

Exploring a Business Case for High-Value Continuing Professional Development

An Accreditor's Perspective on Leveraging the Power of Learning



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THE ACCME SYSTEM...

2,000 accredited organizations,

- Planning and presenting approximately 150,000 educational interventions/activities per year;
- Distributed in location and reach across the US;
- Interacting with ~14M physician learners and ~11M other learners

Educational interventions that are,

- Designed to change competence, performance and/or patient outcomes;
- Based on practice-relevant, valid content;
- Independent of commercial influence;
- Evaluated for changes in competence, performance and/or patient outcomes.

Move beyond
"knowledge"

New Menu of Commendation Criteria

Promotes Team-Based Education

- Interprofessional, patients/ public, health professions students

Addresses Public Health Priorities

- Uses health/practice data, focus on population health, collaborates

Enhances Skills

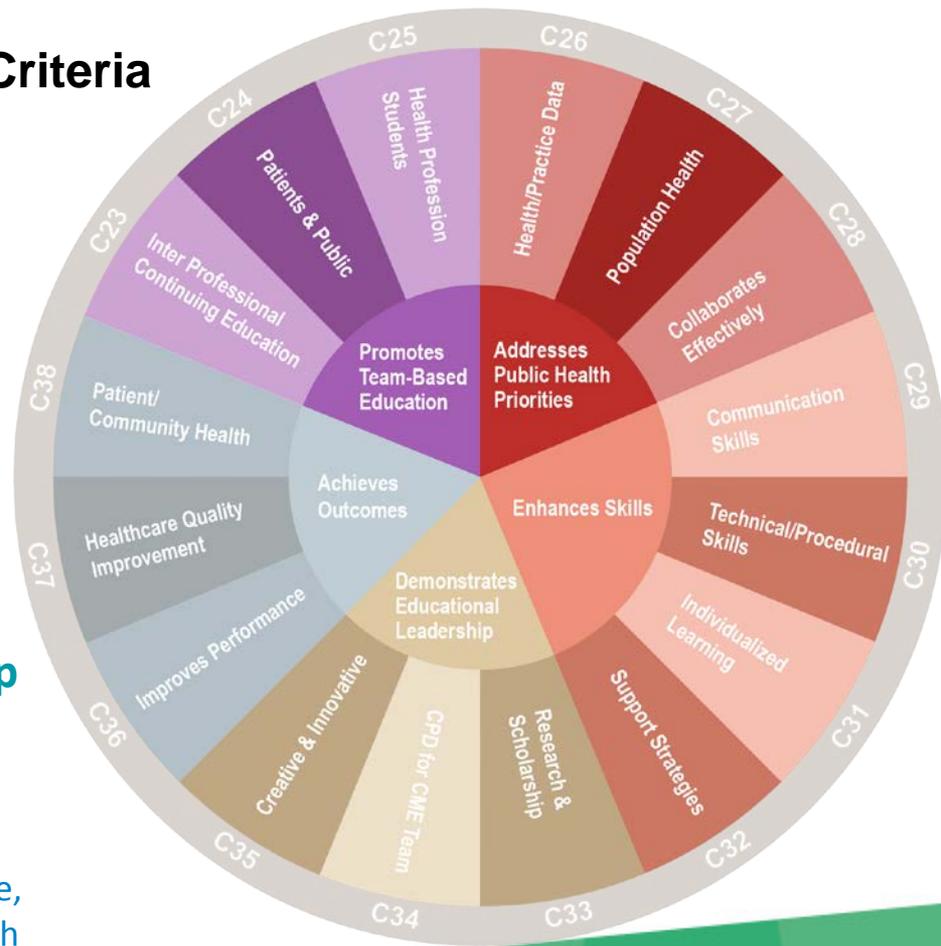
- Communication, technical/procedural, individualized learning, support strategies

Demonstrates Educational Leadership

- Research, scholarship, CPD for the CME team, innovation

Achieves Outcomes

- Demonstrates improvements in performance, healthcare quality, patient/community health



MAKING THE BUSINESS CASE

Accredited professional education -

- is a cost-effective, powerful catalyst for change
- creates and supports teams
- improves well being (by providing fulfillment to professionals; empowered teams take care of each other)
- engages clinicians with institutional priorities
- facilitates processes to empower clinicians in bottoms-up QI
- improves referrals to appropriate, necessary treatment options
- engages patients and teams in care decision-making
- improves quality and safety



EXAMPLES from ACCREDITED CONTINUING EDUCATION (CE)

Quality + Outcomes / Cost

1. To address barriers to effective communication and improved patient experiences, the accredited health system developed the ICARE initiative to provide resources and CE activities that address effective communication with patients and peers. **An increase in patient satisfaction and involvement in care decisions was demonstrated.**
2. An accredited state medical society, partnered with the state health department to launch a series of interprofessional CE activities – with patients and community leaders as members of the team – to **improve care coordination for the mentally ill.**
3. Using simulation exercises, the accredited health education/research institute changed the team's response and recognition of symptoms, thereby **improving the outcomes for sepsis patients.**
4. Integrating emergency drills, simulation exercises, and reminders into existing quality improvement efforts, allowed an accredited hospital to **significantly lower the rate of complications and improve the outcomes for both maternal and neonatal patients.**
5. A state-wide initiative was launched with partners in community health, community government, healthcare and the school system – that included clinician and public education on the risks associated with opioid use. **Lower rates of deaths from accidental opioid overdose** were recorded in the first 18 months of the project.



Resources

www.accme.org

www.jointaccreditation.org

http://journals.lww.com/academicmedicine/Abstract/publishahead/The_Leadership_Case_for_Investing_in_Continuing.98264.aspx

<http://www.accme.org/news-publications/news/new-report-demonstrates-effectiveness-interprofessional-continuing-education>