



LEARNING TOGETHER:

Engaging Patients as Partners in Accredited Continuing Medical Education

Report from the ACCME 2019 Meeting

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Learning Together: Engaging Patients as Partners in Accredited Continuing Medical Education
Report from the ACCME 2019 Meeting
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THANK YOU to the Learning Together Planning Committee

We would like to express our deepest appreciation to the Learning Together Planning Committee members for their leadership in developing and implementing the Learning Together track at the ACCME 2019 Meeting. By sharing their expertise and perspectives, they made invaluable contributions to our community of educators. We thank them for working with us to integrate the patient perspective in CME and into our annual meeting — and look forward to collaborating in the future!

- Larry Chu, MD
- Mike Dekema, Patient-Partner
- Elliott Green, Patient-Partner
- Melissa Hicks, Patient-Partner
- Bruce Nitsche, MD

Left to right: Jen Horonjeff, Founder and CEO, Savvy Cooperative, Patient-Partner; Steve Singer, PhD, ACCME; Melissa Hicks, Patient-Partner



THANK YOU to the ACCME 2019 Meeting Patient-Partners

Thank you to the patient-partners who attended the ACCME 2019 Meeting. Each patient-partner provided personal and professional insight that healthcare leaders and providers can integrate into CME programming. We appreciate and value your experience and contribution to incorporating the patient perspective in the planning and delivery of accredited CME.



LEARNING TOGETHER

Reflections from a Patient-Partner

In 2017, I was invited to participate as faculty at the ACCME's annual meeting. I would be co-presenting, with a clinician, on how CME providers could work with patient-partners to co-create CME. I was enthusiastic about the invitation. As a patient advocate, I have encouraged patient involvement in as many areas as possible, including medical education and research. I was excited to help more CME providers work with more patients. The ACCME had recently introduced the Menu of Criteria for Accreditation with Commendation, including Criterion 24: *Patient/public representatives are engaged in the planning and delivery of CME*. Their decision to include a patient faculty member in their annual meeting demonstrated their commitment to that standard. Our sessions were well received, with a lot of participation from the attendees.

In 2018, I was invited back, this time to facilitate a session with another patient and clinician. I was so excited — the ACCME had just doubled its patient faculty! Once again, our sessions were popular, with great engagement from attendees.

When planning for the 2019 meeting, the ACCME invited me to serve on the annual meeting steering committee. I accepted immediately. They were demonstrating an ongoing commitment to patient engagement in CME, and I knew I wanted to be a part of that. I wasn't sure what

to expect, but the rest of the committee was welcoming and inclusive, and the ACCME staff encouraged me to be an active member of the committee. Everyone was interested in my feedback and input.

They also created the Learning Together Planning Committee, and thanks to an award from the Patient-Centered Outcomes Research Institute (PCORI), were able to include 14 patient-partners in the 2019 annual meeting. This report summarizes the sessions involving patient-partners and offers some key takeaways.

Since the 2017 Meeting, I have been telling CME providers that they should take that first step forward, and do what they can today to engage patient-partners in CME. That it's OK if they don't do it perfectly or know exactly where it will lead yet. The ACCME did just that. They invited a single patient to serve as faculty in 2017, and we learned from each other. I am so proud of the work we've done together, and where it has led us. I look forward to seeing where we go from here. And I look forward to seeing how more CME providers work with patient-partners.

Melissa Hicks

Melissa Hicks

Patient-Partner, ACCME, PCORI, Stanford Medicine X



BACKGROUND AND PURPOSE

Accredited continuing medical education (CME) is enhanced when it incorporates the interests of the people who are served by the healthcare system. When patients, families, caregivers, and other members of the public are included as members of the healthcare team, they can increase the relevance, meaning, and impact of CME. Patients often become experts in their condition, closely observing clinicians and the practice environment, and experiencing the intimacy of clinical encounters. Through sharing their experiences, they can provide essential feedback and can guide educators and clinicians in meeting their needs and priorities.

To advance the involvement of patients in CME for clinicians and teams, the Accreditation Council for Continuing Medical Education (ACCME®) introduced a criterion in its Menu of Criteria for Accreditation with Commendation that recognizes accredited organizations that incorporate patients as planners and faculty in educational programming. Joint Accreditation for Interprofessional Continuing Education includes a similar criterion in its new Menu of Criteria for Joint Accreditation with Commendation. The ACCME is a co-founder of Joint Accreditation, along with the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC). The ACCME and Joint Accreditation produce educational resources and conduct presentations that encourage educators to engage patients and the public in CME.

Building on these initiatives, the ACCME applied for and was approved for an award through the Eugene Washington PCORI Engagement Awards program, an initiative of the Patient-Centered Outcomes Research Institute (PCORI). The funds supported “Learning Together: Engaging Patients in Professional Development of Physicians and Healthcare Teams,” including the recruitment and engagement of the Learning Together Planning Committee. The Learning Together initiative supported, in part, the *Learning Together* track at the ACCME 2019 Meeting, held April 30 — May 3, 2019, which included sessions on patient-centered research, collaborating with patients in CME, and faculty development for patients and educators. With the development of the Learning Together initiative, the ACCME modeled the inclusion of patients as partners in education. Patients participated in planning and implementing the initiative and served as speakers during the ACCME 2019 Annual Meeting sessions.

This report summarizes the Learning Together sessions and includes strategies and tips to assist CME providers in developing patient-partner initiatives in their educational programs.

Top to bottom:
Anne Perch, MBA, Senior Associate Director,
Office of CME, Baylor College of Medicine
Bruce Nitsche, MD, Medical Director, CME,
Virginia Mason
Ronald Chen, MD, MPH, Radiation Oncologist,
The University of North Carolina Chapel Hill

PCORI ACKNOWLEDGEMENT

“Learning Together: Engaging Patients in Professional Development of Physicians and Healthcare Teams,” is part of a portfolio of projects that the Patient-Centered Outcomes Research Institute (PCORI) has funded to help develop a community of patients and other stakeholders equipped to participate as partners in comparative clinical effectiveness research (CER) and disseminate PCORI-funded study results. Through the Engagement Award Program, PCORI is creating an expansive network of individuals, communities, and organizations interested in and able to participate in, share, and use patient-centered CER.

The ACCME project and the other projects approved for funding by the PCORI Engagement Award Program were selected through a highly competitive review process in which applications were assessed for their ability to meet PCORI’s engagement goals and objectives, as well as program criteria. For more information about PCORI’s funding to support engagement efforts, visit the Eugene Washington PCORI Engagement Awards webpage, <https://www.pcori.org/content/eugene-washington-pcori-engagement-awards>.

“In my experience as a clinician, educator, and learner, I’ve found that patients can be our best teachers. Patient inclusion in CME can engage clinicians’ hearts as well as minds and reinforce the reasons why our work matters. Patients are much more willing to engage in clinician education than we may realize, but it’s up to us to take the first step, by asking them to join us.”

Graham McMahon, MD, MMSc
President and CEO, ACCME

Thank you to everyone who joined us in Chicago to make the ACCME 2019 Meeting our most successful event with record-breaking attendance:

625 participants
and faculty, including

14

patient-partners

From

48

states/territories
and 9 counties

Representing

448

organizations, including
foundations, government
agencies, hospitals and
healthcare systems, medical
schools, publishing and
education companies, state
medical societies, specialty
societies, and more

Larry Chu, MD, Professor of Anesthesiology, Perioperative Pain and Medicine, and Executive Director, Stanford Medicine X, Stanford University School of Medicine



FROM RESEARCH TO EDUCATION – INCLUDING THE PATIENT PERSPECTIVE

The session “Research to Practice: Implementing Patient-informed Evidenced-based Care,” focused on how patients, families, and other public stakeholders inform research and how educational leaders utilize CME to implement and sustain evidence-based, patient-informed approaches to transform care. Patients can provide input on multiple aspects of study design, including recruitment questions and questions for patients enrolled in the study. They can help to ensure that expectations of patients and researchers are reasonable and that patients are rewarded for their participation. CME can then build on the research to teach clinicians the patient perspective on their illness, treatment, and quality of life, as well as how to share decision-making with their patients.

The panel discussion was facilitated by:

- **Ronald Chen, MD, MPH**, Radiation Oncologist, The University of North Carolina Chapel Hill
- **Ralph Conwill**, Clinical Research Investigator, Vanderbilt University Medical Center
- **Melissa Hicks**, Patient-Partner, ACCME, PCORI, Stanford Medicine X
- **Anne Perch, MBA**, Senior Associate Director, Office of CME, Baylor College of Medicine

Dr. Chen was awarded a grant from PCORI to conduct a comparative effectiveness study of different treatment options (including active surveillance, radiation therapy, and surgery) for prostate cancer. The goal of his study was to compare the effect of different prostate cancer treatments on quality of life. He described how he included patient-partners in study design and implementation. Patient-partners were involved in pre-screening the study questionnaires to make sure the questions would be understandable to study participants and would produce good data.

“When we had the patient-partners help us design my study, they said quality of life was the most important outcome — more than survival. In North Carolina, we enrolled about 1,500 patients who had different treatments for prostate cancer; we followed them to measure quality of life. Now we’re in the eight-year follow up of that study,” Dr. Chen said.

Baylor College of Medicine was awarded funding by PCORI, enabling Ms. Perch and her team to create a web-based CME activity based on the research conducted by Dr. Chen, to teach clinicians to inform their patients about the quality of life associated with each treatment and make shared decisions with their patients. The activity included a panel discussion, where Dr. Chen, a urologist, a primary

“When we’re talking about patient engagement, it is not exclusively patients — engagement can involve caregivers, whether it’s a parent or a spouse, a child or a dear friend. Their input is just as valuable.”

Melissa Hicks
Patient-Partner

WHAT IS PATIENT-CENTERED OUTCOMES RESEARCH?

Patient-Centered Outcomes Research (PCOR) helps people and their caregivers communicate and make informed healthcare decisions, allowing their voices to be heard in assessing the value of healthcare options.

For more information, visit www.pcori.org.

care physician, a physician assistant, and a prostate cancer patient shared their research and perspectives.

“It was important that the research was the underpinning of the activity,” said Ms. Perch.

Ralph Conwill, prostate cancer survivor, described his experience working with his doctors for nearly ten years as a patient-partner in clinical research. He explained that the amount of medical information and unfamiliar medical language can be intimidating to patients, but just as it is important for physicians to understand the patient perspective, it is also helpful for patients to understand the physician point of view. “I had the opportunity to change what was going on in the [clinical] room because I had experienced it,” he said. His doctors encouraged him to observe dozens of surgeries, so that he could witness treatment from a physician perspective. “I found it fascinating that the doctors had one perspective on treatment, and the patients had another.”

The panel acknowledged that there can be uncertainty on both sides going into a research partnership, and that it’s important for patients and researchers to take time together to share stories and get to know each other, building trust and becoming more comfortable with the partnership.



“There is an opportunity for CME to teach physician researchers how to work with patients to design research. While this is still a new concept, it’s becoming more and more important and is gaining recognition. I learned from patients what my primary focus should be in research: it’s not survival — it’s quality of life.”

Ronald Chen, MD, MPH
Radiation Oncologist, The University of North Carolina
Chapel Hill

GETTING STARTED AT YOUR ORGANIZATION

You can begin exploring how your CME program might support the integration of patient-centered research and education at your institution by discussing these questions with your CME committee and other stakeholders:

- Is Patient-Centered Outcomes Research (PCOR) taking place in my organization?
- How can our CME program support the educational needs of clinician-patient research teams?
- How can our CME program support the dissemination of PCOR findings to our learners?

ENGAGING PATIENTS IN CME

The session “Engaging Patients in Professional Development of Physicians and Healthcare Teams,” focused on providing a template for participants to plan CME activities with patients, families, and other stakeholders. One goal of the session was to get participants to think about how to overcome obstacles and facilitate effective educational collaboration. Speakers explained that patient involvement in medical education begins to broaden perspectives — it brings more relevance to the patient side and provides clarity for the clinician side. Patients can help identify practice gaps in education by being included in program committee meetings and the overall CME planning process.

Traditional hierarchies between clinicians and patients restrict collaboration and can be intimidating to patients. When including patients in your planning committee, for example, it’s important to create psychological safety — to create an atmosphere where input from all participants is expected and respected. The session began with an exercise to reduce those hierarchies, allow all voices to be heard, and encourage patients and healthcare professionals to work together to deliver team-based continuing education. Larry Chu, MD, Professor of Anesthesiology, Perioperative Pain and Medicine, and Executive Director, Stanford Medicine X, Stanford University School of Medicine; and Melissa Hicks, Patient-Partner, ACCME, PCORI, Stanford Medicine X, divided participants into groups, with each group including patient-partners, clinicians, and CME providers from different types of organizations. Participants were instructed to tell the person sitting next to them about their last positive medical experience — the participants burst into engaging conversation.

“Patients are people first — they bring a diversity of skills and knowledge beyond their experiences as patients.”

Larry Chu, MD

Professor of Anesthesiology, Perioperative Pain and Medicine, Executive Director, Stanford Medicine X, Stanford University School of Medicine



DEVELOPING AN ACTION PLAN

After the group warm-up, each table was given a case vignette and assigned scenarios to discuss. Groups had 20 minutes to develop action plans and then they shared their answers with the whole group. Here is an example of a case vignette and discussion questions, which CME providers can adapt to plan activities that engage patients.

CASE VIGNETTE

Principal: Dr. Patience, Chief Medical Officer of a well-known Academic Medical Center

Situation: Dr. Patience was concerned about declining cardiology patient satisfaction surveys at her Medical Center and at the same time she noted opportunities for improvement in metrics related to multiple aspects of cardiology care, such as statin use. She engaged a consulting firm to meet with primary care and cardiology clinicians to gain a better understanding of the issues.

Findings: Dr. Patience was both encouraged and appalled. There was good news, but the study also indicated there was a major opportunity for improvement.

First, the good news: A six-month survey showed that by all outcome measures, the Medical Center delivered cardiac care that was as good as or better than its peers.

Second, the bad news: Interviews of patients and families showed that there were gaps in communication with their care teams. These gaps led to unrealistic expectations and misunderstandings. To remedy this, the consultants recommended that the Medical Center implement strategies to improve communication between specialists, primary care clinicians, supporting team members, and patients.

DISCUSSION 1

Consider the planning process for CME activities with patients, families, or other public stakeholders.

- Where in your educational planning could you include patients, families, or public partners? What might that look like?
- How could you recruit patients, families, or public partners? Would you also involve their physician-partner? Why or why not?
- How could you prepare each stakeholder for educational collaboration?
- How would you reward patients who were involved with the planning process?

DISCUSSION 2

Work together to plan a CME activity based on the vignette, using these questions as a guide.

- What do you think is the practice gap for health professionals in the vignette?
- What added value does collaboration with patients, families, or public partners bring to this scenario?
- What behavior or outcome would you want to change? Is an attitude change toward patients as educators a legitimate outcome?
- What could you do to measure the impact of the activity on the behavior or outcome you wanted to change?

DISCUSSION 3

Pitch it! Determine how the activity will be implemented.

- How would you pitch the idea of planning educational activities involving patient-partners to your CME committee, director, CEO? Should there be a patient involved in that communication?
- What challenges might you encounter? And how could you prepare for those challenges?
- Who is your target audience?
- How would you sell the activity that you plan to your target audience? How do you get the learners to come?



REWARDING PATIENT ENGAGEMENT IN CME

The ACCME introduced a criterion in its Menu of Criteria for Accreditation with Commendation to encourage organizations to engage patients in CME.

Criterion 24: Patient/public representatives are engaged in the planning and delivery of CME.

Rationale: Accredited continuing medical education (CME) is enhanced when it incorporates the interests of the people who are served by the healthcare system. This can be achieved when patients and/or public representatives are engaged in the planning and delivery of CME. This criterion recognizes providers that incorporate patient and/or public representatives as planners and faculty in the accredited program.

For more information and resources, visit www.accme.org.

BUILDING BETTER COMMUNICATION

Participants and speakers pointed out that one of the biggest challenges in healthcare today is also one of the biggest challenges to patient engagement in CME — the lack of communication between clinicians and patients. Session participants brainstormed strategies to overcome this challenge. Strategies included:

- Develop a live series of CME events with interaction between patients and clinicians, including patient testimonies and case studies.
- Include experts on communication and empathy as speakers.
- Teach patients and clinicians to work together collaboratively. Storytelling is a good beginning, but they also need to learn to discuss healthcare action plans together.
- Present difficult scenarios, such as end of life conversations with loved ones about medical care preferences, to encourage clinicians and patients to talk about their feelings.
- Train patients to serve as clinician observers, and teach them to provide real-time feedback to clinicians.
- Encourage a CME leader to act as champion for patient engagement in CME to build buy-in from leadership, clinicians, and patients.

Menu of Criteria for Accreditation with Commendation





Left: Elliott Green, Patient-Partner
Right: Mike Dekema, Patient-Partner

CASE STUDY: BUILDING A PATIENT-FAMILY PARTNER CE PLANNING COMMITTEE

After the group exercises, Bruce Nitsche, MD, Medical Director, CME, Virginia Mason, along with patient-partners Mike Dekema and Elliott Green, spoke about the Virginia Mason Patient-Family Partner (PFP) program planning committee. Formed in 2017 to increase the patient voice in education, the committee includes patients, clinicians, communications experts, and administrators. Their experience provides one example of how providers are working to include the patient perspective in CME.

The Virginia Mason PFP planning committee planned and implemented a workshop to study and improve communication between patients and clinicians by focusing on end of life issues. The committee had responsibilities for two main areas: organizing workshop groups so each group included clinicians and patients; and the agenda, which included shared decision-making, tough conversations about end of life hospice transition, and Press Ganey feedback. (Press Ganey, a jointly accredited provider, helps clinicians understand and improve the patient experience.)

The Virginia Mason PFP program data was measured using Press Ganey rankings, as well as pre- and post-workshop surveys. The surveys were used to measure the attitudes and changes of both patients and clinicians. Questions included:

- Do you understand the challenges for patients and clinicians?
- Was the format effective in helping you understand the challenges?
- Would a written manual for patient-partners facilitate medical communication?

Results six months post-workshop showed improvements in Press Ganey scores, with participants reporting positive changes in communications, trust, and understanding between clinicians and patients.

TIPS FOR ENGAGING PATIENTS IN CME

Recruit patients: To identify potential patient-partners, seek out patient-family advisory committees in hospitals, disease-specific organizations that provide support groups, patient groups on social media, and word of mouth.

Encourage participation: Build the diversity of your patient pool by compensating patients for the time taken off work and other costs. Offer weekend or evening sessions to accommodate patients' work schedules.

Reduce intimidation: Encourage all participants to use plain language. Provide patients with a glossary of medical terms or other materials to help them understand medical lingo and the clinical setting environment.

Share the clinician perspective: Help patients understand the competencies clinicians are expected to demonstrate and the quadruple aim of medicine (enhancing patient experience, improving population health, reducing costs, and attaining joy in work).

Overcome faculty reluctance: Conduct orientations that bring together faculty and patient-partners to build mutual respect, listening skills, and collaboration.

TRAINING PATIENT-PARTNERS

The Virginia Mason PFP program recruits and interviews potential patient-partners. As part of the process, patients are given an 11-statement readiness checklist to help them decide if they are ready to become a patient-family partner (see sidebar on page 13). The statements are important because patients who are focused on a negative experience may not be able to collaborate productively. To be effective patient-partners, patients need to be willing to learn from any past experience with the goal of improving care for other people in the future.

The speakers advised CME providers to:

- Build a pool of patient-partners who have been screened and vetted.
- Understand the background of each patient-partner, so you can match them with the appropriate CME activities.
- Utilize simulation to allow patients to perform practice scenarios, encouraging them to stay as authentic and unscripted as possible.
- Experiment with the format of CME activities. For example, have patient-partners moderate a panel of experts; this will focus the conversation on the patient perspective.

It can be challenging to find a balance between preparing patients and maintaining their distinct voice and their unique world view — encouragement and validation are key. “There are some people who think you shouldn’t prepare patients much at all. In preparing them, you lose the most important part — [their identity as] a patient,” Dr. Nitsche said.





AM I READY TO BECOME A PARTNER ON THE VIRGINIA MASON TEAM?

I am ready to be a Patient-Family Partner when:

- I am willing to talk about the positive and negative care experiences I had as a patient or family member of a patient.
- If I had any negative experiences, I am coping well and I am ready to respectfully share my ideas about how things could have gone differently.
- I am ready to speak up and share suggestions and potential solutions to help improve hospital care for other patients and family members.
- I am willing to think beyond my own personal experiences.
- I can bring a positive attitude to discussions.
- I can listen to and think about what others say, even when I disagree.
- I am willing to keep any information I may hear as a partner private and confidential.
- I enjoy working with people who are different from me.
- I am willing to learn how to best serve as a partner.
- I have time in my schedule to be a partner. Usually partners spend at least one hour a month and not more than four hours per month. You may volunteer to be on a specific workshop; in that case it may be several days up to a full week.
- My motivation is to help future patients and families.



SUSTAINING YOUR PATIENT-PARTNER PROGRAM

To sustain your patient-partner program, you need to have processes in place to help participants to grow, give feedback, and maintain their connection to the program. “The Stanford Medicine X program promotes the growth of patient-partners. We have an e-patient program that provides mentorship before, during, and after the CME activity. We feel that’s important to ensure the growth of our patient-partners over time. That can help us judge the success of our program from our patient point of view,” said Larry Chu, MD, Professor of Anesthesiology, Perioperative Pain and Medicine, and Executive Director, Stanford Medicine X, Stanford University School of Medicine.



7 KEY RECOMMENDATIONS

- 1 Include patient engagement in your educational strategy.** Think about how the engagement of patients, families, and caregivers can support your community or institution's strategic priorities, your CME program mission, and the objectives of your individual activities. Remember that you can start small, by including patient-partners in one activity.
- 2 Make a plan.** Patient-partner engagement will work best if it's not an add-on or afterthought, but is built into your educational planning. Determine how you will recruit, screen, and train patients; map out their roles and responsibilities; and construct a process for building trust and engagement between patient-partners, faculty, and CME committee members. Decide how you will evaluate and improve your process for patient-partner engagement.
- 3 Recruit champions.** Reach out to faculty, committee members, researchers, institutional leaders, and others who can help you to build enthusiasm and overcome concerns about patient-partner engagement.
- 4 Gain buy-in from leadership.** Communicate your plans and goals for patient engagement with leadership. Describe the benefits and value of patient engagement in CME in addressing strategic goals for quality and safety, fostering trust and connections with patients and communities, and helping clinicians counter burnout and rediscover meaning and joy in their work.
- 5 Measure results.** Identify outcomes that are reasonable and achievable for your patient-partner program. Outcomes measurement will enable you to improve your own program, and to contribute to building a body of research that demonstrates how patient-partner engagement improves educational quality and ultimately contributes to improving patient care.
- 6 Share your experiences.** Your experience is valuable. Be willing to share your successes, setbacks, and lessons learned with your CME colleagues and other stakeholders, to benefit the entire CME community.
- 7 Voice your passion.** Be a patient-partner champion. Communicate the value of patient-partner engagement to your colleagues and stakeholders.

CONCLUSION

There are many reasons *not* to engage patients as partners in CME: barriers to recruiting and preparing patients, the reluctance of faculty, and skepticism of clinician learners. But, as these examples show, the potential benefits and value are both fundamental and far-reaching.

By working through the uncertainties and taking on the challenges, we can create a more inclusive and effective learning environment with benefits for everyone involved in healthcare — from clinicians, researchers, education planners, and faculty to patients, caregivers, families, and communities. Patient engagement in accredited CME and research is a relatively new area; we need educators who are willing to say yes to this challenge, take risks, make mistakes, and identify solutions. Together, we can create a CME community that not only aims to support clinicians in delivering optimal healthcare for all — but strives toward that goal with patients as partners.

For more resources, visit
www.accme.org/engaging-patients.



Soojin Jun, PharmD, BCGP, CPPS, patient-advocate, wears a jacket in memoriam of her late father. Her father's experience with healthcare inspired her to become a pharmacist.

About the ACCME

The Accreditation Council for Continuing Medical Education (ACCME®) is a nonprofit organization based in Chicago, responsible for accrediting organizations that offer continuing medical education (CME) and for recognizing state medical societies as accreditors of local CME programs. The ACCME is a cofounder of Joint Accreditation for Interprofessional Continuing Education™.





The ACCME sets standards for CME that reflect the values of the educator community and aim to accelerate learning, inspire change, and champion improvement in healthcare. These standards ensure that accredited CME is designed to be relevant to clinicians' needs, evidence-based, evaluated for its effectiveness, and independent of commercial influence. Through participation in accredited CME, clinicians and teams drive improvement in their practice and optimize the care, health, and wellness of their patients.

Accredited CME facilitates engagement with physicians and healthcare teams where they live, learn, and work. There are approximately 1,700 accredited CME providers within the ACCME System, across the country and internationally, representing a range of organizations including medical schools, hospitals/health systems, government/military agencies, specialty societies, and insurance/managed-care companies. Accredited providers offer about 180,000 activities each year, comprising more than one million hours of instruction and including more than 36 million interactions with physicians and other healthcare professionals.

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