



# Improving CME Professionals and Practices through a CME Performance Improvement Workgroup

Alliance for Continuing Medical Education 34<sup>th</sup> Annual Conference  
Breakout Session T43  
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# Texas Health Resources

- One of the nation's largest faith-based, not-for-profit health care delivery systems
- Primary service area - 16 counties north central Texas
- 13 hospitals; 3,100 licensed beds
- 3,600 physicians
- 18,000 employees

# Texas Health Research & Education Institute\*

- Independent, not-for-profit organization within Texas Health Resources
  - Conducts clinical & pre-clinical research
  - Offers continuing medical education
  - Operates a research & training facility

\*New name since submitting abstract

# Continuing Medical Education

- ACCME Accreditation with Commendation
  - Hospitals joined system - 2 state and 1 national accreditation (1998)
- 14 CME employees at two+ locations
- 2008 offerings
  - 45 RSSs (704 activities)
  - 55 courses
  - 63 online courses accessed for credit
  - 111 online courses available
  - 5 Point of Care CME

# Continuing Medical Education

- 822 total activities
- 2008 participation
  - 21,000 physicians
  - 12,000 non-physicians
  - 33,000 total participants
- Total credits awarded
  - 53,000

# Objectives

- Benefits of a workgroup
- How workgroup can assist in meeting ACCME Essential 2.5
- Potential agenda items for a workgroup
- Lessons learned

# Audience Response

- Type of organization
- How many on staff?
- Geographic distance between staff?
- Anyone have an ongoing improvement type meeting?
- If not, considering the addition of an improvement type meeting?

# History of Performance Improvement Workgroup

- Started because of inconsistencies
  - 3 different accreditations
  - Multiple leaders
  - Diverse locations
- Consistent monthly meetings
  - Six years and counting

# Benefits of Workgroup

- Communication
- Best practices
- Training opportunities
- Planning and accountability
- Documentation

# Benefits – Cont.

- Communication
  - Face-to-face communication/geographic challenge
  - Continuity of message
  - Feedback – all staffing levels
  - Identifying stakeholders across system
  - Moment of reflection

# Benefits – Cont.

- Best Practices
  - Identifies inconsistencies
  - Brainstorming suggestions/ideas
  - Feedback on improvement opportunities
  - Discussion uncovers things
  - Open opportunity for changes & improvements
  - Pushes for fact checking (ACCME, Legal, etc.)

# Benefits – Cont.

- Training Opportunities
  - Build staff competencies
  - Communicate ACCME updates
  - Share from conferences/literature
  - New planning/process procedures
  - Opportunity for focus on multitude of areas
    - Staffing/mentoring
    - Nurturing

# Benefits – Cont.

- Planning and accountability
  - Monthly meeting forces timeline
  - Forces planning ahead and staying on track
- Documentation
  - Agenda and minutes record for ACCME
  - Staff reference
  - Management reference

# Benefits – Cont.

- Participant Poll
  - Based on what we shared, can you think of other benefits?
  - How has your experience been different from ours?

# Criteria for ACCME Essentials

- ACCME Essential Area 3: Evaluation and Improvement
  - Element 2.5 – Evaluate the effectiveness of its overall CME program and make improvements to the program.
    - Criteria 13
    - Criteria 14
    - Criteria 15

# ACCME Criteria 13

- The provider identifies, plans and implements the needed or desired changes in the **overall program** (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

# Workgroup & Criteria 13

- Workgroup to improve on ability to meet CME mission
  - Identifies
  - Plans
  - Implements

# Workgroup & Criteria 13

- ACCME requirements
- Software
- Document organization
- IS
- Enrollment tracking
- Staffing
- Skill-sets, competencies
- Faculty Education (e.g. National Faculty Education Initiative)
- Overall program improvements
- Human resources
- Past, current and future directions
- Discuss issues as they come up

# ACCME Criteria 14

- The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.

# Workgroup & Criteria 14

- Minutes
  - Progress reports
  - Feedback
  - Share templates
  - Procedures
  - Ideas
- Handouts
  - Updated documents
  - New items provided staff
- Documentation
  - Show how met criteria

# Criteria 15

- The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.

# Workgroup & Criteria 15

- Measurement example
  - 2009 first year for new planning form
  - Monitor completion of form for staff comprehension and successful implementation
  - Focus on one area of the form for improvement after reviewing gaps
  - Re-measure to see if improvements made

# Spreadsheet Example for Monitoring Staff Comprehension and Successful Implementation

Review Date	Program	Date	Section	Comments
1/19/2009	Allergy/Dermatology Update	2/28/09	Section b	Desired result - what particular about the topic is needed
			Section d	Objectives need to be refined
			Section d	Section B & D don't "match" content to need
			Section e	Check which competencies really addressed
			Section h	Don't use E-signs and pocket cards unless really plan to use them
1/19/2009	Allergy/Dermatology Update	2/4/09	Section e	Check competencies really addressed
			Section g	Don't put ACS unless really going to contact them
			Section h	Don't put strategy if not really going to give serious consideration
			Section b, d	How does agenda match needs (and objectives)
1/19/2009	Psychiatry Grand Rounds	2/3/09	Section e	Check competencies really addressed
1/19/2009	Ophthalmology Symposium	4/24/09	Section b	Desired result - does not answer the question
			Section c	Barrier isn't a barrier - maybe there isn't one that you can identify
			Section e	Check competencies really addressed
			Section h	Don't use E-signs and pocket cards unless really plan to use them
			Section j	Doesn't answer or respond to all questions
			Section l	Are you using audience response system? - saw it elsewhere

# Workgroup & Criteria 13, 14, 15

- Participant Poll
  - Based on what we shared, do you have other suggestions for meeting criteria in a workgroup setting?
  - What are other examples of measuring impacts of program improvements?

# Agenda

- How agenda structured and built
  - Three-hour meetings, now trying two-hour
  - Agenda item suggestions sent to one person
  - Management team reviews suggestions to set priorities
  - Questions from regular staff meetings forwarded when appropriate

# Example Agenda Items

- Minutes
- Reflection
- Updates/information sharing
- ACCME updates/procedure review
- Conference recaps
- Relevant topics
- Reasons to celebrate
- Anything else?
- Open discussion opportunity

# Sample Agenda

**CME Process Improvement Meeting**  
**Thursday, March 23, 2006 – 12:30 p.m. – 3:30 p.m.**  
**Arlington Towers, 7<sup>th</sup> Floor, Conference Room 5**

## A G E N D A

Item	Topic Description	Lead	Time Allocation
<b>I.</b>	<b>Meeting called to order</b>	Peterson	5 minutes
	Reflections		
	Approval of Minutes from February 2006		
<b>II.</b>	<b>City Café – Catering</b> – Kim Smith – Thanks for Tasting		5 minutes
<b>III.</b>	<b>Authentic-Barr Printing</b>	Steve Higdon	15 minutes
<b>IV.</b>	<b>CME Tracker/Online CME</b>	Peterson/ Teague	15 minutes
	CME Tracker – Timeline Update - CME Program Specialist Event Information		
	Send D'wayne Dates of RSC's for year if not a weekly conference		
	April Calendar – will be posted on TREI website		
	May Calendar – will be CME Catalog in CMETracker		
<b>V.</b>	<b>Miscellaneous</b>	All	40 minutes
	Date for April meeting		
	Database of pharmaceutical support request website links and timeframes	Cunningham	
	Grant Proposals Today – ACME Almanac Article		
	Test questions – has anyone included them on the evaluation?		
	Certificates for faculty credit – 2 part form		
	Marketing questions raised at PHD and HMFV		
	EHR at THR – Doug Hawthorne communication		
	Speaker release forms – New and comments	Pinkerton/Bodin	
<b>VI.</b>	<b>Needs Assessments</b>	Peterson	10 minutes
	THR Key Performance Indicators		
	2006 JCAHO National Patient Safety Goals		
<b>VII.</b>	<b>Break</b>		10 minutes
<b>VIII.</b>	<b>Stark II Law</b>	Peterson	15 minutes
	Stark Law Training on MyLearning		
	Stark II – CME Flowchart		
<b>IX.</b>	<b>ACCME &amp; Standards for Commercial Support</b>	Pinkerton/ Peterson	40 minutes
	ACCME 2005 annual report		
	Our accreditation renewal process should begin August this year and self study should be due about June 2007		
	ACCME response to conflict resolution for Program Chairs		

# Agenda Items

- Participant poll
  - Based on what we shared, do you have suggestions for agenda items?

# Lessons Learned

- Be flexible
- Agenda can't be rigid
- Parking lot – helpful tool
- Monthly meetings work well, but set expectation to call additional meetings if needed
- Give people opportunity to talk and tactfully redirect if needed
- Stay focused when needed

# Lessons Learned – Cont.

- Can't make everyone happy
- Try to hit middle ground – can't always do things only one way
- Tried to read a book together – didn't work for our group
- Person leading meeting can't be taking minutes
- Test technology before meeting

# Lessons Learned – Cont.

- Practicing new concepts in a team environment worked
- Have occasional treats
- Remember to celebrate
- Recognize individual accomplishments
- Try to break up meeting – some fun and some down to work

# Lessons Learned – Cont.

- Keep handouts organized – label or color
- Collect handouts if needed for future meeting
- Recommend that staff members keep a binder of the meetings for reference

# Sample Minutes

<b>CME Process Improvement Meeting</b> <b>Minutes</b> <b>Thursday, March 23, 2006</b> <b>12:30-3:30pm</b> <b>PIMIT</b>	
<b>Attendees</b>	Marilyn Peterson, Director Alison Craddock, CME Program Specialist Carrie Cantrell, CME Manager LaTonia Cunningham, CME Manager Sandra Pinkerton, PhD, Director Kelly Zarwell, CME Program Specialist Ellen Hobbs, CME Manager Sharlene Yearwood, CME Program Specialist Mandalynn Tidland, CME Program Specialist D'Wayne Teague, CME Assistant (via conference call) Tina Smolinski, CME Assistant Grace Ann Bodin, CME Program Specialist
<b>I.</b>	<b>Meeting Called to Order</b> (Marilyn) <ul style="list-style-type: none"> <li>• Reflections – “It’s in the heart” read by Marilyn Peterson</li> <li>• Minutes Approved from February 16, 2006 (hand-out attached to original minutes)</li> </ul>
<b>II.</b>	<b>City Café Catering</b> <ul style="list-style-type: none"> <li>• Samples and catering menus provided (hand-out attached to original minutes)</li> </ul>
<b>III.</b>	<b>Authentic Barr Printing</b> <ul style="list-style-type: none"> <li>• Steve Higdon, new representative, shared samples of work and explained the printing process (hand-outs attached to original minutes)</li> <li>• Steve will verify indicia requirements and report back to us and he is also willing to find someone to speak to us about bulk mailing.</li> <li>• Contact Steve by cell phone if you need something as he is on the road a lot and will respond to that number quicker.</li> </ul>
<b>IV.</b>	<b>CME Tracker/Online CME</b> <ul style="list-style-type: none"> <li>• May calendars are on the website, program specialists are to enter speaker names and topics as soon as they know them.</li> <li>• Sandra thanked D'Wayne for working on the catalog with David.</li> <li>• Kelly asked for website business cards to be printed again.</li> <li>• Sandra worked with the help desk on “frequently asked questions”.</li> <li>• April 18, 2006 the help desk will be 24/7 for first tier support. Higher level problems will be triaged to second tier support (D'Wayne or David) to work on by the next business day.</li> </ul>

# Lessons Learned – Cont.

- Participant Poll
  - Based on what we shared, do you have any other lessons learned in improvement meetings?

# Additional Questions?

- Participant Poll
  - Based on what we shared, does anyone plan to start or implement an improvement type meeting?
  - Any additional questions or comments?

# Thank You

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