Frequently Asked Questions about PI CME

1. What is considered to be an appropriate performance measure for a PI CME activity?

PI CME activities must be based on evidence-based performance measures, defined by the Institute of Medicine as “a mechanism that enables the user to quantify the quality of a selected aspect of care by comparing it to a criterion.” A fully developed performance measure will have three parts: a) numerator statement, b) denominator statement, and c) a list of any denominator exclusions. The performance measures for PI CME activities must address a facet of the physician’s practice with direct implication for patient care.

2. Where can developed performance measures be found that might be used in a PI CME activity?

For many common health problems, evidence-based performance measures have already been developed by several organizations and are available for use. One such organization, the AMA-convened Physician Consortium for Performance Improvement (www.physicianconsortium.org) has developed measures and worksheets for many clinical conditions. Royalty-free permission is available to CME providers to use these Consortium measures. Performance measures are also available from the National Committee for Quality Assurance (www.ncqa.org), National Quality Measures Clearinghouse (www.qualitymeasures.ahrq.gov), Physician Quality Reporting Initiative (www.cms.hhs.gov/pqri), and the Joint Commission (www.jointcommission.org).

3. If evidence-based performance measures do not currently exist for the clinical condition or patient care area that needs improvement, can an accredited CME provider develop evidence-based performance measures to be used in a PI CME activity?

Yes. Accredited CME providers may develop an evidence-based performance measure if one does not already exist for the clinical condition or patient care area that needs improvement. Key points to remember are that they must be evidence-based and well designed, with clearly specified required data elements for feasible data collection; address something with direct implication for patient care; and be fully developed to include a numerator statement and denominator statement, and identify any denominator exclusions.

Ideally you would have the measures vetted by an individual or group that has expertise in performance measures. You may also benefit from reading an article about performance measures that was published in the Autumn, 2010 issue of the CPPD Report.

4. How many performance measures must be used in a PI CME activity?

The AMA does not specify how many performance measures must be used in a PI CME activity; the number of measures would depend on the purpose of the activity, the identified gaps, the physician’s practice and the patient population. Accredited CME providers may develop a PI CME activity around one or more measures. However, the higher the number of measures, the more complex the activity becomes.

5. How many charts/patients have to be assessed during Stage A?

This is determined by the accredited CME provider but should be sufficient to gather a good sampling of data.
6. If our system captures the data that is to be used for Stage A, how would we involve physicians in Stage A?

Physicians could analyze the data compared to their perceived performance. It is also a good idea to provide physicians with data from larger populations, such as regional, state and/or national to determine where they fall within that spectrum. Physicians also need to be involved in analyzing the data to determine where improvements can/should be made.

7. Can a physician start a Performance Improvement CME activity (PI CME) during Stage B or Stage C?

No. Physicians must start a PI CME activity with Stage A. This ensures that a physician has done an assessment of his/her practice to determine the baseline performance that will be reassessed in Stage C.

8. Could interventions used in Stage B of a PI CME activity include systems improvements such as record-keeping in the office or a tickler system for tracking patients needing the flu vaccine?

Yes. Stage B of the PI CME activity can, and often will, include a variety of different interventions intended to improve performance, depending on the evidence-based performance measure(s) addressed and identified gaps of the participants. Examples of interventions include developing a tickler file to remind staff to give the flu vaccine to appropriate patients, tracking forms in patient records, patient education materials or, if the reason for the gap is a lack of knowledge or strategies, etc., skill-workshops, live activities or enduring materials.

9. What is the typical length of each stage of the activity?

Each activity will vary depending on the performance measures chosen, interventions implemented, the physician patient population, etc. Normally, Stage B is the stage that lasts the longest since it requires that there is time to apply the interventions to a sufficient number of patients and for a sufficient amount of time in order to be able to evaluate the impact of the intervention(s).

10. If a physician completes a PI CME activity but determines that there is still room for improvement based on the data gathered in Stage C, can they do another PI CME activity using that data as Stage A with perhaps different interventions in Stage B? How would you calculate the credits for this?

In reviewing Stage C data a physician may determine that there is still a gap that needs to be addressed further. The Stage C data already collected would be used as Stage A data for the next cycle. In this situation, the physician has already been awarded 5 credits for Stage C so it would not be appropriate to receive credit for Stage A in the second activity. Different intervention(s) would be utilized in Stage B, and another Stage C would be completed after an appropriate interval. A maximum of 10 credits (for Stages B and C) could be awarded for the second PI CME activity.

11. Can just one physician participate in an activity, or does it have to be done in groups?

PI CME activities can be done by individual physicians or a group. However, this must be structured through an accredited CME provider prior to beginning the activity. A physician may not come to the accredited provider and ask to be awarded credit for doing a performance improvement initiative after the fact.
12. How do I ensure compliance with accreditation requirements?

The AMA provides a framework for development of a robust educational activity, but for accreditation requirements please check with your accreditor (either the ACCME or state medical society).