

The Accreditor



Illinois
State
Medical
Society

A publication for the ISMS accredited CME providers.

March – April 2011

In this issue:

- *Acronyms*
- Quick Question
- Site Survey Tender Spot
- News from the Alliance for CME Annual Conference in San Francisco
- On the Calendar
- Reminders
- Speaking of bungee jumping...

The Accreditor is a *MUST* read! Important information is communicated here and it is anticipated that the accredited providers will read and, if necessary, apply the information communicated.

The Accreditor editor: Rita LePard, ISMS Education Staff Specialist; send comments or questions to her at ritalepard@isms.org.

You know that I periodically get on the soapbox about one thing or another; my latest is **ACRONYMS!** I was recently at a conference where the faculty person projected an image containing 15 acronyms; I could barely focus on the content of the presentation because I was so distracted (and annoyed) by the use of too many acronyms.

In our business there is a group of acronyms I think we all understand: CME (continuing medical education), MD (medical doctor), DO (doctor of osteopathic medicine), RN (registered nurse), PA (physician assistant), ISMS (Illinois State Medical Society), AMA (American Medical Association), PRA (Physician's Recognition Award), ACCME (Accreditation Council for Continuing Medical Education). However, something that reads "AHME, PACME, SACME see changes in CE/CME/CPD" is not quickly translated accurately by all readers.

So I have a new resolution: I will not write in acronyms. Readers deserve more from authors than a stroll down Acronym Avenue.

QUICK QUESTION: "Because 2011 is the year physicians renew their licenses, *exactly* what has to be on a CME certificate or transcript of earned *AMA PRA Category 1 Credits*TM?"

Perfect timing for this question! If you look of the AMA's booklet, *The Physician's Recognition Award and credit system 2010 revision*, page 8 has a list of the **minimum** documentation that must be given to participating physicians.

Please ensure that your certificates or transcripts contain at least the following so that the physicians can verify earned credits:

- ❖ Physician's name
- ❖ Name of the accredited CME provider
- ❖ Title of the activity
- ❖ Learning format (live activity, enduring material, etc.)
- ❖ Location of activity
- ❖ Date(s) of live activity or date that the physician completed the activity
- ❖ Number of *AMA PRA Category 1 credits*TM awarded

If you provide an annual transcript of credits awarded for only live activities all held at your hospital, much of this information can be included in the header of the transcript, e.g., the provider's name, learning format, and the location.

REMINDER: A **Tender Spot** is an area that is sensitive, inflamed and sore to the touch. In each edition of **The Accreditor** information will be provided to heal some of the recurring **Tender Spots** identified by site surveyors. These are sensitive areas because they can lead to a finding of non-compliance, they are inflamed because something is not working well and they are sore to the touch when surveyors examine the spot.

This month the **Tender Spot** is all around "professional practice gaps" - Criteria 2, 3, 4, 5, 18 and 19.

Suppose instead of asking potential CME planners, "What is the professional practice gap for this activity?", we asked the following:

- "What is the problem you are trying to fix?" (Criterion 2)
- "Describe why this problem exists." (Criterion 3)
- "What needs to be changed?" (Criterion 4)
- "How will you know if it is fixed?" (Criterion 5)
- "What do patients misunderstand about X?" (Criterion 18)
- "What is most challenging to you in the treatment of X?" or
- "Do you see any barriers to fixing X or changing your practice of X?" (Criterion 19)

Do you think your planning conversation would be different? Do you think the glaze would melt from the faces of CME planners? Currently, something about phrases like "professional practice gaps" is not working well for many CME providers. This is a time for us to step up to the plate and **fix it!** If your planning document is not clear to you, it is not clear to your planners and it may not be clear to surveyors.

Write questions that everyone understands, that gets you the information you need. As in the example above, write your questions followed by the Criterion number to make it easier for the surveyors to document your compliance.

We know how to plan an educational intervention but we need input from Quality Improvement, the opinion leaders, the Medical Executive Committee (MEC), Department Chairs, etc. and our language is not common!

(On February 22, 2011 the ACCME posted a nine minute video on their website: *Simple and Effective Communication with CME Planners* - <http://education.accme.org/video/accme-video-faq/simple-and-effective-communication>)

held in San Francisco January 26-29, 2011.

First, **let's congratulate one of our own**, Barbara Huffman, the CME Manager at Carle Foundation Hospital, who was the Chair of the Annual Conference of the Alliance. Nearly 1,400 CME professionals attended the three and one-half day conference which offered educational opportunities for CME novices and the more seasoned CME professional.



There were three recurring “themes” for me: the need for all CME staff to step-up-to-the-plate, the evolution of the Alliance for CME and the power of networking.

Recently you were sent information on the new **Competency Assessment & Lifelong Learning Series (CALLS)**, a set of online learning tracks that support unique professional development opportunities. CALLS is one more tool to help us function in the ever changing world of CME. We cannot be CME professionals without investing in ourselves, which prompts the question, “What do you have planned to renew yourself – personally **and** professionally – in 2011?” What you do **makes a difference** in the success of your organization!

Like CME itself, the Alliance for CME is evolving which was demonstrated in their new Strategic Plan. (Yes, I know many strategic plans are written by a committee removed from the operations of the program and then sit – unread - on a shelf!) However, the Alliance strategic plan is bold and acknowledges that changes in health care are made by *teams* of learners - physicians, physician extenders, pharmacists, etc. and our learning opportunities need to include our stakeholders and collaborators. Watch as the Strategic Plan is rolled out... and then get involved in making it happen!

Lastly, you already know I strongly believe in the power of networking and the Alliance meeting was networking paradise: everyone was approachable, no question was “stupid”, fresh perspectives from peers across the country were enlivening and, if each person embraced just one new idea, what a huge wave of change! Most of the ISMS-accredited CME staff people work alone and networking can be your lifeline. The Illinois Alliance for CME (IACME) also had a networking evening during the Alliance conference which was attended by about 40 people.

The 37th Annual Conference of the Alliance will be January 21-24, 2012 in Orlando. Put it in your budget! “Expertise” is not achieved by osmosis; it is achieved by bungee jumping.

On the calendar

Friday, May 20, 2011

IACME Spring Conference
Metropolis Theater, 111 W Campbell St., Arlington Heights
Circle your calendar and watch for details!

Friday, October 14, 2011 (Note that this date is one week later than usual.)

IACME/ISMS CME Planners Workshop
Oak Brook Hills Marriott Resort, 3500 Midwest Road, Oak Brook



Reminders

- ❖ In the 2010 update of the booklet the AMA announced **TWO** changes all CME providers must make to the credit designation statement. 1.) The accreditation statement must now include one of the AMA approved **learning formats** (live activity, enduring material, journal-based CME activity, test-item writing activity, manuscript review activity, PI CME activity or Internet point-of-care activity); and 2.) An editorial change was made to the placement of the word *only*. **These are easy changes!** The overwhelming majority of activities ISMS providers certify for credit are live activities and the correct accreditation statement is:

The (provider's name) designates this live activity for a maximum of (number of credits) *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Again, if the activity is certified for one credit, don't include the (s). Please read page 7 of the booklet; if you need another or more copies of the booklet, it is available at www.ama-assn.org. Make the changes **NOW!** These change must be made by July 1, 2011.

- ❖ Remember when we talked about the National Faculty Education Initiative (NFEI) from the Alliance for CME? The National Faculty Education Initiative is an online training on the differences between certified CME and promotional activities and includes a searchable database of faculty who has completed the training. This can be a great tool for new faculty, members of your CME Committee or new staff people. The training is free, takes less than a half-hour to complete, and a certificate of completion is provided at the end. www.acme-assn.org/national_faculty/index.html

Bungee jumping?

*When exploring careers in 1989, I made the decision to **stay** in health care. I had already worked in private practitioners offices, I had been the Director of Patient Services for an affiliate of a non-profit healthcare organization, and I had developed the health education department of a local health department. The writing was on the wall: challenges ahead...and I wanted to be a part of it.*

I've had many titles since then and made treasured friends along the way; now it is time to bungee jump again. My last day at ISMS will be April 8th and I know that Marcella Hollinger, Katie Gilfillan and Evelyn Calhoun will continue to serve you well until my position is filled.

Change – no matter how much we want it – is not easy. I have great memories of visiting CME providers, phone calls when we waded through challenging issues and sharing your struggles when unexpected things happened. And we have had great laughs! You will not be forgotten.

Rita