

Understanding and Acting On ACCME Criterion 21— *The Quality Framework*

by

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In Criterion 21, the ACCME states: “The provider is focused on integrating and contributing to healthcare quality improvement. The provider has evidence that CME has become part of institutional, or system, quality improvement efforts.”

ACCME Criterion 21

“The provider participates within an institutional or system framework for quality.”

A Driving Purpose in the CME Mission Statement

Because quality of care and patient safety are the central themes in CME today, we believe that Criterion 21, participation in an institutional or system framework, is the linchpin to achieving *Accreditation with Commendation*. Accordingly, a commitment to a quality framework should begin with the language in your organization’s mission statement and be manifest in every activity that you plan, implement and evaluate.

Defining a Quality Framework

To be successful in demonstrating compliance with Criterion 21, you must describe how your quality framework exists both internally and externally to your organization. *Internally*, the framework should demonstrate integral intra-organizational mechanisms that first; systematically identifies areas of poor quality performance in targeted areas of education and, second; creates opportunities where CME activities address those lagging indicators. The *external* frameworks meanwhile, should demonstrate that the content of CME incorporates either: established best practices, current guidelines and/or appropriate standards of care.



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This continuous quality improvement process that defines your participation in a quality framework is described in more detail below.

- The *internal mechanism* for your organization will depend on your type of CME provider. However, regardless of provider type, engaging in these processes to ensure a consistent approach to the improvement in quality of care is imperative for compliance for this criterion. The underlying concept is that a Level 3 CME organization takes the time to clarify the emerging quality issues in selected content areas. It then uses those gaps in professional practice to create CME activities that result in demonstrable improvement in quality metrics. In other words, the CME provider can objectively demonstrate that it has contributed to an improvement in specific quality findings through its CME program.
- The *external mechanisms* are important to demonstrating compliance with Criterion 21, but they are secondary to the internal mechanisms. Regardless of whether it is through internal or external means, you must demonstrate that an identified quality gap has been resolved. This will be demonstrated through the use of evaluation tools that measure the learner’s level of competence and/or performance as defined by the bona fide organizations that set the quality standard in the content area appropriate for that educational activity.

The following table lists some examples of mechanisms that contribute to a potential framework for different types of CME provider:

Type of CME Provider	Examples of Internal Mechanism	Examples of External Mechanism
Medical School	<ul style="list-style-type: none"> • Creation of a Subcommittee dedicated to the Quality of CME • Clinical department-based quality findings that are the basis for CME activities • CME program is engaged with QI department findings to change behaviors • Regularly scheduled series (RSS) are used to systematically address quality findings 	<ul style="list-style-type: none"> • Applicable clinical guideline(s) establish the educational outcome goal • Educational outcomes measurements are designed to determine the impact of CME interventions on quality improvement relevant to clinical guideline goals • Key CME course directors and faculty participate in guideline writing or other quality driven committees with other bona fide standard-setting organizations

Type of CME Provider	Examples of Internal Mechanism	Examples of External Mechanism
National Specialty Society/Association	<ul style="list-style-type: none"> • Board establishes a Quality committee with which the CME program has a strong relationship • CME program is seen by leadership as a mechanism to change behaviors and to be the causal factor in the implementation of appropriate guidelines 	<ul style="list-style-type: none"> • Society/Association publishes clinical guidelines and uses the CME program to execute changes in member behaviors relative to the guidelines • Key CME course directors and faculty participate in guideline writing or other quality driven committees that are both internal and external to the association
Hospital or Healthcare System	<ul style="list-style-type: none"> • The CME program is integrally involved with the institution's QI committee and vice versa • Many of the activities of the CME program are planned to address internal problems-in-practice related to quality findings and patient safety 	<ul style="list-style-type: none"> • Applicable and timely clinical guideline(s) establish the educational outcome goal • Educational outcomes measurements determine the impact of CME interventions on quality improvement tied to clinical guideline goals • Key CME course directors and faculty participate in guideline writing or other quality driven committees with other bona fide standard-setting organizations
Medical Education Company	<ul style="list-style-type: none"> • The CME Advisory Board assesses areas for quality improvement in core areas of content as updated periodically in strategic planning sessions • A Chief Quality Officer (CQO) is established—either on staff or in an active CME Advisory Board—and that CQO intervenes in the planning of every CME activity to ensure that identified quality issues are addressed, improved or resolved 	<ul style="list-style-type: none"> • Applicable and timely clinical guideline(s) establish the educational outcome goal • Educational outcomes measurements determine the impact of CME interventions on quality improvement tied to clinical guideline goals • Key CME course directors and faculty participate in guideline writing or other quality driven committees with other bona fide standard-setting organizations

Documenting Compliance with Criterion 21 in Activity Files

Criterion 21 is system-based, and there are no performance-in-practice labels for *Engagement with the Environment* criteria. Nevertheless, we believe it is prudent to demonstrate how your organization adheres to your quality frameworks. To demonstrate compliance, the following examples are a good place to start:

- Conduct periodic strategic planning sessions with your CME Team and clinical experts to clearly identify emerging quality and patient safety issues in your core areas of education; keep notes on the issues you identify so that you can ensure those issues are incorporated into activities planned in the next year. This will show that you incorporate key quality and patient safety issues into your program of CME and document the process.
- If you have a chief quality officer whose responsibility it is to ensure that identified quality and safety issues are infused into your activities, be sure to document the CQO's input into staff meetings, planning sessions, etc.
- Your planning activity notes should incorporate up-to-date biographical information on course directors, board members and committee members. Their appointments with other organizations, especially those that may be involved in standard setting, guidelines and similar processes bring valuable insight into the planning process.
- Where and when applicable, keep minutes from meetings where activity planning and content incorporates or addresses current standards of care and associated guidelines.
- Track activity evaluation results where competence, performance and/or patient outcomes data can be compared to baselines, standards or guidelines.
- Maintain activity file notes on collaborative partners, especially those who are associated with standard setting for the professional practice areas.
- Maintain a database of your outreach efforts to quality departments, committees and organizations.
- Finally, make sure that your activity file captures the standards, best practices and/or guidelines that were current during the planning and implementation phases of the activity.



As you can see in this review of best practices, demonstrating compliance with the quality framework and its impact on your CME program is not something that you back into. It is a highly prospective process that starts with your CME mission, progresses through the fiber of every activity you plan, and is based on an organization-wide commitment to using your program of CME to improve quality of care and patient safety as a primary commitment.