Agenda

Utah Alliance for Continuing Medical Education Conference

Time	Title and Speaker
8:00 AM	Sign-in and Breakfast
9:00 AM	Welcome and Introductions *Misty L. Birch, CME Program Manager, Western Division, IASIS Healthcare*
9:15 AM	Using CME to Strategically Advance Your Organization (based on Graham's Academic Medicine article "The Leadership Case for Investing in Continuing Professional Development") link: http://journals.lww.com/academicmedicine/Abstract/publishahead/The_Leadership_Case_for_Investing_in_Continuing.98264.aspx *Marcia K. Martin, Director of Provider Education, ACCME*
9:45 AM	Successful Strategies for Dealing with the Executive Suite: A View From Above *Susan E. DuBois, CPCS* *AVP of Physician Relations, Medical Affairs, and CME, Intermountain Healthcare* *Marc Jackson, MD, MBA* *CME Medical Director, Intermountain Healthcare*
10:15 AM	Break
10:30 AM	Exploring the ACCME's Menu of Criteria for Accreditation with Commendation - overview & exercise/examples *Marcia K. Martin, Director of Provider Education, ACCME*
12:00 PM	Lunch
12:45 PM	Conflict of Interest Flowchart - overview of conflict of interest and group exercises *Marcia K. Martin, Director of Provider Education, ACCME*
1:45 PM	Getting to know you and UACME Business
2:15 PM	Break
2:30 PM	Utilizing (Incorporating) MOC in your CME Program: Lessons from the Field *Jackie Lehman, Utah Medical Association* *Teresa Puskedra, Ogden Surgical-Medical Society*
3:00 PM	C-11- C-13 Review- Panel
3:30 PM	Wrap-Up *Marci Fjelstad, University of Utah*
4:00 PM	Adjourn

The Leadership Case for Investing in Continuing Professional Development

Graham T. McMahon, MD, MMSc

Abstract

Continuing medical education (CME) has the power and capacity to address many challenges in the health care environment, from clinician well-being to national imperatives for better health, better care, and lower cost. Health care leaders who recognize the strategic value of education and engage their people in education can expect a meaningful return on their investment—not only in terms of the quality and safety of their clinicians' work but also in the spirit and cohesiveness of the clinicians who work at their institution. To optimize the benefits of education, clinical leaders need to think of accredited CME as the professional development vehicle that can help them drive change and achieve goals, in consort with quality improvement efforts, patient safety projects, and other systems changes. An empowered CME program, with its multiprofessional scope and educational expertise, can contribute to initiatives focused on both clinical and nonclinical areas, such as quality and safety, professionalism, team communication, and process improvements. In this Invited Commentary, the author describes principles and action steps for aligning leadership and educational strategy and urges institutional leaders to embrace the continuing professional development of their human capital as an organizational responsibility and opportunity and to view engagement in education as an investment in people.

When I ask health care leaders how they are nurturing their most precious resource, it's rare for me to get a response other than a furrowed brow. That look is usually followed by confusion when I ask them to identify an underused and low-cost solution that can improve clinical performance, nurture effective collaborative teams, create meaning in work, and reduce burnout. The answer is, of course, education—but it's surprising how few health care leaders have embraced the continuing professional development of their human capital as an organizational responsibility and opportunity.

Engagement in the learning journey of health care professionals as they seek to improve their competence and expertise is an investment in people. Accredited continuing medical education (CME) is one of the key resources that supports this lifelong pursuit. Accreditation ensures that CME is relevant, evidence based, and responsive to learners' needs; designed according to adult learning principles; evaluated for its effectiveness; and independent of commercial interests. Accredited CME has the power and capacity to address many of the challenges we face in the health care environment, from clinician well-being to national imperatives for better health, better care, and lower cost. But this power and capacity are underused—in part because of misperceptions about CME's purpose, scope, and effectiveness and a lack of awareness about its evolution.

The perception of CME as only lectures in dark rooms or grand rounds with dwindling numbers of participants listening passively to an expert is increasingly anachronistic. Equally outdated is the view that CME is about rubber-stamping applications for credit. The end point of CME is not the credit that's attained for licensing, certification, or credentials; rather, it is learning.

CME has evolved to become a multidisciplinary approach for engaging clinicians where they live, work, and learn. It's about creating teams, putting a mentor at a clinician's elbow, giving clinicians feedback at the bedside or in the clinic, employing simulation and other educational technology to support learning, and building longitudinal relationships. This evolution in accredited CME offers dynamic opportunities for institutional leaders to build "educational homes" that address strategic system goals while nurturing the professional development—and passion—of their clinicians and teams.

To optimize the benefits of education, clinical leaders need to think of CME as the professional development vehicle that can help them drive change and achieve goals, in consort with quality improvement (QI) efforts, patient safety projects, and other systems changes. An empowered CME program, with its multiprofessional scope and educational expertise, can contribute to initiatives in both clinical and nonclinical areas, such as quality and safety, professionalism, team communication, and process improvements. By leveraging the convening power of education, you can create a community of faculty and learners across teams as well as across the continuum from residency into fellowship, practice, and beyond. By investing in a robust accredited CME program in your institution, you may encourage clinicians to spend less time getting their education elsewhere and boost awareness of your institution's own clinical experts. You can also enhance your institution's reputation as an organization delivering quality education that is relevant and meaningful for your practitioners and responsive to the needs of your community.

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To achieve these goals, leaders should empower their institution's CME unit to function in a leadership role and participate as a partner in strategic initiatives. CME professionals know how to develop implementation plans for their institution's quality and safety priorities. They understand the barriers to change specific to the institution and community and can create solutions to help overcome them. Their experience partnering with public health organizations and their expertise about local issues as well as public and population health priorities on the national level, coupled with their access to a wide variety of curricula, can help to boost your institution's reputation as an education leader. By supporting the achievement of your quality and safety goals and by engaging in public health priorities, the CME unit can help to position your organization as a health care leader.

Exploring the Potential of CME

To begin exploring the potential for CME to advance your institutional goals, I recommend asking yourself three questions.

What can I do to leverage the convening power of education to achieve my institution's mission?

To be effective, CME must have active support and engagement from institutional leaders and the medical staff. Meet with your CME professionals and identify how education can support the achievement of strategic goals throughout your organization. Work with your CME and leadership teams to ensure that education is linked to institutional strategy. Make sure that you are not just doing "one and done" grand rounds—on heart failure, for example—but, rather, creating ongoing curricula to support longitudinal behavior change—to reduce, say, readmissions of patients with heart failure—coupled with process and systems changes, measurement, and reporting. Develop an annual educational strategy, and continually assess and evolve it to reflect your institution's changing environment and needs. It is challenging to isolate the unique impact of education, as separate from QI or other initiatives. However, research has shown that CME is effective in improving physician performance and patient care.[1] It is worth investing in outcomes measurement. You'll see the return on your educational investment when you have data showing improvements in clinician performance and well-being, team care, service, processes, quality, safety, and patient outcomes. With these data, you can demonstrate your leadership and your institution's commitment to delivering optimal care. You can help your learners see the impact of the changes they're making, too.

Are your CME and QI departments collaborating effectively?

CME and QI departments can work together for their mutual benefit. With QI data, CME professionals can target education to address the specific needs of your institution, often leveraging and reformulating existing curricular materials. These education initiatives can also disseminate QI standards and engage clinicians in meeting them.

Are you investing in your educators to help you achieve your strategic goals?

Within health care institutions and systems, teachers and mentors must be celebrated, promoted, and remunerated for the value they bring in advancing care quality. By creating and funding the position of chief learning officer or the equivalent, institutional leaders will more effectively leverage educational resources to meet institutional needs and goals. Chief learning officers can connect education across the continuum and the health professions, overseeing curricula as well as the efficient use and sharing of learning spaces. Remember that educators also need education. Give them the time and resources to advance their own professional development so they can continuously improve educational quality and their ability to act collaboratively as your strategic partners.

Three Principles for CME Programs

After you have developed your educational strategy, I suggest you apply the following three principles to help maximize the effectiveness of CME in supporting your institutional goals.

Engage clinicians with institutional priorities

Clinicians need to be attentive to institutional priorities, not just their personal learning priorities. Physicians can be protective of their time and responsibilities and tend to want to engage only in education that they perceive to be most relevant to themselves and their practice. Education creates engagement that solidifies and formalizes the relationship between the institution and the learners. Institutional leaders can utilize education as a vehicle to expand physicians' vision beyond their individual needs and to build awareness about their role in supporting quality and safety priorities outside their specialties.

Use education to nurture functional teams

To reap the greatest return on your institution's investment in education, you will need to build a collaborative learning culture. We acculturate clinicians to be decisive and confident, but patient safety is compromised when confidence is not matched by ability.[2] Promoting self-awareness as part of your institution's culture is key to improving patient care and safety because it allows clinicians to stop if they are unsure, seek advice from a colleague or access resources, and ensure they are making the right decision at the right time.

Education needs to promote mutual respect and reflection. It can provide a safe space where all voices are heard regardless of profession or position and all members of the team are encouraged to speak up and to hold their colleagues accountable through feedback.

Education builds connections that improve and sustain team performance. There is a growing body of evidence demonstrating that interprofessional continuing education (IPCE) is effective in improving in health care professionals' knowledge, attitudes, competence, and performance[3,4]; there is also evidence that patient and/or system outcomes are positively affected.[4] CME offices are well positioned to lead efforts to promote improvement in cross-professional competencies, such as change management, leadership, communication skills, professionalism, cultural competency, compassionate care, faculty development, and how to teach and learn in teams. Through IPCE initiatives, physicians can learn from colleagues in other disciplines and other professions (e.g., nursing, social work,

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pharmacy) about how to support and nurture teams.

Many institutions have seen tangible results after investing in the formation and maintenance of functional teams.[5,6] Empowered teams can more effectively solve complex problems, watch out for and take care of each other, and help team members see the value of their contributions—not only in patient care but also in the collaboration itself.

Breaking down silos among professions and throughout the medical education continuum, including the involvement of undergraduate and graduate medical education leadership, improves efficiency and the allocation of resources across an institution's educational programs. An integrated learning environment that enables health care professionals, residents, and students to share conferencing space, learning management systems, and other resources will help drive team development.

Use education to attend to clinician well-being

Research shows that, across all sectors, high-performing organizations have high-performing teams,[7] and that training plays an essential role in reducing turnover and burnout and in improving morale, productivity, and the quality of services. To optimize the effectiveness of education, health care leaders should ensure that clinicians have the time and resources to engage in CME. Allowing clinicians to spend time with each other—whether an hour per day or per week—creates care networks that help sustain the culture of your organization. Clinicians have greater loyalty to organizations where the love of learning that precipitated their entry into the profession is nurtured in their professional roles.

CME can also help reduce burnout, turnover, and absenteeism. Clinicians who learn self-care are more likely to incorporate balance in their lives and to be able to spot and support colleagues who are struggling.[8] Investing in education demonstrates your commitment to your clinicians' well-being and resilience, which can both increase your staff retention and boost your institution's attractiveness to new hires.

Bringing It Together

Ultimately, health care leaders who recognize the strategic value of education and invest in their people can expect a meaningful return—not only in terms of the quality and safety of their clinicians' work but also in the spirit and cohesiveness of the clinicians who work in their institution. Engagement in education can help to bring out and restore joy in our profession. Leaders who recognize the remarkable capacity of our clinician community and the role of education in supporting them need not respond with confusion when asked how they are nurturing their most precious resource. Rather, they can instead reply confidently, "The answer is education!"

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References

1 Cervero RM, Gaines JK. The impact of CME on physician performance and patient health outcomes: An updated synthesis of systematic reviews. J Contin Educ Health Prof. 2015;35:131–138.
2 Meyer AN, Payne VL, Meeks DW, Rao R, Singh H. Physicians' diagnostic accuracy, confidence, and resource requests: A vignette study. JAMA Intern Med. 2013;173:1952–1958.
3 Hammick M, Freeth D, Koppel I, Reeves S, Barr H. A best evidence systematic review of interprofessional education: BEME guide no. 9. Med Teach. 2007;29:735–751.
4 Reeves S, Fletcher S, Barr H, et al. A BEME systematic review of the effects of interprofessional education: BEME guide no. 39. Med Teach. 2016;38:656–668.
5 McMahon GT, Katz JT, Thorndike ME, Levy BD, Loscalzo J. Evaluation of a redesign initiative in an internal-medicine residency. N Engl J Med. 2010;362:1304–1311.
6 World Health Organization. Framework for action on interprofessional education & collaborative practice. http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HPN_10.3_eng.pdf?ua=1. Published 2010. Accessed January 16, 2017.
7 Society for Human Resource Management. Developing and sustaining high-performance work teams. https://www.shrm.org/resourcesandtools/tools-and-samples/toolkits/pages/developingandsustaininghigh-performanceworkteams.aspx. Published July 23, 2015. Accessed January 10, 2017.
8 Sanchez-Reilly S, Morrison LJ, Carey E, et al. Caring for oneself to care for others: Physicians and their self-care. J Support Oncol. 2013;11:75–81.

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UTAH ALLIANCE FOR CME
2017 PROVIDER CONFERENCE

MARCIA MARTIN
DIRECTOR, PROVIDER EDUCATION

Accreditation Council for Continuing Medical Education
learn well

USING CME TO STRATEGICALLY ADVANCE YOUR ORGANIZATION

Why is CME important to all of us?

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AN INSTITUTIONAL HYPOTHESIS:

"A more effective *educational home* can help your organization achieve your mission"

Educational Home to Support Each Clinician

Strategy
- Build positive relationship with clinicians
- Restore joy
- Reduce burnout
- Improve retention

Tactic
- Clinician survey of needs
- Communicate your shared value of education
- Make time for learning
- Invest in educators
- Promote supportive mentoring
- Leverage convening power of education - bring people together, share information, increase engagement, reduce offsite travel
- Build Activities - for teams, communities, wellness, professionalism

Educational Home to Support Teams

Strategy
- Value educators
- Restore joy
- Create functional teams
- Reduce burnout

Tactic
- Communicate your shared value of learning
- Convene people
- Build
  - Team development activities
  - Communication programs
  - Wellness programs
  - Professionalism unit
- Invest in educators
- Interprofessional education

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Educational Home to Support Institutional Evolution in Quality

Strategy
- Connect institutional and individual goals
- Facilitate engagement in performance improvement
- Nurture teams
- Build reputation as
  - -a community partner
  - -a national leader

Tactic
- Create annual education strategy
- Develop a chief learning officer
- Align QI with CME/CPD
- Promote interprofessional education
- Pursue and share outcomes evaluation
- Make performance improvement relevant
- Build team activities

Educational Home to Address Professional and Regulatory Requirements

Strategy
- Meet learners needs
  - - MOC
  - - Licensure
- Meet expectations of
  - - CLER
  - - Joint Commission
- Maximize incentives
  - - CMS improvement activities

Tactic
- Launch LMS
- Issue and track clinician credits and learning
- Coordinate improvement work
- Align and convene groups

An Educational Home to Support Continuous Improvement

Strategy
- Promote clinician self-awareness
- Help clinicians be empowered in their own environments
- Create functional teams
- Promote interprofessionalism

Tactic
- Implement formative evaluation
- Make performance improvement relevant
- Share organizational objectives and data
- Encourage mentoring
- Unified educational space management
- Professionalism unit

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Key Tactics for Educational Development

People	Technology	Collaborations	Information
- Chief learning officer - Educators - Time to convene - Clinician empowerment - Mentorship	- LMS - Process improvement engine	- QI w/CME - UME, GME w/CME - Med, Nursing, Pharmacy and other professions - Educational space - Professionalism - Wellness	- Survey of needs - Annual educational strategy - Outcome data

Reflective Self-Assessment

- Open Your Pocket Guide
- Guiding Questions
  - for you
  - for your CME Team
  - for your Leadership

TRANSFORMING CME WITH YOU

Encouraging flexibility and innovation in continuing medical education.

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ALIGNMENT AND EVOLUTION

AMA Collaboration

Evolving AMA PRA system to:

- Simplify expectations
- Harmonize with ACCME requirements
- Shared glossary
- Facilitate and encourage innovation and flexibility

ALIGNMENT AND EVOLUTION – AMA COLLABORATION

"Other" Activities

Examples:

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

- Providers can designate credits on an hour-per-credit basis, using their best reasonable estimate of the time required to complete the activity
- ACCME will modify PARS to enable providers to enter "other" as an activity type.

Visit www.accme.org for more information

EVOLVING MAINTENANCE OF CERTIFICATION (MOC)

CME that Counts for MOC

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

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EVOLVING MAINTENANCE OF CERTIFICATION (MOC)

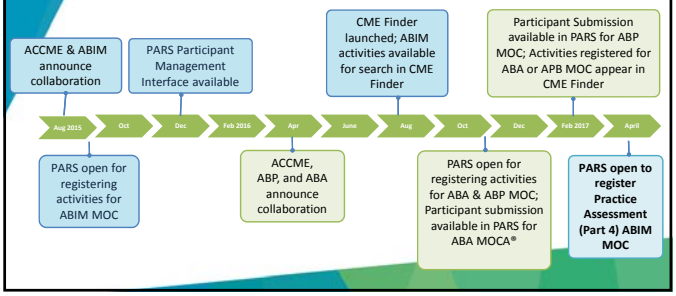
ACCME is working with Boards to…

Make it easy for accredited providers to offer a variety of

- MOC points for existing and new activities
- Shared view of what counts
- Maximize flexibility by adopting trust-and-verify
- Centralized data management
- Pilot QI programs through accredited providers

EVOLVING MAINTENANCE OF CERTIFICATION (MOC)

Milestones



EVOLVING MOC – EXPANDING ABIM COLLABORATION

ABIM Practice Assessment Guidelines

Activities should:

- address quality or safety gap supported needs assessment OR support completion of needs assessment
- address care, care processes, or systems of care in one or more of the National Academy of Medicine's quality dimensions or one or more of the three Aims or six Priorities articulated in the National Quality Strategy
- have specific, measurable aim(s) for improvement
- use measures appropriate to the aim(s) for improvement
- include interventions intended to result in improvement;
- include appropriate data collection and analysis of performance data to assess the impact of the interventions

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EVOLVING MOC - EDUCATIONAL RESOURCES

www.accme.org/cmeformoc

ACCME Website

- *Ask ACCME* FAQs
- How-To Tutorials
- ABA, ABIM, & ABP Requirements
- Technical Resources – http://www.accme.org/technical-information

Events/Training

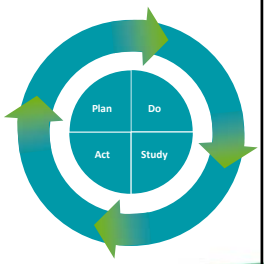
- Archived Webinars (free)
- CME for MOC "Ask Your Questions" Webinar (free)
  - Sept. 20, 1:00 pm CT
  - Nov. 15, 2:00 pm CT
- ACCME 2018 Meeting

OVERVIEW OF NEW COMMENDATION CRITERIA

What is the value of Accreditation with Commendation for you?

From continuous improvement of your **learners**…

…to continuous improvement of your **CME Program** (and organization!)



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From continuous improvement of your **learners**…

…to continuous improvement of your **CME Program** (and organization!)

ACCME ACCREDITED WITH COMMENDATION

Evolving Commendation

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

Option B – Menu of Criteria for Accreditation with Commendation

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

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The Menu Approach

16 Criteria in five categories

- Choose 7 from any category
- Choose (at least) 1 from "Achieves Outcomes" category

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

Members of inter-professional teams are engaged in the planning and delivery of interprofessional Continuing education (IPCE).
C23

Patient/public representatives are engaged in the planning and delivery of CME.
C24

Students of the health professions are engaged in the planning and delivery of CME.
C25

Addresses Public Health Priorities
www.accme.org/publichealthpriorities

The provider advances the use of health and practice data for healthcare improvement.
C26

The provider addresses factors beyond clinical care that affect the health of populations.
C27

The provider collaborates with other organizations to more effectively address population health issues.
C28

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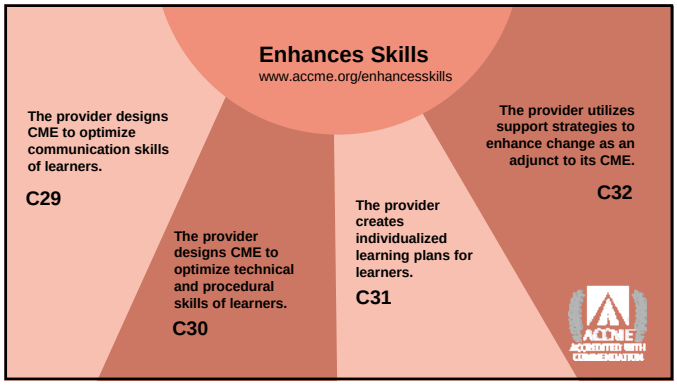

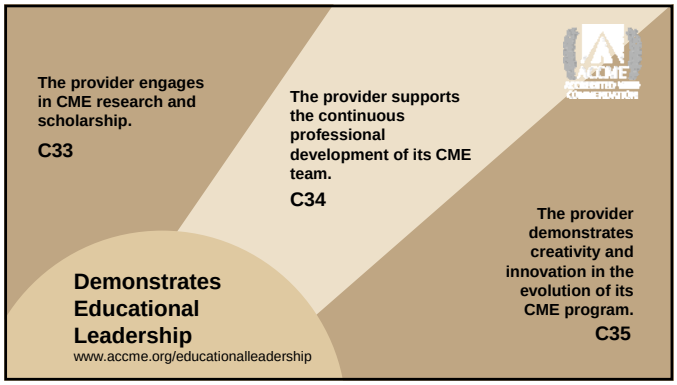

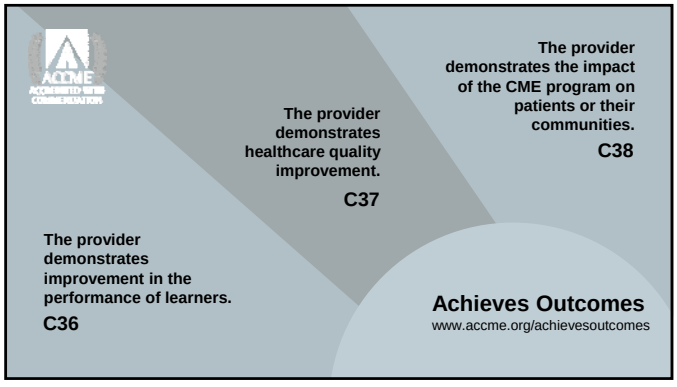

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Determining Compliance

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

Criterion requirement

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Determining Compliance

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

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

Rationale for each Criterion's inclusion

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Determining Compliance

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

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Critical Elements required to demonstrate Compliance

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The Standard for measuring Compliance

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Determining Compliance (cont)

- Activity-based vs program-based **standards**
- Sliding scale to accommodate CME programs of different sizes
- Approaches for demonstrating compliance include:
  - Attestations
  - Submitting evidence at review *(It may be possible to meet multiple Criteria with one CME activity.)*
  - Examples and descriptions

Exercise!

What do/could these Criteria look like at your organization?

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Accreditation Council for Continuing Medical Education
learn well

ACCME's Menu of Criteria for Accreditation with Commendation

What is the Criterion that you group is addressing? *(write the number and the language of the Criterion)*
C_____:

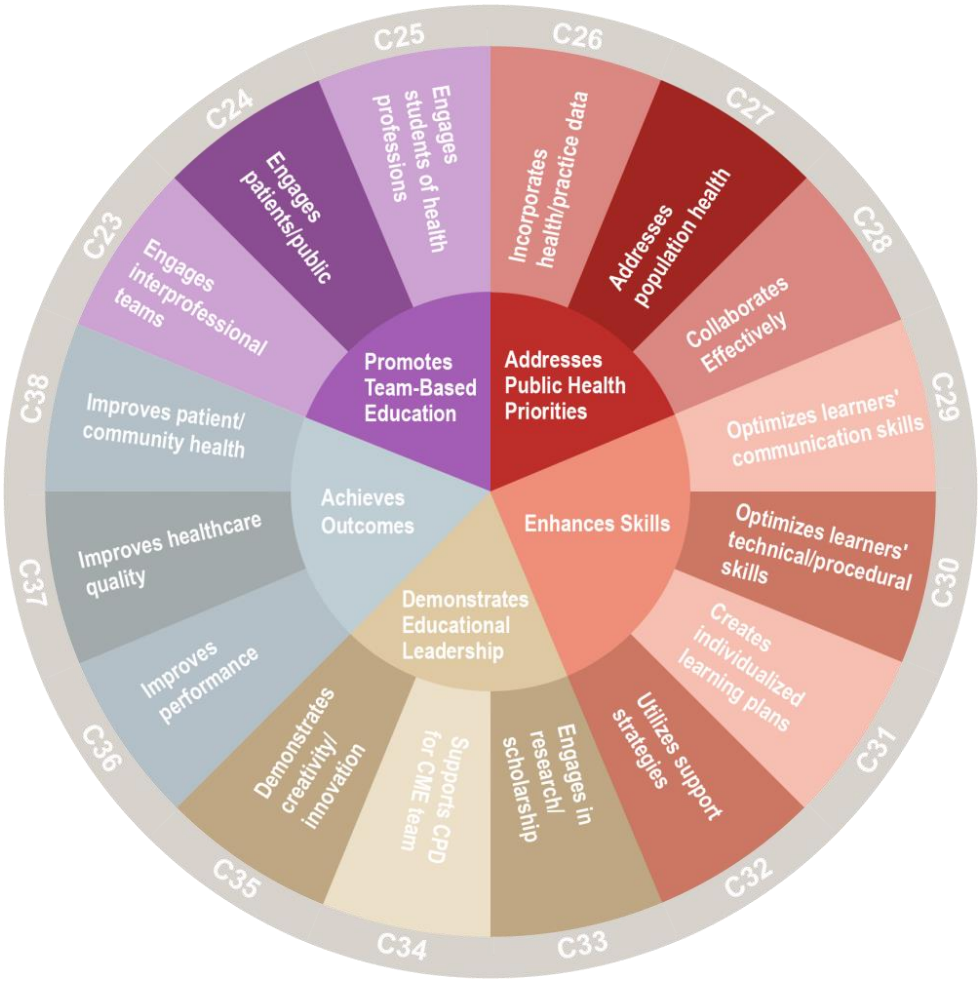
Now look at the "Rationale", "Critical Elements", and "The Standard" for your Criterion in the Menu of Criteria for Accreditation with Commendation document. You and your team will brainstorm what ***one example*** of this criterion might look like in practice.

THINK-PAIR-SHARE Brainstorming:

Describe examples that meet the Critical Elements:

Accreditation Council for Continuing Medical Education
learn well

ACCME's Menu of Criteria for Accreditation with Commendation



○ **Circle** the criteria that your CME program is likely already meeting**.**

☆ **Star** the criteria that you could see incorporating into your CME Program

Who could you partner with in order to position your CME department to meet the starred criteria?

1.
2.

What might be some of your next steps….

1.
2.
3.

THANK YOU!

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Contact us: info@accme.org

CONFLICT OF INTEREST FLOWCHART

A tool for Identifying & Resolving COI

About This Tool

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

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

Get the flowchart and step-by-step tutorial on the ACCME website at www.accme.org/coiflowchart.

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Ensuring Independence

ACCME expects accredited organizations to ensure independence by:

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

Key Terms

Commercial Interest

ACCME defines a **commercial interest** as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

Relevant Financial Relationship

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

Key Terms (Cont)

Who is "**in control of content**"?

If someone in connection to the activity has the opportunity to affect the content, they are "in control of content."

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

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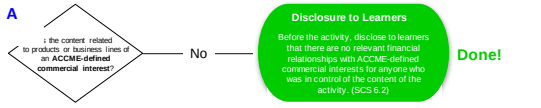
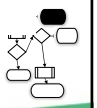
Let's Get Started

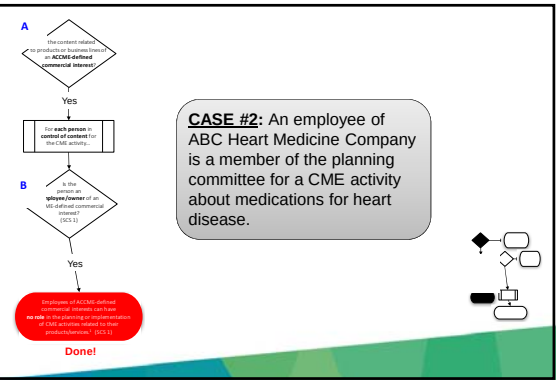
Start early! Use this flowchart early in your planning process to make sure you can implement your approaches to ensure independence *during* the planning process and *before* the educational activity occurs.

Start at A



CASE #1: Dr. Jones is a speaker for a CME activity focused on improving team communication and coordination for chronic diseases.





CASE #2: An employee of ABC Heart Medicine Company is a member of the planning committee for a CME activity about medications for heart disease.

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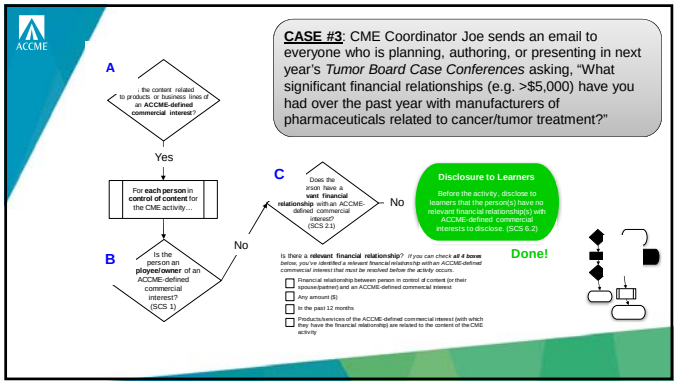

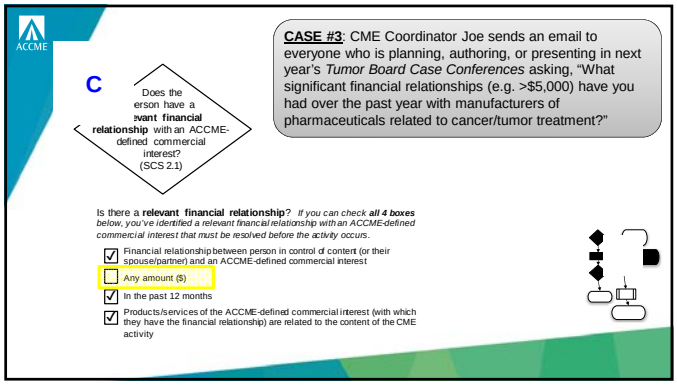

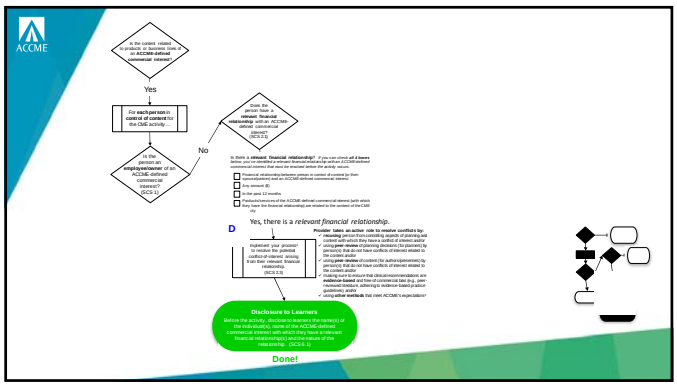

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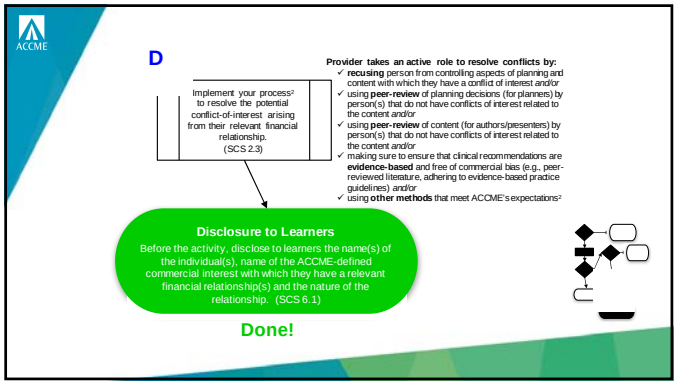

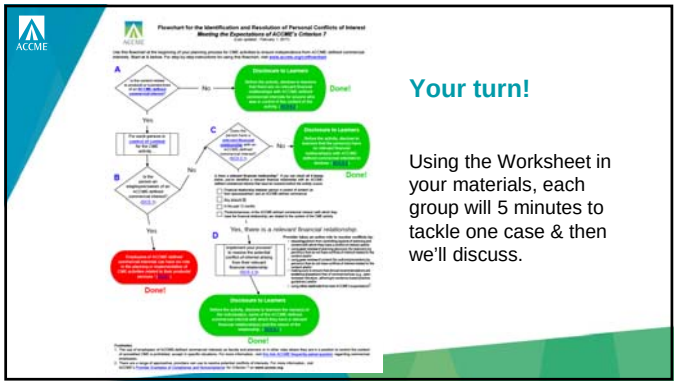

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Maintenance of Certification (MOC)

Utah Alliance for CME Annual Conference

August 23, 2017

Salt Lake City

Maintenance of Certification (MOC)

- MOC can add value to your CME program by helping physicians fulfill their board requirements.
- The ACCME has partnered with the ABA, ABIM, and ABP to include MOC points for certified CME activities.

Designating an Activity for MOC

- The activity is directly or jointly provided by a **provider accredited within the ACCME system**.
- The activity is **certified for *AMA PRA Category 1 Credit™*** in one of the approved activity types such as course, enduring material, internet activity, regularly scheduled series.
- The activity is **relevant to physician learners**.
- The **Board statement** is included in any activity materials that reference MOC credit.
- There are some additional requirements for designation by ABIM and for patient safety.

	ABA	ABIM	ABP
Assessment	No.	Yes. Assessment, threshold, feedback, and verification required.	Yes. Assessment, threshold, feedback, and verification required.
Content review	No, but selections must be made from ABA's list of topics.	Yes. Review by two peers who are not the original authors or presenters.	Yes.
Content required	Yes. Patient safety (20 of 250 AMA Category 1 Credits)	No. Patient safety optional.	No.
Participation policy	Notify learners that data will be shared with the ACCME.	Notify learners that data will be shared with the ACCME.	Notify learners that data will be shared with the ACCME.
Designation policy	MOC statement	MOC statement	MOC Statement
Reporting	In a timely manner.	Variable; per session, module, activity, etc.	Per activity. (when complete only)
MOC points awarded	MOC points = number of AMA Category 1 credits awarded	MOC points = number of AMA Category 1 credits awarded	Whole numbers only.
Certificate	No. (transcript)	No. (transcript).	Yes.
PARS	Yes. Diplomate #	Yes. Diplomate #, birth mm/dd	Yes. Diplomate #, birth mm/dd

Use ACCME's PARS to report MOC points for an accredited CME activity

- Register the activity in PARS for a participating specialty board's MOC program.
- Once the activity is registered in PARS, enter and submit participant completion data in PARS.

  Note: Reporting participant completion data varies by board and activity type

Evaluation of an Activity Designated for MOC

- An **evaluation component** that measures the impact of the activity on the learners' knowledge, strategies/skills (competence), performance, and/or patient outcomes
- A minimum **participation threshold** that demonstrates a learner's meaningful engagement in the activity
- A process to **provide feedback to learners**

Note: If knowledge is measured for MOC (e.g., quiz), the ACCME still requires an evaluation that addresses changes in competence, performance, or patient outcomes.

Evaluation Mechanism	Evaluation Method	Participation Threshold	Feedback Method
Case Discussion	Learners asked to share with each other and group how they would approach the case at various stages	Learner actively participates in the conversation as judged by a group leader or observer	The outcome of the case is shared
Written Responses	Learners write down what they have learned and indicate commitment to change or maintain practice element	Learner writes a reflective statement and makes a commitment to change or maintain element of practice	Leader/facilitator summarizes what was discussed and best next steps for learners
Audience Response System	Learners select answers to provocative questions using the ARS	Learner attempts an acceptable number of questions; threshold set by provider	Answer to each question is shared in dialogue or writing, including rational for correct answers with relevant citations
Quiz	Learners complete answers to a quiz during or after an activity	Fraction of answers correct set by provider	Best answer to each question discussed or shared including rationale/citations
Table-Top Exercise	Learners write down next steps in an evolving case at various set points	Learner writes a possible next step to each question	Best practice at each step is discussed or shared after each set point
Simulation	Learners demonstrate strategy/ skill in simulated setting (e.g., role-play, simulation lab)	Learner participates in simulation as judged by a facilitator or observer	Best practice or technique is discussed and shared throughout or at conclusion of simulation

Boards require the provider to

- Collect participant completion data
- Obtain permission from the participant to share completion data with the ACCME
- Transmit the completion data to the ACCME on behalf of the participant

Providers should collect participant information

- Board ID
- First and last names
- Date of birth
- Activity completion date
- PARS activity identifier
- MOC points

UMA Foundation
Extending the Reach of the Healer's Hand

Suicide Prevention
Overview
MOC Eligibility

Purpose: Approximately 45 percent of all individuals who die by suicide visited a primary care physician in the month preceding their death. Yet according to the Utah Behavioral Health Workforce Suicide Prevention Survey, only 57 percent of physicians said they were confident in their skills to help/assist a suicidal individual. This training will provide physicians with information and resources in suicide screening and risk assessment/triage, brief evidence-based interventions to reduce suicide risk, skills in communicating with patients at risk of suicide, and an increased understanding of available resources.

Learning Objectives: Following this activity, participants should be able to
1) Describe the epidemiology of suicide;
2) Identify the warning signs and risk factors for suicide;
3) Assess a patient's suicide risk;
4) Develop a safety plan with the patient;
5) Access available resources.

Continuing Education

The UMA Foundation is accredited by the Utah Medical Association to provide continuing medical education for physicians. The UMA Foundation designates this internet activity enduring material for a maximum of 1.0 *AMA PRA Category 1 Credits™.* Physicians should claim only the credit commensurate with the extent of their participation in the activity.

MOC Eligibility Information

See MOC Eligibility tab for information.

Disclosures

All those involved in the planning and presentation of this activity have no relevant financial relationships to disclose.

This activity is supported by a grant from the Utah Division of Substance Abuse and Mental Health.

Course Date

Release Date: July 15, 2017
Expiration Date: July 15, 2020

You must complete the initial self-assessment, the educational module, and the evaluation in order to receive credit. The evaluation will test your knowledge; you must receive at least a 75 percent on the T/F and Multiple Choice to receive credit. In addition, you must complete a thoughtful self-reflection statement before your CME certificate can be sent. You will receive an electronic certificate of award or certificate of completion after you finish the activity.

For questions about this education content, please contact Kim Meyers at kmyers@utah.gov.

Click here to complete your self-assessment. Once you have finished, you can begin the video.

https://cme.utahmed.org/products/suicide-prevention

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 1.0 Medical Knowledge MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Obtain ABIM ID at https://www.abim.org/online/findcand.aspx

Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn 1.0 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit.

Obtain ABP ID at www.abp.org/content/verification-certification

Please write a reflective statement that describes what you learned from this activity and how your practice will change because of it.

	True	False	Information
The rate of suicide varies significantly from state to state	X		The rate of suicide by state ranges significantly from a low of 7.8 per 100,000 in New York and a high of 28 per 100,000 in Wyoming. Utah has a rate of 23 per 100,000.
Less than a quarter of people who die by suicide have seen their primary care provider in the month before they died		X	Studies have shown that approximately 45% of individuals who die by suicide had contact with their primary care provider in the month before their death.

The ACCME has a wealth of information on how to designate an activity for MOC.

Go to www.accme.org and search *MOC.*

CME that Counts for ABA MOCA	Anesthesiology
CME that Counts for ABIM MOC	Internal Medicine
CME that Counts for ABP MOC	Pediatrics