CME into the Future
CME Town Hall

Jan. 8, 2015 • San Antonio, Texas

CME into the Future

J. Michael Finley, DO
Disclosures

• AOA CCME Vice Chair & Member – 2015
• AOA Member – 1982
• AOBIM – 1992 (unlimited)
• Assoc Dean GME, WesternU/COMP, Pomona CA
• OPTI – West CAO/DIO

Session Rationale

For CME Sponsors

• To prepare for more competition with the larger # of CME providers and stakeholders
• Envision the CME of the future and
• Envision how to provide leading-edge programming to stay relevant
Session Objectives

• Solicit input from the participants as to challenges they are facing moving into the future
• Discuss the potential changes to the AOA CCME landscape
• Discuss the impact of a changing CME landscape to Sponsors and how to ensure success

Osteopathic Medical Educators & Leaders Conference
Jan. 7-8, 2016

Will CME sponsors need to change the way they assess meeting success – from satisfaction with the event to outcomes and real-world examples of the learning experience?

Text a CODE to 37607

<table>
<thead>
<tr>
<th>Yes</th>
<th>76857</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>76858</td>
</tr>
<tr>
<td>Uncertain</td>
<td>76859</td>
</tr>
</tbody>
</table>
Will team-based care influence CME content and delivery?

Text a **CODE** to 37607

- **Yes**: 75107
- **No**: 75109
- **Somewhat**: 75113
- **Possibly**: 75115

Why are you asking this? 75116

Osteopathic Medical Educators & Leaders Conference
Jan. 7-8, 2016

Will CME be required into the future as MOC – OCC and MOL advance new requirements?

Text a **CODE** to 37607

- **Yes**: 75830
- **No**: 75834
- **Uncertain**: 75835
- **Not relevant as I have time unlimited Board Certification**: 75838

Total Results: 0

Osteopathic Medical Educators & Leaders Conference
Jan. 7-8, 2016
Will CME sponsors need to change the way they assess meeting success – from satisfaction with the event to outcomes and real-world examples of the learning experience?

<table>
<thead>
<tr>
<th></th>
<th>Text a CODE to 37607</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>76857</td>
</tr>
<tr>
<td>No</td>
<td>76858</td>
</tr>
<tr>
<td>Uncertain</td>
<td>76859</td>
</tr>
</tbody>
</table>

Osteopathic Medical Educators & Leaders Conference
Jan. 7-8, 2016

Will social media (e.g. - Facebook, Twitter, Instagram) be integrated into the CME experience or other delivery channels used by new physicians?

<table>
<thead>
<tr>
<th></th>
<th>Text a CODE to 37607</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>76869</td>
</tr>
<tr>
<td>No</td>
<td>76871</td>
</tr>
<tr>
<td>It should be</td>
<td>76872</td>
</tr>
<tr>
<td>Uncertain as I don't use Social Media</td>
<td>76879</td>
</tr>
</tbody>
</table>

Osteopathic Medical Educators & Leaders Conference
Jan. 7-8, 2016
Growth in DO Population

Nearly 92,000 osteopathic physicians were recorded in the U.S., not counting approximately 5,000 osteopathic medical students who graduated in 2015.

25% average growth in total DOs every 5 years since 1985

DOs by Practice Type

Primary care includes:
- Family medicine
- General medicine
- Internal medicine
- Pediatrics and adolescent medicine
- Osteopathic manipulative medicine

Nearly 50% of DOs are in primary care.
Getting Younger Every Year

Heightened interest in osteopathic medicine translates to an increasingly youthful profession. More than 53% of all DOs in 2015 were age 45 or younger.

Women in Osteopathic Medicine

According to the Kaiser Family Foundation, female physicians account for approximately 33% of the 915,000 total physicians in practice in the U.S. When looking at osteopathic physicians specifically, women account for 40% of practicing DOs.
Participation Guidelines

• Note Takers – AOA CCME members & team members
• State your Name and Affiliation
• Limit comments to 60 secs or < (allows wide range of stakeholder viewpoints)
• We will spend 10 mins on each objective
• Wrap up and summarize
• 1130A CME into the Future Town Hall

What challenge(s) re delivery of CME is your organization facing moving into the future?
AOA CCME has proposed potential changes to the AOA CME landscape.

What are the implications of the proposed changes on your organizations delivery of CME?

AOA CCME has proposed potential changes to the AOA CME landscape.

Knowing that change is inevitable, how can/should AOA CCME assist your successful delivery of innovative CME modalities?
Summary of Discussions

CME Town Hall
William S. Mayo, DO
Chair, CME Task Force
Evolving Views Regarding CME

As health care delivery is changing, so too must the educational system. Greater use of performance-based CME, moving away from time-based activities, and increasing the diversity in accredited programs to adapt to the changing environment should all be considered. - American Hospital Association’s Physician Leadership Forum ¹

“...physicians, especially the younger generation, were interested in online learning opportunities and other modes...Given the demands on physicians’ time, alternative learning methods that do not require the sacrifice of practice or family time should be encouraged.” - American Hospital Association’s Physician Leadership Forum ¹

“...CME course directors should guide social media strategies toward more youthful, technology-savvy CME participants and that social media will become increasingly worthwhile in CME as younger learners continue to enter the profession.” Social media outlets include YouTube, Facebook and Skype. - Mayo Clinic ²

Status of Proposed CCME Resolutions

Nov 2015: CCME proposed changes to 2016-2018 CME Guide for Osteopathic Physicians and Accreditation Requirements for Category 1A Sponsors

Dec 2015: CCME approved three resolutions that summarized major policy changes

Dec 2015: BOE approved resolutions with edits, then posted for 45-day comment period on osteopathic.org CME home page

Dec 2015: CME Task Force to review

Jan 2016: OMEL Town Hall Meeting

Feb 2016: BOT consideration, including public comments, town hall input and CME Task Force recommendations
Resolution #1: 2016-2018 CME Guide for Osteopathic Physicians

Resolved: Category 1B be granted to DOs and GME faculty who preceptor in either AOA-approved or ACGME programs

Resolved: the guide incorporate language consistent with the change to a single GME accreditation system

Resolved: policies will become effective after BOT approved in February 2016

Resolution #2: Accreditation Requirements for Category 1A Sponsors

Resolved: Increase the number of Category 1A credits that may be earned online from 9 CME credits to 15 CME credits

Resolved: Encourage sponsors to include in Category 1 programs osteopathic tenants and osteopathic recognized elements such as: Communication; Developing; Facilitating; Guiding; Healing; Influencing; Acting; Modifying and Restructuring

Resolved: Revise accreditation and CME designation statements to improve the CME experience for DOs and service provided to them by empowering accredited sponsors to report CME and specialty credits for programs in compliance with AOA and BOS requirements
Resolution #2: Accreditation Requirements for Category 1A Sponsors (cont.)

Resolved: Revise Category1 document survey process to audit compliance with CME and specialty credit requirements

Resolved: Require sponsors to report activities and participants to AOA within 90 days of CME activity

Resolved: Delete statement that AOA has agreed not to sponsor any Category 1A programs in online CME requirements section of guide

Resolved: policies will become effective after BOT approved in February 2016

Resolution #3: Study Elimination of Specialty Credit Requirement for Board Certification

Resolved: that the CME specialty credit requirement for AOA board certification be studied

Resolved: that the AOA Board of Trustees appoint a task force to study the requirements for CME specialty credits for board certification

Resolved: that the task force include representatives from SOSE, specialty colleges, and others

Resolved: that future policies for AOA board certification provide clear, concise requirements that are easily understood by DOs and are operational feasible
Town Hall Discussion