



CME MISSION STATEMENT

Criterion 1

The provider must have a written statement of its CME mission, approved by the provider's governing body, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.

Importance of the Mission Statement in the CME Program

The CME mission provides a framework of purpose and action for the accredited provider's CME program. Acknowledging the stated target audience, it directs the content and types of CME activities that will be developed to further the purpose of the CME program. The expected results of the CME program should be stated in terms of change in physician competence, or in physician performance, or in patient outcomes.

To further demonstrate the importance of establishing a CME mission statement that is specifically tailored to the organization's target audience, CME purpose, and expected results, several other criteria directly link to the CME mission. They are as follows:

- **Planning**
 - Criterion 3: The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes **as described in its mission statement.**
- **Overall CME Program Evaluation**
 - Criterion 12: The provider gathers data or information and conducts a program-based analysis on the **degree to which the CME mission of the provider has been met** through the conduct of CME activities/educational interventions.
 - Criterion 13: The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to **improve on ability to meet the CME mission.**

Components of the CME Mission Statement

- **Purpose:** States why the organization is supporting an accredited CME program.
 - Example 1: The purpose of ABC Medical Center's CME program is to promote continuous improvement in patient care by providing educational activities for physicians. The activities will update physicians on new diagnosis and treatment modalities; improve clinical skills; improve physicians' compliance with quality management issues; and promote cost effective quality care.
 - Example 2: The purpose of the XYZ Foundation is to plan, develop and present continuing medical educational activities based on identified needs, in the most appropriate format, for physicians and other healthcare professionals, and through these education activities, enhance the skills, knowledge and attitudes of physicians leading to better patient outcomes.
- **Content Areas:** General subject or content areas of activities.
 - Example 1: NMA seeks to improve Nebraska physicians' expertise in practicing medicine through educational activities in the following areas: prevention, detection, and treatment of

disease and health concerns including public health threats, cancer, heart disease, and end-of-life care; quality improvement, liability risk reduction, and enhancement of the practice environment; impaired physician awareness, prevention, and treatment; and physician leadership topics.

- Example 2: Content areas addressed through CME activities may include compliance with regulatory core measures, current practices, requested specialty topics, top DRG's, new technological advances, and hospital identified needs.
- **Target Audience:** Statement of who the program will primarily serve.
 - Example 1: ABC Medical Center provides continuing education to medical staff physicians, referring physicians, physician assistants and nurse practitioners.
 - Example 2: The CME program will be designed primarily for all physicians involved in the care of the cardiac patient in the Panhandle region. Depending on content, some activities may include physician assistants, nurses and other professionals engaged in cardiovascular care.
- **Type of Activities Provided:** Formats, services utilized to offer CME activities.
 - Example 1: The CME program will consist of Tumor Board with case presentations; general monthly lecture series; quarterly specialty-specific seminars, quarterly ACLS courses; and larger 1-2 day conferences as needed.
 - Example 2: XYZ Specialty Society will offer an annual meeting with lectures, panel discussions, and hands-on sessions; outreach seminars in various locations of Nebraska; online courses; and joint providership with affiliate local organizations when appropriate.
- **Expected Results:** Accomplishments of the CME program through its CME activities in terms of change:
 - in physician competence, **or**
 - in physician performance, **or**
 - in patient outcomes.

Please note: Be sure to specify which level of results your organization intends to achieve. The CME program does not have to achieve all three levels. Your organization may choose only one or a combination of the three.

- o Competence means "knowing how to do something . . . the ability to apply knowledge, skills and judgment into practice."
- o Performance means "what one actually does in practice, based on competence."

For example, related to the content areas, target audience, and types of activities stated in the CME mission:

- Physicians will have strategies for . . . = **Competence**
- Physicians will implement strategies to . . . = **Performance**
- Activity(ies) will contribute to change in patient health status in the area(s)of . . . = **Patient Outcomes**

Specific Example 1:

In selected lectures in the cardiovascular care monthly series, participants will be asked on the evaluation form to state what elements of the information presented in the lecture will be incorporated into their practice. This will be accomplished with either a paper evaluation form to be completed and returned at the conclusion of the lecture, or with an audience response system to record responses in aggregate. Data gathered from this process will enable the CME Committee to determine effectiveness of activity content in meeting identified practice gaps. **Competence**

Specific Example 2:

For activities in the area of state public health initiatives, follow-up outcomes evaluations are sent to learners of activities three to six months after the completion of the activity to determine the

degree to which the learners are actually implementing information acquired in the activities. It is expected that 50% of learners used the information in their practice to improve patient care.
Performance

Further, public health initiatives will be based on data secured from the Texas Department of State Health Services. A comparison of the same data used in initial needs assessment will be conducted at an appropriate time interval to determine if there have been improvements, i.e. number of cancer survivors or number of children immunized. **Patient Outcomes**

Approval by Governing Body

Finally, to ensure that the CME program is utilized at all levels of the accredited organization and that it receives the necessary allocation of resources needed to accomplish its purpose, seek approval and input from the governing body on a regular basis. The governing body is identified by the accredited organization and is a group above the CME Committee in the organizational structure.