

THE NEW MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

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May 31, 2019



A REINTRODUCTION



Provider engagement with the Commendation Criteria is **optional**.

However, all providers must continue to achieve and retain accreditation by demonstrating compliance with the core criteria (C1 – C13).

ACCREDITATION WITH COMMENDATION

Option A and Option B



Accredited providers receiving accreditation decisions before **November 2019** have the option to demonstrate compliance with:

OPTION A: Current Commendation Criteria (C16-C22) **OR**
OPTION B: New Commendation Menu (C23-C38)

All providers receiving accreditation decisions after **November 2019** must use *Option B*
(*the old is going away*)



The Menu Approach



16 Criteria divided into 5 categories

You must select 8 criteria:

- Choose 7 from any category
- Choose (at least) 1 from "Achieves Outcomes" category



A provider can address multiple criteria from one category to achieve Accreditation with Commendation using the New Menu



A provider can use the same CME activity, or activities, to demonstrate compliance with the critical elements and standard(s) for multiple criteria from the New Menu



A provider submitting evidence for the New Menu of criteria needs to submit the required # of examples in support of the criteria they have chosen in the form of brief narrative descriptions



Program Size by Activities per Term:
SM (2); MED (4); LG (6); XL (8)

Providers will not need to submit activity files to demonstrate compliance with the New Menu of Commendation Criteria.

No additional PIP evidence/information is required for these criteria unless clarification is needed, in which case, the survey interview serves as an opportunity for this.



NEW MENU

SUPPORTING INFORMATION

Each criterion is accompanied by supporting information designed to assist CME providers in understanding and meeting the ACCME's expectations:

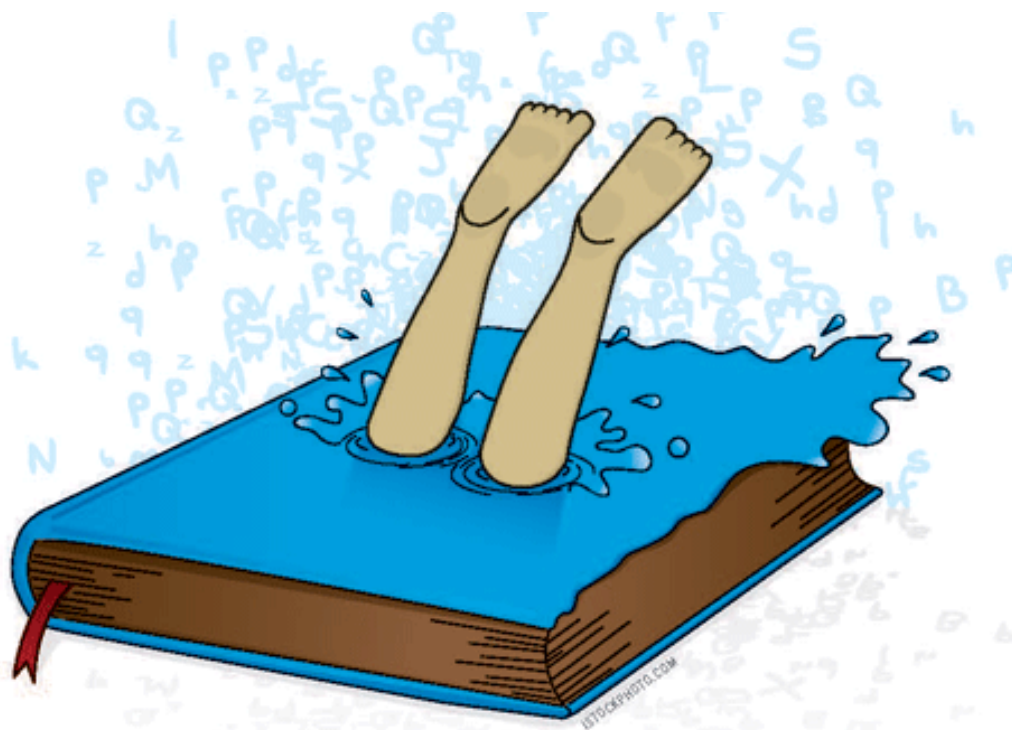
- **Rationale** for each criterion's inclusion
- **Critical Elements** required to demonstrate compliance
- The **Standard** for measuring compliance

NEW MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

*** SEE YOUR PACKET FOR FULL HANDOUT CONTAINING ALL CRITERIA: C23 – C38**

Criterion		Rationale	Critical Elements	The Standard
Promotes Team-Based Education				
C23	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).	Interprofessional continuing education (IPCE) occurs when members from two or more professions learn with, from, and about each other to enable effective interprofessional collaborative practice and improve health outcomes. This criterion recognizes accredited providers that work collaboratively with multiple health professions to develop IPCE.	<ul style="list-style-type: none"> ❑ Includes planners from more than one profession (representative of the target audience) AND ❑ Includes faculty from more than one profession (representative of the target audience) AND ❑ Activities are designed to change competence and/or performance of the healthcare team. 	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
C24	Patient/public representatives are engaged in the planning and delivery of CME.	Accredited continuing medical education (CME) is enhanced when it incorporates the interests of the people who are served by the healthcare system. This can be achieved when patients and/or public representatives are engaged in the planning and delivery of CME. This criterion recognizes providers that incorporate patient and/or public representatives as planners and faculty in the accredited program.	<ul style="list-style-type: none"> ❑ Includes planners who are patients and/or public representatives AND ❑ Includes faculty who are patients and/or public representatives 	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
C25	Students of the health professions are engaged in the planning and delivery of CME.	This criterion recognizes providers for building bridges across the healthcare education continuum and for creating an environment that encourages students of the health professions and practicing healthcare professionals to work together to fulfill their commitment to lifelong learning. For the purpose of this criterion, students refers to students of any of the health professions, across the continuum of healthcare education, including professional schools and graduate education.	<ul style="list-style-type: none"> ❑ Includes planners who are students of the health professions AND ❑ Includes faculty who are students of the health professions 	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8

LET'S BEGIN A DEEP DIVE



WE'LL START WITH THE “ACHIEVES OUTCOMES” CATEGORY

Why require Outcomes?

There is widespread consensus that it is important to demonstrate the relevance, value and impact of CME.

Assessing outcomes will help the CME community identify more effective ways of delivering CME that contributes to healthcare improvement.



**The provider
demonstrates
improvement in the
performance of learners.**

C36

**The provider
demonstrates
healthcare quality
improvement.**

C37

**The provider
demonstrates the impact
of the CME program on
patients or their
communities.**

C38

Achieves Outcomes

www.accme.org/achievesoutcomes

CRITERION 36

The provider demonstrates improvement in the performance of learners.

As educators, we want to be effective. And how do we measure effectiveness? By measuring our outcomes and the performance changes of our learners.

This criteria is designed to reward providers who engage their learners in a measurement that shows that they are improving. That the performance of individual learners or groups in cognitive domains or skilled domains are being augmented by interacting with your educational program.



FREQUENTLY ASKED QUESTIONS

**IN MEETING
THE CRITICAL ELEMENTS
OF THE CRITERIA**

CRITERION 36 - FAQ

I use a follow-up survey as a measurement tool. Do I need to measure improvement in the majority of survey respondents or the majority of total learners to comply with Criterion 36?

The majority of learners whose performance has improved would be calculated based on those learners who respond to the follow-up survey.

The provider should ensure there are appropriate mechanisms in place to optimize the response rate. Note that providers can use follow-up surveys or a variety of methods to obtain this data.

CRITERION 36 - FAQ

When calculating the majority of learners whose performance improved for Criterion 36, do all the learners have to be physicians?

No. The expectation is that the provider measures and demonstrates performance improvement for any learners (physicians or otherwise) who participate in the accredited educational activities.

CRITERION 36 - FAQ

Can learners' self-reported performance be an acceptable measure of performance change for Criterion 36?

Yes. Providers can measure changes in the performance of individuals or groups of learners based on self-reports of changes in practice.

CRITERION 36 - FAQ

What if my learners demonstrate that they stopped doing something known to be ineffective? Can we report that as an "improvement" to meet the expectation of Criterion 36?

Yes. If your goal was to get your learners to decrease or stop a practice, for example, prescribing a certain drug or ordering a test, and they do make those changes – then, that would meet the expectations of "improvement" for Criterion 36.

CRITERION 36 - FAQ

What constitutes performance change in Criterion 36? Is there a minimum level of performance change that must be demonstrated?

Change in performance refers to measured changes in learners' behavior (e.g., higher patient communication ratings, fewer coding errors, greater participation in team meetings, more appropriate prescribing, etc.). Providers can set their own specific goals and targets for the performance improvement objective.

The provider can also choose the most appropriate mechanisms to measure performance change, and how much change in learners is acceptable. The improvement data may emerge from self-reported changes, from practice-level data, or other sources. Improvements in knowledge and plans to change performance would *not* meet the expectation of this criterion.

CRITERION 36 - FAQ

Can I use simulation to measure performance change in Criterion 36?

Yes, provided that the simulation includes assessment of the learners' actions, behaviors, and skills.

CRITERION 36 - FAQ

If our organization meets the expectations of Criterion 37 (improves healthcare quality), does that automatically mean we've met the expectations of Criterion 36 (improves performance)?

Not necessarily. Strategies to meet the expectations of Criterion 37 do not necessarily include the *demonstration* of improved learner performance (Criterion 36).



EXAMPLE 1

The provider describes that it has participants complete a self-directed performance inventory before each course begins and then again 3-months after the course has taken place.

The inventory is comprised of a web-based survey that asks the learner to estimate how often they perform specific practice-based behaviors.

For example, the inventory for a course addressing the diagnosis of Post-Traumatic Stress Disorder (PTSD) asks learners to report how many veterans they see in their practice each month and how often they screen for PTSD using a written inventory.

The provider shares data that demonstrate that the regular use of the screening inventory increased from 20% to 40% among the majority of learners who completed the course and responded to the follow-up survey.

Critical Elements

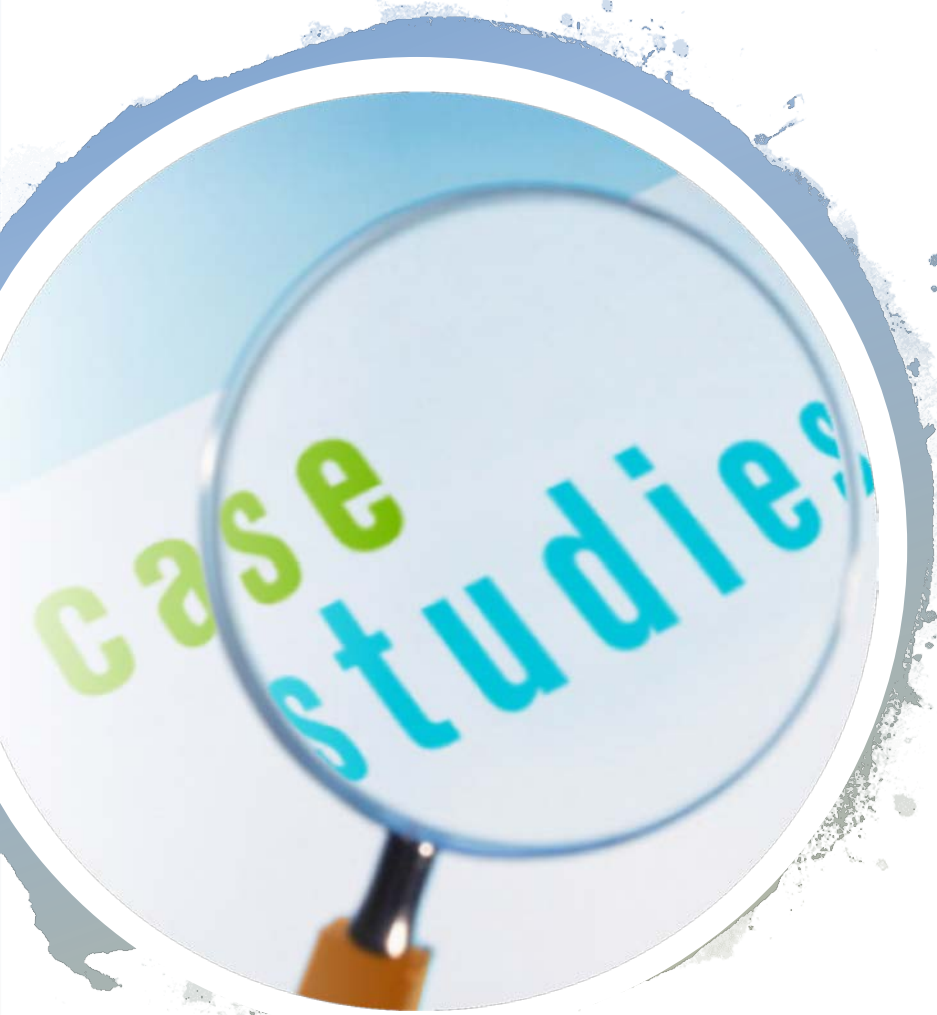
Did the provider measure performance changes of learners?

Yes

Did the provider demonstrate improvements in the performance of learners?

Yes

Finding: **Compliant**



EXAMPLE 2

The provider describes using records from in-hospital resuscitations to determine baseline performance for critical care teams in using an appropriate resuscitation sequence, then revisits the data over time to assess changes in performance following quarterly simulator training sessions.

The provider shares evidence that the data showed that the measures improved over time for those code teams who participated in the simulator training activities.

Critical Elements

Did the provider measure performance changes of learners?

Yes

Did the provider demonstrate improvements in the performance of learners?

Yes

Finding: **Compliant**

CRITERION 37

**The provider demonstrates
healthcare quality improvement.**

This particular criteria is designed to reinforce the importance of not just improving cognitive skill, technical skill, or communication skill, but also using education as a change management approach to improve processes of care or deliver system performance improvement.

When an organization's educational program is linked to quality improvement, that's when they make a difference in providing ultimate levels of quality of care.

This criteria is designed to reward those providers who are able to attain that level of performance themselves.



FREQUENTLY ASKED QUESTIONS

**IN MEETING
THE CRITICAL ELEMENTS
OF THE CRITERIA**

CRITERION 37 - FAQ

What is considered "healthcare quality improvement" in Criterion 37?

Healthcare quality improvement refers to improvements in clinical care processes or systems.

CRITERION 37 - FAQ

Can compliance with Criterion 37 be achieved at the activity level?

Yes. You would need to show that, through your CME activities, you are collaborating in the process of healthcare quality improvement and demonstrate that the activity/activities resulted in healthcare quality improvement at least twice during the accreditation term.

CRITERION 37 - FAQ

Can you explain how providers "demonstrate healthcare quality improvement" in Criterion 37?

Since healthcare quality improvement refers to improvements in clinical care processes or systems, the provider would be expected to describe and provide data that demonstrates the healthcare quality improvement achieved with the support of its collaboration.

CRITERION 37 - FAQ

Is collaboration in the process of healthcare quality improvement in Criterion 37 limited to a single institution where care is provided?

No, collaboration is not limited to a single institution. Collaboration can occur within, or in connection with, a healthcare institution such as a hospital or health system, but it can also occur more broadly across systems of care. The ACCME interprets "system performance" broadly and the CME provider can choose how, and with whom, it collaborates in the processes of healthcare quality improvement.

CRITERION 37 - FAQ

What measures will the ACCME accept as evidence of the improvement of healthcare quality for Criterion 37? Do the measures need to be evidence-based?

Criterion 37 is an opportunity for ACCME to recognize and reward the contribution of a provider's CME program to improving care processes and system performance.

The provider can use quality measures that are validated by outside sources and/or measures that are appropriate and important to their own setting.



EXAMPLE 1

The provider's patient safety committee observes an increase in post-surgical infections and collaborates with hospital leadership, the CME department, nursing education, and operating room technicians to use its weekly surgical case conferences to facilitate training on using checklists to ensure adherence to best practices in post-surgical infection prevention.

Following a 3-month education effort, the Chief of Nursing reports that use of the checklist has increased from 86% to 94%. The Manager of Quality reports that readmissions with infected surgical wounds is declining.

Critical Elements

Did the provider collaborate in the process of healthcare quality improvement?

Yes

Did the provider demonstrate improvement in healthcare quality?

Yes

Finding: **Compliant**



EXAMPLE 2

In one example submitted, the provider describes its collaboration with the state health department to develop and implement an educational campaign to address obstacles to primary care physicians' and nurse practitioners' optimal use of the state's prescription drug monitoring program (PDMP) as a tool to identify and intervene with persons addicted to prescription drugs.

The provider includes qualitative data that show the process improvements achieved by practice teams that participated in the educational campaign, such as putting a link to the database on each desktop; better staff coordination during office visits to ensure time for practitioners to consult the PDMP; and increased utilization of a screening, brief intervention, and referral to treatment (SBIRT) checklist.

Critical Elements

Did the provider collaborate in the process of healthcare quality improvement?

Yes

Did the provider demonstrate improvement in healthcare quality?

Yes

Finding: **Compliant**

CRITERION 38

The provider demonstrates the impact of the CME program on patients or their communities.

This criteria is all about showing that your educational program is linked to improvements that you are able to demonstrate in the healthcare of the community that you serve - whether that's a local population at high risk, or a broader population that you're implementing preventive care for.

It's about showing that the educational program, sustained by and engaged with the strategic issues that you're working on, is making a difference in your community.



FREQUENTLY ASKED QUESTIONS

**IN MEETING
THE CRITICAL ELEMENTS
OF THE CRITERIA**

CRITERION 38 - FAQ

What constitutes "patient or community health" in Criterion 38?

Patient or community health are the health characteristics or outcomes related to individuals or to groups of individuals within a geographic location, service area, or other grouping.

Health and health outcomes can include incidence and/or prevalence of disease, mortality, vaccinations, nutrition, and social determinants (for example, healthy behaviors or safe environment).

CRITERION 38 - FAQ

What constitutes "improvement in patient or community health" in Criterion 38? Is there a minimum level of improvement that must be demonstrated?

The provider can set its own goals and offer evidence for how achieving those goals has contributed to the improvement in health outcomes for the individuals and/or communities they serve.

CRITERION 38 - FAQ

Can measures of "patient or community health" in Criterion 38 be self-reported by patients and/or members of the community?

Yes. Providers can measure patient or community health improvement using a variety of approaches that can include self-reporting by patients and other community members.



EXAMPLE 1

A provider collaborates with the local health department to develop an annual Pediatric Environmental Health Symposium for physicians and a related Community Health Fair for the public. The health department has identified that children in the provider's service area had blood lead levels that are among the highest in the state. Working together, the provider and the health department planned a series of educational activities to improve (1) community awareness of lead exposure risks, (2) pediatricians' ability to teach lead prevention strategies and symptom recognition and treatment strategies, and (3) to help obstetricians better recognize patients at risk for lead exposure during pregnancy.

The educational sessions for healthcare providers were followed up by a community health fair where physician participants (who completed the CME activities) educated parents, teachers, and foster caregivers on prevention of lead exposure, how to recognize the symptoms of lead poisoning, and how to get help. In the year following the CME initiative and community event, the health department reported a drop in the average blood lead levels for children in the community.

Critical Elements

Did the provider collaborate in the process improving patient or community health?

Yes

Did the provider demonstrate improvement in patient or community outcomes?

Yes

Finding: **Compliant**



EXAMPLE 2

The provider describes collaboration with cultural organizations, faith leaders, and translators to serve as faculty in an initiative to pursue culturally and linguistically appropriate services for its diverse patient population.

The provider shows improvement in patient outcomes related to health equity as a result of the initiative, including improved ratings from patient experience surveys for items such as, “My doctor showed respect for my culture and beliefs.” and “My care team made sure that I understood my procedure by offering translation services to answer my questions.”

Critical Elements

Did the provider collaborate in the process improving patient or community health?

Yes

Did the provider demonstrate improvement in patient or community outcomes?

Yes

Finding: **Compliant**

Members of inter-professional teams are engaged in the planning and delivery of interprofessional Continuing education (IPCE).

C23

Promotes Team-Based Education

www.accme.org/teambasededucation

Patient/public representatives are engaged in the planning and delivery of CME.

C24

Students of the health professions are engaged in the planning and delivery of CME.

C25



CRITERION 23

Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).

Teams are essential to the way in which we practice today. Interprofessional, collaborative continuing education occurs when members from two or more professions learn with, from, and about each other to enable and facilitate interprofessional collaborative practice, and in that way improve health outcomes.

This criteria recognizes accredited providers that work collaboratively with members of the health professions to develop the type of educational environments that drive teamwork, effective teams and improve the quality of care.



FREQUENTLY ASKED QUESTIONS

**IN MEETING
THE CRITICAL ELEMENTS
OF THE CRITERIA**

CRITERION 23 - FAQ

What do you consider an “interprofessional team?”

An interprofessional team is comprised of team members from two or more different professions (i.e., physicians, nurses, community health workers, social workers, psychologists, pharmacists and respiratory therapists) who learn with, from, and about each other to enable effective collaboration and improve health outcomes.

CRITERION 23 - FAQ

Can we use courses planned by nurses and delivered only to nurses to meet the expectations of Criterion 23?

No. Criterion 23 rewards interprofessional continuing education (IPCE), where representatives from at least two professions— representative of the target audience for the activity—are included as planners and faculty.

CRITERION 23 - FAQ

Does the ACCME have a definition for a planner or faculty in a CME activity, as described in Criterion 23, Criterion 24, and Criterion 25?

No. The accredited provider can define the role of planners and faculty for their CME activities.



EXAMPLE 1

After a near-miss event, an educational activity was planned by and for the interprofessional surgical team to improve communication in the operating room (OR). The planning group included representatives from each of the professions with roles in patients' surgical care, from pre-admission to procedure, including: administrative staff, nursing, surgical technicians, equipment monitoring personnel, certified registered nurse anesthetists, anesthesiologists, surgeons, and pathologists. Prior to the educational activity, key stakeholders from each profession were selected to attend an intensive train-the-trainer session. The training focused on the development of core competencies and the effective use of team-based communication tools and strategies, including SBAR (Situation, Background, Assessment, and Recommendation), call outs, and huddles. The trainers, in-turn, educated the rest of the OR staff through the following weeks via mandatory continuing education sessions.

Critical Elements

Did the provider include planners from more than one profession? AND

Yes

Did the provider include faculty from more than one profession? AND

Yes

Was the activity designed to change competence and/or performance of the healthcare team?

Yes

Finding: **Compliant**



EXAMPLE 2

The provider's Symposium on Violence was planned by a steering committee comprised of public health professionals, law enforcement personnel, social workers, case managers, and Emergency Department practitioners. The focus of the symposium was to share best practices to help community-based teams better coordinate and integrate services to address and prevent violence against women and children. Educational sessions were co-facilitated by peer leaders from several professional perspectives and addressed topics such as "Getting to Better Outcomes: How to Improve Event Reporting During ED Visits" and "Safe at Home: Essential Strategies to Coordinate Services After Leaving the ED."

Critical Elements

Did the provider include planners from more than one profession? AND

Yes

Did the provider include faculty from more than one profession? AND

Yes

Was the activity designed to change competence and/or performance of the healthcare team?

Yes

Finding: **Compliant**



EXAMPLE 3

The providers course on Sepsis is a Team Sport was planned and presented by a physician, clinical nurse specialist, and a clinical quality specialist nurse. The need was identified by the hospital Sepsis Team, reviewing clinical quality data from the EMR that is reported out to various units, physician groups, and individual physicians. The activity was designed to reinforce ongoing work on early identification of sepsis and following treatment guidelines. The activity included key information on using the EMR to follow treatment guidelines, enable handoffs, and reinforce importance of bedside monitoring and interprofessional communication.

Critical Elements

Did the provider include planners from more than one profession? AND

Yes

Did the provider include faculty from more than one profession? AND

Yes

Was the activity designed to change competence and/or performance of the healthcare team?

Yes

Finding: **Compliant**

CRITERION 24

**Patient/public representatives
are engaged in the planning and
delivery of CME.**

Patients are at the heart of what we do. Ultimately they give us not only information about what matters to them, but they can provide relevance, meaning and impact to the education that we provide.

The more in which we can engage our patient community and the representatives in the planning and delivery of CME, the more likely it is that we'll achieve meaningful outcomes.

This criteria awards those organizations that do exactly that, engage patients and public representatives in the planning and delivery of their educational program.



FREQUENTLY ASKED QUESTIONS

**IN MEETING
THE CRITICAL ELEMENTS
OF THE CRITERIA**

CRITERION 24 - FAQ

Can you explain what “patient/public representatives as faculty/planners” means in Criterion 24?

Criterion 24 encourages the accredited provider to utilize patients, their families, and other members of the public as planners and faculty members in accredited CME.

Providers have broad latitude in how they define the roles of planners and faculty – as appropriate to their CME program and activities. For example, a patient or public representative could serve on a planning committee to advise the provider, and could be a speaker or a participant in a case-based discussion during an accredited CME activity.

CRITERION 24 - FAQ

Do I have to include the same patients/public representatives as planners and faculty for CME activities to comply with Criterion 24?

No. Criterion 24 requires that patients and/or public representatives are involved as planners and faculty of CME activities. The same people do not need to be involved as both planners and faculty.

CRITERION 24 - FAQ

Do patients and/or their family members who are involved in the planning and delivery of CME activities need to disclose all relevant financial relationships with any ACCME-defined commercial interest to the provider?

Yes. Patients/families who serve as planners or faculty in CME would be in a position to control content and therefore the requirements for identifying and disclosing relevant financial relationships and resolving conflicts of interest apply.



EXAMPLE 1

In a CME activity titled “Surviving Cancer: What Comes Next?” the faculty consisted of an oncologist who led the surgical treatment, the patient and her adult daughter, and the patient’s primary care physician (PCP). The patient and her daughter shared the story of the diagnosis, surgery, and treatment. The oncologist and PCP shared their perspectives on how the case was guided and how it continues to be informed by shared decision making among them all. The patient’s daughter provided the idea for the activity, to teach other PCPs, oncologists, patients, and families important strategies for communication and active involvement in each phase of the process, including remission.

Critical Elements

Did the provider include planners who are patients and/or public representatives? AND

Yes

Did the provider include faculty who are patients and/or public representatives?

Yes

Finding: **Compliant**



EXAMPLE 2

Due to the rise in awareness about sports concussions in recent years, a medical specialty society began holding an annual conference dedicated to prevention and treatment. The planning committee included physician experts in clinical neurology research, athletes who had experienced sports concussions, and coaches from all levels of competition from youth to professional athletes. During the conference, one of the professional athletes and several coaches participated in a panel sharing their first-hand experience about the lifelong effects of concussions on athletes' physical, mental, and emotional health.

Critical Elements

Did the provider include planners who are patients and/or public representatives? AND

Yes

Did the provider include faculty who are patients and/or public representatives?

Yes

Finding: **Compliant**



EXAMPLE 3

A CME activity titled “Local Drug Trends & Awareness,” was planned with input from ED physicians, staff, and the local law enforcement specialists in drug cases in the county. The activity content was developed and presented by the local law enforcement professionals. This activity provided education for ED physicians, nurses and staff, EMS staff, and Mental Health staff, focusing on identification of signs and symptoms of frequently used drugs in the county, safety practices for patients and for healthcare professionals, and relevant community and state resources.

Critical Elements

Did the provider include planners who are patients and/or public representatives? AND

Yes

Did the provider include faculty who are patients and/or public representatives?

Yes

Finding: **Compliant**

CRITERION 25

**Students of the health professions
are engaged in the planning and
delivery of CME.**

These students are the future of each of our professions, and they are very astute informants to us, to help anticipate the changing needs of the next generation of learners.

But it's not just about them providing relevance and meaning, but it's about us also helping them become familiar with and anticipate the CME system that awaits them.

This criteria rewards accredited providers who build those bridges across the healthcare education continuum, and rewards them for creating an environment that encourages and nurtures health profession students and practicing healthcare professionals to work together to fulfill their commitment to lifelong learning.



FREQUENTLY ASKED QUESTIONS

**IN MEETING
THE CRITICAL ELEMENTS
OF THE CRITERIA**

CRITERION 25 - FAQ

Who are the health professions students described in Criterion 25?

The term “health professions students” refers to students of any of the health professions (i.e., medicine, nursing, pharmacy, physician assistants, and others), across the continuum of healthcare education, including professional schools (i.e., nursing, medical, pharmacy schools) and graduate education (e.g., residency and fellowship programs).

CRITERION 25 - FAQ

For Criterion 25, can staff nurses who are continuing their education toward a Bachelor's or Masters Degree in Nursing count as students of the health professions?

Yes

CRITERION 25 - FAQ

How much involvement as planners and faculty do health professions students need to have to meet the expectations of Criterion 25?

The ACCME gives the provider broad latitude to design activities that optimally meet learners' needs while engaging health professions students as both planners and faculty for CME activities.



EXAMPLE 1

The provider developed a webinar for rural physicians to identify opportunities to use health clinics and community health workers to address low vaccination rates. The activity was planned by the clinicians who oversee area health clinics, including undergraduate medical and nursing students who work in the clinic. The clinicians and students were the presenters in the webinar, sharing information about the clinics' locations, services, and hours of operations. In addition, the students shared the "lessons learned" from their experiences working together with community health workers in the free clinics to address issues that include crisis prevention and intervention, preventative health promotion, and developing a community vaccine program.

Critical Elements

Did the provider include planners who are students of the health professions? AND

Yes

Did the provider include faculty who are students of the health professions?

Yes

Finding: **Compliant**



EXAMPLE 2

A CME activity titled “International Travel & Immunization” was presented by a Post-Graduate Year One Pharmacy Resident. This topic was developed with input from local physicians and the downtown wellness clinic as the result of a community need to review guidelines for immunizations for adults and children traveling abroad, with a particular increased focus on new and emerging diseases.

Critical Elements

Did the provider include planners who are students of the health professions? AND

Yes

Did the provider include faculty who are students of the health professions?

Yes

Finding: **Compliant**



EXAMPLE 3

A medical school developed a curriculum that included utilizing medical students as planners and faculty in role-playing exercises. Medical students ran role-play simulations in cooperation with instructors and technicians to train medical staff on the use of iPads for patient education & engagement.

Critical Elements

Did the provider include planners who are students of the health professions? AND

Yes

Did the provider include faculty who are students of the health professions?

Yes

Finding: **Compliant**

Addresses Public Health Priorities

www.accme.org/publichealthpriorities

The provider advances the use of health and practice data for healthcare improvement.

C26

The provider addresses factors beyond clinical care that affect the health of populations.

C27

The provider collaborates with other organizations to more effectively address population health issues.

C28



CRITERION 26

The provider advances the use of health and practice data for healthcare improvement.

Whether it's electronic health records, public health records, prescribing data sets or registries, this is powerful information that can help us identify real needs, and then evaluate our ability to address those needs and make change happen.

This criteria recognizes providers that use this type of data to teach about healthcare informatics, and teach about improving the quality and safety of care.



FREQUENTLY ASKED QUESTIONS

**IN MEETING
THE CRITICAL ELEMENTS
OF THE CRITERIA**

CRITERION 26 - FAQ

Does discussion of analysis/synthesis of data meet the first Critical Element (*teaches about collection, analysis, or synthesis of health/practice data*), or must we teach methods of analysis or synthesis?

You do not need to teach learners how to conduct an analysis or synthesis of data. You do need to show that your activities include teaching about the collection and/or analysis and/or synthesis of health and practice data derived from the care of patients.

CRITERION 26 - FAQ

Does ACCME require that accredited providers use identifiable patient health or practice data in CME activities for Criterion 26?

No. The ACCME does not expect or require providers to use identifiable patient health or practice data. Providers should seek appropriate guidance from institutional policies and practices concerning the protection of confidential and identifiable information when including health or practice data in CME activities.

CRITERION 26 - FAQ

If we incorporate data from clinical data registries in our CME activities, would that be an example of compliance with Criterion 26?

Yes. The use of clinical registry data in your CME activities would be an example of compliance with Criterion 26, if the data in the registry are used to teach about healthcare improvement.

What is a Clinical Data Registry?

A clinical data registry records information about the health status of patients and the health care they receive over varying periods of time. Clinical data registries typically focus on patients who share a common reason for needing health care (a specific disease or condition).

How does a registry actually collect data?

Patients receive care from different organizations over time. Each time a patient participating in a registry sees their health care professional or is admitted to a hospital, detailed data are recorded about their health status and the care received. Health care professionals then send encrypted data about the patients to the clinical data registry through a highly secure web portal or from their EMR.

What is the value of clinical data registries?

Clinical data registries provide information to health care professionals to improve the quality and safety of the care they provide to their patients. For example, the use of evidence-based practice guidelines can be evaluated by asking questions like, "How many patients are receiving recommended treatment(s)?" In addition, information from clinical data registries is used to compare the effectiveness of different treatments for the same disease or condition and to evaluate different approaches to a procedure. The information from clinical data registries is also used to support health care education, accreditation and certification.



EXAMPLE 1

A provider planned a series of activities utilizing data from a national cardiology registry. Member clinicians contributed data into the registry and then received information about how their performance compared to national norms.

The provider facilitated a webinar with participating clinicians to review their data and plan and implement improvement practices.

Critical Elements

Did the provider teach about collection, analysis, or synthesis of health/practice data? AND

Yes

Did the provider use health/practice data to teach about healthcare improvement?

Yes

Finding: **Compliant**



EXAMPLE 2

The Infection Control Committee's review of electronic health record (EHR) data indicated a high rate of patients contracting sepsis in the ICU. A task force was formed with representatives from the CME department, medical staff, nursing, pharmacy, and information technology to determine how to incorporate an alert into the EHR system when a patient's condition put them at high risk for sepsis. A new protocol was developed to help prevent infection in high-risk patients. The provider produced a training video to educate all healthcare providers on the ICU team, and facilitated a monthly team meeting to review compliance with the alert system and protection protocol.

Critical Elements

Did the provider teach about collection, analysis, or synthesis of health/practice data? AND

Yes

Did the provider use health/practice data to teach about healthcare improvement?

Yes

Finding: **Compliant**



EXAMPLE 3

After recognizing that the rate of avoidable hospital readmissions was high, the accredited provider collaborated with colleagues in quality improvement to obtain data about unit-level use of best practices to optimize transitions of care.

The provider delivered educational activities to help each unit team review and understand their data, and then helped the teams identify and implement steps that would improve medication reconciliation, patient education, discharge planning, and communications.

Critical Elements

Did the provider teach about collection, analysis, or synthesis of health/practice data? AND

Yes

Did the provider use health/practice data to teach about healthcare improvement?

Yes

Finding: **Compliant**

CRITERION 27

The provider addresses factors beyond clinical care that affect the health of populations.

Our care environment extends beyond the walls of our operating rooms, our ambulatory care clinic, or our patient room in a hospital. Ultimately, to improve the health of populations we have to address factors such as health behaviors, economic environment, the social environmental conditions that our patients live in, healthcare and payer systems, access to care, and health disparities.

This criteria rewards those accredited providers who address these components in their educational programming and ultimately help implement change that makes a difference to patients in their communities.



FREQUENTLY ASKED QUESTIONS

**IN MEETING
THE CRITICAL ELEMENTS
OF THE CRITERIA**

CRITERION 27 - FAQ

Does teaching learners how to educate the public about community health meet the expectations of Criterion 27?

Yes. By teaching learners how to conduct community health education, you are teaching them a strategy they can use to achieve improvements in population health.

CRITERION 27 - FAQ

Can patients who have elective surgery be considered the “population” that Criterion 27 refers to?

Yes. In the context of your organization and the learners you serve, patients who have elective surgery (i.e., body contouring, breast augmentation, facial rejuvenation, dermabrasion, etc.) could be the collective “population” referenced in Criterion 27.

CRITERION 27 - FAQ

If an activity teaches clinicians how to provide healthcare in a resource-constrained environment (i.e., disaster area), would this meet Criterion 27?

Yes, it would. Other examples could include health inequity in:

- Poverty stricken areas
- Rural areas with limited access to care
- Unique populations (i.e., native Americans, veterans, LGBTQ, etc.)



EXAMPLE 1

A CME activity was held on “Breastfeeding Resources in ABC County.” The planning and presentation team for this activity included physicians, nurses, lactation counselors, and members of the local Breastfeeding Coalition (includes volunteers from Le Leche and WIC). This activity was designed to increase awareness of a variety of resources available to nursing mothers, including in-person services and support, validated online resources, medical interventions, resources for uninsured and low-income mothers, resources for mothers with medical issues, and contact information for participants to use in working with patients and clients. It was also designed to increase competence in awareness of resources and increase performance in using these resources to encourage and support breastfeeding during the infant’s first year.

One of the key strategies used to achieve positive outcomes for this initiative included involving a wide range of professionals from various organizations and agencies to be involved in developing and displaying the brochure created as a result of gathering the information. Additional strategies included using social media (Facebook) to provide the information and generate awareness in the community of the resources available. The network of professionals involved in this activity continues to be included in all breastfeeding education activities to maintain the outreach efforts and update information.

Critical Elements

Did the provider teach strategies that learners can use to achieve improvements in population health?

Yes

Finding: **Compliant**



EXAMPLE 2

The Director of Nutrition Services recognized the barriers facing many patients who are referred for nutrition counseling. The patients had limited access to affordable fresh fruits and vegetables, were not well educated on how to make good choices at the grocery store, and had limited insight on healthy cooking.

The CME department, along with nutrition services, the medical library, and a local community Seed-to-Feed program, collaborated to start three regular programs for clinicians and their patients to participate in together: tours of a local vegetable garden; grocery store tours with a nutritionist; and accessing databases, books, journals, and websites containing evidence-based resources and recipes.

Critical Elements

Did the provider teach strategies that learners can use to achieve improvements in population health?

Yes

Finding: **Compliant**



EXAMPLE 3

An accredited medical specialty society described how it collaborated in the development of a new payment model. Working with a managed care organization, a group of society members examined incentive models to promote the adoption of best practices and achieve better care outcomes for patients. Once the components of a pilot program were agreed upon, the society initiated educational activities for their members about the incentive program and payment model, recruited members to participate, and facilitated the implementation of the program in collaboration with the managed care organization.

Critical Elements

Did the provider teach strategies that learners can use to achieve improvements in population health?

Yes

Finding: **Compliant**

CRITERION 28

The provider collaborates with other organizations to more effectively address population health issues.

Engaging in the community requires us to develop relationships with that community, and ultimately that will be enhanced if you can form relationships with collaborators, whether it's your Public Health Department, a governmental agency, a community-based group, or a patient group.

Relationships with these organizations can help enhance the effectiveness of your CME program, and address the community and population health issues.

This criteria rewards those providers who form relationships that ultimately make a difference in your ability to have an impact in the communities you serve.



FREQUENTLY ASKED QUESTIONS

**IN MEETING
THE CRITICAL ELEMENTS
OF THE CRITERIA**

CRITERION 28 - FAQ

If the hospital's CME department collaborates with several departments within the hospital or in another hospital within the same healthcare system, does that meet the expectation of Criterion 28?

No. Criterion 28 requires that the accredited provider work with outside organizations to more effectively address population health issues.

Such internal collaborations could, however, support the provider's compliance with other commendation criteria.

CRITERION 28 - FAQ

Does the ACCME expect that accredited providers will demonstrate compliance with Criterion 28 at the activity level?

No. For Criterion 28, the provider must demonstrate how collaborations augment its ability to address population health issues, but does not have to demonstrate these approaches with examples of CME activities.



EXAMPLE 1

A provider collaborated with a multi-disciplinary group of health, social services, advocacy, law, and immigration agencies, and organizations to address human trafficking. The group shared resources and expertise to create a public awareness campaign, trained front-line staff on how to recognize victims, and created a seamless protocol for the triage and management of trafficking victims.

Critical Elements

Did the provider create or continue collaborations with one or more healthcare or community organization(s)?
AND

Yes

Did the provider demonstrate that the collaborations augment the provider's ability to address population health issues?

Yes

Finding: **Compliant**



EXAMPLE 2

In a CME activity titled “Engaging Physicians in the Patient Experience: The Compelling Case for Change,” City Hospital System collaborated with a large, local emergency physician group outside of their hospital to improve physician communication with patients in order to foster patient engagement. City Hospital System strives to improve population health through many means including quality communication.

Consistent application of provider communication standards such as the use of AIDET, has led to improved patient emergency room experiences. Improved communication has led to better patient engagement.

Critical Elements

Did the provider create or continue collaborations with one or more healthcare or community organization(s)?
AND

Yes

Did the provider demonstrate that the collaborations augment the provider’s ability to address population health issues?

Yes

Finding: **Compliant**

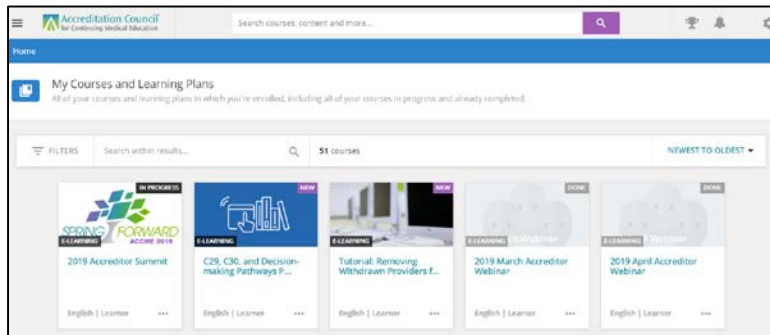


case
studies

THIS
ENDS
CASE REVIEW

TRAINING

ACCME is currently training SMS staff and volunteer surveyors on consistent, equivalent interpretation of what meets compliance within the elements of each criterion in the New Menu



ACCME Learning Management Portal



ACCME Annual Meeting/Accreditors Summit



Monthly SMS Webinars

TRAINING

ACCME will keep adding to
the Examples of Compliance
and Non-Compliance

Accreditation Council
for Continuing Medical Education
learn well

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Compliance Library

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TRAINING

**ISMA will continue training
Indiana CME Providers
on the Menu of New Criteria
for Accreditation with
Commendation**

ISMA – Fall CME Provider Training October 11, 2019; 9 AM – 3 PM EST



FINAL EXERCISE

When you get back to your organization, we encourage you to review the criteria with your fellow CME staff and leadership.

Discuss together how the criteria can support your strategic plan and which criteria are achievable and appropriate for your mission and your learners.



"My Aim" Exercise

Here and now.....

Take 5 minutes to Reflect!

- **Circle** the criteria you're already meeting
- **Star** the criteria you can work towards

ACCME Menu of Criteria for Accreditation with Commendation



MY AIM

circle the criteria your program is likely already meeting.

star the criteria you think your organization can work towards, with some effort.

Who could you partner with internally or externally to make this happen?

- 1.
- 2.
- 3.