

# ABMS CONFERENCE

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## Modernizing CME Accreditation to Improve Learning and Patient Care

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▶ **ACHIEVING IMPROVEMENT  
THROUGH ASSESSMENT  
AND LEARNING.  
TOGETHER.**

**Mindi McKenna**, PhD, MBA  
Context for My Comments (COI Disclosure)



**CME Division Director  
American Academy of Family Physicians**  
(2007 – present)

AAFP reviews and approves educational activities for AAFP CME credit

Author of 2 books:

*"High Tech Medicine"* and *"Physicians as Leaders"* (with P. Pugno, MD)

**Previous Affiliations / Responsibilities:**

- Faculty, *Rockhurst University's Health Care Leadership MBA Program*
- Executive Director, *Healthcare Leadership Group* (consulting)
- VP of Business Devel & Marketing, *Cerner Corp* (medical software)
- Director, *Marion Laboratories / Marion Merrell Dow* (global pharmaceuticals)

# Why modernize? (slide 1 of 2)

- **AAFP began its CME credit system in the 1940's**  
*(AMA in 1968, AOA in 1972, and ACCME in 1981)*
- **The past 70 years, there have been many enhancements, but no major update to align with the current environment.**

- **Much has changed in health care and in lifelong learning**



*who learns what,  
where, when,  
why, and how*

## Why modernize? (slide 2 of 2)

**Continuing Professional Development expectations now include other ways, in addition to CME credit, to demonstrate competence to practice quality care:**

*(licensure, specialty board certification, quality measure adherence, reporting registry data to show improvements in practice performance and patient outcomes)*



# Credit System Modernization: **The Goal**

- Ensure that CME accreditation standards lead to improvements in practice-relevant learning, assessment, and high quality patient care
- Leverage technologies that enable personalized practice gap analysis, practice-relevant learning, and translation of new knowledge or skills in ways that align with the quadruple aim: *(Better care, better health, cost containment, and clinician well-being)*
- Harmonize with health care delivery orgs, payers, licensing and certifying boards that are designing for quality / value, not volume

# Credit System Modernization: **Key Principles**

- Facilitate practice-relevant learning that leads to improvement in performance and patient outcomes
- Transition credit from “time” based to “value” based
- Grant credit for aspects of learning and practice improvement that have been under emphasized (*identification of practice gaps, and translation of learning into practice*)



# CSM: Primary Design Parameters

Set Standards for Lifelong Learning  
AAFP Member Value & Strategic Priorities  
Quadruple Aim (patient and quality care)  
Facilitate Measurable Improvement in Learner  
Outcomes  
Long-Term Sustainability  
Adaptability



# CSM: Secondary Design Parameters

- Harmonize with other professional requirements
- Independence from Commercial Influences
- Facilitate team-based care and learning



# A Learner Centric Construct

**COACHING AND SUPPORT PROVIDED**

Learners Identify  
their Gaps, Needs,  
Goals, Plan

Credits

Learners  
Participate in  
Education / QI

Credits

Learners Reflect  
and Apply Learning  
to Practice

Credits

Activity level review to award Prescribed or Elective Credit

# Step 1: Gaps / Needs, Goals / Plan

Learners Identify their Gaps, Needs, Goals, Plan

Credits

- Learners identify practice gaps and learning needs from one or both of the following:
  - Self-assessment
  - An externally validated source
- Learners create / select goals based on their gaps and needs
- AAFP offers a Personalized Learning Plan Dashboard
- AAFP provides tools/resources to learners and CME providers
- Learners earn credit



# Step 2: Participate in Education / QI

Learners  
Participate in  
Education / QI

Credits

- Learners intentionally select and participate in 1 or more educational / QI activities, certified by AAFP's Credit System, to fulfill their learning goals and plan
- Commit to change
- Learners earn credit per activity



# Step 3: Reflect and Evaluate

Learners Reflect  
and Apply Learning  
to Practice

Credits

- Learners assess the outcomes of their participation in the educational / QI activity(s), reassess their performance, and reflect on how to translate learning to improve practice (*a PDSA cycle: learning from outcomes and continuously improving*)
- Learners determine next steps
- Learners earn credit



# CSM: A Large-Scale Change Project

CSM Work Group: Members of AAFP's Board-Appointed, Physician Led Commission on Continuing Professional Development

CSM Stakeholder Input: Other Accreditors, Licensing and Certifying Board leaders, CME Provider Organization representatives, colleagues in health care delivery, across the UME-GME-CME continuum, etc.

Outreach and  
Communications

Business Plan

Operations  
(I/T, Research and Evaluation)

# What is "quality improvement" and how can it transform healthcare?

Paul B Batalden, Frank Davidoff

Transformation of healthcare—quality improvement

# Need to Learn Today? — The Evolution of CME

n, M.D.

We've done extensive research

# Continuing Medical Education and Quality Improvement: A Match Made in Heaven?

Kaveh G. Shojania, MD; Ivan Silver, MD, MEd; and Wendy Levinson, MD

New models of continuing medical education (CME) seek not only to impart knowledge but to change physicians' behavior. They play a role in facilitating organizational change.

Canadian Family Medicine Curriculum  Le cursus en médecine familiale au Canada

College • Collège | Triple C

# Competency-based curriculum for family medicine

Danielle Saucier MD CCFP FCFP Elizabeth Shaw MD CCFP FCFP Jonathan Kerr MD CCFP Jill Konkin MD CCFP FCFP  
Ivy Oandasan MD MHS CCFP FCFP Andrew J. Orgonek MD CCFP Ean Parsons MD CCFP FCFP David Tannenbaum MD CCFP FCFP  
Allyn E. Walsh MD CCFP FCFP

The College of Family Physicians of Canada has endorsed the recommendation from the Section of Teachers' Working Group on Postgraduate Curriculum Review that residency training programs should develop and implement a competency-based curriculum that is

- comprehensive,
- focused on continuity of education and patient care, and

knowledge, skills, and attitudes cannot be guaranteed through clinical exposure alone; and end-of-rotation evaluation forms are poor predictors of real performance. Table 1 contrasts a traditional time-based curriculum with a competency-based one.

## Competency-based approach

Competence is one's ability to do the right thing at the

# in Measuring Outcomes of Continuing Education in the Health Professions

By Gary Bird, PhD, CME Senior Learning Strategist, American Academy of Family Physicians; and Sandra Haas Binford, MAEd, Independent Medical Education Designer and Outcomes Researcher

# Health sector accreditation research: a systematic review

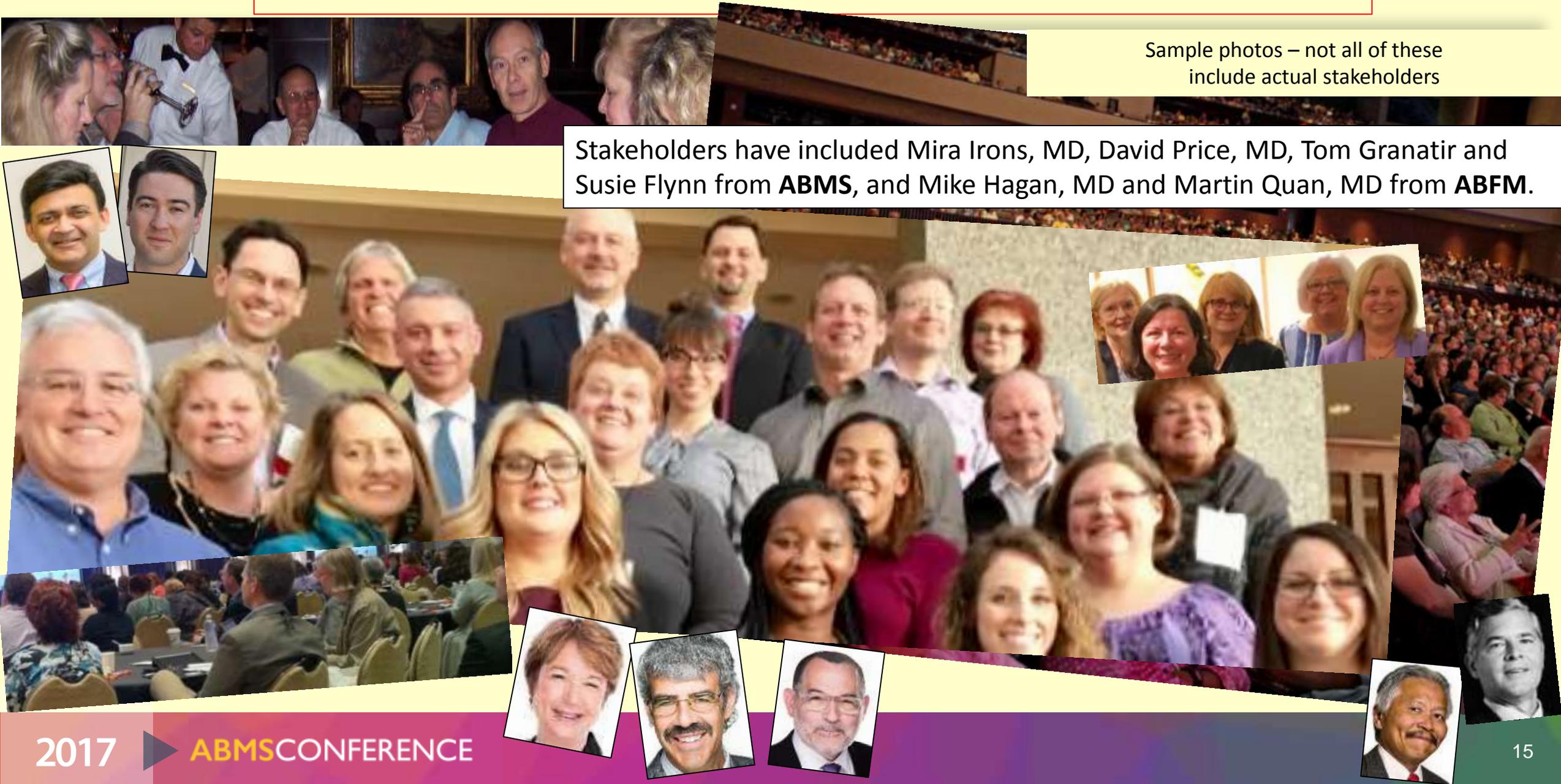
David Greenfield ✉, Jeffrey Braithwaite

International Journal for Quality in Health Care, Volume 20, Issue 3, 1 June 2008, Pages 172-183, <https://doi.org/10.1093/intqhc/mzn005>

# We've talked with a multitude of stakeholders

Sample photos – not all of these include actual stakeholders

Stakeholders have included Mira Irons, MD, David Price, MD, Tom Granatir and Susie Flynn from **ABMS**, and Mike Hagan, MD and Martin Quan, MD from **ABFM**.



## Credit System Modernization: **Current Status**

- We are internally vetting the scope, timing and specifics of an upcoming pilot project,
- And continuing to seek input from various stakeholders.

\* \* \* \* \*

*Change can be uncomfortable and scary at first ...  
Change can also be positive movement to something k*

*Beliefs about change and readiness to change vary  
The **extent** and **pace** of change can be evolutionary or  
revolutionary.*



## Can we agree that ...

- It's time for CME accreditation to be moderniz ✓?
- CME accreditation standards should align with the quadruple aim, and help drive improvements in learning, practice performance and patient ✓ outcomes?
- CME needs to be relevant and valid to learners and ✓ external stakeholders (licensing and certifying boards, employers, payers)
- Physicians should be better equipped and encouraged to engage
  - self-directed assessment of their practice goals ✓ and learning needs
  - self-selected learning goals, plans and activities ✓
- This will build synergy with certifying boards and CME providers?



# Reactor Panelists



**Alejandro Aparicio, MD**

American Medical Association  
Education



**Kate Regnier, MA, MBA**

Accreditation Council for Continuing Medical

