

DATE: JANUARY 26, 2023

TO: OFFICERS, COUNCILORS, AND TRUSTEES

**FR: DANIEL CHOI, MD, MSSNY COMMISSIONER ON MEDICAL EDUCATION
MIRIAM HARDIN, PHD, MANAGER, CONTINUING MEDICAL EDUCATION**

Re: REPORT FROM THE OFFICE OF CONTINUING MEDICAL EDUCATION

**Report of the MSSNY Continuing Medical Education Committee
John Maese, MD, Chair**

The Continuing Medical Education Committee oversees the Subcommittee on Educational Programs (which fulfills MSSNY's role as Accredited Provider) and the Subcommittee on Surveys (which fulfills MSSNY's role as Recognized Accreditor). Each Subcommittee makes a report of their activities and decisions and the full Committee ratifies those decisions.

The Subcommittee on Surveys reports are provided by its Chair, Sandhya Malhotra, MD. The Subcommittee on Educational Programs reports are provided by its Chair, Charles Gonzalez, MD. All subcommittee members must be members of the full CME Committee.

Since the November 2022 Council meeting, the MSSNY CME Committee has met once, on December 16, 2022. During the meeting, the CME Committee decided to request that MSSNY fund the registration and travel fees for a CME Committee member to attend the ACCME's annual meeting and the ACCME's Recognized Accreditor Conference (also annual), to support the continuing professional development of committee chairs and members. The request from the CME Committee was submitted for MSSNY Board of Trustees approval for the January 25, 2023 meeting.

Further, the committee was charged with making recommendations on two policies in the 2023 Sunset Report for Public Health and Education, to be considered at the 2023 MSSNY House of Delegates. The committee discussed and approved their recommendations to the House.

The meeting also included an update on the CME Professionals Mentorship pilot program. The program was well-received, and the California Medical Association has officially joined the existing collaboration with MSSNY, Washington State Medical Association, and Texas Medical Association. WSMA has formed an accreditor agreement with Hawaii Medical Association, which will also participate in the mentorship program. The 2023 program is to be launched this month.

CME Manager Miriam Hardin, PhD attended the ACCME Recognized Accreditor Conference in Chicago in December 2022 and shared a report with the CME Committee. The report is affixed to the end of this Council Report. After the conference, ACCME President and CEO Graham McMahon sent a letter dated December 12, 2022 to State Medical Society accreditors to notify them that ACCME's Board had "agreed to suspend and re-evaluate within two years, the obligation for small SMS to form collaborations in order to remain eligible" to be recognized accreditors of CME Providers in their states.

The CME Committee is scheduled to meet again on March 24, 2023.

Report of the Subcommittee on Educational Programs
Charles Gonzalez, MD, Chair

Since the November Council meeting, the Subcommittee on Educational Programs has met once, on November 16, 2022. At that meeting, the subcommittee performed post-activity analysis on one directly provided CME activity, the MSSNY CME Provider Virtual Conference 2022. Based on the evaluation responses, the subcommittee was able to conclude that attendees were able to gain skills, strategies, educational design tools, and much more from attending this program. The subcommittee also approved a directly provided program, the updated Pain Management, Palliative Care, & Addiction activities. When MSSNY Council meets on January 26, 2023, the subcommittee will also have met on January 18, 2023.

Report of the Subcommittee on Surveys
Sandhya Malhotra, MD, Chair

Since the November 2022 Council meeting, the Subcommittee on Surveys has met once, on December 16, 2022. During that meeting, three MSSNY-Accredited providers were submitted for reaccreditation. Bassett Healthcare, Center for Practice Innovations, and School of Public Health were awarded a reaccreditation term. In addition, CareMount Medical Group achieved initial accreditation, as a new CME provider. These decisions were the result of a year-long process for reaccreditation that included submission of a written self-study, documentation review of performance in practice (activity files), and an interview between the survey teams (members of the Subcommittee) and representatives of the organizations. In addition, two progress reports were reviewed and accepted, for Crouse Hospital and Maimonides Hospital.

The Subcommittee on Surveys is scheduled to meet again on March 24, 2023.

Miscellaneous

As the ACCME Recognized Accreditor in New York State, MSSNY has awarded accreditation status to 35 organizations across New York State. The MSSNY Office of Continuing Medical Education manages the accreditation of these organizations and holds a monthly webinar with all MSSNY-accredited providers to discuss CME requirements and issues. Since the November 2022 Council Report was filed, there have been provider training webinars on December 7, 2022 and January 4, 2023.

2022 Recognized Accreditor Conference

December 1-2, 2022

Report from Miriam Hardin, PhD; CME Manager, MSSNY

Regional Collaborations

On the first day of the conference, ACCME President and CEO Graham McMahon delivered the keynote address, "Supporting and Sustaining Local CME Accreditation." Although the conference was held in-person in Chicago, ACCME gave State Medical Society (SMS) CEOs the opportunity to attend via Zoom, to have their questions addressed.

The summary for the keynote speech read as follows:

Graham McMahon, MD, MMSc, President & CEO, will discuss strategies that support and sustain local CME accreditation for the benefit of physicians, healthcare teams, and their patients. The ACCME has proposed regional collaborations for those Recognized Accreditors with smaller numbers of providers in order to maximize accreditation efforts, volunteers, staff resources, and improve equivalency of accreditation decision-making.

The ACCME's Board had decided that one of the Markers of Equivalency would be that ACCME-Recognized Accreditors must accredit at least 20 CME Providers. During the session, some of the CEOs participating via Zoom questioned that threshold. Dr. McMahon explained that their statistical analysis had led ACCME to conclude that accreditors who accredit fewer than 20 providers make more errors in interpretation and outcomes, due to having fewer opportunities to make decisions. The proposed regional collaborations could improve decision-making by increasing those opportunities.

Dr. McMahon acknowledged that although ACCME is supportive of local CME accreditation, SMS Accreditors had perceived that ACCME intended to shut down SMS accreditation programs and sever ties between ACCME and those SMS. In light of that perception, along with the AMA resolution calling for delay in implementation of the proposed changes to the Markers of Equivalency, Dr. McMahon announced that he would recommend such a delay to ACCME's Board. The Board was to meet in the coming week, and Dr. McMahon could not anticipate whether they would accept the recommendation.

One of the SMS CME Directors in the room suggested more flexibility in potential collaborations. By way of example, Maryland and Pennsylvania share a border, but they are in different zones, according to the census map. Dr. McMahon responded that ACCME would be willing to consider collaborations between neighboring states that are not in the same census-map zone.

On the second day of the conference, one of the breakout sessions consisted of grouping members of each regional census zone and giving them the opportunity to discuss potential collaborations. The other states in MSSNY's group are Maine, Massachusetts, New Hampshire, New Jersey, and Pennsylvania. Maine and New Hampshire are the only two states whose SMS accredit fewer than 20 CME Providers. Maine Medical Association and New Hampshire Medical Society have not yet made a decision on whether to form a collaborative accreditation entity. Another session on that day featured staff from

Washington State Medical Association (WSMA) and the Medical Society of Virginia (MSV). WSMA has entered into a collaborative arrangement with Hawaii Medical Association, and MSV has entered into a collaborative arrangement with SMS from neighboring states.

Provider Recruitment

One of the breakout sessions on the second day focused on recruiting organizations to become accredited CME Providers. ACCME staff pointed out that SMS Accreditors have a monopoly in their states. Each accreditor is the only intrastate accreditor in that state. When organizations expect at least 70% of their learners to be in their own state (plus contiguous states), they are directed to seek accreditation from their state's SMS accreditor (if applicable). One participant asked about medical schools. Allopathic medical schools must be ACCME-accredited, regardless of learner distribution. However, osteopathic medical schools can be accredited by either ACCME or SMS Accreditors.

ACCME staff noted that ACCME has not traditionally recruited organizations to become accredited. Instead, organizations seeking to become new providers have sought them out. If they meet the criteria for SMS accreditation, ACCME directs them to the appropriate SMS. Dr. McMahon has introduced the idea of recruitment, both at the ACCME and SMS levels.

ACCME staff encouraged SMS Accreditor participants to think creatively about the types of organizations that could become accredited. The list of examples below is not exhaustive.

Types of Organizations That May Be Accredited in the ACCME System

Organizations eligible to be accredited in the ACCME System (***eligible organizations***) are those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible. Examples of such organizations include:

- Ambulatory procedure centers
- Blood banks
- Diagnostic labs that do not sell proprietary products
- Electronic health records companies
- Government or military agencies
- Group medical practices
- Health law firms
- Health profession membership organizations
- Hospitals or healthcare delivery systems
- Infusion centers
- Insurance or managed care companies
- Nursing homes
- Pharmacies that do not manufacture proprietary compounds
- Publishing or education companies
- Rehabilitation centers
- Schools of medicine or health science universities
- Software or game developers

Discussions included ideas on how to go about recruiting potential new applicants. One idea was to buy a booth at medical conferences. ACCME Communications will be developing a letter template that SMS Accreditors can use to recruit organizations.

Commendation Criteria

In a day-one session devoted to the Commendation Criteria, SMS Accreditors discussed strategies to encourage CME providers to apply for accreditation with commendation. ACCME staff emphasized the fact that providers of every type have succeeded in achieving commendation, and every commendation criterion has been demonstrated successfully. Providers who apply for commendation but do not achieve it still receive valuable feedback that can help them succeed on their next attempt. SMS Accreditors also discussed the importance of educating their providers on the commendation criteria.

Learner Data

Graham McMahon asked SMS Accreditors to encourage providers to upload/enter learner data for CME activities into ACCME's Program and Activity Reporting System (PARS). Although not all state boards of health are collaborating with ACCME on learner reporting, more states are entering into such agreements with ACCME. ACCME recommends that providers start uploading/entering learner data voluntarily. PARS has a learner-validation system that helps makes entry more streamlined. All physicians can create free accounts for themselves in ACCME's CME Passport, where they can find CME, track their CME credits, and generate CME transcripts. ACCME has not been promoting the site to physicians yet, as they need provider participation to help increase its utility.