## Strategies for Implementing the Proposed New ACCME Criteria for Commendation Briefing and Strategy Webinar Series for the CME Community WEBINAR 1: CRITERIA 23, 27, 28, 29 AND 36—NOVEMBER 19, 2014



General Orientation to the New Proposed Criteria



How <u>We've</u> Organized	the Criteria
<ul> <li>We will cover all of the criteria</li> <li>But, we've grouped them as they relate to</li> </ul>	• WEBINAR #1 WILL COVER: • Criteria 27 & 28
<ul> <li>similar topics</li> <li>And, as they relate to the interviews</li> </ul>	• Criteria 29 & 36
we've conducted	WEBINAR #2 WILL COVER:     Criterion 35
Today's discussion includes:     Health Informatics     Health of Populations     Individualized CME Learning and Outcomes	• Criterion 37
	Criteria 23 & 24/30     WEBINAR #3 WILL COVER:
	Criterion 32
	Criterion 26     Criterion 33
	Criterion 34



Implementation of Health I	nformatics
C27: Activities that teach about the implementation of health informatics Teaches learners how to "apply the wisdom gained from health information" to improve health and promote changes in practice CME content based on real-time events and data-driven by healthcare outcomes So, what are Health Informatics Competencies?	Realth Individualized CME ACTIVITIES Individualized Health of Populations

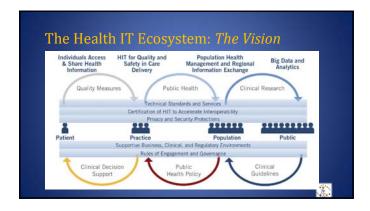
## Competencies in Clinical Informatics<sup>2</sup> All physicians should have the following skills sets:

- Find, search, and apply knowledge-based information to patient care Effectively read and write from the electronic health record
- Provide care using population health management approaches (listen to Dr. Van Dijk's
- Protect patient privacy and security
- Use information technology to improve patient safety

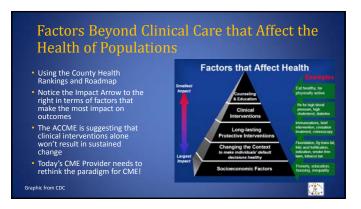
## **Competencies in Clinic Informatics**

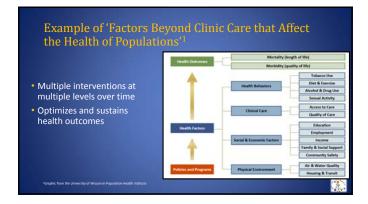
- Engage in quality measurement selection and improvement
- Use health information exchanges (HIE) to identify and access patient information across clinical settings
- <u>Engage patients</u> to improve their health and care delivery though personal health records and patient portals
- Provide clinical care via telemedicine and refer those for whom it is necessary





CME That Affects the Health of Populations
<ul> <li>C28: CME Program addresses factors beyond clinical care that affects the health of populations         <ul> <li>Placing clinical education in a proper context that involves factors beyond clinical care that impact on outcomes</li> </ul> </li> </ul>









Criteria 29 & 36		
Individualized CME		
C29: Development of individualized CME activities		
<ul> <li>Consistent with MOC in which physicians assess their own gap</li> </ul>	<u>s</u> in	
performance • Learners must produce data and information about the individ	lual's	
professional practice gaps and educational needs	lual S	
Development of an individualized curriculum tailored to		
individualized needs  Individual learners are evaluated for changes in their compete	nce	
and/or performance and/or their patients' outcomes		
	ECALA .	
Individual Learner Improvement		-
<ul> <li>C36: Improvement by individual learners in their own performance-in-practice</li> </ul>		-
own performance-in-practice oRewards CME providers that can demonstrate that		
individual learners have improved their performance-		
<u>in-practice</u> <ul><li>Links to C29 but focuses on measurement of individual</li></ul>		
learner improvement		
oTo full realize compliance with Individualized CME, this		
criterion can be implemented by the CME provider as a companion to C29		
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	7.0	

