

Recurring Issues Learned from Recent Reaccreditation Reviews

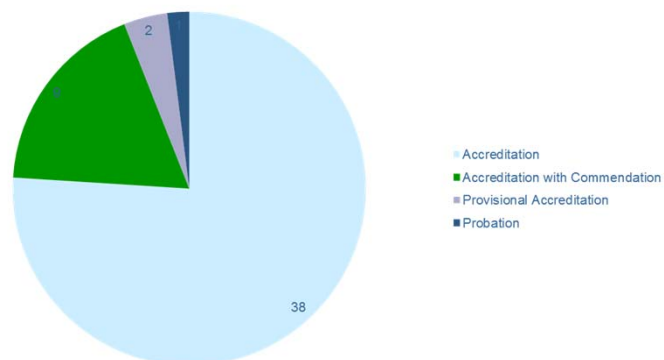
MMS & RIMS Annual Directors of Medical Education Conference

May 19, 2016

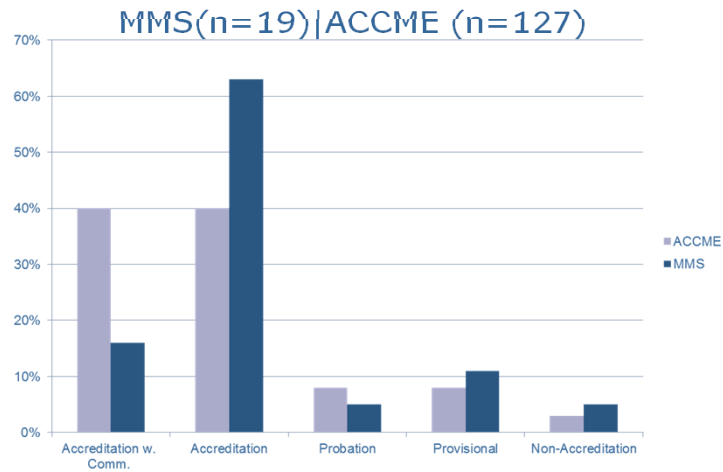


MASSACHUSETTS
MEDICAL SOCIETY

MMS-Accredited Providers: 50



MMS vs. ACCME Accreditation & Reaccreditation Decisions: 6/2015 through 3/2016



Reaccredited Providers Required to Submit Progress Reports: 2015-2016

MMS

11/12

92%

ACCME

31/53

58%



Common Non-Compliance Findings


- **Criterion 7:**
 - **SCS 1**
 - **SCS 2**
 - **SCS 6**
- **Criterion 11**



Criterion 7

The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2, and 6).

- **SCS 1:** Independence
- **SCS 2:** Resolution of Personal Conflicts of Interest
- **SCS 6:** Disclosures Relevant to Potential Commercial Bias

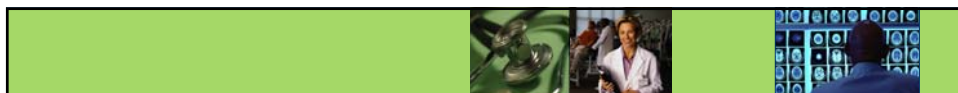


Criterion 7: SCS 1

- SCS 1.1: All decisions regarding the CME activity are free of the control of a commercial interest

Non-Compliance Examples:

- Signed LOA between provider and a commercial supporter (CS) states that CS can recommend faculty and speakers for activity.



Criterion 7: SCS 1

Non-Compliance Examples- Continued:

- The spouse of a member of the CME Planning Committee/or a faculty speaker is an employee of a commercial interest whose products/services are related to the content discussed in the activity/presentation.
- The MMS/ACCME considers the relevant financial relationships of the spouse/and partner of the faculty and/or planner to be theirs.
- Employees of a commercial interest cannot control CME content related to the business lines and products of their employers.



Criterion 7: SCS 2 Resolution of Personal Conflicts of Interest

SCS: 2.1...**everyone** who is in a position to control the content of an education activity has disclosed all **relevant** financial relationships with any **commercial interests** to the provider.

Non Compliance Issues:

- Mechanism used asks for “significant” financial relationships
- Incomplete definition of a “commercial interest”
- Not everyone in control of content disclosed
- Disclosure did not include spouse/partner



Criterion 7: SCS 2 Resolution of Personal Conflicts of Interest

- ACCME expanded the definition of a commercial interest in August 2007
- Per expanded definition, **a commercial interest is any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients.**
- A commercial interest is not eligible for ACCME/MMS/RIMS accreditation. **Commercial interests cannot be accredited providers and cannot be joint providers.**



Criterion 7: SCS 2 Resolution of Personal Conflicts of Interest

SCS 2.3: The provider must have implemented a mechanism to identify and resolve all conflicts of interest (COI) prior to the education activity being delivered to learners.


Non-Compliance Issues:

- Provider has a COI resolution policy- activity files show no evidence of its implementation.
- Gathering of disclosure information does not equal COI resolution.
- Individual tasked with COI resolution has COI issues



Criterion 7: SCS 6 Disclosures Relevant to Potential Commercial Bias

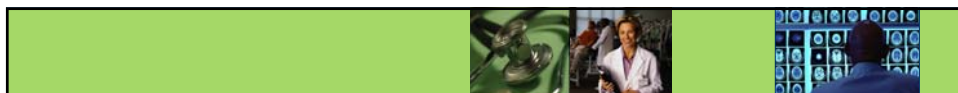
- Standard 6.1: An individual must disclose to learners any relevant financial relationship(s), to include the following information: The name of the individual; The name of the commercial interest(s); The nature of the relationship the person has with each commercial interest.



Criterion 7: SCS 6 Disclosures Relevant to Potential Commercial Bias

Issues with non-compliance:

- Missing disclosure information for faculty or others in control of content
- Disclosed for faculty but not others
- Disclosed “significant” financial relationships
- Used Verbal Disclosure; however, no verification that verbal disclosure was made
- Disclosure information included on evaluation form- distributed **AFTER** activity




Criterion 7: SCS 6 Disclosures Relevant to Potential Commercial Bias

Verification of Verbal Disclosure to Learners:


A representative of the provider who was in attendance at the time of the verbal disclosure must attest, **in writing**:

- that verbal disclosure did occur; and
- itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2).
- The documentation must be completed within **one month of the activity**



Criterion 11: The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions

- We want to know whether or not your program of CME is facilitating change in competence, performance, and/or patient outcomes.
- Involves analyzing and synthesizing information
- Post activity evaluations is **the means not the end.**



Criterion 11: Non-Compliance Issues

- Activity evaluation survey asks about satisfaction with activity or if activity changed practice without asking for specific changes to competence, performance or patient outcomes.
- Provider gathers change data but does not aggregate or analyze.
- Evidence provided to document discussion about change is lacking.



Activity Impact

- **Criterion 11** – The provider analyzes changes in learners' (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. **(Activity related)**



Organizational Assessment Criteria 11

Criterion 11 (Activity Related)

- Do your CME activities produce change in your learners?
- Are you successful contributing to changes in competence, performance or patient outcomes?
- You need Data and Analysis to draw conclusions about your success.



Sources of Change Data for Criterion 11

- Evaluation Forms
- Quality Improvement Data
- Survey results
- Pre- and Post- tests
- Simulation data
- Observation Data
- Self-Reports



Criterion 11: Analysis

- You need to have information about change from all of your activities.
- The level of change that you want to measure is up to you- depends on what the activity was designed to change.
- Aggregate change data, analyze and synthesize.
- Use data to draw conclusions about changes in competence, performance or patient outcomes



Examples for Criterion 11

- The annual review of 61 live activities indicated that 87% of physician learners would make at least one practice change in screening, diagnosis and treatment.
- For activities focusing on improving communication with patients (12 in total), we observed correlation between the education and increased patient satisfaction scores.
- The Neurology Cerebrovascular Conferences reported 100% compliance with “Get with the Guidelines” measures.
- Performance outcomes of three PI activities varied, with greater improvements observed in 1 activity (9.0% to 36.2% improvement across 8 measures).



Questions?

Thank you!