

DATE SEPTEMBER 15, 2022

TO: OFFICERS, COUNCILORS, AND TRUSTEES

**FR: DANIEL CHOI, MD, MSSNY COMMISSIONER ON MEDICAL EDUCATION
MIRIAM HARDIN, PHD, MANAGER, CONTINUING MEDICAL
EDUCATION**

Re: REPORT FROM THE OFFICE OF CONTINUING MEDICAL EDUCATION

**Report of the MSSNY Committee on Continuing Medical Education
John Maese, MD**

The Committee on Continuing Medical Education oversees the Subcommittee on Educational Programs (which fulfills MSSNY's role as Accredited Provider) and the Subcommittee on Surveys (which fulfills MSSNY's role as Recognized Accreditor). Each Subcommittee makes a report of their activities and decisions and the full Committee ratifies those decisions.

The Subcommittee on Surveys reports are provided by the Chair, Sandhya Malhotra, MD. The Subcommittee on Educational Programs reports are provided by Charles Gonzalez, MD. All subcommittee members must be members of the full CME Committee.

Since the Council's June meeting, the CME Committee has met once, on June 24, 2022. The CME Committee discussed a set of toolkits released by ACCME: The CE Educator's Toolkit, Journey to Equitable Healthcare: The Role of the CME Curriculum, and Best Practices Guide to Active Teaching and Learning. The committee acknowledged the value of the toolkit and its use both for MSSNY-provided CME and education/resources for MSSNY-accredited providers.

**Report of the Subcommittee on Educational Programs
Charles Gonzalez, MD, Chair**

Since the June meeting of Council, the Subcommittee on Educational Programs has met twice, on July 20th and August 17th. Over the course of those meetings, the subcommittee performed activity review on one directly provided activity and one jointly provided activity, determining that the activities were successful in enacting the change they were designed for. The subcommittee reviewed one initial inquiry for an upcoming CME application for a joint provider. They have approved two directly provided activities and one jointly provided activity.

One of the directly provided activities approved was the MSSNY CME Provider Virtual Conference, to be held via Zoom on September 23, 2022. The target

audience for this conference is accredited CME providers (physicians who direct CME programs and/or serve on CME committees; CME administrators). This will be the first MSSNY-accredited CME program that offers physician learners the option to have their credit completion reported to ACCME, to allow those learners to track their credits on [CME Passport](#), a free website that ACCME provides. The flyer for this conference, which includes the registration link, is shared with this report.

Report of the Subcommittee on Surveys **Sandhya Malhotra, MD, Chair**

Since the June Council meeting, the Subcommittee on Surveys has met once, on June 24, 2022. During the meeting, two MSSNY-Accredited providers were submitted for reaccreditation. EmPro and NYS Office of Mental Health were awarded a reaccreditation term. These decisions were the result of a year-long process for reaccreditation that included submission of a written self-study, documentation review of performance in practice (activity files), and an interview between the survey teams (members of the Subcommittee) and representatives of the organizations. The subcommittee also evaluated progress reports from two providers.

Miscellaneous

On August 1, 2022, ACCME sent a letter to all State Medical Society CME Accreditor CEOs, to notify them of a change in ACCME's Markers of Equivalency. The Markers are a set of policies designed to ensure that the practices of SMS accreditors are consistent with those of ACCME. The letter notified SMS accreditors that beginning on January 1, 2024, ACCME-recognized SMS accreditors will need to accredit at least 20 CME providers. MSSNY currently accredits 38 CME providers, so are not in danger of losing their recognition. However, ACCME notified all their recognized accreditors of this policy change, because one of the options the smaller accreditors will have is to form regional consortiums. ACCME notified SMS accreditors that this was to be on the agenda for their September 1st Recognized Accreditor webinar. The letter from ACCME is provided with this report.

As the ACCME Recognized Accreditor in New York State, MSSNY has awarded accreditation status to 30+ organizations across New York State. The MSSNY Office of Continuing Medical Education manages the accreditation of these organizations and holds a monthly web-conference with all MSSNY-accredited providers to discuss CME requirements and issues. Since the June CME Council Report was filed, there have been provider trainings on July 6 and August 3. When the September Council meeting is held, the September training will have been held on September 7.

MSSNY Office of CME has continued to collaborate with Texas Medical Association and Washington State Medical Association in the CME Professionals Mentorship pilot program. In July, they met with CME staff from California and Massachusetts; California Medical Association has expressed interest in participating in an expanded version of the program beginning in 2023.



August 1, 2022

Troy Oechsner
Executive Vice-President
Medical Society of the State of New York
Via email: toechsner@mssny.org

Dear Mr. Oechsner:

I appreciate the work your State Medical Society (SMS) does to accredit educational providers in your region. It's important that local accreditation supports local healthcare educators. We've worked hard to support your work and its value to your community.

A regulated system must maintain consistency of accreditation decisions – otherwise it is potentially unfair to those who receive decisions that could be considered incorrect – whether incorrectly positive and affirming, or incorrectly punitive. Several years ago, our audits detected a high number of inconsistent decisions, and we have worked diligently since then to support your staff and your committees to enhance their accuracy and restore fairness in accreditation decision-making across states and with ACCME. These efforts, robust as they were, have not had the anticipated beneficial result, and inconsistencies persist at the same rate.

One of the major factors that has limited success in achieving consistency has been practice with feedback. Lower volume accreditors simply do not get enough practice and therefore do not get much feedback on their performance or see the variety of applicants to enhance their repertoire. This finding has been supported by an analysis of performance by size of the accreditation pool which demonstrates that volume and practice are associated with performance.

In the face of these issues, and being committed to fairness for all accreditation applicants, the ACCME Board of Directors, at the recommendation of the Committee for Review and Recognition (which is composed of SMS representatives), have unanimously determined that the best course of action for the growth and preservation of the system of local CME accreditation is to implement a new eligibility expectation for State Medical Societies to be Recognized Accreditors within the ACCME System.

Beginning January 1, 2024, eligibility for ACCME Recognition as a State Medical Society Recognized Accreditor requires a program of accreditation to include a minimum of 20 accredited providers.

SMS with fewer than 20 accredited providers (unlike your state) have the following options:

- a. Expand their accreditation program through recruitment of new providers to serve at least 20 eligible organizations; or
- b. Combine their program with one or more SMS within their respective Census Division so that the merged/combined program has 20 or more accredited providers. Each individual SMS would retain their Recognition as part of a collaborative and must contribute to, and its committee members must actively participate in, a shared decision-making body; or
- c. Withdraw from Recognition.

For a higher volume state like yours with at least 20 accredited providers, you can continue your work without change. However, you may want to take the opportunity to reach out to recognized SMS in your census area as outlined below that are lower volume to proactively offer a collaboration that could be mutually beneficial and create efficiencies.

Census Region	Higher volume SMS (≥20)	Lower volume SMS (<20)
Midwest	IN, MI, MO, OH	IA, IL, MN, NE, WI
Northeast	MA, NJ, NY, PA	ME, NH
South	FL, GA, MD, TX	AL, KY, MS, NC, OK, VA, WV
West	CA, WA, CO	AZ, HI, NM, UT

If the number of accredited providers in your state drops towards 20 you may want to create a collaboration proactively so you can remain recognized.

The ACCME has scheduled a webinar for us and the SMS community to further discuss the criteria, timeline for implementation, and questions you might have. The webinar is scheduled for **September 1, 2022, from 1:00 - 2:30pm Central Daylight Time**. Additionally, I have provided as an attachment to this letter, implementation strategies and FAQs to guide us through this transition.

We value the work you have and continue to do to support accredited CME. We are hopeful that this decision will strengthen our system, the ability to make equivalent accreditation decisions, and continue the collaborations we have built together. Please contact me with any questions you may have at gmcMahon@accme.org.

Sincerely,



Graham McMahon, MD, MMSc
ACCME President and Chief Executive Officer

Cc: Miriam Hardin
Enclosure: Implementation Strategies and FAQs



Implementation of New Eligibility Criterion for Recognized State Medical Society Accreditors

The US state and territory medical societies (SMS) are the only entities that are eligible to be recognized by the ACCME to accredit local organizations to provide continuing medical education for physicians. SMS that choose to provide the service of accreditation to educational providers can be recognized by the ACCME. To date there have been no minimum requirements for individual SMS regarding the number of organizations it must accredit, the size and qualifications of its decision-making committee, or how often it makes accreditation decisions.

Using a framework of equivalency, the ACCME reviews the work of SMS to ensure there is consistency in decision-making among all SMS and the ACCME. These organizations can accredit any number of providers that focus on serving learners in their own state or contiguous states, such as community hospitals, state specialty and county medical societies.

In July 2022, to further enhance the equivalency of the system, the ACCME Board of Directors approved a new eligibility criterion for SMS. The eligibility criterion is as follows:

Beginning January 1, 2024, eligibility for ACCME Recognition as a State Medical Society Recognized Accreditor requires a program of accreditation to include a minimum of 20 accredited providers.

What does this mean for SMS with more than 20 accredited providers?

SMS that currently accredit and retain 20 or more accredited providers will remain recognized by the ACCME. They need to make no changes to their programs. SMS in this category may wish to proactively offer collaborative services to any other SMS within their census region.

What does this mean for SMS with less than 20 accredited providers?

SMS with fewer than 20 accredited providers have the following options:

- a) Recruit additional new accredited providers to serve at least 20 eligible organizations;
- b) Combine their program with another SMS within the census region so that the merged/combined program has 20 or more accredited providers. Each individual SMS can retain their Recognition as part of the collaboration, and must contribute to, and its committee members must actively participate in, a shared decision-making body;
- c) Withdraw from Recognition.

Which SMS can create a collaboration together?

Any group of two or more SMS within a census region can create a collaboration:

Census Region	Higher volume SMS (>20)	Lower volume SMS (<20)
Midwest	IN, MI, MO, OH	IA, IL, MN, NE, WI
Northeast	MA, NJ, NY, PA	ME, NH
South	FL, GA, MD, TX	AL, KY, MS, NC, OK, VA, WV
West	CA, WA, CO	AZ, HI, NM, UT

Collaborative groups can contain higher volume and lower volume recognized accreditors or any combination of these.

When must these collaborations be established?

SMS who anticipate they will accredit fewer than 20 providers on **January 1, 2024**, must email the ACCME at info@accme.org by **March 31, 2023** to notify staff of their plans to pursue a collaboration or withdraw from recognition.

What does this mean for SMS or a collaboration whose census drops below 20 accredited providers after January 1, 2024?

If after January 1, 2024, the number of providers accredited by any single SMS or collaboration decreases to less than 20, that organization must engage in one of the three options within a 12-month timeframe.

How would a collaboration between SMS accreditors work?

1. If two or more SMS establish a collaboration, the collaboration will become the recognized entity with a new name/identity.
2. SMS can collaborate with other SMS within its census region as outlined in **Figure 1** below.
3. There will be one primary contact responsible for the collaboration program.
4. Staff for the recognized collaboration will facilitate the review process including communications to the provider, collection of accreditation materials, scheduling the survey interview and other meetings.
5. The collaboration will maintain and use a surveyor pool which has representation from all states that are part of the collaboration. This will increase support of the review process while contributing to continuity and consistency of data collection processes.
6. The decision-making body (committee) will have representation from all states that are part of the collaboration and will be responsible for rendering compliance findings and accreditation decisions. It is the decision-making phase of the review process that stands to gain the most benefit from the collaboration.
7. Staff for the collaboration will report the accreditation decision and findings back to the provider.
8. Staff for the collaboration will be responsible for entering accreditation decisions and other provider information into PARS.
9. Staff for the collaboration will be responsible for all administrative responsibilities to the ACCME such as the collection and facilitation of the provider annual fee and year-end reporting.

Hypothetical example: IA, IL, WI collaboration

- SMS from IA, IL and WI agree to form a collaborative and adopt a new name.
- IA agrees to commit 1.0 FTE, IL commits none, and WI commits 0.5 FTE.
- The IA staff is designated the primary contact and convener.
- IA, IL and WI each assign surveyors and committee members to the new collaborative.
- The primary contact sends a message to all accredited providers to clarify that their fees and accreditation term will not change and that all contact should be through the new primary contact.
- When the committee meets, the decision is issued by the collaborative (noting the sponsoring SMS) and communicated from the collaborative.
- The collaborative is periodically audited by ACCME.

What happens if an SMS decides to withdraw from recognition as an accreditor?

If an SMS chooses to withdraw from recognition, the ACCME has policies and procedures in place to assist the accredited providers in the withdrawing state to transition to a new accreditor. Typically, accredited providers choose a regional SMS as their new accreditor. Withdrawing from the role of an accreditor does not affect the opportunity of an SMS to be an accredited provider.

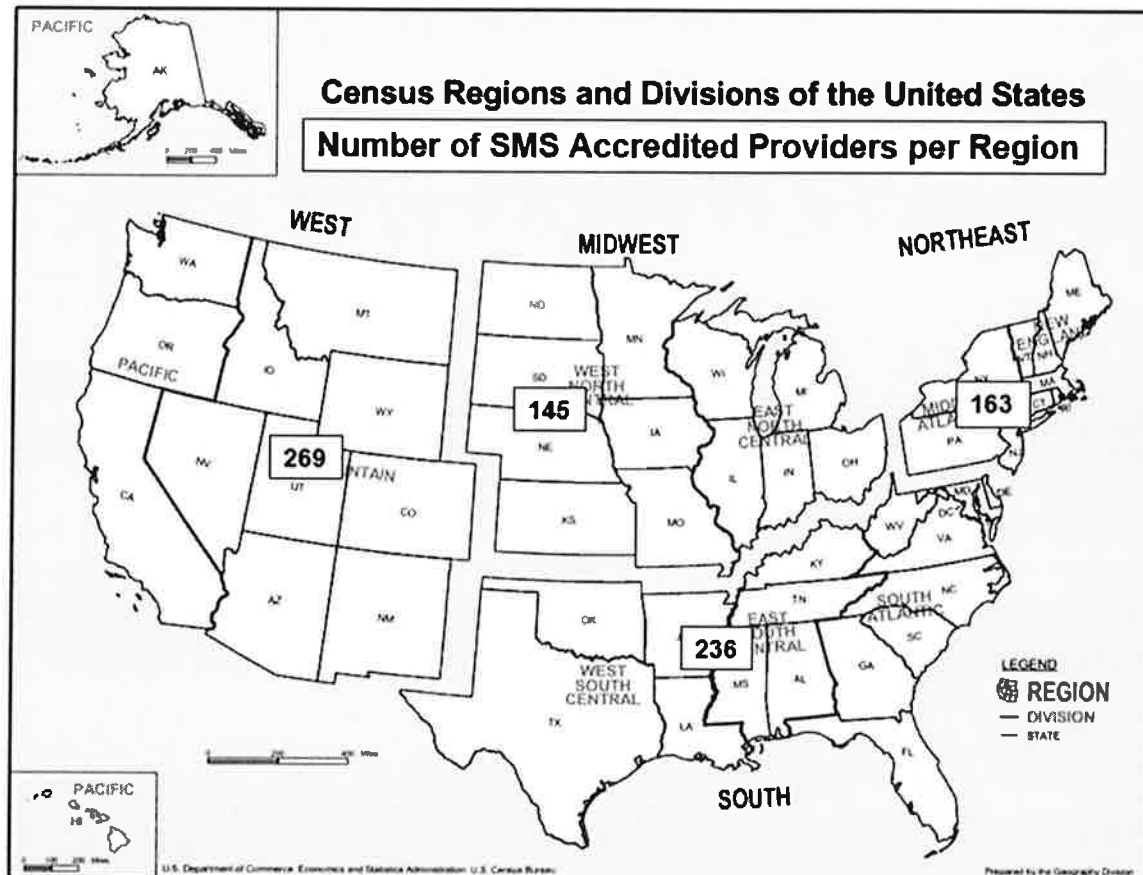


Figure 1: Census Regions for Recognized Accreditor Collaborations

MSSNY CME Provider Virtual Conference 2022

Friday, September 23, 2022

8:30 AM-8:45 AM:	Welcome & Introductions Miriam Hardin, PhD; CME Manager, MSSNY John Maese, MD; Chair, CME Committee, MSSNY Parag Mehta, MD; President, MSSNY
8:45-9:45 AM:	ACCME Update Graham McMahon, MD; President and CEO, ACCME
9:45-10:45 AM:	Developing an Educational Strategy for your Organization Graham McMahon, MD
10:45 AM-10:55 AM:	Break
10:55 AM-11:25 AM:	Best Practices for Teachers Rani S. Gereige, MD, MPH, FAAP Jeannie S. Huang, MD, MPH, FAAP Hilary M. Haftel, MD, MHPE, FAAP Deborah A. Samuel, MBA, FSACME, FACEHP
11:25 AM-12:10 PM	The Path to Equity in Health Care: CE Educator's Toolkit in Action Sandhya Malhotra, MD; moderator and panelist Monica Sweeney, MD, MPH, FACP; panelist Lisa Eng, DO; panelist
12:10-12:40 PM	MOC Simplified Michelle Earl, CME Manager, Nuvance Health
12:40-12:50 PM:	Conference Wrap-Up/Key Takeaways



The CME credits that physicians earn from this activity will be submitted to ACCME's CME Passport, a free, centralized web application where you can create a personalized account to view, track, and generate transcripts of your reported CME credit. Visit www.cmepassport.org to create your account.

REGISTRATION LINK

The Medical Society of the State of New York is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Medical Society of the State of New York designates this live activity for a maximum of 4.0 *AMA PRA Category 1 credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.