

# Strategies for Implementing the Proposed New ACCME Criteria for Commendation

*Briefing and Strategy Webinar Series for the CME Community*

**WEBINAR 2: CRITERIA 23, 24, 30, 35 AND 37—DECEMBER 2, 2014**



## Welcome!

Principal Presentation Facilitators:



Judy Sweetnam, M.Ed., CCMEP



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Susan O'Brien



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Panelists &  
Discussants:



## Criterion 35 – Proctor-Ready Skills



### CME Related to AMA PRA Requirements for Designating New Procedures and Proctor-Readiness

- Places extra value on offering CME that is skill-based and prepares learners to be proctor-ready
- Very specific processes required by the AMA
- This criterion will only be of interest to those providers that teach skill-based, hands-on education



## AMA PRA Guidance on New Procedures Credits

- AMA PRA defines four levels of procedural CME credits, but Criterion 35 requires that Level 3 or above be met to satisfy requirements of C35
- Level 3 requires that learner's achieve 'proctor-readiness', which means that learners have been observed to be able to successfully perform the procedure under proctor supervision
- Level 3 assumes that learners have satisfied requirements for Levels 1 and 2:
  - Level 1 requires that learners attend and complete the course
  - Level 2 requires that the learner has satisfactorily met all learning objectives
- AMA PRA also provides for a Level 4 of procedural credits that is a step beyond Level 3 and involves *Preceptorship in a Clinical Setting*, and subsumes completion of Levels 1, 2, and 3
- The faculty director alone, under the provider's guidance, must take responsibility for setting course objectives, developing the curriculum, overseeing faculty, and determining the criteria by which to evaluate trainees.



## AMA PRA Guidance on New Procedures Credits

- Providers certifying new procedure credits must verify physician COMPETENCE to perform the procedure in accordance with the learning objectives set by the course director
- 'Competence' asserts the physician can successfully perform the procedure without further supervision
- Because a physician's completion of a new procedures course may provide evidence of competence for hospital privileges, for example, the provider must maintain a narrative description of the nature of the skill or procedure for which the learner has been judged proctor-ready





## Evidence of Compliance for C35

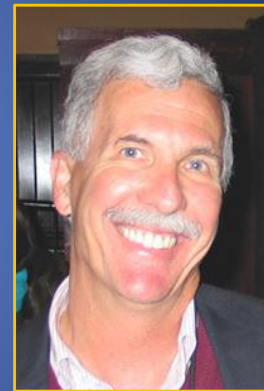
- Documentation of compliance with C35 requires:
  - Complete planning notes showing the specific skill-based learning objectives to be achieved by learners
  - Course materials from the general orientation to the skills for learners
  - Criteria by which the proctors judged the learners to be 'proctor-ready' and had successfully mastered the specific learning objectives
  - Photos of the skill stations (not required, but a good idea nonetheless!)
  - Evidence of learner attendance
  - Other requirements from the detailed AMA PRA Guidance on skill-based education (download this document from the handout materials available at the Passin Associates website (see last slide for link))



## Interview with Beverly Hughes Professor Michael Brannick



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BEVERLY HUGHES IS THE CHIEF OPERATING OFFICER OF THE UNIVERSITY OF SOUTH FLORIDA (USF) CENTER FOR ADVANCED MEDICAL LEARNING AND SIMULATION (CAMLs) AND EXECUTIVE DIRECTOR, CONTINUING PROFESSIONAL DEVELOPMENT; DR. MICHAEL BRANNICK IS PROFESSOR OF PSYCHOLOGY AT USF



# Criteria 23, 24 & 30

## Multi-interventional approaches and Interprofessional Collaboration



## Multi-Interventional Approaches and Interprofessional Collaboration

- **Criterion 23—The provider Uses a Multi-Interventional Approach to Maximizing the Impact of CME**
- More than one format within an activity combined in a series of activities AND/OR
- A series of sessions/formats to address one professional practice gap
- Optimizes effectiveness in CME and facilitates changes by learners
- Serial learning opportunities or curriculum approaches







## Evidence of Compliance for C23

- Document compliance with the agenda from each part of a multi-series activity
- If possible, compare and contrast outcomes measurements from learners who completed one part of a series vs. many parts of series to (hopefully) show better results when learners engaged in multiple interventions on a single gap or need
- Show planning notes in which you can demonstrate that the intention of the activity was to use multiple interventional approaches to build on knowledge and competence over time—as a strategy to attain better results



## Multi-Interventional Approaches and Interprofessional Collaboration

- **Criterion 24—Engages in interprofessional collaborative practice in the planning and delivery of interprofessional continuing education activities.**
  - Inclusion of multiple health workers from different professional backgrounds
  - Work together with patients, families, caregivers and communities to deliver care
- Interprofessional collaborative practice is when multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care.



# Multi-Interventional Approaches and Interprofessional Collaboration

## Criterion 24 (Continued)

- Interprofessional education occurs when learners from two or more professions learn with, from, and about each other to enable interprofessional collaborative practice.
- Because effective collaboration improves health outcomes, the ACCME will reward providers that work collaboratively with other professions to develop interprofessional continuing education.



## Evidence of Compliance for C24



- To demonstrate engagement with multiple health workers from different professional backgrounds, **you must show active engagement in planning and delivery of this multidisciplinary team**
  - **Include planning notes or minutes, agendas with representatives of collaborators from different professional backgrounds**
- “Learn with, by and from and about each other” implies that **each discipline is fully engaged** in the planning process, and this must be demonstrated in evidence supplied to the ACCME
  - **Show planning minutes** in which the different members of the healthcare team contributed ideas that influenced the CME content
- Because this criterion mentions that “effective collaboration improves health outcomes,” it may be appropriate to **demonstrate that outcomes were improved** as a result of the collaboration
  - **Include results of various outcomes measurements** that demonstrate that the objectives were met by the healthcare team



# Multi-Interventional Approaches and Interprofessional Collaboration

**Criterion 30—Works with other healthcare disciplines or other elements of healthcare on local, national, or global initiatives intended to improve health or healthcare.**

- Similar to and will replace old Criterion 20
- A system—in which organizations and people cooperate or collaborate with each other—is a stronger, more empowered enterprise.
- The ACCME will reward providers that apply this principle in the planning and implementation of accredited CME
  - NOTE: This Criterion includes taking responsibility for jointly provided activities.



## Evidence of Compliance for C30



- **Brief narrative** demonstrating how the alliance between the organizations resulted in “a stronger, more empowered enterprise”
- Demonstration that **each organization actively contributed** to CME activities, such as notes or minutes from planning meetings
- Listing of activities in the accreditation cycle in which the **principle of an empowered enterprise was applied on a program-wide basis**
- For jointly provided activities, “taking responsibility” can be demonstrated by showing **active collaboration between your organization and the joint provider**





# Criterion 37

The CME program contributed to changes in processes of delivering healthcare.



## Changes in the Processes of Delivering Healthcare

- Demonstrates a systems-based practice on the part of the CME Provider
- Takes CME beyond changing individual learners' performance and actually impacts the system of care
- The ACCME will reward CME Providers that can demonstrate that they have contributed to change in areas, such as:
  - The interaction between CME and Quality Improvement
  - The Coordination of Patient Care
  - Interprofessional Collaborative Practice
  - Population-Based Care
  - Enhancing Patient Safety
  - Identifying System Errors and Implementing Potential Systems Solutions



# Changes in the Processes of Delivering Healthcare



- This criterion relates to several other criteria, some of which were discussed in the first webinar, in which the result of engaging in population based care or interprofessional collaborative practices has actually changed the delivery of healthcare
- Demonstrating compliance with this criterion will involve:
  - Showing **evidence of the quality or patient safety or systems problem** you identified
  - Then demonstrating **multiple sets of interventions and collaborative practices** that addressed these quality problems across the system
  - Then providing evidence that the **processes of delivery of care changed course** as a result of this process and that improvements were realized—demonstrating that the processes of healthcare changed and patient outcomes improved.
    - This includes QM outcomes that shows a demonstrable improvement in quality and/or patient safety, pre-/post-measurements



# Interview with Mary Strong and Dr. Mark Jarrett



Contact Mary Strong at [MStrong@nshs.edu](mailto:MStrong@nshs.edu)



MARY STRONG, MA IS THE DIRECTOR OF CME, AND MARK JARRETT, MD IS THE SENIOR VICE PRESIDENT, CHIEF QUALITY OFFICER AND ASSOCIATE CHIEF MEDICAL OFFICER AT NORTH SHORE-LIJ HEALTH SYSTEM





Be sure to download today's slides and handouts provided by the interviewees, by going to this link:

[www.PassinAssociates.com/publications/new-accme-criteria](http://www.PassinAssociates.com/publications/new-accme-criteria)

## Thank You for Your Participation!

Next webinar is on THURSDAY, DECEMBER 18<sup>th</sup>, and will cover proposed new criteria 26, 31, 32, 33 and 34

| December 2014 |     |     |     |     |     |     |
|---------------|-----|-----|-----|-----|-----|-----|
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