



## RHODE ISLAND MEDICAL SOCIETY

### Updated Accreditation Criteria General FAQ's

#### **What were the principal factors in making the decision to develop (and implement) the Updated Accreditation Criteria? How were these factors identified?**

The Updated Criteria are a tactical response to an overall ACCME strategy for ensuring that CME is aligned with the quality and safety initiatives under way in the U.S. today – which include maintenance of licensure, Maintenance of Certification™, and the quality/safety movement which includes the work of the Institute of Medicine and the Agency for Healthcare Research and Quality (AHRQ). The initiatives were identified from comment, testimony and other interactions with our member organizations, accreditation colleagues in the continuum of medical education and representatives of the public.

#### **What was the process used for developing the new Criteria?**

The process began in 2001 with the creation of the ACCME's Competency and Continuum Task Force which reported to the ACCME in November 2003. A summary of that report has been on [www.accme.org](http://www.accme.org) since that time. The recommendations of that Task Force have been translated into the Updated Criteria. They are the product of the work of the ACCME's Quality Improvement Committee and the Board, as a whole.

#### **Does the ACCME expect that hospital-based CME programs must become part of their organization's Quality Improvement Department, as opposed to their Education Department? I can see our CME program succeeding with the new criteria only if we are fully integrated into the Quality Improvement Department.**

No. The ACCME does not believe that hospital-based CME programs must become part of their organizations' QI departments. The ACCME agrees that integration with QI is one path to success -- but it is not the only strategy. There are many sources of change data, and patient outcome is only one of them. The ACCME values changes in all three of competence, performance and patient outcomes.

#### **What is meant by “professional practice gap?”**

This is an ACCME adaptation of an Agency for Healthcare Research and Quality (AHRQ) definition of a gap in the quality of patient care – where the gap is “the difference between health care **processes or outcomes** observed in practice, and those **potentially achievable** on the basis of current professional knowledge.”

The ACCME does not want to limit the scope of CME providers' or learners' educational projects. Part or all of some professionals' practices include important non-clinical, non-patient care elements which are still considered relevant to continuing medical education.

When there is a gap between what the professional is doing or accomplishing compared to what is “achievable on the basis of current professional knowledge,” there is a professional practice gap.

**Must the educational need for each activity be grounded in actual data that has been collected and analyzed?**

The updated criteria require that the educational needs that underlie the professional practice gaps of learners be incorporated into the CME activities. However, the CME provider does not have to collect that needs data. There are many, many sources of needs data that relate to professional practice gaps. Determining if that data is relevant to the actual learners is a task for the CME provider. The ACCME's announcement of the Updated Criteria included some references that might be a place for the CME provider to start.

**Must the source of an educational need go beyond requests on previous activity evaluations?**

No. Previous activity evaluations may contain expressions of need that underlie professional practice gaps.

**Must the source of an educational need be grounded in one of the American Board of Medical Specialties' (ABMS) core competencies?**

Needs assessment is about understanding the basis for a 'professional practice gap' – in terms of an underlying problem with knowledge, competence or performance-in-practice. A provider may want to further understand the underlying problem in the context of one or more of the competencies – so an educational need may be grounded in one or more of ABMS' core competencies. There are other competencies that have been promulgated that might be useful for the CME provider to consider, e.g., the IOM competencies, specialty - specific competencies.

**Can you provide some solid examples of the type of data that would be acceptable in meeting the criteria that relates to analyzing changes in learners (competence, performance, or patient outcomes) that is achieved as a result of the overall program's activities/educational interventions?**

Through self-assessment or self-audit, physicians might identify the following professional practice gap:

**Professional Practice Gap** = “We are not identifying any patients that are drug dependant or addicted and we know 10% of the people in our community are addicted.” (Source: Office of National Drug Control Policy) The mission of the accredited provider includes an expression of expected results of the CME program in terms of changes in competence and performance and patient outcomes. The provider decides that they would like to, and does, develop a series of educational interventions, varying in format and content, designed to change each of competence and performance and patient outcomes - with respect to the care of addicted patients.

**To assess changes in competence, the provider might ask the physician learner:** “What questions will you ask your patients now regarding drug dependence and addiction that you were not asking before the activity?”

**To assess changes in performance, the provider might ask the physician learner:** “In your audit of 40 charts, how many times did you ask each of the required questions?”

**To assess changes in patient outcomes, the provider might ask the physician learner:** “In what percentage of your patients have you identified drug dependence or addiction? How many patients in the last year have you referred for specialized care for drug dependence?”

The aggregated data from these responses will contribute to the provider's analysis of changes in learners' competence, performance, or patient outcomes achieved as a result of the overall program's activities/educational interventions.

**Is an assessment of changes in knowledge, practice or patient outcomes required for each CME activity?**

Yes.....at this point an assessment of change is required for each CME activity. The information is then analyzed by the CME provider in the context of the overall program's effectiveness. The provider is required to have knowledge of the effectiveness of their Program of CME in the context of changes in competence, performance, or patient outcomes.

**Does evaluation of each activity need to go beyond learners' satisfaction?**

Yes, evaluation of learners' change in competence, performance or patient outcomes is required.

**Where should we "start" in terms of implementation for our CME program?**

As always, the manner of implementation is the decision of the leadership of each provider. We have been suggesting that at this point providers should be thinking and talking with colleagues about the revised model and updated criteria. The ACCME and others will be providing workshops and resource materials to assist providers in understanding how to meet the updated criteria in their own circumstances. It would be useful, as well, for providers to begin to reflect on how, or if, they might be meeting the criteria already - asking questions like "Where does our program already facilitate change in competence, performance or patient outcomes? How do we know? What could we do differently? What will be our expected results?" When providers begin this process of self-assessment they are, in fact, beginning their implementation of the updated criteria.

**How can the ACCME expect small providers to produce data on patient outcomes and evaluate the impact of CME on patient outcomes?**

The ACCME's Updated Criteria do not require that CME providers measure patient outcomes -- neither in needs assessment nor in the evaluation phase of CME activities. The Updated Criteria require providers to base their education activities on practice-based needs and to measure educational outcomes in terms of change -- in competence, performance-in-practice and/or patient outcomes. Each provider will decide, and may already have decided, their CME mission in the context of the Updated Criteria. Will they want to support changes in physicians' abilities or performance? Or will the provider support changes to patient outcomes? Any of these three CME missions is in keeping with ACCME's Updated Criteria.

**How will the Updated Accreditation Criteria affect the sessions within their Regularly Scheduled Conferences/Series (RSSs), such as Grand Rounds?**

Each accredited provider will continue to decide what they are trying to accomplish through their regularly scheduled series. Those who have access to data and information about the professional practice gaps of their own institution's learners will have the opportunity to decide if changing knowledge, competence or performance will be their goal. They will be able to design their series to meet these objectives and to use the same measurement tools that identified the gaps as measurements of effectiveness.

Those who do not yet have access to data and information about the professional practice gaps of their own institutions learners may want to use these sessions to get that information.

Here is how this might work. **Regularly scheduled series** often provide "Updates" to the medical staff on specialty or sub-specialty areas of medicine. These Updates can be used to help physicians recognize the 'quality gap' within their own competence, performance or patient outcomes. The 'evaluation' of the activities can be used to help physicians identify aspects of their own knowledge, competence or performance that needs to change – which can translate into needs data for the provider.

For example:

**To assess knowledge- based needs, the provider might ask the physician learner:** "From what you heard today, on which aspects of this clinical problem do you need more information before you feel you can change your approach to the diagnosis or management of this clinical problem?"

**To assess competence- based needs, the provider might ask the physician learner:** "From what you heard today, which practice strategies can we help you develop, or expand, regarding this clinical problem?"

**To assess performance- based needs, the provider might ask the physician learner:** "Upon reflection or from your own audit of your practice, how often do you approach a patient in the manner describe in this presentation? What can this CME program do to help you change your practices?"

**To assess the learner patient outcomes, the provider might ask the physician learner:** "From what you heard today, your patients get the best possible outcomes from your treatment, as described in the presentation? What can this CME program do to help you change your patients' outcomes?"

The aggregated data from these responses will contribute to the provider's analysis of hoped for changes in learners' competence, performance, or patient outcomes that could be achieved by future activities/educational interventions.