

# AMA PRA Credit System Frequently Asked Questions

## Related to PI CME

**1. What is considered to be an appropriate performance measure for a performance improvement (PI) CME activity?**

Accredited CME providers must identify appropriate performance measures that are relevant to the practice of the physician learners, and have in place an oversight mechanism that assures content integrity of the measures selected. If appropriate, these measures should be evidence-based and well designed. Evidence-based performance measures are defined by the Institute of Medicine as “a mechanism that enables the user to quantify the quality of a selected aspect of care by comparing it to a criterion.” A fully developed performance measure will have three parts: (a) numerator statement, (b) denominator statement, and (c) a list of any denominator exclusions. The performance measures for PI CME activities must address a facet of the physician’s practice with direct implication for patient care.

**2. What is a clinical performance measure?**

“A clinical performance measure is a mechanism that enables the user to quantify the quality of a selected aspect of care by comparing it to a criterion” (Institute of Medicine, 2000). However, not all performance measures used in PI CME need be clinical in nature. They may also address the structure, processes, or outcomes of the clinical setting (physician practice, hospital, etc.) with direct implications for patient care.

**3. What are “evidence-based” performance measures?**

Evidence-based medicine is “the integration of best research evidence with clinical expertise and patient values.” (Sackett DL, Strauss SE, Richardson WS, et al. *Evidence-based medicine: How to practice and teach EBM*. Second edition. London: Churchill Livingstone; 2000). Evidence-based performance measures are those that are developed by adhering to the best research evidence, clinical expertise in the case of a clinical measure and patient values.

**4. Where can developed performance measures be found that might be used in a PI CME activity?**

For many common health problems, evidence-based performance measures have already been developed by several organizations and are available for use. One such organization, the [PCPI](#), has developed measures and worksheets for many clinical conditions. Royalty-free permission is available to CME providers to use these measures. Performance measures are also available from the [National Committee for Quality Assurance](#), [National Quality Measures Clearinghouse](#), [CMS Quality Payment Program Resource Library](#), and [The Joint Commission](#).

**5. If performance measures do not currently exist for the clinical condition or patient care area that needs improvement, can an accredited CME provider develop performance measures to be used in a PI CME activity?**

Yes. Accredited CME providers may develop a performance measure if one does not already exist for the clinical condition or patient care area that needs improvement. Key points to remember are that, if appropriate, they should be evidence-based and well designed, with clearly specified required data elements for feasible data collection; address something with direct implication for patient care; and the numerical expression of the measurement must be developed to include well-defined numerator and denominator statements, and identify any denominator exclusions.

Ideally you would have the measures vetted by an individual or group that has expertise in performance measures.

**6. How many performance measures must be used in a PI CME activity?**

The AMA does not specify how many performance measures must be used in a PI CME activity; the number of measures would depend on the purpose of the activity, the identified clinical condition or patient care area that needs improvement, the physician’s practice and the patient population. Accredited CME providers may develop a PI CME

activity around one or more measures. However, the higher the number of measures, the more complex the activity becomes.

**7. What type of background information is required to enable physicians to identify the performance measures for a PI CME activity?**

The AMA has maintained the format-specific requirements for PI-CME activities, which are contained in their entirety in the “Certification of activities for *AMA PRA Category 1 Credit™* by accredited CME providers” section of the updated AMA PRA booklet. It is up to the provider to identify appropriate performance measures that are relevant to the practice of the physician learners and to have in place an oversight mechanism that assures content integrity of the selected performance measures.

**8. How many charts/patients/episodes of care have to be assessed during Stage A?**

This is determined by the accredited CME provider but should be sufficient to gather a good sampling of data.

**9. If our system captures the data that is to be used for Stage A, how would we involve physicians in Stage A?**

Physicians could analyze the data compared to their perceived performance. It is also a good idea to provide physicians with reference/comparison data from larger populations, such as regional, state and/or national to determine where they fall within that spectrum. Physicians also need to be involved in analyzing the data to determine where improvements can/should be made.

**10. Can a physician start a PI CME activity during Stage B or Stage C?**

No. Physicians must start a PI CME activity with Stage A. This ensures that a physician has done an assessment of his/her practice to determine the baseline performance that will be reassessed in Stage C. However, there may be times when a PI CME activity will be extended beyond one cycle; please see question 101.

**11. Could interventions used in Stage B of a PI CME activity include systems improvements such as record-keeping in the office or a tickler system for tracking patients needing the flu vaccine?**

Yes. Stage B of the PI CME activity can, and often will, include a variety of different interventions intended to improve performance, depending on the performance measure(s) addressed and identified need for improvement of the participants. Examples of interventions include developing a tickler file to

remind staff to give the flu vaccine to appropriate patients, tracking forms in patient records, patient education materials or, if the reason for the deficient performance is a lack of knowledge or strategies, etc., skill-workshops, live activities or enduring materials.

**12. Does Stage C of PI CME imply a pre-/post-test analysis?**

While there is pre/post analysis of data as part of a PI CME activity, it is not a test. Stage C is the stage where the measurement used in Stage A (to quantify the quality of a selected aspect of care or the structure, processes, or outcomes of the clinical setting) is repeated in order to quantify whether improvement has taken place after implementation of the intervention(s) in Stage B.

**13. What is the typical length of each stage of the activity?**

Each activity will vary depending on the performance measures chosen, interventions implemented, the physician patient population, etc. Normally, Stage B is the stage that lasts the longest since it requires that there be time to apply the interventions to a sufficient number of patients and for a sufficient amount of time in order to be able to evaluate the impact of the intervention(s).

**14. What is meant by “validate the depth of physician participation” in a PI CME activity?**

For any certified CME activity, an accredited CME provider has a process in place to determine who participated in the activity to appropriately award AMA PRA Category 1 Credits™. PI CME is no different, and a provider needs to know whether the physician engaged in the activity in the expected ways in all three Stages (A, B and C).

**15. If a physician completes a PI CME activity but determines that there is still room for improvement based on the data gathered in Stage C, can they extend the PI CME activity and earn additional credit?**

Yes. In reviewing Stage C data, a physician may determine that there is still further room for improvement that needs to be addressed. The Stage C data already collected would be used as Stage A data for the next cycle. In this situation, the physician has already been awarded credit for Stage C so it would not be appropriate to receive credit for Stage A in the second cycle. Different intervention(s) would be utilized in the second Stage B, and another Stage C would be completed after an appropriate interval. A maximum of 10 credits (for Stages B and C) could be awarded for the second cycle of the PI CME activity

**16. Can just one physician participate in an activity, or does it have to be done in groups?**

PI CME activities can be done by individual physicians or a group. Often, the involvement of other members of the health care team or physician's practice will be necessary or indispensable to the success of the PI CME activity.

**17. How does a physician get credit for working on a performance improvement initiative?**

PI CME must be structured through an accredited CME provider prior to beginning the activity. A physician may not come to the accredited provider and ask to be awarded credit for doing a performance improvement initiative after the fact. However, a performance improvement activity being planned by an institution may very well meet the requirements to being certified as a PI CME activity prior to it being initiated.

**18. With respect to the prohibition against "retroactive approval," how far along can a potential PI CME activity progress before a decision is needed on whether it should be certified for AMA PRA Category 1 Credit™?**

Ideally, a PI CME activity should be planned before the start of Stage A. However, there are times in a clinical practice or other clinical setting that an opportunity for improvement is identified only after a measurement has taken place. If the physician(s) was/were involved and participated in the measurement and/or evaluation of the data, then the activity can be certified for *AMA PRA Category 1 Credit™* before the start of Stage B.

**16. Are PI CME activities meeting the format specific requirements listed in the AMA PRA booklet still certified for 20 credits for completion of all three stages?**

Yes.

**20. We understand that the PI CME format remains, but we assume that other performance/quality improvement activities are now permissible under this new flexible system. Is that correct?**

Yes. An accredited CME provider is now able, under the new AMA CME Credit Standards, to certify for *AMA PRA Category 1 Credit™* other "educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession" (AMA and ACCME definition of CME). Activities that do not fall under the definition of one of the current seven Learning Formats, including quality improvement activities, must meet all the AMA PRA core requirements as well as the applicable ACCME requirements, and are certified using the "Other activity" format.