

The US CME system, with emphasis on the American Medical Association Credit System

ESO/ACOE CME workshop: Towards a harmonized CME system in Europe
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CME Credit Systems in the US

- American Academy of Family Physicians (AAFP) Prescribed and Elective Credit
- American Osteopathic Association (AOA) 1-A, 1-B, 2-A, and 2-B Credit
- American Medical Association (AMA) Physician Recognition Award (PRA) and Credit System: *AMA PRA Category 1 Credit™* and *AMA PRA Category 2 Credit™*



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AMA Principles of Medical Ethics

- 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.

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The AMA definition of CME

CME consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for 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 House of Delegates policy #300.988].

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Impact of CME

- “...confirm previous research that CE can improve knowledge, skills, attitudes, behavior, and patient health outcomes.”
- “...CE, which is ongoing, interactive, contextually relevant, and based on needs assessment, can improve knowledge, skills, attitudes, behavior, and health care outcomes.”

Robertson et al., **Impact studies in continuing education for health professions: update** J. of Continuing Educ. in the Health Prof 2003; 23(3):146-156

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Effectiveness of CME

- “Despite the low quality of the evidence, CME appears to be effective at the acquisition and retention of knowledge, attitudes, skills, behaviors and clinical outcomes”.

Marinopoulos, SS, Dorman T, Ratanawongsa N, Wilson LM, Ashar BH, Magaziner JL, Miller RG, Thomas PA, Prokopowicz GP, Qayyum R, Bass EB. Effectiveness of Continuing Medical Education. Evidence Report/Technology Assessment No. 149 (Prepared by the Johns Hopkins Evidence-based Practice Center, under Contract No. 290-02-0018.) AHRQ Publication No. 07-E006. Rockville, MD: Agency for Healthcare Research and Quality. January 2007

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Effectiveness of CME

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

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Impact of CME

“Eighty-one trials that evaluated the effects of educational meetings were included in this review. Based on these studies, we concluded that educational meetings alone or combined with other interventions can improve professional practice and the achievement of treatment goals by patients”.

Forsetlund L, Bjørndal A, Rashidian A, Jamtvedt G, O'Brien MA, Wolf F, Davis D, Odgaard-Jensen J, Oxman AD. Continuing education meetings and workshops: effects on professional practice and health care outcomes. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD003030. DOI: 10.1002/14651858.CD003030.pub2.

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Importance of Credit in the US

- Physicians/patients
- Physician Recognition Award
- Specialty Societies
- Joint Commission
- State licensing boards/Maintenance of Licensure
- Physician Pay for Performance
- Specialty Boards/Maintenance of Certification





Maintenance of Certification

Part 2:

- By 2011, each Member Board will document that diplomates are meeting the CME and Self-Assessment requirements for MOC Part 2...
- Each diplomate will be required to complete CME credits (AMA PRA Category 1, AAFP Prescribed Credit, ACOG cognates, and/or AOA Category 1A).
- At least an average of 25 credits per year (averaged over 2-5 years, at Member Boards discretion) with the intent that credits are evenly distributed throughout the entire MOC cycle. The usual method of collecting CME credit information is self-reporting.





Maintenance of Certification

Part 4:

- By 2010, Member Boards will require diplomates to provide evidence of participation in practice assessment and quality improvement every two to five years.
- Boards should base their requirements on a complete cycle of initial assessment, improvement activity and re-assessment. Currently, the AMA PRA Category 1 Practice Improvement credits meet this criteria, provided all stages are completed.





Structure of the AMA Credit System



American Medical Association

- House of Delegates
- Board of Trustees
- Council on Medical Education
- Division of Continuing Physician Professional Development





Structure of the AMA Credit System



National relationships

- Accreditation Council for Continuing Medical Education
- State Medical Societies



International relationships

- Canadian Medical Schools
- European Union of Medical Specialists
- Royal College of Physicians and Surgeons of Canada



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Statistics for the AMA Credit System



Nationally accredited

Organizations 725



Activities 100,898

Hours of instruction 769,439

Physician participants 10,665,514



Non-physician participants 6,559,564





Statistics for the AMA Credit System (cont.)



State accredited

Organizations 1600

Activities 49,399

Hours of instruction 321,855

Physician participants 2,547,080

Non-physician participants 1,614,100





The American Medical Association Credit System

AMA PRA Category 1 Credit™

- Types of activities developed and certified for credit by accredited CME providers under authority of the AMA
 - Live activities
 - Enduring materials
 - Journal-based CME
 - Test item writing
 - Manuscript review
 - Performance Improvement
 - Internet Point of Care

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The American Medical Association Credit System

AMA PRA Category 1 Credit™

- Types of activities recognized for credit directly by the AMA
 - Publishing articles
 - Poster presentation
 - Medically related advanced degree
 - American Boards of Medical Specialties member board certification
 - Accreditation Council for Graduate Medical Education accredited education

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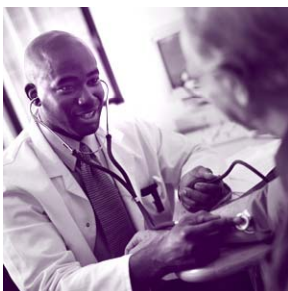
The American Medical Association Credit System

AMA PRA Category 2 Credit™

- Types of activities recognized for credit directly by the AMA
 - Consultation with peers and medical experts
 - Small group discussions
 - Self assessment activities
 - Medical writing
 - Preceptorships
 - Research

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Live activities

- CME activities that physicians must attend (in person or virtually) in order to claim credit can be offered in a variety of formats that range from national conferences and live Internet teleconferences to local workshops, seminars, grand rounds or departmental scientific meetings

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Enduring materials

- Enduring materials include printed, recorded, audio, video and/or online/electronic activities that may be used over time at various locations, and that in themselves constitute a structured CME activity.





Journal-based CME

- Journal-based CME describes the process by which accredited providers identify an article, within a peer-reviewed, professional journal, that serves as a planned learning activity.





Test item writing

Test item writing activities describe a learning process wherein physicians contribute to the development of high stakes examinations, or certain self-assessment modules, by researching, drafting and defending potential questions. Additionally:

- The questions must be developed for examinations given by the National Board of Medical Examiners or a member board of the American Board of Medical Specialties (ABMS), or for peer reviewed, published, self-assessment educational activities from a national medical specialty society.





Manuscript Review

Manuscript review activities describe a learning process in which physicians, under the collaborative direction of a journal editor and an accredited provider, critically review assigned journal manuscripts. Additionally:

- The texts to be reviewed must be original contributions to the medical literature that require multiple reviewers, e.g., not book reviews.
- The journal editor, working with the accredited provider, will need to educate reviewers about the CME process: establish objectives and criteria for content review, and provide all needed instructions.





Internet point of care learning

Internet point of care (PoC) CME describes structured, self-directed, online learning by physicians on topics relevant to their clinical practice. Learning for this activity is driven by a reflective process in which physicians must document their clinical question, the sources consulted and the application to practice.

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Performance improvement

Performance improvement (PI) activities describe structured, long-term processes by which a physician or group of physicians can learn about specific performance measures¹, retrospectively assess their practice, apply these measures prospectively over a useful interval, and re-evaluate their performance.

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Performance Improvement CME (PI CME)

- Stage A: Learning from current practice performance assessment
- Stage B: Learning from the application of PI to patient care
- Stage C: Learning from the evaluation of the PI effort





AMA resources

- Division of Continuing Physician Professional Development (CPPD)
www.ama-assn.org/go/cppd
- AMA PRA Booklet (January 2006 version)
www.ama-assn.org/go/prabooklet
- Information for Physicians
www.ama-assn.org/go/cme
- Information for Accredited Providers
www.ama-assn.org/go/cmeprovider
- CPPD Report (published three times a year)
www.ama-assn.org/go/cmecppd
- AMA CPPD Webinars
www.ama-assn.org/go/webinarscppd





Thank you



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