Physician CME Credit Systems in the US and AMA CME Update

ASSOCIATION FOR HOSPITAL MEDICAL EDUCATION

FORT LAUDERDALE, FLORIDA, MAY 20, 2016
Contact information

Alejandro Aparicio, MD, FACP
Director, Medical Education Programs
American Medical Association

Clinical Assistant Professor of Medicine
Assistant Professor of Medical Education
University of Illinois at Chicago College of Medicine

AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885
Alejandro.Aparicio@ama-assn.org
Disclosures

• I have no financial relationships to commercial interests to disclose related to this presentation and this presentation does not include any clinical topics

• I am a full time employee (eleven years) and a 30 year member of the AMA
Learning objectives

At the end of this presentation participants will be able to:

• Describe the three major continuing medical education (CME) credit systems in the US
• Discuss how the credit systems have evolved certified (CME)
• List the three strategic initiatives of the AMA and summarize how they relate to certified CME
• Identify major educational issues that will be discussed at the AMA’s annual meeting in June
Major CME credit systems in the US
Some CME credit requirements in the US

Voluntary recognition awards – AMA Physician Recognition Award, others

Specialty Societies – Mandated by some for membership

Hospitals – Mandated by accrediting bodies for physicians to maintain privileges/membership

Specialty boards – Mandated to maintain specialty certification

Licensing boards – Mandated to maintain license to practice in vast majority of states
US CME credit systems

AAFP (1948)  
AAFP Prescribed Credit
- AAFP reviews and approves individual activities
- Reciprocity agreement with the College of Family Physicians of Canada

AMA (1968)  
AMA PRA Category 1 Credit™
- AMA Direct Credit
- International agreements and activities
- Privilege granted by AMA to US based orgs accredited through the ACCME system

AOA (1973)  
AOA Category 1-A Credit
- AOA Accredited AOA-recognized affiliate
Evolution of certified continuing medical education
CME: An ethical imperative

A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

One of the nine Principles of Medical Ethics
AMA Code of Ethics
Ethical guidance to physicians related to CME

Opinion 9.011 – Continuing Medical Education


Opinion 8.061 - Gifts to Physicians from Industry
Continuing Medical Education

- An educational need
- A professional responsibility
- An ethical imperative
Evolution of credit in the US

From time based to value based

From credit for participation to credit for accomplishment
Strategic initiatives of the AMA
The three strategic initiatives of the AMA

- Accelerating Change in Medical Education (ACE)
- Improving Health Outcomes (IHO)
- Professional Satisfaction and Practice Sustainability (PS2)
Accelerating Change in Medical Education

• Eleven medical schools were awarded one million dollar grants in 2013.
• In 2015, 21 additional medical schools were awarded smaller grants to assist them in participating in the meetings of the original 11-school consortium. They will be able to enhance the innovative work underway and quickly spread these innovations to additional medical schools throughout the country. www.changemeded.org
• An estimated 19,000 allopathic and osteopathic medical students, or 18 percent of all students enrolled in an MD or DO program, are attending one of the 33 consortium schools.
Accelerating Change in Medical Education

• The consortium has identified the need for a textbook to aid the teaching of health systems science, increasingly referred to as the third science in medical education. Authors and editors have been recruited. First drafts of the chapters have been written and submitted. The book will most likely be published in the last quarter of 2016 or the first quarter of 2017.

• To further the reach of the ACE initiative, the AMA hosted a medical education innovation conference, ChangeMedEd2015, in Chicago in October 2015. This event brought together 350 leaders and innovators in medical education from more than 120 organizations to further generate new ideas to transform the way future physicians are trained.
Accelerating Change in Medical Education

- In 2015 the AMA announced the Medical Education Innovation Challenge and invited medical students to address the question, “How would you turn medical education on its head?” Teams of two to four students led by an MD or DO student were asked to submit 4-5 page proposals and a 90-second video with submissions due December 11.

- Over 140 submissions were received from more than 90 medical schools. The four winning teams were announced in February 2016. You can view the four winning proposals as well as abstracts from 113 additional proposals by visiting www.innovatewithama.com
Accelerating Change in Medical Education

- Master Adaptive Learner framework
- Faculty Development
- Synergies with IHO and PS2
The AMA “Improving Health Outcomes” (IHO) initiative is committing resources, expertise and reach to prevent heart disease and type 2 diabetes by addressing key risk factors: high blood pressure (hypertension) and prediabetes.

Expanding on its pilot efforts to address hypertension and prediabetes in physician practices in communities across the United States, IHO is now focused on increasing awareness and spreading its tools and resources through key collaborations and state-level engagements.
Improving Health Outcomes

• As part of its hypertension efforts, IHO is collaborating with Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs); four QIN-QIOs, overseeing thirteen states and one U.S. territory, have committed to spreading the Improving Health Outcomes: Blood Pressure (IHO: BP) program across their recruited practices and health centers in 2015 and 2016.

• And as part of its prediabetes efforts, IHO is conducting state-level engagements to promote the *Prevent Diabetes STAT: Screen, Test, Act - Today™* national initiative with the Centers for Disease Control and Prevention (CDC) through state-level launch meetings in Michigan, South Carolina and California.
Improving Health Outcomes

• IHO is working on developing educational offerings to foster continuing professional development for practicing physicians.

• It is also collaborating with the AMA “Professional Satisfaction and Practice Sustainability” initiative to create interactive educational modules in STEPS Forward™, which already includes a module on “Improving blood pressure control” and “Preventing type 2 diabetes in at-risk patients.”
Improving Health Outcomes

- IHO is also exploring opportunities to collaborate with the AMA ACE initiative to co-develop innovative educational offerings with medical schools to train faculty and medical students using existing or modified IHO materials. Additionally, IHO is working with the AMA’s Resident Engagement team to provide resources that prepare residents to help patients prevent type 2 diabetes and improve hypertension management.

- IHO’s goal is to collaborate and identify synergies with others to assist physicians, teams and future physicians prevent chronic disease and improve the health of the nation.

- More information is available at: [AMA Improving Health Outcomes](#)
Professional Satisfaction and Practice Sustainability

• **Practice Transformation:** The STEPS Forward™ practice transformation website, offering innovative strategies that will allow physicians and their staff to thrive in the new health care environment, currently has 27 modules available for use.

• **Leadership Training:** The AMA has partnered with the American Association for Physician Leadership® (AAPL) to develop the Leadership Skills Series to assist physicians in both rethinking and transforming their traditional roles.
Professional Satisfaction and Practice Sustainability

- **Physician Organizational Relationships:** The document, “Integrated Leadership for Hospitals and Health Systems: Principles for Success” (Principles), a joint effort with the American Hospital Association (AHA), was released in June. The AHA and AMA are working with other national organizations on developing a comprehensive plan to further disseminate the Principles. This plan includes the development of an assessment tool and support resources for all physician organizational types for release within the next year, as well as a number of events and conferences.
Professional Satisfaction and Practice Sustainability

In June 2015, the AMA co-hosted a meeting at Matter with Leavitt Partners, which included more than 20 industry experts in the field of digital health in attendance. A full AMA digital health strategy has been developed; elements of the strategy include the development of a research agenda to inform physician and consumer choice of digital solutions, collaborating with industry to develop and promote best practices for digital solutions and accelerating physician involvement with digital health and medicine stakeholders.

Educational issues to be discussed at the AMA’s upcoming meetings
Council Reports for Annual 2016

- A-16-CME-02 An Update on Maintenance of Certification and Osteopathic Continuous Certification
- A-16-CME-03 Addressing the Increasing Number of Unmatched Medical Students
- A-16-CME-04 Resident and Fellow Compensation and Health Care System Value
Council Reports for Annual 2016

- A-16-CME-05 Accountability and Transparency in Graduate Medical Education Funding
- A-16-CME-06 Telemedicine in Graduate Medical Education
- A-16-CME-07 The Implications of Competency-based Medical Education for Undergraduate Medical Education
Beyond the USMLE Score: Assessing Competence for Entering Residency

The AMA Council on Medical Education would like to engage medical education stakeholders in a discussion of the assessment of medical students during the transition to residency:

- Which models are used most frequently and why?
- What evidence exists that these models are effective?
- Which other models could lead to enhanced assessment?
Council Reports for Interim 2016

- I-16-CME-1 Access to Confidential Health Services for Medical Students and Physicians
Council Initiatives

AMA/ACCME Bridge Committee

Committee members:

- Harry Gallis (AMA)
- Kim Edward LeBlanc (ACCME)
- John Phillip Williams (AMA)
- Suzanne Ziemnik (ACCME)

ACCME staff: Kate Regnier, MA, MBA, and Steve Singer, PhD
AMA staff: Richard Hawkins, MD, and Alejandro Aparicio, MD.
Council Initiatives

AMA/ACCME Bridge Committee

• The charge of the Bridge Committee will be to serve in an advisory capacity on issues related to alignment and evolution of the two complementary systems (credit and accreditation).

• AMA and ACCME staff will formulate agendas, background materials, and recommendations for discussion by the Bridge Committee.

• Reports from the Bridge Committee will be transmitted to the governance bodies of the two organizations.
The assessment of aging physicians

The AMA Senior Physicians Section was the driving force behind the AMA policy that led to the Council writing a report on this topic. The report called for the AMA to convene national stakeholders to further explore this issue.

The Council report also stated that physicians “should be allowed to remain in practice as long as patient safety is not endangered and that, if needed, remediation should be a supportive, ongoing and proactive process.”
Council Initiatives

The Council and the AMA Senior Physicians Section brought together representatives from key physician, hospital and patient safety organizations in March to discuss the growing trend of assessing the competence of aging physicians and explore the question of whether national guidelines need to be developed. At the meeting the group began deliberations around key issues and challenges for determining whether guidelines should be developed.

AMA Wire® will be providing additional information as the group continues to explore the issues surrounding physician assessment and potential solutions.
AMA Academic Physicians Section (APS)

- The AMA-APS, formerly the AMA Section on Medical Schools, offers a forum for discussing and developing policies on medical education.
- Membership is open to physicians involved in undergraduate, graduate or continuing medical education with or without a faculty appointment at a medical school.
- It provides a voice in the AMA House of Delegates to physicians involved in medical education.
AMA Academic Physicians Section (APS)

- APS educational sessions at the 2016 annual meeting: “Physician wellness and resiliency throughout the medical education and practice continuum: An overview” and “Masks, comics, and the ‘art of darkness’: Improving physician wellness throughout medical education and practice.” (Topics in 2015 were MOC and Unmatched medical students)
- Chair, AMA Academic Physicians Section, 2015-2016: Alma B. Littles, MD, Senior Associate Dean for Medical Education and Academic Affairs Florida State University College of Medicine
- Chair, 2016-2017: John L. Roberts, MD, Vice Dean of Graduate Medical Education and Continuing Medical Education at the University of Louisville School of Medicine.
References
References


- Effectiveness of Continuing Medical Education: American College of Chest Physicians Evidence-Based Educational Guidelines. Chest 2009; 135(suppl).
References

• Forsetlund et al., Continuing education meetings and workshops: effects on professional practice and health care outcomes. Cochrane Database of Syst. Rev. 2009; (2): CD003030.

AMA Resources

AMA CME credit system information including the PRA booklet

AMA's Code of Medical Ethics. Available at:

For more information on AMA news and updates related to medical education, subscribe to the free monthly newsletter *AMA MedEd Update* (also available at: http://www.ama-assn.org/go/amamededupdate).
AMA Resources

