ACCME NEW MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

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Implementation

- ACCME-accredited providers receiving accreditation decisions between **November 2017 and 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 (new commendation menu C23-C38)** to seek Accreditation with Commendation.
Overview

• Encourage and reward best practices in pedagogy, evaluation, change management and generating meaningful outcomes

• Community asked us to…
  ➢ Recognize provider best practices
  ➢ Create flexibility for different types of organizations
  ➢ Balance rigor and attainability

• Commendation remains optional.
The Menu Approach

16 Criteria in five categories
• Choose 7 from any category
• Choose (at least) 1 from “Achieves Outcomes” category
There was 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.
Pre-Conference Survey

Question #1

The Menu of New Criteria for Accreditation with Commendation can be used by any ACCME-accredited and state-accredited providers that are eligible to apply for Accreditation with Commendation.

TRUE
Compliance with the Menu of New Criteria for Accreditation with Commendation is required to achieve accreditation within the ACCME system.

Pre-Conference Survey

Question #2

Compliance with the Menu of New Criteria for Accreditation with Commendation is required to achieve accreditation within the ACCME system.

62%

FALSE
For the program-based criteria, the standards state that providers will need to demonstrate compliance with examples or descriptions. This will involve submitting brief explanations as part of the self-study report.
Pre-Conference Survey

Question #4

To achieve Accreditation with Commendation using the Menu of New Criteria, a provider must achieve compliance with a total of 8 criteria from any category, where at least 1 of 8 is from “Achieves Outcomes” category.

TRUE
Question #5

Providers pursuing Accreditation with Commendation using the Menu of New Criteria must achieve compliance with at least one criterion from each of the 5 menu categories.

FALSE
For those criteria in the Menu of Commendation Criteria that require submission of evidence at review, there is a sliding scale for the evidence that must be submitted that is based on the number of activities the provider reports in PARS during its accreditation term.

**Question #6**

Pre-Conference Survey

**75%**

**TRUE**
Providers that will receive accreditation decisions before November 2019 will have the choice of using either Option A: Commendation Criteria (C16-C22) or Option B: Menu of New Commendation Criteria (C23-C38) to seek Accreditation with Commendation.
An organization can achieve Accreditation with Commendation using criteria from both the current Accreditation with Commendation Criteria (16-22) and the Menu of New Criteria for Accreditation with Commendation (C23-C38).

**Pre-Conference Survey**

**Question #8**

70%

**FALSE**
Providers that will receive accreditation decisions after November 2019 must use the Menu of New Criteria for Accreditation with Commendation (C23-C38) to seek Accreditation with Commendation.
The provider cannot use the same CME activity, or activities, to demonstrate compliance with the critical elements and standard(s) for multiple criteria from the Menu of New Criteria for Accreditation with Commendation.

**Question #10**

Pre-Conference Survey  
55%

FALSE
A provider can address multiple criteria from one menu category to achieve Accreditation with Commendation using the Menu of New Criteria for Accreditation with Commendation.
A provider can only choose one criterion from the “Achieves Outcomes” category in the Menu when seeking Accreditation with Commendation.

FALSE
Supporting Documentation

Menu of New Criteria for Accreditation with Commendation

ACCME.org > Requirements > New Commendation Criteria

or

www.accme.org/commendation
Determining Compliance

- **Rationale** for each criterion’s inclusion
- **Critical Elements** required to demonstrate compliance
- **The Standard** for measuring compliance
Determining Compliance (cont)

- Activity-based vs program-based **standards**
- Sliding scale to accommodate CME programs of different sizes
- Approaches for demonstrating compliance include:
  - Attestations
  - Submitting evidence at review (*It may be possible to meet multiple Criteria with one CME activity.*)
  - Examples and descriptions
Members of interprofessional teams are engaged in the planning and delivery of interprofessional Continuing education (IPCE).

C23

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
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 health professionals. 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.”
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 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.
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 their “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.
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
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.
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.
A provider with a strategic focus on prenatal care collaborated with the county health department. The health department shared data about community utilization of pre-natal care, and helped disseminate information about accessible clinic and resources for pregnant women into the community. The provider then deployed clinicians into the community areas of need to share information and support pregnant women, and reported utilization numbers back to the county health department.
Enhances Skills

www.accme.org/enhancesskills

The provider designs CME to optimize communication skills of learners.

C29

The provider designs CME to optimize technical and procedural skills of learners.

C30

The provider creates individualized learning plans for learners.

C31

The provider utilizes support strategies to enhance change as an adjunct to its CME.

C32
The provider described how they planned a CME activity that was designed to improve patient communication scores for their organization. Results from a patient assessment of care experience the organization conducted internally, provided timely and specific feedback of the areas of focus for staff education. The subsequent training focused on learning which behaviors matter most to patients, developing improved clinical communication skills through role plays with peers and standardized patients, and coaching utilizing observation and feedback.

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<tr>
<th>Criterion</th>
<th>Rationale</th>
<th>Critical Elements</th>
<th>The Standard</th>
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<tbody>
<tr>
<td>C29</td>
<td>The provider designs CME to optimize communication skills of learners.</td>
<td>• Provides CME to improve communication skills AND</td>
<td>At review, submit evidence for this many activities:*</td>
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<td></td>
<td>Communication skills are essential for professional practice.</td>
<td>• Includes an evaluation of observed (e.g., in person or video) communication skills AND</td>
<td>S: 2; M: 4; L: 6; XL: 8</td>
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<td></td>
<td>Communication skills include verbal, nonverbal, listening, and writing</td>
<td>• Provides formative feedback to the learner about communication skills</td>
<td></td>
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<tr>
<td></td>
<td>skills. Some examples are communications with patients, families, and</td>
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<td>teams; and presentation, leadership, teaching, and organizational skills.</td>
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<td>This criterion recognizes providers that help learners become more self-</td>
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<td>aware of their communication skills and offer CME to improve those skills.</td>
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The provider offers a regularly scheduled series of Basic Life Support and Advanced Cardiovascular Life Support courses. Each course is a combination of online learning followed by an in-person skills practice and testing. The online session uses a variety of elearning formats such as dramatizations and self-directed learning. During the in-person training, participants complete the hands-on session with a voice-assisted manikin which provides real-time feedback on compression depth and frequency, as well as appropriate positioning of pads and use of the defibrillator.
A provider developed a mentoring/coaching program for physicians whose quality measures had not met organizational expectations. The provider and mentor developed a learning plan to improve performance over a six-month period. The physician met one-on-one with his/her mentor bi-weekly to work on agreed goals for performance improvement. Each month, the mentor/coach provided meaningful feedback and review of the quality measures and provided recommendations. The learner maintained a diary of their efforts and progress.
A provider releases an online monthly newsletter to their healthcare clinicians that includes a summary of continuing education activities for that month, and reminders to consolidate the key learning points for each activity. The newsletter also includes links to resources that can be accessed for additional supporting information. The provider ran a quarterly report to analyze the open rate of the emailed newsletter and usage of the links to the supporting information. The provider demonstrated how they altered the design and content of the newsletter over time to boost utility and utilization.
The provider engages in CME research and scholarship.

C33

The provider supports the continuous professional development of its CME team.

C34

The provider demonstrates creativity and innovation in the evolution of its CME program.

C35

Demonstrates Educational Leadership

www.accme.org/educationalleadership
A recent survey of learners revealed that many appeared to prefer to engage in asynchronous learning (using recorded webinars) rather than live activities. One of the faculty from the provider’s CME Committee began a research study to characterize the basis of these apparent changes in learning preference and describe how learning resources could be better deployed to meet their educational needs. The result of the study was submitted and accepted as a presentation at the annual conference for CME providers in the state.
The CME team (CME staff and CME committee) completed a self-assessment on the Menu of Criteria for Accreditation with Commendation with the goal of seeking commendation at the provider’s next review. A learning plan was developed and resources budgeted to send one CME staff and one committee member to a workshop to build the capacity and skills needed to help the organization reach its goal. Those that attended the workshop trained the remaining CME staff and committee.
The provider sought to increase clinician participation in the CME unit. The provider launched a multi-faceted endeavor that included creating a community of educators that met together to support and learn from each other, a mentoring partnership between experienced and more junior educators, and new awards to recognize exemplary educational development and teaching in CME.
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
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.

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<tr>
<td>C36</td>
<td>The provider demonstrates improvement in the performance of learners.</td>
<td>- Measures performance changes of learners AND&lt;br&gt;- Demonstrates improvements in the performance of learners</td>
<td>- Demonstrate that in at least 10 activities the majority of learners’ performance improved.</td>
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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 may be declining.
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. (Continued…)
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.
IMPLEMENTING COMMENDATION

Let’s Talk Best-Practice

Mark it up! (5 mins)

- 🌟 I am currently doing this
- ★ I’d like to pursue this
- ✗ I don’t think this is for me

Then, show and tell at your table. (10 mins)
www.accme.org/commendation

Educational Resources

Explanatory videos

Ask ACCME FAQs

Examples of Compliance