

**Good Samaritan Hospital
Education Department
ACTIVITY EVALUATION**

Date: January 27, 2012

Speaker(s): Elizabeth MacLeod Walls, MD

Topic / Title: "Bundled Payments for Care Improvement Initiative"

- Program Objectives:
1. Comprehend basic concepts of health care reform
 2. Identify a clear definition of "bundled payments."
 3. Outline the 4 different models of the CMS bundled payment initiative
 4. Recognize the reasons for potential participation in Models 2 and 4.
 5. Identify physicians' role in bundled payment.
 6. Engage in dialogue regarding potential benefits, challenges, and the level of interest in the Kearney community.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Presentation					
Stated educational objectives were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The speaker(s) demonstrated mastery of the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching methods and presentation skills were effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and Format					
The content was evidence-based.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation was given without commercial bias or influence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information will improve my ability to treat and manage my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The material presented is relevant to my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The educational format for this CME activity was appropriate for the content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Outcomes					
<i>Attending this CME activity increased/improved my:</i>					
Knowledge of the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence (the ability to apply the knowledge).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance (what is actually done in practice).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient outcomes (patient health status).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This activity will have a positive impact on the quality of patient care and/or patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commercial Support / Disclosure
The provider of the CME has disclosed in writing or verbally:

The conflict of interest or lack thereof declared by planners and speaker(s)? Yes No

Commercial support or lack thereof was acknowledged accordingly. Yes No

Name one thing you will change as a result of attending this CME program:

What barriers do you anticipate in implementing the above change?

Comments or suggestions:

Suggestions for future topics:
