

Des Moines University Application for Continuing Education Credit

Activity Information

Date of application: September 29, 2020

Organization: Iowa Primary Care Association

Activity title: Whole Health Action Management (WHAM) Training

Date(s): October 8 - 9, 2020

Location: Zoom

Activity director: Gagandeep Lamba, MA, MS, MBA

Phone: 515-248-1482

Email: glamba@iowapca.org

Activity coordinator: N/A

Phone:

Email:

Format: ACCME C5; CPME Standard 3.2, 9.0

- Live
- Journal-based CME
- Online/Enduring materials

- Grand Rounds/Regularly scheduled series (RSS)
- Remote site teleconference
- Other:

Frequency of activity:

- Once
- Weekly
- Monthly

- Quarterly
- Annual
- Other:

Type of credit requested: (additional requirements and fees may apply)

- American Osteopathic Association (AOA) credit
 - Category 1-A
 - Category 1-B
 - Category 2-A
 - Category 2-B
- Nursing credit (IBON)
- American Academy of Family Physicians (AAFP) Prescribed credit ***Additional fee
- AMA PRA Category 1 Credit™ through the Iowa Medical Society
- Podiatry credit (CPME)
- Certificates of participation
- Other:

Planning Committee

Identify below members of the planning committee who have input into the planning process and selection of content. To comply with national CME standards, Des Moines University requires all planners and developers of content for an educational activity to complete and submit a financial conflict of interest form. It's the responsibility of the activity director to ensure that no conflicts of interest occur during the planning and content delivery process. If needed, attach separate documentation. *AOA Standards 2.2.4.2, 3.3, 3.5; ACCME C7, SCS 1.1, SCS 6.1-6.5, C9, SCS 2.1-2.3, SCS 4.2-4.5, C10, SCS 5.2; CPME Standard 1.3, 1.6, 5.2, 5.3*

The activity director(s), activity coordinator, and all planning committee members must complete a "Disclosure of Relevant Financial Relationships" form. The webform can be found online at <https://cme.dmu.edu/disclosure>.

Name, Credentials, Title	Phone	Email	COI
Gagandeep Lamba, MA, MS, MBA <i>Behavioral Health Manager, Iowa Primary Care Association</i>	515-248-1482	glamba@iowapca.org	None

Target Audience

AOA Standards 2.1.8, 3.1.1, 3.1.2, 3.2; ACCME C3; CPME Standard 3.2

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Physicians | <input type="checkbox"/> Residents | <input checked="" type="checkbox"/> Other: Peer Support |
| <input checked="" type="checkbox"/> Mid-level providers | <input type="checkbox"/> Medical Students | Specialists, Recovery Coach |
| <input checked="" type="checkbox"/> Nurses | <input type="checkbox"/> Non-Medical Students | |
| <input checked="" type="checkbox"/> Ancillary Staff | <input type="checkbox"/> General Public | |

Purpose and Mission

Describe the purpose and mission of this CME activity. Must be in harmony with the Des Moines University CME [mission statement](#). *AOA Standard 2.2.2.1; CPME 1.1*

The WHAM program focuses on developing mind-body resiliency to promote self-management skills. The program is grounded in 10 whole health and resiliency factors recommended by the Benson-Henry Institute for Mind-Body Medicine at Massachusetts General Hospital, which is renowned for decades of research on promoting resiliency. This program teaches the Relaxation Response as an essential resiliency self-management skill. Research demonstrates that it is as predictable as medication in immediately reversing the stress-induced fight-or-flight response.

Currently there is no specialized training for peer support specialists focused on whole health of the patient, which leads to overall poor health outcomes. After this two-day training, participants will be able to identify strengths, develop weekly action plans and use positive reinforcement to meet a goal. Rather than work alone, WHAM encourages participants to collaborate and support the patient.

Educational Format

AOA Standard 2.1.7; ACCME C5; CPME Standard 3.2

<input type="checkbox"/>	Case presentation	<input type="checkbox"/>	Interactive response system
<input checked="" type="checkbox"/>	Skills demonstration	<input type="checkbox"/>	Simulated patient
<input checked="" type="checkbox"/>	Lecture	<input type="checkbox"/>	Laboratory session
<input type="checkbox"/>	Panel discussion	<input type="checkbox"/>	Mentoring/coaching
<input type="checkbox"/>	Small group discussion	<input checked="" type="checkbox"/>	Question and answer session
<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Workshops
<input type="checkbox"/>	Round table	<input type="checkbox"/>	Other:

How was it determined that the format chosen was the best for delivery of activity?

WHAM is a peer-centered program developed by the National Council's SAMHSA-HRSA Center for Integrated Health Solutions to promote whole health self-management. Peers are encouraged to partner and identify strengths, develop weekly action plans and work together using positive reinforcement to meet a goal. Rather than work alone, WHAM encourages participants to collaborate and support others' efforts. The training.

So far, 30 states with more than 3000 participants have been trained, within community behavioral health centers, federally qualified health centers, health homes, criminal justice systems and Veterans Administration programs using the same format.

This training is only available online by the National Council due to the pandemic related restrictions on in-person events.

Identifying Professional Practice Gaps

The CME planning process begins with identifying professional practice gaps(s). The practice gap is the difference between what actually occurs and what the ideal or evidence-based practice should be. Describe below what practice gap(s) this CME activity will address. How do you know there is an educational need from the target audience? What clinical problems or opportunities for improvement will the activity address? What types of gaps in the target audience did you identify? (e.g., for clinical care: patient outcomes to improve, new methods of diagnosis or treatment to implement, better ways to deliver care) *ACCME C2, C3; AOA Standards 2.1.8, 2.2.3.3.1; CPME Standards 2.0, 3.0*

As mentioned earlier, currently there is no specialized training for peer support specialists focused on whole health of the patient, which leads to overall poor health outcomes. After this two-day training, participants will be able to identify strengths, develop weekly action plans and use positive reinforcement to meet a goal. Rather than work alone, WHAM encourages participants to collaborate and support the patient.

Preliminary research by Dr. Judith Cook at University of Illinois at Chicago has revealed that a peer-led WHAM intervention delivers on new health behaviors like physical activity and healthy eating. WHAM training graduates are linked to a national listserv to foster ongoing peer support, share tips and tools for success, and provide new resources for peer services and integrated health.

Through the WHAM program, people learn how to develop and use wellness self-management skills, including person-centered planning to identify strengths and supports for enhancing health and well-being. Participants also identify a whole health goal, along with a weekly action plan to attain the goal. They participate in eight weeks of peer support groups where they learn to create new health behaviors by following weekly action plans. They also learn to use a technique called the Relaxation Response to manage stress and develop skills to challenge negative thinking.

Educational Need

Is the identified educational need of the target audience related to: (select all that apply) *ACCME C2, C3; CPME Standard 3.0, 3.1, 9.5*

- Knowledge (facts and information acquired by a person through experience or education)
- Competence (having the ability to apply knowledge, skills, or judgment in practice if called upon to do so)
- Performance (what the participant actually does in practice)
- Patient outcomes (actual outcomes in individual patients and/or patient populations)
- Community (change in population health status)

Barriers

What factors outside of the provider's control have been identified that would have an effect a change in patient outcomes. Include examples of identified factors outside of your organization's control that will have an impact on patient outcomes. *ACCME C18*

A huge barrier in improving patient health outcomes in the behavioral health field is high rates of no-shows. This training aims to provide key skills for healthcare professionals to assess patient's intrinsic motivation to change their health outcomes.

What potential or real barriers are physicians faced with if this gap is to be addressed? Describe the educational strategies that have or are being implemented to remove, overcome or address these barriers to change? *ACCME C19*

Physicians do not always have access to effective tools or resources for improving patient health outcomes. WHAM training graduates are linked to a national listserv to foster ongoing peer support, share tips and tools for success, and provide new resources for peer services and integrated health

Collaboration with Stakeholders

If your organization is engaged in collaborative or cooperative relationships with other stakeholders, describe these relationships. *ACCME C20; CPME 1.6*

This training is provided by trainers from the National Council of Behavioral Health.

The training costs are funded by Promoting Integration of Primary and Behavioral Health Care (PIPBHC) grant awarded to Iowa PCA by Iowa Dept. of Public Health.

Sources of Professional Practice Gaps

Check the procedures you will use to identify the CME needs of the intended target audience. AOA credit is requested, for a multi topic activity, each presentation must have an evidence-based needs assessment source. *AOA Standards 2.1.2, 2.1.3, 2.2.3.1; ACCME C2, C21; CPME 2.1*

<input type="checkbox"/>	OMT/OPP as part of the profession. No additional documentation necessary.
<input type="checkbox"/>	Core competencies that are non-clinical (professionals, communications, system-based practice, etc.)
<input type="checkbox"/>	Faculty development programs. No additional documentation necessary.
<input type="checkbox"/>	Evaluation results from previous CME activities. Attach past evaluation summary with relevant suggestions highlighted.
<input type="checkbox"/>	Request of medical staff or administration. Attach documentation or emails with relevant suggestions highlighted.
<input type="checkbox"/>	Expert opinion from university or physician leaders. Attach meeting notes or survey results with relevant suggestions highlighted.
<input type="checkbox"/>	Questionnaire (Learner Perceived Needs). Attach questionnaire summary with relevant suggestions highlighted.
<input checked="" type="checkbox"/>	Literature reviews. <ul style="list-style-type: none"> • <i>Relaxation Response</i> from the Benson-Henry Institute for Mind-Body Medicine at Massachusetts General Hospital (Casey, Chang, Huddleston, et al., 2009) • "Promoting Resiliency through Peer Support Whole Health". Magellan Health Services. p. 27.
<input type="checkbox"/>	Public health priorities. Describe:
<input type="checkbox"/>	New medical technology. Describe:
<input type="checkbox"/>	Tests that determine learner competence (e.g., pre- and post- test results, self-assessment activities). Attached a copy of the test with relevant sections highlighted.
<input type="checkbox"/>	Quality data or quality improvement initiative from organization. Attach reports or documentation with relevant sections highlighted.
<input checked="" type="checkbox"/>	Data from local, statewide, regional, or national resources. Attach relevant reports or documentation. <ul style="list-style-type: none"> • "Whole Health Action Management". National Council for Behavioral Health.
<input type="checkbox"/>	Data from outside sources such as the National Institutes of Health or Public Health Service. Attach relevant reports or documentation.

	<ul style="list-style-type: none"> • Whole Health and Resiliency Factors". SAMHSA-HRSA Center for Integrated Health Solutions. • Whole Health Action Management Training Program. National Council for Behavioral Health. • WHAM Overview. SAMHSA-HRSA Center for Integrated Health Solutions
<input type="checkbox"/>	Results of evidence-based medicine studies. Attach studies.
<input type="checkbox"/>	Legal or regulatory requirements (OSHA, JCAHO, etc.). Attach reports or documentation with relevant sections highlighted.
<input type="checkbox"/>	Licensure or State mandate (ex: risk management). Attach reports or documentation with relevant sections highlighted.
<input type="checkbox"/>	Change in national standard of practice. Attach reports or documentation with relevant sections highlighted.
<input type="checkbox"/>	Board preparation courses based on pass rate/board scores. No additional documentation necessary.
<input type="checkbox"/>	Quality resource website databases (e.g., ahrq.gov, guideline.gov)
<input type="checkbox"/>	Other: <ul style="list-style-type: none"> • Motivational Interviewing

Learner Core Competencies

All activities must be developed in the context of desirable learner attributes as those designated by the Institution of Medicine (IOM) and American Board of Medical Specialties (ABMS), Accreditation Council of Continuing Graduate Medical Education (ACGME), and American Osteopathic Association (AOA) competencies.

Please check the appropriate attributes that apply to the development of and desired results for this educational activity or series. AOA; ACCME C6

<input type="checkbox"/>	Osteopathic Philosophy/ Osteopathic Manipulative Medicine	Demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty. Remain dedicated to life-long learning and to practice habits in osteopathic philosophy and OMM. (AOA)	
<input type="checkbox"/>	Medical Knowledge	Demonstrate and apply knowledge of accepted standards of clinical medicine in the respective area; remain current with new developments in medicine and participate in life-long learning activities. (AOA) Demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. (ABMS, ACGME)	
<input type="checkbox"/>	Patient Care	Demonstrate the ability to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine and health promotion. (AOA) Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. (ABMS, ACGME)	
<input checked="" type="checkbox"/>	Provide Patient-Centered Care	<input type="checkbox"/>	Identify, respect, and care about patients' differences, values, preferences, and expressed needs. (IOM)
		<input type="checkbox"/>	Listen to, clearly inform, communicate with, and educate patients. (IOM)


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		<input type="checkbox"/>	Share decision making and management. (IOM)
		<input type="checkbox"/>	Continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health. (IOM)
<input checked="" type="checkbox"/>	Work in Interdisciplinary Teams	Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. (IOM)	
<input type="checkbox"/>	Professionalism	<input type="checkbox"/>	Uphold the Osteopathic Oath in the conduct of one's professional activities that promotes advocacy of patient welfare, adherence to ethical principles, and collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. (AOA)
		<input type="checkbox"/>	Be cognizant of physical and mental health in order to effectively care for patients. (AOA)
		<input type="checkbox"/>	Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. (ABMS, ACGME)
<input type="checkbox"/>	Practice-Based Learning and Improvement	<input type="checkbox"/>	Demonstrate the ability to critically evaluate methods of clinical practice. (AOA)
		<input type="checkbox"/>	Integrate evidence-based medicine into patient care. (AOA)
		<input type="checkbox"/>	Show an understanding of research methods. (AOA)
		<input type="checkbox"/>	Improve patient care practices. (AOA, ABMS, ACGME)
		<input type="checkbox"/>	Investigate and evaluate their patient care practices. (ABMS, ACGME)
		<input type="checkbox"/>	Appraise and assimilate scientific evidence. (ABMS, ACGME)
<input checked="" type="checkbox"/>	Employ Evidence-Based Practice	Integrate best research with clinical expertise and patient values for optimum care and participate in learning and research activities to the extent feasible. (IOM)	
<input type="checkbox"/>	Apply Quality Improvement	<input type="checkbox"/>	Identify errors and hazards in care. (IOM)
		<input type="checkbox"/>	Understand and implement basic safety design principles, such as standardization and simplification. (IOM)
		<input type="checkbox"/>	Continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs. (IOM)
		<input type="checkbox"/>	Design and test interventions to change processes and systems of care, with the objective of improving quality. (IOM)
<input type="checkbox"/>	Systems-Based Practice	<input type="checkbox"/>	Demonstrate an understanding of health care delivery systems. (AOA)
		<input type="checkbox"/>	Provide effective and qualitative patient care with the system. (AOA)
		<input type="checkbox"/>	Practice cost effective medicine. (AOA)
		<input type="checkbox"/>	Demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. (ABMS, ACGME)
<input checked="" type="checkbox"/>	Interpersonal and Communication Skills	Demonstrate interpersonal and communication skills that enable a physician to establish and maintain professional relationships with patients, families, and other members of health care teams. (AOA) Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates. (ABMS, ACGME)	
<input type="checkbox"/>	Utilize Informatics	Communicate, manage knowledge, mitigate error, and support decision making using information technology. (IOM)	

Learning Objectives

Define specific goals/objectives for the CME activity. What changes in knowledge, attitudes, or skills are expected as a result of this activity? What changes in patient care are expected? What will attendees know, or be able to do, as a result of participating in the activity? *AOA Standards 2.1.5, 2.2.3.2, 2.2.3.3.1; ACCME C7, SCS 1.1; CPME 3.0, 4.1, 7.1, 9.2*

Upon completion of this activity, participants will be able to:

- Learn how to develop and use wellness self-management skills, including person-centered planning to identify strengths and supports for enhancing health and well-being.
- Identify a whole health goal, along with a weekly action plan to attain the goal.
- Participate in eight weeks of peer support groups where they learn to create new health behaviors by following weekly action plans.
- Learn to use a technique called the Relaxation Response to manage stress and develop skills to challenge negative thinking.

Activity Schedule

The accredited provider shall use the objectives developed for an educational activity to select the content, speakers, learning methods for the activity. If needed, attach separate documentation. *AOA Standard 2.2.3.3.1; CPME 7.1*

DAY 1		
Time	Presentation Title and Speaker	CE
8:30 am	Introduction to Zoom	0.0
9 am	Introduction to the WHAM Program	1.0
10 am	Break	0.0
10:15 am	Demonstration of the WHAM Program	1.0
11:15 am	Person-Centered Planning in 10 Whole Health Factors	0.75
12 pm	Lunch	0.0
1 pm	Person-Centered Planning in 10 Whole Health Factors (Continued)	1.0
2 pm	Break	0.0
2:15 pm	Setting a Person-Centered Goal	0.75



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3 pm	Break	0.0
3:15 pm	Weekly Action Plans Personal Logs One to One Peer Support Peer Support Group	1.25
4:30 pm	Adjourn	0.0
TOTAL		5.75

DAY 2		
Time	Presentation Title and Speaker	CE
8:30 am	Implementation Securing Buy-In and Support	1.5
10 am	Break	0.0
10:15 am	Recruiting Peers Providing WHAM Training	1.75
12 pm	Lunch	0.0
1 pm	Facilitating the WHAM Peer Support One to One Peer Support Practice	1.0
2 pm	Break	0.0
2:15 pm	Peer Support Group Practice Facilitator Manual Walk Through Goal Setting Practice	1.25
3:30 pm	Final Reflections and Next Steps	0.5
4 pm	Adjourn	0.0
TOTAL		6.0

Speaker Information

List speaker with pertinent credentials. Speakers who refuse to sign the financial conflict of interest form may not participate in the CME activity. For a multi topic activity, each presentation must have an evidence-based needs assessment source. A biographic sketch and/or CV is required for all speakers. If needed, attach separate documentation. *AOA Standards 2.2.4.2, 3.3, 3.5, ACCME C7, SCS 2.1-2.3, SCS 3.7, SCS 6.1-6.5, C8, SCS 3.7-3.10, SCS 4.2-4.5, C10, 5.1, 5.2; CPME Standard 5.0, 7.1*

All speakers, moderators, and panel members must complete a “Disclosure of Relevant Financial Relationships” form. The webform can be found online at <https://cme.dmu.edu/disclosure>.

Name, Credentials, Title	Phone	Email	COI
Jean Duraski <i>Senior Trainer, Appalachian Consulting Group and Program Director, Justice in Mental Health Organization</i>	404.375.1813	Jeanthepig@yahoo.com	None
Ike Powell <i>Director of Training, Appalachian Consulting Group</i>	404.375.1813	ikpwll@aol.com	None

Level of Outcomes

Please indicate the level of outcomes this educational activity will address. Select one.

- Level 1 outcomes, or the “smile sheet,” rate the CME activity’s quality, usefulness, objectives, presentation, and/or speakers.
- Level 2 measures a change in participants’ knowledge, skills, or attitude – an intention to change.
- Level 3 is a self-reported change in health professionals’ behavior or practice.
- Level 4 is an objectively measured change in clinician behavior or practice.
- Level 5 is an objectively measured change in patient health status.

Evaluation

Describe how you will determine if your CME activity is effective in meeting the needs for which the activity was designed. The approved CME evaluation should be used along with other effective tools. *AOA Standards 2.1.6, 2.1.7, 2.1.9, 2.1.10, 2.1.11, 3.14; ACCME C11, C13, C22; CPME Standard 4.1*

- Post-activity evaluation*
- Use of audience polling device
- Pre-test
- Post-test
- 90-day follow-up assessment
- Verbal interview of participants summarized in writing
- Patient outcomes data
- Questionnaire
- Planning group review
- Other:

* DMU CME will provide a list of required CME evaluation questions.

Describe anticipated ways to evaluate short and long-term learning value of your activity.

Short-term: To assess the short-term learning value of this activity, an evaluation will be distributed to the learners on-site. The feedback provided is used to determine the effectiveness of the content presented and help plan for future activities. It will properly assess the learning and adaptation of the activity. Attendance and attendee satisfaction, per the evaluation, will assist the level of interest and understanding.

Long-term: None at this time.

Commercial Support

AOA Standards 2.2.3.3.2, 2.2.3.3.3.1-5, 2.2.4.1, ACCME C8, SCS 3.1-3.7, 3.11-3.13, C9, SCS 4.1, 4.2; CPME Standard 6.0

Independence of Activity Planning: When planning a CME activity, the activity director and members of the planning committee confirm that the following decisions will be made free of the control of commercial interests:

1. Identification of needs
2. Determination of education objectives
3. Selection and presentation of content
4. Selection of all personnel and organization that will be in a position to control the content
5. Selection of education methodology
6. Evaluation of the activity

Check this box to indicate you have read, understand and comply with the independence of activity planning standards.

This activity will not be requesting commercial support.

Content Validation

Applies to all those in control of content, including activity director, planning committee members and speakers. Des Moines University expects that all CME activities will adhere to the content validation statement.

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collections and analysis.
3. The content or format of CME activities and related materials will promote improvements or quality healthcare and not a specific proprietary business or commercial interest.
4. CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality.

5. If your CME educational materials include trade names, names from several companies should be used where available, not just trade names from a single company.
 6. Feedback from learners will be collected to determine the effectiveness of this CME activity through questionnaires or other evaluation mechanisms.
 7. Educational materials that are part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, or product-group messages.
- Check this box to indicate that you have read, understand, and will comply with the content validation statement.