

## Application of the Updated Criteria to MSV Accredited Health Care Provider System CME Programs

### INTRODUCTION

This document provides a framework for defining the value of continuing medical education in health care delivery systems. Only organizations that provide health care are eligible for continuing medical education (CME) accreditation through the Intrastate Accreditation Committee of the Medical Society of Virginia (MSV). The framework presented herein:

- 1) addresses the Accreditation Council for Continuing Medical Education (ACCME) Updated Criteria (Accreditation Criteria), as they may be applied to health care provider systems, and
- 2) proposes requirements to support CME initiatives in patient safety and in health care quality improvement.

In the US, continuing medical education is defined as "...educational activities which serve to 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."<sup>1</sup> Recent efforts to further elaborate the role of education in health care led the Institute of Medicine to develop core competencies for health care professionals.<sup>2</sup> In a separate initiative, the Accreditation Council for Graduate Medical Education, working with the American Board of Medical Specialties (ABMS), also generated core competencies for quality patient care. At present, the MSV CME Accreditation Program recognizes both the IOM and ACGME/ABMS Core Competencies and embraces the ACGME/ABMS Core Competencies for organizing CME that typically is used for the Maintenance of Certification Program of the ABMS and in maintenance of licensure programs that may be developing across the US. The Six Core Competencies currently include:

- **Patient Care**-Provide care that is compassionate, appropriate and effective treatment for health problems and to promote health.
- **Medical Knowledge**-Demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care.
- **Interpersonal and Communication Skills**-Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g. fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).
- **Professionalism**-Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.
- **Systems-based Practice**-Demonstrate awareness of and responsibility to larger context and systems of health care. Be able to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).
- **Practice-based Learning and Improvement**-Able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their practice of medicine.

Ordinarily CME is viewed as restricted by definition to physicians; however, in 2009, CME programs accredited by the ACCME and the state medical societies combined reported 38.7% of participants in their CME activities were not physicians.<sup>3</sup> Recent studies point to the need for physicians, nurses, pharmacists and other allied health care professionals to work in interdisciplinary teams for optimal

<sup>1</sup> Accreditation Policies. Accreditation Council for Continuing Medical Education. Website. Accessed April 22, 2010.

<sup>2</sup> The core competencies needed for health care professionals. In: Greiner AC, Knebel E, eds, Health professional education: a bridge to quality. Washington DC: National Academy Press, 2003, 45-73.

<sup>3</sup> 2009 Annual Report Data for Providers of CME. ACCME website. <http://www.acme.org>. Accessed May 12, 2011

patient care and safety. Including all those who participate in the care of individual patients is recognized as an important component of better education for health care quality improvement.<sup>4</sup>

A primary role of CME providers in health care systems is to facilitate quality of care and patient safety through CME activities and educational interventions that address core competencies for professionals who provide patient care. To that end, the CME program is integrated into the health care system, and recognized as a collaborator in quality of care initiatives. The CME program develops activities and educational interventions that identify educational needs of physician learners, address health care problems and resolve gaps in practice. In activities and educational interventions that emphasize an interdisciplinary approach to patient care, CME includes nurses, pharmacists and other allied health professionals who participate in the care of individual patients. In this capacity, the CME program serves as a facilitator of high quality care and of patient safety.

### MISSION STATEMENT C1

**ACCME Accreditation Criterion 1:** The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

- **APPLICATION TO MSV ACCREDITED HEALTH CARE PROVIDER SYSTEM CME PROGRAM:** THE MISSION STATEMENT INCLUDES THE PURPOSE OR REASON FOR THE CME PROGRAM RELATED TO IMPROVEMENTS IN PATIENT CARE, THE TARGET AUDIENCE FOR ACTIVITIES AND EDUCATIONAL INTERVENTIONS, THE TYPE OF ACTIVITIES PROVIDED AND THE EXPECTED RESULTS OF THE PROGRAM IN CHANGING COMPETENCE, PERFORMANCE AND/OR PATIENT OUTCOMES.

### PROGRAM PLANNING C2-C6

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

- **APPLICATION TO MSV ACCREDITED HEALTH CARE PROVIDER SYSTEM CME PROGRAM:** FOR PLANNING ACTIVITIES/ EDUCATIONAL INTERVENTIONS THE CME PROGRAM ACCESSES HOSPITAL OR HEALTH CARE SYSTEM DATA TO IDENTIFY PROBLEMS RELATED TO PATIENT CARE AND GAPS IN PRACTICE.

**ACCME Accreditation Criterion 3:** The provider generates activities/educational interventions that are designed to change competence, performance, and/or patient outcomes as described in its mission statement.

- **APPLICATION TO MSV ACCREDITED HEALTH CARE PROVIDER SYSTEM CME PROGRAM:** THE CME PROGRAM USES INFORMATION OBTAINED FROM HOSPITAL OR AND/OR HEALTH CARE SYSTEM DATA TO DETERMINE WHETHER KNOWLEDGE, SKILLS, ATTITUDES OR OTHER FACTORS ARE INFLUENCING PERFORMANCE.

**ACCME Accreditation Criterion 4:** The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.

- **APPLICATION TO MSV ACCREDITED HEALTH CARE PROVIDER SYSTEM CME PROGRAM:** THE CONTENT OF ACTIVITIES AND EDUCATIONAL INTERVENTIONS RELATES TO THE LEARNERS' PRACTICE.

**ACCME Accreditation Criterion 5:** The provider chooses educational formats for activities/educational interventions around content that are appropriate for the setting, objectives and desired results of the activity.

- **APPLICATION TO MSV ACCREDITED HEALTH CARE PROVIDER SYSTEM CME PROGRAM:** THE CME PROGRAM CONSIDERS THE EDUCATIONAL FORMATS MOST CONDUCTIVE TO ACHIEVING THE DESIRED OUTCOME OR OBJECTIVE OF ACTIVITIES AND CHOOSES EDUCATIONAL FORMATS TO FACILITATE CHANGES IN ATTITUDES, KNOWLEDGE, COMPETENCE OR PERFORMANCE.

**ACCME Accreditation Criterion 6:** The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).

- **APPLICATION TO MSV ACCREDITED HEALTH CARE PROVIDER SYSTEM CME PROGRAM:** ACTIVITIES AND EDUCATIONAL INTERVENTIONS ARE DEVELOPED TO ADDRESS ONE OR MORE CORE COMPETENCIES OF THE AMERICAN BOARD OF MEDICAL SPECIALTIES/ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION.

<sup>4</sup> Introduction. In: Greiner AC, Knebel E, eds, Health professional education: a bridge to quality. Washington DC: National Academy Press, 2003, 2.

## COMMERCIAL SUPPORT OF CME C7-C10

### ACCME Accreditation Criteria C7-C10

**C7:** The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6)

**C8:** The provider appropriately manages commercial Support (if Applicable SCS 3).

**C9:** The provider maintains a separation of promotion from education (SCS 4).

**C10:** The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest

- **APPLICATION TO MSV ACCREDITED HEALTH CARE PROVIDER SYSTEM CME PROGRAM:** THE CONTENT OF ACTIVITIES AND EDUCATIONAL INTERVENTIONS PROMOTE IMPROVEMENTS IN HEALTH CARE AND IS NOT INFLUENCED BY COMMERCIAL OR PROPRIETARY INTERESTS. (*REFER TO THE COMPLETE STANDARDS FOR COMMERCIAL SUPPORT OF CME.*)

## EVALUATION C11 and C12

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

- **APPLICATION TO MSV ACCREDITED HEALTH CARE PROVIDER SYSTEM CME PROGRAM:** THE RESULTS OF CME ACTIVITIES AND EDUCATIONAL INTERVENTIONS ARE EVALUATED FOR CHANGES IN LEARNERS' ATTITUDES, KNOWLEDGE, COMPETENCE, OR PERFORMANCE, INCLUDING PATIENT OUTCOMES.

**ACCME Accreditation Criterion 12:** 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.

- **APPLICATION TO MSV ACCREDITED HEALTH CARE PROVIDER SYSTEM CME PROGRAM:** THE RESULTS OF ACTIVITIES AND EDUCATIONAL INTERVENTIONS ARE CONTINUOUSLY STUDIED OVERALL TO DETERMINE THE EXTENT TO WHICH THE CME PROGRAM MEETS EACH COMPONENT OF ITS CME MISSION.

## PROGRAM IMPROVEMENT C 13-15

### ACCME Accreditation Criterion 13-14

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

**C14:** The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the mission, are underway or completed.

- **APPLICATION TO MSV ACCREDITED HEALTH CARE PROVIDER SYSTEM CME PROGRAM:** DEFICIENCIES AND CHANGES REQUIRED TO IMPROVE THE CME PROGRAM IN REGARD TO MEETING ITS MISSION ARE CONTINUOUSLY IDENTIFIED AND IMPLEMENTED.

**C15:** The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.

- **APPLICATION TO MSV ACCREDITED HEALTH CARE PROVIDER SYSTEM CME PROGRAM:** THE RESULT OF CHANGES MADE TO IMPROVE THE CME PROGRAM IN REGARD TO MEETING ITS MISSION ARE CONTINUOUSLY STUDIED.

## ENGAGEMENT WITH ENVIRONMENT C16, C20, C21, C22

### ACCME ACCREDITATION CRITERION C 16, C 20, C21 AND C 22

**C16:** The provider operates in a manner that integrates CME into the process for improving professional practice.

**C20:** The provider builds bridges with other stakeholders through collaboration and cooperation.

**C21:** The provider participates within an institutional or system framework for quality improvement

**C22:** The provider is positioned to influence the scope and content of activities/educational interventions.

- **APPLICATION TO MSV ACCREDITED HEALTH CARE PROVIDER SYSTEM CME PROGRAM:** THE CME PROGRAM IS ENGAGED IN THE HOSPITAL OR HEALTH CARE SYSTEM INITIATIVES FOR IMPROVING THE QUALITY OF PATIENT CARE THROUGH COLLABORATION WITH OTHER STAKEHOLDERS INSIDE THE HOSPITAL OR HEALTH CARE SYSTEM, AND IT IMPLEMENTS ACTIVITIES AND EDUCATIONAL INTERVENTIONS TO IMPROVE PROFESSIONAL PERFORMANCE INCLUDING PATIENT SAFETY AND HEALTH CARE QUALITY IMPROVEMENT.

**CME INITIATIVES BEYOND ACTIVITIES/EDUCATIONAL INTERVENTIONS C 17-19**

**ACCME Accreditation Criterion 17:** The provider utilizes non-educational strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback)

- **APPLICATION TO MSV ACCREDITED HEALTH CARE PROVIDER SYSTEM CME PROGRAM:** THE CME PROGRAM FACILITATES DESIRED CHANGES IN ATTITUDES, KNOWLEDGE, COMPETENCE OR PERFORMANCE THROUGH OTHER MEANS IN ADDITION TO CME ACTIVITIES AND EDUCATIONAL INTERVENTIONS.

**ACCME Criterion 18:** The provider identifies factors outside the provider's control that impact on patient outcomes.

- **APPLICATION TO MSV ACCREDITED HEALTH CARE PROVIDER SYSTEM CME PROGRAM:** THE CME PROGRAM IDENTIFIES BARRIERS TO CHANGING LEARNERS' ATTITUDES, KNOWLEDGE, COMPETENCE, AND/OR PERFORMANCE THAT IMPACT ON PATIENT OUTCOMES.

**ACCME Criterion 19:** The provider implements educational strategies to remove, overcome or address barriers to physician change.

- **APPLICATION TO MSV ACCREDITED HEALTH CARE PROVIDER SYSTEM CME PROGRAM:** THE CME PROGRAM IMPLEMENTS STRATEGIES TO REMOVE BARRIERS TO CHANGES IN LEARNERS' ATTITUDES, KNOWLEDGE, COMPETENCE OR PERFORMANCE.