

AGENDA Graham McMahon and Kate Regnier ACCME

Steve Folstein welcomed the guests and noted that the items for discussion are combination of suggestions from both the ACCME and the CPD Directors. Participants were asked to add their name to the Listserv if they participated in the call. The following responded:

AAAAI – Steve Folstein
AACE - Roy Shafer
AAD - Diane Simmons
AAFP - Clif Knight, Mindi McKenna, Wael Mourad, Carly Harrington, Amy Smith, Morgan Hosler
AAHPM - Julie Bruno
AANS – Joni Shulman, Samantha Lumbering, Lori Garcia
AAO - Beth Wilson and Siân Hillier
AAO-HNS - Audrey Shively
AAP- Deborah Samuel
ACOG - Vanita Murray and Dr. Sandra Carson
ACP – Sean McKinney, Patrick Alguire
ACR - Elizabeth Yarboro, Carrie Smith, Sally Cook, Kasey Kelly
ACS – Kathleen Goldsmith
AES – Debbie Gist
AGA – Lori Marks
APA - Tristan Gorrindo and others
ASA – Elizabeth Lepkowski and others
ASCO – Anne Grupe
ASCP – Rhonda Drexler
ASCP - Suzanne Ziemnik and Rhonda Drexler
ASH - Ana Velarde and Margaret Bogie
ASRM – Nancy Bowers, Andrew La Barbera, Susan Gitlin, Jeffrey Hayes
ASTRO - Lynn Brown and Heather Ranelis
AUA - Shelby Englert and Jody Donaldson
CMSS – Norm Kahn
CNS - Michele Heaphy
SGO - Kelly Hecklinger
SNMMI - Ann Latham

Update on the revised commendation criteria

The new Accreditation with Commendation criteria are now available on the ACCME website <http://www.accme.org/requirements/accreditation-requirements-cme-providers/proposal-new-criteria-accreditation-commendation>

Organizations that wish to seek Commendation choose 7 criteria from a menu of 16 criteria, with one from the Achieves Outcomes criteria. Each criterion has rationale, critical elements, and requirements. The criteria are not changed substantially from the materials initially released, but are still intended to capture the exemplary activities of the constituents. Note that ACCME will be hosting a webinar for more in-depth discussion. See [Introductory Webinar – Menu of New Criteria for Accreditation with Commendation](#): October 13, 2016 from 10:30 am-11:30 am Central to learn more about the criteria and ask questions.

Questions from Callers:

Question: Metrics seem to be the most changed from the original release. What was rationale for change from percentage to size of program?

The goal is for programs to be able to attest to their compliance. Tracking mechanisms (such as entering data in PARS) are still being determined.

Question: What if activities selected for Performance in Practice do not meet the new Commendation Criteria.

While some activities selected for Performance in Practice (PIP) may meet multiple criteria and could be submitted to satisfy Commendation criteria, others may not. Providers can also submit an exemplar activity that meets other criteria, but this would not need to be a full PIP file.

Question: Could you provide examples of Compliance and Non-Compliance with the new criteria?

ACCME will be sharing examples of best practices; this will be emphasized in the ACCME Annual Meeting, which will be built around the Commendation Criteria.

Update on AMA Actions Related to Activity Formats

Latest update on collaboration w AMA on ACCME is provided here: <http://www.accme.org/news-publications/highlights/ama-and-accme-announce-collaboration-support-alignment> . With help of a bridge committee, ACCME has been working with AMA on a way to align a single set of core principles that will serve to facilitate flexibility in educational design, encourage innovation, and enhance physician education by aligning ACCME and AMA's expectations of CME providers. One example is a shared glossary of terms and descriptions. The Bridge Committee has also asked ACCME to look at supporting innovation and moving away from format-based requirements. A quick timeline is anticipated; early next year to show initial efforts. Both AMA and ACCME are working together to ensure that principles are retained without being restrictive and not as threats to existing practices or formats, but instead to encourage creative approaches.

Question: What are the next steps with other organizations (ANCC, ACPE)?

ANCC, ACPE, AAFP, and AOA are working to participate in conversations about principle-based approaches to accreditation of activities.

Question: Please speak to how performance-improvement CME fits in this.

AMA doesn't anticipate meaningful changes to this format.

Question: Does PI-CME as a metric meet New Commendation Criterion 36?

Doesn't have to be PI-CME for this criterion, but compliance should be related to the clinician's ability in their own work environment.

Collaboration of ACCME with Boards

Over four thousand MOC activities are now listed with ABIM and on CMEFinder.com, including REMS activities along with those of ABA and ABP. These are also in PARS. By November, clinicians will be able to select from a broader range of items relevant to their certification in a program guide. ACCME is anticipating ASA listings as well and is also discussing plans with ABMS to bring other boards into the process; there has been some reluctance related to review and approval process.

Question: Any feedback from CPD Directors regarding the ABIM MOC listings?

There have been some technical challenges, such as work flow, but generally good process.

Question: Any new updates from ABIM or ACCME?

ABIM is looking to expand what they will accept through PARS, including Part 2 and Part 4. Providers will be able to designate activities for either or both of these. ACCME's goal is to help societies reach multiple types of learners with multiple types of activities.

Question: Are there plans for simplifying the process for users? Example, displaying fees for activity.

ACCME is working on a consensus for this. It is problematic to list fees as many organizations have a range of fees based on membership, etc.

MACRA: ACCME perspective on the proposed use of certain education activities to meet reporting requirements

No decision yet from CMS on MACRA, but conversations are ongoing. Participants were reminded of CMS' new clarifying statement on identifying faculty in commercially supported CME activities.

<https://questions.cms.gov/reps/faq.php?faqId=8165&ag=5005>

There is a potential to use PARS to enable MACRA reporting, but direction is still not clear. ACCME has fully briefed CMS on the abilities of PARS in this effort.

Adjournment:

Steve thanked Graham and Kate and all participants. A link to the recorded file will be distributed via the listserv and posted on the CMSS-CPD Component Group website.

The call was adjourned at 2:00 p.m.