Overall Program Evaluation (OPE)

A 2nd Iteration

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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.

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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

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How Do We Make OPE Simple and Strategic?

C1 – CME Mission Statement

OPE

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

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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.

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REQUIRED CME PROGRAM EVALUATION QUESTIONS

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 _____

Shared Aggregated Data from an ISMA - RSS

OPIOID PRESCRIBING AND **ADDICTION**

FREE WEBINAR SERIES

ISMA OPIOID WEBINAR SERIES (RSS) – OVERALL PROGRAM EVALUATION

Data Summary utilizing "Buckets" from the Activity Evaluation

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):

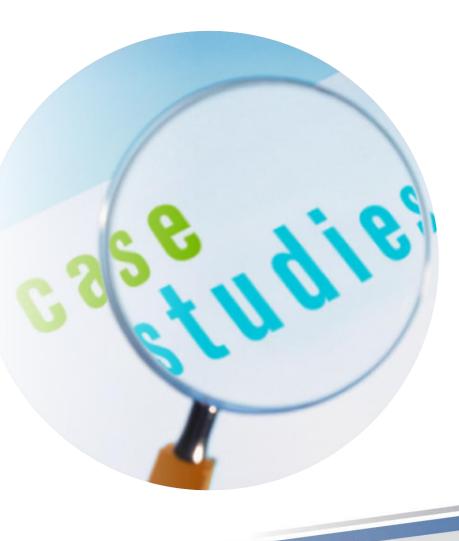| Answer Choices	Responses	
Cost	115	7.03%
Lack of experience	195	11.91%
Lack of opportunity	168	10.26%
Lack of time	341	20.83%
Lack of resources	200	12.22%
Reimbursement/insurance issues	148	9.04%
Patient adherence/compliance	409	24.98%
No barriers	760	46.43%
Other, Please specify	48	2.93%

Total Answered: 1,637

- The crucial undertaking is that you should conduct this overall evaluation for each activity type (i.e., Grand Rounds, case-based RSS's, symposia, journal-based CME, PI-CME, etc.) and AGGREGATE that data; then,

- Engage in and provide an analysis of all activities together as a whole and specifically identify what changes you are seeing across your program of CME in learners' competence, performance, or patient outcomes.

LET'S LOOK AT SOME EXAMPLES OF C11

COMPLIANCE AND NON-COMPLIANCE

C11

NON-COMPLIANT EXAMPLES

EXAMPLE 1
The provider evaluates learner satisfaction with the speakers and activities.

RATIONALE
Non-Compliant
The provider is not able to evaluate changes in learner' competence, performance, or patient outcomes by simply asking if they were satisfied with the activity.

EXAMPLE 2
While the provider evaluates its individual activities for changes in learners' competence or performance, the provider does not use these or any other change data in an overall analysis of the changes (learner competence, performance, or patient outcomes) that resulted from the provider's program of CME.

RATIONALE
Non-Compliant
The ACCME's expectations related to Criterion 11 are that the provider has data about learners' change from its activities and that the provider engages in an analysis of that data across its program of CME.

C11

COMPLIANT EXAMPLES

EXAMPLE 1

The provider evaluates its activities via a variety of methods including changes in medical malpractice claims data, data on intent to change by the participants, post-activity surveys, and onsite reviews where changes in practice are demonstrated. The provider performs an analysis based on a review of its data, and reports changes in competence and performance that inform its ongoing educational planning.

RATIONALE

Compliant

EXAMPLE 2

The provider collects data about the change in learners' competence by using audience response from case studies and skills workshops. The provider uses these data to draw conclusions about its CME program's impact on changing learners' competence.

RATIONALE

Compliant

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.

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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?

OPE

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

LET'S LOOK AT SOME EXAMPLES OF C12

COMPLIANCE AND NON-COMPLIANCE

C12
NON-COMPLIANT EXAMPLES

EXAMPLE 1

The provider described a survey of its membership as to their satisfaction with the CME program. Information gathered was operational in nature, but did not relate to the CME mission or the expected results articulated in that mission.

RATIONALE

The expectations of Criterion 12 connect the data collected in Criterion 11 (changes in learners achieved by the CME program) as it relates to Criterion 1 (expected results articulated in the CME mission).

While useful information may have been gathered in the survey of members, the survey did not fulfill the expectations of Criterion 12.

C12

COMPLIANT EXAMPLES

EXAMPLE 1

The results of our overall program analysis show that the provider is meeting their expected results in varying degrees. Their measure of usefulness of program content rating indicates they are focused on educational activities that are aligned with physician scope of practice.

Aggregating and analyzing the data from submitted evaluations from all CME activities during this accreditation period, on average 86% of the participants indicated the information presented was "useful to my work." The low percentage for an activity 85%, the high percentage was 100%, and the median percentage was 98%.

Responses for the evaluation questions on change in competence and performance for the RSS programs average at 54% (knowledge) and 51% (intent to change). In these areas they have opportunity to improve, as they identify they are meeting their mission goal with about half of participants who are completing evaluations.

Responses to the same questions for Course programs received higher percentages for change in competence and performance, 77% for program providing new knowledge and 59% of participants indicating intent to change/implement new knowledge. Many of their Course programs are also offered with multiple sessions to reduce barriers of physician participation.

RATIONALE
Compliant

OPE

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.

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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.

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

The Art of "SMART"

S	**M**	**A**	**R**	**T**
Specific	**Measurable**	**Attainable**	**Realistic**	**Time-bound**
Do: Set real numbers with real deadlines. Don't: Say, "I want more visitors."	Do: Make sure your goal is trackable. Don't: Hide behind buzzwords like, "brand engagement," or, "social influence."	Do: Work towards a goal that is challenging, but possible. Don't: Try to take over the world in one night.	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.	Do: Give yourself a deadline. Don't: Keep pushing towards a goal you might hit, "some day."

LET'S LOOK AT SOME EXAMPLES OF C13

COMPLIANCE AND NON-COMPLIANCE

C13
NON-COMPLIANT EXAMPLES

EXAMPLE 1

The provider did not present <u>any</u> information to demonstrate that they have identified changes required to improve their ability to meet the CME mission.

RATIONALE

Criterion 13 asks the provider to identify and implement changes to its CME program that will help it better meet its mission.

EXAMPLE 2

The provider communicated time constraints are a major problem for their CME Coordinator. There is much paperwork for the CME process. Working alone, it is sometimes very difficult to meet all of the requirements in a timely fashion, especially when CME is just part of the responsibilities.
Even with help with data entry, there is still too much for one person to complete and meet all of the requirements. Other job requirements constantly take up time needed for CME. A CME Coordinator with fewer additional responsibilities would make a big difference in compliance.

RATIONALE

The provider did not present information outlined from C11 - C12 to demonstrate that they have identified changes required to improve their ability to meet the CME mission.

C13
COMPLIANT EXAMPLES

EXAMPLE 1

During the providers program review, they used data from activities (evaluation forms, attendance tracking), input from participants via surveys, interviews with physician and organization leaders, materials from ISMA Provider Training sessions, and discussion within the CME Committee. They identified the following areas for improvement and opportunities to strengthen the work of the CME program:

1. Implement more effective post activity evaluation tools.

2. Implement more educational strategies to increase participant engagement.

3. Explore and develop options for making CME programs more accessible by adding off-site and on-demand access.

4. Increase collaboration with other hospital departments as well as health initiatives in the community.

5. Improve our alignment of educational activities with Medical/Clinical Quality measures

Some of these changes were in progress; some were yet to be implemented.

RATIONALE
Compliant

IN SUMMARY:
To Report 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 and your plans for implementing them. Building from the review of your CME mission, you are asked to identify, plan, and implement changes to your CME program that will help it be more effective.

  This step-wise process of collecting data, reviewing it, comparing it to expected changes, and then making adjustments to be more effective, is a form of quality improvement for the accredited provider.

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