

## JSPH Online CME Collaboration with Johns Hopkins University

Traditional continuing education activities that focus on knowledge acquisition (i.e. didactic lectures, CME monographs, and self-paced medical-literature reviews) are an important component of professional development, but they do not help physicians to address or identify many challenges to providing quality, guideline-based care to patients. Health-system complexities and healthcare reform, patient adherence to therapy, reimbursement considerations, busy providers, and an over-burdened healthcare system often result in suboptimal patient outcomes. Increasing demands to link CME directly to improved patient outcomes have led to transformational changes in continuing education programming. The Accreditation Council for Continuing Medical Education (ACCME) has new accreditation criteria that mandate more rigorous outcomes measurement. Commercial supporters are requiring CME activities to include higher levels of outcomes assessment. Maintenance of Certification (MOC), Maintenance of Licensure (MOL) and Pay for Performance (P4P) initiatives rely on quality metrics as a standard.

Effective CME programming improves upon the traditional paradigm focused on knowledge acquisition to engaging clinicians in initiatives that directly address quality and process improvement, patient outcomes and population health. One

proven methodology is Performance Improvement CME (PI-CME), coined by the American Medical Association to be “the core of the new CME.” In PI-CME programs, providers gather some real-world data about their patients and practice, review the information and commit to improvement in certain areas, then re-assess their practice some months later. This structured approach to CME has been shown to directly improve provider performance and patient health, yet few institutions are successfully deploying these impactful programs.

The Jefferson School of Population Health is establishing exciting new partnerships to develop professional development and CME opportunities that are directly relevant to clinical practice in this changing healthcare landscape. A recent collaboration, **The Johns Hopkins University Practice Improvement Strategies in Cardiometabolic Disease Therapies** presents a complimentary PI-CME activity that provides primary care physicians, endocrinologists, cardiologists, NPs and PAs with the tools to measure quality of care and to identify opportunities to improve the outcomes of patients with cardiometabolic disease. All practicing clinicians can earn 20 CME/CE credits without the need to attend a live program. After collecting some basic data on their patients, participants will be provided with benchmarking reports that satisfy American Board of Internal Medicine (ABIM) MOC

Part IV requirements. Participants will also receive detailed clinical reports analyzing care delivered to patients with cardiometabolic disease against individual peers (anonymously) and national trends. Participants will also have exclusive access to a secure and moderated “mentor program,” an online Q&A forum with nationally-recognized experts in the field.

If you are a clinician, you are invited to share the benefits of this educational grant, which includes funding for each participating practice to collect data on 25 patients with diabetes, hypertension, dyslipidemia and/or obesity. Funding is limited and on a “first come, first served” basis. Those interested are encouraged to complete a brief registration online at <http://jhucardio.imedicaldecisions.com>, or contact [PIsupport@imedicaldecisions.com](mailto:PIsupport@imedicaldecisions.com), or to call 610-891-1640. ■

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The Johns Hopkins University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Johns Hopkins University School of Medicine designates this PI CME activity for a maximum of **20.0 AMA PRA Category 1 Credit(s)<sup>TM</sup>**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.