

Joint Accreditation for Interprofessional Continuing Education™

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*DISCLAIMER: PRESENTING AUTHORS HAVE
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ACCME | ACPE | ANCC

Advancing Healthcare Education by the Team for the Team
www.jointaccreditation.org



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INTERPROFESSIONAL CONTINUING EDUCATION

Objectives

As a result of attending this session, learners will

- understand the history, context, definition, process and outcomes of Joint Accreditation for IPCE/IPCP
- be able to assess if Joint Accreditation is appropriate for their organization
- be sufficiently familiar with the process and requirements of Joint Accreditation to initiate the application process



A Journey

History

- 1998** ➤ Idea! Collaborate in continuing education
- 2002** ➤ Streamlined application, one set of documents
- 2005** ➤ Began collaboration to explore synergies
- 2006** ➤ Declared shared values and future projects
- 2009** ➤ Released first set of criteria
- 2010** ➤ Awarded Joint Accreditation to first organizations



Definitions

Interprofessional Education (IPE): When *students* from two or more professions *learn with, from, and about each other* to enable effective collaboration and improve health outcomes (World Health Organization, 2010)

Interprofessional Continuing Education (IPCE): When *members* from two or more professions *learn with, from and about each other* to enable effective collaboration and improve health outcomes (ACCME, ACPE, ANCC, 2014)

Interprofessional Collaborative Practice (IPCP): When multiple *health workers* from different professional backgrounds *work together* with patients, families, careers, and communities to *deliver the highest quality* of care (WHO, 2010)



Joint Accreditation

Simultaneous accreditation to provide medicine, pharmacy, and nursing continuing education credit through a single, **unified application process, fee structure, and set of accreditation standards.**

- Offer single (uniprofessional) education
- Offer interprofessional education (25% minimum)



Why?

- Promote/incentivize organizations to develop interprofessional continuing education (IPCE)
- Decrease burden on organizations that were already multiply accredited
- Increase congruence between accreditation standards across the professions



Interprofessional Continuing Education (IPCE)

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- An **integrated planning process** that includes healthcare professionals from **two or more professions**
- An integrated planning process that includes healthcare professionals who are **reflective of the target audience members** for whom the activity is designed to address
- Opportunity for learners to learn **about, from and with** each other



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Interprofessional Continuing Education (IPCE)

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- An intent to achieve **outcome(s)** that reflect a change in the skills, strategy, or performance of the **healthcare team and/or patient outcomes**
- Reflection of one or more of the **interprofessional competencies** to include values/ethics, roles/responsibilities, interprofessional communication, and/or teams/teamwork
- Educational activities must be designed **to improve skills/strategy or performance** of the healthcare teams and/or patient outcomes



Understanding the Joint Accreditation Criteria and Process

- Joint Accreditation Eligibility Criteria
- Submission of an Intent to Apply form and Activity List
- Joint Accreditation Criteria
- Self-Study Report and Activity Files
 - Guide to the Joint Accreditation Process
- Interview
- Accreditation Decision

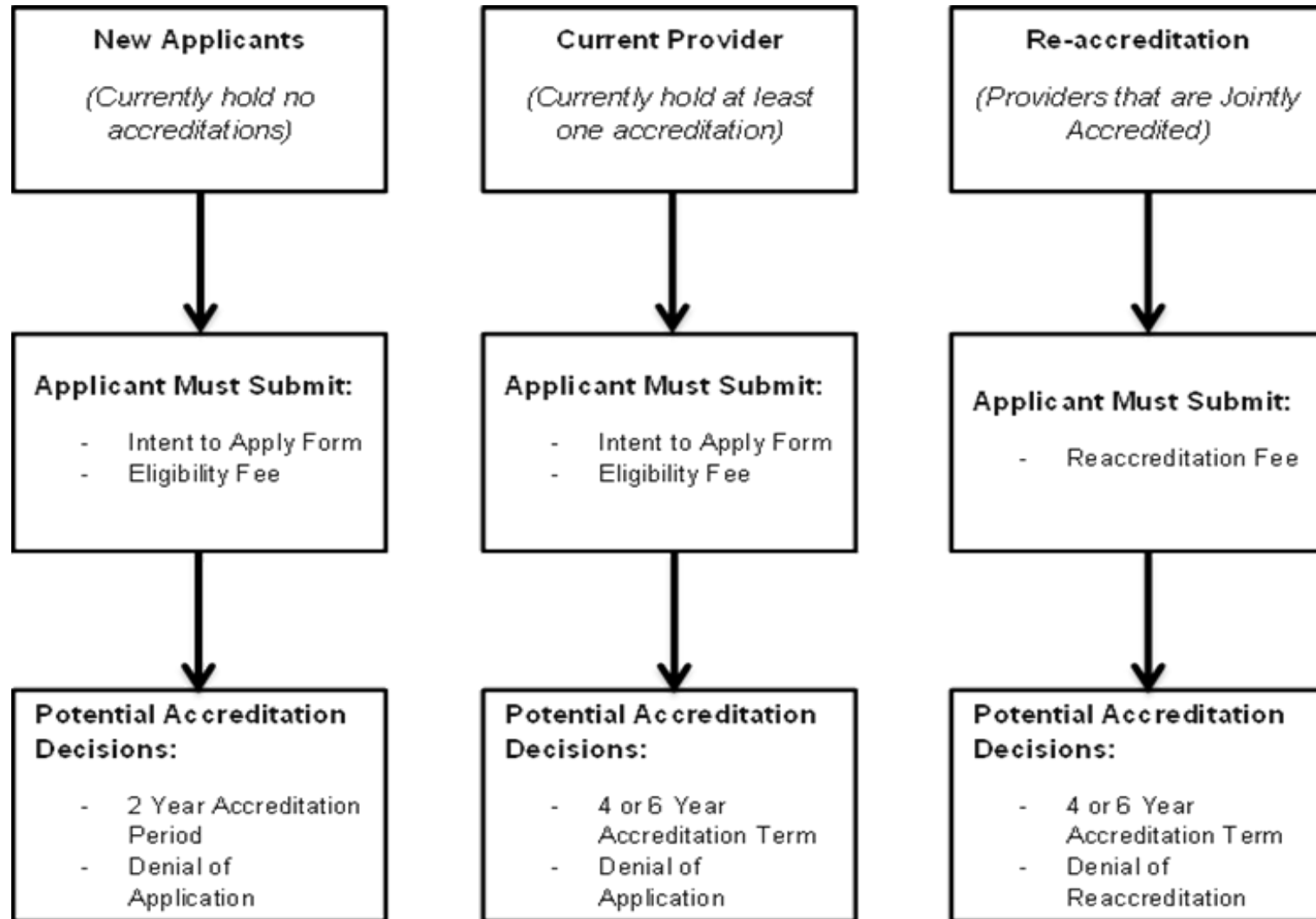


Eligibility Criteria

- The structure and processes to plan and present education designed by and for the healthcare team are in place and fully functional for **at least the past 18 months**.
- At least **25% of all educational activities** developed by the organization during the past 18 months are categorized as “interprofessional” and can demonstrate an integrated planning process that includes health care professionals from two or more professions who are reflective of the target audience the activity is designed to address.
- Your organization engages in the Joint Accreditation process and demonstrates compliance with the criteria described below and if currently accredited, any associated accreditation policies required by ACCME, ACPE, or ANCC.



Term of Accreditation



Process

1. The Provider submits Intent to Apply form to ACPE
2. The Provider submits self-study report to ACPE
3. ACPE staff reviews materials for consistency to ensure proper documentation and materials are included
4. ACPE staff sends materials out to site surveyors 7-8 weeks in advance of scheduled review
5. Site surveyors review materials in advance of the interview
6. Site surveyors travel to Chicago to participate in Provider interview via conference call
7. Staff assemble the survey team report and send out for final review
8. Survey team report presented to Joint ARC. The Joint ARC recommends an accreditation team to each of the accrediting bodies Board of Directors.
9. The Board of Directors from each accrediting body approve accreditation term



Intent to Apply and Activity List

- Providers should complete the Intent to Apply Form and submit the accompanying eligibility review fee prior to the cycle deadline.
- *Prior to submitting an Intent to Apply form, organizations should contact accreditation staff (info@jointaccreditation.org) to discuss eligibility requirements and to understand the Joint Accreditation process.*
- *Once an applicant is informed of their eligibility to proceed with their application for Joint Accreditation, the Provider should utilize the Activity List template to submit all activities offered in the 18 month period preceding the submission of the Intent to Apply Form.*



Joint Accreditation Criteria

Four Sections:

1. Mission and Overall Program Improvement
2. Activity Planning and Evaluation
3. Support Strategies, Barriers, and Analysis of Impact of Activities
4. Independence



Mission and Overall Improvement

A provider:

- Articulates a **continuing education (CE) mission statement** that highlights education for the healthcare team. Expected results are specified in terms of changes in skills/strategy or performance of the healthcare team or in patient outcomes. (JAC 1)
- Gathers data or information and conducts a program-based analysis of the degree to which its CE mission is met through the conduct of CE activities/educational interventions. (JAC 2)
- The provider identifies, plans, and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) required to improve its ability to meet the CE mission . (JAC 3)



Activity Planning & Evaluation

- A provider:
- Incorporates into CE activities the educational needs (knowledge, skills/strategy, or performance) that underlie the practice gaps of the healthcare team and/or the individual members of the healthcare team. (JAC 4)
- Generates activities/educational interventions designed to change the skills/strategy or performance of the healthcare team or patient outcomes as described in its mission statement. (JAC 5)
- Generates activities/educational interventions around valid content that matches the healthcare team's current or potential scope of professional activities. (JAC 6)
- Chooses educational formats for activities/interventions appropriate for the setting, objectives, and desired results of the activity. (JAC7)
- Develops activities/educational interventions in the context of desirable attributes of the healthcare team (e.g., Institute of Medicine competencies, professional competencies, healthcare team competencies: values/ethics, roles and responsibilities, interprofessional communication, teams, and teamwork). (JAC 8)



Support Strategies, Barriers, and Analysis of Impact of Activities

- Utilizes support strategies to enhance change as an adjunct to its educational interventions (e.g., reminders, patient feedback). (JAC 10)
- Identifies factors outside the provider's control that impact on patient outcomes. (JAC 11)
- Implements educational strategies to remove, overcome, or address barriers to change for the healthcare team. (JAC 12)



Independence

A provider

- Develops activities/educational interventions independent of commercial interests ([ACCME Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM](#)), including:
 - Identification, resolution, and disclosure of relevant financial relationships of all individuals who control the content of the continuing education activity.
 - Appropriate management of commercial support (if applicable).
 - Maintenance of the separation of promotion from education (if applicable).
 - Promotion of improvements in health care and NOT proprietary interests of a commercial interest. (JAC 9)



Self-Study Report and Activity Files

- **Self-study report:** The Provider is expected to *describe* and provide *examples* of its interprofessional CE practices.
- **Activity file review:** The Provider is expected to verify that its CE activities meet the joint accreditation criteria through the documentation review process. This review is based on the criteria for accreditation as a provider of interprofessional continuing healthcare education.



Joint Accreditation Interview

- **Accreditation interview:** This will allow the provider an opportunity to amplify, verify, and clarify the information provided in the self-study document and activity files.
- Interviews are approximately 90 minutes in duration and consist of:
 - Review of activity files
 - Interviews of provider staff
 - Clarification of content for review team by provider staff
 - Request for additional documentation based on interview



Joint Accreditation Decision

- Process assesses a provider's compliance with the Joint Accreditation criteria based on information furnished by the provider, via the Self-Study Report, activity files and through the survey team interview.
- Data and information collected in process is analyzed and synthesized by the Joint Accreditation Review Committee (Joint ARC).
- The Joint ARC makes recommendations to the Governance/Decision-making bodies of ACCME, ACPE, and ANCC. All accreditation decisions are unanimous and are ratified by the full Governance bodies of each organization.



Once You're Accredited

Organizations will:

- continue to offer at least 25% of educational activities for an “interprofessional” audience
- develop education to address professional practice gaps of the healthcare team
- follow ONE set of Criteria. Jointly Accredited providers do not adhere to the separate Standards of each accrediting body
- pay one annual fee to maintain accreditation
- report their activities in one common database (beginning in 2017)



Types of Organizations

Thirty six (36) jointly accredited providers, comprised of associations, healthcare systems, government/regulator, accreditors, private education companies, and colleges and universities, including...



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Organizational Structure

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- Varies widely
- Common elements for success:
 - Mission driven
 - Strong leadership support
 - Integrated planning processes
 - Interprofessional target audience
 - Industry leaders/early adopters
 - Large organizations



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- Planning/integrating:
 - Engaged key stakeholders: formal and informal leaders
 - Self assessment
 - Identified and addressed gaps
 - Integrated documentation forms/processes

Opportunity for improvement: Measuring team performance and impact on patient outcomes



Organizational Outcomes

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- Significant increase in number of IPCE activities
 - Upon application for Joint Accreditation: ~ 30%
 - Two years post achieving Joint Accreditation: > 80%
- Collaborate more effectively and more frequently with other professions
- Bring knowledge of single profession committees/task forces/initiatives to the larger organization
- Improve individual and team-based clinical and interprofessional skills



Demonstrated ability to be better teams

- Collaborate more effectively and more frequently with other professions
- Improve individual and team-based clinical and interprofessional skills

Measurable impacts on patient outcomes

- Ability to apply new guidelines and evidence into practice
- Identifying appropriate treatment and monitoring patient response to therapy
- Confidence in making management and/or treatment decisions
- Average length of stays; complication rates; readmission rates



Take Aways

- All types of organizations can be successful
- No one organizational structure is required
- Pursuing a supportive accreditation status (like Joint Accreditation) can transform the culture of an organization
 - Sustain over time
 - Improve quality and volume
- Leadership at all levels is critical
- Do what is right because it is right



Thank You.

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