the Strategic Value of the Accredited CME System

Specialty Society - Board Summit
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Accreditation Council for Continuing Medical Education
This is CME

A Question in Practice

Self assessment

Data

Information

Analysis

Synthesis

Knowledge

Didactic

Handson

Reflection

Wisdom

Strategy

Interaction

Physician Performance

System Obstacles

Competence

“Learning and Change,” JCEHP, 2005
ACCME Criteria*

C1 Mission
C2-C6 Educational Planning
C7-C10 Ensuring Independence
C11-C12 Org. Self-Assessment
C13-C15 Improvement
C16-C22 Engagement

*2006

ACCME 2013 Data

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Providers</td>
<td>2,000</td>
</tr>
<tr>
<td>Activities</td>
<td>140,000</td>
</tr>
<tr>
<td>Hours</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Physicians</td>
<td>14,000,000</td>
</tr>
<tr>
<td>Others</td>
<td>11,000,000</td>
</tr>
</tbody>
</table>

MOC 2015

- Part I – Professionalism & Professional Standing
- Part II – Lifelong Learning
- Part III – Assessment of Knowledge, Judgment & Skills
- Part IV – Improvement in Medical Practice

General Standards
CME Activities and Participants with/without Commercial Support – 2013

<table>
<thead>
<tr>
<th></th>
<th>Activities</th>
<th>Physician participants</th>
<th>Nonphysician participants</th>
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<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
<td>Count</td>
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<tr>
<td>No CS</td>
<td>79,930</td>
<td>83%</td>
<td>9,307,409</td>
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<tr>
<td>CS</td>
<td>16,317</td>
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<td>2,211,447</td>
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<td>Total</td>
<td>96,247</td>
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Percentage of CME Designed to Change Competence, Performance, or Patient Outcomes - 2013

Percentage of CME Analyzed for Change in Competence, Performance, or Patient Outcomes - 2013
Engagement...

**Criterion 16:** The provider operates in a manner that integrates CME into the process for improving professional practice.

Compliance with C16 = 62%

- CME activities part of a multi-year collaborative for long-term care facilities to improve practice/quality of healthcare team. Coordinated effort for implementation of EHR, improving immunization rates, and advancement of the medical home.

- The CME program provides a long-term, multi-interventional performance improvement project for rural primary care physicians, offering an expert consult for participants to address difficult cases.

- CME is integrated into the process for improving professional practice through direct practice assessment and measurement of performance data from within its own institution, the local community, and its statewide partnership with medical schools.

**Criterion 21:** The provider participates within an institutional or system framework for quality improvement.

Compliance with C21 = 59%

- Department-specific QI activities are inserted into RSS sessions. CME Director participates on Patient Safety Committee & Medical Staff Review Board. CME integrated with process improvement stemming from adverse events.

- Clinical efficacy assessment and performance measurement subcommittees inform identification of practice gaps, liaise with national quality coalitions and develop diabetes quality improvement activities.

- Engages with CMS Physician Quality Reporting Initiative, [and] National Quality Forum to develop peer-reviewed quality measures. Provider educates its membership and provides tools for integration into practice for adopted measures.

http://www.accme.org/examples-compliance-and-noncompliance
What % can you impact?

Social and economic factors
- Education
- Employment
- Income
- Family & social support
- Community safety

Health factors
- Tobacco use
- Diet & exercise
- Alcohol use
- Unsafe sex

Physical environment
- Environmental quality
- Built environment

Clinical care
- Access to care
- Quality of care

40% 30% 20%

http://www.countyhealthrankings.org/our-approach