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.
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*).
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

Learners Participate in Education / QI

Learners Reflect and Apply Learning to Practice

Activity level review to award Prescribed or Elective Credit
Step 1: Gaps / Needs, Goals / Plan

Learners Identify their Gaps, Needs, Goals, Plan

• 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

Credits
Step 2: Participate in Education / QI

- 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
Learners Reflect and Apply Learning to Practice

Credits

Step 3: Reflect and Evaluate

- 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)
We’ve done extensive research

Continuing Medical Education and Quality Improvement: A Match Made

Kaveh G. Shojania, M.D., Jian Silver, M.D., M.Ed., and Wendy Levinson, M.D.

New models of continuing medical education (CME) seek not only to impart knowledge but to change physicians’ behavior. CME now plays a role in facilitating change and improvement in healthcare. These models have been developed to improve the quality of care. They may be based on scientific evidence, on the implementation of new technologies, or on the improvement of patient satisfaction. However, the effectiveness of CME in achieving these goals is not always clear. The literature on CME is extensive, but the evidence for its effectiveness is mixed. Some studies show that CME can improve knowledge and skills, while others suggest that it has limited impact on clinical practice. It is clear that CME can be an effective tool for improving healthcare quality, but more research is needed to identify the most effective strategies and delivery methods.
We’ve talked with a multitude of 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.

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Change can be uncomfortable and scary at first … Change can also be positive movement to something better.

Beliefs about change and readiness to change vary. The extent and pace of change can be evolutionary or revolutionary.
Credit System Modernization: Your Feedback

Can we agree that ...

• It’s time for CME accreditation to be modernized?
• 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 gaps 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 Education

Modernizing CME Accreditation to Improve Learning and Patient Care