FOSTERING HEALTHCARE IMPROVEMENT IN THE ACCME SYSTEM

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President & CEO, ACCME
6th ESC Education Conference
INTRODUCTION

• How we meet our mission?
• ACCME data as a window to the nature of the CME enterprise

Our vision is a world where its community of educators supports clinicians in delivering optimal healthcare for all.

Our mission is to assure and advance quality learning for healthcare professionals that drives improvements in patient care.
How do we meet our mission?

1. Set standards
2. Perform audits and surveys
3. Reassure clinicians about the education they’re participating in:
   ✓ Balanced and evidence-based
   ✓ Designed for relevance: real needs and gaps
   ✓ Evaluated to guide safe, effective care
   ✓ Free of commercial influence
4. Support the educational community
## Scope of the Enterprise

### Accredited Providers

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCME Accredited</td>
<td>688</td>
</tr>
<tr>
<td>State Medical Society (SMS) Accredited</td>
<td>1,106</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,794</strong></td>
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</tbody>
</table>

### Engagement

<table>
<thead>
<tr>
<th>Engagement</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Activities</td>
<td>162,965</td>
</tr>
<tr>
<td>Physician Interactions</td>
<td>15,601,498</td>
</tr>
<tr>
<td>Other Learner Interactions</td>
<td>12,886,339</td>
</tr>
<tr>
<td>Hours of Instruction</td>
<td>1,178,562</td>
</tr>
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</table>

ENGAGING PATIENTS IN SHARED DECISIONMAKING
“people express frustration and dissatisfaction because they do not feel like they have adequate (if any) input into the decisions that clinicians are making about their health and their lives”

SHARED DECISIONMAKING

The Intervention

1. Consumers armed with good information can and will participate in the medical decisionmaking process by asking informed questions and expressing personal values and opinions about their conditions and treatment options. *Aim: patients understand their options and the pros and cons of those options*

2. Clinicians will respect patients' goals and preferences and use them to guide recommendations and treatments. *Aim: patient's goals and treatment preferences are used to guide decisions*

Best Practice Approaches

✓ Communicate about risks and benefits clearly,
✓ Elicit patients' goal and treatment preferences, and
✓ Respect patient's values, preferences, and expressed needs when making recommendations for care

Mean LDL-C Levels by Quarter in Intervention and Control Groups: To convert low-density lipoprotein cholesterol (LDL-C) to mmol/L.

**Figure Legend:**

<table>
<thead>
<tr>
<th>Group</th>
<th>Achievement of LDL-C Goal (%)</th>
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</thead>
<tbody>
<tr>
<td>Control</td>
<td>36</td>
</tr>
<tr>
<td>Physician incentives</td>
<td>40</td>
</tr>
<tr>
<td>Patient incentives</td>
<td>40</td>
</tr>
<tr>
<td>Shared patient-physician incentives</td>
<td>49</td>
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</tbody>
</table>
ENGAGING PATIENTS IN CME
New Menu of Commendation Criteria

**Promotes Team-Based Education**
- Interprofessional, patients/public, health professions students as CME planners and teachers

**Addresses Public Health Priorities**
- Uses health/practice data, focuses 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
ENGAGING PATIENTS IN CME

12 Tips for Engaging Patients in CME

1. Reflect on your CME needs
2. Explore the patient perspective
3. Start small
4. Identify patients
5. Determine roles and responsibilities
6. Address concerns
7. Obtain appropriate permission
8. Accommodate patients’ needs
9. Create a safe space
10. Get feedback
11. Say thank you
12. When in doubt, ask the patient

Advice to CME Providers
THANK YOU!

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