Commendable Achievement in CME

During our last re-accreditation, we achieved “Accreditation with Commendation”. We could not have achieved such a milestone without the cooperation of all our coordinators and activity directors. We thank you. It was hard work—planning the workshops to educate you regarding the proper documentation, follow-up, telephone calls, and e-mails. We hope to continue such excellence in CME. Below is the Accreditation Council for Continuing Medical Education Criteria that we had to adhere to in order to achieve Commendation status; keep them in mind as you continue to develop your CME activities.

### Updated Criteria for Compliance with ACCME’s Accreditation Elements

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Level 1 Provider, Initial Accreditation</th>
<th>Level 2 Provider, Reaccreditation</th>
<th>Level 3 Provider, Accreditation with Commendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The provider has a CME mission statement that includes all of the basic components (e.g. purpose, content area, target audience, type of activities, expected results) and has term limits for certain parameters.</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>2. The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.</td>
<td>✔</td>
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<tr>
<td>3. The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.</td>
<td>✔</td>
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<tr>
<td>4. The provider generates activities/educational interventions around content that matches the learners’ current or potential scope of professional activities.</td>
<td>✔</td>
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<tr>
<td>5. The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.</td>
<td>✔</td>
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</tr>
<tr>
<td>6. The provider develops activities/educational interventions in the context of deliverable physician attributes (e.g., IOM competencies, ACCME Competencies).</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>7. The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2, and 4).</td>
<td>✔</td>
<td>✔</td>
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<td>8. The provider appropriately manages commercial support (if applicable, SCS 3).</td>
<td>✔</td>
<td>✔</td>
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<td>9. The provider maintains a separation of promotion from education (SCS 4).</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>10. The provider activity promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>11. The provider analyzes changes in learners’ competencies, performance, or patient outcomes achieved as a result of the overall program’s activities/educational interventions.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>13. The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider’s ability to meet the CME mission, are underway or completed.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider’s ability to meet the CME mission, are measured.</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>16. The provider operates in a manner that integrates CME into the process for improving professional practice.</td>
<td>✔</td>
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<tr>
<td>17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reimbursement, patient feedback).</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>18. The provider identifies factors outside the provider’s control that impact on patient outcomes.</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>19. The provider implements educational strategies to remove, overcome or address barriers to physician change.</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>20. The provider builds bridges with other stakeholders through collaboration and cooperation.</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>21. The provider participates within an institutional or system framework for quality improvement.</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>22. The provider is positioned to influence the scope and content of activities/educational interventions.</td>
<td>✔</td>
<td>✔</td>
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</tbody>
</table>
Our CME Mission Statement

The mission of the Office of Continuing Medical Education (OCME) is to provide and support a comprehensive continuing medical education (CME) program that meets the needs of those involved in teaching, medical research, and the delivery of health care.

The OCME’s purpose is to assist its diverse faculty in promoting quality medical care, patient safety and physicians’ competencies in their specialties by providing quality CME activities. This will be accomplished in the following manner:

1. The content of the Office of CME activities will include topics targeting medical specialties and subspecialties focusing on knowledge, competence, clinical performance of participants on topics such as Asthma, Obesity, Diabetes and Cardiovascular Health affecting the Brooklyn Community, and patient outcomes.

2. The CME target audience will include practicing physicians, physician assistants, nurse practitioners, pharmacists, visiting guests and other health care professionals in the community. However, as a strong academic medical school, our programs have attracted national and international audiences.**

3. The types of activities that the OCME will provide encompasses regularly scheduled conferences such as grand rounds, tumor boards, review courses, etc; regional, national, international symposia and conferences, teleconferences, and endearing materials (e.g., online learning, monographs, CD-ROMs, etc.).

4. The expected results of the CME Mission is to provide a lifetime of learning that:
   - measures changes in competence, performance and/or patient outcomes through continuous assessment of learner participant;
   - enhances our healthcare professionals and physician participants’ knowledge and skill set to improve patient care.

Did you know the Disclosure Form can be filled-out online? See, http://138.5.102.102/CMESpeaker/

Who Needs To Disclose?

The people who are involved in the content of the activity need to disclose. Faculty, planners, authors, administrators, “…but also those people who you bring together to say: What subjects should we talk about? What speakers should we get? What elements of this area of care or research should we pursue in our continuing medical education activity? — have control of content.”

M. Kopelow
Chief Executive, ACCME

These people need to fill-out a disclosure form which lists their financial relationships with commercial interests that are relevant to the content that they have control of. If unsure whether or not their interests are relevant, please contact the OCME; however you must get the disclosure information before starting your educational activity.

What do you disclosure?
- The name of the individual
- The name of the commercial interest(s)
- The nature of the relationship the individual has with each commercial interest.
- If no relationship exists, this must be disclosed in the same manner.

How do you disclose?
- On the brochure
- On the flyer
- On presenter’s slide
- Verbally

CME WATCH

The Alliance for Continuing Medical Education is now “The Alliance for Continuing Education in the Health Professions, ACEHP”. Visit them at http://www.acehp.org

The CME Blog report on December 19, 2011, that “The Centers for Medicare & Medicaid Services (CMS) published a proposed rule implementing the Physician Payments Sunshine Act, which was included as section 6002 of the Affordable Care Act of 2010. This provision will provide important transparency in requiring reporting of payments or gifts to physicians, and physician ownership and investment interests. During the 60 day comment period, CMS received over 300 comments from a wide range of stakeholders.” Click onto the link for more information. http://blog.cms.gov/2012/05/03/information-on-implementation-of-the-physician-payments-sunshine-act/

Professional Development

We look forward to seeing you at the 2013 CME Workshop!

CME The Basics Institute
Thursday - Friday, July 26-27, 2012
Sheraton Inner Harbor Hotel Baltimore
Baltimore, MD

Congratulations to CME Coordinator Joanne Oderinde SUNY Downstate Department of Pediatrics for an excellent 2011-2012 Application!

Keep up the good work!

SUNY Downstate Medical Center
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Brooklyn, NY 11203