



CME Evaluation Instructions

April 25, 2015 | McKimmon Center, Raleigh NC

There are three main steps to completing your CME and getting your credits.

1. In order to receive CME credits for attending *Review of Systems: A Practice Workshop*, you must **complete and return an evaluation for each presentation you attend**. This packet includes an evaluation sheet for each presentation.
2. Please **complete both sides of each evaluation, write your information clearly, and return evaluation sheets to NCPA staff** before you leave the meeting.
3. Watch your inbox for an email containing your CME Certificate.

***Review of Systems: A Practice Workshop* CME Mission Statement**

Designed for psychiatrists, these continuing medical education live activities will provide information to maintain competency and knowledge relating to documentation, contracting, quality measures and performance measures.

Meeting Accreditation



The Florida Psychiatric Society is accredited by the Florida Medical Association to provide Continuing Medical Education for physicians. The Florida Psychiatric Society designates this live activity for a maximum of 6.5 *AMA Physicians Recognition Award (PRA) Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Meeting Disclosure

The Accreditation Council for Continuing Medical Education (ACCME) has mandated that all speakers must disclose any affiliation with a commercial organization, which is supporting the CME activity or whose products, research, or services may be addressed in their presentations. Having an interest in or affiliation with any corporate organization providing support for a program does not prevent a speaker from making a presentation, but the relationship must be made known in advance to the audience in accordance with the Standards for Commercial Support of Continuing Medical Education of the ACCME.



CME ACTIVITY EVALUATION

Steve Shaber, J.D.

Contracting

Saturday, April 25, 2015 1.5 CME



ATTENTION PARTICIPANTS: In order to receive CME credit or participation in this program, you must complete this evaluation form. Turn in this evaluation to staff before leaving. Please print legibly.

EDUCATIONAL OBJECTIVES: At the conclusion of this activity, the learner will be able to:

1. Know what it takes to make a binding contract
2. Understand basic limitations on non-competition clauses
3. Understand the difference between termination “for cause” and termination “without cause”
4. Begin to analyze compensation clauses
5. Know what factors affect your ability to negotiate reimbursement rates

CONTENT EVALUATION

1. The content of this activity addressed the educational objectives shown above.

- Very much Somewhat Not at all

How could the content be presented to more effectively achieve the objectives? _____

2. The information provided in this activity was pertinent to my educational needs.

- Yes. If so, in what way was it pertinent? No. How can we make it pertinent?

Comments: _____

3. Do you intend to make changes or apply what you learned to your practice as a result of this program?

- Yes, I plan to make changes. No, I do not plan to make changes
 I am not sure, but I am considering changes (need more information).

Comments: _____

4. The presentation and clinical recommendations were objective and evidence based.

- Yes, multiple sources of information were cited.
 No, the presentation was biased or inadequate evidence provided for clinical recommendations.

Comments: _____

What other CME topics would you like to see presented? (No need to duplicate from previous evaluation forms):

SPEAKER EVALUATION: Steve Shaber, J.D.

Scale of 1-4

4 being highest mark

- | | | | | |
|---|---|---|---|---|
| 1. The speaker was qualified/effective | 1 | 2 | 3 | 4 |
| 2. Visual aids/handouts were helpful | 1 | 2 | 3 | 4 |
| 3. The content presented was objective and free of commercial bias..... | 1 | 2 | 3 | 4 |

Comments: _____

MUST BE COMPLETED ON BOTH SIDES

CME ACTIVITY EVALUATION

Steve Shaber, J.D.

Contracting

Saturday, April 25, 2015 1.5 CME



COMPLETE THE CERTIFICATION STATEMENT BELOW:

I certify that I attended this activity. I hereby claim 1.5 AMA PRA Category 1 Credit(s)™.

Signature: _____

Name (Print clearly) Medical License # Email Address

Address City State Zip

CME ACTIVITY EVALUATION

Adrienne Mims, M.D.

Modified Value Payments

Saturday, April 25, 2015 1.0 CME



ATTENTION PARTICIPANTS: In order to receive CME credit or participation in this program, you must complete this evaluation form. Turn in this evaluation to staff before leaving. Please print legibly.

EDUCATIONAL OBJECTIVES: At the conclusion of this activity, the learner will be able to:

1. Identify at least two quality measures that can be adopted in your practice.
2. Name two methods you can use to report quality measures.
3. Differentiate the various quality performance measures

CONTENT EVALUATION

1. The content of this activity addressed the educational objectives shown above.

- Very much Somewhat Not at all

How could the content be presented to more effectively achieve the objectives? _____

2. The information provided in this activity was pertinent to my educational needs.

- Yes. If so, in what way was it pertinent? No. How can we make it pertinent?

Comments: _____

3. Do you intend to make changes or apply what you learned to your practice as a result of this program?

- Yes, I plan to make changes. No, I do not plan to make changes
 I am not sure, but I am considering changes (need more information).

Comments: _____

4. The presentation and clinical recommendations were objective and evidence based.

- Yes, multiple sources of information were cited.
 No, the presentation was biased or inadequate evidence provided for clinical recommendations.

Comments: _____

What other CME topics would you like to see presented? (No need to duplicate from previous evaluation forms):

SPEAKER EVALUATION: Adrienne Mims, M.D.

Scale of 1-4

4 being highest mark

- | | | | | |
|---|---|---|---|---|
| 1. The speaker was qualified/effective | 1 | 2 | 3 | 4 |
| 2. Visual aids/handouts were helpful | 1 | 2 | 3 | 4 |
| 3. The content presented was objective and free of commercial bias..... | 1 | 2 | 3 | 4 |

Comments: _____

MUST BE COMPLETED ON BOTH SIDES

CME ACTIVITY EVALUATION

Adrienne Mims, M.D.

Modified Value Payments

Saturday, April 25, 2015 1.0 CME



COMPLETE THE CERTIFICATION STATEMENT BELOW:

I certify that I attended this activity. I hereby claim 1.0 AMA PRA Category 1 Credit(s)™.

Signature: _____

Name (Print clearly) Medical License # Email Address

Address City State Zip

CME ACTIVITY EVALUATION

Jeri Davis, MBA

Trends Overview (Working Lunch)

Saturday, April 25, 2015 0.5 CME



ATTENTION PARTICIPANTS: In order to receive CME credit or participation in this program, you must complete this evaluation form. Turn in this evaluation to staff before leaving. Please print legibly.

EDUCATIONAL OBJECTIVES: At the conclusion of this activity, the learner will be able to:

1. Identify key changing factors affecting psychiatry practice as a result of healthcare reform and mental health parity.
2. Identify new business opportunities available to psychiatrists as result of healthcare reform and mental health parity.

CONTENT EVALUATION

1. The content of this activity addressed the educational objectives shown above.

- Very much Somewhat Not at all

How could the content be presented to more effectively achieve the objectives? _____

2. The information provided in this activity was pertinent to my educational needs.

- Yes. If so, in what way was it pertinent? No. How can we make it pertinent?

Comments: _____

3. Do you intend to make changes or apply what you learned to your practice as a result of this program?

- Yes, I plan to make changes. No, I do not plan to make changes
 I am not sure, but I am considering changes (need more information).

Comments: _____

4. The presentation and clinical recommendations were objective and evidence based.

- Yes, multiple sources of information were cited.
 No, the presentation was biased or inadequate evidence provided for clinical recommendations.

Comments: _____

What other CME topics would you like to see presented? (No need to duplicate from previous evaluation forms):

SPEAKER EVALUATION: Jeri Davis, MBA

Scale of 1-4

4 being highest mark

- | | | | | |
|---|---|---|---|---|
| 1. The speaker was qualified/effective | 1 | 2 | 3 | 4 |
| 2. Visual aids/handouts were helpful | 1 | 2 | 3 | 4 |
| 3. The content presented was objective and free of commercial bias..... | 1 | 2 | 3 | 4 |

Comments: _____

MUST BE COMPLETED ON BOTH SIDES

CME ACTIVITY EVALUATION

Jeri Davis, MBA

Trends Overview (Working Lunch)

Saturday, April 25, 2015 0.5 CME



COMPLETE THE CERTIFICATION STATEMENT BELOW:

I certify that I attended this activity. I hereby claim 0.5 AMA PRA Category 1 Credit(s)™.

Signature: _____

Name (Print clearly) Medical License # Email Address

Address City State Zip

CME ACTIVITY EVALUATION

Donna Vanderpool, MBA and Debra Barnett, M.D.



Documentation

Saturday, April 25, 2015 2.0 CME

ATTENTION PARTICIPANTS: In order to receive CME credit or participation in this program, you must complete this evaluation form. Turn in this evaluation to staff before leaving. Please print legibly.

EDUCATIONAL OBJECTIVES: At the conclusion of this activity, the learner will be able to:

1. Strengthen your skills in documentation of office coding practices in order to appropriately bill using CPT codes and successful appeal claims denials.
2. Utilize the crosswalk of changes to ICD coding as they relate to DSM5 and address inconsistencies.
3. Name three ways to reduce risk related to documentation of CPT coding.

CONTENT EVALUATION

1. The content of this activity addressed the educational objectives shown above.

- Very much Somewhat Not at all

How could the content be presented to more effectively achieve the objectives? _____

2. The information provided in this activity was pertinent to my educational needs.

- Yes. If so, in what way was it pertinent? No. How can we make it pertinent?

Comments: _____

3. Do you intend to make changes or apply what you learned to your practice as a result of this program?

- Yes, I plan to make changes. No, I do not plan to make changes
 I am not sure, but I am considering changes (need more information).

Comments: _____

4. The presentation and clinical recommendations were objective and evidence based.

- Yes, multiple sources of information were cited.
 No, the presentation was biased or inadequate evidence provided for clinical recommendations.

Comments: _____

What other CME topics would you like to see presented? (No need to duplicate from previous evaluation forms):

SPEAKER EVALUATION: Donna Vanderpool, MBA and Debra Barnett, M.D. Scale of 1-4 4 being highest mark

1. The speaker was qualified/effective 1 2 3 4
2. Visual aids/handouts were helpful 1 2 3 4
3. The content presented was objective and free of commercial bias..... 1 2 3 4

Comments: _____

MUST BE COMPLETED ON BOTH SIDES

CME ACTIVITY EVALUATION

Donna Vanderpool, MBA and Debra Barnett, M.D.



Documentation

Saturday, April 25, 2015 2.0 CME

COMPLETE THE CERTIFICATION STATEMENT BELOW:

I certify that I attended this activity. I hereby claim **2.0** *AMA PRA Category 1 Credit(s)™*.

Signature: _____

Name (Print clearly) Medical License # Email Address

Address City State Zip

CME ACTIVITY EVALUATION

Jeri Davis, MBA

Practice Development

Saturday, April 25, 2015 1.5 CME



ATTENTION PARTICIPANTS: In order to receive CME credit or participation in this program, you must complete this evaluation form. Turn in this evaluation to staff before leaving. Please print legibly.

EDUCATIONAL OBJECTIVES: At the conclusion of this activity, the learner will be able to:

- 1. Name three ways to build and enhance your practice marketing
- 2. Share success stories/challenges and learn at least two effective marketing approaches
- 3. Identify 5-8 marketing tools

CONTENT EVALUATION

1. The content of this activity addressed the educational objectives shown above.

- Very much
- Somewhat
- Not at all

How could the content be presented to more effectively achieve the objectives? _____

2. The information provided in this activity was pertinent to my educational needs.

- Yes. If so, in what way was it pertinent?
- No. How can we make it pertinent?

Comments: _____

3. Do you intend to make changes or apply what you learned to your practice as a result of this program?

- Yes, I plan to make changes.
- No, I do not plan to make changes
- I am not sure, but I am considering changes (need more information).

Comments: _____

4. The presentation and clinical recommendations were objective and evidence based.

- Yes, multiple sources of information were cited.
- No, the presentation was biased or inadequate evidence provided for clinical recommendations.

Comments: _____

What other CME topics would you like to see presented? (No need to duplicate from previous evaluation forms):

SPEAKER EVALUATION: Jeri Davis, MBA

Scale of 1-4

4 being highest mark

- 1. The speaker was qualified/effective 1 2 3 4
- 2. Visual aids/handouts were helpful 1 2 3 4
- 3. The content presented was objective and free of commercial bias..... 1 2 3 4

Comments: _____

MUST BE COMPLETED ON BOTH SIDES

CME ACTIVITY EVALUATION

Jeri Davis, MBA

Practice Development

Saturday, April 25, 2015 1.5 CME



COMPLETE THE CERTIFICATION STATEMENT BELOW:

I certify that I attended this activity. I hereby claim 1.5 AMA PRA Category 1 Credit(s)™.

Signature: _____

Name (Print clearly) Medical License # Email Address

Address City State Zip