

## **Introduction to Planning Regional Continuing Medical Education**

Continuing Medical Education (CME) programs and activities should result in demonstrated change to clinician practice and improved patient health status. Successful educational interventions link needs assessments to measurable objectives, innovative instructional design, and measurement of intermediate and long-term outcomes. A single program may have varying types of intermediate outcomes including improvement in skills or knowledge, change in attitudes, or an increase in readiness to change. It may enable a change in practice behavior or reinforce one that has already occurred. SCPMG CME accreditation signifies high-quality, results-oriented physician education programs. The forms, instructions, and examples in this packet will provide you step-by-step resources for planning and implementing regional physician education programs that will ultimately make a difference in physician practice and patient health status.



## WHAT IS CONTINUING MEDICAL EDUCATION?

Courses containing the following content may meet the CME standards of the Medical Board for physician Category 1 credits:

Continuing medical education activities that serve to maintain, develop or increase the knowledge, skills, professional performance and relationships that a physician uses to provide services and improve quality of care for patients, the public, or the profession, including, but not limited to, education activities that meet any of the following criteria:

1. Have a scientific or clinical content with a direct bearing on the quality or cost effective provision of patient care, community or public health, or preventive medicine;
2. Concern quality assurance or improvement, risk management, health facility standards, or the legal aspects of clinical medicine;
3. Concern bioethics, or professional ethics; and/or
4. Are designed to improve physician-patient relationship.

### ***The definition expressly excludes***

**Educational activities that are not directed toward the practice of medicine, or are directed primarily toward the business aspects of medical practice including, but not limited to, medical office management, billing, coding, and marketing.**

**All programs planned under the CMA and ACCME standards using the above definition of content are established by first determining the need and educational objectives for the programs, before designing the activity and selecting the speakers. All stages of this process are free of commercial influence.**



## WHERE DO I BEGIN?

Start early. Start now.

### Planning Committee

A Planning Committee of no less than three members must be established. The largest contingency of the committee must be physicians.

The Planning Committee Chair and each committee member must complete a disclosure form to ensure that the following decisions were made free of the control of a commercial interest:

- Identification of CME needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations that will be in a position to control the content of the CME
- Selection of educational methods
- Evaluation of the activity

In order to sustain committee member status, all committee members must submit completed disclosure forms no later than two months prior to the submission of the application for CME credit (7 months prior to the symposium date). [See example behind 'Forms' tab](#)

Minutes including attendee names and meeting dates should be taken at each planning meeting. It is suggested that one set of minutes be maintained throughout the planning process.

[See example behind 'Forms' tab](#)

The planning committee should begin the process at least **11 (eleven) months** prior the estimated date of the symposium to allow ample time for planning and implementation. The completed CME application must be submitted for approval a *minimum* of **5 (five) months** prior to the symposium to allow adequate time for timely marketing to the audience. To summarize, there is a **6 (six)-month** window in which to prepare the CME application and agenda. [See examples behind 'Forms' tab](#)

The SCPMG Meetings and Events Team can assist with date and site selection to avoid conflicts with other symposia or specialty conferences and to help keep costs within the symposium budget.

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### Notes:



## HOW DO I PROCEED?

### Planning Steps

Following a specific planning progression as outlined in the steps below will streamline the process allowing greater concentration on content.

Establish the following:

- **Target Audience**
  - Specifically, whom are you trying to reach?
- **Needs assessment**
  - Why are you doing this program? What gaps in clinical or organizational practice do you wish to address?
- **Learning Objectives**
  - What do you want clinicians to be able to **do** as a result of this learning experience?
- **Outcome Measurement Methods**
  - How will you know your program makes a difference? Describe how you will evaluate the program objectives and assess outcomes.
- **Program Design**
  - Explore educational formats other than straight lecture.
- **Faculty**
  - Faculty selection should occur after the program is designed.

A parallel has been drawn between the Medical Model and the Physician Education Model. (See subsequent pages.)

A CME Planning Worksheet is included in the forms section to help you and your planning committee think through the essential elements of a good educational program. A thorough and thoughtful needs assessment leads to sound objectives, focused educational interventions, and successful outcomes.

**See example behind 'Forms' tab**

### Getting Help

The SCPMG Regional CME Committee and Physician Education Department will be happy to assist you with any questions or challenges. Contact lists are located behind the 'Contacts' tab of this binder.

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### Notes:



## Planning Process Details

1. **Target Audience:** Establish the target audience. **All activities seeking CME credit must be designed for physicians.** Recognizing Kaiser Permanente's team care philosophy, providers other than physicians may attend CME activities, but the target must be physicians.

Is the program targeting a specific specialty, or is to be directed to a wider audience? **Be as specific as possible.**

2. **Needs Assessment:** Establish the overall needs assessment. **Why are you doing this program? List identified needs and how they were measured or determined.** Use of multiple methods and sources is encouraged. Assure that the symposium will be both relevant to the improvement of clinical practice and interesting to the attendees.

Identification and analysis of CME needs provide the basis for developing educational activities and planning effective CME activities.

Needs assessments need to be based on data leading to objectives with measurable outcomes.

- There are three categories of needs as outlined below:
  - Demonstrated Needs – Demonstrated needs are generally based on objective data sources. They go beyond the opinions of the CME committee and the expressions of the physician constituency. Demonstrated needs reflect a gap current practice and best practice.
  - Expressed Needs – Expressed needs are based on the opinions and experiences of potential participants. Expressions of need should be distinguished from expressions of interest.
  - Presumed Needs – Presumed needs are generally based on the opinions and experiences of planning committee members.

Listed are needs assessment sources:

- **Clinical Strategic Goals (demonstrated)**  
One of the primary intents of Regional Symposia is to present educational activities that support physicians' efforts to improve the health outcomes of our members. Many of the past and current topics' influences on producing changes in the results of our care have been anecdotal rather than based on measurement.

The Clinical Strategic Goals (CSGs) are the highest priority, evidence-based clinical interventions to achieve reductions in mortality and morbidity in our member population and represent the highest clinical priorities for Kaiser Permanente Southern California.

CSGs provide a framework from which Symposium Planning Committees can identify specific needs relative to their physician constituency. Planning committees are encouraged to review the CSGs, particularly the sub-goals, and incorporate them into presentations as appropriate.

**CSGs are located behind the *Strategic Initiatives* tab in this binder.**

- **Clinical Practice Guidelines (demonstrated)**  
The medical community also recognizes that clinical practice guidelines (CPGs) based on scientific evidence are an essential tool for improving and demonstrating the quality of care.

- **Population Care Management** (demonstrated/presumed)

Population Care Management (PCM) is a region-wide, evidence-based approach to medicine designed to assist SCPMG physicians and staff in the care of patients with chronic conditions. Our goal is to help physicians improve patient quality of life and prevent or delay complications by delivering effective system- and decision-support tools and creating a support network of health-care teams.

PCM models of care provide support for physicians treating patients with chronic conditions, most of whom require more time, education and follow-up than a physician can give within the traditional 15-minute office-visit model. Many patients (44%) have more than one chronic condition, which also increases the level of complexity and care required.

KPSC is applying the PCM model of care to a portfolio of significant chronic-care populations including: asthma, chronic kidney disease, coronary artery disease, depression (in CAD), diabetes, elder care, HIV/AIDS and heart failure. Other local Medical Center initiatives include hepatitis C, chronic pain, sickle cell disease, osteoporosis, hypertension, headache, anticoagulation and cholesterol.

- **Culturally Responsive Care** (demonstrated/presumed)

***California State Law AB 1195 dictates that an element of cultural and linguistic competence be included in every CME activity.***

Planning Committees are strongly encouraged to communicate this requirement to speakers beginning with the speaker's agreement to speak. While the requirement does not apply to every presentation, the following is suggested verbiage to relate to speakers:

*"In response to new legislation in California, Kaiser Permanente is requesting that all speakers at CME activities integrate information directed at improving physicians' knowledge and skill in providing care to patients of various cultures and languages. Therefore, we appreciate your including pertinent data related to the diagnosis and treatment of patients from diverse ethnic/religious/cultural backgrounds."*

- **Comments from previous symposia evaluations** (expressed)
- **Data from other committees: Quality Improvement, Risk Management, Pharmacy and Therapeutics** (demonstrated)
- **Input from leadership, experts, surveys** (presumed/expressed)
- **Research findings/current literature** (presumed)

Topics will be established by the needs assessment. Each topic requires a separate needs assessment.

3. **Educational Objectives:** Establish educational objectives. **What do you want clinicians to be able to do in their clinical practice as a result of this learning experience?** List behavioral objectives linked to the identified needs and the desired post-program outcomes.

- Educational objectives create the foundation for designing the educational activity, including the format, faculty selection and materials.
- Write educational objectives in **measurable outcomes or behaviors** that generally begin with active words such as: *diagnose, demonstrate, identify, describe, explain, use, differentiate, list, and discuss*. Avoid passive words such as *understand, learn, know, and appreciate*.

Each topic requires a separate set of educational objectives.

4. **Outcome Measurement Methods:** Determine how outcomes are to be measured. **How will you know if your activity makes a difference or helps change clinician behavior or patient health status?** Describe how you will evaluate the program objectives and assess outcomes.

**Levels of outcome:**

- **Level 1 – Reaction:** How do participants feel about the activity? (Standard evaluation after the activity)
- **Level 2 – Learning:** To what extent did the participants increase knowledge or change attitudes? (Post test or follow-up survey 1 – 2 months after the symposium)
- **Level 3 – Behavior:** Have participants changed the way they practice medicine as a result of this CME event? (Survey 3 – 6 months after the symposium)
- **Level 4 – Results:** Were the intended results of the event achieved? (Data collection)

5. **Program Design:** **Consider varied presentation formats. Didactic lecture is one of the least effective teaching methods for adult learning and behavior modification.** More effective methods to achieve adult learning include, but are not limited to:

- Hands on workshops
- Audience response system
- Panel discussion
- Point/Counterpoint
- Small group discussion
- Case presentations

Always provide appropriate time for Questions and Answers.

6. **Faculty Selection:** **Faculty selection must be the purview of the planning committee rather than that of a vendor.**

Speakers' presentation skills are equally as important as their expertise. It is essential that at least one member of the committee has heard a presentation by any potential speaker.

**When speakers have been identified, they must be informed of the educational objectives established by the planning committee.** The presentation must incorporate the educational objectives that are communicated via the speaker confirmation letter.

The planning committee chair and/or designated committee member(s) should maintain contact with all speakers until the CME application is approved and the SCPMG Meeting Planners in the SCPMG Meetings and Events Department begin the formal confirmation process.

7. **Content Validation:** All recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation must confirm to the generally accepted standards of experimental design, data collection and analysis.

## Faculty Expenses and Honoraria

### Expenses:

#### SCPMG will reimburse the following costs:

- Coach airfare (lowest available)
- Hotel accommodations (number of nights dependent on presentation timing and distance traveled)
- Ground transportation

#### The following costs are not covered:

- Airfare for members of the speaker's party other than the speaker
- Upgrades or additions to accommodations or transportation
- Personal items

### Honoraria:

The following are guidelines for speaker honoraria:

- **Local Speakers:**  
\$300.00 - \$1,000.00 (for a 1-hour presentation)
- **National/International Speakers:**  
\$500.00 - \$1,500.00 (for a 1-hour presentation)
- **Kaiser Permanente physicians and staff:**  
SCPMG speakers may receive an honorarium of up to \$500 when presenting on their own time.

***Faculty honoraria outside the above ranges must be approved on a case-by-case basis by the Physician Chair of the Regional CME Committee prior to making a commitment to the speaker.***

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## Notes:

## The Application Process

Upon completion of the planning process the completed application and agenda are to be submitted electronically to the CME Coordinator at the Region Office in Pasadena. (See contact sheet for details.) The application must be submitted as one document from one source. If committee members are completing assigned sections of the application, there needs to be a point person designated to assemble and submit the application.

The agenda must accompany the application in order for the approval process to take place.

## The Approval Process

There are three specific steps to the approval process:

- **Preliminary Approval:** Upon receipt, the CME application is reviewed and forwarded to the physician members of the Regional CME Committee for preliminary approval. Once preliminary approval is granted, the SCPMG Meetings and Events Department may begin the speaker confirmation process, program marketing, and the logistics necessary to successfully complete the symposium planning.
- **Committee Approval:** At the Regional CME Committee meeting subsequent to application approval, the entire CME Committee reviews the application for Committee Approval.
- **Final Approval:** At the Regional CME Committee meeting subsequent to the symposium, the Regional CME Committee reviews evaluations and budget for final approval.

None of the above steps require action on the part of the symposium chair or planning committee unless otherwise notified.

## The Evaluation Process

Program evaluation is required for all CME activities. The evaluation process is vital for planning and improving future symposia as well as providing feedback to speakers.

Effective educational experiences create demonstrative positive change in patient care. The evaluation process should strive to measure such outcomes.

The chairperson and members of each symposium planning committee are responsible for encouraging thoughtful completion of the electronic evaluations received after the symposium.

The committee should plan for other forms of evaluation such as follow-up surveys, posttests, focus groups and other performance measures.

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## Notes:



## Vendor Relationships

The IMQ/CMA CME and SCPMG guidelines are very clear about the relationships between the Medical Group and any commercial supporter.

*The accredited provider (SCPMG) is responsible for the content, quality and scientific integrity of all CME activities offered for credit by SCPMG. Identification of continuing medical education needs, determination of educational objectives, and selection of content, faculty, educational methods and materials is the responsibility of the planning committee.*

**The design and production of educational activities shall be the ultimate responsibility of the accredited provider. Commercial supporters of such activities shall not control nor be involved in any way in the planning, content or execution of the activity.**

The ultimate decision regarding funding arrangements for CME activities must be the responsibility of the accredited provider. All support associated with a CME activity must be given with the full knowledge and approval of the accredited provider. No other funds from a commercial source shall be paid to the director of the activity, faculty or others involved with the supported activity.

**The content and faculty of the program must be totally free of vendor influence.**

Vendor funds may not be used to underwrite any elements of a CME activity other than honoraria, speaker expenses, committee expenses, facility expenses and food for faculty and registered attendees. Paid entertainment is **not** included as an appropriate expense.

**Disclosure:** Everyone who is in a position to control the content of an educational activity must disclose all relevant financial relationships with any commercial interest. ***Faculty and planning committee members must submit a disclosure form in order to participate in the planning and/or or execution of any educational activity that offers CME.*** Disclosure must be made even if there are no such financial ties. **See example behind 'Forms' tab**

**All funds** contributed by vendors must be made payable to SCPMG and sent to the SCPMG Meetings and Events Department. This includes any funds that are meant to support the honoraria and/or travel expenses of any faculty. **All such funds will be distributed by SCPMG.**

Any drug displayed at the exhibit area of the symposium must be on the SCPMG formulary. In addition, the local or national committee responsible for reviewing the use of such technology should approve any piece of equipment, lab test, etc.

See the ACCME Standards for Commercial Support section.

The Symposium's SCPMG Meeting Planners and Medical Education Symposium Assistants can assist with vendor contacts for commercial support.

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## Notes:



## SCPMG Regional CME Committee Contact List

<b>Name</b>	<b>Title</b>	<b>Location</b>	<b>Telephone Number</b>
<b>Marc Klau, MD</b>	Chairman, Regional CME Committee	Orange County	8-220-4131 (714) 978-4131
<b>Rudolph Brody, MD</b>	Member Emeritus – Former Director of Medical Education Center for Medical Education, Los Angeles Medical Center	Los Angeles	8-363-7120 (323) 783-7120
<b>Benjamin Fass, MD</b>	Chair – Pediatrics Symposium	West Los Angeles	8-390-2601 (323) 857-2601
<b>Daniel Keatinge, MD</b>	Director - Medical Education	Los Angeles	8-363-4393 (323) 783-4393
<b>Jeffrey Mallin, MD</b>	Director - Medical Education	Bellflower	8-327-2343 (562) 803-2343
<b>Mitsuo Tomita, MD</b>	Director of Medical Education & Former Chair – Family Medicine Symposium	San Diego	8-293-3072 (619) 589-3072
<b>Felice Klein, RN</b>	Director – Physician Education	Los Robles	8-338-5807 (626) 564-5807
<b>Laura Hernandez, CMP</b>	Director – SCPMG Meetings and Events	Los Robles	8-338-3636 (626) 564-3636
<b>Stephanie Akens-Gunn</b>	Senior Learning Consultant Physician Education Consulting	Los Robles	8-338-5784 (626) 564-5784
<b>Tanya Brodsky-Levy</b>	Senior Learning Consultant Physician Education Consulting	Los Robles	8-338-3902 (626) 564-3902
<b>Joy Miike</b>	Senior Learning Consultant Physician Education Consulting	Los Robles	8-338-5254 (626) 564-5254
<b>Israel Valenzuela</b>	E-Learning Consultant Physician Education Consulting	Los Robles	8-338-3945 (626) 564-3945

**Meetings and Events Main No: 626-564-5338****Fax No: 626-564-7774****Tie Line 8-338**

<b>Name</b>	<b>Title</b>	<b>Telephone Number</b>
<b>Felice Klein, RN</b>	Director, Physician Education	(626) 564-5807
<b>Jim Follett</b>	CME Coordinator, Physician Education	(626) 564-5361
<b>Vanessa Diaz</b>	Physician Education Assistant	(626) 564-3013
<b>Stephanie Akens-Gunn</b>	Senior Learning Consultant Physician Education Consulting	(626) 564-5784
<b>Ferdin Alonzo</b>	Senior Learning Consultant Physician Education Consulting	(626) 564-5933
<b>Tanya Brodsky-Levy</b>	Senior Learning Consultant Physician Education Consulting	(626) 564-3902
<b>Joy Miike</b>	Senior Learning Consultant Physician Education Consulting	(626) 564-5254
<b>Israel Valenzuela</b>	E-Learning Consultant Physician Education Consulting	(626) 564-3945
<b>Laura Hernandez, CMP</b>	Director SCPMG Meetings & Events	(626) 564-3636
<b>Joyce Boyd, CMP</b>	SCPMG Meeting Planner SCPMG Meetings and Events	(626) 564-5346
<b>Yolanda Dorsey, CMP</b>	SCPMG Meeting Planner SCPMG Meetings and Events	(626) 564-3024
<b>Adreaune Hulbert</b>	SCPMG Meeting Planner SCPMG Meetings and Events	(626) 564-5360
<b>Lisa Butterworth, CMP</b>	Project Analyst SCPMG Meetings and Events	(626) 564-5378
<b>Janice Wiley</b>	Medical Education Symposium Assistant SCPMG Meetings and Events	(626) 564-5348
<b>Liz Vega-Nelson</b>	Admin III SCPMG Meetings and Events	(626) 564-3627
<b>Georgina Ware-Ramirez</b>	Administrative Assistant SCPMG Meetings and Events	(626) 564-3656