

## Executive Summary

### Call for Comment: Digital Data Management in Accredited Continuing Education

On February 22, 2023, the Accredited Council for Continuing Medical Education (ACCME) opened [a call for comment](#) on digital data management in accredited continuing education. The ACCME has been working to simplify the management of CME credits and sought comments from accredited providers on the best next steps to support that evolution and maximize participation from all providers in the digital ecosystem.

Responses were accepted through April 7, 2023. There were 153 respondents to the online survey; in addition, we received responses via email. This summary includes a representative sampling of comments in support of the initiatives, common concerns about the initiative, and responses to the survey questions, in addition to tables illustrating respondent demographics and common themes to the open-ended questions posed in the survey.

### Background

For several years, ACCME has offered accredited providers the opportunity to report credit information directly to ACCME, rather than issue a certificate of completion. Upon completing an ACCME-accredited activity, the reported credits can appear in each physician's [CME Passport](#) transcript, conveniently keeping their credits in one place. Accredited CME providers can enter both activity and learner credit data in ACCME's Program and Activity Reporting System (PARS). Once the credit is reported by the provider through PARS, it is made available in the physician's personal transcript, and with permission, to their allopathic or osteopathic licensing board(s) and participating certifying board. Physicians can log in to their profile on CME Passport and view a centralized transcript of their credit, as well as share that transcript with any entity they wish, including their certifying board or credentialing office.

This centralized system of CME credits is provided through the collaborative efforts of ACCME, The Federation of State Medical Boards (FSMB), and several American Board of Medical Specialties (ABMS) certifying boards. The simplicity and utility of a centralized and automated credit management system is highly beneficial for physician-learners. For accredited providers, the arrival of digitized CME credits creates new efficiencies: certificates of attendance need not be issued, and since data is recorded centrally, physicians do not need to return to the provider to obtain missing transcripts. Accredited providers can also choose to have their activities listed and readily found by learners in the search engine on CME Passport.

Creating a hub of centralized CME credit data creates a streamlined and transparent system to ensure accurate, reliable, and seamless data flows that reduce the burden on the physician and the licensing boards while augmenting the value of accredited CME.

## The Survey

Our survey posed four open-ended questions to respondents, seeking input on how ACCME could further meet the needs of the community and maximize the adoption of the system by all providers for everyone's benefit:

- What changes, if any, should be made to ensure reporting learner credit data is as easy and efficient as possible for accredited providers?
- How can ACCME best support accredited providers to ensure physicians have a complete record of their credit data available?
- What lead time should be provided if ACCME required all CME credit be reported into the system for all activities?
- How should ACCME approach content taxonomy and tagging when reporting activities while minimizing burden on the accredited provider?

## Who Responded?

Of the 158 responses, the majority (49%) are ACCME accredited; the rest are state-accredited, accredited by another health profession accreditor, or jointly accredited. Responses were received from every provider type.

**Table 1. Numbers and Percentages of Responses by Accreditor**

Total Survey Responses by Accreditor	Number	Percentage
ACCME	78	49%
Recognized Accreditor (state/territory medical society)	55	35%
Joint Accreditation for Interprofessional Continuing Education	23	15%
Other	2	1%
<b>Total</b>	<b>158</b>	<b>100%</b>

**Table 2. Numbers and Percentages of Responses by Organization Type**

Total Survey Responses by Organization Type	Number	Percentage
Hospital/healthcare delivery system	69	44%
Nonprofit (physician membership organization)	44	28%
School of medicine	19	12%
Publishing/education company	11	7%
Other	11	6%
Nonprofit (other)	3	2%
Insurance company/managed care company	1	1%
<b>Total</b>	<b>158</b>	<b>100%</b>

## What We Heard

While 15% of respondents reported that they understand and appreciate the benefits of a unified data system, 40% encouraged ACCME to collaborate with existing learning management systems to make the process easier, 37% said they experienced challenges uploading data to the system or finding a successful match, and 37% said they lacked sufficient staff to enter learner credit data. Respondents shared many helpful suggestions for improving the process of reporting learner credit data.

**Table 3. Overarching Themes**

Themes	Number	Percentage
ACCME should collaborate with existing learning management systems to make this process easier.	65	40%
It is difficult to upload learner information/make a successful match into PARS/JA-PARS.	58	37%
My organization does not have enough staff to enter learner credit data.	58	37%
CME providers should not be responsible for entering learner credit data.	26	17%
I understand/appreciate the benefits of a unified system	23	15%

A cross-section of comments is summarized below.

*General comments of support included the following:*

- CME passport is working great for my providers. They love that they can get everything in one space. Great Job!!!!
- Moving to submission of individual learner credit as a requirement, would assure ALL credits awarded are in CME Passport. I've heard from offices/physicians they are disappointed not all accredited providers are utilizing this feature, especially the ones who are offering national conferences.
- So far, I find the Passport system in PARS user-friendly.
- Our biggest barriers to reporting credit data are 1) systematically collecting and storing license information from learners (infrastructure), and 2) time and resources to actually report the information and provide appropriate levels of customer service to support this. Because other clinician types still require physical certs, this is a duplicate process. All that said, the process established by the ACCME to support credit reporting seems user-friendly and efficient.

*Primary concerns include the following:*

- Asking CME Providers to report all learner credits is very overwhelming and taxing to already overwhelmed CME units.
- As an accredited provider, this will undoubtedly add to the burden we already have of collecting and reporting data. I know it would be beneficial for the physician and licensing organizations to have this centralized but our focus is on providing high-quality education to our providers and increasing administrative tasks will impact our bandwidth to do so.
- We would have to stop doing programming for our learners in order to make these changes, which would mean we would not meet our CME or organizational mission.
- While I feel that CME Passport is very useful for the learner, providers would bear a heavy administrative and financial burden regarding reporting learner data.

## *Suggested Improvements*

The open format of this call for comment generated a list of suggested improvements, some of which are highlighted below:

- I wish that there was a way to know the general reason a record is rejected.
- Allow us a way to look up learners especially when credits are rejected to determine what the issue is and allow us to correct this. If a credit is rejected allow us a way to correct the rejected credit record to get to go back through rather than having to delete and re-enter all the information.
- Learner data reporting systems like PARS, CE Broker, etc. should talk to one another and streamline data upload formats to make reporting easy for providers.
- Add a physician search field in case the learner gives the wrong license or MOC number. After the first time putting a learner's name in all info automatically populates the next time.
- Faster, more seamless connections (it is really quite good already but can always be faster!)
- As few required data points about a learner as possible, to minimize errors that require data resubmission. In my experience with our MOC II learner data over the past 5 years, learner error resolution is the most time-consuming portion of reporting.
- Make testing a bit easier (e.g., allow to completely clone an activity from the production environment into the sandbox, including the MOC settings and activity ID)
- Link the board certification information and the state licensure information. This will allow a physician to receive credit for both if we only have one ID. This is possible for manual credit input but not in the upload.
- Many physicians are licensed in multiple states and by multiple boards. Will they be responsible for ensuring all license numbers and board IDs? From experience, we know expecting that kind of information to be entered correctly by end-users is problematic.
- Will PARS allow providers to enter data for physicians who complete risk management and other state mandated education requirements? Since the state mandated education varies by state, will the ACCME track each state's requirements so that a State Board may review a physician's record?
- Are physicians able to self-report credit for activities not reported by an accredited provider and/or for self-claimed AMA PRA Category 2 Credits™? In MA, the Board of Registration in Medicine accepts both AMA PRA Category 1 Credits™ and AMA PRA Category 2 Credits™ for re-licensure requirements.
- It is suggested that the ACCME create and distribute a list of companies that have successfully engaged with the ACCME to enable automatic learner data uploads into PARS. This would not be an endorsement of these companies but could be a starting point for accredited providers who may seek help in automating this process.
- In order to streamline this process and make it more feasible for accredited providers, some sort of API integration option for automating learner credit reporting would be helpful.

## *Preferred timeframe*

Providers recommended a wide range of suggestions for lead time before requiring the reporting of CME credit date, from 30 days to never, with the majority requesting a 2- to 3-year transition period.

## *Content Taxonomy and Tagging*

Several useful suggestions for addressing content taxonomy and tagging were provided, including the following:

- Structured taxonomy codes should be used to determine the topic of the course. This should then be a required element of the data string for reporting a course completion. The ACCME's system or third-party vendor should consume the data string (ex. License Number, State Code, Topic Code, etc.) and populate the data to the licensed professionals' account showing how that course completion applied to their respective state licensure requirements, federal requirements (DEA Opioid Prescribing Training) and national board certification requirements.
- By systematizing the topic codes, the system should be able to determine its applicability and provide value to the user on their user interface. The responsibility of assigning applicability should be automated via the system with as limited of a data string as possible from the accredited provider.
- Significant training and resources would have to be devoted to teaching about the concept of content taxonomy and working to ensure that providers are using consistent language to ensure activities can be tagged appropriately.
- It is suggested that the ACCME form a working group of stakeholders to assist with making recommendations and developing a plan for content taxonomy and tagging and their findings could be shared with the accredited provider community in a Call for Comment. Final decisions on content taxonomy and tagging may then be shared with the accredited provider community for consistent application.
- It would be ideal for ACCME to employ an AI to review content titles, descriptions, and even the actual content itself to determine key words for tagging purposes. These tags must be open to the provider for editing.

## *Additional Suggestions*

- The CME lookup to match physicians is a bit quirky, where sometimes you need to actually have LESS information than more (this happened with my own and then I got flustered and entered my birthday wrong and created all kinds of issues that ACCME staff were kind and skilled enough to fix). Otherwise, entering the data is actually relatively easy, although (similar to PARS), there is a bit of a quirky delay in accepting the data, so if that could be fixed, it would be great.
- Keep key contributors from accredited providers involved in the process.
- Have a mandatory reporting timeframe to submit their credits (as in pharmacy)
- If you are having an issue, waiting for an email response is daunting, having the ability to have live support or a chat would be helpful.
- The technical support and ongoing maintenance for a system like this is significant. The ACCME will need to invest significantly in its framework to allow an array of reporting methods and be able to staff it properly to provide accredited providers with the needed support to take advantage of the correct reporting method for that firm.
- It would be great if both pharmacy and medicine had the same requirements for reporting instead of different ones.

We appreciate the useful suggestions and feedback provided by respondents as we work to simplify the management of CME credits.