A significant shift has occurred in the CME enterprise over the course of the past five years. The updated Accreditation Council for Continuing Medical Education (ACCME) Criteria provide explicit guidance to assist CME providers to incorporate many of the same adult learning principles that are reflected in undergraduate and graduate medical education and adult learning theory. CME should be designed to engage learners in interventions designed to enhance physician competency and practice with the anticipated goal being the reduction of medical errors and patient harm.

The updated ACCME accreditation criteria are specifically intended to foster measurable change and improved patient care through the delivery of continuous learning aimed at improving physician knowledge, competence, performance and patient care outcomes. At their core the updated criteria support the development of CME activities that contribute to improving physician practice. Using a specific educational planning methodology helps achieve this goal. CME providers and their planners can begin this process by identifying areas where improvement is needed. This is referred to as a professional practice gap. The ACCME defines a professional practice gap as the difference between current health care processes or outcomes observed in practice and those potentially achievable on the basis of current professional knowledge and standards of care. Simply stated, a gap in practice is the difference between what your learner currently knows or has the ability to do, and where they should be in their knowledge, competence and or performance.

Identifying Practice Gaps
1. You can begin this analysis by looking at practice areas that learners find challenging or areas for which local or national data suggest practitioners are having difficulty.
2. Determine what factors contribute to the gap.
3. Consider whether or not education can help improve practice in these areas.

Questions that will Help Identify Practice Gaps
1. What data sources are available that might identify areas where improvement is needed (eg, local or national quality data, departmental data, departmental reports, clinical reports, quality improvement and performance improvement committees)?

Planning an Educational Intervention to Eliminate Practice Gaps
With the analysis and validation of these data sets and the synthesis of the information, the educational needs underlying the professional practice gaps emerge. If the gap analysis leads to a conclusion that an educational intervention may contribute to practice improvement, the planning process will then include:

- Identification of the target audience(s) and their scope of practice
- Specification of what a learner needs to change in order to improve his/her practice and the clinical outcomes for patients
- Selection of the most effective teaching format for the activity based on the desired results and the learning objectives (eg, didactic lecture, interactive lecture with Q&A or audience response systems, online learning modules, group discussion, audio visual presentation, case-based presentations, hands-on demonstration, simulation or technical skills workshops)
- Identification of a method for assessing how the educational intervention contributed to improvement in competence, performance, or patient outcomes.

Also, it is important to consider how educational outcomes can be enhanced and supported by incorporating one or more noneducational strategies or additional educational strategies.
approaches. Noneducational strategies might include a chart reminder or patient education materials.

The ACCME has defined compliance with Criterion 2 as documentation that the CME activity incorporated needs (knowledge, competence, or performance) that underlie a professional practice gap(s) of the provider’s learners. The provider should document the sources used, evidence of analysis and interpretation of the data selected to support the educational need(s), and the subsequent identification of a knowledge, competence or performance issue that underlies those gaps. Please refer to the ACCME resources at http://education.accme.org/video/acmeme-video-faq/documenting-professional-practice-gaps. Also, be sure to check out the accompanying list of practice gap resources that follows.

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Almanac Editorial Board Member

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Professional Practice Gap Resources

A. Quality Measures

1. Ambulatory Care Quality Alliance
   Performance measures for ambulatory care, which align with agreed-upon parameters and address specific conditions and therapeutic areas.
   a. www.ahrq.gov/qual/qaqastart.htm
   b. www.ahrq.gov/qual/qualix.htm

2. American Society of Clinical Oncology (ASCO) Quality Measures
   Quality measures developed for the ASCO’s National Initiative on Cancer Care Quality (NCCQ) and recommendations of the National Comprehensive Cancer Network (NCCN) Breast Cancer, Colon Cancer, and Rectal Cancer Guidelines.

3. Hospital Quality Alliance
   Twenty-one quality measures on which hospitals voluntarily report.
   www.cms.gov/HospitalQualityInits/33_HospitalQualityAlliance.asp

4. National Quality Forum
   Quality measures, indicators, events, practices, and other products to help assess quality across the health care continuum. Gold standard for the measurement of health care quality.
   www.qualityforum.org

5. National Quality Measures Clearinghouse
   Public repository for evidence-based quality measures sponsored by Agency for Healthcare Research and Quality (AHRQ) and the US Health and Human Services Department.
   www.qualitymeasures.ahrq.gov

6. National Committee for Quality Assurance
   National, regional and state averages and percentiles from all Healthcare Effectiveness Data and Information Set (HEDIS) measures.
   www.ncqa.org

B. Performance Measures

1. American Medical Association (AMA) Physician Consortium for Performance Improvement (PCPI)
   a. Seventeen ambulatory care measurement sets and 151 ambulatory care measures.
   b. Addressing the professional practice gap (online module)
      www.amaprimarycare.org

2. The Commonwealth Fund
   Results from 2006 National Scorecard on US Health System Performance.
   www.commonwealthfund.org/usr_doc/site_docs/annualreports/2006/msg_evp01.htm

3. Joint Commission
   Core performance measures that support organizational process improvement.
   www.jointcommission.org

4. NCCN Clinical Practice Guidelines in Oncology
   www.nccn.org

5. National Guideline Clearinghouse
   Guidelines with associated measures available through AHRQ and National Quality Measures Clearinghouse (NQMC) websites.
   www.guideline.gov
C. Registries

1. Physician Quality Reporting Initiative (PQRI) Qualified Registries
   
   In 2008, 32 vendors became qualified registries for PQRI reporting. They were vetted for their ability to provide required PQRI data elements, measures calculated accurately and transmitted information in requested format.
   
   www.cms.gov/pqri

2. Comorbid Disease Management Database (COMMAND)
   
   Downloadable chronic disease patient registry allowing the entering and tracking of any disease, test/laboratory result, examination, immunization, patient education, medication, assessments, general counts and other self-defined items over time.
   

D. Additional Resources

   
   Multi-year initiative of the AHRQ to support the assessment of consumer’s experiences with health care.
   
   www.cahps.ahrq.gov/content/cahpsOverview/Over_Program.asp?p=101&s=12

2. Practice Redesign
   
   The new model of care proposes transformational redesign of both the work and the workplaces of family and primary practices in order to better serve the changing needs of patients, physicians, and practice teams.
   
   www.transformed.com

3. Institute for Healthcare Improvement (IHI)
   
   The IHI is an independent, not-for-profit organization helping to lead the improvement of health care throughout the world. IHI works to accelerate improvement by building the will for change, cultivating promising concepts for improving patient care, and helping health care systems put those ideas into action.
   
   www.ihi.org