Beaumont
Continuing Medical Education

2018
ANNUAL REPORT

Providing Opportunities for Lifelong Learning
...to develop and implement creative, ethical, and evidence-based educational opportunities for lifelong learning that are designed to increase competence, enhance practice performance, promote patient safety, and/or improve patient outcomes in the populations served by the healthcare providers we educate.

Learners are expected to gain competence in their approach to clinical problem solving, apply newly acquired strategies in their practice, and change their performance in order to provide evidence-based and patient-centered care.
This report summarizes the major accomplishments of the Beaumont Health Department of Continuing Medical Education from January 1 to December 31, 2018.
MESSAGE FROM THE DIRECTOR

Welcome to the 2018 Annual Report for the Beaumont Health corporate department of Continuing Medical Education. 2018 was a successful year with over 500 educational activities offered! More than 9,100 hours of education were provided with almost 50,000 “learner interactions” from more than 10,000 individual healthcare providers.

Beaumont CME continues to work closely with other departments and divisions within the health system throughout all eight hospitals to oversee the development and implementation of educational activities, ensuring that all CME-certified activities are managed within the Accreditation Council for Continuing Medical Education (ACCME) and American Osteopathic Association (AOA) accreditation requirements and policies, American Medical Association (AMA) requirements, and other CME regulatory policies.

The CME department remains positioned to influence the scope and content of our activities and educational interventions through our framework and processes. CME staff is integrally involved with activities from planning to implementation, allowing for the opportunity to offer frequent guidance and feedback throughout the CME process.

In the coming year, we are committed to strengthening and growing our commitment to physician and allied health professional education through our integrated CME program for all of Beaumont Health, providing new and improved courses, strategic partnerships, as well as enhanced infrastructure.

Brooke J Taylor, MPH, CHCP, FACEHP
Director, Continuing Medical Education, Beaumont Health
Assistant Dean, Continuing Medical Education
Oakland University William Beaumont School of Medicine
CME OVERVIEW

In 2018, the Beaumont Health accredited CME program consisted of...

- 543 certified CME activities and more than 9,100 hours of educational instruction provided.  
  See page 2 for details

- Educational contributions from all 8 Beaumont hospitals.  
  See page 3 for details

- Multiple types of credits offered to help health care professionals meet licensing requirements.  
  See page 5 for details

- 33% of CME-certified education was developed “of the team, by the team, and for the team”.  
  See page 7 for details

- Almost 50,000 “learner interactions” from more than 10,000 individual healthcare providers from 13 countries, 43 states, and 61 counties in Michigan.  
  See page 8 for details

- 52% of learners reported improved competence, 36% improved performance, and 22% improved patient outcomes as the result of participating in a Beaumont CME activity.  
  See page 9 for details

- Collected $99,650 in certification and optional services fees and almost $4.4 million in grants, exhibits, and registration income to help off-set CME activity expenses.  
  See page 10 for additional information regarding the financial health of CME

- A number of projects were completed in order to improve the overall CME accreditation program.  
  See page 12 for accomplishments and future goals
**Education Provided**

In 2018, 543 activities were certified for CME credits providing 9,105.75 educational hours of instruction: 89% (482 activities for 7,942.25 educational hours of instruction) were certified for allopathic (AMA PRA) credits and 11% (68 activities for 1,163.50 educational hours of instruction) were certified for osteopathic (AOA) credits. This is a 4% increase in certified activities compared to 2017 (523 activities).

The majority of the education provided at Beaumont Health is in the form of regularly scheduled series (RSS), defined as a CME activity that is planned as a series with multiple, ongoing sessions and is primarily planned by and presented to the accredited organization's professional staff. Additional formats included courses and internet enduring materials (IEM) (see Figure 1).

**Figure 1. Educational Formats by Accreditation Type**

<table>
<thead>
<tr>
<th>Format</th>
<th>Allopathic</th>
<th>Osteopathic</th>
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<tr>
<td>Course</td>
<td>30%</td>
<td>2%</td>
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<tr>
<td>RSS</td>
<td>41%</td>
<td>10%</td>
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<tr>
<td>IEM</td>
<td>16%</td>
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Beaumont Hospitals Contributing to CME Certified Education

All eight Beaumont hospitals contributed to the certified education provided by the CME department (see Figures 2a and 2b). In addition, the Oakland University William Beaumont School of Medicine Center for Excellence in Medical Education provided a large amount of faculty development-focused education. The CME department also partners with external organizations regularly to certify regional and national educational opportunities. In 2018, 12% of the activities Beaumont certified for CME credits were in collaboration with external organizations, including the American Conference for the Treatment of HIV, American Board of Emergency Medicine, Arizona Ophthalmological Society, Aspen Retinal Detachment Society, IVF Michigan Fertility Centers, Journal of Investigative Dermatology, Michigan Orthopaedic Society, Michigan Society of Echocardiography, Michigan Society of Eye Physicians and Surgeons, Michigan State University College of Osteopathic Medicine, Michigan Urological Society, Minimally Invasive Neurosurgical Society, Retina Society, and Wayne State University.

Figure 2a. Certified Education by Hospital and Format

The decline in certified education provided by Beaumont Hospital, Royal Oak in 2018 was primarily due to the CME department consolidating departmental regularly scheduled meetings (for example, instead of certifying a department’s grand rounds, morbidity and mortality, and case review meetings as separate meetings, they were combined into a single certified department meeting). These consolidations were done in order to better utilize CME and department administrative resources as well as to make it easier for providers to receive CME credits for their participation in the meetings.
Figure 2b. Number of CME Activities and Educational Hours of Instruction by Hospital
**Types of CME Credit Offered**

Beaumont continues to offer different types of CME credits to help healthcare professionals meet their licensing requirements, including allopathic (AMA PRA), osteopathic (AOA), American Academy of Family Physicians (AAFP), OUWB Meaningful Participation (MP), and medical ethics, pain and symptom management, and human trafficking (to meet Michigan board licensing requirements). See Figures 3a-d.

**Figure 3a. Types of Credits Offered**

![Pie chart showing the distribution of CME credits offered. 77% are allopathic (AMA) and 13% are osteopathic (AOA).]

**Figure 3b. Types of Osteopathic Credit Offered**

![Bar chart showing the distribution of osteopathic credits offered. 13% are 1-B Preceptor, 4% are 1-B Attendance, 7% are 1-A Speaker, and 1% are 1-A Attendance.]
Figure 3c. Certified Education by Hospital and Accreditation Offered

Figure 3d. Types of “Other” Credit Offered

- OUWB Meaningful Participation (163.75 credits)
- American Academy of Family Physicians (64.25 credits)
- Medical Ethics [Michigan board licensing requirement] (50.25 credits)
- Pain & Symptom Management [Michigan board licensing requirement] (77.25 credits)
- Human Trafficking [Michigan board licensing requirement] (6.25 credits)


**Education “Of the Team, By the Team, For the Team”**

One of the most effective ways to maximize the complementary skill sets of healthcare professionals is to work as a team. A team-based approach can include various combinations of healthcare providers, including, but not limited to, physicians, nurses, physician assistants, pharmacists, social workers, case managers, spiritual care, patient advisors, etcetera. The unique strengths and perspectives of each member of the team are an asset when providing the safest, best possible care to patients.

In January 2018, the offices of continuing medical education, continuing pharmacy education, and continuing nursing education began formal collaborations in the development and implementation of interprofessional continuing education (IPCE) with the goal to provide ongoing evidence-based educational opportunities to support the life-long learning of the interprofessional health care team. Interprofessional educational activities were developed to allow healthcare providers to engage in education “of the team, by the team, for the team” to allow learners the opportunity to understand their collaborative roles and goals related to patient care and to improve collaboration and the delivery of care.

Throughout 2018, a total of 759 educational opportunities were provided between continuing medical education, continuing pharmacy education, and continuing nursing education. Of these 759 educational opportunities, 192 activities (25%) were developed “of the team, by the team, for the team”. In continuing medical education alone, 182 CME certified activities (33%) were developed as interprofessional, team-based educational opportunities. See Figure 4.

**Figure 4. Comparison of Education vs. Team-based Education Provided**

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<thead>
<tr>
<th></th>
<th>Medicine CME Activities</th>
<th>Pharmacy CE Activities</th>
<th>Nursing CE Activities</th>
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<tbody>
<tr>
<td>Total IPCE</td>
<td>182</td>
<td>29</td>
<td>94</td>
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<tr>
<td>Total CME/CE</td>
<td>478</td>
<td>52</td>
<td>359</td>
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<tr>
<td></td>
<td>33% IPCE</td>
<td>56% IPCE</td>
<td>37% IPCE</td>
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Geographic Reach

Beaumont Health continuing medical education activities are directed toward healthcare professionals within Beaumont Health as well as at the local, regional and national levels. In 2018, our activities continued to be designed primarily for internal Beaumont Health/Oakland University William Beaumont School of Medicine providers/faculty and staff (82%) with the remaining activities designed for local/regional (10%), national (7%), and international (2%) audiences. Learners came from 13 countries (Albania, Australia, Austria, Brazil, Canada, Finland, Italy, Korea, Lebanon, Mexico, the Netherlands, New Zealand, Saudi Arabia, and the United States), 43 states (see Figure 5a) and from 61 counties in Michigan (see Figure 5b).

In total, there were almost 50,000 health care “learner interactions” with Beaumont CME events (10,585 unique individuals): Allopathic: 32,534 physician interactions and 13,601 non-physician interactions; Osteopathic: 2,875 physician interactions. This is an increase of 16% compared to 2017.

Figure 5a. CME Participation by State

![Image](image1)

Figure 5b. CME Participation by County in Michigan and Ohio

![Image](image2)
Expected Outcomes

Learners are expected to gain competence in their approach to clinical problem solving, apply newly acquired strategies in their practice, and change their performance in order to provide evidence-based and patient-centered care.

During the educational planning stages, it was identified that 98% of Beaumont CME activities were being designed to change knowledge/competence, 48% performance, and 13% patient outcomes. Following the conclusion of each CME-certified activity, learners were asked to identify whether the content would help improve their competence, performance, and/or patient outcomes as well as how their participation in the CME-certified activity would change their practice. Approximately, 52% indicated their competence was improved, while 36% indicated their performance would be improved and 12% indicated their patient outcomes would be improved. In addition, 43% indicated they would make changes to their practice as a result of the information received from a CME activity.

Within 30-days following each conference, a follow-up survey was distributed to all learners; while response rates were low overall, an average of 36% of learners completing the survey self-reported that they had successfully sought additional information or implemented new information and/or skill(s) into their practice as a result of the CME activity. Overall, 22% of learners indicated that they had noticed an improvement in their patient outcomes as a result of the CME activity. See Figure 6 for common changes in practice noted by participants.

Figure 6. Changes in Practice Self-Reported by CME Participants
Financial Health

The CME department collected $99,650 in fees in 2018; the fees were retained for services provided including accreditation/certification, registration management, grant management, on-site management, etcetera. The fees are charged for education that is designed for an external Beaumont audience as well as non-accreditation related “optional” services; accreditation/certification fees are not charged for education that is designed for only Beaumont internal audiences (i.e., education designed by Beaumont, for Beaumont) (see Figure 7a). CME fees collected are applied to the CME operational budget in order to help off-set operational expenses. The amount of fees collected in 2018 was approximately 13% lower than in 2017; this decrease is primarily due to one-time only projects as well as biennial projects that were last held in 2017.

Figure 7a. Beaumont CME Income

Any expenses incurred as part of a CME certified activity are the responsibility of the Beaumont department/external organization “hosting” the event; CME activity-specific expenses do not come out of the CME operational budget. Often educational grants, commercial exhibits, registration income, government grants, and other sources of income such as private donations are received to help offset CME event expenses. In these situations, CME often collects the revenue, but then it is distributed to the event “host” as they are responsible for paying the event expenses. In 2018, almost $4.4 million income was received to off-set the $4.1 million in event-specific expenses (see Figure 7b and 7c); 13% of CME-certified activities received some source of income to help off-set event expenses.
Figure 7b. Beaumont CME Activity Sources of Income

- **Directly Provided**
  - Commercial Support: $60,500
  - Ad/Exhibit Income: $300,933
  - Registration Income: $318,248
  - Other Income: $95,877

- **Jointly Provided**
  - Commercial Support: $615,000
  - Ad/Exhibit Income: $2,065,700
  - Registration Income: $898,191
  - Other Income: $69,083

Figure 7c. CME Event Expenses vs. Income

- CME Event Income: $3,647,974.00
- CME Event Expenses: $3,021,457.00

**Directly Provided** = The educational event was planned, developed, and implemented by Beaumont.

**Jointly Provided** = The educational event was planned, developed, and implemented in collaboration with an external organization.
2018 Accomplishments

A number of projects were completed in order to improve the overall CME accreditation program and/or increase efficiencies within the department of continuing medical education.

The primary accomplishments of 2018 included:

- Increased the linkage of CME into quality improvement and patient safety through the development and implementation of one physician-focused Kaizen quality improvement project.
- Aligned CME programs with the patient and family-centered care initiative through the development and implementation of ten (10) PFCC-focused educational opportunities.
- Increased collaborations with nursing, pharmacy, and social work to develop interprofessional education for the healthcare team. Developed an interprofessional continuing education (IPCE) task force/committee that met monthly; developed and implemented an integrated administrative planning process for the development of IPCE; and certified more than thirty (30) IPCE opportunities designed for multiple members of the health care team.
- Developed certified education to help providers meet the State of Michigan special licensing requirements on human trafficking, medical ethics, and pain and symptom management.

Pain & Symptom Management: Provided 25 educational opportunities (15 live, 10 web-based) totaling over 30 educational hours

Medical Ethics: Provided 9 educational opportunities (5 live, 4 web-based) totaling over 11 educational hours

Human Trafficking: Provided 4 educational opportunities (1 live, 3 web-based) totaling over 6 educational hours

Future Goals

- **Psychology CE:** become an American Psychological Association (APA) approved sponsor for psychology continuing education and provide at least 3 psychology CE-approved educational opportunities.

- **Team-based CE:** provide education "of the team, by the team, for the team" through the implementation of at least 3 IPCE activities; consolidate resources for physician, nursing, pharmacy, psychology, and social work continuing education through joint accreditation. Establish a centralized education center for the development/certification of CE for the health care team (streamlined, “one-stop-shop” for continuing education).

- **CME Alignment:** Align CME programs with patient and family centered care initiative and/or population health concepts; certify at least 3 PFCC/population health educational activities.

- **Education to meet State Licensure Requirements:** Continue to develop certified education to help providers meet the State of Michigan special licensing requirements on human trafficking, medical ethics, and pain and symptom management.
CME Committee and Staff

The CME staff and committee are crucial to the accomplishment of the goals established for the department of CME. Their dedication, expertise, and ability to work with a diverse population is critical to maintaining a high-quality CME program.

2018 CME Staff

- Brooke Taylor, MPH, CHCP, FACEHP – Director
- Sam Felarca, MEd – Education Design Specialist
- Linda Fennell – Administrative Assistant
- Esther Gargalino – CME Coordinator
- Becky Kirk – CME Coordinator
- Sarah Lewer – CME Coordinator, joined April 2018
- Sherrie Ode – RSS Coordinator
- Jessica Rice – CME Coordinator
- Lindsay Yeatts – CME Coordinator, through March 2018

CME Committee Members

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<tr>
<th>Name</th>
<th>Department</th>
<th>Location</th>
<th>Position</th>
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<tbody>
<tr>
<td>Bishara Freij, MD</td>
<td>Pediatrics, Royal Oak</td>
<td>Royal Oak</td>
<td>CME Committee Chair</td>
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<tr>
<td>Sangeeta Kaur, MD</td>
<td>Obstetrics &amp; Gynecology, Royal Oak</td>
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<tr>
<td>Zulfigar Ahmed, MD</td>
<td>Anesthesiology, Dearborn</td>
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<tr>
<td>Paula Kim, MD</td>
<td>Family Medicine and Medical Administration, Grosse Pointe</td>
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<tr>
<td>Edward Cohn, MD</td>
<td>Ophthalmology, Royal Oak</td>
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<tr>
<td>Lynda Misra, DO</td>
<td>Internal Medicine, Royal Oak</td>
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<tr>
<td>Nancy Cutler, MD</td>
<td>Pediatric Cardiology, Royal Oak</td>
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<tr>
<td>Kiran Nandalur, MD</td>
<td>Radiology, Royal Oak</td>
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<td>Jeffrey Devries, MD</td>
<td>Graduate Medical Education</td>
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<td>Heidi Pillen, PharmD</td>
<td>Pharmacy Administration</td>
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<td>Thomas Ditkoff, MD</td>
<td>Orthopaedic Surgery, Royal Oak</td>
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<td>Renato Ramos, MD</td>
<td>Cardiology, Royal Oak</td>
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<td>Christine Duncan</td>
<td>Medical Education, Dearborn</td>
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<td>Ahmer Rehman, MD</td>
<td>Internal Medicine, Wayne</td>
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<td>Ismael Gonzalez Rangel, MD</td>
<td>Pediatric Cardiology, Royal Oak</td>
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<td>Valerie Reid</td>
<td>Library Services, Dearborn</td>
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<tr>
<td>Ehab Saleh, MD</td>
<td>Pediatric Orthopaedic Surgery, Royal Oak, Taylor, Troy, Wayne</td>
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<tr>
<td>Joined October 2018</td>
<td>Manveen Saluja, MD</td>
<td>Internal Medicine, Royal Oak</td>
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<tr>
<td>Sandor Shoichet, MD</td>
<td>Internal Medicine, Royal Oak</td>
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<tr>
<td>Lori Stec, MD</td>
<td>Ophthalmology, Royal Oak</td>
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<tr>
<td>Robyn Thomas</td>
<td>External Quality Measures, Royal Oak</td>
<td></td>
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<tr>
<td>Janet Zimmerman</td>
<td>Library Services, Royal Oak</td>
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