

2011 Texas CME Conference
Texas Medical Association
Texas Alliance for CME
June 9-10, The Westin Houston Memorial City
Session Descriptions and Objectives

Thursday, June 9

Using CME Accreditation as a Tool for Continuous Professional Development

10:00 – 11:15 am ♦ **CME Basics for Newcomers** (*Newcomer*)

Billie Dalrymple, Texas Medical Association

Newcomers to CME will become familiar with the value and use of CME and should be able to (1) define CME; (2) discuss the environment of CME; (3) identify who's who in CME; and (4) describe the AMA PRA Credit System.

Noon – 1:00 pm ♦ **Luncheon Presentation: Leaders Who Facilitate Change**

Kenneth G. Davis, MD, CPE, National Speakers Association

As CME professionals, staff and physician leaders in CME must step forward to communicate and implement the changes in CME and its environment. This motivational session will provide conference attendees with strategies to position the CME program as a respected and valued resource within the accredited organization. Attendees will take away improved leadership skills and tips for adapting to the “new CME.”

1:00 – 5:30 pm

The afternoon sessions are designed for all staff and physicians working in CME whether a newcomer or a veteran CME professional. Participants will gain practical insights to achieving compliance with the ACCME/TMA/LSMS Accreditation Criteria and using the accreditation system to position their organization as a *Bridge to Quality*[™]. Participants will also identify strategies to achieve Accreditation with Commendation.

1:00 – 2:00 pm ♦ **Update from ACCME and Accreditation Overview**

Marcia Martin, Accreditation Council for CME

2:00 – 3:00 pm ♦ **Planning a CME Activity: Concurrent Sessions Using Cases and Grouped By CME Experience Levels** (*Newcomer*)

*Facilitators: Billie Dalrymple, Paige Green – Texas Medical Association
Marcia Martin, Accreditation Council for CME*

3:30 – 4:30 pm ♦ **Ensuring Independence in CME
AKA Standards for Commercial Support (C7-10)**

Billie Dalrymple, Texas Medical Association

4:30 – 5:30 pm ♦ **CME Program Evaluation and Improvement (C11-15)
Engaging With the Environment (C16-22)**

Gayla Bruner, Memorial Hermann Hospital System

Beyond the rules, what are the influences on the education we provide?

8:30 – 9:30 am ♦ Maintenance of Licensure and Implications for CME

Scott Steingard, DO, Member, Board of Directors for Federation of State Medical Boards

Participants should be able to (1) describe the new framework for Maintenance of Licensure (MOL) as adopted by the Federation of State Medical Boards (FSMB); (2) explain role of FSMB in maintenance of licensure at the state level; (3) compare current CME requirements for licensure to expected role of CME in new framework for MOL; and (4) identify new roles for CME programs to support physician lifelong learning and the improvement of performance in healthcare delivery.

10:00 – 11:00 am ♦ Maintenance of Certification: Current Status and Future Directions

Mellie Villahermosa Pouwels, American Board of Medical Specialties (ABMS)

Participants should be able to (1) define current Maintenance of Certification (MOC) Standards of the American Board of Medical Specialties (ABMS); (2) describe requirements for CME providers to facilitate physicians' successful completion of maintenance of certification in Part II: Lifelong learning and self-assessment that is specialty specific and Part IV: Practice performance assessment and improvement; and (3) discuss implications of the ABMS White Paper on MOC CME.

11:00 – Noon ♦ New AMA Guidelines

Jeanette Harmon, American Medical Association

Participants should be able to describe modifications to the AMA PRA Credit System that will be effective July 1, 2011.

1:00 – 2:00 pm ♦ Health Care Reform 101: Implications and Opportunities for CME

Bruce F. Howell

The practice environment in which physicians care for patients is changing as a result of Health Care Reform as outlined in the American Recovery & Reinvestment Act (ARRA 2009), the Affordable Care Act of 2010, and other related regulations. CME providers must develop CME around content that matches the learners' current or potential scope of practice (C4). In order to design activities that are related to what physicians actually do in their practice, CME providers must understand the implications of Accountable Care Organizations; Patient-Centered Medical Home; Meaningful Use; Health Information Exchanges; Regional Extension Centers; and reimbursement models established by CMS such as Pay for Performance.

Participants in this session should be able to (1) recognize and incorporate into planning the terminology related to Health Care Reform; (2) utilize new concepts created by Health Care Reform as the basis for identifying practice gaps and developing CME activities; (3) select appropriate formats of CME to support physicians in Health Care Reform.

Friday, June 10 Continued

2:00 – 3:00 pm

Concurrent Breakout Sessions

◆ F1. Best Practices in PI CME

Brenda Johnson, University of Texas Health Science Center San Antonio

Amruta Parekh, MD, MPH, University of Texas Health Science Center San Antonio

Participants should be able to: (1) describe and apply the three stages of PI CME as set forth by the *AMA PRA Category 1 Credit™* System to a project to improve patient care; (2) recognize the value of including all relevant healthcare professionals in performance improvement projects; and (3) describe results of the PI project and efforts to sustain improved performance.

◆ F2. Best Practices in Accreditation with Commendation

Community-wide Health Assessment Project that Supports Improved Patient Outcomes AND C16-22

Larry Tubb, Cook Children's Health Care System

Ginny Hickman, Cook Children's Health Care System

Deb Jorden, Cook Children's Medical Center

Participants should be able to (1) Identify health priorities within the community; (2) identify community collaborations that promote and implement solutions to specifically targeted health priorities; (3) plan educational activities to close physician practice and community health gaps; (3) create and monitor benchmarks; and (4) relate components of a community project to Accreditation Criteria 16-22.

◆ F3. Best Practices in Planning *(Newcomer)*

Testimony from a Local CME Provider

Forms that Facilitate Planning

Timothy Drake, MD, The Medical Center of Plano

Participants should be able to translate the requirements of the accreditation planning criteria to conversations with planners and to organize relevant documentation to ensure evidence of performance in practice for CME accreditation. Participants will also benefit from shared forms that facilitate the CME planning process.