#### **CME Evaluation**

# The Art of Evaluating an Individual CME Activity and Your Overall CME Program

Shelly Symmes



### **Objectives**

- At the end of this program, the provider should be able to:
  - Realize the importance of the CME Mission Statement;
  - Explain the difference between an activity evaluation and an overall program evaluation;
  - Appreciate how evaluation data assists in improving your CME program.



# The Evaluation Criteria 1,11,12 & 13

C1:The Expected Results of Your Mission Statement

C11: Learner Evaluations and Data Summaries,

C12: Activity Data Summaries VS The Mission Statement

C13: and Program Improvements



#### **Disclosure**

Shelly Symmes has nothing to disclose



# The Purpose of Criteria 1,11,12 and 13

- C1: To plan your activities around your physicians needs, evaluation summaries and data outlined in your Mission Statement
- C11:To evaluate, summarize and produce program data obtained from your program activities.
- C12: To use the activity data to analyze how well your CME Department is meeting your department goals and Mission Statement/Expected Results
- C13:To determine how well your overall CME program is doing and if you need to make improvements.

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#### **CME Activities**

- Criteria 2-10 The Planning Criteria
- · When planning, ask these questions.
- 1. What is the problem we want to address?
- 2. Why does it exist?
- 3. What do we want to change?
- 4. How do we keep commercial bias out?
- 5. Were we effective in producing change?
- 6. Is the problem resolved? If not, start again.



#### **Criteria 1 Mission Statement**

- The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.
- ACCME Note:
- The ACCME is looking for explicit information about expected results in the CME mission, in order to understand how the organization intends to change their learners' (competence and/or performance and/or patient outcomes) through an overall CME program. Compliance is determined when the expected results are 'articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.'



#### Criteria 11

- The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.
- ACCME Note:
- The provider is asked to analyze the overall changes in competence, performance, or patient outcomes facilitated by their CME program using data and information from each CME activity. Providers who only measure change in knowledge in all their activities will not have any data on change in competence, performance, or patient outcomes to analyze.

## **Steps for Criterion 11**

1. It all starts with Evaluating each individual program.

But to start an Overall Evaluation you might begin with the following steps:

you might do an overall annual review, an overall quarterly review, a six month overall review, or even a reaccreditation overall review. Regardless, you should say what you are doing.



# C11 Example/Question

 The following example came from ACCME:

Can you provide me with some solid examples of the type of data that would be acceptable in meeting 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."?



#### **ACCME C11 Answer**

Last Revised:

November 11, 2011

Through <u>self-assessment or self-audit</u>, the physicians in an ACCME accredited group practice might identify the following professional practice gap:

Professional Practice Gap = "We are not identifying any patients in our practice that are drug dependent 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. (continued....)



#### **ACCME C11 Answer**

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.



## A Simple Overall Evaluation

- An Annual review might consist of 61 live activities, which indicated that 67% of physician learners would make at least one practice change.
- You should describe where you got this data. And, you should show the summary of the data if possible. Generally this information comes from activity evaluation forms/data.



#### Criteria 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.
- ACCME Note:
- The provider is asked to integrate C11 information with a broader view of the CME program and organization – to determine the program's success at meeting the expected results of its CME mission as described in C1. There are clear relationships between C11, C12, and C13 which relate to improvement plans based on this program-based analysis.



# C12 Example/Question The following example came from ACCME:

Can you provide me with some solid examples of the type of data that would be acceptable in meeting 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."



#### **ACCME C12 Answer**

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Let us say a CME provider set its mission so that the expected result of its program of CME was to change competence and was, "To enable learners to develop strategies for the identification of patients with drug addiction."

Examples of a sample of the type of data that would be acceptable in meeting Criterion 12 would be:

"When we started, none of our learners could ask the right screening questions, did ask the right screening questions, or identified a patient with drug dependence in their practice."

"When we finished, all learners knew the right screening questions (competence), 50% asked the right questions (performance), and only those that asked the right questions actually identified patients with drug dependence in their practice (patient outcome)."

"Our analysis reveals that we are partially successful in achieving our expected results. Although only one-half of our learners 'asked the right questions' (performance) all of them had the correct strategy (competence)."



#### C13

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

#### **ACCME Note:**

• The provider identifies its own 'professional practice gaps' in terms of its performance as a CME provider - and creates a strategic plan for organizational improvement, based on the insights from C11 and 12.



## C13 Example/Question

 In its self-study narrative, the provider recognized that it failed to measure changes in learners' competence, performance, and/or patient outcomes in its CME activities, making it impossible to analyze changes in competence, performance, and/or patient outcomes as required by Criterion 11. What do I do?



#### **ACCME C13 Answer**

- in Criterion 13, you identify what's the difference between what you're doing and what you could be doing in your program. You create a strategic plan for what it is that you want to change about how you plan individual activities, how you plan your whole program of CME, how your program is structured from a staff example or your planning process.
- Therefore, you could make a policy or start creating new guidelines on how to include competence, performance or patient outcomes into your CME planning process and Mission Make a policy or start creating new guidelines on how to include outcomes into your CME planning process and Mission Make a policy or start creating new guidelines on how to include competence, performance or patient outcomes into your CME planning process and Mission Make a policy or start creating new guidelines on how to include competence, performance or patient outcomes into your CME planning process and Mission Make a policy or start creating new guidelines on how to include competence, performance or patient outcomes into your CME planning process and Mission Make a policy or start creating new guidelines on how to include competence, performance or patient outcomes into your CME planning process and Mission Make Mission Make Mission Make Mission Missi

#### The End

- Thank you for your interaction!!!
- Have a Safe Trip Home!!

