



Accredited CME is Education That Matters to Patient Care

For Information

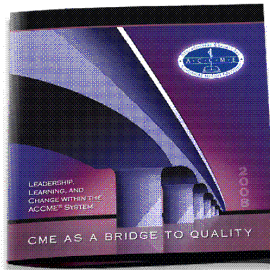
The ACCME continues to emphasize that CME must be a strategic asset to all stakeholders who seek to improve health care in the US. Since 2006, the ACCME has maintained a focus on supporting a well-organized transition to a criterion-based system for the accreditation of CME providers that matches the gaps in physician competence, performance, and patient outcomes (ie, professional practice gaps) with practice-based learning and change. These Updated Criteria for Accredited Providers are the essence of the ACCME's emphasis on "CME as a Bridge to Quality". While putting new resources into the management of issues to ensure the independence of CME from commercial influence, the ACCME is steadfast in its delivery of a valid accreditation system based upon the Updated Criteria.

These criteria more closely align CME planning with the professional improvement concerns of practicing physicians and empower Accredited Providers to seek novel strategies and methods to overcome barriers to physician change and improvement through engagement with the wider healthcare community.

Accredited Providers are required to understand their physician learners - to articulate how the skills, performance, and outcomes of care may be

improved. This understanding provides the basis for CME professionals to design interventions that effectively address these issues to close the gaps.

Every CME activity is to be identified with a recognized 'competency' (desirable physician attribute) and must match the learner's scope of practice. The educational methods must be appropriate for the change desired.



"Accredited Providers are asked to integrate CME into the process for improving professional practice..."

Accredited Providers are asked to integrate their program of CME into the process for improving professional practice and use non-educational strategies (eg, reminders, patient education, feedback systems) to enhance change. The ACCME rewards Accredited Providers that identify factors outside their control that impact patient outcomes and implement educational strategies to overcome barriers to physician change.

In keeping with ACCME's own strategic imperatives, the ACCME asks Accredited Providers to build bridges with other stakeholders through collaboration and cooperation, to participate within a framework for quality improvement—and to ensure they are positioned to influence the scope and content of CME.

ACCME Expects Providers to Fix Noncompliance Findings More Quickly

For Information

The ACCME believes that Accredited Providers found in Non Compliance with accreditation requirements can implement improvements faster than in the past. It has always been the case that every Provider found in Non Compliance with any accreditation requirement is required to bring their programs into full Compliance. In the past, the ACCME gave Providers months to make the changes and over a year to provide verification of compliance. The ACCME will now be asking providers to describe changes in policy or procedure within **weeks** of determining Non Compliance findings, followed by verification of changes in performance within **months** of the Non Compliance findings. This new process will require Providers to establish an improvement plan (which will be submitted to ACCME soon after receipt of the accreditation decision) followed by the submission of verification of improvements within a year. This two-step improvement process is intended as a mechanism for assisting and encouraging providers to identify solutions to their issues and rapidly remediate them. The process is

designed to help Providers as well as to ensure that learners are receiving the highest quality CME. The ACCME will work with Providers to ensure that reasonable timeframes are imposed.

The ACCME's accreditation system is a careful and deliberate process in which serious and systemic issues that place providers and their learners at risk can be identified. The ACCME has learned over the years that an accreditation status of Probation sends a clear message that significant changes need to be made. The ACCME has also observed that the vast majority of providers make the necessary changes, leading to sustained compliance, and in a number of instances Accreditation with Commendation.

In order to make full use of this effective strategy, the ACCME is now putting more Accredited Providers on **Probation** - especially those found in Non Compliance with elements of the *ACCME Standards for Commercial SupportSM*. The current rate of **Probation** has increased to about 10% of Providers seeking Reaccreditation from about 1% in the past.

Management of the Current System: Independence in CME

ACCME Answers Challenges

For Information

The ACCME is implementing stricter regulation and oversight of all steps of CME activity development. The ACCME has already expanded the definition of a 'commercial interest' and increased its scrutiny of organizational types and business models regarding eligibility for accreditation.

The ACCME Inquiry process is now focusing on the early stages of interaction between commercial supporters and Accredited Providers. Accredited Providers cannot engage in dialogue or collaboration with commercial supporters over any educational aspect of the CME activity. All parties must pay close attention to what are known as "requests for proposals" for CME activities as they may be a point for insertion of influence by industry.

Interactions between Accredited Providers and Commercial Interests

For Information

The ACCME Board of Directors is committed to improving the organization's ability to ensure that CME is independent of commercial interests and free of commercial bias in all CME topic selection, planning decision, and presentation content. The ACCME's position has been that in CME the concepts of independence from industry and collaboration with industry in the development of content are mutually exclusive. Although commercial interests may provide commercial support for educational activities as defined by the ACCME *Standards for Commercial SupportSM*, in the U.S. in the context of independence, there is no role for ACCME-defined commercial interests in the development or evaluation of accredited CME activities. The process of activity development must proceed

absolutely independently of the commercial supporter. Our continued goal will be no communications or interactions about the activity between commercial supporters and any teachers, authors, planners, or staff of the provider about topic or content. For example, industry will have no presence in the CME planning process, industry will not prepare or provide any meeting materials, and industry will not review or suggest modifications to CME content. In this context, the ACCME Board of Directors adopted the following,

“CME providers can receive commercial support from industry. CME providers cannot receive guidance, either nuanced or direct, on the content of the activity or on who should deliver that content.”

The ACCME Will Ensure Current Processes of Attaining Commercial Support Will Not Undermine the Independence of Continuing Medical Education

Limiting the Interactions between Accredited Providers and Commercial Interests over Commercial Support

For Comment

It is ACCME's position that the manner of interaction between potential commercial supporters, or their agents, and some Accredited Providers may need to be altered.

The ACCME takes the position that the following is the manner of interaction required in order for an Accredited Provider to maintain its compliance with SCS 1: Independence of the *ACCME Standards for Commercial SupportSM*,

- 1 Accredited providers must not receive communications from commercial interests announcing or prescribing any specific content that would be a preferred, or sought-after, topic for commercially supported CME (eg, therapeutic area, product-line, patho-physiology) - as such communication would be considered 'direct guidance on the content of the activity' and would result in Non Compliance with Standard 1 of the *ACCME Standards for Commercial SupportSM*.
- 2 Receiving communications from commercial interests regarding a commercial interest's internal criteria for providing commercial support would also be considered the receipt of 'guidance, either nuanced or direct, on the content of the activity or on who should deliver that content.'

In order to comment click [here](https://accme.wufoo.com/forms/call-for-comment-1/) or go to <https://accme.wufoo.com/forms/call-for-comment-1/>.

(Comments may be submitted through August 11, 2008.)

ACCME Monitoring and Surveillance: Measurements during the Term of Accreditation

For Information

The ACCME has adopted an enhanced focus on monitoring and surveillance of the CME system. Two new ACCME committees have been established to assist in this important task. Both groups have met and begun their work to assist and advise the ACCME with the implementation of new initiatives in 2008.

Initiative # 1 -- CLOSER SCRUTINY OF SELECT PROVIDERS

The ACCME has put into place a mechanism for screening 'high risk' segments of the Accredited Provider population through the ACCME Complaints and Inquiries process. Accredited Providers that receive a large percentage of commercial support, **OR** present CME whose content may need further validation **OR** CME providers that offer only jointly sponsored activities with non accredited organizations will be the subject of enhanced scrutiny by the ACCME.

Approximately 90 accredited providers who are high commercial-support recipients and/or highly dependent on commercial support,

will be asked to provide additional information about their compliance practices under this new approach.

The ACCME is seeking verification that the content and process of the Accredited Providers' interactions with commercial supporters from inception to CME presentation is being conducted independent of the influence of commercial interests—as is required by the ACCME *Standards for Commercial Support*SM.

Blinded results of inquiries will be made available on www.accme.org.

Initiative # 2 -- NEW ACTIVITY DATABASE, NEW SOURCES OF INFORMATION

The ACCME's maintenance of an accurate and complete database of CME activities and participants is critical to ACCME's ability to provide additional, direct oversight of activities in real-time.

Phase 1: All Accredited Providers will be required to transmit to the ACCME an enhanced data set of information descriptive of each of CME activity. Transmission of data to ACCME will be through a

web-based portal or direct transmission of appropriately formatted spreadsheets. Maintenance of accreditation will depend on ACCME's receipt of complete information in a timely fashion.

Phase 2: The ACCME will expand the database of activity information to include data derived directly from ACCME 'monitors' present at activities. This will include information from learners and from other special ACCME observers. It may also be

expanded to include lists of participants.

Phase 1 Data Points

- Activity Title
- Date and Location
- Direct or Joint Sponsorship
- Type of Activity Format
- # of Hours
- # of MD's
- # of non-MD's
- The amount and source(s) of commercial support.
- Content of CME
- The nature, scope, and value of financial relationships of persons in control of content
- Information on the prevalence of CME on products in the pipeline or use that is off-label
- If designed to change Competence?
- If changes in Competence measured?
- If designed to change Performance?
- If changes in Performance measured?
- If designed to change patient outcomes?
- If changes in patient outcomes measured?

Phase 3: The ACCME database will be expanded to include self-assessment data that is reported to ACCME by Accredited Providers about their programs of CME. The ACCME will be requiring that Accredited Providers measure for commercial bias and content validity, and report their results in real-time through a web portal. A Providers analysis of these data and

their response to the findings will contribute to their compliance with Criteria 12 and 13. There will be transparency and disclosure of compliance information. **What the ACCME knows about provider compliance will be published publicly to www.accme.org.**

Detailed specifications will be announced shortly by ACCME and will be consistent with national data standards being developed.

The ACCME Believes that Due Consideration be Given to the Elimination of Commercial Support of Continuing Medical Education Activities

For Comment

In January 2007, the ACCME initiated a nation-wide discussion by announcing that it would be considering taking action regarding the funding structure of continuing medical education. In March 2008, the ACCME again expressed the belief that due consideration be given to the elimination of commercial support of continuing medical education. Many stakeholders inside and outside the CME enterprise have expressed their views on this subject. The ACCME recognizes that although CME exists in a data-driven, evidence-based world, many are motivated by firmly held personal beliefs about propriety and professionalism. The ACCME values both perspectives and now seeks input on this matter.

The proposal is that the commercial support of continuing medical education end.

The ACCME requests that the profession, the public and the CME enterprise weigh in on this subject. This needs to be debated by the medical profession and the education community. It needs to be discussed with colleagues, with other professions, with students, the government, stakeholders of CME including the public.

The debate should not go on without discussion of alternatives as nothing would be worse than the deconstruction of a system without the identification of alternatives.

To frame the debate, the ACCME proposes that there are at least three possible scenarios: **1)** the status quo with commercial support of CME an acceptable funding mechanism, **2)** the complete elimination of commercial support and **3)** a new paradigm.

ACCME proposes a new paradigm where ACCME accreditation will continue to reflect only what is in the best interests of the public. The ACCME proposes that if the following conditions were **all** met, then the commercial support of individual activities would be in the public interest and could continue to be allowed.

- 1** When educational needs are identified and verified by organizations that do not receive commercial support and are free of financial relationships with industry (eg, US Government agencies), **and**
- 2** If the CME addresses a professional practice gap of a particular group of learners that is corroborated by *bona fide* performance measurements (eg, National Quality Form) of the learners' own practice; **and**
- 3** When the CME content is from a continuing education curriculum specified by a bona fide organization, or entity, (eg, AMA, AHRQ, ABMS, FSMB), **and**
- 4** When the CME is verified as free of commercial bias.

Alternatively, these conditions could provide a basis for a mechanism to distribute commercial support derived from industry-donated, pooled funds.

Please provide the ACCME with your comments on these possible scenarios. Your ideas for other solutions are also welcome.

In order to comment click [here](https://accme.wufoo.com/forms/call-for-comment-2/) or go to <https://accme.wufoo.com/forms/call-for-comment-2/>.

(Comments may be submitted through August 11, 2008.)

An Expansion to Operational Elements of the Accreditation Council for Continuing Medical Education

For Information

Since its inception in 1981, the ACCME has always been run on a tight budget with little allowance for growth or development. For most of the last decade, a small staff has administered the ACCME oversight processes for close to 50 recognized state-accreditors and nearly 2,500 providers of CME. The ACCME has taken pride in its efficiencies and controlled growth. However, during the same period, ACCME's sister accrediting bodies have doubled or tripled their operations. The ACCME now finds that it requires greater support to meet the needs of the CME system.

For decades, the ACCME has emphasized value-based, professional self-monitoring to ensure propriety in continuing medical education. As called for by elements within and outside the ACCME, the system now needs more emphasis on monitoring and measuring. Some have called for more 'enforcement'.

The majority of Accredited Providers are accredited by ACCME Recognized State Medical Societies that voluntarily participate in this process, donating their operational and educational resources to ensure that there is regional access within the local communities of practice to high quality continuing medical education. These entities have asked for, and are receiving, additional educational, administrative and operational support from the ACCME.

The ACCME is willing to add additional layers of monitoring, surveillance, and support to the systems it oversees. The ACCME is acting quickly so that it will be ready and able to implement on its expanded mandate in the coming months. Taken together, the following substantive actions will ensure that the ACCME can contribute vibrantly to the impact of the CME system on US healthcare.

ACCME enhancements approved for implementation over 2008 and 2009:

- An enhanced monitoring and surveillance system.
- Expanded educational supports -especially for State Medical Society Accredited Providers and Accreditors.
- Expanded operational and educational supports for the accreditation decision-making processes within State Medical Societies.
- An Information Technology/Knowledge Management development plan 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
- Expansion of Chicago office space by 100% to improve services and resources provided to Providers, Recognized Accreditors, volunteers, leadership, and staff.
- Twenty percent increase in ACCME staff

Fee Increases

With existing reserves, the ACCME Board has guaranteed that the organization will be able to meet the aggressive milestones of its strategic imperatives over the next three years. However, the ACCME has recognized that additional funding strategies will be necessary to supply the greater resources and services in the coming years. **As announced previously, the ACCME will need to increase its revenues over the next 3-5 years in order to meet its obligations to the system. All accredited providers in the CME system should expect to pay some share of this increase over the next few years through new and increased fees.**