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IACME and ISMS Collaborative Conference

Friday, October 1, 2010

Spearheading this effort on behalf of IACME and working on the event is Rita LePard, ISMS Education Staff Specialist and IACME Director, and Jeanette Harmon, IACME Program Committee Chair.

The Illinois Perspective on the Updated Criteria: an IACME Forum to Provide Ideas and Practice Examples to Meet the New Criteria

We are continuing our series of articles addressing the updated criteria. These articles focus on the first 15 criteria, as a similar series addressing 16-22, has been published in the Alliance for CME Almanac. This month, two IACME members address criteria 11 and 12 using examples from their CME programs. Please join the discussion on LinkedIn if you have any feedback you want to share with your colleagues! See the IACME LinkedIn Discussion Group box at the bottom of this issue.

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

C12 *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.*

Hospital Perspective

1. The process my organization used to define C11&12

- Developed new and revised CME Policy and Procedures in response to the 2006 Criteria for Accreditation. Included policies

and procedures on development and implementation of CME activities involving more specific requirements for activity evaluation/measuring expected results, e.g. change in competence, performance, or patient outcomes.

- Revised the organization's CME mission statement.
- The CME Committee Chair supported the importance of overall program evaluation. Program evaluation became part of regular CME Committee work. It is now one of the periodic CME Committee Meeting agenda items.

2. The action my organization took to implement C11&12

- Follow policy and procedure on development and implementation of CME activities
 - Commitment to activity evaluation/outcome measures is embedded in the planning process, specifically, CME Activity Planning Form, mandated in the CME Policy.
 - Approve only those activity proposals that include complete activity planning form with clear indication of evaluation/outcome measure means.
 - Collaborate with the quality department on patient outcome analysis/summary.
 - Perform quarterly activity evaluation/outcome summary review and discuss changes at a CME Committee meeting.
- Instituted an annual CME program assessment in light of the mission statement at a CME Committee meeting
 - Worksheet that covers all mission statement points is prepared ahead of time to help guide CME Committee discussion.
 - All statistical information on activities (program) is gathered ahead of time by the CME Coordinator to help facilitate the discussion and help complete the worksheet.
 - In the past, we have had a focus group that met prior to the CME Committee meeting and conducted the program assessment. The committee analyzed the feedback that the focus group provided subsequently.

3. Aspects of leadership required

- CME Coordinator
 - CME Policy and Procedure development
 - Evaluation/outcomes summary reports
 - Worksheet preparation
 - Activity/program statistical information compilation
 - Serve as liaison in order to facilitate interdepartmental collaboration, e.g. collaboration with the Department of Quality Resource Management
- Department of Quality Resource management
 - Patient outcomes assessment/analysis/summary
- CME Committee

- CME Policy and Procedure approval; following and enforcing CME Policy and Procedures
- Program review and assessment
 - Discussing reports, contributing to program assessment in light of the mission statement
- Organizational Leadership
 - CME Policy and Procedure approval by Medical Executive Committee and Board of Directors
- Physician Champions
 - Taking time to participate in a focus group

4. Key challenges/barriers and how were they addressed?

BARRIER: The scope of the information that goes into an annual CME program assessment in light of the mission statement is broad, and therefore may be cumbersome to review/discuss.

SOLUTION: CME Coordinator and Department of Quality Resource Management to summarize and organize information/data in a succinct manner.

BARRIER: Time and skills needed to analyze patient outcomes.

SOLUTION: Strong collaborative ties with the quality department.

BARRIER: Not every activity may involve patient outcome measures, or physician performance measures, a lot of activities address physician competence only.

SOLUTION: Setting up realistic expected results for both activities and overall program, with the knowledge that not every activity will provide data on physician performance or patient outcomes.

5. What recommendation do you have for best practice regarding C11&12?

- Taking time to conduct overall program assessment allows for program improvement going forward. It also helps to write a good self study. Don't be discouraged by the amount of work that goes into it. Conduct your program assessment at least once a year, throughout your accreditation cycle. Conducting program assessment right before the accreditation won't be effective, because subsequently, changes to program will have to be identified and implemented, and one has to have adequate time for that.
- Activity evaluation/assessment is a transitional step that may/should help in overall program evaluation. You might look at the outcomes of your activities for one year as part of your annual program evaluation.
- It is important to stay realistic about what you can measure. Furthermore, what you measure should be congruent with the expected results portion of your mission statement. Review and revise your mission, if necessary. Set achievable goals.

Association Perspective

What process did you undergo to define C12?

In addition to ongoing review of the results of individual activities, an overall program evaluation and analysis is conducted on an annual basis to assess our program's strengths and identify areas for improvement. As part of this annual program review, we review a variety of data, including activity participation, content, evaluation and finances to help assess the extent to which our organization's CME mission has been met. Data relevant to how well the complement of our activities meets C16-C22 is also reviewed and analyzed.

What action did you undertake to implement C12?

The first step involves a staff analysis of various data regarding our CME program, including (but not limited to) the following:

- Individual activity evaluation data (including overall assessment of the activity, learners' perception of commercial bias, and the percentage of participants who indicate an intent to change based on the content of the activity)
- Learner demographics (to ensure we are meeting our target audience)
- A breakdown of content areas covered by our activities
- A breakdown of desirable physician attributes covered by our activities
- A report on funding and use of commercial support
- Summaries of any policy or process changes in the previous year
- Analysis of how our program is (or isn't) meeting C16-C22
- A report on the status of recommended improvements/changes from the previous year's analysis
- Recommendations for improvement in the coming year

This analysis is compiled into one document, which is then reviewed and discussed by our CME committee. Staff develops questions to serve as a discussion guide. ACCME's accreditation toolkit provides some useful questions to frame our discussion. Our discussions were adapted from ACCME resources, and include:

1. Did we provide the types of activities we intended?
2. How are the activities delivered through our CME Program helping to change learners? For example, is the content or format of our activities helping our physician audience make changes? How do we know?
3. Were our actual results and our expected results the same?
4. Did we meet our mission?
5. Based on what we know about how well our overall CME program is doing, what are some areas for improvement? How do these areas relate to our mission?

The discussion that results from our review is a valuable process to help us meet C12. Since a discussion also includes a discussion of recommended improvements (as well as a report on the status of previous recommended improvements), this process is also very valuable to help meet C13-C15.

What aspects of leadership were required for you to do this?

Staff engaged with various stakeholders in the planning process including activity managers and members of our CME Committee.

What were your key challenges/barriers and how were they addressed?

- Refining our understanding of ACCME criteria and the ACCME's expectations for providers to implement these criteria continues to be a key challenge for staff and the CME committee. Staff addresses these barriers through research, dialogue with colleagues and conversations with ACCME.
- Getting our CME committee as well as individual CME activity managers to understand the updated criteria and our own program's evolving expectations is a challenge. Providing continuous opportunities for education and consultation on our process is one way we have tried to address this barrier.

What recommendation do you have for best practice regarding C12?

A summary report that contains all of the data you've analyzed – as well as the results of your analysis – is a helpful way to document C12.

How is your organization addressing Criteria 11 and 12?

What you are doing may help your colleagues, or spark questions that will help you! **Add to the conversation on the IACME LinkedIn Discussion Group! Go to:**

Go to:

http://www.linkedin.com/groups?gid=1903150&trk=myg_ugrp_ovr

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