

Children’s Mercy Kansas City
CME Handbook - About CME

What is Continuing Medical Education (CME)?

The American Medical Association (AMA) and the Accreditation Council for Continuing Medical Education (ACCME) defines continuing medical education as follows:

Continuing Medical Education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services to patients, the public, or the profession. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public (AMA HOD policy #300.988).ⁱ

This definition is broad, to encompass activities that assist physicians in carrying out their professional responsibilities more effectively and efficiently. Examples of topics that are included in the ACCME definition of CME content includeⁱⁱ:

- Management, for physicians responsible for managing a health care facility
- Educational methodology, for physicians teaching in a medical school
- Practice management, for physicians interested in providing better service to patients
- Coding and reimbursement in a medical practice

About Accreditationⁱⁱⁱ

Organizations, like Children’s Mercy, apply to become an accredited provider of continuing medical education. Providers seeking Accreditation (a four-year term), must comply with Core Accreditation Criteria, applicable Standards for Integrity and Independence in Accredited Education, and applicable policies set forth by the Accreditation Council for Continuing Medical Education (ACCME).

Providers seeking Accreditation with Commendation (a six-year term), must comply with the accreditation criteria above **and** demonstrate compliance with eight criteria from the Menu of Criteria for Accreditation with Commendation (seven of their choice, plus one from “Achieves Outcomes” category). Accreditation with Commendation is intended to encourage and reward accredited CME providers for implementing best practices in pedagogy, engagement, evaluation, and change management, and for focusing on generating meaningful outcomes.

CME providers are required to undergo the reaccreditation process near the end of their accreditation period. This includes:

- Submission of CME activity data over the accreditation period
- Self-study report
 - o This report details the CME program’s compliance with accreditation criteria and policies above
 - o Details activities offered over the previous accreditation period
- An interview with 2 CME surveyors, to ask questions related to the historical data and self-study

Children’s Mercy received Accredited with Commendation^{iv} in January of 2021.

Children’s Mercy Kansas City CME Handbook - About CME

Mission of the CME Office at Children’s Mercy

To provide leadership in Continuing Medical Education for our physicians and regional health care providers who serve children from birth through adolescence. We gauge our success by measuring changes in the competence and performance of our physicians and learners and identifying the close of current educational gaps over time.

Types of CME

Category I – Approved by an accredited organization, like Children’s Mercy. Activities approved for category 1 CME will have the following statement:

XYZ Organization is accredited by [Accrediting body] to provide continuing medical education for physicians.

XYZ Organization designates this [type of activity] for a maximum of X.XX AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation.

Category II^v – Self-designated and self-claimed by individual physicians for participation in educational activities not certified for *AMA PRA Category 1 Credit[™]* that meet the following criteria:

- Comply with the AMA definition of CME.
- Comply with relevant AMA ethical opinions.
- Are non-promotional.
- Are a worthwhile learning experience related to a physician’s practice, as determined by the physician.

Category III^{vi} – New requirement starting in 2022 for physicians licensed in KS. Education can be an internet or live education activity that meets requirements of category I or category II and meets at least one of the following content requirements:

- Acute or chronic pain management
- Appropriate prescribing of opioids; or
- Use of prescription drug monitoring programs

Note: Category III CME is self-reported/attested during licensure. The CME office does not approve Category III CME but will provide offerings intended to meet this requirement.

Local CME Requirements

	Total	Category I	Category II	Category III	Time Frame
Kansas ^{vii}	50	20 – 50	Up to 30	At least 1	18-month
Missouri ^{viii}	50	50	n/a	n/a	24-months

CME Handbook - About CME

Maintenance of Certification Part 2 (MOC)^{ix} – Accredited CME providers can award MOC Part 2 for certain CME activities that meet additional board-specific requirements. Currently, we can approve MOC Part 2 for CME activities for the following boards:

- ABA – American Board of Anesthesiology
- ABIM – American Board of Internal Medicine
- ABOHNS- American Board of Otolaryngology Head and Neck Surgery
- ABPath – American Board of Pathology
- ABP – American Board of Pediatrics
- ABS – American Board of Surgery

When approved for MOC Part 2, it is the responsibility of the CME provider to report and upload these points to the board on behalf of the learner. You can always check your board profile for your current MOC Part 2 total.

For boards not listed above, specific activities can be considered for MOC Part 2 via an application ABMS. Please contact the CME office for more information on this process.

CME Activities Offered at Children's Mercy^x

Live Activity – An activity that occurs at a specific time. Participation may be in person or virtual. This also includes courses where the same content is presented several times to a different audience. Example: PALS Update, Clinical Advances in Pediatrics Symposium.

Regularly Scheduled Series (RSS) – Live activity planned as a series with multiple, ongoing sessions (i.e., offered weekly, monthly, or quarterly). An RSS is primarily planned by and presented to an organization's professional staff and generally targets the same audience over the whole series. Examples: Grand Rounds, Professor Rounds, Case Conferences, M&M, etc.

Enduring Materials – These are available when the learner decides to take the course or "on-demand". Enduring materials endures over a specified time and do not have a specific time or location. Examples: online interactive educational modules, Grand Rounds online, podcasts, etc.

Performance Improvement (PI) CME – Activity structured as a three-stage process by which a physician or group of physicians learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures.

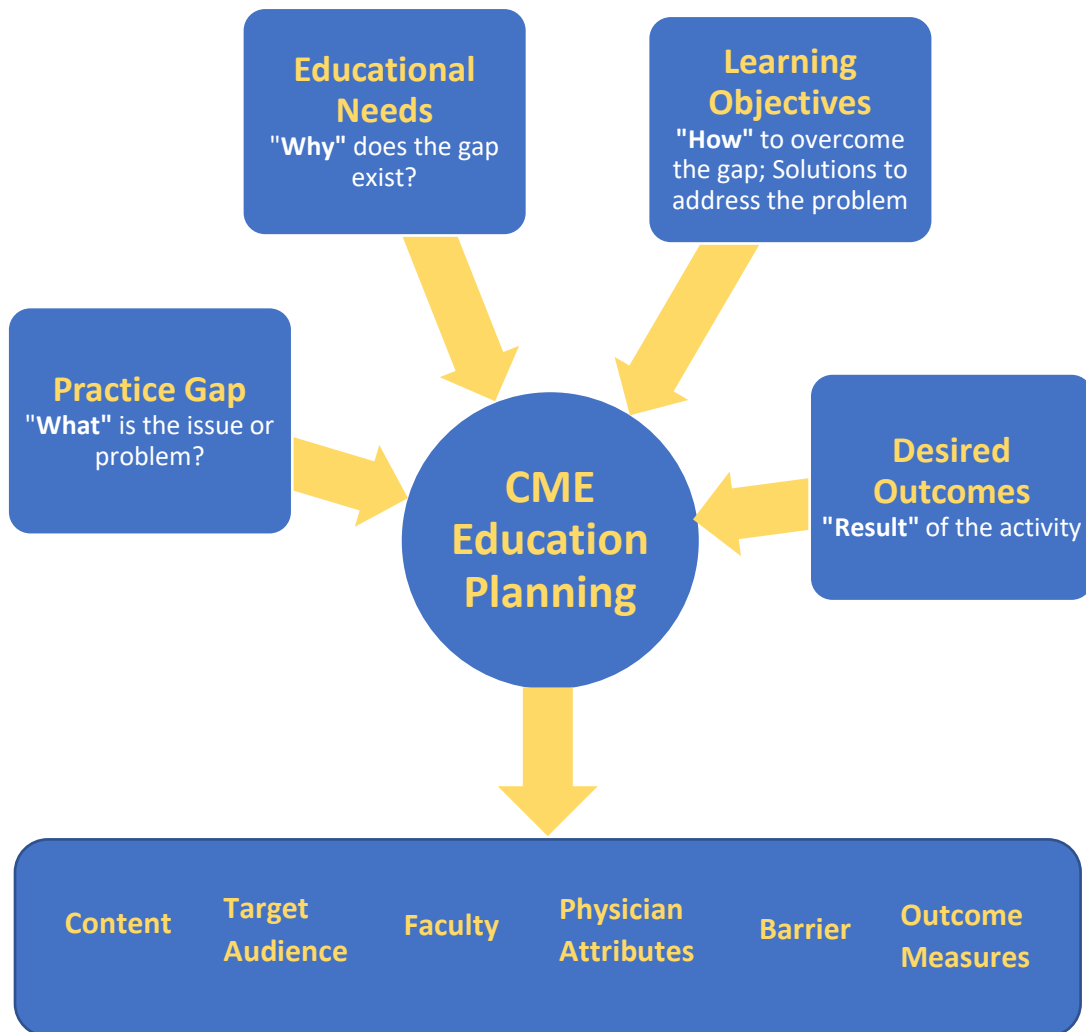
Directly Provided CME – Activity is planned, implemented, and evaluated by the accredited CME provider.

Jointly Provided CME – Activity is planned and implemented by an accredited provider and one or more non-accredited organizations. CMKC CME office may charge a fee for jointly provided activities.^{xi}

Educational Principles and CME Requirements^{xii}

To be effective, education should be based upon identified needs that underlie a professional practice gap. The ACCME has adapted a definition of a professional practice gap from the Agency for Healthcare Research and Quality (AHRQ), to include clinical and non-clinical topics still relevant to continuing medical education^{xiii}. According to the ACCME, when there is a gap between what the professional is doing or accomplishing compared to what is “achievable on the basis of current professional knowledge,” there is a professional practice gap.

The terminology can be confusing. Below are questions that can help you identify helpful, so it can make sense to break it down:



Children’s Mercy Kansas City
CME Handbook - About CME

	Example A	Example B	Example C
Professional Practice Gap	Poor patient outcomes after procedure X.	High employee turnover.	Child abuse rates in state higher than national average.
Educational Need	New evidence-based practice not being utilized	Leaders not effectively coaching employees.	Providers lack training in recognition or potential abuse, including ability to document and communicate findings.
Learning Objectives	<ul style="list-style-type: none"> - Describe benefits and risks of new protocols for procedure X. - Apply new evidence-based practice to appropriate patients. 	<ul style="list-style-type: none"> - Identify when a conversation is crucial and what about the conversation has them stuck. - Utilize coaching model to prepare for giving feedback, conducting reviews, holding others accountable, or any other conversations that may be challenging. - Develop tactics for facilitating a productive discussion in the face of common resistant behaviors. 	<ul style="list-style-type: none"> - Identify history and physical exam findings concerning for physical and/or sexual abuse. - Explain the appropriate evaluation for occult trauma. - Plan the appropriate lab evaluation for children with findings concerning for abuse. - Document exam findings and significance of those in the medical note. - Identify strategies to effectively communicate a diagnosis of abuse or neglect to members of a multidisciplinary team.
Desired Outcomes	Decrease length of stay for patients undergoing procedure X from 4 days (baseline) to 2 days.	Increase employee retention across organization by 10%.	Improved consistency and evidence-based approach to the medical evaluation of children who may have been abused. This also includes improved quality of information provided to multidisciplinary team.

Planners should consider potential barriers to overcoming practice gaps and educational needs. Some barriers cannot be addressed through education (such as obtaining a specific piece of equipment or eliminating EMR requirements), but an activity should address what learners can do to overcome these barriers (new surgical technique with current equipment, new EMR template to reduce documentation time). Failure to consider barriers can lead to diminished effectiveness of the education.

CME Activities must be designed to:

- Address problems in practice and/or patient care. As part of this effort, planners examine those problems and look for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems. This enables planners to plan and implement education that will effectively address the problem(s).
- Change provider competence (strategies/skills), and/or performance (what learners do in practice), and/or patient outcomes (impact on the patient or on the care delivered).

Children’s Mercy Kansas City

CME Handbook - About CME

References

- ⁱ American Medical Association, The Physician’s Recognition Award and Credit System; 2017 revision, pg. 2; https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/cme/pr-a-booklet_0.pdf
- ⁱⁱ Accreditation Council for Continuing Medical Education, Why Accredited CME Matters; <https://accme.org/why-accredited-CME-matters>
- ⁱⁱⁱ Accreditation Council for Continuing Medical Education, Accreditation Criteria; <https://www.accme.org/accreditation-rules/accreditation-criteria>
- ^{iv} Accreditation Council for Continuing Medical Education, Achieve Commendation; <https://accme.org/achieve-commendation>
- ^v American Medical Association, The Physician’s Recognition Award and Credit System; 2017 revision, pg. 10; https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/cme/pr-a-booklet_0.pdf
- ^{vi} Kansas State Board of Healing Arts, Kansas Statutes Annotated and Kansas Administrative Regulations relating to the practice of Healing Arts; July 2022, pg. 134-135; http://www.ksbha.org/documents/practice_handbooks/Practice_Handbook_MD_DO_DC.pdf
- ^{vii} Kansas State Board of Healing Arts, Kansas Statutes Annotated and Kansas Administrative Regulations relating to the practice of Healing Arts; July 2022, pg. 135-137; http://www.ksbha.org/documents/practice_handbooks/Practice_Handbook_MD_DO_DC.pdf
- ^{viii} Missouri Secretary of State: Code of State Regulations; 20 CR 2150-2.125 Continuing Medical Education, pg. 13-14; <https://www.sos.mo.gov/cmsimages/adrules/csr/current/20csr/20c2150-2.pdf>
- ^{ix} Accreditation Council for Continuing Medical Education, CME that Counts for MOC; <https://accme.org/cme-counts-for-moc>
- ^x American Medical Association, The Physician’s Recognition Award and Credit System; 2017 revision, pg. 4-5; https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/cme/pr-a-booklet_0.pdf
- ^{xi} Children’s Mercy Kansas City CME Handbook – Activity Planning, pg. 5
- ^{xii} Accreditation Council for Medical Education, Accreditation Criteria, Educational Planning and Evaluation; <https://accme.org/accreditation-rules/accreditation-criteria>
- ^{xiii} Accreditation Council for Continuing Medical Education, FAQs; <https://accme.org/faq/educational-needs-criterion-what-meant-professional-practice-gap>