



CME Provider Update *November 2009*

Evaluating for Change

CMS Committee on Professional Education & Accreditation

Criterion 11: The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

Q: Is an evaluation of change required for all of our CME activities?

A: Yes. You must assess changes for each one of your CME activities.

Q: What is the definition of competence, and how can we measure for it?

A: For CME accreditation purposes, competence is defined simply as: "Knowing how to do something", while performance is defined as "what one actually does." When measuring for competence, CME providers want to know if the learners can do in practice what they learned. This can be assessed during the CME activity by utilizing small group simulation activities under faculty observation for example, or by well-designed test/case questions to determine learner knowledge and preparedness about how they would perform in practice.

Q: What are some evaluation methods for measuring change in performance?

A: Here, the CME provider wants to know if the learners "actually did something." Some objective methods include reviewing administrative data, patient health records, charts, or claims data before (gap data) and after a CME activity (change data). These methods can also be used to measure patient outcomes. Patient surveys can also be used to measure change in performance as well as patient outcomes.

Q: Many of our CME activities are short and informative "updates" in lecture format, where small group exercises and tests are not practical or efficient. Is self-report data obtained through questionnaires acceptable for measuring change in competence, performance or patient outcomes?

A: Yes. Self-report data is acceptable for change in all three areas. Ascertaining by query what specific new

knowledge/strategies the learners gained as a result of attending the activity is one way to measure change in competence - asking the learner to specifically describe what they will do differently. For performance in practice, you might ask what new strategies the learners actually put into practice (requires follow-up after activity). For patient outcomes change data, you will need to query the learners about their patient's health status since they put new learning strategies into practice (e.g. has the percentage of referrals to specialists for appropriate care increased as a result of attending the activity and by how much?)

Q: Are we required to show improvement in patient outcomes as a result of our CME activities?

A: No. The Updated Criteria does not require improvement in physician competence, practice performance, or patient outcomes. CME providers are only required to measure the effectiveness of their activities for change in at least one of these areas. Then, they must analyze these changes.

Q: To what extent do we have to "analyze" changes in learner competence, performance or patient outcomes?

A: Criterion 11 expects CME providers to tabulate, aggregate, and/or summarize evaluation data. Then, make observations and draw conclusions about those data. This does not require a highly statistical process. A simple tabulation of responses can tell you for example that "65% of the respondents reported they have implemented the new diabetes screening mechanism into their practice; therefore we believe the activity was successful at changing physician performance."

Provider Updates can be found on the CMS CME webpage at: www.cms.org/cme/Home.html