The Purpose-Driven Tool: Performance Monitoring to Critically Analyze Your CME Program

Friday, January 19, 2007
10:00 – 11:00 a.m.
Introductions

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  Thomas Jefferson University
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Background

The Performance Monitoring System was developed by the Consortium for Academic Continuing Medical Education (CACME), a voluntary association of four medical schools accredited by the ACCME from 2000-2006. CACME member schools certified over 650 activities annually.
Acknowledgements

The following individuals played a critical role in developing and implementing this tool:

- Barbara Barnes, MD, and Rebecca Zukowski, MSN—University of Pittsburgh Medical Center
- Dennis Lott, EdD, and Luanne Thorndyke, MD—Penn State College of Medicine
- Robert Smedley, EdD—Temple University School of Medicine
- Timothy Brigham, PhD, Geno Merli, MD, Derek L. Warnick, MSPT—Jefferson Medical College of Thomas Jefferson University
Can you answer within 5 minutes?

- Number of activities
- Overall evaluation
- % activities w/ commercial support
- #Physicians/Non physicians
- Monitoring
Outline

- **Purpose and Description**
- Pre-Activity Criteria, Data, Charts and Graphs
- Post-Activity Criteria, Data, Charts and Graphs
- Lessons Learned
Purpose and Rationale

CACME’s Performance Monitoring (PM)

- unique approach to evaluation and monitoring
  - individual activity
  - overall program
- appropriate consortial oversight of its member schools
Description: What, Why, How

What
- A database tool to quantify and collect the discrete elements of activity planning, implementation, and accreditation processes

Why
- To improve capability for managing and monitoring complex academic CME programs

How
- Activity data are aggregated for graphic analysis to provide a better understanding of individual activities as well as the overall program
Description - PM System Features

- Electronic records
- Standardized elements corresponding to planning and accreditation markers (e.g., needs assessment, intent, evaluation, SCS compliance)
  - Common coding
  - Quantified, not text
- Defined criteria for assessment of individual fields
Description – Components

- General Information
  - Demographics, type of sponsorship, type of activity, credit hours

- Pre-Activity
  - Needs, objectives, risk/commercial support, planned evaluation, prior experience

- Post-Activity
  - Evaluation, financial, educational and accreditation markers

- Analysis
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Pre-Activity Data Collected

What **type of activity** are we looking at certifying?

- One time meeting
- Enduring Material
- Internet Enduring Materials
- Live Internet
- Journal CME
- Repeating Formal Course
- Teleconference
- Visiting Fellowship

Direct or Joint Sponsored?
So, in the PM System

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Is transformed into graphic data like this....
Activity Type

- Single: 77%
- Multiple: 12%
- Visiting Fellowship: 3%
- Enduring Material: 1%
- Internet Enduring Material: 1%
- Journal CME: 6%

Sponsorship

- Direct Sponsorship: 41%
- Joint Sponsorship: 59%

Easy to view overall program information
How is this useful?

- Easy to compile ACCME and other reports
- Permits analysis of accreditation compliance and demonstration of exemplary performance.

Example: Needs assessment
- ACCME Exemplary: Use multiple sources
- How to easily document this?
Pre-Activity Codes for Needs Sources

Assign a code to each type of needs assessment that you utilize, including a code that indicates when you use multiple sources.
Overall Needs Assessment

- Expert Opinion: 3%
- Literature: 1%
- Data/Statistics: 0%
- Suggestions/Past Evaluations: 1%
- New Requirements: 1%
- Multiple: 94%
Overall Needs Assessment

Analysis of Needs Sources documents use of multiple sources AND shows frequency of use of each

Types of Multiple Sources

- Expert Opinion
- Literature
- Data/Statistics
- Suggestions/Past Evaluations
- New Requirements
- Evidence-Based Medicine
- ACGME Competencies
Pre-Activity Evaluation Standard & Methods

- Expects multiple levels of evaluation, allowing documented customization based on activity intent
- Prompts planners to think about evaluation
- Variety of methods can be tracked
- Useful for overall program monitoring and administration
- Useful to evaluate overall CME mission versus program especially in light of new criteria
Pre-Activity Evaluation Standard

- Patient Outcomes
- Measured Performance Change
- Measured KSA
- Perceived Performance Change
- Perceived KSA Change
- Satisfaction
- Attendance
Criteria—Pre-Activity Evaluation Method

Assign a code to each type of evaluation method that you utilize, including a code that indicates when you use multiple types

Ex: questionnaire, pre-post test, chart audit
Pre-Activity - Previous Experience

- A record of how the activity fared in previous incarnations that informs future action
- Flags “troubled” relationships to help develop monitoring plan
- Codifies and document institutional memory
  - Reduces reliance on staff memory
  - Helps deal with staff turnover
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Criteria—Post-Activity

- Evaluation information
  - Actual level of evaluation
  - Percent of evaluations returned
  - Mean response to evaluation questions

- SCS evaluation
  - LOAs
  - Disclosure
  - Balance/Bias

- Review/Action/Decision
Percent of Evaluations Returned

Year 1
Percent of Evaluations Returned

Year 1

Year 2

1-20
21-40
41-60
61-80
81-100
Criteria—Post-Activity Evaluation

Mean Response to Evaluation Questions:

- Extent to which **objectives** were achieved
- Extent of satisfaction with overall **quality**
- Extent of change in **knowledge/attitudes**
- Extent of change in **skill**
- Extent of anticipated **change in practice**
Were Objectives Achieved?

Further examination
Criteria—Post-Activity Disclosure and LOAs

Signed letters of agreement:
- Yes (Yes = 100%)
- No
- Not applicable

Disclosure
- Yes (Yes = 100%)
- No
Letters of Agreement

No commercial support

- Yes: 45%
- No: 1%
- Not applicable: 54%
Disclosure

- Yes: 99%
- No: 1%
Criteria—Post-Activity Balance and Bias

Mean Response to Evaluation Questions:
- Activity presented scientifically rigorous and balanced information
- Presentations were free of commercial bias
Balanced Information
Criteria—Post-Activity

Action

1. Decertify—any future programs will not be certified
2. Probation—The course was put on probation
3. A compliance issue was identified and corrective action needed to be taken (ACCME compliance issue or institutional policy issue)
4. Follow-up with course director regarding educational content
5. Recertify—no corrective action necessary
6. Course canceled
Criteria—Post-Activity Action

- Identify and categorize your best practices according to ACCME Essentials
- Recommendation for the future based on analysis of data
- Action field for current activity becomes previous experience field in future activity
- Flag for difficult program
- Closes the loop—continuous improvement
Criteria—Post-Activity Reporting Data

Participant Numbers
- Physician Attendees
- Non-Physician Attendees

26% Physicians
74% Non-Physicians
Criteria—Post-Activity Reporting Data

Financial
- Exhibitor Funds
- Commercial Support
- Non-Commercial Funds
- Registration and Fees Income
- Total Expenses
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Value of Performance Monitoring

- Ability to aggregate and analyze data
- Improves provider understanding of the overall program
- Identify best practices, opportunities for improvement, profile for key indicators, benchmark, and analyze programs over time
- Dynamic and adaptable
Implementing PM into Operations

- Process to collect data regularly
- Regular review of data is essential to monitor performance
- Changes in office processes to capture data sooner, more easily, more accurately
Lessons Learned

- Data is more meaningful in chart/graph format—set up templates to simplify conversion to charts and graphs
- PM was useful beyond what was anticipated
- PM must be incorporated into activity planning process
- PM system must be dynamic to reflect changes in the CME environment
- Remember to use all categories
Questions?