Statement from the Accreditation Council for Continuing Medical Education for the Institute Of Medicine Committee on Continuing Medical Education

December 2008

The ACCME thanks the IOM for this invitation to speak to this Committee on Continuing Professional Education.

I will provide a written version of these comments for the Committee. In addition, in support of this Committee's informed and knowledgeable deliberations we will submit certain other additional materials that more fully describe the ACCME Accreditation Enterprise as well as the activities we are involved in, as background.

We are here today because the Josiah Macy, Jr Foundation has funded the Institute of Medicine to study a specific set of questions related to the establishment of a research institute.

From a strategic perspective, the Accreditation Council for Continuing Medical Education ACCME is in favor of any effort that would, [as communicated in your committee's statement of task]:

1. "Advance the science of CE by promoting the discovery and dissemination of more effective methods of educating health professionals over their professional lifetimes,"
2. "Develop a research enterprise that encourages increased scientific study of CE,"
3. "Assess research applications"

Over the past decade the ACCME has adopted the following two performance objectives as 'mission critical' for the CME enterprise, ACCME and the public,

1. To ensure that CME matters to patient care and that CME contributes positively to the quality and safety of health care in the United States.
2. To ensure that the CME activities and programs that make up the CME enterprise have face, content, predictive and concurrent validity.

We **do** believe that an enhanced research enterprise can help us meet these objectives – but we are not sure that any of us know if the tactical choice of an independent institute is the correct choice – as it may perpetuate the seemingly inexplicable sequestration of CME research from mainstream health care and health services research .

You have asked, "How can CE be strengthened to support professionals' performance?"

We offer four mechanisms.

The **first** is through the construct of ACCME CME/CPD in the United States – which is based on a published model (Regnier, K, et al 2005) that places continuing education in support of the continuing professional development of individual or groups of professionals. This model is integrated into the ACCME's accreditation requirements – which describe an educational journey – that starts with questions in practice and ends with the application of new strategies, in practice. It is a QI model. The motivations of the individual learners to make this journey are being enhanced through newer incentive-based programs such as the ABMS' Maintenance of Certification® Program and medical licensures' initiatives on maintenance of licensure and through the ACCME's accreditation requirements.

Does this ACCME construct need to be strengthened? It is evidence-based and derived from learning- and knowledge management theory. It supports practice-based life-long learning and improvement.

When the system was first released in 2006 Robert D. Fox, Professor, Adult and Higher Education, at University of Oklahoma said,

> *"The new system marries quality with the research. It is very rewarding and gratifying for me to see all of the years, so many of us have contributed to building a knowledge base, transformed so well into criteria that will improve the learning and performance of clinicians and the health of patients…….I can now see an alignment of research, ACCME standards, and financial support. What is next <u>for all of us</u> is to enhance the competencies of CPD providers. With that coming in the future, it will all line up and patients will benefit most of all."*

A **second** way CE can be strengthened to support professionals' performance is through enhancements to the scope and nature of the Accredited CME Enterprise. Accredited CME is only a portion of all the 'learning' events that professional participate in to maintain their abilities, but it is substantial.

In 2007 there were,

- About 11 million physician and about 6 million non physician registrants
- Over 160,000 'Activities'
- Over 1 million hours of engagement with learners.

Revenue to CME surpassed $2.5 Billion in 2007. Accredited CME was available to physicians and non physicians in all 50 states as well as Guam, Puerto Rico and the Virgin Islands.

Activity formats included,

1. Courses,
2. Regularly Scheduled Series,
3. Internet (Live),
4. Test Item Writing,
5. Committee Learning,
6. Performance Improvement,
7. Internet Searching and Learning,
8. Internet (Enduring Materials),
9. Other Enduring Materials,
10. Learning from Teaching,
11. Journal CME and
12. Manuscript Review.

Less than 20% of the physician participation reported by ACCME accredited providers is in 'courses.'

Would the ACCME accredited CME enterprise be strengthened by altering the current diversification of format, size, funding and distribution of educational resources within the CME enterprise? Would CME, or the health care system, be strengthened if there was 'more', and 'more access to' accredited continuing professional education? **Yes**, the system would definitely be strengthened if we knew more about the answers to these questions [as a result of a new research institute.]. However, we also need to examine the often stated perspective that there is an over dependence on the lecture format by physician learners.

A **third** way continuing professional education can be strengthened to support professionals' performance is by ensuring a broader understanding that the effectiveness of accredited CME has, in fact, already been established. We know that our CME activities can be effective in accomplishing the objectives they set for themselves and for learners. The literature seems conclusive about this (Robertson, Cervero and Umble, 1996 and 2003; AHRQ Report2007).

Interestingly, Robertson, et al (2003) also said, ***"On the research front, primary studies and syntheses no longer need to ask if CE, in general, improves practice or other outcomes because there is so much evidence that many kinds and combinations of CE can do so. Further primary studies should ask questions such as, 'Does this combination of CE methods improve behavior, and how do the methods improve behavior, and how do the methods complement one another to help learners?'"***

We believe that the continuing professional education enterprise could be strengthened through modifications in the manner in which 'effectiveness' is evaluated. Again, to quote Robertson et al (2003) it is worth considering that, "***…research and evaluation in CPE should move beyond its normal focus on the effects of specific CPE programs on***

individuals. It should increasingly study <u>how CPE can help promote team and organizational development to produce sustainable improvements in quality of care</u>. The targets of the intervention and the units of analysis need to include teams, organizations and policies."

A **fourth** way can continuing professional education be strengthened to support professionals' performance is by facilitating a broader understanding and implementation of the current ACCME accreditation expectations. ACCME has positioned CME as a 'Bridge to Quality' and insists that the enterprise is now about CME that matters to patient care. The Accreditation Criteria, announced in September 2006, require CME to be **a)** focused on addressing identified health care quality gaps and **b)** designed to measure their effectiveness in closing these gaps.

Policy reads, "**The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest**."

In the last decade ACCME-based accreditation has been drastically changed to improve CE and those changes are only just being implemented by providers and by the accreditation system. Additional direct monitoring and surveillance of performance by Providers in practice is being implemented. When available, data will be collected, collated, analyzed and reported by, and to, ACCME. On the basis of these data, and on-going input from the environment, necessary improvements will, no doubt, be implemented.

<u>Finally</u>, the Committee has asked, *"What concerns regarding CE and the IOM's study should be brought to the attention of the committee?"*

FIRST, the ACCME is concerned [with respect to a continuing professional education institute] that continuing professional education is treated differently than other aspects of education and medicine with respect to research and discovery. It seems to be neither an obligation nor an expectation of the academic community. For example, research is an expected part of academic medicine yet a significant majority of academic medical centers do not appear to conduct a program of research in continuing professional education. This may be because the executive leadership of most academic medical centers are not holding their CME units accountable for successful research programs. If your committee can contribute to ending this disparity it would be of enormous benefit.

It is possible, however, we believe that the establishment of a National Inter-Professional Continuing Education Institute might not actually help address the

challenges and issues that confront the CE enterprise – as it may simply perpetuate the belief that it is acceptable to not include continuing professional education among the list of academic pursuits of medicine. We are concerned that the creation of 'an Institute'might simply perpetuate the disparities – perpetuating the status quo of the paucity of CME research and discovery.

SECOND, the ACCME perceives a lack of urgency, or sense of value, within medical education for "*developing a research enterprise that encourages increased scientific study of CE."*

The locus of control and for legitimacy for the medical research enterprise in the United States is within the academic medical centers, the National Institutes of Health as well as the Agency for Health Research and Quality. Professionals in the nongovernmental academic institutions, from researcher to Dean and Director, are highly rewarded and compensated financially and professionally for successes in research on health and disease. Relatively speaking, very few in this system are rewarded for the '*scientific study of CE.'* One could reasonably expect that there will be '*increased scientific study of CE'* when promotion, tenure and "US News and Reports" institutional rankings are based on the quality of a CE research enterprise.

In closing, let me repeat, the ACCME does believe that an enhanced research enterprise can help ACCME meet its mission – but we are not sure that any of us know if the tactical choice of an independent institute is the correct choice.

We look forward to the results of your deliberations and we thank you for this opportunity to participate.

Table 1: Size of the CME Enterprise Presented by ACCME Accredited Providers – 2007
n=736

Directly Sponsored	Activities	Hours of Instruction	Physician Participants	Non-Physician Participants
Courses	29,067	223,601	1,317,446	1,098,613
Regularly Scheduled Series	10,335	245,865	2,220,576	870,035
Internet (Live)	1,142	3,107	41,939	82,676
Test Item Writing*	110	458	530	20
Committee Learning*	164	576	1,759	838
Performance Improvement*	713	1,674	3,623	1,122
Internet Searching and Learning*	15,556	10,439	103,135	139
Manuscript Review*	4,698	43,662	23,033	377
Learning from Teaching*	992	6,359	3,511	151
Internet (Enduring Materials)	18,326	46,835	2,072,626	1,696,742
Other Enduring Materials	5,464	29,166	1,030,118	367,985
Journal CME	2,895	7,200	675,533	228,295
Total	89,462	618,941	7,493,829	4,346,993

Jointly Sponsored	Activities	Hours of Instruction	Physician Participants	Non-Physician Participants
Courses	11,217	76,609	348,681	308,741
Regularly Scheduled Series	1,468	26,217	163,965	87,002
Internet (Live)	188	1,935	13,732	6,094
Test Item Writing*	10	106	693	31
Committee Learning*	4	30	239	54
Performance Improvement*	13	206	1,814	39
Internet Searching and Learning*	37	71	20	0
Manuscript Review*	1	1	486	0
Learning from Teaching*	356	437	223	0
Internet (Enduring Materials)	8,437	4,969	442,023	270,153
Other Enduring Materials	1,402	4,856	205,597	169,637
Journal CME	408	1,291	26,997	12,555
Total	23,541	116,727	1,204,470	854,306

Grand Total 2007	**113,003**	**735,667**	**8,698,299**	**5,201,299**
Grand Total 2006	93,582	712,163	8,255,017	4,577,078
Grand Total 2005	79,820	678,528	7,650,207	3,683,749
Grand Total 2004	71,564	692,673	6,516,564	3,235,562
Grand Total 2003	66,788	704,077	6,037,395	3,041,998
Grand Total 2002	55,967	624,824	5,415,945	2,692,971
Grand Total 2001	51,048	583,449	5,178,883	2,159,312
Grand Total 2000	49,451	551,739	5,093,595	1,883,811
Grand Total 1999	47,129	585,446	4,436,197	1,760,504
Grand Total 1998	48,092	574,069	3,662,701	1,544,664

Note: Totals may be off due to rounding

	Activities	Hours of Instruction	Physician Participants	Non-Physician Participants
Courses	35.6%	40.8%	19.2%	27.1%
Regularly Scheduled Series	10.4%	37.0%	27.4%	18.4%
Internet (Live)	1.2%	0.7%	0.6%	1.7%
Test Item Writing*	0.1%	0.1%	0.0%	0.0%
Committee Learning*	0.1%	0.1%	0.0%	0.0%
Performance Improvement*	0.6%	0.3%	0.1%	0.0%
Internet Searching and Learning*	13.8%	1.4%	1.2%	0.0%
Manuscript Review*	4.2%	5.9%	0.3%	0.0%
Learning from Teaching*	1.2%	0.9%	0.0%	0.0%
Internet (Enduring Materials)	23.7%	7.0%	28.9%	37.8%
Other Enduring Materials	6.1%	4.6%	14.2%	10.3%
Journal CME	2.9%	1.2%	8.1%	4.6%
	100%	**100%**	**100%**	**100%**