

Better Collaboration, Better Care: Improving the Value of CME in the Health Care Setting

PLF/AAMC Webinar

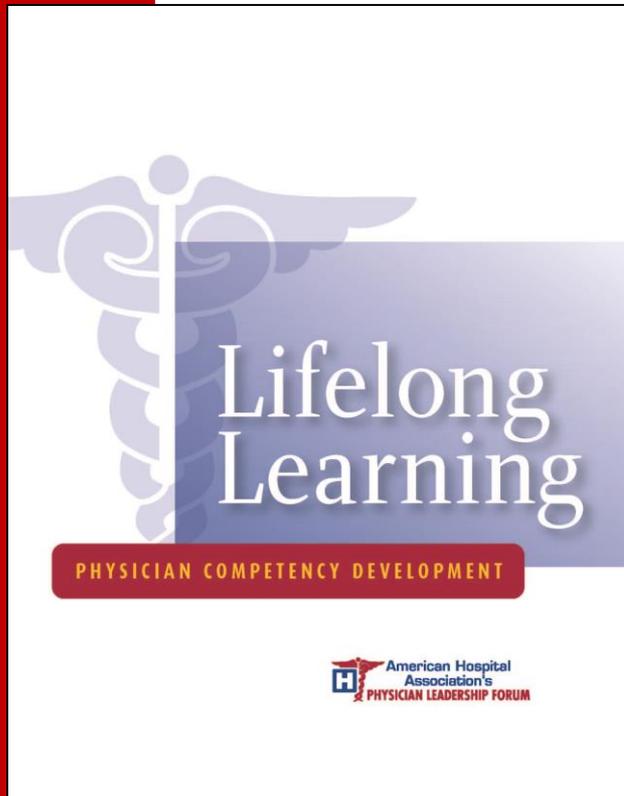
September 1, 2015

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Lifelong Learning: Physician Competency Development



- **Lifelong Learning: Physician Competency Development** – released July 2012
- Excerpt published in the Journal of Graduate Medical Education, September 2012
- Joint effort with ACGME to host a stakeholder workgroup that brings together accrediting groups and those involved in education and training of physicians.
- Goal: create a more system-level approach to physician development over a lifetime by addressing the findings and recommendations in the report.

Key Observations

Greatest Gaps and Least Evident

- System-Based Practice: Provide cost-conscious, effective medical care
- Communication Skills: Effective information exchange
- System-Based Practice: Coordinate care with other providers
- Communication Skills: Work effectively with health care team

Most Important

- Patient Care
- System-Based Practice: Promote patient safety
- Medical Knowledge
- Communication Skills: Work effectively with health care team

Missing Competencies

- Conflict management/Performance feedback
- End of life/palliative care
- Systems theory and analysis
- Customer service/patient experience
- Use of informatics

Hospitals and CME

CME provides support for continuous learning and improvement and addresses gaps in professional practice

In 2013, hospitals provided:

- 35% of overall activities
- Nearly 90% of local activities
- 1122 hospitals and health systems
- 47,843 activities
- 4.5 million contacts
- Over 61% of CME income comes from providers' parent organization or registration fees
- 26% comes from commercial support
- Over 50% of CME in didactic sessions
- Less than 2% formal performance improvement

In 2013, hospitals accounted for **35%** of all CME activities and nearly **90%** of locally accredited activities, reaching nearly **4.5 million** contacts.

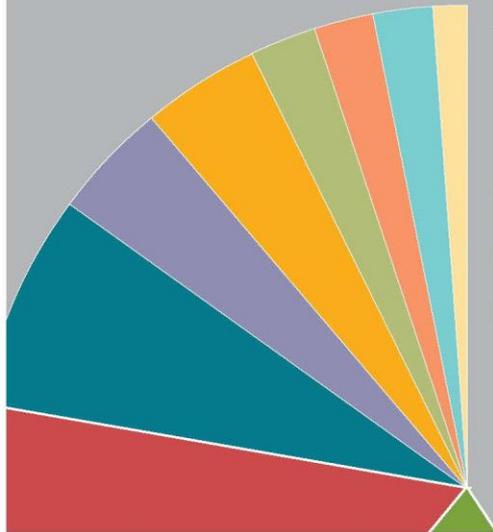
Field Assessment: Value of CME

- Obtained AHA member input on value of CME to hospitals, how it is currently being used particularly to engage physicians in practice-based learning, and identify challenges.
- Members were asked to develop recommendations enabling greater use of CME as a strategic resource.
- Resulting report shared with accreditation and continuing medical education community for input and feedback.

Continuing Medical Education as a Strategic Resource

More than
1,100 hospitals
and health
systems
provided
35% of the
accredited
CME in **2013**.

How is your
organization
using this
resource?



American Hospital
Association's
PHYSICIAN LEADERSHIP FORUM

Published September 2014

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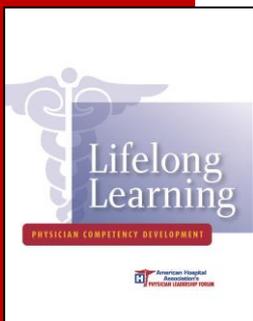
www.ahaphysicianforum.org/CME



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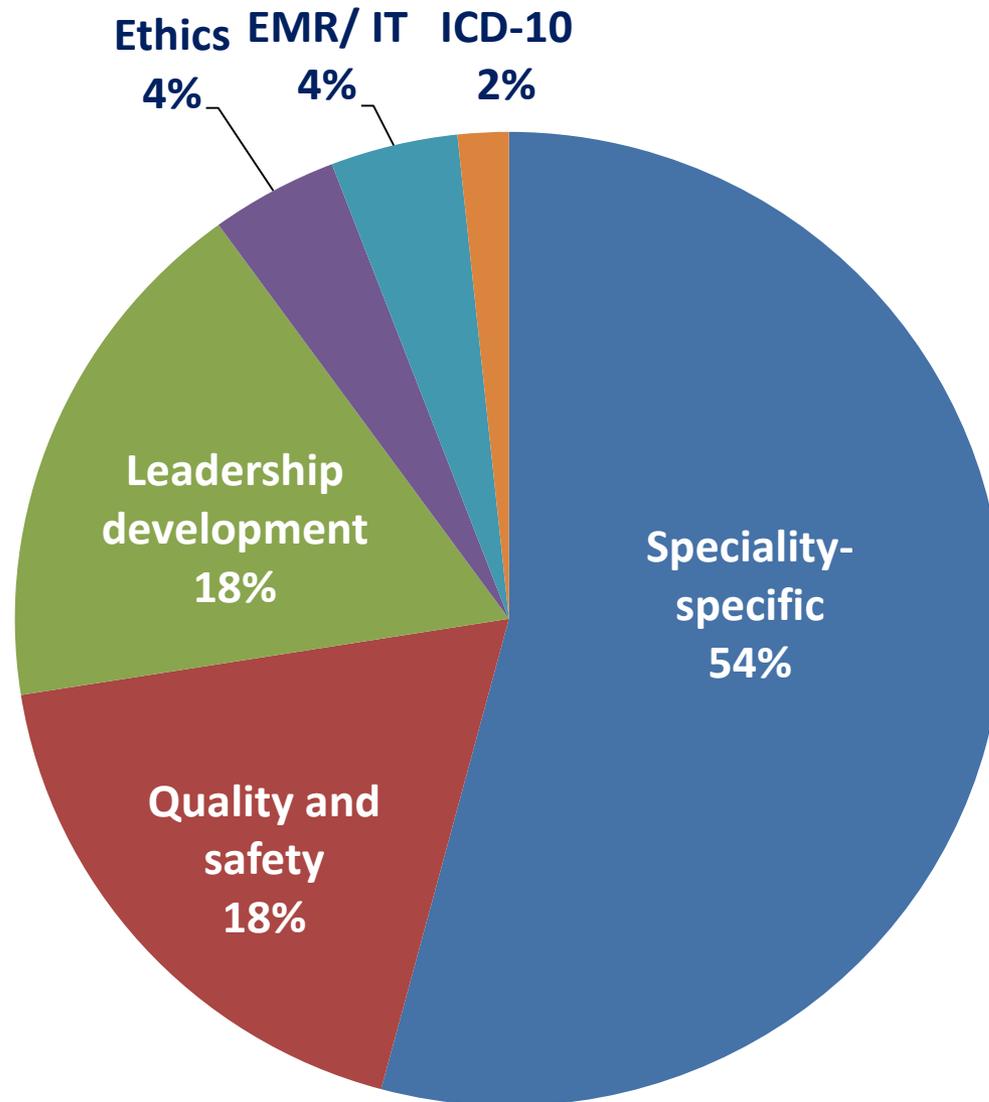
Survey Results

Overall value of CME	4.22
Perceived effectiveness of CME in addressing the following:	
Increasing medical knowledge	4.44
Improving quality of care	4.09
Improving patient care	4.07
Increasing physician understanding of the health care environment	3.52
Increasing physician communication	3.50
Increasing physician engagement in organization	3.40
Promoting team-based care delivery	3.36
Encouraging system-based care delivery and communication across the continuum	3.28
Improving efficiency of physician practice	3.05

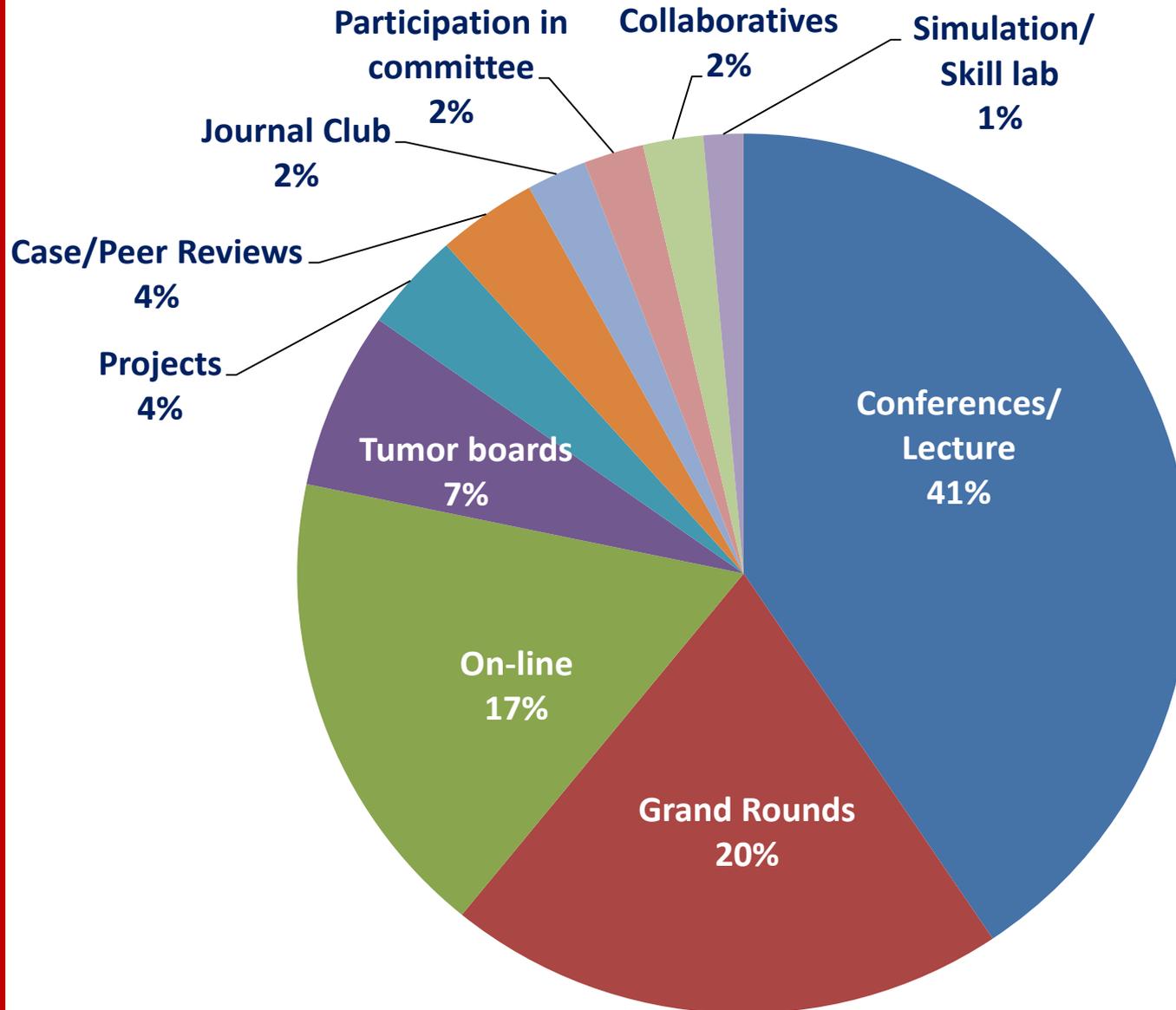


June 2012 report: Lifelong Learning – Physician Competency Development

CME Topics



CME Formats



CME as a Strategic Resource

- Hospitals find value of CME to address:
 - Care coordination
 - Clinical integration
 - Change implementation
 - Teamwork and future leader development
 - Behavior change
 - System-based performance improvement
 - Reaching community physicians
 - Reducing medical liability premiums
- Successful CME programs link offerings with:
 - ongoing practice evaluation,
 - credentialing requirements,
 - existing certifications,while tying content to hospital strategic needs.



Challenges

- **Accreditation**
 - Staff-intensive
 - Lack of clarity in regulations
 - Cost
 - Difficulty in accrediting new formats/topics
- **Organization-specific programs**
 - Time and labor intensive to create
 - Gap analysis takes time
 - Inter-departmental politics/silos can hamper organization-wide efforts
- **Physician interest and buy-in**
 - Champions to lead CME development/rollout
 - Time crunch
 - Need for different education delivery methods
 - Generational differences
 - Fear of losing clinical skills education time



Report Recommendations

Recommendations to four groups:

- Hospital Associations
- Hospital and Health System Field
- Accreditation and CME Credit Systems Community
- Hospitals, Health Systems and the Accreditation Community in partnership

Each set of recommendations includes examples of successful practices

Hospital Associations

Recommendations to hospital associations:

- Gather and share successful practices.
- Explore partnership opportunities.
- Advocate for harmonization of MOC, quality improvement and OPPE/FPPE requirements with CME.



Hospital and Health Systems

Recommendations to the hospital and health system field:

- Use CME to advance strategic goals and engage physicians as partners in strengthening organizational competencies.
- Consider the use of existing non-traditional CME applications to encourage improvement efforts and physician engagement in strategically oriented CME.
- Develop physician champions.
- Encourage stronger links between CME and quality improvement.
- Use community health assessment and other available data to inform CME.
- Encourage inter-professional and team-based learning opportunities.



Accreditation Community

Recommendations to the accreditation and credit system communities:

- Employ standards that foster closer collaboration between CME and hospital quality improvement and patient safety.
- Employ standards that encourage team-based, inter-professional training.
- Develop clearer guidelines for non-traditional CME activities.
 - Consider increasing the use of performance improvement CME or other means to allow for activities where learning does not occur in measured credit hours.
 - Consider moving away from time-based activities to outcomes-based activities for granting CME.
- Increase diversity in accreditation.
- Streamline process for application.



Partnerships

Recommendations for hospitals, health systems and the accreditation and credit system community in partnership:

- Develop a curriculum focused on transition to practice.
- Ensure links to state licensure and certification requirements.



Questions/Comments

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