Outcome Summary Report for 2022 Activities – Example 1

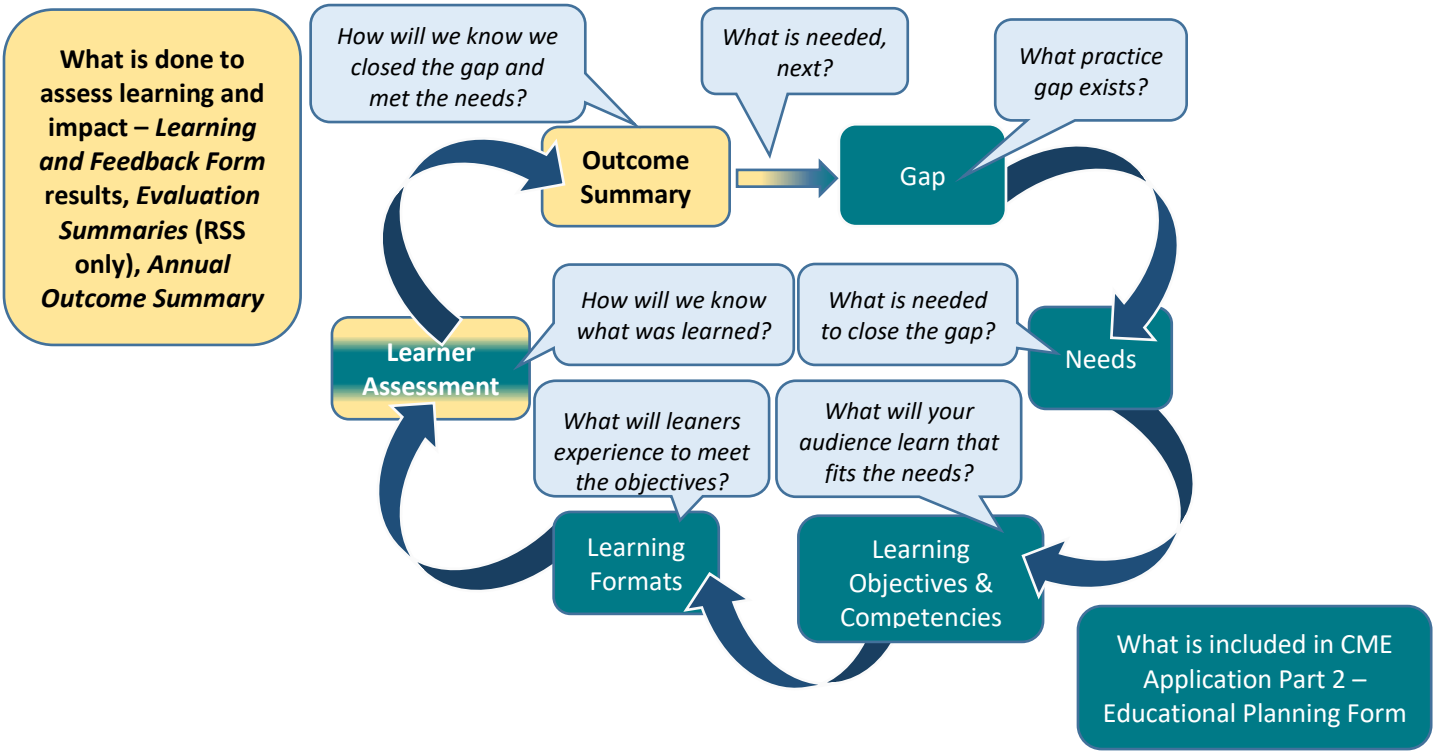
Accreditation Period: **Calendar Year 2021**
Activity ID: **LC-357**
Activity Title: **LARC Billing Telehealth Series**
Prepared by: RG

Plan the activity → Apply for CME credit approval → Implement the activity → Complete the *Outcome Summary*

Your *Outcome Summary* presents the evidence that you achieved what you intended when you planned your activity. Your Education Plan was approved based on the alignment of your gaps, needs, and learning objectives, and on the evaluation plan you outlined in your Learning & Feedback Form.

You need to present the evidence you gathered of changes in competence, performance, and/or patient/learner outcomes; changes in knowledge only are not sufficient. A description *of* the evidence, or a statement that there *is* evidence, is not sufficient. Quantitative evidence may be in the form of a chart or graph, a table, or a brief narrative. Qualitative evidence is also acceptable. Please contact CPL if you have questions or need further clarification.

Outcome Summary – Closing the CME Loop



The education planning cycle begins with identifying a gap, then planning one or more learning experiences to address that gap by changing competence, performance, or patient outcomes. The Outcome Summary presents the evidence that the gap was closed or narrowed, and intended changes occurred as a result of participation in the learning experience or series.

Gaps

What were the gaps you indicated in your Education Planning Form?

These are the professional-practice gaps that motivated your CME activity and you identified in the Application Part 2. The gap is a description or numerical value representing the difference between actual performance and desired performance. The gap may be illustrated by quality improvement and patient safety metrics, CME-learner surveys that identify individual or collective gaps, department/division strategic planning goals, patient satisfaction data, practice guidelines, published research results, UME and/or GME learner surveys, etc. Please identify sources of data and information that led to identifying and prioritizing the gaps.

New Mexico clinicians, administrators, and other health care workers have limited knowledge of Long-Acting Reversible Contraception (LARC) stocking, billing, coding, and reimbursement processes. This has the effect of limiting patient access to these services. New Mexico has many state specific policies facilitating reimbursement for costly LARC devices and procedures. Our state's health care workforce needs to know how to follow reimbursement processes to be paid for offering these essential health services.

Provide evidence from your completed activity for the extent to which each gap was narrowed or closed.

A NMDOH report showed that access to LARC services increased from 12.5% to 18.6% of women among contraceptive users ages 15 to 44 one year after this learning activity.

Outcomes

Restate how the changes in competence, performance, patient outcomes, and/or student/resident learning outcomes were evaluated.

Changes in competence were evaluated with a retrospective pre/post survey.

Provide evidence from your completed activity for the change(s) in competence, performance, patient outcomes, and/or resident/student learning outcomes that you stated in your application would be evaluated.

What data did you use to track changes in competence, performance, patient outcomes, and/or resident/student learning outcomes? It is often helpful to consult the same sources of information that you used to delineate your gaps to show improvement.

19 of the 21 (95%) evaluations received from respondents (52% response rate) agree or strongly agree that they will incorporate the information from the presentation into their everyday practice. 16 of the 21 (76%) evaluations received from respondents said that they obtained practical suggestions that they can apply to their practice. 16 commitment-to-change statements indicated that participants plan to change the policies, procedures, training and monitoring of LARC in their practice. [see attachment]

Attachment 1: LARC change in competence

Number of attendees	40
Number of respondents	21
Response rate	53%

Change in competence before/after participating in the activity

Proficiency in LARC processes	Not at all proficient (1)	Slightly proficient (2)	Moderately proficient (3)	Very proficient (4)	Extremely proficient (5)	Weighted average
Stocking before activity	4	6	11			2.3
Stocking after activity			8	13		3.6
Billing before activity	3	7	11			2.4
Billing after activity			7	13		3.5
Coding before activity	2	9	10			2.4
Coding after activity		1	9	11		3.4
Reimbursing before activity	3	10	8			2.2
Reimbursing after activity		1	12	8		3.3