

Community Medical Center CME Post-Activity Evaluation

CME Activity: **2019 MACRA/MIPS: Education & Updates for the Quality Payment Program**

Speaker(s) and Affiliation: **Po Chou, Senior Vice President Population Health
RWJBarnabas Health**

OBJECTIVES: At the conclusion of this activity, the attendee should be able to:

1. Demonstrate comprehension of MACRA/MIPS
2. Discuss implications of the Quality Payment Program, inclusive of Alternative Payment Models (APM) and Advanced APMs
3. Review 2019 proposed changes

1. Do you **intend** to make changes or apply learnings to your practice as a result of this educational activity?

<u>Yes, I plan</u> to make changes <input type="checkbox"/>	<u>Yes,</u> I'm <u>considering</u> changes <input type="checkbox"/>	<u>No,</u> I <u>already</u> practice these recommendations <input type="checkbox"/>	<u>No,</u> I don't think this applies to my practice <input type="checkbox"/>
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If **Yes**, describe two things you intend to try or do differently as a result of this educational activity:

If **No**, describe your perceived barriers to change:

2. Do you feel this educational activity will improve your ***clinical performance*** ***competence*** and/or ***patient outcomes***?

3. Identify the major strengths of this educational activity: *(check all that apply)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Speaker(s)
<input type="checkbox"/> Discussion
<input type="checkbox"/> Clinical Case Presentations
<input type="checkbox"/> Knowledge gained | <input type="checkbox"/> Networking
<input type="checkbox"/> AV/Support materials
<input type="checkbox"/> Demos/Hands-on
<input type="checkbox"/> Case Vignettes | <input type="checkbox"/> Facilities
<input type="checkbox"/> Other: _____
<div style="text-align: right; font-size: small;"><i>(Describe)</i></div> |
|---|--|---|

4. Was this educational activity appropriate for your level of training? Yes No _____

(Describe)

5. Was the educational format of this activity appropriate for the setting, objectives and desired results of the activity? Yes No _____

(Describe)

6. Were the educational activity's objectives met? Yes No _____

(Describe)

7. Did the speaker(s) provide objectives at the beginning of the program and demonstrate a thorough knowledge of the subject? Yes No _____

(Describe)

8. Was this educational activity free of commercial bias? Yes No _____

(Describe)

9. What **additional** education and training would be helpful to your practice? Suggestions for future programs:

10. Additional Comments: _____

I certify I have attended 1 hour of this Continuing Medical Education Activity
Please print your name