

Overall Program Evaluation (OPE)

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How Often is Overall Program Evaluation Required?

Every provider is required to complete the overall program evaluation and improvement process **at least once during the accreditation term.**

However, many providers conduct a formal evaluation on an annual basis because they find it easier to compile and manage the data from a smaller time frame.

Overall Program Evaluation Process

There are many variations and options to consider in determining your overall program evaluation strategy and process.

Providers need to develop a process that is appropriate for their needs and resources.

What's Involved in the Overall Program Evaluation (OPE) Cycle?

C1:

Mission Statement – articulate desired changes in competence, performance or patient outcomes

C11:

Evaluate activities and analyze change data

C12:

Conduct a program-based analysis and compare back to your CME mission

C13:

Identify, plan and implement changes for improvement



**How Do We Make OPE
Simple and Strategic?**

C1 – CME Mission Statement

Simple

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.

Gone are the days when your mission statement had to include 5 distinct elements:

- CME Purpose
- Content Areas
- Target Audience
- Type of Activities Provided
- Expected Results



C11 – Analyze for Change in Learners

The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

Note: Providers are asked to analyze the changes facilitated by the overall CME program using data from each CME activity and aggregating it.

C11 – Make a Plan

Simple

- How often do you want to look at your data?
- How do you want to break down your data?
(ie, activity type – RSS, enduring, jointly provided, etc.)
- Who should be involved in gathering the data
- Who should be involved in evaluating the data?
- What changes are you tracking/measuring?
(in a moment we'll talk about "Buckets")



C11 – Measuring for Change

What methods do you employ?

- Activity evaluations
- PI/QI data
- Pre-Post tests
- Focus groups
- Local/community data

Shared ISMA Activity Evaluation

Consider utilizing question “**buckets**” in your evaluation tool in order to group findings from multiple choice answers.

This will keep responses better aligned across your activities when aggregating data.

Look for “phrase generators” to add to your buckets.



SA=Strongly Agree, A=Agree, D=Disagree, SD=Strongly Disagree, N/A	SA	A	D	SD	N/A
1. Activity content fulfilled the goals/objectives					
2. Speaker and Planning Committee financial conflicts of interest and resolutions were disclosed before the program began (slide, handout and/or verbal disclosure).					
3. The activity was presented objectively and was free of commercial bias.					

For questions 4 – 11, please mark your response(s):

4. Today's program format was conducive to learning. Yes No
If no, please provide alternative format suggestions: _____

5. This activity will assist in the improvement of my (mark all that apply):
 Competence (will turn the knowledge I gained into a strategy; I have a plan to implement what I learned)
 Performance (will take what I learned and put it into practice) (i.e. _____)
 Patient outcomes (what I learned will positively affect my patient outcomes) (i.e. _____)

6. Which ONE of the following best describes the impact of this activity on your performance?
 This education affirms what I am already doing.
 This activity will not change my behavior because I do not agree with the information presented.
 I need more information before I can change my practice behavior.
 I will immediately implement the information into my practice.

7. Which of the following actions will you take as a result of participating in this educational activity (mark all that apply):
 Discuss new information with other professionals. Change my practice/approach
 Participate in another activity on this topic Other, please specify _____
 Broaden my outlook None

8. Indicate any barriers that might prevent you from applying this knowledge (mark all that apply):
 Cost Reimbursement/insurance issues
 Lack of experience Patient adherence/compliance
 Lack of opportunity No barriers
 Lack of time Other, please specify _____
 Lack of resources _____

9. What additional information could you use to better implement what you've learned?

10. Additional suggestions or comments about this activity: _____

11. Suggestions for future educational topics: _____

Name _____ Title/Discipline _____ Date _____
MD/DO/NP/PA/Other

Organization/Address: _____ Email _____

Data Summary utilizing “Buckets” from the Activity Evaluation

Shared Aggregated Data from an ISMA - RSS

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Q2: This activity will assist in the improvement of my (mark all that apply):		
Answer Choices	Responses	
Competence	1371	83.75%
Performance	1011	61.76%
Patient outcomes	738	45.08%
Give examples for performance and patient outcomes answers.	410	25.05%
Q3. Which of the following actions will you take as a result of participating in this educational activity (mark all that apply):		
Answer Choices	Responses	
Discuss new information with other professionals	1006	61.45%
Participate in another activity on this topic	791	48.32%
Broaden my outlook	767	46.85%
Change my practice/approach	547	33.41%
None	75	4.58%
Other, please specify	20	1.22%
Other	59	3.60%
Q4. Indicate any barriers that might prevent you from applying this knowledge (mark all that apply):		
Answer Choices	Responses	
Cost	115	7.03%
Lack of experience	195	11.91%
Lack of opportunity	168	10.26%
Lack of time	341	20.83%
Lack of resources	200	12.22%
Reimbursement/insurance issues	148	9.04%
Patient adherence/compliance	409	24.98%
No barriers	760	46.43%
Other, Please specify	48	2.93%

Total Answered:

1,637



C12 –Analysis with Look-Back at CME Mission

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.

Providers are asked to integrate C11 information with a broader view of the CME program to determine the program's success at meeting it's mission.

Providers will later determine improvement plans centered on this program-based analysis.



C12 – Analysis Conclusions

Simple

- Who did we help and how?
- Did we achieve our goals?
- What obstacles exist to achieving our goals?
- Who or what else should have been involved?
(i.e., key internal or external stakeholders)
- What are we doing well?
- What are our OFI's (opportunities for improvement)?
- Are we or aren't we meeting our mission?

Strategic

What can you ascertain?

- How did we identify the competence/performance gaps of our learners?
- What trends did we see?
- How many activities did we accredit?
- To whom did we extend joint providership?Were there any barriers/limitations?
- Did we reach audiences other than physicians?Did we design targeted interprofessional CME?
- What content areas did we cover?Which didn't we and why?
- What formats did we use?Was one more significant than another?Did this affect attendance?
- Are we looking to expand our technology/digital tools in the future?
- Did we address any public health issues?
- Which of our organization's strategic initiatives did we address?
- Were our activities designed to foster changes in competence and/or performance?
- What desired outcomes appear to have been achieved?
- Were barriers to change identified? How will we overcome them?

Shared OPE from Pennsylvania Medical Society

Activity Type	2017 # of Activities that Occurred in 2017	2018 # of Activities that Occurred & are *Approved for 2018	Difference
Direct Live (in person or webinar)	4	5	+1
Joint Live (in person or webinar)	37	29	-6
Direct Enduring Material (print or online)	35	23	-12
Joint Enduring Material (print or online)	5	6	+1
Total # of Activities	81	63	-16

*notes: reflects data as of 9/30/2018; our recurring activities (such as SCAN/Child Abuse Reporting, DPP, Core Skills for Physician Leaders, and Managing Patients with Chronic Pain offering same content different times/locations) are each counted as 1 activity; multiple parts/within a series such as Emergency Prep., Opioids, Peru Substance Abuse are each counted (except MMA PLEP). CME Consult is counted as 1 activity (3 issues currently active).

Potential New Activities/CME Partners for 2019

- Mental Health (suicide prevention)
- Gun Violence/Regulation
- Health & Environment (Phipps Conservatory/Botanical Gardens)
- Community Health (Social Determinants AmeriHealth-Caritas)
- PI CME for MIPS/MOC

Our Leadership and Practice Management Courses resulted in new strategies

- ✓ Communication with other healthcare providers
- ✓ Patient communication & education
- ✓ Documentation
- ✓ Standardized Processes & Procedures

Our Public Health Courses resulted in new strategies

- ✓ Utilization of system or community resources
- ✓ Collection of and/or analysis of patient care data
- ✓ Prescribing Practices
- ✓ Screening Practices

Our Clinical Specialty Society Conferences resulted in new strategies

- ✓ Implementing new guidelines
- ✓ Treatment /therapies and diagnostic tools
- ✓ Managing patient data

C13 – Change and Improve

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

A provider should identify its own professional practice gaps, in terms of its performance as a CME provider, and create a strategic plan for program improvement based on insights gained in C11 and C12.

C13 – Change and Improve

Strategic

ASK YOURSELF.....



What needed changes or improvements have been identified for our overall program?



What is our plan for implementing these changes?
Create SMART goals.



Timeline

In what time frame will we implement these changes?
Establish a goal, follow it, and communicate it.

The Art of "SMART"



Specific

Do: Set real numbers with real deadlines.

Don't: Say, "I want more visitors."



Measurable

Do: Make sure your goal is trackable.

Don't: Hide behind buzzwords like, "brand engagement," or, "social influence."



Attainable

Do: Work towards a goal that is challenging, but possible.

Don't: Try to take over the world in one night.



Realistic

Do: Be honest with yourself- you know what you and your team are capable of.

Don't: Forget any hurdles you may have to overcome.



Time-bound

Do: Give yourself a deadline.

Don't: Keep pushing towards a goal you might hit, "some day."

Reporting Your Findings in the Self Study Report

- **C11** – Provide your analysis of changes achieved in your learners. **If possible, include copies of any aggregated data supporting your analysis.**
- **C12** – Provide your program-based analysis on the degree to which the expected results component of your CME mission has been met. **Articulate in specific terms whether you feel you did or didn't meet your mission.**
- **C13** – Describe the needed or desired changes in the overall CME program.

QUESTIONS



This Concludes Today's Training



THANK YOU