

# Evaluating Your CME Program (aka C11 & C12)

## How Can We Do Better?

John JD Juchniewicz, MCIS, CHCP  
President  
American Academy of CME, Inc.  
Tel: 609-921-6622 x 3  
Email: [jjuchniewicz@academycme.org](mailto:jjuchniewicz@academycme.org)



## Learning Objectives

Upon completion of this session, learners should be better able to:

- Evaluate your CME program's compliance with ACCME Criteria C11 and C12
- Implement strategies to improve your organization's ability to review its overall CME program



## Disclosure

- John Juchniewicz has no relevant disclosures to make.

## Disclaimer

- This presentation includes the opinions of the presenter based on his years of experience in CME.
- The presenter does not speak on behalf of the ACCME.
- Specific questions about your CME program and compliance with C11 and C12 should be directed to the ACCME.



## Systems Check

- ▶ What one thing do you or your organization do really well/are you really proud of with regard to evaluating your CME program?
- ▶ What one thing do you or your organization not do as well/needs improvement with regard to evaluating you CME program?

# C11 and C12

## What they are:

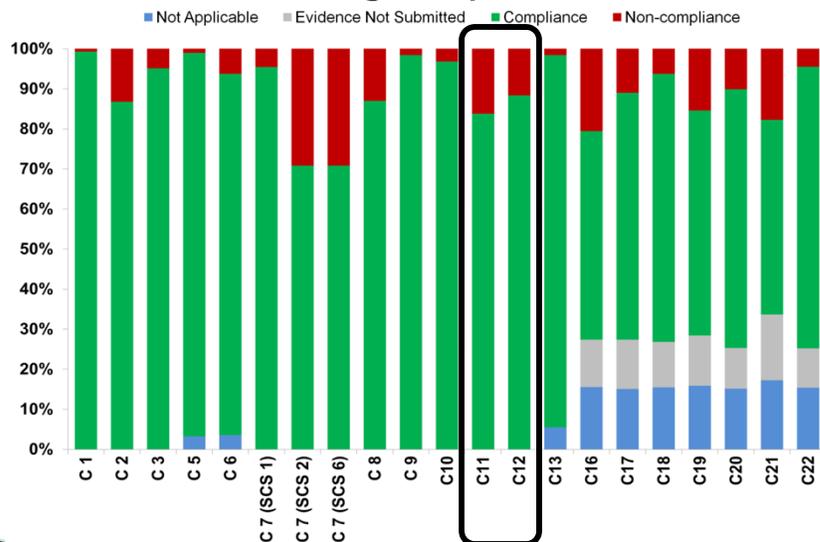
- ▶ An opportunity to evaluate your CME Program—to identify what you're doing well and what you can be doing better

## What they are not:

- ▶ Busy work from the ACCME
- ▶ **Only** about evaluating your individual CME activities



## Overall Compliance Results for November 2008 through July 2014 (n=1,007)



Slide Courtesy of ACCME

## 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.

## Criterion 1

- ▶ The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

## Let's Collect Some Data

- ▶ Before we can look at our overall CME program, we need to be collecting data from our individual activities.
- ▶ Important: Need to go beyond measuring learner satisfaction!
- ▶ There are a lot of things we *could* be asking on our activity evaluations, but one thing we *need* to be asking are questions that help us measure changes in competence, performance and/or patient outcomes



## Collecting Competence Data

- ▶ Not enough to just ask “Did this activity change your competence, performance, or patient outcomes?”
- ▶ Rather, you need to go beyond this and ask questions that get at “what will you do differently as a result of the activity?”
  - Can be qualitative or quantitative data



## Collecting Performance and Patient Outcomes Data

- ▶ Learner (self report) Sources
  - Followup Surveys that Ask about Actual Changes Made in Practice
- ▶ Institutional Data Sources
  - EHRs
  - QI department
- ▶ Other Data Sources
  - Medical Claims



## There's No One Right Way to Do This

- ▶ Some providers look at ALL their data in aggregate
- ▶ Some providers look at a representative sample of their activity data
- ▶ Some providers break their data into groups (eg activity type, disease state, department, etc) and analyze each group separately

**Figure Out What Works Best for Your CME Program and Your Organization!**



## Criterion 11 Compliance

The provider evaluates its activities via a variety of methods including changes in medical malpractice claims data, pre- and posttests administered at the time of the activity, data on participants' intent to change practice, post-activity surveys, and onsite reviews where changes in practice are demonstrated. The provider performs an analysis based on a review of its data, and reports changes in competence and performance that inform its ongoing educational planning.

March 2012

Ref #: 15309

Source: ACCME website



## Criterion 11 Compliance

The provider uses pre- and posttests to measure changes in competence and measures for changes in performance using post-activity focus groups of participants. The provider describes a comprehensive analysis of its evaluation data and summarizes achievements in changing learner competence and performance.

March 2012

Ref #: 15308

Source: ACCME website



## ACCME Says...

- ▶ To find specific examples of compliance and noncompliance for C11, visit:  
<http://tinyurl.com/okb3f7u>
- ▶ When in doubt, ask ACCME: [info@accme.org](mailto:info@accme.org)



Don't Stop Here...



## Criterion 12

- ▶ The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.



## Dust Off Your Mission Statement

- ▶ Your CME program mission statement is your map or compass that you should be navigating by
- ▶ C12 is your opportunity to see how well you're following it



## How Do We Look from 50,000 Feet?

- ▶ Now you take the data that you collected and analyze it to see how effective your overall CME program is at improving the competence, performance, and/or patient outcomes of your learners



## Let's Go Back to the Data

- ▶ What do the data you've collected tell you about how well you are meeting the expected results of your CME mission?
- ▶ What conclusions can you draw about:
  - What you are doing particularly well?
  - What you are not doing so well?
  - What you are doing ok, but could be doing better?
  - What obstacles exist to doing better?



## Documenting What You Find

- ▶ Again, there's no best way to do this
  - Some providers write up a formal report/narrative
  - Some will take their mission statement bullet commentary under it
  - Some document this review in the minutes of their CME committee meeting

Figure Out What Works Best for Your Program so that You Can Act on What You Uncover



## This Is Not a Test...

- ▶ Remember that ACCME is not grading you on how well you did or did not meet the expected results of your CME mission

### Criterion 12 Compliance

In reviewing the extent to which its CME program achieved the 'expected results' stated in its mission statement, the provider recognized that it had been designing activities to change learner knowledge, but not competence, performance, and/or patient outcomes (as required by Criterion 1, "Expected Results" and Criterion 3). It also found that it did not know if the activities designed to change knowledge contributed to changing competence or performance or patient outcomes as stipulated in its mission statement. In its self-study narrative and survey interview, the provider acknowledged this issue and articulated changes it would make to its planning processes to ensure that activities are designed to change learners' competence, performance, and/or patient outcomes.

knowledge, planning process

Ref #: 7078

Source: ACCME website



## Criterion 13

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

## Plan to Share What You Find

- ▶ As you're writing up your findings, think about how you can use them to tell the story of the great work your CME program is doing to:
  - The ACCME and future ACCME accreditation surveyors
  - Your own CME staff
  - Other stakeholders: eg, learners, administrators, upper management, etc.

## How Often Should We Do This Analysis?

- ▶ There is no specified requirement from ACCME for how often a provider should conduct their program-based analyses
  - This is an organizational decision
- ▶ HOWEVER...Taking the time to do this on an annual or even a biannual basis will benefit your organization (personal opinion).



## ACCME Says...

- ▶ To find specific examples of compliance and noncompliance for C12, visit:  
<http://tinyurl.com/orngk6r>
- ▶ When in doubt, ask ACCME: [info@accme.org](mailto:info@accme.org)



## Systems Re-Check

- ▶ What one thing do you or your organization do really well/are you really proud of with regard to evaluating your CME program?
- ▶ What one thing do you or your organization not do as well/needs improvement with regard to evaluating you CME program?

Questions