



LEADERSHIP,
LEARNING, AND
CHANGE WITHIN THE
ACCME[®] SYSTEM

2008

CME AS A BRIDGE TO QUALITY

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“IT’S TIME TO CALL A MEETING...”

IT IS A CRITICAL TIME FOR CONTINUING MEDICAL EDUCATION (CME) TO ADDRESS THE COMPETENCE AND PERFORMANCE GAPS OF PHYSICIANS THAT UNDERLIE DEFICITS IN THE QUALITY OF US HEALTHCARE.

ACCREDITED CME IS AN ESSENTIAL COMPONENT OF CONTINUING PHYSICIAN PROFESSIONAL DEVELOPMENT IN THE EYES OF THE US ORGANIZATIONS OF MEDICINE THAT COMPRISE THE ACCME MEMBER ORGANIZATIONS. FOR ALMOST 30 YEARS, THE ACCME SYSTEM FOR ACCREDITED CONTINUING MEDICAL EDUCATION HAS PROVIDED STANDARDS, CRITERIA, AND POLICIES THAT DEFINE WHAT IT MEANS TO BE A PROVIDER OF CME.

THE ACCME RECOGNIZES THAT US HEALTHCARE IS AT A CROSSROADS, AND THAT ACCREDITED CONTINUING MEDICAL EDUCATION IS BEING ASKED TO PROVIDE SOLUTIONS TO **BRIDGE** HEALTHCARE QUALITY GAPS. THE ACCME SYSTEM IS AN ESSENTIAL **LINK** BETWEEN THE LIFELONG LEARNING OF PHYSICIANS AND STATE AND FEDERAL REQUIREMENTS FOR PHYSICIAN LICENSURE AND MAINTENANCE OF CERTIFICATION™. ACCREDITED CME CONNECTS CURRENT PRACTICE TO BEST PRACTICE. YOUR STAKEHOLDERS NEED TO UNDERSTAND JUST HOW IMPORTANT THIS ROLE OF CME IS TO THE HEALTHCARE MISSION OF YOUR ORGANIZATION.

IN THIS FRAMEWORK, ACCREDITED CME IS ONE OF OUR NATION’S STRATEGIC ASSETS FOR IMPROVING CARE—AND AN IMPORTANT PARTNER FOR CHANGE TO YOUR PHYSICIANS AND YOUR COMMUNITY OF PRACTICE.

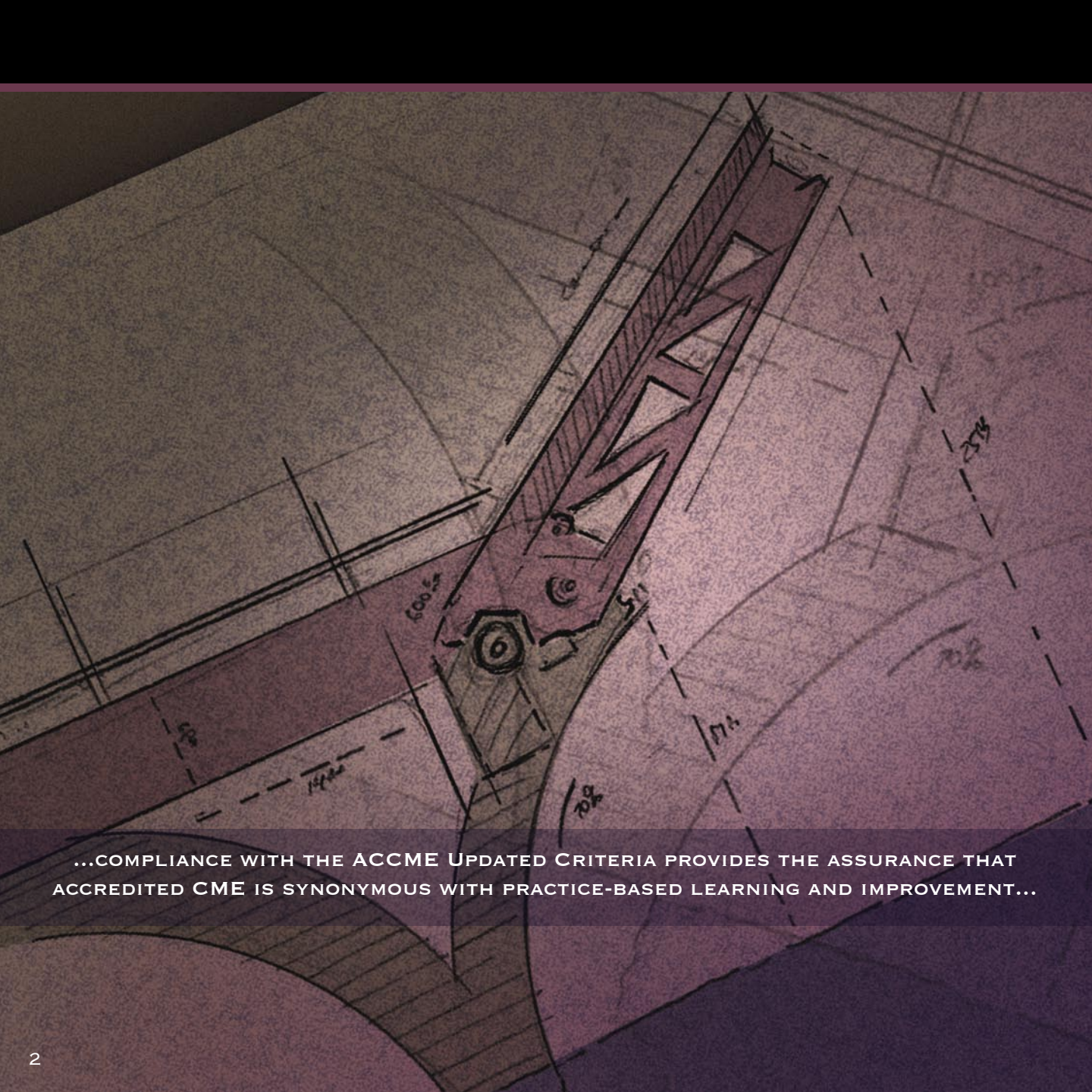
THIS BOOKLET HAS BEEN DESIGNED TO HELP YOU TAKE ACTION TO DEMONSTRATE THE VALUE OF ACCREDITED CONTINUING MEDICAL EDUCATION TO YOUR STAKEHOLDERS—SO THAT WE CAN WORK TOGETHER TO IMPROVE PATIENT CARE.

I ENCOURAGE YOU TO “CALL A MEETING” TO DISCUSS **CME AS A BRIDGE TO QUALITY** IN YOUR OWN ORGANIZATION AND COMMUNITY. FOR ASSISTANCE AND PRESENTATION MATERIALS, PLEASE VISIT WWW.ACCME.ORG.

SINCERELY,



MURRAY KOPELOW, MD, MS(COMM), FRCPC
CHIEF EXECUTIVE



...COMPLIANCE WITH THE ACCME UPDATED CRITERIA PROVIDES THE ASSURANCE THAT ACCREDITED CME IS SYNONYMOUS WITH PRACTICE-BASED LEARNING AND IMPROVEMENT...

ACCREDITED CME IS LINKED TO PRACTICE AND FOCUSED ON HEALTHCARE QUALITY GAPS.

THE ACCME 2006 UPDATED ACCREDITATION CRITERIA¹ PROVIDE THE ALGORITHM THAT LINKS CME TO OUR COLLECTIVE EFFORTS FOR QUALITY IMPROVEMENT. AS A PARTNER IN THE NATIONAL DISCOURSE TO IDENTIFY STRATEGIES TO IMPROVE UNITED STATES HEALTHCARE, ACCME ACCREDITATION REQUIREMENTS ARE EVOLVING CME SO THAT IT IS MORE EFFECTIVELY ADDRESSING CURRENT AND EMERGING PUBLIC HEALTH CONCERNS.² TO MAKE THIS COMMITMENT TO QUALITY IMPROVEMENT EVIDENT, OUR SYSTEM ASKS ACCREDITED PROVIDERS TO EMBODY THE SAME DYNAMIC OF “LEARNING AND CHANGE” THAT THEY EXPECT OF THEIR PHYSICIAN LEARNERS.

SUPPORTED BY THE UPDATED CRITERIA, ACCREDITED PROVIDERS STATE THEIR CME MISSION IN TERMS OF CHANGES IN COMPETENCE

(IE, KNOWING HOW TO DO SOMETHING, “KNOWLEDGE IN ACTION”), PERFORMANCE (IE, WHAT ACTIONS ARE TAKEN), OR PATIENT OUTCOMES THAT WILL RESULT FROM THEIR EFFORTS. AN ACCREDITED PROVIDER’S PROGRAM OF CME IS DETERMINED BY THE PROFESSIONAL PRACTICE GAPS OF ITS OWN LEARNERS. THESE GAPS REFLECT THE HEALTHCARE DELIVERED.

THEREFORE, COMPLIANCE WITH THE **UPDATED CRITERIA** PROVIDES THE ASSURANCE THAT ACCREDITED CME IS SYNONYMOUS WITH PRACTICE-BASED LEARNING AND IMPROVEMENT WHERE, (1) THE CONTENT OF CME MATCHES THE SCOPE OF THE LEARNER’S PRACTICE, (2) LEARNING ACTIVITIES ARE LINKED TO PRACTICE-BASED NEEDS, AND (3) CHANGES IN PHYSICIAN COMPETENCE, PERFORMANCE, OR PATIENT OUTCOMES ARE MEASURED.

1. ACCME® Annual Report Data 2006. Chicago, Illinois: Accreditation Council for Continuing Medical Education; 2006. Available at: <http://www.accme.org>.

2. Committee on the Health Professions Education Summit. Board on Health Care Services. Institute of Medicine of the National Academies. Health Professions Education: A Bridge to Quality. Greiner AC, Knebel, E, eds. Washington, DC: The National Academies Press. June 2002.



ACCREDITED CME PROVIDERS ARE PERFECTLY POSITIONED TO SUPPORT PHYSICIANS AS THEY NAVIGATE THEIR OWN, PERSONALIZED MAINTENANCE OF CERTIFICATION™ PROCESSES.

ACCREDITED CME SUPPORTS PHYSICIANS' MAINTENANCE OF CERTIFICATION.

IN 2006, THE 24 MEMBER BOARDS OF THE AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS) ADOPTED THE **ABMS MAINTENANCE OF CERTIFICATION™** AS A FORMAL PROCESS FOR BOARD-CERTIFIED PHYSICIANS.¹ THE FOUR-PART PROCESS OUTLINED BY THE ABMS INCLUDES TWO COMPONENTS, **LIFELONG LEARNING AND SELF-ASSESSMENT (PART 2)** AND **PRACTICE PERFORMANCE ASSESSMENT (PART 4)** WHICH ARE DIRECTLY ALIGNED WITH THE ACCME **UPDATED CRITERIA** FOR ACCREDITED PROVIDERS. (THE CME ENTERPRISE, IN GENERAL, ALSO SUPPORTS **LICENSURE AND PROFESSIONAL STANDING [PART 1]** AND **COGNITIVE EXPERTISE [PART 3].**)

ACCREDITED CME PROVIDERS ARE PERFECTLY POSITIONED TO SUPPORT PHYSICIANS AS THEY NAVIGATE THEIR OWN, PERSONALIZED **MAINTENANCE OF CERTIFICATION™** PROCESSES. GUIDED BY THE **UPDATED CRITERIA**, CME PROFESSIONALS WILL PROVIDE VALUE TO THEIR PHYSICIAN COMMUNITY BY HELPING TO UNCOVER, MEASURE, AND ADDRESS IMPORTANT KNOWLEDGE, COMPETENCE, AND PERFORMANCE-BASED GAPS IN PRACTICE.² BY REQUIRING ACCREDITED PROVIDERS TO ALIGN EDUCATIONAL PLANNING WITH THEIR PHYSICIANS' SCOPE OF PRACTICE, THE ACCME DELIVERS A CME SYSTEM WHICH IS INTIMATELY TIED TO THE SPECIFIC COMPETENCY NEEDS DEFINED BY EACH SPECIALTY MEMBER BOARD.

1. ABMS Maintenance of Certification™, Six Core Competencies for Quality Patient Care. Available on www.abms.org. 2. See ACCME Updated Accreditation Criteria, Criteria 2-5, available on www.acme.org.



THE MAJORITY OF MEDICAL LICENSING BOARDS REQUIRE THAT THEIR PHYSICIANS PARTICIPATE IN CME TO RETAIN THEIR LICENSE TO PRACTICE.



ACCREDITED CME IS AN ESSENTIAL REQUIREMENT FOR MAINTENANCE OF LICENSURE.


THE CONTINUING COMPETENCE OF PHYSICIANS IS AN IMPORTANT ISSUE FOR THE FEDERATION OF STATE MEDICAL BOARDS (FSMB) AND ITS MORE THAN 60 MEMBER LICENSING BOARDS IN THE US.¹ A 2007 DRAFT REPORT FROM THE FSMB SPECIAL COMMITTEE ON MAINTENANCE OF LICENSURE CONCLUDES, "FOR A VARIETY OF REASONS, STATE MEDICAL BOARDS DEVOTE FEW RESOURCES TO PROSPECTIVELY ENSURING THE ONGOING COMPETENCE OF LICENSEES. IN CONTRAST TO THE RIGOROUS STANDARDS FOR INITIAL LICENSURE, STATE MEDICAL BOARDS HAVE FEW REQUIREMENTS IN PLACE TO ENSURE LICENSED PHYSICIANS MAINTAIN THEIR COMPETENCE THROUGHOUT THEIR PROFESSIONAL CAREERS... STATE MEDICAL BOARDS RECOGNIZE THAT SUCH PRACTICES ARE NO LONGER ACCEPTABLE. RAPID ADVANCES IN TECHNOLOGY AND MEDICAL SCIENCE ARE REVOLUTIONIZING MEDICINE, MAKING IT INCREASINGLY DIFFICULT FOR PHYSICIANS TO MEET THEIR PROFESSIONAL RESPONSIBILITY TO STAY CURRENT... IN ORDER TO MEET INCREASED

PUBLIC DEMANDS FOR GREATER ACCOUNTABILITY, STATE MEDICAL BOARDS WILL NEED TO BROADEN THEIR RESPONSIBILITIES TO INCLUDE FACILITATING THE CONTINUED COMPETENCE OF ALL LICENSEES."

THE MAJORITY OF MEDICAL LICENSING BOARDS REQUIRE THAT THEIR PHYSICIANS PARTICIPATE IN CME TO RETAIN THEIR LICENSE TO PRACTICE. FSMB HAS ACKNOWLEDGED THE IMPORTANCE OF ACCREDITED CME TO THIS PROCESS, COMMENTING THAT THE **UPDATED CRITERIA**, "WILL PROVE TO BE VALUABLE IN THE NATIONAL INITIATIVES TO ASSURE COMPETENCE OF PHYSICIANS."² THEREFORE, BY ENSURING THAT PHYSICIANS HAVE ACCESS TO VALID, PRACTICE-BASED EDUCATION THAT IS INDEPENDENT FROM COMMERCIAL INFLUENCE OR BIAS, ACCME ACCREDITED PROVIDERS WILL HELP TO FULFILL THE FSMB'S MISSION TO SEEK, "CONTINUAL IMPROVEMENT IN THE QUALITY, SAFETY AND INTEGRITY OF HEALTH CARE THROUGH THE DEVELOPMENT AND PROMOTION OF HIGH STANDARDS FOR PHYSICIAN LICENSURE AND PRACTICE."

1. 2007 Draft Report, Special Committee on Maintenance of Licensure, Federation of State Medical Boards, Available at <http://www.fsmb.org>.

2. August 30, 2006 letter from Dr. James Thompson, President and CEO of the Federation of State Medical Boards, to the ACCME.



THE ACCME SEEKS TO REWARD PROVIDERS THAT TAKE AN INNOVATIVE AND THOUGHTFUL APPROACH TO NOT ONLY UNDERSTAND THE HEALTHCARE ENVIRONMENT IN WHICH THEIR PHYSICIANS PRACTICE, BUT SEEK SOLUTIONS BEYOND THEIR OWN BOUNDARIES TO IDENTIFY AND REMOVE OBSTACLES THAT STAND BETWEEN CURRENT CARE AND BEST CARE FOR PATIENTS.




ACCREDITED CME IS FOSTERING COLLABORATION TO ADDRESS QUALITY IMPROVEMENT.

IN ITS UPDATED CRITERIA, THE ACCME HAS REDEFINED THE HIGHEST LEVEL OF ACHIEVEMENT FOR ACCREDITED CME PROVIDERS (EG, ACCREDITATION WITH COMMENDATION) BY ASKING THEM TO DEMONSTRATE LEADERSHIP IN ENGAGING OTHER HEALTHCARE STAKEHOLDERS TO ADDRESS AND OVERCOME BARRIERS TO IMPROVED CARE.¹ THE RATIONALE FOR THIS CHANGE IS WELL FOUNDED IN CLINICAL RESEARCH LITERATURE—ENCAPSULATED BY AN OBSERVATION BY DR. RICHARD GROL PUBLISHED IN JAMA THAT, “IT IS NOT REALISTIC TO THINK ONE CAN SOLVE ALL THE PROBLEMS IN HEALTH CARE DELIVERY. NONE OF THE POPULAR MODELS FOR IMPROVING CLINICAL PERFORMANCE APPEAR SUPERIOR... THEREFORE BRIDGES MUST BE BUILT AND MODELS MUST BE INTEGRATED TO BE TRULY EFFECTIVE.”² THE ACCME SEEKS TO REWARD PROVIDERS THAT TAKE AN INNOVATIVE AND THOUGHTFUL APPROACH TO NOT ONLY UNDERSTAND THE HEALTHCARE ENVIRONMENT IN WHICH THEIR PHYSICIANS PRACTICE, BUT SEEK SOLUTIONS BEYOND THEIR OWN BOUNDARIES TO

IDENTIFY AND REMOVE OBSTACLES THAT STAND BETWEEN CURRENT CARE AND BEST CARE FOR PATIENTS.

LIKE ITS PROVIDERS, THE ACCME IS ALSO STRIVING TO EMBODY THE MODEL OF LEARNING AND CHANGE DESCRIBED IN THE **UPDATED CRITERIA** BY PROVIDING OUTREACH, EDUCATION, AND COORDINATION TO NURTURE INNOVATION AND INTERACTION AMONG KEY STAKEHOLDERS. IN 2007, THESE EFFORTS CULMINATED IN PRODUCTIVE RELATIONSHIPS WITH MULTIPLE HEALTHCARE STAKEHOLDERS, INCLUDING THE METROPOLITAN CHICAGO BREAST CANCER TASK FORCE,³ FIVE REGIONAL MEMBERS OF THE CENTER FOR MEDICARE AND MEDICAID SERVICES’ “BETTER QUALITY INFORMATION TO IMPROVE CARE FOR MEDICARE BENEFICIARIES” PILOT PROGRAM UNDER THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES’ VALUE-DRIVEN HEALTH CARE INITIATIVE⁴, AND THE WHITE HOUSE OFFICE OF NATIONAL DRUG CONTROL POLICY.⁵

1. See ACCME Updated Accreditation Criteria, Criteria 16-22, available on www.accme.org. 2. Grol, R. Improving the Quality of Medical Care. *JAMA*. 2001;286(20):2578-2585. 3. ACCME Educational Webinar, “Identifying Professional Practice Gaps: Diagnosing and Treating Breast Cancer”. Recorded December 11, 2007. Available on www.accme.org. 4. Center for Medicare and Medicaid Services, “Better Quality Information to Improve Care for Medicare Beneficiaries” pilot project. Under the “Value-Driven Health Care” initiative from the US Department of Health and Human Services. Available on <http://www.hhs.gov/valuedriven/pilot/index.html>. 5. White House Office of National Drug Control Policy. Available on <http://www.whitehousedrugpolicy.gov/>.



...IT IS A CORE-COMPETENCY THAT HEALTH PROFESSIONALS
“COOPERATE, COMMUNICATE, AND INTEGRATE CARE IN TEAMS TO
ENSURE THAT CARE IS CONTINUOUS AND RELIABLE.”



ACCREDITED CME IS ADDRESSING INTERDISCIPLINARY TEAM PRACTICE.

THE INSTITUTE OF MEDICINE'S SEMINAL 2002 REPORT, "HEALTH PROFESSIONS EDUCATION: A BRIDGE TO QUALITY", OUTLINED THAT IT IS A CORE-COMPETENCY THAT HEALTH PROFESSIONALS "COOPERATE, COMMUNICATE, AND INTEGRATE CARE IN TEAMS TO ENSURE THAT CARE IS CONTINUOUS AND RELIABLE".¹ THE ACCME, TOGETHER WITH THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) AND THE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION (ACPE), HAVE DEVELOPED A LONG-TERM STRATEGIC PARTNERSHIP TO REALIZE THIS GOAL. AS ACCREDITORS, THESE THREE ACCREDITING ORGANIZATIONS OF THREE PROFESSIONS ARE COOPERATING, COMMUNICATING—AND ARE INTEGRATING THEIR SYSTEMS OF ACCREDITATION.

SINCE 2005, ALL THREE ORGANIZATIONS HAVE ACTIVELY COLLABORATED TO EXPLORE AREAS OF SYNERGY, CULMINATING IN A STATEMENT OF SHARED VALUES AND FUTURE COLLABORATIVE PROJECTS, ACCEPTED BY THE LEADERSHIP OF ALL THREE ORGANIZATIONS IN 2006.² FRUITS OF THIS COLLABORATION INCLUDE (1) THE ALIGNMENT

OF CRITICAL ASPECTS OF ACCREDITATION REQUIREMENTS FOR PHYSICIANS, NURSES, AND PHARMACISTS, (2) SHARED COMMITMENT TO SAFEGUARD EDUCATION FROM COMMERCIAL INTERESTS (BOTH THE ANCC AND ACPE ADOPTED THE ACCME STANDARDS FOR COMMERCIAL SUPPORT IN 2007), AND (3) APPLICATION OF COMPETENCY-BASED DECISION-MAKING CRITERIA FOR ACCREDITED PROVIDERS.

THE ACCME, TOGETHER WITH THE ANCC AND ACPE, ARE COMMITTED TO FUTURE COLLABORATION TO DEVELOP MORE STANDARDIZED TERMINOLOGY AND PROCESSES FOR ACCREDITATION, AND EXPLORE COMMON OR SHARED APPROACHES FOR ACCREDITATION PROCESSES (EG, UNIFIED SITE VISITS AND ACCREDITATION REVIEWS). THE THREE ORGANIZATIONS HAVE BEEN WORKING FOR OVER A YEAR ON THE CREATION OF A SPECIAL ACCREDITATION THAT REWARDS PROVIDERS WHO ENGAGE IN MULTIDISCIPLINARY EDUCATION PLANNED FOR AND BY THE ENTIRE HEALTHCARE TEAM.

1. Committee on the Health Professions Education Summit. Board on Health Care Services. Institute of Medicine of the National Academies. Health Professions Education: A Bridge to Quality. Greiner AC, Knebel, E, eds. Washington, DC: The National Academies Press. June 2002. 2. ACCME, Report to the ACCME Board of Directors, 2006.



...THE ACCME IS RESOLUTE IN ITS EFFORTS TO ENSURE THAT CME IS PROVIDED THROUGH A VALID AND CREDIBLE ACCREDITATION SYSTEM... INDEPENDENT OF COMMERCIAL INTERESTS AND FREE OF COMMERCIAL BIAS IN ALL CME TOPIC SELECTION, PLANNING DECISION, AND PRESENTATION CONTENT...



ACCREDITED CME IS INDEPENDENT OF COMMERCIAL INTERESTS.

THE ACCME SYSTEM IS FOCUSED ON SUPPORTING PHYSICIAN LEARNING AND CHANGE TO BENEFIT THE QUALITY OF CARE. IN NOVEMBER 2007, THE ACCME BOARD OF DIRECTORS ARTICULATED THAT, “THE CONCEPTS OF INDEPENDENCE FROM INDUSTRY AND COLLABORATION WITH INDUSTRY IN THE DEVELOPMENT OF [CME] CONTENT ARE MUTUALLY EXCLUSIVE. ALTHOUGH COMMERCIAL INTERESTS MAY PROVIDE COMMERCIAL SUPPORT FOR EDUCATIONAL ACTIVITIES AS DEFINED BY THE ACCME’S **STANDARDS FOR COMMERCIAL SUPPORT: STANDARDS TO ENSURE INDEPENDENCE, IN THE US** IN THE CONTEXT OF INDEPENDENCE, THERE IS NO ROLE FOR ACCME-DEFINED COMMERCIAL INTERESTS IN THE DEVELOPMENT OR EVALUATION OF ACCREDITED CME ACTIVITIES.”¹ THIS DEFINES THE “INDEPENDENCE” OF CME.

THE CME COMMUNITY IS NOT ALONE IN ITS CONCERN FOR IMPROVING HEALTH. THE BIOPHARMACEUTICAL AND MEDICAL DEVICE INDUSTRIES ALSO SEEK TO CONTRIBUTE TO THE IMPROVEMENT OF PUBLIC HEALTH. ALTHOUGH

THEIR PRODUCTS AND SERVICES REDUCE THE BURDEN OF DISEASE AND IMPROVE PATIENT OUTCOMES WITH INNOVATIONS IN THERAPY, THESE COMPANIES ARE ULTIMATELY RESPONSIBLE TO THE FINANCIAL INTERESTS OF THEIR STOCKHOLDERS.

FRAMED BY THE **UPDATED CRITERIA**, CME IS AN ENDEAVOR FOR MEDICINE, BY MEDICINE. WHEN CME FAILS TO BE EXCLUSIVELY ORIENTED TO MEASURED GAPS IN THE DELIVERY OF CARE, IT CEASES TO BE RELEVANT TO PHYSICIANS-IN-PRACTICE—AND, ULTIMATELY, FAILS PATIENT CARE. OUR MOST IMPORTANT STAKEHOLDER—THE AMERICAN PUBLIC—DEMANDS THAT THE CME SYSTEM PROVIDE DEMONSTRABLE VALUE WITHOUT INFLUENCE FROM INDUSTRY. IN RETURN, “THE ACCME IS RESOLUTE IN ITS EFFORTS TO ENSURE THAT CME IS PROVIDED THROUGH A VALID AND CREDIBLE ACCREDITATION SYSTEM... INDEPENDENT OF COMMERCIAL INTERESTS AND FREE OF COMMERCIAL BIAS IN ALL CME TOPIC SELECTION, PLANNING DECISION, AND PRESENTATION CONTENT.”^{1,2}

1. Executive Summary of the November 2007 Meeting of the ACCME Board of Directors. Available on www.accme.org. 2. ACCME Letter to the Committee on Finance, United States Senate, August 3, 2007.

ACCME



EDUCATION THAT MATTERS TO PATIENT CARE.



THE US SECRETARY OF HEALTH AND HUMAN SERVICES, MICHAEL LEAVITT, STATED, “THERE IS A TIME IN THE LIFE OF EVERY PROBLEM WHEN IT IS BIG ENOUGH TO SEE, YET SMALL ENOUGH TO SOLVE.” INADEQUACIES IN THE QUALITY OF US HEALTHCARE ARE FELT NO MORE SEVERELY THAN AMONG HEALTH PROFESSIONALS AND THEIR PATIENTS. THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) IS MISSION-DRIVEN TO ENSURE THAT THE CONTINUING EDUCATION OF PHYSICIANS—CME—ACTS AS AN EFFECTIVE MEANS TO BRIDGE THE GAP BETWEEN TODAY’S CARE AND WHAT CARE SHOULD BE. THROUGH EVOLVING CRITERIA AND POLICIES, THE ACCME PROVIDES ITS SYSTEM OF NATIONALLY-ACCREDITED PROVIDERS AND RECOGNIZED STATE MEDICAL SOCIETIES WITH ESSENTIAL GUIDANCE AND INSTRUCTION FOR DOING CME THAT MATTERS TO PATIENT CARE AND COMMUNITY HEALTH.

THE ACCME IS AN EVER-CHANGING ORGANIZATION—RESPONSIVE TO THE PRESSURES FOR EVOLUTION AND IMPROVEMENT THAT AROUND AS THE AMERICAN PUBLIC, GOVERNMENT, AND HEALTHCARE-FOCUSED ORGANIZATIONS STRIVE TO IMPROVE HEALTH OUTCOMES. THE PAST SEVERAL YEARS HAVE BEEN A FORMATIVE TIME IN WHICH THE ACCME’S VISION AND STANDARDS FOR ACCREDITED CME HAVE CONTINUED TO REFLECT THE NEEDS OF THIS COMMUNITY.

IN LATE 2006 AND 2007, THE ACCME WAS ASKED BY THE US SENATE’S COMMITTEE ON FINANCE TO DEMONSTRATE HOW ITS ACCREDITATION AND OVERSIGHT PROCESSES MITIGATE THE RISK OF INFLUENCE AND BIAS FROM COMMERCIAL ENTITIES THAT FUND CME. THE SENATE COMMITTEE’S INQUIRY PROVIDED THE ACCME A PIVOTAL OPPORTUNITY TO INTROSPECTIVELY ASSESS ITS VISION AND PRACTICE FOR ACCREDITING THE CME SYSTEM. AS A RESULT OF THIS PROCESS, THE ACCME BOARD OF DIRECTORS AFFIRMED THE ORGANIZATION’S COMMITMENT TO ITS MISSION AND ACCREDITATION AND RECOGNITION PROCESSES, ARTICULATING KEY STRATEGIC IMPERATIVES THAT WOULD ENSURE THE ACCME CAN CONTINUE TO MEET ITS MISSION TO SUPPORT PHYSICIAN CONTINUING PROFESSIONAL DEVELOPMENT FOR THE BETTERMENT OF PATIENT CARE. THE PAGES THAT FOLLOW PRESENT THE STRATEGIC IMPERATIVES SET BY THE ACCME AS A FOCUS FOR THE NEXT SEVERAL YEARS, AS WELL AS AN OVERVIEW OF THE SIZE, SCOPE, AND NATURE OF THE CME SYSTEM. DESCRIPTIVE INFORMATION ABOUT THE ACCME, AS AN ORGANIZATION, IS INCLUDED TO DEMONSTRATE THAT IT STANDS READY TO CONTINUE IN A LEADERSHIP AND STANDARD-SETTING ROLE.

ACCME STRATEGIC IMPERATIVES¹

ENHANCEMENTS TO THE COLLECTION, ANALYSIS, SYNTHESIS, APPLICATION AND DISSEMINATION OF DATA AND INFORMATION ABOUT THE ACCME SYSTEM WILL BE EXPLORED. WITH SUCH ENHANCEMENTS THE ACCME COULD, FOR EXAMPLE, EVALUATE THE VALIDITY OF THE CONCERNS THAT COMMERCIAL SUPPORTED CME INAPPROPRIATELY FAVORS THE PRODUCTS OF COMMERCIAL SUPPORTERS AND ESTABLISH A MONITORING SYSTEM FROM WHICH THE ACCME COULD MAKE INDEPENDENT DECISIONS ABOUT COMPLIANCE WITH ITS REQUIREMENTS. SUCH SYSTEMS COULD TAKE ADVANTAGE OF DIRECT REPORTING BY LEARNERS AND OBSERVERS AS WELL AS BEING THE POSSIBLE SOURCE OF INFORMATION ABOUT COMPLIANCE AND PROVIDERS TO THE PUBLIC.

THE PROCESSES THE ACCME USES TO ADMINISTER ITS STANDARDS WILL ALSO BE REVIEWED. THE STEPS REQUIRED FOR ATTAINING AND MAINTAINING ACCREDITATION IN THE CONTEXT OF CONTENT VALIDATION AND FREEDOM FROM COMMERCIAL BIAS WILL BE EXPLORED. THE REQUIRED PACE OF CHANGE AND IMPROVEMENT, IN THE FACE OF NONCOMPLIANCE FINDINGS, COULD BE ACCELERATED AND CONSEQUENCES REFINED—WITHOUT LOSING ACCME'S WELL ESTABLISHED QUALITY IMPROVEMENT APPROACH TO SUPPORTING PROVIDERS. GRADED RESPONSES TO MORE SERIOUS PROBLEMS, ENHANCED SENSITIVITY OF ACCREDITATION MEASUREMENT TOOLS AND MORE EXPLICITLY DEFINED GUIDELINES FOR CONTENT VALIDATION ARE AMONG THE AREAS THE ACCME CONSIDERS IMPORTANT TO REVIEW. IN ADDITION, THE ACCME STRESSES THAT ONCE FULLY IMPLEMENTED, THE **UPDATED CRITERIA** WILL HAVE A SIGNIFICANT

POSITIVE IMPACT ON THE CONTENT VALIDITY OF CME IN THE UNITED STATES.

INCLUDED IN AN EVALUATION OF STANDARDS AND PROCESSES WILL BE A REVIEW OF THE MANAGEMENT OF COMMERCIAL SUPPORT ACROSS THE CME ENTERPRISE INCLUDING FUNDING MODELS AND THE ROLE OF INDUSTRY IN CME. ALTERNATE FUNDING MODELS WILL BE CONSIDERED (EG, POOLED FUNDING, LIMITS, SOURCES) INCLUDING DISCUSSIONS ON THE VALUE OR IMPACT OF NO COMMERCIAL SUPPORT. THE ACCME RECOGNIZES THAT CME CAN RECEIVE FINANCIAL SUPPORT FROM INDUSTRY WITHOUT RECEIVING ANY ADVICE OR GUIDANCE, EITHER NUANCED OR DIRECT, ON THE CONTENT OF THE ACTIVITY OR ON WHO SHOULD DELIVER THAT CONTENT. HOWEVER, THE FUTURE ROLE OF INDUSTRY IN CME, BEYOND THAT OF A FUNDER, WILL BE EVALUATED IN THE CONTEXT OF INDEPENDENCE. IT MAY BE THAT ALLIANCES WITH INDUSTRY CAN CONTINUE TO EXIST IN THE PRESENCE OF SAFEGUARDS THAT MAINTAIN INDEPENDENCE.

CONSIDERATIONS REGARDING THE EXPANSION AND REFINEMENT OF ACCME'S EDUCATION AND OUTREACH PROGRAMS FOR LEARNERS, FACULTY, COMMERCIAL SUPPORTERS AND CME PLANNERS WILL BE EXPLORED. THE BOUNDARIES BETWEEN PROMOTION AND CME NEED TO BE CLARIFIED FOR ALL PARTICIPANTS IN THE SYSTEM—LEARNERS, TEACHERS, CME PLANNERS. THE DEVELOPMENT OF GUIDING PRINCIPLES AND STANDARDS FOR PLANNERS, FACULTY/AUTHORS, AND LEARNERS WOULD BE VALUABLE. THE ACCME SUPPORTS EDUCATION OF LEARNERS AS INFORMED

1. ACCME Letter to the Committee on Finance, United States Senate, August 3, 2007.

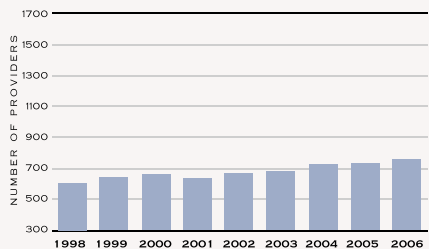
CONSUMERS WHO MIGHT ASSIST THE ACCME IN DIRECTLY MONITORING CME ACTIVITIES WITHOUT ADDING BURDEN TO CME PROVIDERS.

THE ACCME RECOGNIZES THAT CHANGES CANNOT OCCUR IN ISOLATION. COLLABORATION, COOPERATION AND COMMUNICATION, IN A VARIETY OF FORMS, HAVE BEEN IDENTIFIED BY THE ACCME AS CRITICAL TO SUCCESS. THE ACCME IS GRATEFUL TO THE MANY ORGANIZATIONS AND INDIVIDUALS WHO HAVE OFFERED

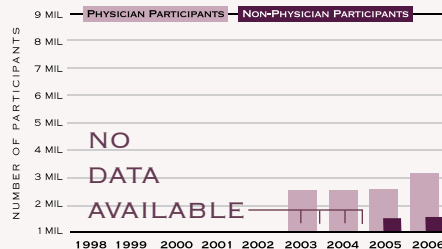
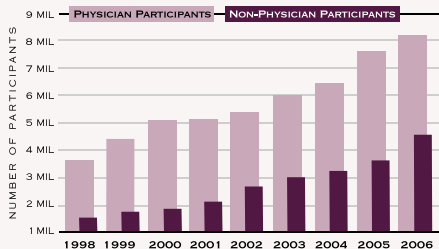
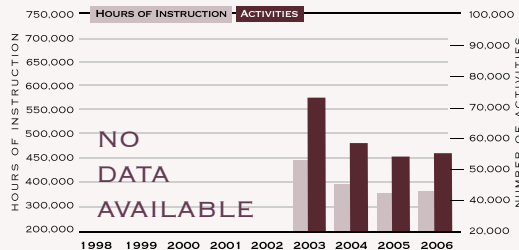
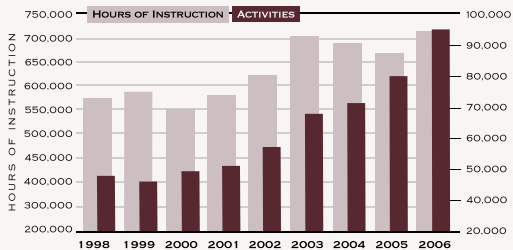
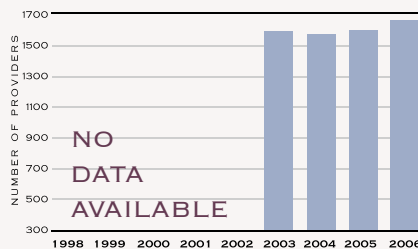
TO ASSIST. THE NATURE OF ACCME'S ALLIANCES WITH OTHER ORGANIZATIONS IS IMPORTANT TO THE ACCME'S SUCCESSES IN NAVIGATING THROUGH CHANGE. THE ACCME WILL SET A HIGH PRIORITY ON ESTABLISHING APPROPRIATE ALLIANCES AND INCORPORATING THE EXCHANGE OF INFORMATION AND IDEAS ABOUT ACCME'S ROLES IN ENSURING THAT CME IS INDEPENDENT OF COMMERCIAL INTERESTS AND FREE OF COMMERCIAL BIAS IN ALL TOPIC SELECTION, PLANNING OR PRESENTATION CONTENT.

THE CME SYSTEM

NATIONALLY-ACCREDITED PROVIDERS

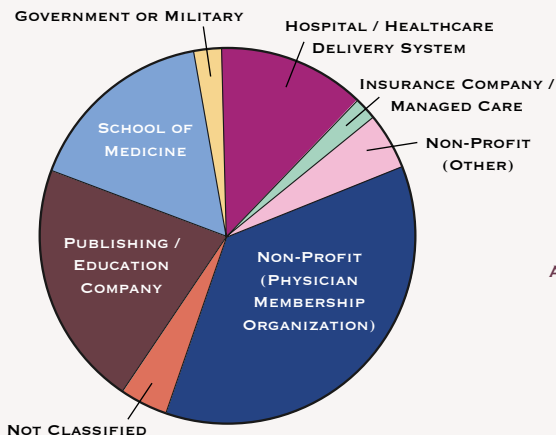


STATE-ACCREDITED PROVIDERS



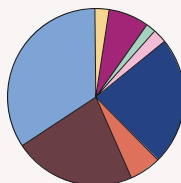
REACH AND RESOURCES AMONG

NATIONALLY-ACCREDITED PROVIDERS, BY TYPE OF PROVIDER (N=729)

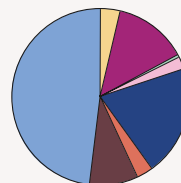


EACH YEAR, THE ACCME COLLECTS FINANCIAL INFORMATION FROM ITS SYSTEM OF NATIONAL- AND STATE-ACCREDITED PROVIDERS. THESE TWO PAGES PROVIDE AN IN-DEPTH EXPLORATION OF THE SCOPE AND FUNDING OF NATIONALLY-ACCREDITED PROVIDERS' CME PROGRAMS.¹ SHOWN AT LEFT IS THE DISTRIBUTION OF 729 PROVIDERS BY TYPE OF ORGANIZATION, AND THE CHARTS BELOW ILLUSTRATE THE EDUCATIONAL REACH OF EACH PROVIDER GROUP OVERALL.

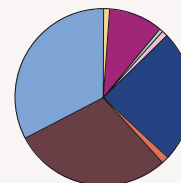
NUMBER OF CME ACTIVITIES DELIVERED



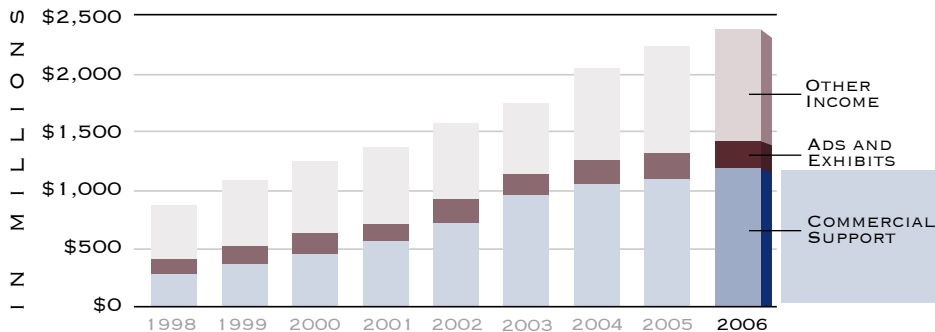
NUMBER OF HOURS OF CME DELIVERED



NUMBER OF PHYSICIAN PARTICIPANTS



TOTAL REVENUE OF NATIONALLY-ACCREDITED PROVIDERS BY SOURCE OF FUNDING (N=729)



THE TOTAL REVENUE OF NATIONALLY-ACCREDITED PROVIDERS HAS STEADILY GROWN OVER RECENT YEARS, AS SHOWN ABOVE. CHARTS ON THE FACING PAGE PROVIDE INFORMATION ABOUT THE OVERALL DISTRIBUTION OF COMMERCIAL SUPPORT AMONG NATIONALLY-ACCREDITED PROVIDERS IN 2006 (AT RIGHT) AND PROVIDER REVENUE BY TYPE OF INCOME FOR EACH TYPE OF PROVIDER ORGANIZATION (AT FAR RIGHT).

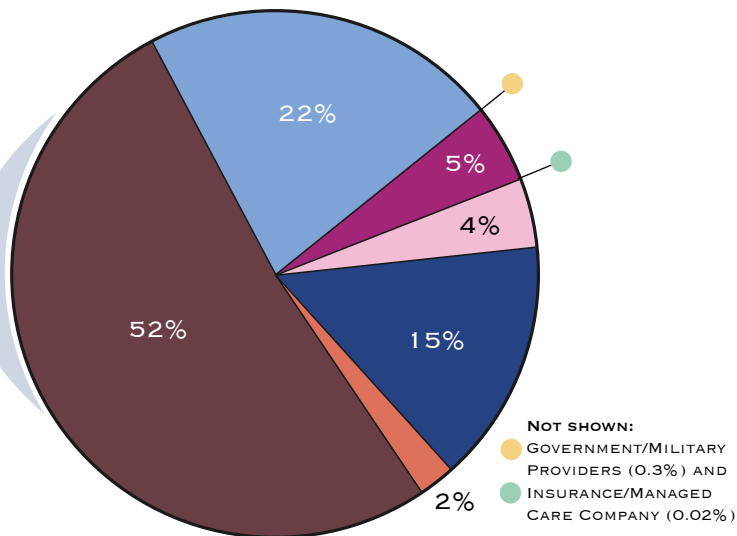
1. For complete information regarding both national- and state-accredited providers, please refer to yearly ACCME Annual Reports, available on www.accme.org. Data shown are derived from ACCME Annual Reports that have been previously published and remain available on www.accme.org.

NATIONALLY-ACCREDITED PROVIDERS

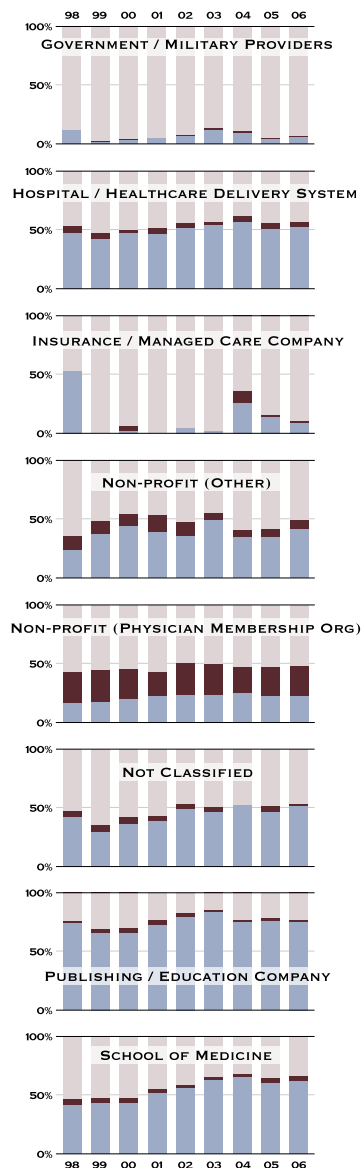
2006 ANALYSIS

IN 2006, 75% OF THE \$1.2B IN COMMERCIAL SUPPORT WAS RECEIVED BY 12% OF THE NATIONALLY-ACCREDITED PROVIDERS. THIS GROUP OF 84 PROVIDERS (NEARLY IDENTICAL IN DISTRIBUTION TO THE CHART SHOWN BELOW) PRODUCED 28% OF THE TOTAL ACTIVITIES DELIVERED—REPRESENTING 17% OF THE TOTAL HOURS OF CME OFFERED AND 34% OF TOTAL PHYSICIAN PARTICIPATION IN THE SYSTEM IN 2006.

DISTRIBUTION OF 2006 COMMERCIAL SUPPORT, BY TYPE OF PROVIDER (N=729)



SOURCES OF FUNDING AS PERCENTAGE OF TOTAL INCOME



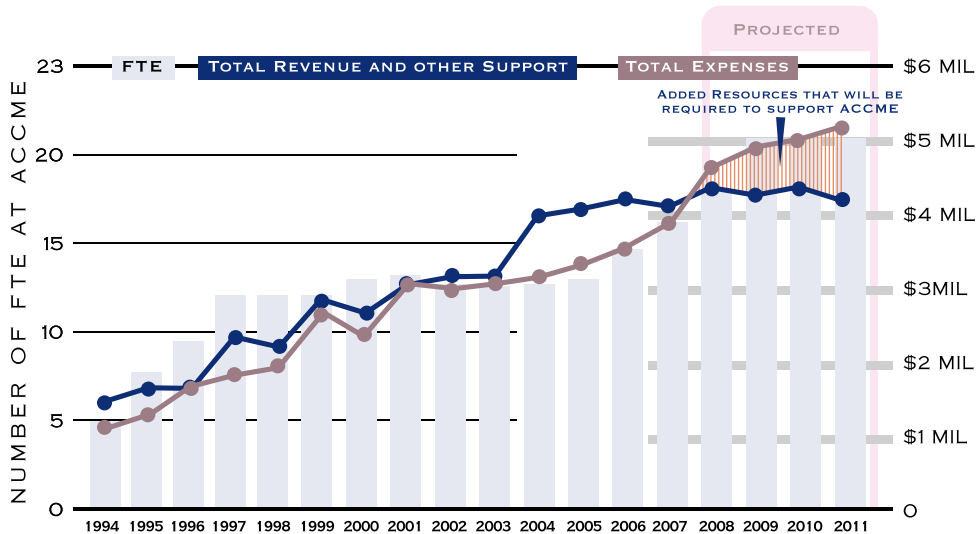


A SUPPORTED MISSION

THE ACCME IS ACTING QUICKLY TO PREPARE THE ORGANIZATION SO THAT IT WILL BE READY AND ABLE TO IMPLEMENT THE **STRATEGIC IMPERATIVES** PER THE BOARD OF DIRECTORS' INSTRUCTION IN THE COMING MONTHS. TAKEN TOGETHER, THESE SUBSTANTIVE ACTIONS WILL ENSURE THAT THE ACCME CAN CONTRIBUTE VIBRANTLY TO THE IMPACT OF THE CME SYSTEM ON US HEALTHCARE.

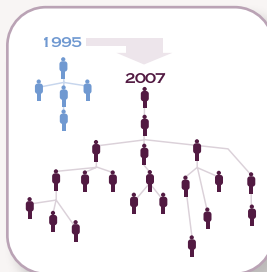
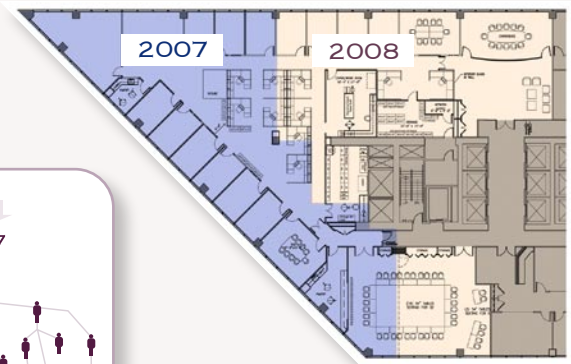
AMONG THESE PREPARATIONS:

- **AN INFORMATION TECHNOLOGY/ KNOWLEDGE MANAGEMENT DEVELOPMENT PLAN** HAS BEEN CREATED THAT INCLUDES ENHANCEMENTS TO WEB SERVICES AND A RESTRUCTURING OF ACCME ELECTRONIC SYSTEMS
- **UPDATED ONLINE ACCREDITATION SURVEYOR REPORT TOOLS**
- **OPERATIONAL PLANS FOR DEVELOPMENT OF A PROVIDER-MAINTAINED DATABASE OF CME ACTIVITIES AND LEARNER PARTICIPATION**
- **SPRING 2008 EXPANSION** OF CHICAGO OFFICE SPACE BY 100% TO IMPROVE SERVICES AND RESOURCES PROVIDED TO PROVIDERS, VOLUNTEERS, LEADERSHIP, AND STAFF
- **TWENTY PERCENT INCREASE IN STAFF** IN 2007-2008



WITH EXISTING RESERVES, THE ACCME BOARD OF DIRECTORS HAS GUARANTEED THAT THE ORGANIZATION WILL BE ABLE TO MEET THE AGGRESSIVE MILESTONES OF THE STRATEGIC IMPERATIVES OVER THE NEXT 3 YEARS. HOWEVER, THE ACCME LEADERSHIP AND BOARD HAVE IDENTIFIED THAT ADDITIONAL FUNDING STRATEGIES WILL BE NECESSARY TO ADDRESS THE NEED FOR GREATER RESOURCES AND SERVICES IN THE COMING YEARS.

ACCME OFFICE FLOOR PLAN



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