</p> <p>FAFP Summary Worksheet for Identification & Mitigation of Relevant Financial Relationships</p> <p>FAFP Form for Identification and Mitigation of Relevant Financial Relationships for Each Speaker</p> <p>FAFP Example Email to Speaker Re Mitigation of Relevant Financial Relationships</p> <p>Example of Communicating Disclosure to Learners (part of meeting syllabus) - meeting Standard 3.5</p>

Standard	What Does the Standard Say Checklist for Compliance	Process & Example Tools Used
<p>Standard 4: Manage Commercial Support Appropriately</p>	<ul style="list-style-type: none"> <input type="checkbox"/> You make all decisions regarding the receipt and disbursement of the commercial support. <input type="checkbox"/> The terms are documented in an agreement and fully executed prior to the start of the education. <input type="checkbox"/> You keep a record of the commercial support amount and how it was used. <input type="checkbox"/> You disclose to learners the names of the companies providing the support and the nature of the support if it was in-kind. <input type="checkbox"/> Disclosure to learners does not include the ineligible companies' corporate or product logos, trade names, or product group messages. 	<p>FAFP Example <u>Letter of Agreement</u> (LOA)</p> <p>Example Support statement: <i>The FAFP acknowledges (name of ineligible company) for its commercial support of this educational activity.</i></p>

Standard	What Does the Standard Say Checklist for Compliance	Process & Example Tools Used
<p>Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review your processes to ensure that learners can easily distinguish between accredited education and other activities, including marketing by ineligible companies and nonaccredited activities. <input type="checkbox"/> Live activities—applies to all synchronous activities, whether in person or virtual: <ul style="list-style-type: none"> • Establish 30-minute intervals between accredited activities and other activities. • Clearly label nonaccredited activities. <input type="checkbox"/> Print, online, or digital activities: Make sure the learners can engage with the education without being presented with product promotion or advertisement. <input type="checkbox"/> Educational materials in accredited activities: Make sure these are free of marketing by ineligible companies. 	<p><u>Example Program Schedule for learners showing:</u></p> <ul style="list-style-type: none"> ▪ Label for non-accredited activities ▪ 30-minute time interval between accredited education and non-accredited activities sponsored by ineligible companies

LET'S MAKE ACCREDITED CE THE MOST VERSATILE TOOL IN THE TOOLBOX

Steve Singer, PhD
VP Education & Outreach

November 8, 2023





Get Social with ACCME



[linkedin.com/company/AccreditedCME](https://www.linkedin.com/company/AccreditedCME)



[facebook.com/AccreditedCME](https://www.facebook.com/AccreditedCME)



[@AccreditedCME](https://twitter.com/AccreditedCME)



<https://www.instagram.com/accreditedcme/>

ACCME Strategic Goals 2022-2026

1

Act with Integrity

2

Advance Excellence in Accredited CE

3

Provide Exemplary Service

4

Promote Diversity and Inclusion

5

Demonstrate the Power of Collaboration

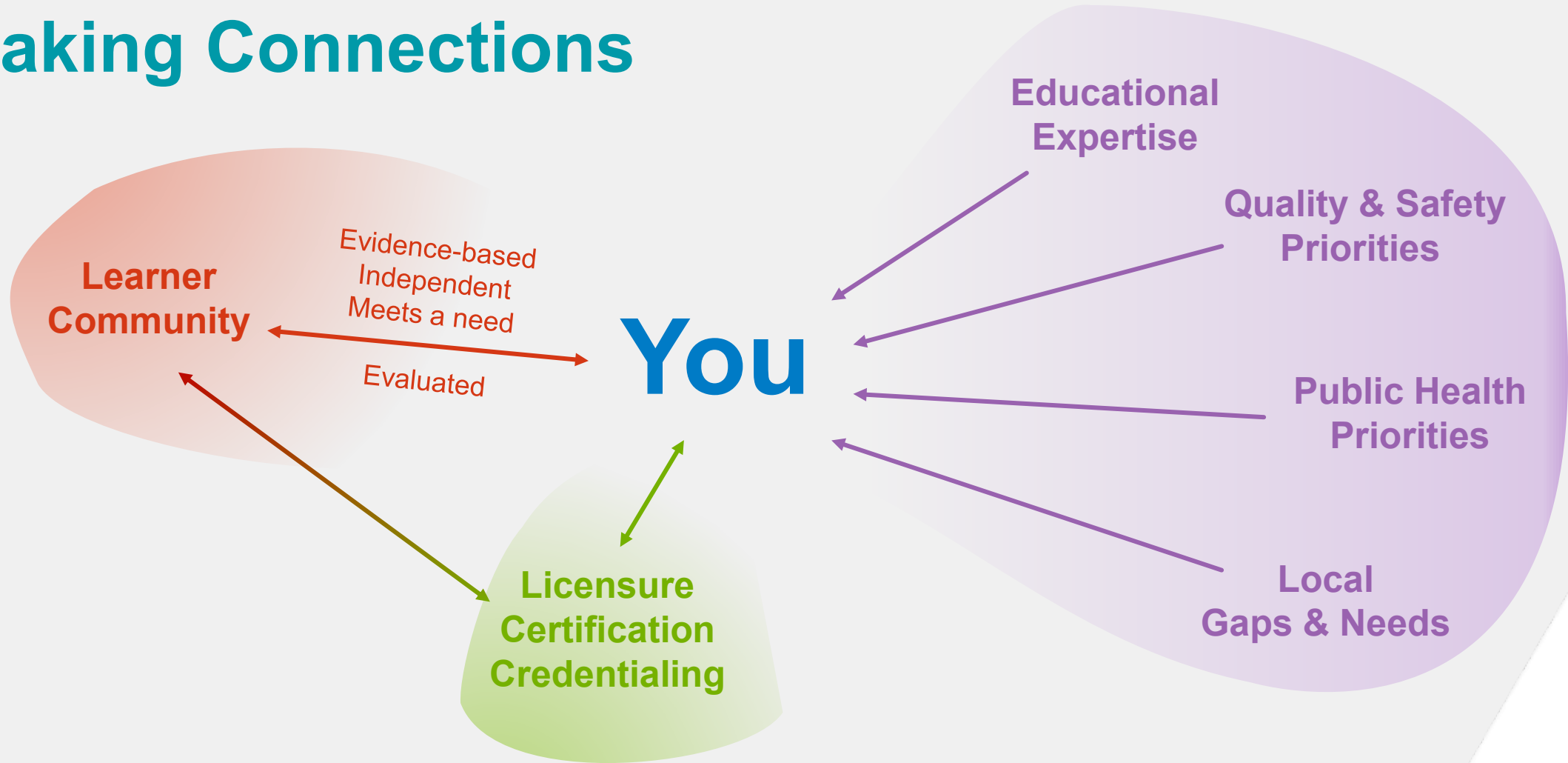
WE BELIEVE:

- ❖ Health professionals' education is among the most powerful currencies for change in the healthcare ecosystem.
- ❖ We are mission-driven to create lasting change in the wellbeing of individuals, organizations, and societies around the world.
- ❖ Educators are central in harnessing the power of learning for better health.

<https://accme.org/highlights/accme-releases-new-strategic-plan-for-2022-2026>



Making Connections



Why aren't you pursuing Commendation?

Promotes Team-Based Education

- Interprofessional, patients/public, health professions students

Addresses Public Health Priorities

- Uses health/practice data, focuses on population health, collaborates

Enhances Skills

- Communication, technical/procedural, individualized learning, support strategies

Demonstrates Educational Leadership

- Research, scholarship, CPD for the CME team, innovation

Achieves Outcomes

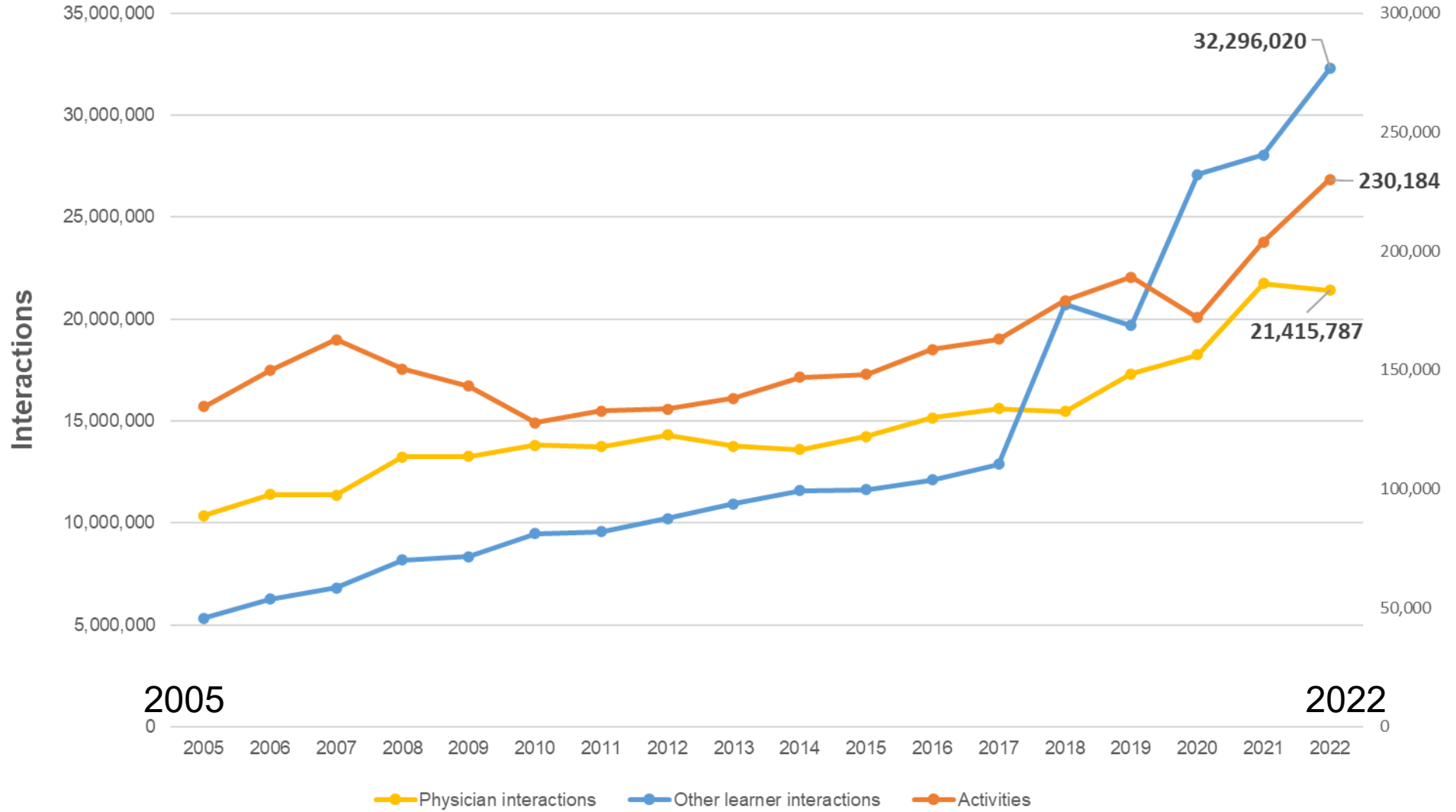
- Demonstrates improvements in performance, healthcare quality, patient/community health



WHAT DOES OUR SYSTEM DATA TELL US?



CME Presented by Providers Accredited in the ACCME System Activities and Interactions 2005-2022





CME Presented by Providers Accredited in the ACCME System

Table 1. Size of the CME Enterprise—2022

Total providers = 1,620

	Activities	AMA PRA Category 1 Credits™ offered⁴	Physician interactions¹	Other learner interactions¹	
Enduring Material	108,508	227,260	9,959,014	23,845,384	
Live Course	85,056	437,257	1,694,053	3,822,110	
Regularly Scheduled Series	27,384	571,251	6,035,299	3,095,876	
Journal CME/CE	6,115	10,877	1,049,635	166,133	
Other/Blended Learning	2,151	36,199	392,040	231,018	
Performance/Quality Improvement	322	5,385	24,777	7,203	
Committee Learning	224	1,726	11,655	7,399	
Manuscript Review	165	2,013	84,322	5,516	
Test-Item Writing	137	1,232	2,237	229	
Internet Searching and Learning	62	1,790	2,158,791	1,114,137	
Learning from Teaching	60	742	3,964	1,015	
Number of providers					
Grand total 2022	1,620	230,184	1,295,731	21,415,787	32,296,020
Grand total 2021	1,668	203,861	1,192,625	21,738,906	28,057,435
Grand total 2020	1,680	171,912	n/a	18,248,620	27,092,527
Grand total 2019 ²	1,724	188,992	n/a	17,318,795	19,696,421



CME Presented by Providers Accredited in the ACCME System

Table 8. CME Activities and Interactions with and without Commercial Support — 2022 (Revised August 2023)

	Activities		Physician interactions		Other learner interactions	
	Count	%	Count	%	Count	%
No commercial support	212,301	92%	18,262,772	85%	28,974,932	90%
ACCME-accredited providers	92,094		11,714,946		8,385,528	
Jointly accredited providers	90,026		4,707,430		19,171,481	
State-accredited providers	30,181		1,840,396		1,417,923	
Commercial support	17,883	8%	3,153,015	15%	3,321,088	10%
ACCME-accredited providers	7,855		1,216,473		972,477	
Jointly accredited providers	9,838		1,921,177		2,334,987	
State-accredited providers	190		15,365		13,624	
Total	230,184	100%	21,415,787	100%	32,296,020	100%

In 2022, the majority of CME activities (92%) did not receive commercial support, accounting for 85% of physician interactions, and 90% of other learner interactions. Eight percent of CME activities received commercial support, accounting for 15% of physician interactions and 10% of other learner interactions.



CME Presented by Providers Accredited in the ACCME System
Table 15. Number of Activities by Outcome Measurement Type -- 2022

Outcome Measured	Measurement Type	Total	Percent of activities offered with this level of outcome measured	Of these activities, percent using objective or subjective measures
Learner Knowledge		128,779	56%	
	Objective	62,105		48%
	Subjective	73,883		57%
Learner Competence		217,621	95%	
	Objective	63,686		29%
	Subjective	126,136		58%
Learner Performance		90,977	40%	
	Objective	18,347		20%
	Subjective	65,254		72%
Patient Health		36,508	16%	
	Objective	5,871		16%
	Subjective	22,875		63%
Community/Population Health		17,494	8%	
	Objective	1,465		8%
	Subjective	15,019		86%

For each activity, providers must measure outcomes in terms of learner competence, learner performance, patient health, and/or community population health. Therefore, more than one outcome can be measured. These outcomes can be measured objectively (for example, observed or tested), and/or subjectively (for example, self-reported).

ACCME Data 2021 and 2022

	2021	2022	Change (%)
Number of accredited providers	1,668	1620	-2%
Number of activities	203,861	230,184	13%
Physician interactions	21,738,906	21,415,787	-1%
Other learner interactions	28,057,435	32,157,741	15%
Total revenue reported	\$2.81B	\$3.39B	21%
% of activities receiving commercial support	8%	8%	NC

ADDRESSING MISINFORMATION AND BUILDING LEARNER TRUST IN YOUR CME

ADDRESSING MISINFORMATION

Guidance for Accredited Providers

Compliance Check

with

Dion Richetti

ACCME's Vice President of
Accreditation and Recognition



Compliance Check is a new series of quick tips to help you meet accreditation requirements.

What is joint providership?

Joint providership is an important part of ACCME's system of accreditation, allowing accredited providers to significantly expand the availability of accredited continuing medical education/continuing education (CME/CE) by collaborating with nonaccredited organizations.

Who may offer joint providership?

Accredited providers in good standing may offer joint providership services.

Who is responsible for accreditation compliance in Joint Providership?

You are! The accredited provider is responsible to ACCME for meeting all of the requirements applicable to the activity, even those delegated to the Joint Provider.



Accreditation Council[™]
for Continuing Medical Education

learn well

June 28, 2023

Joint providership is an important part of our system of accreditation, allowing accredited providers to significantly expand the availability of accredited CME/CE by collaborating with nonaccredited organizations. We have recently observed several jointly provided activities that have not met the ACCME expectations. It is critical, for both the integrity of our system of CME and the safety of the public, that accredited CME activities continue to be a trusted source of education that is balanced, unbiased, and based on best practices and high-quality evidence. ACCME requires that the providers it accredits have processes in place to ensure these expectations are met.

ADDRESSING MISINFORMATION

Joint Providership — Avoiding Noncompliance Pitfalls

Due Diligence Before agreeing to collaborate with an organization that approaches you for joint providership, obtain and review their recent accreditation and activity history.

Content Validity Be vigilant regarding the validity of the content of jointly provided activities. Exercise caution in working with organizations that offer or encourage unconventional approaches to medical care, since these organizations are typically ineligible for accreditation and may try to legitimize their activities or beliefs with CME accreditation.

Ex. psychedelic and dissociative therapy, off-label use of hormones (such as testosterone and growth hormone), clinical use of marijuana and cannabinoids, vitamin infusions and nutraceutical therapies, environmental toxins and detoxification, naturopathy, fad diets, and hair or skin rejuvenation

Marketing Materials Inappropriate use of logos, incentives and gift cards have been associated with marketing materials created for jointly provided activities. You should ensure that your organization obtains, reviews, and approves all marketing materials, emails and websites that list or refer to the activity, and repeatedly evaluate those sites and listings while they are active.

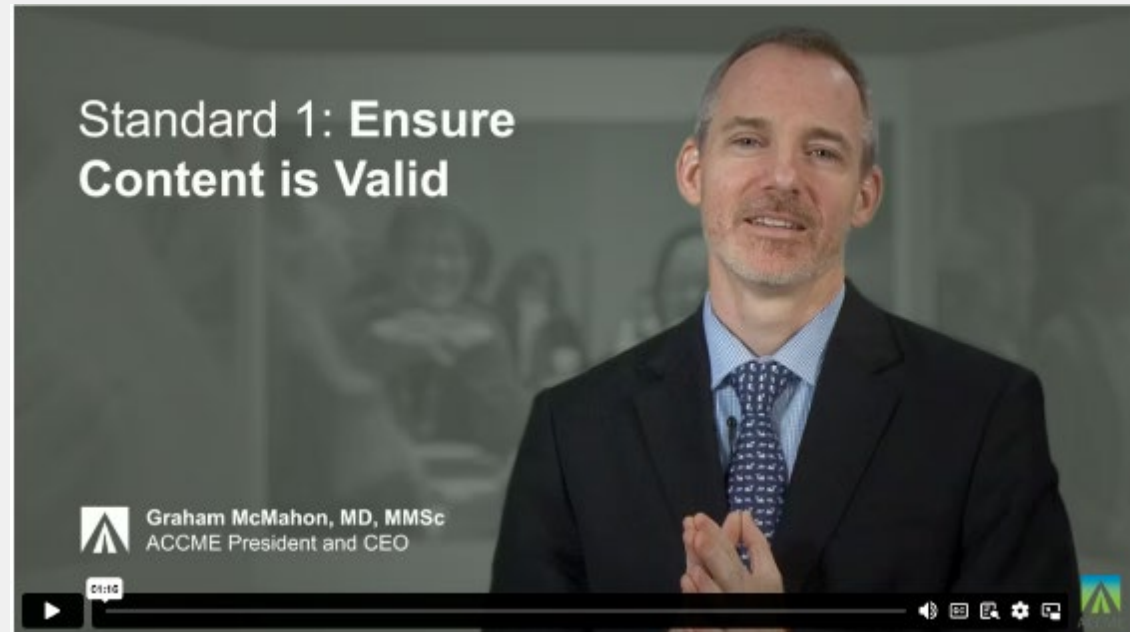
Withdrawing from any Contract without Penalty Ensure any contract or agreement to jointly provide empowers you to withdraw accreditation from an activity at any time without penalty, particularly since issues related to accreditation compliance and content validity may only become apparent late in the activity development or deployment process.

ADDRESSING MISINFORMATION

Resources for Combating Misinformation

Helpful ACCME webpages

- ✓ <https://www.accme.org/highlights/dealing-controversial-topics-your-cme-program>
- ✓ <https://www.accme.org/highlights/managing-cme-about-medical-marijuana-rules-risks-and-strategies>
- ✓ Video: <https://www.accme.org/resources/video-resources/ceo-commentary/validating-clinical-content>



Also check out the **Tools for Integrity and Independence** curriculum on ACCME Academy!

STANDARDS RESOURCES

Standards Toolkit – Now in an Editable Microsoft Word Version

- ✓ Tools for Identifying, Mitigating, and Disclosing Relevant Financial Relationships
- ✓ **Tools for Ensuring Valid Clinical Content – including sample language and peer review forms**
- ✓ Quick Tool to Simplify Educational Planning When Identification, Mitigation, and Disclosure is Not Required



Available now at <http://www.accme.org/standards-resources>



Guidance for Planners, Authors, and Faculty: Ensuring that Clinical Content is Valid

For more information, visit
accme.org/standards

Note for Continuing Education Staff

Use this sample template to communicate expectations to planners, authors, and faculty about ensuring valid clinical content for accredited education. For more information about these expectations, see Standard 1 of the Standards for Integrity and Independence at accme.org/standards.

Dear **Prospective Planner/Faculty Member**:

As an important contributor to our accredited education, we would like to enlist your help to ensure that educational content is fair and balanced, and that any clinical content presented supports safe, effective patient care. This includes the expectations that:

- ✓ All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
- ✓ All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
- ✓ Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
- ✓ Content cannot be included in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

These expectations are drawn from **Standard 1** of the ACCME Standards for Integrity and Independence in Accredited Continuing Education. For more information, see accme.org/standards. If we can help you to understand and/or apply these strategies to your education, please contact us at [<provider contact information>](#).

Please consider using these strategies to help us support the development of valid, high quality education.

Consider using the following best practices when presenting clinical content in accredited CE:

- ✓ Clearly describe the level of evidence on which the presentation is based and provide enough information about data (study dates, design, etc.) to enable learners to assess research validity.
- ✓ Ensure that, if there is a range of evidence, that the credible sources cited present a balanced view of the evidence.
- ✓ If clinical recommendations will be made, include balanced information on all available therapeutic options.

Although accredited CE is an appropriate place to discuss, debate, and explore new and evolving topics, presenting topics or treatments with a lower (or absent) evidence base should include the following strategies:

- ❖ Facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning
- ❖ Construct the activity as a debate or dialogue. Identify other faculty who represent a range of opinions and perspectives; presentations should include a balanced, objective view of research and treatment options.
- ❖ Teach about the merits and limitations of a therapeutic or diagnostic approach rather than how to use it.
- ❖ Identify content that has not been accepted as scientifically meritorious by regulatory and other authorities, or when the material has not been included in scientifically accepted guidelines or published in journals with national or international stature.



Template for Peer Review: Ensuring that Clinical Content is Valid

For more information, visit
accme.org/standards

Please answer the following questions regarding the clinical content of the education.

Are recommendations for patient care based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options? [*Standards for Integrity and Independence 1.1*]

Yes
 No

Comments:

Does all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation? [*Standards for Integrity and Independence 1.2*]

Yes
 No

Comments:

Are new and evolving topics for which there is a lower (or absent) evidence base, clearly identified as such within the education and individual presentations? [*Standards for Integrity and Independence 1.3*]

Yes
 No

Comments:

Does the educational activity avoid advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning? [*Standards for Integrity and Independence 1.3*]

Yes
 No

Comments:

Does the activity exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients? [*Standards for Integrity and Independence 1.4*]

Yes
 No

Comments:

Note for Continuing Education Staff

One strategy to ensure the clinical content validity of accredited continuing education is to allow external (peer) review by persons with appropriate clinical expertise and no relevant financial relationships with ineligible companies, defined as those whose primary



STANDARDS RESOURCES

Planning Guide for Independence in Accredited Continuing Education

Electronic (PDF) document and companion Microsoft PowerPoint slide presentation that accredited providers can use with planners, faculty, and others.

Color coded with helpful decision flowcharts and graphics.

Available now at <http://www.accme.org/standards-resources>



TOOLS YOU CAN USE TO IMPLEMENT THE STANDARDS



**Standards Resources
Webpage**

accme.org/standards-resources



SUPPORTING YOUR PROFESSIONAL DEVELOPMENT

REGISTRATION OPENS IN JANUARY 2024

Save the Date!

Join us in Chicago for...

May 16-18, 2024

Hyatt Regency Chicago



**Learn to
THRIVE**

2024 | by ACCME

ACCME ACADEMY COURSE COMING SOON!

CE Educator's Toolkit

CE Educator's Toolkit

Evidence-based design and implementation strategies for effective continuing education



Get the toolkit



CE Educator's Toolkit was developed by SACME with support from an ACCME research grant.





WELCOME TO
ACCME
Academy

<https://academy.accme.org>

Who has access?



WELCOME TO
ACCME
Academy

FREE

All accredited providers (ACCME, state-accredited, Joint Accredited) get enrollment keys to create 3 user accounts.

ADD USERS

Purchase access for additional users at **academy.accme.org**

Need access for >10 users?
Contact us at **academy@accme.org**

What do you want to do?

I want to develop skills and strategies for building and improving my CE program.

Academy Answers for CE Program Management



I want simple strategies for meeting the accreditation requirements and pursuing Commendation.

Accreditation Tips



I want to ensure my program and faculty follow the Standards for Integrity and Independence in Accredited CE.

Tools for Integrity and Independence



I want to equip my faculty with educational strategies and teaching tools for effective, engaging education.

Effective Teaching Toolbox



I want to find strategies for designing education that promotes equity and is accessible to all learners.

Education for Equity and Access



I'm new to the CE office and want to learn more about accreditation.

Accredited CE Orientation: New Staff



I want to train my faculty on how to use the accreditation requirements to support educational planning.

Accredited CE Orientation: New Faculty



à la carte purchase

Accreditation Tips

Accessibility in CE

Build CE Collaborations

**Building Learning
Through Curriculum Design**

**CME Mission and
Program Improvement**

**Concepts for CE
Planning Explained**

**Connecting Health
Equity and CE**

**DEIA Tools for CE
Professionals**

**Demonstrate the
Value of CE**

**Educational
Planning in Focus**

**Engage Clinicians
with CME for MOC**

**Engages
Interprofessional
Teams**

**Engaging Learners
by Evolving
Teaching**

**Fostering Learning
Through
Assessment**

**Getting Started with
ACCME Academy**

**Introduction to
Accreditation
Requirements**

**Introduction to
Commendation**

**Introduction to the
History and Role
Accredited CME**

**Key Concepts in the
Standards for Integrity
and Independence**

**Leading Learning
Through Scholarship**

**Learning Together with
Patient-Partners in
CME**

**Leveraging Education in
Times of Crisis**

**Mastery Learning
for Continuing
Education**

**Navigating ACCME
Reaccreditation**

**Planning Activities
with the
Accreditation
Requirements**

**Quick Tips to
Promote Learning**

**Streamlining CE
Planning**

**Implementing
the Standards**

**Using Adult
Learning Theory to
Promote Learning**

NOW AVAILABLE

Developing a CE Professional Mentorship Program



Developing a CE Professional Mentorship Program

START COURSE

DETAILS

This course introduces CE professionals to tools for developing and supporting CE professional mentorship programs.

After completing this course, you will be able to:

- Discuss the value of mentorship for CE professionals;



The Developing a CE Professional Mentorship Program course and toolkit are products of the Mentorship for CE Professionals Working Group from the ACCME 2021 Meeting.

NOW AVAILABLE

DEIA Tools for CE Professionals on ACCME Academy

This course and guidelines are products of the Elevating the National Conversation on Diversity, Equity, Inclusion, and Anti-Racism: Content Standards and Strategies for Accredited Continuing Education Working Group from the ACCME 2021 Meeting.

DEIA Tools for CE Professionals

[START COURSE](#) [DETAILS](#)

The purpose of the course is to introduce CE professionals to strategies and resources for reflecting on diversity, equity, inclusion, and anti-racism (DEIA) in CE programs.

After completing this course, you will be able to:

- Utilize DEIA resources developed by a working group at the ACCME 2021 Meeting for your CE program;

Elevating the National Conversation on Diversity, Equity, Inclusion, and Anti-Racism: Content Standards and Strategies for Accredited Continuing Education Working Group

Diversity, Equity, Inclusion, and Anti-Racism in Continuing Education: Guidelines and Recommendations for Incorporating DEIA into Continuing Education for Healthcare Professionals

DEI IN CME

New Tools in the Education for Equity and Access Curriculum



Accessibility in CE is now available!

This course gives CE planners and faculty an overview of best practices in accessibility. Learners will walk away with actionable tips to implement at their organizations.

[View the course](#)

<https://academy.accme.org>



REPORTING LEARNER DATA

Let's explore together...

- background
- opportunities
- how to implement
- questions

BACKGROUND

Where we've been...

Separate, divergent requirements

Limited to a small number of education providers

Costly review and approval

Burdensome for physicians

Challenging for regulators

CMSS

Council of Medical
Specialty Societies




American Board
of Medical Specialties

Higher standards. Better care.®



Accreditation Council™
for Continuing Medical Education

learn well

Federation of
STATE 
MEDICAL
BOARDS



American Hospital
Association®



AAMC

Tomorrow's Doctors, Tomorrow's Cures®



BACKGROUND

Where We Are

Harmonized board requirements

Simplified processes

Growing community of partner boards

PARS framework for learner reporting to multiple stakeholders

Searchable national database of CME that meets practice-based needs

Building trust in our CME system

OPPORTUNITIES

You're Doing Great Education...

What else can it count for... beyond credit?

- ✓ Maintenance of Certification (MOC/CC)
- ✓ Merit-based Incentive Payment System (CMS MIPS/MVP)
- ✓ DEA MATE Act
- ✓ State Licensure
- ✓ Institutional CME Requirements
- ✓ Risk Evaluation and Mitigation Strategies (FDA Opioid REMS)



Solutions we'd like to help provide

Help physicians plan their learning

Eliminate erroneous attestations

Physicians no longer need to receive or retain certificates

Boards don't have to count or verify certificates and self-reports

Make audits easier for everyone

ACCME centralizes and simplifies identity matching

Insights into CME content, formats, types, outcomes in one place

THE OPPORTUNITIES

Who Are Your Physician Learners?

American Board of Anesthesiology

American Board of Internal Medicine

American Board of Otolaryngology – Head and Neck Surgery

American Board of Orthopaedic Surgery (coming later this year)

American Board of Pathology

American Board of Pediatrics

American Board of Surgery

American Board of Thoracic Surgery (coming November 15, 2023)

OPPORTUNITIES

CME for MOC Activities

Medical Knowledge

All accredited CME activities

Register activity in PARS

**Report learner participation
within 30 days**

Practice Improvement

Performance/quality improvement

Register activity in PARS

**Report learner participation
within 30 days**

OPPORTUNITIES

Physician Benefits



01

Find relevant CME (and free advertising for your activities!)

02

Manage your CME portfolio

03

Share your CME transcript

Welcome back, Dr. Benton

[Specialty Search](#)

[Keyword Search](#)

[Browse All Activities](#) →

 Search Activities...



FEATURED ACTIVITY SEARCHES

[COVID-19](#) →



Activities related to diagnosis, treatment and research of COVID-19

[Pain Management](#) →



Activities related to pain management, safer controlled substance prescribing and opioid medications

[Free And Online Accredited Continuing Education](#) →



Free continuing education you can complete online

[Education That Counts For Board Certification](#) →



Activities that offer Maintenance of Certification or Continuous/Continuing Certification credit

ACCME works to empower clinicians, educators, and health leaders in an ever-changing healthcare environment.

[Learn More](#)

OPPORTUNITIES

State Licensing Board Collaboration

HOW IT WORKS

Accredited CME providers can...

- Enter the activity into PARS
- Choose to list the activity on CME Passport (optional)
- Collect the required learner information and permissions to report the CME credit in PARS
- Enter the CME-completion data into PARS for the licensee participants

BENEFITS

- ✓ Reduce reporting burden for physicians
- ✓ Less work responding to certificate requests from physicians
- ✓ Easier online access to verified CME-completion data by licensing boards

OPPORTUNITIES

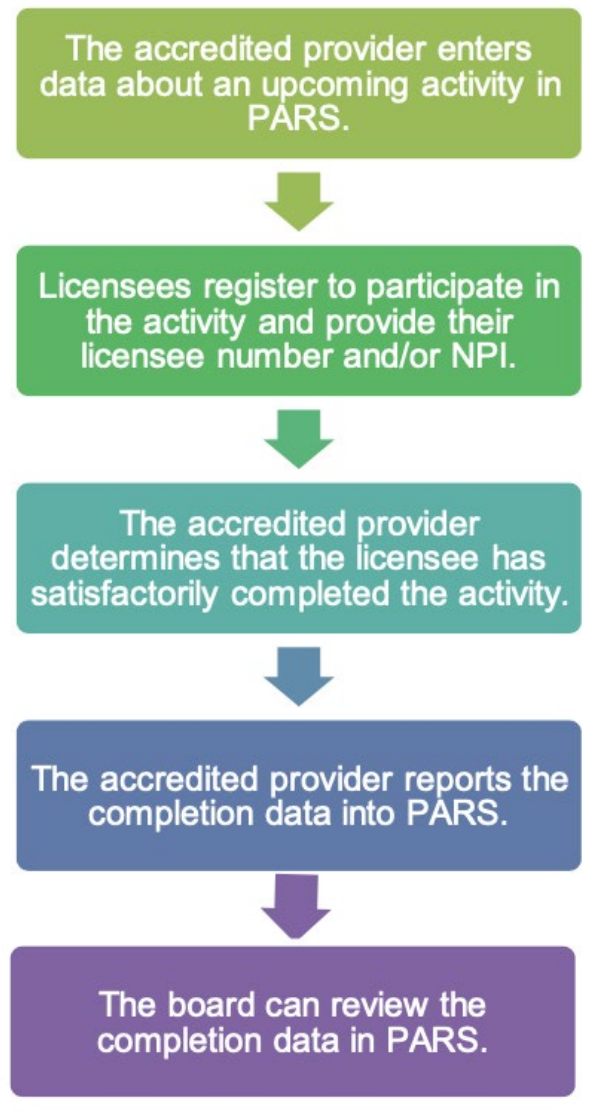
State Licensing Board Collaboration

As of May 2023, all state licensing boards have access to the CME credit data reported for their licensees.

These boards have designated PARS as their primary source for CME information required for relicensure:

*Alabama Board of Medical Examiners
Idaho Board of Medicine
Medical Board of California
Maine Board of Licensure in Medicine
Maine Board of Osteopathic Licensure
Maryland Board of Physicians*

*North Carolina Medical Board
North Dakota Board of Medicine
Oregon Medical Board
Virgin Islands Board of Medical Examiners
Washington Medical Commission*



Where are we going?

Gap identified for the physician through assessment

Educational activity that bridges that gap is identified automatically

Physician sent a personalized list of activities that bridge that gap

Data Fields

- **Physician identity (licensing or certification)**
- **Activity and content descriptors**
- **Activity type**
- **Type and number of credits earned**

DIGITIZING CME

Reporting Learner Credit Data for ABS

Helpful Documents & Resources
Recorded Webinar



**THE AMERICAN
BOARD OF SURGERY**

Visit:

<https://www.accme.org/reporting-for-abs>



ABS CONTINUOUS CERTIFICATION

American Board of Surgery (ABS)

- ABS joined the CME for MOC Collaboration in Spring 2021.
- ABS accepts Accredited CME credit for any activity relevant to surgeons, including general topics like ethics, leadership, and patient safety.
- ABS also has a Self-Assessment credit for activities that provide feedback to the learner after participating in the evaluation.

ABS changes related to CME credit

- ABS previously allowed diplomates to self-report accredited CME via their physician portal.
- Analysis of the self-reported data led to a realization that the information submitted was not accurate or verifiable.
- Like many other boards, ABS will no longer allow diplomates to self-report credit.
- For CME credit to count toward a surgeon's ABS CC requirements, it must be reported by the accredited provider into PARS.
- Providers can choose to start registering activities and reporting credit at any time.
- Reporting credit toward CC for ABS (like the other certifying boards) is still optional. Choosing to do so will support your surgeons (and other learners).

What counts for ABS?

ABS has two credit types that count toward ABS Continuous Certification (CC).

- ✓ All CME activities can be registered for Accredited CME credit.
- ✓ Activities where the learner completes the evaluation and feedback is given to the learner can be registered for Self-Assessment credit.

For ABS to receive the credit towards CC, both types of credit – Accredited CME and/or Self-Assessment need to come through PARS.

- ✓ Reporting using the surgeon's license ID will not get it to ABS

LEARNER CREDIT REPORTING

How to get started?

- Review the CME for MOC Program Guide and other resources to familiarize yourself with the requirements
- When planning an activity, incorporate any Board-specific requirements into your planning
- Register your activity in PARS as soon as you can
- Collect your learners' permission and MM/DD of birth (also board ID if not ABS)
- Once learners begin to earn credit for your activity, report their credit in PARS

LEARNER CREDIT REPORTING

Step 1: Activity Registration Process

Some additional information about the activity gets entered in PARS

- Content “tag” (practice areas, some of which are more general topics)
For ABS activities that are of a general nature, select “General Surgery.”
- Applicable credit types for each Board
- URL where learners can find more information and register
- Whether there is a fee to participate
- If the activity is open to anyone or restricted
- Use the MOC/CC Recognition Statement from the Program Guide

LEARNER CREDIT REPORTING

Step 2: Learner Credit Reporting Data

- Permission from the learner to report their credit
- First name and last name
- Month and Day of Birth
- Certifying Board
- Certifying Board ID (not required for ABS, but is for other boards)
- Licensing state and license ID (if also reporting for licensing boards)
- Credit type(s) and amount of credit earned
- Completion date

Getting Permission to Report Credit

How you get permission is up to you. There is no prescribed method.

Examples:

- Send one email to your faculty and staff sharing that you will be making their recertification and relicensure easier by reporting their CME data for them; contact you if they prefer their data not to be shared.
- Create a single-use one-time form to get permission and identifying data one time from your faculty
- Assent: “By providing your Month and Day of Birth and/or licensing number for the state you are giving consent to have your CME credit reported to your certifying and licensing boards”
- Opt In: “Provide your month and day of birth and license ID/board ID if you want your CME credit made available to your licensing and certifying boards”.
- If you have something like an annual meeting that requires pre-registration, add the permission step and the DOB and license ID/board ID fields to your registration form.

LEARNER CREDIT REPORTING

Ensuring you have the right learner info

Check that our system can make a match for your learners at:

<https://pars.accme.org/learners/validation>

The screenshot shows the 'Learners' section of the ACCME system. The navigation bar includes 'Dashboard', 'Activities', 'Learners', 'Reports', and 'Admin'. The 'Learners' page has a sub-menu with 'Learner Summary By Activity', '+ Learner Search', 'Batch Upload Learners', and 'Learner Validation Tool'. The main content area is titled 'Enter the data that you have for your learner' and includes a note: 'First name and last name are required. Beyond that there are no specific required fields. The more information you can provide, the more likely you are to get a single matched learner.' The form contains several input fields: 'FIRST NAME *' (with placeholder 'First name'), 'LAST NAME *' (with placeholder 'Last name'), 'DOB' (with a calendar icon), 'LICENSING STATE' (with a search icon and placeholder 'Select a state or province'), 'LICENSING ID' (with placeholder 'Licensing id'), 'BOARD NAME' (with a search icon and placeholder 'Enter Board Name'), 'BOARD ID' (with placeholder 'Board id'), 'NPI' (with placeholder 'NPI'), and 'MEDICAL SCHOOL' (with a search icon and placeholder 'Select a medical school'). At the bottom right, there is a 'Validate Learner' button and a link to 'Upload a learner validation batch file'.

Different options for reporting credit

Multiple options for registering activity and submitting learner credit data

- Manual web form
- Excel batch file
- XML batch file
- Web services API

Tips for Success with RSS

If you offer regularly scheduled series (for example Surgical Rounds) make sure your RSS are reported in PARS correctly:

- One activity per series (not per session);
- CME credit should be listed for the maximum credit that could be earned, e.g., 52 credits if the RSS meets weekly for a full year;
- If you are offering MOC/CC credit, the amount available should be equal to or less than the amount of CME credit;
- Report learners on an ongoing basis as they earn credit, e.g., monthly, quarterly – at whatever cadence works for you, but is also responsive to the learners.

LEARNER CREDIT REPORTING

RSS in PARS

ACTIVITY DETAILS

Surgical Grand Rounds

Activity ID 201853027

Basics

Title

Surgical Grand Rounds

Activity Format

Regularly Scheduled Series

Date

01/05/23 - 12/31/23

Location

Chicago , IL 60605 - United States of America

Information for Learners

Credit Types

AMA PRA Category 1 Credit™ - 52 Credits

Maintenance of Certification (MOC)

MOC Credit Deadline | 02/14/24

American Board of Surgery

Practice Areas

General Surgery

Credit Type

Accredited CME

Amount of Credit

52 points

Program Attestation

Yes

LEARNER CREDIT REPORTING

An approach using Excel...

- Build one list of your physician learners
- Obtain data needed to submit credit (precheck your list!)
- Register your upcoming CME activities in PARS
- Create an excel file for each upcoming activity
- Copy the physician data row for each attendee and paste it into the excel file
- Upload the activity excel file
- For an RSS that meets regularly over time, do a “save as” from the prior file and report new credits earned that month (edit completion date and credit amount as needed)

LEARNER CREDIT REPORTING

CME Passport (www.cmepassport.org)

- CME Passport gives you an opportunity to promote your activities on our public CME activity search tool.
- Physicians can also create a CME Passport account to track their CME and MOC/CC credit.
- When you report credit, physicians who have created an account can view and share a transcript with any credentialing body they choose.

TRANSCRIPT



Accredited Continuing Education Transcript

The activities and credit below were reported to ACCME by the accredited CME providers and represent primary source verification of the education you completed.

Harper Lee

Transcript Dates:

12/8/2022 - 4/6/2023

North Carolina Medical Board
American Board of Surgery

69628729
777777

Total ABS MOC/CC Points
Total AMA PRA Category 1 Credits™

5.50
3.00

Completion Date	Activity	Credits Earned
4/6/2023	Vascular Annual Meeting (VAM) Society for Vascular Surgery	5.5 ABS Points 5.5 Accredited CME
2/16/2023	Test Live Course AAA Test Organization	0.5 AMA PRA Category 1 Credits™
2/16/2023	Test Live Course AAA Test Organization	0.5 AMA PRA Category 1 Credits™

LEARNER CREDIT REPORTING

Where to get assistance

- [CME for MOC Beginner's Guide](#)
- [CME for MOC Program Guide](#)
- [CME for MOC Planning Worksheet](#)
- [CME for MOC Evaluation Examples](#)
- [CME for MOC Crosswalk](#)
- [Activity Registration Tutorial](#)
- [Activity Registration Video](#)
- [Learner Entry Tutorial](#)
- [Learner Entry Video](#)
- [CME Passport "how-to" for Physicians](#)
- [ACCME Vimeo Channel](#)

THANK YOU!

- E-mail us at info@accme.org

2023 FMA CME Provider Conference

Celina Makowski, DHA, MBA, CHCP, AHIP, RHIT

Manager, CPPD/CME

UF Health Flagler Hospital

celina.makowski@flaglerhospital.org

November 10, 2023

**Analyzes Changes, Program Analysis, and
Program Improvements**

Disclosures: Financial

No mitigation required!

No...

books to sell,

CME blog to market and

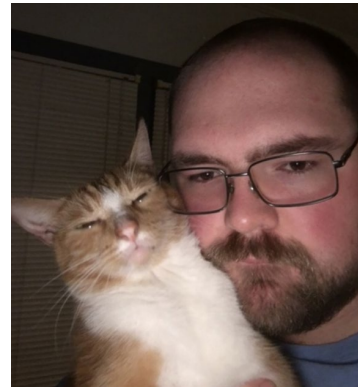
Pandora (my 1925 house) is consistently hungry, so I don't have any money to purchase ineligible company stocks



Disclosures: Personal

I'm a mom to:

- *Jared (my heart, son)
- *Kia (great mouser, cat)
- *Rosie (sweet & sour, dog)
- *Sally (love bug, dog)



Life Long Learner

- *Formal education
- *Certification Maintenance

Academy of Health Information Professionals (AHIP)

Alliance for Continuing Education in the Health Professions (CHCP)

American Health Information Management Association (RHIT)

- *Hobbies

Gardening & food forest

DIY



Disclosures:

Hospital Position:

Manager, CPPD/CME

*Medical Librarian

*IRB Secretary

*3rd and 4th year Medical School Coordinator

*Notary

*CME Professional

*Activity & Conference Coordinator & Hostess

*Activity Video Recorder & Editor

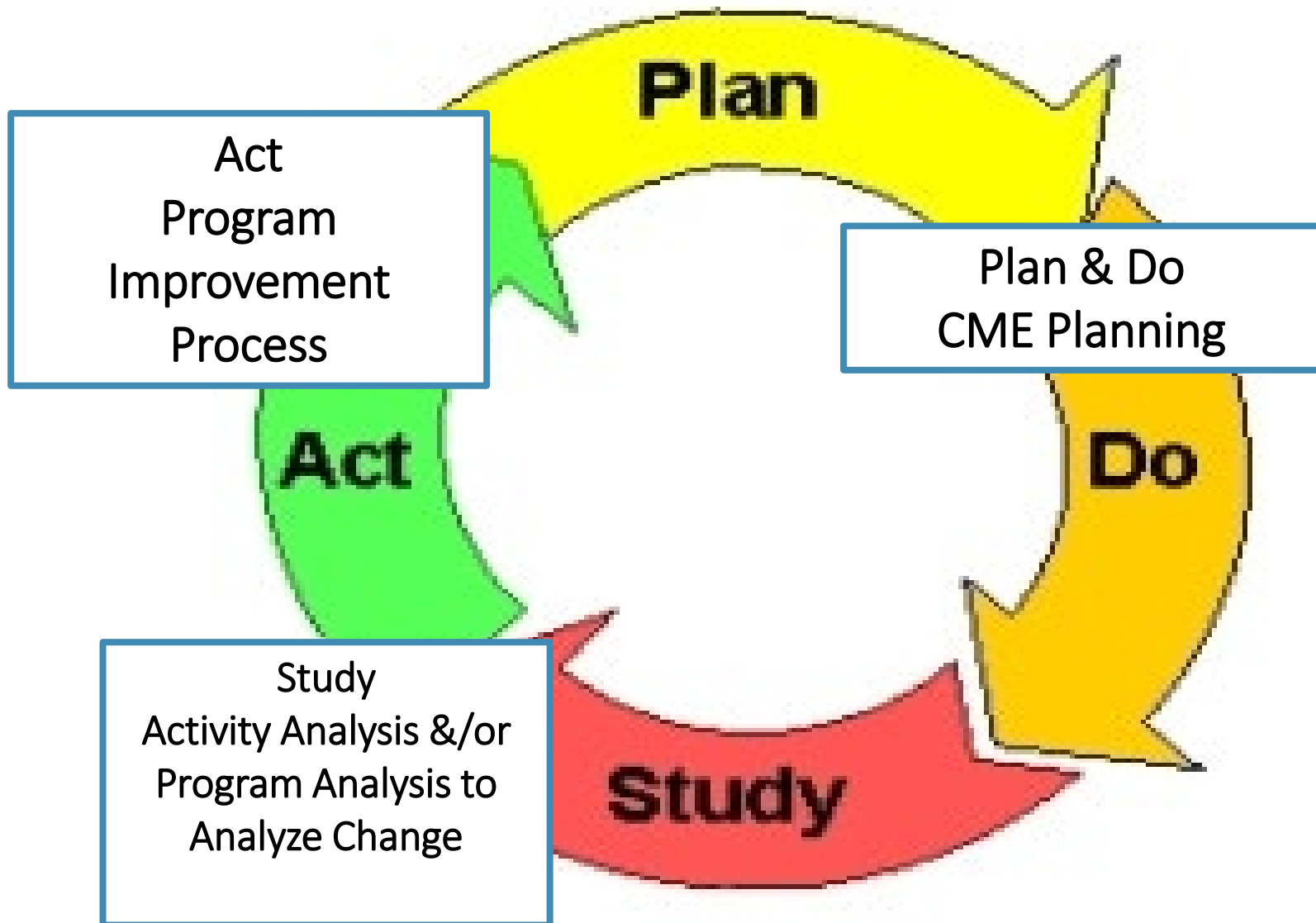
*Enduring Activity Author/Co-Author

*Website Builder (Medical Library, IRB, and CME)

*IS/AV technician

***CME Activity and Program Evaluator**

PDSA Evaluation & Improvement Tool



ACCME Core Accreditation Requirements

Core Accreditation Criteria	
CME Mission and Program Improvement	
Mission	The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program. (formerly Criterion 1)
Program Analysis	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. (formerly Criterion 12)
Program Improvements	The provider identifies, plans and implements the needed or desired changes in the overall program (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission. (formerly Criterion 13)

Educational Planning and Evaluation	
Educational Needs	The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners. (formerly Criterion 2)
Designed to Change	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. (formerly Criterion 3)
Appropriate Formats	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. (formerly Criterion 5)
Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies). (formerly Criterion 6)
Analyzes Change	The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. (formerly Criterion 11)

Standards for Integrity and Independence in Accredited Continuing Education (2020). ACCME. Retrieved from <https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>

ACCME Core Accreditation Criteria

Core Accreditation Criteria

CME Mission and Program Improvement

MISSION

The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program. (formerly Criterion 1)

PROGRAM ANALYSIS

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. (formerly Criterion 12)

PROGRAM IMPROVEMENTS

The provider identifies, plans and implements the needed or desired changes in the overall program (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission. (formerly Criterion 13)

ACCME Core Accreditation Criteria

PDSA: Plan, Do, & Study

MISSION

The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program. (formerly Criterion 1)

Sample Mission Statement

Expected Results of Program



The CME program, through continuing monitoring, evaluation, reassessment and initiation of new processes, activities, etc., will strive to continuously improve:

- 1) Physician knowledge/competence/performance
- 2) Patient outcomes through Physician education
- 3) Effectiveness of individual activities
- 4) Effectiveness of the overall CME program

Improvements may be assessed/monitored through any of the following methods:

- 1) Real-Time Learning Improvement via Pre- and/or Post assessment(s).
- 2) Sustained Learning Improvement via delayed refresher questions.
- 3) Surveys addressing increase in physician knowledge/skills and changes in their practice.
- 4) Activity Evaluation Forms addressing how well the participants thought the activity achieved its goal/desired results.
- 5) Overall CME Program Evaluation questions to participants at each activity.
- 6) Quality Management Studies/Monitoring.
- 7) Joint Commission Core Measure Results or other forms of approved/validated healthcare quality metrics.
- 8) Monitoring of pharmaceutical and/or therapeutic ordering practices.
- 9) Results of Patient Satisfaction surveys.

PDSA Evaluation & Improvement Tool



ACCME Accreditation Criteria

Educational Planning and Evaluation

EDUCATIONAL NEEDS

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

DESIGNED TO CHANGE

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

APPROPRIATE FORMATS

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

COMPETENCIES

The provider develops activities/educational interventions in the context of desirable physician attributes (competencies). (formerly Criterion 6)

ANALYZES CHANGE

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

Core Accreditation: Educational Planning & Analysis

PDSA: Plan & Do

EDUCATIONAL NEEDS

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

Questions to Ask by CME Provider and/or CME Committee:

- Why have the activity?
- Who are the learners?
- What do the learners need to know?
- What change(s) need to be made?
- Who or what is driving the identified practice gap?
- How was the practice gap identified?

Sample Activity Development Worksheet

CONTINUING MEDICAL EDUCATION ACTIVITY DEVELOPMENT WORKSHEET

Activity: Multidisciplinary Breast Care Conference Proposed Date: 2023

		ACCME Criteria/Standard
<i>EDUCATIONAL GAP(S)/TARGET AUDIENCE</i>		
A.	<p>What is/are the educational gap(s)? What do the needs assessments show? Said differently, what is/are the quality gap(s) that this CME activity is trying to address? What initiated the need to sponsor an educational activity on this topic?</p> <p><i>The MBCC are designed to review existing prognostic and/or retrospective breast cancer cases and apply the most current evidence-based knowledge and guidelines to establish treatment plans for improved patient cancer care.</i></p> <ol style="list-style-type: none"> 1. Lack of multidisciplinary approach for newly diagnosed and recurrent breast cancer patients. 2. National treatment guidelines and standard of care are frequently amended; practitioners need to be continuously updated. 	Core: Educational Needs

Sample Activity Development Worksheet

B.	<p>Is the gap(s) in (circle any/all that apply):</p> <ol style="list-style-type: none"> 1. Knowledge 2. Competence 3. Performance 4. Patient Outcomes 	Core: Designed to Change
C.	<p>How was this gap(s) identified? What brought this gap(s) to light? (circle any/all)</p> <ol style="list-style-type: none"> 1. Recent literature on the subject 2. Quality Improvement findings 3. Needs Assessment from CME (or other) activities 4. New process/service being offered 5. Deficiency in meeting current medical standards 6. Discussion among peers/medical societies or organizations 7. Current medical controversy 8. Need to address patient population questions regarding newest treatment modalities 9. Required CME by State 10. Other (please explain) 	Core: Educational Needs

Sample CME Committee Minutes

PRIORITY AGENDA

- CME Applications & Suggested Topics

Requests:

The following CME application/topics were submitted to CME Committee:

- a. Antibiotic Stewardship to meet new TJC elements
- b. Drug Enforcement Administration Medication Access and Training Expansion (MATE) Act development of a one-time 8 hour CME activity on opioid or other substance abuse disorders and safe pharmacological management of



A MOTION CARRIED to approved both CME activities. Follow up with Dr. Hall for TJC elements and faculty suggestion.

Dr. Makowski

A MOTION CARRIED to approve the development of an 8

Dr. Makowski

CME/EDUCATION COMMITTEE – April 17, 2023
PAGE 1 of 3

TOPIC	DISCUSSION	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE PARTY
	dental pain for all DEA-registered providers that are not solely veterinarians starting on or after June 27, 2023. The curriculum for the 8 hour CME activity should cover substance use disorders (opioids, alcohol, and tobacco), effective treatment planning, pain management (acute, subacute, and chronic) and substance misuse as outlined in the DEA letter to providers (attached).	hour CME activity to fulfill the DEA requirements in live and enduring formats. The live activity will be free for Flagler Hospital, Inc. providers and a \$50 charge for other participants. Follow up with CME Committee as needed.	

**FLAGLER HOSPITAL
CONTINUING MEDICAL EDUCATION PROGRAM**

NEEDS ASSESSMENT

TOPIC: Education and Implementation of the DEA Required MATE Curriculum
Into Your Practice

Flagler Hospital, through the Medical Staff Education Committee, has identified the following needs, for the above-described program:

PURPOSE:

According to Substance Abuse and Mental Health Services Administration (SAMHSA) the purpose of the Medication Access and Training Expansion (MATE) Act is to enable DEA-registered practitioners to “screen more widely for substance use disorders, treat pain appropriately, prevent substance misuse, and engage people in life-saving interventions”. The purpose of this CME activity is to provide medical practitioners with the necessary skills to evaluate and care for patients with addictive illness, including patients with concurrent pain and mental health issues.

**FLAGLER HOSPITAL
CONTINUING MEDICAL EDUCATION PROGRAM**

NEEDS ASSESSMENT

TOPIC: Antimicrobial Stewardship in the New Era

|

Flagler Hospital, through the Medical Staff Education Committee, has identified the following needs, for the above-described program:

PURPOSE:

The Joint Commission recently published revised antibiotic stewardship standards to align with federal regulations and current recommendations from scientific and professional organizations. Education about the Joint Commission revised antibiotic stewardship standards is required in order to support optimized prescribing practices to increase patient safety and community health by reducing antibiotic resistance.

Core Accreditation: Educational Planning & Analysis

PDSA: Plan & Do

DESIGNED TO CHANGE

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

Knowledge: new information

Competence: descriptive term; the ability knowing how to do something; the ability to apply new information that has not been put into action

Performance: application of knowledge and knowing how to do something put into practice

Patient outcomes: patient outcome, research outcome, executive outcome, administrative outcome — those are the consequences from the application of performance

Core Accreditation: Educational Planning & Analysis: Mission Statement

Sample Mission Statement

Expected Results of Program

The CME program, through continuing monitoring, evaluation, reassessment and initiation of new processes, activities, etc., will strive to continuously improve:

- 1) Physician knowledge/competence/performance
- 2) Patient outcomes through Physician education
- 3) Effectiveness of individual activities
- 4) Effectiveness of the overall CME program



Improvements may be assessed/monitored through any of the following methods:

- 1) Real-Time Learning Improvement via Pre- and/or Post assessment(s).
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- 3) Surveys addressing increase in physician knowledge/skills and changes in their practice.
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- 9) Results of Patient Satisfaction surveys.

Core Accreditation: Educational Planning & Analysis: Needs/Professional Practice Gap/Purpose

Sample RSS Cancer Program Activity Development Worksheet

CONTINUING MEDICAL EDUCATION ACTIVITY DEVELOPMENT WORKSHEET

Activity: Multidisciplinary Breast Care Conference Proposed Date: 2023

E.	Based on the need/gap(s) the activity is addressing, what are the desired results of the activity? Said differently, “What is the activity designed to change?” <ol style="list-style-type: none">1. Improve coordination among the different specialists treating specific breast diseases2. Increase knowledge of national treatment guidelines and standard of care.3. Increase opportunities for research discussion (patient inclusion in clinical trials)	Core: Designed to Change
----	---	--------------------------

Core Accreditation: Educational Planning & Analysis

PDSA: Plan & Do

APPROPRIATE FORMATS

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

AMA PRA Category 1 Credit™ Activity Formats:

- Live either in person or distance via streaming, internet service
- Enduring
- Performance Improvement (PICME)
- Internet Point-of-Care
- Faculty Credit for learning associated with preparing and presenting an original presentation
- Journal-based
- Other

- Test Item Writing
- Manuscript Review

Core Accreditation: Educational Planning & Analysis: Formats

Sample Mission Statement

Types of Activities Provided

Educational activities will be provided in house, virtually, or by utilizing other local area facilities in accordance with the requirements of the various offerings selected. Educational offerings will be conducted by methods,

Mission Statement Policy
CME Review Date: 08/21/2023

which may include lectures, conferences, group discussions, Grand Rounds, serial educational activities, enduring materials, performance improvement, point-of-care learning, learning from teaching, the use of laboratory hands on experience, forms of self-directed learning, or activities under the American Medical Association category of “other”. These offerings may be supplemented with the use of various forms of audiovisual and electronic equipment.

This program may engage in joint providership with other unaccredited organizations, for the purpose of furthering the availability of CMEs in the area. The program will operate under approved policies, procedures, and guidelines in keeping with the requirements of the ACCME/FMA.

All educational offerings will satisfy the requirements and standards for Category 1 programs for the Physicians’ Recognition Award of the American Medical Association.



Core Accreditation: Educational Planning & Analysis: Formats

Sample RSS Cancer Program Activity Development Worksheet

CONTINUING MEDICAL EDUCATION ACTIVITY DEVELOPMENT WORKSHEET

Activity: Multidisciplinary Breast Care Conference Proposed Date: 2023

FORMAT		
L.	What format is best to achieve this learning exercise (circle any/all that apply): 1. Live activity 2. Enduring material 3. Internet activity 4. Internet point of care 5. Other	Core: Designed to Change & Appropriate Formats

Core Accreditation: Educational Planning & Analysis: Formats

Sample CME Committee Minutes

CME/EDUCATION COMMITTEE – April 17, 2023 PAGE 1 of 3			
TOPIC	DISCUSSION	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE PARTY
<p>PRIORITY AGENDA</p> <ul style="list-style-type: none"> CME Applications & Suggested Topics 	<p><u>Requests:</u> The following CME application/topics were submitted to CME Committee:</p> <ol style="list-style-type: none"> Antibiotic Stewardship to meet new TJC elements Drug Enforcement Administration Medication Access and Training Expansion (MATE) Act development of a one-time 8 hour CME activity on opioid or other substance abuse disorders and safe pharmacological management of 	<p>A MOTION CARRIED to approved both CME activities. Follow up with Dr. Hall for TJC elements and faculty suggestion.</p> <p>A MOTION CARRIED to approve the development of an 8</p>	<p>Dr. Makowski</p> <p>Dr. Makowski</p>
	<p>dental pain for all DEA-registered providers that are not solely veterinarians starting on or after June 27, 2023. The curriculum for the 8 hour CME activity should cover substance use disorders (opioids, alcohol, and tobacco), effective treatment planning, pain management (acute, subacute, and chronic) and substance misuse as outlined in the DEA letter to providers (attached).</p>	<p>hour CME activity to fulfill the DEA requirements in live and enduring formats. The live activity will be free for Flagler Hospital, Inc. providers and a \$50 charge for other participants. Follow up with CME Committee as needed.</p>	<p>←</p>

Core Accreditation: Educational Planning & Analysis

PDSA: Plan & Do

COMPETENCIES

The provider develops activities/educational interventions in the context of desirable physician attributes (competencies). (formerly Criterion 6)

American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME)

<https://www.theabr.org/beam/focus-on-mp-august-2022>

Institute of Medicine

https://www.iom.int/sites/g/files/tmzbd1486/files/about-iom/Competency_Framework-EN.pdf

Interprofessional Education Collaboration

<https://www.ipecollaborative.org/ipecc-core-competencies>

Core Accreditation: Educational Planning & Analysis: Development with Competencies

October 16, 2023 CME Committee Planning Trauma 1 activity to change practice in physician competence and performance, nurses knowledge and competence, and improve patient outcomes through appropriate admission

- Future Planning

The Flagler Hospital 2023 live activities schedule, along with the October calendar, were in the packet for review. Dr. Makowski stated that breast cancer topic by Dr. Bowman and Dr. Thumallapally was scheduled for November 2nd to meet Breast Cancer Program accreditation requirements. In addition, Parkinson's Disease topic is scheduled for November 28th with joint providership for St. Johns County Medical Society.

Dr. Makowski stated she is starting to plan and schedule the first quarter of 2024 with previously approved topics, such as Baker Act with "Medical Holds".

Discussion by the physicians ensued regarding the admission of Level 1 Trauma Patients (i.e. head trauma, motor vehicle accident injuries) to medical floors. Outcomes resulting from the discussion were the following suggestions by physician committee members:

FORWARD to MEC the suggestion creating a centralized unit for all admitted Level 1 Trauma Patients to ensure appropriate nursing assessment.

Ms. Wilson



1. Admit Level 1 trauma patients to a centralized medical unit (such as 1 West) with nurses that can provide frequency of assessment appropriate to level of care required by Level 1 trauma patients.

2. Education for nurses to recognize the Level 1 trauma patients that may be admitted to medical floor.

Schedule with Education Services nursing education regarding recognition of Level 1 Trauma patients.

Ms. Caldwell

3. Schedule a live CME presentation regarding "Inpatient Management of Low Level 1 trauma patients" topic.

Schedule activity as appropriate.

Dr. Makowski

Core Accreditation: Educational Planning & Analysis: Development with Competencies

Sample RSS Cancer Program Activity Development Worksheet

COMPETENCIES		
F.	<p>ACGME:</p> <p>Which of the ACGME/ABMS Competencies is most relevant to the gap(s) identified?</p> <ol style="list-style-type: none"> 1. Patient Care (appropriate/effective care) 2. Medical/Clinical Knowledge (biomedical/clinical/social sciences) 	Core: Competencies

Page 2 of 5

	<ol style="list-style-type: none"> 3. Practice-Based Learning and Improvement (scientific evidence/methods) 4. Interpersonal and Communication Skills (professional relationship skills) 5. Professionalism (ethics, sensitivity, diversity, attitudes) 6. System Based Practice (systems in which healthcare is provided) 	
--	--	--

Core Accreditation: Educational Planning & Analysis: Development with Competencies

Sample RSS Cancer Program Activity Development Worksheet

Institute of Medicine Core Competencies:

Which of the Institute of Medicine Core Competencies is most relevant to the gap(s) identified?

- 1. Provide Patient Centered Care**
(identify/respect/values/differences)
- 2. Work In Interdisciplinary Teams**
(cooperate/collaborate/communicate/integrate)
- 3. Employ Evidence Based Practice (participate in learning and research activities)**
4. Apply Quality Improvement (identify errors/implement basic safety design principles)
- 5. Utilize Informatics (communicate/manage/knowledge/mitigate error/support decision)**

Interprofessional Education Collaborative:

Which of the Interprofessional Education Collaborative is most relevant to the gap(s) identified?

1. Values/Ethics for Interprofessional Practice.
2. Roles/Responsibilities
- 3. Interprofessional Communication**
- 4. Teams and Teamwork**

Core Accreditation: Educational Planning & Analysis

PDSA: Study individual activity

ANALYZES CHANGE

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

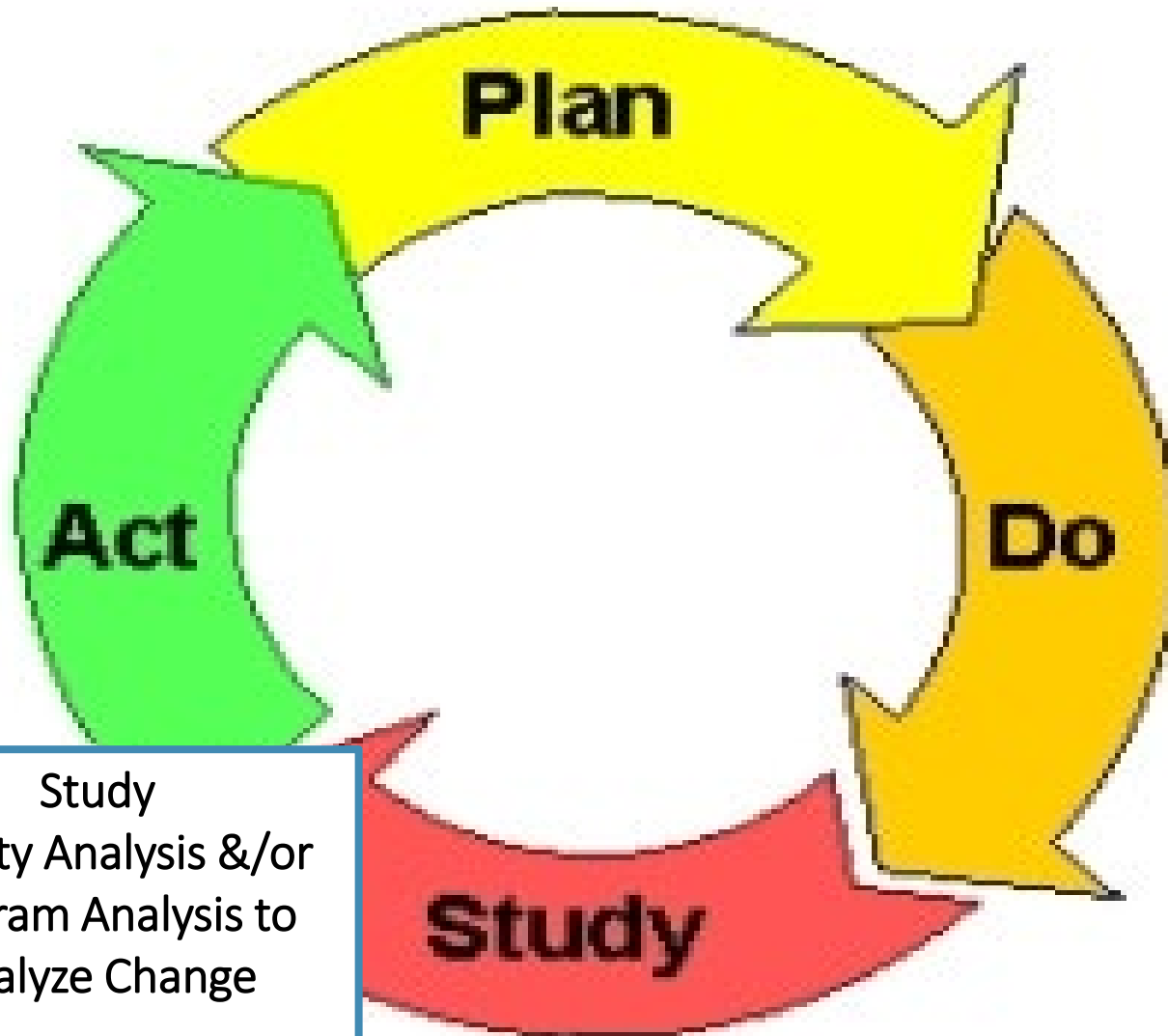
Knowledge: new information
and

Competence: descriptive term; the ability knowing how to do something; the ability to apply new information that has not been put into action
and/or

Performance: application of knowledge and knowing how to do something put into practice
and/or

Patient outcomes: patient outcome, research outcome, executive outcome, administrative outcome — those are the consequences from the application of performance

PDSA Evaluation & Improvement Tool



Study
Activity Analysis &/or
Program Analysis to
Analyze Change

Core Accreditation: Program Analysis: Activity Level

Sample Activity Evaluation

Evaluating the change in the overall program's activities/education interventions starts with the individual activity.



UF HEALTH FLAGLER HOSPITAL
CONTINUING MEDICAL EDUCATION PROGRAM
Beyond pink ribbons – Journey towards personalized medicine in breast cancer
Participant Evaluation Participant Evaluation (Required for CME/CE credit)
November 2, 2023

NAME OF PARTICIPANT: _____
Affiliation: ___ Physician (MD/DO) ___ Physician Participant (DDS/DMD/DPM) ___ PA/ARNP ___ Pharmacy ___ RN ___ Other

NEEDS/PURPOSE: According to the American Cancer Society, breast cancer accounts for 1 in 3 of all new female cancers annually. UF Health Flagler Hospital is accredited by the National Accreditation Program for Breast Centers. Practitioners and hospital staff require updates regarding changes to recently updated guidelines for screening, staging and treatment to maintain accreditation standards.

OBJECTIVES: (Please evaluate the individual objectives) At the conclusion of this activity, participants will be able to:	Met	Not Met
1. Describe breast cancer epidemiology, biology and staging.		
2. Explain the debate around screening for breast cancer.		
3. Discuss indication for breast cancer genetic testing.		
4. Summarize future directions for breast cancer therapy.		

PRESENTATION: **EVALUATION scale is: 4 = Strongly agree; 3 = Agree; 2 = Slightly agree; 1 = Disagree**

The subject was relevant to my practice.	1	2	3	4	N/A
The activity addressed the published needs.	1	2	3	4	N/A
The faculty member(s) was organized and effective.	1	2	3	4	N/A
All recommendations/research appeared to be based on medically accepted/evidence based principles as appropriate.	1	2	3	4	N/A
The recommendations were free from commercial bias (if not, please explain).	1	2	3	4	N/A
Overall quality of activity or conference was acceptable.	1	2	3	4	N/A

The various CME/CE accrediting bodies (i.e. AMA, FMA, ACCME, etc.) require the analysis of changes to learner's competence, performance, and/or patient outcomes.

Please check appropriately	Yes	No	N/A	Please explain answer.
This activity increased, impacted, or improved my knowledge.				
This activity increased, impacted, or improved my competence (ability to apply knowledge).				
I believe this activity will impact or improve my performance (the practice).				
I believe this activity will impact or improve my patient outcomes.				

Please check how you will change your practice as a result of attending this activity (select all that apply)

<input type="checkbox"/> No changes; activity validated my current practice
<input type="checkbox"/> Create/revise protocols, policies, and/or procedures
<input type="checkbox"/> Change management and/or treatment of my patients
<input type="checkbox"/> Other, please specify:

Please check any barriers you perceive in implementing the above selected changes.

<input type="checkbox"/> No barriers
<input type="checkbox"/> Cost
<input type="checkbox"/> Lack of experience
<input type="checkbox"/> Lack of opportunity
<input type="checkbox"/> Lack of resources
<input type="checkbox"/> Lack of administrative support
<input type="checkbox"/> Lack of time to assess/counsel patients
<input type="checkbox"/> Reimbursement issue
<input type="checkbox"/> Patient compliance issue
<input type="checkbox"/> Lack of professional guidelines
<input type="checkbox"/> Other, please specify:

COMMENT:

FUTURE PROGRAM NEEDS:

How many credits are you claiming? Maximum 1
Please check (must be checked before credit can be applied):

___ 0.25 ___ 0.50 ___ 0.75 ___ 1.00

Signature _____

Program Analysis: Program Analysis: Activity Level Self-Reported Change

Sample Activity Evaluation measuring *self-reported changes* to knowledge, competence, performance and/or patient outcomes

The various CME/CE accrediting bodies (i.e. AMA, FMA, ACCME, etc.) require the analysis of changes to learner's competence, performance, and/or patient outcomes.

Please check appropriately	Yes	No	N/A	Please explain answer.
This activity increased, impacted, or improved my knowledge.				
This activity increased, impacted, or improved my competence (ability to apply knowledge).				
I believe this activity will impact or improve my performance (the practice).				
I believe this activity will impact or improve my patient outcomes.				

Please check how you will change your practice as a result of attending this activity (select all that apply)

<input type="checkbox"/> No changes; activity validated my current practice
<input type="checkbox"/> Create/revise protocols, policies, and/or procedures
<input type="checkbox"/> Change management and/or treatment of my patients
<input type="checkbox"/> Other, please specify:

Please check any barriers you perceive in implementing the above selected changes.

<input type="checkbox"/> No barriers
<input type="checkbox"/> Cost
<input type="checkbox"/> Lack of experience
<input type="checkbox"/> Lack of opportunity
<input type="checkbox"/> Lack of resources
<input type="checkbox"/> Lack of administrative support
<input type="checkbox"/> Lack of time to assess/counsel patients
<input type="checkbox"/> Reimbursement issue
<input type="checkbox"/> Patient compliance issue
<input type="checkbox"/> Lack of professional guidelines
<input type="checkbox"/> Other, please specify:

COMMENT:

FUTURE PROGRAM NEEDS:

How many credits are you claiming? Maximum 1
Please check (*must be checked before credit can be applied*):

___ 0.25 ___ 0.50 ___ 0.75 ___ 1.00

Signature





Program Analysis: Analyzes Change: Knowledge

Knowledge: new information

Sample Pre/Post test question during presentation measures real-time change in knowledge


Pre-Test

4. What should clinicians advise patients before freshwater swimming to prevent PAM?

1. Keep head above water
 11%
2. Wear nose plugs
 11%
3. Wear life jacket
0%
4. Don't swallow water
 22%
5. Choices 1 & 2
 56%

Post-Test

4. What should clinicians advise patients before freshwater swimming?




1. Keep head above water
0%
2. Wear nose plugs
0%
3. Wear life jacket
0%
4. Don't swallow water
0%
5. Choices 1 & 2
 100%

Core Accreditation: Program Analysis: Competencies

Competence: descriptive term; the ability knowing how to do something; the ability to apply new information that has not been put into action

Sample Case-based question during presentation measures competence

Proven effective treatment(s) for PAM include:

1. Certain antibiotics
 22%
2. Lower cerebral edema with therapeutic hypothermia
 11%
3. Induced coma
0%
4. Ventilation PaCO₂
0%
5. All of the above
 67%

Core Accreditation: Program Analysis: Performance

Performance: application of knowledge and knowing how to do something put into practice

Sample 2023 Internet Point-of-Care change in Learners' performance from activity

Applications/ Interventions Made resulting from research

0% Unable to find clinical information to address question; 13% made/recommended no changes in care; 8% confirmed my diagnosis; 82% refinded diagnosis; 5% monitored therapy; 1% made referral for consultation; 2% adjusted dose of existing medication; 1% prescribed new medication; 1% ordered lab study; 0% ordered imaging study; 0% performed/recommended surgical procedure; 1% recommended lifestyle change; 4% other

Application: Other: Considered other modalities of treatment; avoid supplementing w/ formula; improved practice, chance to educate patients during prenatal visits; benefit of nursing

Core Accreditation: Program Analysis: Patient Outcomes

Patient outcomes: patient outcome, research outcome, executive outcome, administrative outcome — those are the consequences from the application of performance

Sample Internet Point-Of-Care Patient Outcomes summary evaluation reported by Learner

Because of the information obtained through research of clinical questions, I avoided possible (check all that apply)	<i>J</i>	Not answered
Additional or unnecessary tests	72	38
Surgery	3	107
Hospital-acquired infection	3	107
Hospital re-admission	14	96
Medication error	14	96
Death of my patient	4	106
Other, please specify:	8	102

Core Accreditation: Program Analysis: Patient Outcomes

Sample of Patient Outcomes of cancer cases presented at 2022 Cancer Conferences

2022 Multidisciplinary Breast Care Conference- patient outcomes summary



PATIENT OUTCOMES REPORT

2022 GENERAL CONFERENCE CASE PRESENTATIONS

LL- Following a diagnosis of right breast Triple Negative Invasive ductal cancer, patient had a lumpectomy with sentinel lymph node biopsy. Presented at MBCC on 1/19/2022. Recommendations- radiation. Adjuvant radiation received February thru March 2022. No further treatments needed, patient to be followed clinically including mammograms.

SF- Following a diagnosis of left breast Invasive ductal cancer, patient had a lumpectomy with sentinel lymph node biopsy. Presented at MBCC on 1/19/2022. Recommendations- radiation and hormone blocking therapy. Radiation was completed on 3/24/2022 and patient started Anastrozole March 2022.

HC- Following a diagnosis of Triple Negative left breast invasive ductal carcinoma, patient was presented at MBCC on 2/2/2022. Recommendations: adjuvant chemotherapy followed by radiation. Initiated chemotherapy with on 02/11/2022, completed 4 cycles of therapy on 4/11/2022. Post lumpectomy radiation to the left breast given 05/04/2022 through 06/03/2022.

DM- Following a diagnosis of right breast invasive ductal carcinoma, patient had a right total mastectomy with skin sparing and sentinel lymph node biopsy. Presented at MBCC on 2/16/2022. Recommendations- adjuvant endocrine therapy. Patient had low Oncotype recurrence score, chemotherapy not indicated, status post total mastectomy, radiation not indicated. Patient currently on adjuvant endocrine therapy with Letrozole.

TA – presented on 1/26/22. Diagnosis: Melanoma. Per recommendations from conference discussion consider combination immunotherapy and radiation to RT axilla. Patient underwent Rt. Axillary lymph node dissection followed by recommended immune therapy. As of 12/12/2022 per treating physician patient remains clinically free/in remission.

KA – presented on 1/26/22. Diagnosis: Small cell lung cancer. Recommendations made for radiation therapy to part brain. Patient followed through and completed RT. However, as of January 2023 patient with progressive brain lesions. Chest with no evidence of disease per imaging. Patient continues in follow up.

RH – presented on 2/9/22. Diagnosis: Follicular Lymphoma. Work up recommendations per tumor conference consisted of biopsy left axilla, bone marrow biopsy and respective imaging. Per recent follow-up patient has not initiated therapy on recommendation of his treating physician. Patient is currently asymptomatic without any end organ damage and absent of cytopenia. Patient currently in observation and if experience any symptoms will consider starting therapy.

WH – presented 3/9/22. Diagnosis: Colon adenocarcinoma. Per recommendations, consolidative radiation to surgical resection bed. Refer patient for lung biopsy and endoscopic evaluation and represent cased if pathology returns lung cancer diagnosis. Patient subsequently found to metastatic colon ca to lung and brain. Completed radiotherapy to brain and presently receiving systemic therapy.

Core Accreditation: Program Analysis: Patient Outcomes

Patient Outcomes (No EMTALA violations) as measured by Professional Practice Committee Chairman as a result of EMTALA activity

No EMTALA problems in PPC evaluations

D. E. Boyle MD

2/20/23

Core Accreditation: Program Analysis

PDSA: Study

PROGRAM ANALYSIS

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. (formerly Criterion 12)

Difference between Activity analysis, Program Analysis, and Program Improvement

CME Activities: Individual analysis

RSS, Live presentation, Joint Providership, Enduring, etc.

CME Program: Looking at the BIG picture (Justification of Program)

Looking at activities weekly, monthly, quarterly, semi-annually, annually, per accreditation cycle

Program Improvement: Strategic Plan – Identification of Program's Practice Gaps (no particular priority)

What does your CME Program need?

What does the CME Committee need?

What does the hospital need from the CME Personnel or CME Program?

What does the hospital administration and/or CME Committee and/or CME Personnel want for the future growth of the program?

What do the patients need?

What do the physicians and advanced practice practitioners need?

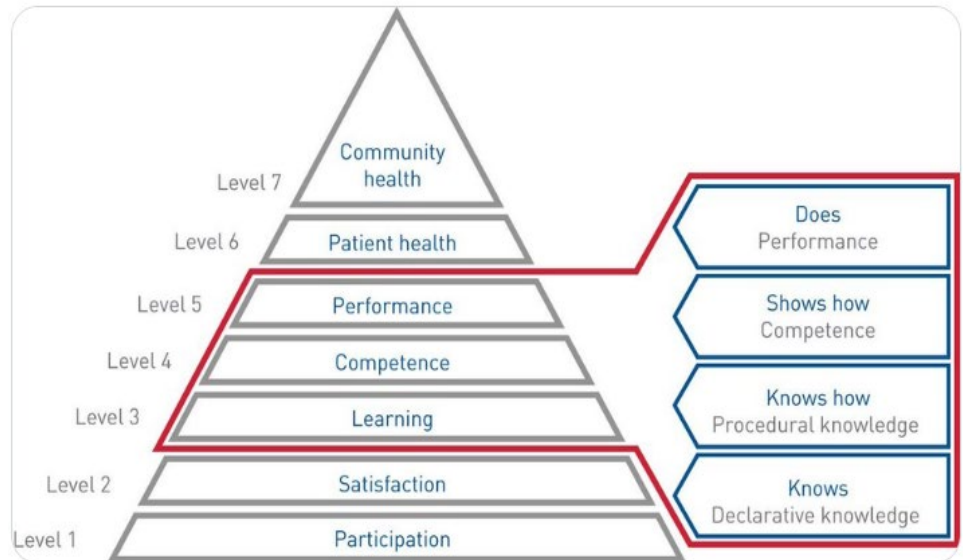
Core Accreditation: Program Analysis

PDSA: Study

PROGRAM ANALYSIS

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. (formerly Criterion 12)

Moore's CME Outcome Pyramid with Miller's Outcome Measurement



Core Accreditation: Program Analysis:

Analyzing aggregated data to see the big picture

Expected Results of Program

The CME program, through continuing monitoring, evaluation, reassessment and initiation of new processes, activities, etc., will strive to continuously improve:

- 1) Physician knowledge/competence/performance
- 2) Patient outcomes through Physician education
- 3) Effectiveness of individual activities
- 4) Effectiveness of the overall CME program

Improvements may be assessed/monitored through any of the following methods:

- 1) Real-Time Learning Improvement via Pre- and/or Post assessment(s).
- 2) Sustained Learning Improvement via delayed refresher questions.
- 3) Surveys addressing increase in physician knowledge/skills and changes in their practice.
- 4) Activity Evaluation Forms addressing how well the participants thought the activity achieved its goal/desired results.
- 5) Overall CME Program Evaluation questions to participants at each activity.
- 6) Quality Management Studies/Monitoring.
- 7) Joint Commission Core Measure Results or other forms of approved/validated healthcare quality metrics.
- 8) Monitoring of pharmaceutical and/or therapeutic ordering practices.
- 9) Results of Patient Satisfaction surveys.

Core Accreditation: Program Analysis: Analyzing aggregated data to see the big picture

Aggregated Evaluation Data
to determine:

Objectives were met
Learner satisfaction
Changes to self-reported
knowledge, competence,
performance, patient
outcomes
Changes Learners are
planning to make
Barriers to Changes
Learners' comments

Flagler Hospital		FLAGLER HOSPITAL CONTINUING MEDICAL EDUCATION PROGRAM <i>Antimicrobial Stewardship in the New ERA</i> Participant Evaluation 09/21/2023					
Flagler Hospital Continuing Medical Education Program							
Combination- All participants							
NEEDS: The Joint Commission recently published revised antibiotic stewardship standards to align with federal regulations and current recommendations from scientific and professional organizations. Education about the Joint Commission revised antibiotic stewardship standards is required in order to support optimized prescribing practices to increase patient safety and community health by reducing antibiotic resistance.							
OBJECTIVES:	MET	NOT MET	ANSWERED	Total	%MET	%NOT MET	%NOT ANSWERED
1. Review the history of antimicrobial stewardship guidance and regulations in the United States.	30	0	0	30	100%	0%	0%
2. Discuss the current landscape of antimicrobial stewardship.	30	0	0	30	100%	0%	0%
3. Discuss the minimum standards for stewardship compliance in the upcoming year.	29	0	1	30	97%	0%	3%
4. Evaluate mechanisms of stewardship implementation across various practice settings.	29	0	1	30	97%	0%	3%
PRESENTATION: EVALUATION scale: 4 = Strongly agree; 3 = Agree; 2 = Slightly agree; 1 = Disagree	1	2	3	4	N/A	Total	MEAN
The subject was relevant to my practice	0	1	3	26	0	30	3.83
The activity addressed the published needs	0	0	2	28	0	30	3.93
The faculty member(s) was organized and effective	0	0	2	28	0	30	3.93
All recommendations/research appeared to be based on medically accepted/evidence based principles as appropriate	0	0	1	29	0	30	3.97
The recommendations were free from commercial bias (if not, please explain)	0	0	1	29	0	30	3.97
Overall quality of activity or conference was acceptable	0	0	3	27	0	30	3.90
The variance CME/CE accrediting bodies (i.e. AMA, FMA, ACCME, etc.) require the analysis of changes to learner's competence, performance, and/or patient outcomes.	YES	NO	Not ANSWERED	Total	%YES	%NO	%NOT ANSWERED
This activity increased, impacted, or improved my knowledge.	29	0	1	30	97%	0%	3%
This activity increased, impacted, or improved my competence (ability to apply knowledge).	28	0	2	30	93%	0%	7%
I believe this activity will impact or improve my performance outcomes.	27	0	3	30	90%	0%	10%
I believe this activity will impact or improve my patient outcomes.	27	0	3	30	90%	0%	10%
Please check how you will change your practice as a result of attending this activity (select all that apply)	Not answered		Total	%/			
No changes: activity validated my current practice	11	19	30	37%			
Create/revise protocols, policies, and/or procedures	9	21	30	30%			
Change management and/or treatment of my patients	8	22	30	27%			
Other, please specify:	0	30	30	0%			
Please check any barriers you perceive in implementing the above selected changes.	Not answered		Total	%/			
No barriers	12	18	30	40%			
Cost	4	26	30	13%			
Lack of experience	2	28	30	7%			
Lack of opportunity	2	28	30	7%			
Lack of resources	9	21	30	30%			
Lack of administrative support	2	28	30	7%			
Lack of time to assess/counsel patients	4	26	30	13%			
Reimbursement issue	1	29	30	3%			
Patient compliance issue	4	26	30	13%			
Lack of professional guidelines	2	28	30	7%			
Other, please specify:	3	27	30	10%			
Change In Learner: Knowledge: Helped me understand the importance of antimicrobial stewardship; Improved my knowledge on AMS; Excellent presentation; Competence: I can explain to patients the reason their medications changed; Explained what to look for; Excellent presentation; Performance: I can advocate for decolonization as appropriate; Improved AMS practice; Excellent presentation; Long term ID preventions & treatment.; Patient Outcomes: Will help prevent the spread of antimicrobial resistant bacteria; Less resistance to ABIX; Excellent presentation; Slightly or significantly different from an acute care setting.;							
Practice Change: Other:							
Barriers: Other: 10 IDs are not open to substituting at this institution; EHR technology/data; On complicated/recurrent infections. Formulary limitations;							
Comments: Need major overhaul of 10 doctors. Way too much merrin micu. 10 mds do not give us or care what we say; Communication & discussion with Infection & Disease team; Excellent presentation; Thank you; Excellent presentation and appreciate the emphasis of Joint Commission requirements; Great info. Hope to guide ABIX prescriptions in the future;							
Future Program Needs: Organizational communication & partnership with Infection & Disease providers;							

Core Accreditation: Program Analysis: Analyzing aggregated data to see the big picture

Sample 2023 RSS Cancer Program Participant reports for CME Committee

2023 CME Attendance Tracking				
Multidisciplinary Breast Care Conferences				
Date	Physicians	Non-Physicians	Students	Notes
1/4/2023	8	7	0	OncoLens
1/18/2023	11	8	0	OncoLens
2/1/2023	12	7	0	OncoLens
2/15/2023	11	9	0	OncoLens
3/1/2023	9	10	0	OncoLens
3/15/2023	11	7	7	OncoLens
4/5/2023	13	8	0	OncoLens
4/19/2023	12	8	4	OncoLens
5/3/2023	13	8	0	OncoLens
5/17/2023	13	7	0	OncoLens
6/7/2023	10	8	0	OncoLens
6/21/2023	13	9	0	OncoLens
7/5/2023	12	7	10	OncoLens
7/19/2023	12	7	12	OncoLens
8/2/2023	7	8	0	OncoLens
8/16/2023	12	9	8	OncoLens
9/6/2023	14	10	0	OncoLens
9/20/2023	14	9	7	OncoLens
10/4/2023	16	9	3	OncoLens
10/18/2023	13	9	0	OncoLens
11/1/2023	15	11	0	OncoLens

2023 CME Satisfaction				
Tumor Board Conferences				
Date	Physicians	Non-Physicians	Students	Notes
1/11/2023	12	6	0	OncoLens
1/25/2023	12	6	0	OncoLens
2/8/2023	12	6	0	OncoLens
3/8/2023	10	6	0	OncoLens
3/22/2023	10	7	4	OncoLens
4/12/2023	13	6	0	OncoLens
4/26/2023	6	5	3	OncoLens
5/10/2023	11	5	3	OncoLens
6/14/2023	12	8	0	OncoLens
6/28/2023	10	5	14	OncoLens
7/12/2023	11	6	10	OncoLens
7/26/2023	12	6	11	OncoLens
8/9/2023	12	7	10	OncoLens
9/13/2023	16	7	0	OncoLens
9/27/2023	13	7	0	OncoLens
10/11/2023	14	8	1	OncoLens
10/25/2023	14	8	0	OncoLens

Core Accreditation: Program Analysis: Analyzing aggregated data to see the big picture

Sample 2023 Live Events Satisfaction & Participant reports for CME Committee

2023 CME Satisfaction & Attendance Tracking				
Live Events				
Date	Satisfaction	Physician	Non-Physicians	Event Title
2/16/2023	3.95	8	15	Cardiovascular Interesting Case Review: Complex and High Risk PCI: Update 2023
4/6/2023	3.80	7	17	Cardiovascular Interesting Case Review: Stroke Prevention Strategies in the AF Patient
5/4/2023	3.36	4	6	PAM- Caused by Naegleria fowleri
6/3/2023	3.79	44	4	Education and Implementation of the DEA Required MATE Curriculum Into Your Practice Part 1
6/22/2023	3.77	9	9	Cardiovascular Interesting Case Review: Mitral Valve Clip
6/24/2023	3.83	41	3	Education and Implementation of the DEA Required MATE Curriculum Into Your Practice Part 2
9/21/2023	3.92	7	26	Antimicrobial Stewardship in the New Era
11/2/2023	3.96	4	12	Beyond pink ribbons – Journey towards personalized medicine in breast cancer

Core Accreditation: Program Analysis: Analyzing aggregated data to see the big picture

Sample 2023 Live CME Activity Evaluation Outcomes report

2023 Live CME Activity Evaluation Results												
Event Date	Topic	Requested Needs	Activity Objectives	Needs Met Scale: 1-4	Speaker Evaluation Scale: 1-4	Overall Conference Scale: 1-4	Participants Attendance	Changes to Learner	Reported Prospective Changes	Barriers to perspective changes	Comments	
2023 Jan-June	Allscripts Live	None reported	#1-5: 100% met, 0% not met, 0% not answered	3.97	4.00	3.94	Physicians:15 Non-Physicians:19 Medical Students: 20	100% activity increased, impacted, or improved knowledge, 0% said no and 0% did not answer; 100% increased, impacted, or improved competence, 0% said no and 0% did not answer; 100% will impact or improve performance, 0% said no and 0% did not answer; 100% activity will impact or improve patient outcomes, 0% said no and 0% did not answer.	42% no changes; activity validated my current practice; 35% create/revise protocols, policies, and or procedures; 23% change management and/or treatment of my patients; 6% other: no information provided	97% no barriers; 0% cost; 3% lack of experience; 5% lack of opportunity; 0% lack of resources; 0% lack of administrative support; 0% lack of time to assess/counsel patients; 0% reimbursement issue; 0% patient compliance issue; 0% lack of professional guidelines; 0% other	Efficient and effective, I feel confident about using the EMR after this class; Knowing EMR system will help me properly admit, discharge & prescribe; Excellent, very helpful, and easy to understand; I will now be able to use the EMR to treat patients; New EMR instructions.	

Core Accreditation: Program Analysis: Analyzing aggregated data to see the big picture

Sample 2023 Enduring Activity Evaluation Report for CME Committee

2023 Enduring Activity Evaluation Results (January through June)												
Release Date	Activity	Requested Needs	Activity Objectives	Needs Met Scale: 1-4	Quality of design and organization Scale: 1-4	Quality of Educational Content Scale: 1-4	Overall Opinion of Activity Scale: 1-4	Participants	Changes to Learner	Reported Prospective Changes	Barriers to perspective changes	Explanations & Comments
12/15/17	Reducing Professional and Financial Risk under EMTALA: A Review of Current EMTALA and Florida Law	None provided.	#1-7: 100% met; 0% not met; 0% not answered	3.59	3.53	3.54	3.49	Physicians: 133 Non-Physicians: 64	92% activity increased, impacted, or improved knowledge, 7% said no and 1% did not answer; 88% increased, impacted, or improved competence, 11% said no and 1% did not answer; 83% will impact or improve performance, 15% said no and 2% did not answer; 81% activity will impact or improve patient outcomes, 17% said no and 2% did not answer.	80% no changes; activity validated mg current practice; 11% create/revise protocols, policies, and/or procedures; 11% change management and/or treatment of mg patients; 4% other: Great presentation; I read images. I don't see patients.; N/A; As a new provider, the information in the presentation will help me understand the laws and regulations that must be followed.; No applicable - not working in ER or triage; Monitor myself and others to make changes; Great PowerPoint	90% no barriers; 2% cost; 2% lack of experience; 1% lack of opportunity; 2% lack of resources; 1% lack of administrative support; 1% lack of time to assess/counsel patients; 1% reimbursement issue; 2% patient compliance issue; 1% lack of professional guidelines; 2% other: Great presentation; still some grey areas; student; I will be following the procedures and guidance of a group of physicians, and working in a hospital, for whom and where I do not get work.	None
5/30/2019	Flagler Hospital, Inc. Privacy, Confidentiality And HIPAA/PHI in Research	None provided.	#1-3: 100% met; 0% not met; 0% not answered	3.70	3.70	3.70	3.70	Physicians: 2 Non-Physicians: 8	100 % activity increased, impacted, or improved knowledge, 0% said no and 0% did not answer; 100% increased, impacted, or improved competence, 0% said no and 0% did not answer; 100% will impact or improve performance, 0% said no and 0% did not answer.	90% no changes; activity validated mg current practice; 0% create/revise protocols, policies, and/or procedures; 0% change management and/or treatment of mg patients; 10% other: no information provided.	90% no barriers; 0% cost; 0% lack of experience; 0% lack of opportunity; 0% lack of resources; 0% lack of administrative support; 0% lack of time to assess/counsel patients; 0% reimbursement issue; 0% patient compliance issue; 0% lack of professional	None

Core Accreditation: Program Analysis: Analyzing aggregated data to see the big picture

Change in Knowledge report for CME Committee

Questions	2023 CME Real Time Change in Knowledge										Actual Answer
	Pre-Test					Post-Test					
5/04 PAM- Caused by Naegleria fowleri	1	2	3	4	5	1	2	3	4	5	
1. What does the acronym PAM mean?	0%	100%	0%	0%		0%	100%	0%	0%		2
2. What key patient history should alert a clinician to the possibility of PAM?	0%	0%	22%	0%	78%	11%	22%	0%	0%	67%	5
3. The clinician should await lab confirmation before implementing full PAM treatment protocol.	22%	78%				0%	100%				2
4. What should clinicians advise patients before freshwater swimming to prevent PAM?	11%	11%	0%	22%	56%	0%	0%	0%	0%	100%	5

Questions	Percentage of Increased Knowledge
1	0%
2	-11%
3	22%
4	44%

PAM- Caused by Naegleria fowleri

Question	Percentage
1	0%
2	-11%
3	22%
4	44%

Core Accreditation: Program Analysis: Analyzing aggregated data to see the big picture

CME Coordinator's evaluation of enduring EMTALA CME activity resulted the CME Committee approval of an updated EMTALA CME activity during the October 16, 2023 CME Committee meeting in order to meet hospital credentialing requirement.

Dr. Makowski stated EMTALA was last presented live in 2017 with the enduring activity released thereafter. She stated that although the content remains relevant, it is apparent the activity is from 2017. Dr. Makowski stated that since the EMTALA activity is required for physicians and advanced practice providers to meet credentialing criteria, she requests approval for a more current live presentation on the topic and the creation of a new enduring activity.

A MOTION CARRIED to approve *AMA PRA Category 1 Credit™* and interprofessional CE credit for the provision a new EMTALA presentation and the creation of a new enduring activity to meet credentialing requirements for providers. Recommendation was made to query hospital legal counsel for speaker.

Dr. Makowski

Core Accreditation: Program Analysis: Analyzing aggregated data to see the big picture

CME COMMITTEE
April 17, 2023

CALL TO ORDER		Responsible Person(s)	
1. (✓) Approval of Minutes- February 20, 2023		Dr. Bhargava	
2. Disclosure Statements: 2022-2023 disclosures		Dr. Bhargava	
Page No.	Vote (✓)	PRIORITY AGENDA	Responsible Person(s)
6	✓	CME COMMITTEE: 1. CME Applications and Suggested/Requested Topics by Flagler Hospital Physicians/Departments/Committees/Administration	Dr. Bhargava/Dr. Makowski
12	✓	2. 2023-2024 Goals	Dr. Bhargava/Dr. Makowski
13		3. 2022-2023 Goal Review	Dr. Bhargava/Dr. Makowski
16	✓	4. Financial Update a. SurveyMonkey Renewal - \$468 – due 6/30/23 b. Camtasia Renewal - \$100.00 – due 8/22/23	Dr. Bhargava/Dr. Makowski

Approval of 2023-2024 CME Goals and Review of 2022-2023 Goals

- Goals: 2023-2024** The CME Committee approved to keep the current 2022-2023 goals for 2023-2024, since they are based on the ACCME Commendation Criteria.
- One-Year 2022-2023 Goal Review** The 2022-2023 CME Committee Goals year-end report was in packet for members to review. Dr. Makowski stated that goals 1-4 have been fulfilled for the year. See attached report for completion details.

A MOTION CARRIED to approve 2023-2024 CME Committee Goals. Bring plan for meeting goal #3 to next meeting.

2. Scheduled 2023 Meetings –June 19; Aug. 21; Oct. 16; Dec. 18	Dr. Bhargava
3. Adjournment	Dr. Bhargava

COMMITTEE GOALS: 2022 – 2023
1. Continue to incorporate local and national population health issues for CME activity planning. (Addresses Population Health)
2. Utilize support strategies to enhance change as an adjunct to CME activity. (Utilizes Support Strategy)
3. Develop a CME-related continuous professional development plan for CME Committee members. (Supports CPD for CME Team)
4. Demonstrate improvement in the performance of learners. (Improves Performance)

Core Accreditation: Program Analysis: Analyzing aggregated data to see the big picture

**August 21, 2023
CME Committee
minutes reviewed
CME policies.**

RECORDER: Celina Makowski, DHA, MBA, AHIP, CHCP, RHIT; Manager, CPPD/CME

CALLED TO ORDER: 12:15 pm **ADJOURNED:** 12:50 pm

TOPIC	DISCUSSION	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE PARTY
APPROVAL OF MINUTES	The minutes of June 19, 2023 and August 8, 2023 were presented for review.	A MOTION CARRIED to approve the June 19, 2023 and August 8, 2023 minutes as submitted. FORWARD to MEC.	Dr. Makowski
DISCLOSURE STATEMENTS PRIORITY AGENDA	Dr. Bhargava reminded members present to follow up with Dr. Makowski 2023-2024 with any changes throughout the year.	Follow up with members as appropriate.	Dr. Makowski
• CME Policies	The following policies have been reviewed and do not require changes: <ol style="list-style-type: none"> 1. ACCME Accreditation Requirements 2. Authorized Signatures Policy 3. Budget Policy 4. Cancellation Policy 5. Cancer Conferences Educational Activity 6. CME Activity Planning Policy 		

CME/EDUCATION COMMITTEE – August 21, 2023

PAGE 1 of 4

TOPIC	DISCUSSION	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE PARTY
	<ol style="list-style-type: none"> 7. CME Committee Miscellaneous Purchases 8. CME Composition Rules of Operation 9. CME Conflict of Interest/Mitigation 10. CME Creation of CME Book 11. CME Enduring Material 12. CME Program Organizational Structure Policy 13. Commercial Support Policy 14. Community Events: Medical Staff Speakers, Use of Classroom, Use of Hospital Logo 15. Continuing Education Certificates 16. Continuing Medical Education Requests 17. Departmental/Division Meeting Educational Activity Policy 		

Core Accreditation: Program Analysis: Analyzing aggregated data to see the big picture

August 21, 2023 CME Committee minutes reviewed CME Mission Statement.

The CME Mission Statement was submitted for review.

A MOTION CARRIED to keep
current CME Mission Statement.
Obtain signatures as appropriate.

Dr. Makowski

Core Accreditation: Program Analysis: Analyzing aggregated data to see the big picture

June 19, 2023 CME Committee minutes planning CME activities

follow up with the docum members.

PRIORITY AGENDA

- CME Applications & Suggested Topics

Requests:
The following CME application/topics were submitted to CME Committee:

- Diabetic foot infections – from cardiovascular and/or endocrine perspectives
- Diabetic management – from outpatient perspective
- Baker Acts

A MOTION CARRIED to approve both diabetes CME activities. Dr. Makowski

CME/EDUCATION COMMITTEE – June 19, 2023
PAGE 1 of 4

TOPIC	DISCUSSION	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE PARTY
	d. Breast cancer topic – to meet reaccreditation requirements	A MOTION CARRIED to approve the Baker Act topic, but also add "Medical Holds" differentiation from the perspective of Risk Management. Have it as live and enduring activity.	
		A MOTION CARRIED to approve a breast cancer specific presentation.	Dr. Makowski
	The St. Johns County Medical Society asked for joint providership of November 28, 2023 meeting with Parkinson's Disease presentation by Melanie Lomaglio, PT, DPT, MSc, NCS. Confirmation was made that no industry representative was sponsoring the meeting.	A MOTION CARRIED to joint provide the November 28, 2023 St. Johns County Medical Society meeting.	

Core Accreditation: Program Analysis: Analyzing aggregated data to see the big picture

Other area to review and evaluate:

- PARS reports
- Internal planning worksheets

Core Accreditation: Program Analysis:

Analyzing aggregated data to see the big picture

Stakeholders that can assist with CME Program Evaluation

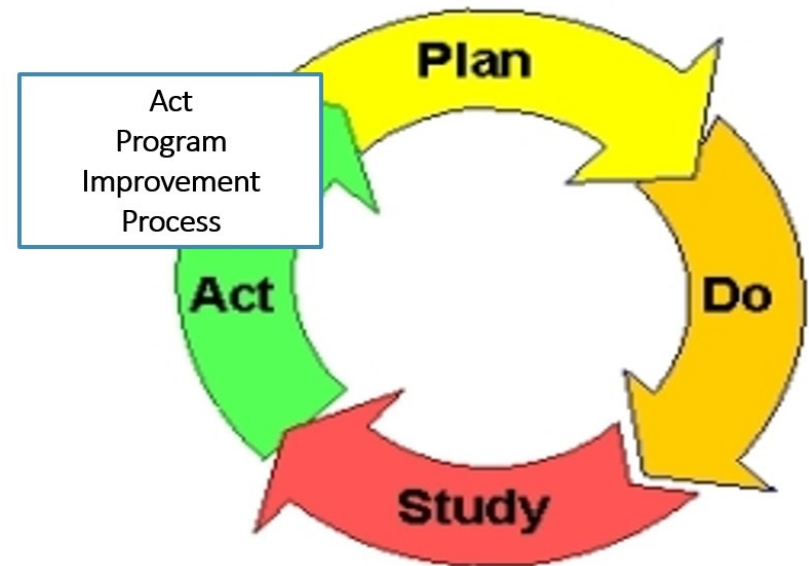
- CME Committee members
- C-Suite Administration
- Hospital Committee Chairpersons
- Joint Providership(s)
- Learners
- Medical Librarian
- Medical Staff President and Departments Chairperson
- Quality Management
- Risk Management

Core Accreditation: Program Improvement

PDSA: ACT

PROGRAM IMPROVEMENTS

The provider identifies, plans and implements the needed or desired changes in the overall program (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission. (formerly Criterion 13)



Core Accreditation: Program Improvement

Update Electronic Tickler File and Plan for Commendation In preparation to write the FMA Self-Application

- 📅 2022 Activities
 - 📅 2023 Activities
 - 📅 2024 Activities
 - 📅 2025 Activities
 - 📅 2026 Activities
 - 📅 2027 Activities
 - 📅 Commendation Criteria Notes
- 📅 CME Committee patient-public representative
 - 📅 CME designed to enhance communication skills of learners
 - 📅 Collaborates with other organizations to address pop. health
 - 📅 CPD activities of CME team
 - 📅 Creation of individualized learning plans for learners
 - 📅 Demonstrates creativity and innovation in the evolution of program
 - 📅 Demonstrates healthcare quality improvement
 - 📅 Demonstrates improvement in performance of learners
 - 📅 Demonstrates the impact of CME program on patients or their communities
 - 📅 Designs CME to optimize technical and procedural skills of learners
 - 📅 Engages in CME research and scholarship
 - 📅 Factors beyond clinical care & health population
 - 📅 Health and practice data for healthcare improvement
 - 📅 Interprofessional planning
 - 📅 Non-CME support strategies
 - 📅 Students in the Health Professions

Core Accreditation: Program Improvement

Additional areas for review:

- **Activity Books – physical or digital**
- **Committee members**
- **Community Demographic Needs/Professional Gaps**
- **Faculty**
- **Forms**
- **Mission Statement & Policies**
- **Personnel**
- **Processes**
- **Activity formats, locations, topics**

Core Accreditation: Program Improvement

Questions to Ask:

- **Did you achieve the previously stated self-study goals? If not, what is the plan?**
- **Has the CME Committee achieved their annual goals? If not, what is the plan?**
- **Has the CME Mission Statement been met? If not, what is the plan?**

Core Accreditation: Program Improvement

Planned 2023 CME Program Evaluation

- *End-of Year CME Goal evaluation**
- *Review hospital initiatives:**
 - *Joint Commission Accreditation for Orthopaedic Joint Replacement**
 - *Commission on Cancer Accreditation Criteria**
 - *Sleep Medicine Accreditation**
 - *Joint Commission Stroke Accreditation**
- *Yearly CME survey of physicians, extenders, hospital personnel**
- *Coordinate with UF Health Marketing Department regarding implementation of UF Health logos into flyer, CME reports, Newsletter, Calendar**
- *Design two new evaluation tools: Implement, research and evaluate**

Core Accreditation: Program Improvement

Status of Identified Changes from 2021 Self-Study

The following are identified changes from the current 2021 Self-Study:

1. Evaluate attendance and participation of CME Committee members to evaluate consistent attendance. **In Process**
2. Develop interprofessional and interdisciplinary team building conferences to mitigate and/or prepare for public health concerns. **Developing**
3. Implementation of new Standards for Integrity and Independence in Accredited Continuing Education within policies and practices. **Done**
4. Implementation of hybrid or streaming CME activities to meet the needs of the growing health system and community members. **In Process**
5. The development and implementation of activities on the topic of teaching physicians/clinical providers how to precept and instruct medical students. **Done**

Core Accreditation: Program Improvement

Keep current with New CME and Medical Practice Changes:

- ACCME website & newsletter
- Florida Medical Society team
- American Medical Association (AMA)
- Alliance for Continuing Education in the Health Professions: website & newsletter
- Agency for Healthcare Research & Quality
- CME blogs: i.e. LinkedIn, Policy and Medicine
- Publications: MeetingsNet; Almanac, The Journal of Continuing Education in the Health Professions, various Medical Journals, i.e. NEJM, JAMAs
- Webinars: ACCME, AMA, Alliance for Continuing Education in the Health Professions, CME Palooza
- Fellow CME Coordinators

Core Accreditation: Program Improvement: Additional Reading

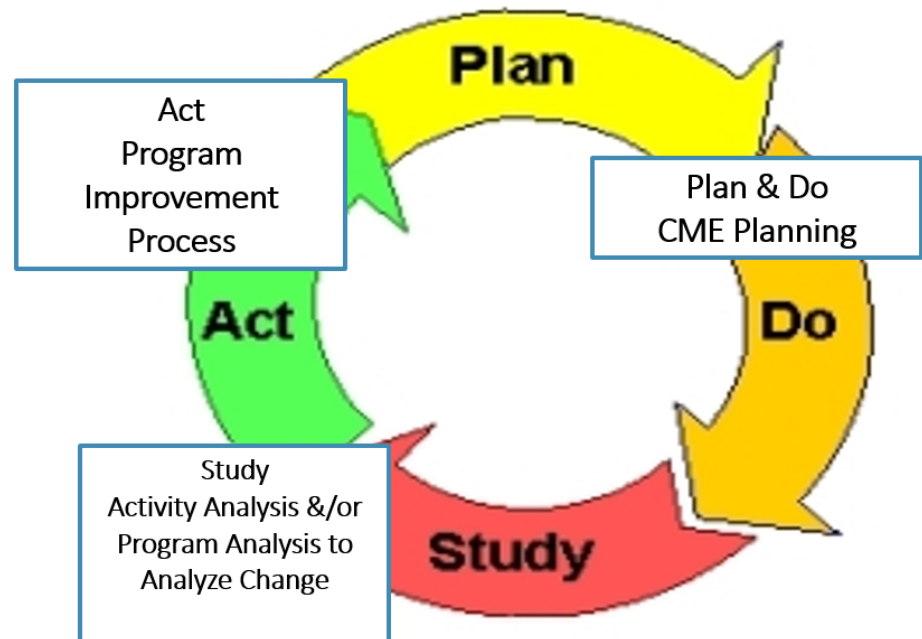
Beginner's guide to measuring educational outcomes in CEhp. (2015). *Alliance for Continuing Education in the Health Professions*. Retrieved from <https://www.acc.org/-/media/Non-Clinical/Files-PDFs-Excel-MS-Word-etc/Meetings/2017/Course-PDFs/Emerging-Faculty/Supplemental-Docs/ACEhp--Beginners-Guide-to-Measuring-Educational-Outcomes-in-CEhp.pdf>

Blooms taxonomy of cognitive learning objectives. (2015). *Journal of the Medical Library Association*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4511057/>

Questions?

Additional PDSA Evaluation Areas?

PDSA Evaluation & Improvement Tool





FMA

Florida Medical Association

Maintenance of Certification (MOC) Continuous Certification (CC)

Melissa Carter, MA, Sr. VP of Education & Member Services
November 10, 2023

My Disclosure

- No relevant financial relationships with ineligible companies
- “A little learning is a dangerous thing”
- Alexander Pope

American Board of Medical Specialties

www.abms.org

Established in 1933, the American Board of Medical Specialties is a non-profit organization which represent 24 broad areas of specialty medicine. ABMS is the largest physician-led specialty certification organization in the United States.

American Board of Medical Specialties

www.abms.org

“The mission of ABMS is to serve the public and the medical profession by improving the quality of health care through setting professional standards for lifelong certification in partnership with Member Boards.”

24 ABMS Member Boards

40 Specialty Certificates and 89 Subspecialty Certificates

- Allergy and Immunology
- Anesthesiology
- Colon and Rectal Surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Medical Genetics and Genomics
- Neurological Surgery
- Nuclear Medicine
- Obstetrics and Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Preventive Medicine
- Psychiatry and Neurology
- Radiology
- Surgery
- Thoracic Surgery
- Urology

- Part 1: Professionalism and professional standing
 - Hold a valid, unrestricted medical license and behave in a professional manner.
- Part 2: Lifelong learning and self-assessment
 - Participate in high-quality, unbiased educational and self-assessment activities determined by your [member board](#).
- Part 3: Assessment of knowledge, judgment, and skills
 - Demonstrate specialty-specific skills and knowledge by passing your member board–approved examination. Pediatricians must pass a secure examination administered at testing centers worldwide.
- Part 4: Improvement in medical practice (PI Projects, SAMS)
 - Engage in ongoing assessment and improvement activities to improve patient outcomes.

Within this four-part framework, each member board has its own specific requirements, options for meeting them and timeframes in which they must be met.

*Professionalism and Accountability:
The Role of Specialty Board Certification*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2394686/>

“The concept of MOC suggests the goal that physicians should be continuously engaged in self-evaluation and improvement of knowledge and practice performance over the course of a career. Boards are developing approaches and products that are more relevant to clinical practice, reduce burdens of redundant data collection and will create incentives for physicians who complete self-evaluation of knowledge and practice performance on a frequent basis, perhaps as frequently as every year; but at this point, that has not been required by most.”

Conclusion

In summary, a combination of knowledge and practice is required to maintain board certification in the United States. The boards are independent entities of peer review, without legal or regulatory status but with significant impact in the marketplace. Given the legitimate public interest in rigorous physician qualifications, it will be ideal if the profession itself can provide trusted and meaningful oversight.

ABMS Portfolio Program

“The ABMS Portfolio Program works through a national network of [Program Sponsors](#) to help physicians and PAs submit their QI work for continuing certification credit from an ABMS Member Board or the [National Commission on Certification of Physician Assistants \(NCCPA\)](#). Sponsors handle essential tasks including activity submissions, attestation approvals, and sending confirmation of activity completion to the ABMS Portfolio Program.”

ABMS Continuing Certification Directory

- The [ABMS Continuing Certification Directory](#)[®] provides board certified physicians an online collection of practice-relevant, accredited continuing medical education (CME) activities for certification.
- Activities in the Directory are accredited for CME through the Accreditation Council of Continuing Medical Education (ACCME) system and are reviewed and approved by one or more of the ABMS Member Boards. They are categorized by ABMS specialty/subspecialty or by ABMS-ACGME competency.

Continuing Certification Directory

Connecting Physicians with Practice-Relevant Activities for Certification



The [ABMS Continuing Certification Directory](https://www.abms.org/cme-activities-for-continuing-certification/)[®] provides board certified physicians an online collection of practice-relevant, accredited continuing medical education (CME) activities for certification.

Activities in the Directory are accredited for CME through the Accreditation Council of Continuing Medical Education (ACCME) system and are reviewed and approved by one or more of the ABMS Member Boards. They are categorized by ABMS specialty/subspecialty or by ABMS-ACGME competency.

<https://www.abms.org/cme-activities-for-continuing-certification/>



Which ABMS Member Boards participate in the ABMS Continuing Certification Directory?

- [American Board of Allergy and Immunology](#)
- [American Board of Anesthesiology](#)
- [American Board of Colon and Rectal Surgery](#)
- [American Board of Family Medicine](#)
- [American Board of Medical Genetics and Genomics](#)
- [American Board of Nuclear Medicine](#)
- [American Board of Ophthalmology](#)
- [American Board of Orthopaedic Surgery](#)
- [American Board of Pathology](#)
- [American Board of Physical Medicine and Rehabilitation](#)
- [American Board of Plastic Surgery](#)
- [American Board of Preventive Medicine](#)
- [American Board of Psychiatry and Neurology](#)
- [American Board of Radiology](#)
- [American Board of Thoracic Surgery](#)
- [American Board of Urology](#)

We've collaborated with American Board of Medical Specialties (ABMS) certifying boards to simplify and align the Maintenance of Certification (MOC) process to better meet the needs of physicians and educators. These collaborations increase the number and diversity of accredited CME activities that meet the requirements for MOC and add value to accredited CME programs.

Note about terminology: The terminology for Maintenance of Certification (MOC) is evolving and each board chooses the name of its own program. MOC is also known as Continuing Certification or Continuous Certification.

[Download the CME for MOC Program Requirements here.](#)

Currently, collaborations are in place with:

- American Board of Anesthesiology (ABA)
- American Board of Internal Medicine (ABIM)
- American Board of Orthopaedic Surgery (ABOS) - Coming soon!
- American Board of Otolaryngology–Head and Neck Surgery (ABOHNS)
- American Board of Pathology (ABPath)
- American Board of Pediatrics (ABP)
- American Board of Surgery (ABS)
- American Board of Thoracic Surgery (ABTS) - Coming soon!

See page 11 of FMA Accreditation Requirements Booklet

Board Maintenance of Certification (MOC)

Virginia Provenza, BA
AdventHealth Orlando CPD Manager



Disclosure

› I have nothing to disclose.



Let's Start with Questions

- › Is anyone providing MOC?
- › Why not?
- › Does your institution offer Tumor Boards?



What is Maintenance of Certification (MOC)?

Physicians must meet continuing education requirements set by the individual certifying boards to remain certified. They can earn credits towards their requirements by participating in accredited CME activities that have applied for MOC.

- › Register activities by applying in PARS when creating your activities.

The screenshot displays the ACCME PARS interface. At the top, the header reads "Accreditation Council for Continuing Medical Education" and "Program and Activity Reporting System (PARS)". Below the header, there is a navigation menu with "Home", "Profile", "Contacts", and "History". The user's profile is identified as "AdventHealth Orlando". The main content area is titled "Maintenance of Certification (MOC)" and shows a "MOC Credit Deadline | 03/31/24". A "Program and Activity Data" button is visible. The activity details include:

- American Board of Pathology**
- Practice Areas**
All Practice Areas (e.g. ethics)
- Credit Type**
Lifelong Learning
- Amount of Credit**
50 points



The ACCME has collaborated with . . .

- › American Board of Anesthesiology (ABA)
- › American Board of Internal Medicine (ABIM)
- › American Board of Otolaryngology-Head & Neck Surgery (ABOHNS)
- › American Board of Orthopaedic Surgery (ABOS)
- › American Board of Pathology (ABPath)
- › American Board of Pediatrics (ABP)
- › American Board of Surgery (ABS)
- › American Board of Thoracic Surgery (ABTS) *coming November 2023*
- › The Royal College of Physicians and Surgeons of Canada recognize activities registered for CME for MOC as meeting the requirements for Royal College MOC Program Section 3 (Self-Assessment Programs) credits.

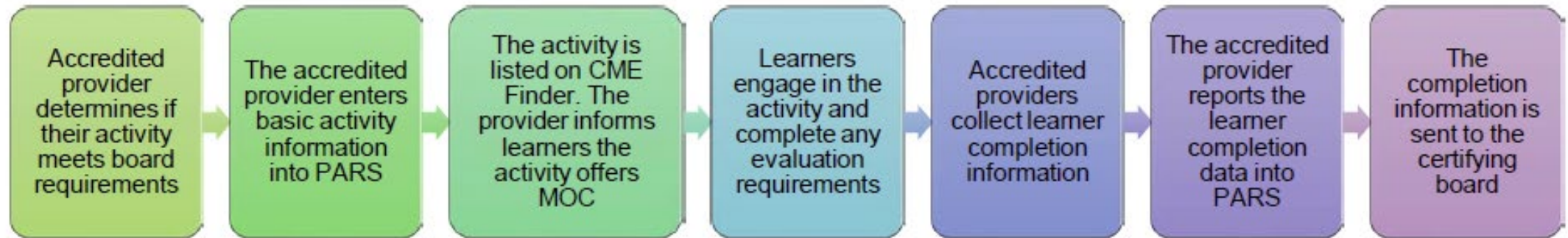


Getting Started

- › Google ACCME *CME that Counts for MOC* and download
- › ACCME MOC Beginners Guide
 - [CME for MOC Beginner's Guide | ACCME](#)
- › ACCME MOC Program Guide (*updated 10/19/23*)
 - [840_20231019_cme_for_moc_program_guide.pdf \(accme.org\)](#)
- › ACCME MOC Evaluation Guide
 - [CME for MOC Evaluation Guide | ACCME](#)



You're Probably Already Doing Most of It



What's Different

- › Activities should be entered into PARS prior to the activity.
- › Activities must include an evaluation which measures learner change.
- › Evaluation doesn't have to be the same for every activity.
 - For Tumor Boards I use *Case Discussion*.
 - Skills Labs use *Simulation*.
 - Grand Rounds and Conferences use *Written Responses* where they write a reflective statement and make a commitment to change or maintain an element in practice.



MOC Credit Type *(Table 1)*

Board & Program Name	Accredited CME	Accredited CME w/Evaluation & Feedback	Accredited CME Improvement Activity	Accredited Patient Safety
ABA MOCA 2.0	Lifelong Learning (Appendix C)	X	X	Patient Safety (Appendix B)
ABIM MOC Assessment	X	Medical Knowledge (Appendix C)	Practice Assessment (Appendix C)	Patient Safety (Appendix B)
ABOHNS CC	X	Self-Assessment (Appendix C)	Improvement in Medical Practice (C)	Patient Safety (Appendix B)
ABPath CC	Lifelong Learning (Appendix C)	X	Improvement in Medical Practice (C)	X
ABP MOC	X	Lifelong Learning & Self-Assessment (Appendix C)	X	X
ABS CC	Accredited CME (Appendix B)	Self-Assessment (Appendix C)	X	X
ABOS MOC	Accredited CME (Appendix B)	Self-Assessment Examination (Appendix C)		
ABTS MOC	Accredited CME (Appendix B)	Self-Assessment (Appendix C)	Performance in Practice	Patient Safety (Appendix B)



Reporting in PARS

- › Sign into PARS and select the *Learner Validation Tool*

Enter the data that you have for your learner

First name and last name are required. Beyond that there are no specific required fields. The more information you can provide, the more likely you are to get a single matched learner.

FIRST NAME *

First name

LAST NAME *

Last name

DOB



LICENSING STATE

🔍 Select a state or province

LICENSING ID

Licensing id

BOARD NAME

🔍 Enter Board Name

BOARD ID

Board Id

NPI

NPI

MEDICAL SCHOOL

🔍 Select a medical school



Batch Reporting in PARS

› Sign into PARS and select the *Learner Search*

Learner Search

11,213 Learners Download All Learners

Show: 10 Per Page Sort by: Board ↓

<input type="checkbox"/>	Bo:	AB:	Submitted	Accepted	Rejected	Activity	Activity ID	Internal ID	Submitted	Accepted	Rejected	Status
<input type="checkbox"/>	2023 Tumor Boards: Rectal Orlando	AdventHealth Orlando Organization ID: 4003261				Regularly Scheduled Series	202360459	CME16805	0	812	103	Accepted
<input type="checkbox"/>	ABS	Armando Rosales	10/14	080045		2022 Tumor Boards: Gastrointestinal (GI) Orlando	202049769		2/22/22	2/22/23	1 Total Earned 1 Accredited CME	Accepted
<input type="checkbox"/>	ABS	Bruce Orkin	4/21	042977		2023 Tumor Boards: Rectal Orlando	202360459		2/28/23	3/25/23	1 Total Earned 1 Accredited CME	Rejected ?
<input type="checkbox"/>	ABS	Brian Kogon	5/2	058308		2022 Case Conference: Congenital Cardiac Care	201835707		2/21/22	2/22/23	1 Total Earned 1 Accredited CME	Accepted
<input type="checkbox"/>	ABS	Brian Kogon	5/2	058308		2022 Case Conference: Congenital Cardiac Care	201835707		12/05/22	2/22/23	1 Total Earned 1 Accredited CME	Accepted

2023 Tumor Boards: Rectal Orlando View + Add Learners

AdventHealth Orlando | Organization ID: 4003261 Submitted: 0 Accepted: 812 Rejected: 103

Regularly Scheduled Series Activity ID: 202360459 | Internal ID: CME16805

Accepted

MOC Points Awarded Are Greater Than Amount Listed For Activity.

Rejected ?



ADD A SLIDE TITLE
- 5

