



Medical Education Metrics Revision Proposal

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Goal

As the Institute of Medicine and others call for reforms to Continuing Medical Education and other types of Continuing Education (CE) for the health professions, there has been an increasing focus on measuring the quality of CE activities. Educators, Accreditors, CE supporters, and government agencies often collect aggregate data on the reach and efficacy of CE activities in order to gauge improvement. Educators may use this data to evaluate the effectiveness of their educational activities and content or of their overall educational program. Certifiers, accreditors, and supporters may use this data to monitor the success of multiple educational activities and programs as a whole.

In particular there is a need to collect data in support of Food and Drug Administration (FDA) Risk Evaluation and Mitigation Strategies, or REMS. The extended-release and long-acting (ER/LA) opioid analgesics REMS program (ER/LA REMS) currently mandates manufacturers to make “REMS-compliant training” available to Health Care Providers (HCPs) who prescribe ER/LA opioid analgesics, and FDA, the Accreditors and RPC have agreed that accredited continuing education can fulfill this requirement of the REMS. Since companies regulated by the FDA are required to collect educational outcomes data, demographics, and other metrics related to the reach and impact of the activity, and since it is anticipated that there will be multiple bodies reporting data, a standardized way of collecting/reporting this information is needed .

A revision to the version 1.0 of MEMS [[Medical Education Metrics](#), [Medical Education Metrics Overview](#)] would allow MEMS to be used for collecting data in support of the ER/LA REMS program. A standards-based approach would allow government and industry to collect data regarding the impact, reach, and efficacy of ER/LA REMS-related activities across the continuing education enterprise in a consistent and coherent format.

Context

MedBiquitous develops information technology standards for healthcare education and competence assessment. Through Working Groups and a Standards Committee, MedBiquitous members are creating a technology blueprint for healthcare education and competence assessment. Based on XML and Web

services standards, this blueprint will weave together the many activities, organizations, and resources that support the ongoing education, performance, and assessment of healthcare professionals.

Increasingly CE organizations are seeking to collect educational outcomes and other metrics data electronically. In 2010 the Accreditation Council for Continuing Medical Education (ACCME) implemented a web-based portal for collecting CME data that incorporated the ANSI/MEDBIQ ME.10.1-2000 Medical Education Metrics Standard (MEMS). An XML upload option conforms to the MEMS standard.

On July 9, 2012, FDA approved a REMS for extended-release (ER) and long-acting (LA) opioid medications (the ER/LA REMS) that incorporated support for accredited continuing education (see <http://www.fda.gov/drugs/drugsafety/informationbydrugclass/ucm163647.htm>). More than 20 companies are affected by the ER/LA REMS. In response, multiple affected companies agreed to work together to meet the requirements of the ER/LA REMS. This ER/LA REMS Program Agreement (RPA) paves the way for the REMS Program Companies (RPC) to work together using a single system for compiling data across different types of accredited CE. CE Accreditation organizations like the ACCME offer a potential source of educational outcomes and other metrics relevant to measuring the success of the CE component of REMS. A single standard for metrics data is essential for the FDA and the RPC to measure the impact of their REMS programs. A revision to MEMS can provide the common language needed to collect ER/LA REMS metrics on participation, educational outcomes, and what parts of the REMS blueprint are addressed in specific activities [[FDA Blueprint](#)].

Scope

The Metrics Working Group will revise its XML standards for basic metrics to measure the success of health professions educational activities and streamline reporting those metrics. In conjunction, relevant program information, provider information, and information related to ER/LA REMS-specific requirements (including mapping CE to the ER/LA REMS blueprint) will be articulated.

It is anticipated that the group will continue to build upon this work, adding support for exchanging higher levels of evaluation data and other significant metrics. The XML standards will be developed with the long-term objective of the creation of a suite of Web Services for accessing and integrating metrics data.

Whenever possible, the group will leverage useful specifications developed by other organizations. For example, Healthcare Learning Object Metadata may be used to describe basic information about an educational activity [[Healthcare LOM](#), [Healthcare LOM Overview](#)]. The MedBiquitous Technical Steering Committee will offer guidance and technical support for approaches requiring Web services descriptions.

The working group may develop guidelines to provide guidance to healthcare educators wishing to implement the standards. For an example of an implementation guideline, please see the Medical Education Metrics Implementation Guidelines version 1.0 [[Medical Education Metrics Implementation Guidelines](#)].

Work Plan and Accelerated Development

We propose bi-weekly teleconference to accelerate this important work. Face-to-face meetings may be convened upon occasion. Working Group members or staff will perform much of the group's work independently with member comments submitted to a discussion list and documents shared via wiki.

The initial specification will be produced as part of an accelerated standards development project funded by the RPC. A draft specification for implementation will be delivered on or about December 7, following which systems implementing the standard will be developed by the RPC, accrediting bodies, and potentially others. Interoperability tests may be conducted as part of the implementation process. Interoperability test participants may include a grant management system partner, third party CE database aggregation vendor, and accreditors. The RPC would facilitate communications with its vendors. It is expected that development on the specification will continue past December 2012 as part of the iterative MedBiquitous Standards Development process.

References

FDA Blueprint

Food and Drug Administration. "FDA Blueprint for Prescriber Education for Extended-Release and Long-Acting Opioid Analgesics." July 9, 2012. Available at:

<http://www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM277916.pdf>

Healthcare LOM

MedBiquitous. (2009) *ANSI/MEDBIQ LO.10.1-2008, Healthcare Learning Object Metadata Specifications and Description Document, version 1.1*. September 30, 2009. Baltimore, MD: MedBiquitous.

http://www.medbiq.org/working_groups/learning_objects/HealthcareLOMSpecification.pdf

Healthcare LOM Overview

Healthcare LOM Overview, accessed July 23, 2012.

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MedBiquitous. (2009) *ANSI/MEDBIQ ME.10.1-2009 Medical Education Metrics Specifications and Description Document, Version 1.0*. August 26, 2009. Baltimore, MD: MedBiquitous.

http://www.medbiq.org/working_groups/metrics/MedicalEducationMetricsSpecifications.pdf

Medical Education Metrics Implementation Guidelines

MedBiquitous Metrics Working Group. (2009) *MedBiquitous Medical Education Metrics Implementation Guidelines, Version 1.0*. August 26, 2009. Baltimore, MD: MedBiquitous.

http://www.medbiq.org/working_groups/metrics/MEMSIImplementationGuidelines.pdf

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