General Scholarly Article

Regulators Collaborate to Digitize CME for America's Doctors

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ABSTRACT: Since 2010, the Accreditation Council for Continuing Medical Education (ACCME®) has maintained a database, the Program and Activity Reporting System (PARS), as a central repository for information about accredited education providers and their activities. The database has been expanded with the goal of creating an integrated, centralized data system. The ACCME collaboration since 2015 with specialty certifying boards served as a proof of concept that creating a centralized system that facilitates the free flow of data can provide value to physicians and medical regulatory boards. In 2018, ACCME undertook a pilot project that expanded reporting of credit for certifying boards to also include reporting of continuing medical education (CME) credit for 3 state medical licensing boards. Based on the success and lessons learned from the pilot, the ACCME decided to invest in building a new version of PARS to include any state medical licensing boards that chose to use the data. Launched in November 2021, the new PARS enables accredited organizations to enter CME credit data for all US physicians. Physicians may access their data via CMEPassport.org. By leveraging the power of a common database, regulatory bodies can demonstrate accountability, integrity, and transparency; reduce burdens on physicians; facilitate physicians' commitment to lifelong learning; transform the perception of CME from a checkbox exercise to a currency for change; and contribute to advancing clinician practice and healthcare improvement for patients and communities throughout the country.

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Introduction

The system for assuring the public of physician competence in the United States is based on the principles of professional self-regulation and shared accountability among regulatory bodies and physicians. The system is multilayered. State medical and osteopathic regulatory boards have a mandate to protect the public's health, safety, and welfare through the proper licensing, disciplining, and regulation of physicians (and, in most jurisdictions, other healthcare professionals).[1] Many of these state boards require physicians to demonstrate their professionalism by engaging in their own professional development and to maintain and build their skills in a rapidly changing world by participating in accredited continuing medical education/continuing professional development (CME/CPD). Physicians interact with their regulatory stakeholders—licensing bodies, certifying bodies, credentialing bodies—and, as part of that interaction, must demonstrate engagement in accredited education by earning credit. The goal of this initiative is to simplify and digitize that demonstration.

There are 3 systems that perform CME accreditation: the Accreditation Council for Continuing Medical Education (ACCME®), the American Academy for Family Physicians (AAFP), and the American Osteopathic Association (AOA). The ACCME is the largest of these systems, accrediting over 1,600 organizations that offer more than

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170,000 CME activities each year. ACCME's accreditation requirements are designed to ensure that organizations meet standards for educational quality and effectiveness, content validity, and independence from commercial bias.[2] Its standards have been adopted by AAFP and AOA and across

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the professions to create a consistent framework for ensuring accredited education can be trusted by the community.[3] Only ACCME-accredited organizations are entitled to award American Medical Association (AMA) Physician's Recognition Award (AMA PRA) Category 1 Credit™ that meets the requirements of state medical licensing boards, specialty certifying boards, hospital medical staffs, credentialers, health system accreditors, insurers,

THERE ARE 3 SYSTEMS THAT PERFORM CME ACCREDITATION: THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME), THE AMERICAN ACADEMY FOR FAMILY PHYSICIANS (AAFP), AND THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA).

payors, and others.[4] Individual physicians have a professional responsibility to engage in lifelong learning that demonstrably improves their practice and patient care. Taken together, these responsibilities and obligations form a system of accountability, helping to ensure that the medical profession serves the public trust.

Engagement in education is unlike other regulatory requirements since it is distributed and continuous; physicians work with a wide variety of accredited organizations to achieve their learning goals in multiple formats, online and across a range of geographies—in their home institutions or when travelling to local, regional or national meetings.[5] Traditionally the system has issued paper or digital certificates of completion to participants and placed the onus on the individual to maintain records and track compliance. Such an approach is burdensome on the individual and inefficient. This self-management and reliance on paper and folders may be perceived as frustrating and time-consuming—one of many such burdens that may take physicians' time away from patient care and contribute to burnout.

It is inefficient not only for the individual but also for the users of this system, since obtaining and then manually counting CME certificates is onerous. State medical boards that cannot obtain a full set of data commonly rely on attestation and then audit, which may be particularly burdensome for the audited physician and can result in laborious disciplinary processes that could have been avoided. A reliance on self-reporting and attestation creates inevitable inaccuracies, which can sometimes be interpreted by a board as misstatements and subject licensees to discipline. Because state medical boards have limited resources, they are constrained in their capacity to review and audit data. These constraints can result in failure to identify physicians who are not meeting their obligations. While some state medical boards are upgrading to paperless systems, the systems may still rely on self-reported data rather than primary-source data.

The COVID-19 pandemic placed enormous strain on the entire healthcare ecosystem, overtaxing resources and exacerbating physician burnout.[6,7] Now more than ever, it is the responsibility and obligation of regulatory bodies to do whatever they can to facilitate physicians' access to critically needed medical education and training, and to mitigate the burdens and frustrations that may be involved in CME reporting. In response to feedback from physicians, state boards, and other stakeholders, the ACCME recently implemented an integrated, unified digital system that could verify CME participation by physicians and, working with the Federation of State Medical Boards (FSMB), improve the accountability and transparency of the regulatory system.

ACCME and Certifying Boards Collaboration

Since 2010, the ACCME has maintained a database, the Program and Activity Reporting System (PARS), as a central repository for information about accredited education providers and their activities. Accredited providers are required to input information including the numbers of activities, credits offered, and total participants; educational formats; outcomes being measured; and income sources. This information is used to support the reaccreditation process and to produce annual reports that show the scope and diversity of accredited CME/CPD in the United States.[8]

The database has been expanded over the last several years with the goal of creating an integrated, centralized data system. The ACCME collaborated with certifying boards to streamline data collection and enable physicians to meet multiple requirements through participation in educational activities. Accredited providers can enter information about individual physicians' completion of CME activities that also count for continuing certification for one or more certifying boards; this information is then made available to the certifying boards that have established

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collaborations with the ACCME. This process enables the certifying boards to verify participation for purposes of recertification, reducing burdens on physicians because they do not need to submit this information themselves. Seven certifying boards, which include over half of the board-certified physicians in the United States, currently participate in the collaboration.

Data Matching

Physicians maintain a variety of identifying numbers including their National Provider Identifier (NPI) number, their certifying board certification number, and their medical licensing number, in addition to readily retrievable information such as their name, date of birth, and state(s) of licensure. The initial challenge of this initiative was to unify a variety of data sources so retrievable data about the individual (name, month, and day [not year] of birth, for example) could be leveraged to identify with high reliability that individual, but without requiring knowledge of these other number sets. Using these simple approaches to identity management on the front end reduces the burden on the educational provider, minimizes the system's rejection of unidentified physicians, and allows ACCME to make the data report available to a variety of users (the correct board, the correct state).

Initial Pilot Phase

Since 2015, the ACCME collaboration from certifying boards served as a proof of concept that creating a centralized system that facilitates the free flow of data can provide value to physicians and medical regulatory boards. In addition to centralizing data, the ACCME and boards worked together to align their requirements, allowing more educational activities to offer both CME and Maintenance of Certification/Continuous Certification (MOC/CC) credit, again, with the goal of reducing burdens on physicians.

Building on the collaborative effort with certifying boards, the ACCME, the FSMB, the Maine Board of Licensure in Medicine, the Maine Board of Osteopathic Licensure, the North Carolina Medical Board, and the Tennessee Board of Medical Examiners collaborated on a year-long pilot program that enabled a small, invited group of accredited organizations to report physician participation in accredited CME to participating boards via PARS. The accredited organizations located in Maine, North Carolina, and Tennessee, as well as those located elsewhere with large numbers of physician participants, were encouraged to participate. The ACCME modified its database to include state licensing identifiers and enable accredited organizations to report individual CME credit details for physicians licensed in the states participating in the pilot and offered resources and training to encourage accredited organizations to participate.

Accredited organizations were instructed to enter data about an upcoming activity, as they usually did, in PARS. As a new step, they needed to obtain the license number and/or NPI from physicians participating in the activity. The organization would

THE PARS DATABASE HAS BEEN EXPANDED OVER THE LAST SEVERAL YEARS WITH THE GOAL OF CREATING AN INTEGRATED, CENTRALIZED DATA SYSTEM.

then confirm that the licensees had satisfactorily completed the activity and report the CME credit data for individual licensees into PARS. The state medical boards were able to review the CME credit data in PARS. With this program, the boards had access to this data without needing to invest in IT development or pay fees to participate.

During the year-long pilot, accredited organizations demonstrated that they could effectively report data for individual physicians: CME credit data for more than 8,000 individual physicians was successfully entered into PARS. The pilot allowed a test of the concept and the opportunity to identify areas for improvement. Accredited organizations recognized that participation would improve the value of their programs for physicians, but they needed time and assistance to adjust their systems and processes. Accredited organizations sought more flexibility in uploading physician-identification data, and they requested a pre-validation tool that would allow them to verify identification data more easily for licensees prior to reporting their CME credit.

From Pilot to Launch: Evolution of ACCME and State Medical Licensing Board Collaboration

Based on the success and lessons learned from the pilot, the ACCME decided to invest in building a new version of PARS that would have the capability to include any state medical licensing boards that chose to use the data. Launched in November

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2021, the new PARS enables accredited organizations to enter CME credit data for all US physicians. Data entry has now been simplified and streamlined. Access to a learner identity validation tool allows providers to optionally pre-validate learner-identification data prior to entering information about participation in CME using only name, month and day [not year] of birth, and a state of licensure to match the physician. Participating state licensing boards log into PARS using their web browser to search, view, and download CME earned by licensees.

As of October 2022, 8 boards have joined the collaboration since the pilot program, for a total of 10 collaborating boards (Table 1).[9]

Table 1

Collaborating boards

Collaborating boards
Alabama Board of Medical Examiners
Medical Board of California
Idaho Board of Medicine
Maine Medical Board of Licensure in Medicine
Maine Board of Osteopathic Licensure
Maryland Board of Physicians
North Carolina Medical Board
North Dakota Board of Medicine
Oregon Medical Board
Virgin Islands Board of Medical Examiners
Washington Medical Commission

We expect that the learner credit reporting for state licensing requirements will be as successful as our MOC/CC credit reporting collaboration has been. Since the launch of the CME for MOC Program in 2015, more than 300,000 unique physician learners have had more than 40 million MOC/CC credits reported on their behalf by more than 600 accredited CME organizations. With respect to CME credit reporting for state licensing, after only a short amount of time, more than 140,000 learner credit reports have been submitted for a total of 460,000 CME credits. Sixty-six state/territory licensing boards have credit for their licensees reported into our data system.

Accredited providers have the option of making their CME activities searchable by physicians in ACCME's CME Passport (www.CMEPassport.org), a public-facing searchable database of CME activities. Activities are searchable by CME provider name, date, location, specialty, and points/credit type.

For CME activities that are not open to the public (eg, activities available only for employees or members of the provider's organization), the provider can choose to not have the activity listed on CME Passport or can indicate that registration is "limited" when registering the activity in PARS, letting learners know that registration for the activity is limited to a specific audience and not open to all physicians. Physicians can create personalized accounts to search for CME activities, view their reported CME and MOC/CC credits, and generate and share transcripts with their state medical board, certifying board, employer, or other regulatory authority in a single transcript output.

PARTICIPATING STATE LICENSING BOARDS LOG INTO PARS USING THEIR WEB BROWSER TO SEARCH, VIEW, AND DOWNLOAD CME EARNED BY LICENSEES.

Other collaborations that accredited providers can participate in include the US FDA's Risk Evaluation and Mitigation Strategy (REMS) for opioid analgesics, and the US Centers for Medicare & Medicaid Services (CMS) Merit-based Incentive Payment System (MIPS).

In its proposed 2023 updates to the Medicare Physician Fee Schedule, the CMS requested feedback on the value to clinicians of including CME accreditation organizations as a new type of third-party intermediary that submits data on improvement activities that align with efforts clinicians undertake to complete CME, rather than attest to completing the activity at the time of submission.

If ACCME were designated as a third-party intermediary, accredited CME providers would be empowered to report physician completion records into PARS, without charge, which would then be reported to CMS by ACCME on their behalf. The ACCME publishes information about which improvement activities are available to

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learners in the publicly available list of CME activities at www.CMEPassport.org. The range and diversity of such activities would be expected to meaningfully increase if CMS accepted learner completion data on improvement activities reported in PARS.

Benefits of ACCME and State Medical Licensing Boards Collaboration

ACCME and state medical licensing boards share a responsibility and commitment to serving the public trust. This collaboration supports that commitment by decreasing the administrative burden of CME reporting for physicians, enabling them to spend less time tracking and uploading CME credits and more time on quality learning and patient care. ACCME together with its partners, including FSMB, is now actively digitizing CME data to eliminate the need for paper reports or manual counts and is doing so reliably and securely. CME credit data is verified by the CME provider (primary source verification); there is no self-reported data in the system. Providers enter CME credit data throughout the year, and that data is available for boards and other permitted stakeholders to review. Validation rules are in place, along with quality checks to ensure that the data is accurate. Safeguards are in place to protect personal information as well.

Participating state licensing boards do not need to invest in additional IT development to participate. The system operates at no additional cost to state medical boards, CME providers, and physicians.

PARTICIPATING STATE LICENSING BOARDS DO NOT NEED TO INVEST IN ADDITIONAL IT DEVELOPMENT TO PARTICIPATE. THE SYSTEM OPERATES AT NO ADDITIONAL COST TO STATE MEDICAL BOARDS, CME PROVIDERS, AND PHYSICIANS.

The ACCME charges accredited providers an annual accreditation fee to support the ACCME's mission to assure and advance quality learning for healthcare professionals that drives improvements in patient care.[10] ACCME operations are also funded by registration fees from education events such as Learn to Thrive (the annual ACCME meeting) and the Accreditation Workshop. There is no additional fee to accredited providers to report learner credit data, and there is no fee to the state licensing board or the physicians for access to the learner credit data. ACCME provides resources and technical support to accredited providers to assist with the administrative effort to report learner credit data.[11]

ACCME does not sell or market the data or educational activities. The system furthermore has the capacity to track and report out nationwide CME content trends such as cultural competency, domestic violence, and opioids. State boards that would like access to the data are welcome to contact the authors. Accredited CME providers who would like to participate can attend ACCME webinars to learn more. The American Board of Anesthesiology (ABA) analyzes CME program performance data trends to produce quarterly High Priority Topics Reports recommending targeted accredited education that would be most useful to board-certified anesthesiologists.[12]

Challenges

The success of the system depends on the participation of CME providers, state medical boards, and physicians to create a more seamless and digital enterprise that benefits us all. The system is currently limited to physicians licensed in the US and is not yet available for other health professionals or physicians outside the US. The absence of a single identifier for physicians that can consistently and reliably be used for reporting has posed challenges, and while much work has been done to optimize match rate (positive identification) (>98%), occasionally unmatched or unidentified physicians must be manually matched or confirmed to their license or board by ACCME.

Conclusion

The primary mission of state medical boards is to protect the public and ensure that only persons who are qualified and fit to practice medicine do so. By leveraging the power of a common database, regulatory bodies can demonstrate accountability, integrity, and transparency; reduce burdens on physicians; facilitate physicians' commitment to lifelong learning; transform the perception of CME from a checkbox exercise to a currency for change; and contribute to advancing clinician practice and healthcare improvement for patients and communities throughout the country.

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