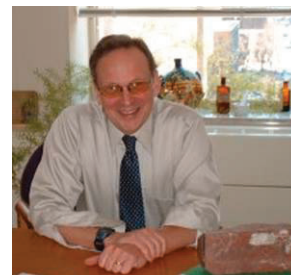


CME AND HEALTH CARE REFORM: WILL IT AFFECT US?

By Dave Davis, MD, CCFP, FCFP
Association of American Medical Colleges



The short answer is ‘yes;’ the long answer, related to questions of how, when and where for example, will take a little explaining.

Most of us are pretty familiar with the recent process of health care reform — a process which Canadians watched with a combination of interest and even some good natured humour (yes it’s humour in Canada), and which Americans observed from a variety of standpoints. For some, the process smacked of too much government control (death panels! rationing!), for others the process didn’t go nearly far enough, say, towards a fully funded public system, like Canada’s, or the UK’s or the Netherlands’. For both sides, while the debate is hardly settled, HCR is now law. Whatever our perspectives about it, in it, and the plethora of other federal initiatives which accompany it, there are some real nuggets for the CME community. These nuggets form an action agenda for us — enough to fill the next ten or twenty years of effort. Our work, as they say, is cut out for us.

The biggest challenge that HCR lays out for us is what we do best as CME providers — educating for change - except that, instead of teaching about a new surgical procedure, or a new test, we’ll be called on to educate for the many key elements of HCR. What are they? The first big element stresses prevention, screening and early intervention — the work of primary care. While much of our work focuses naturally on acute care, HCR calls on us to help our physicians think more positively about reducing obesity, increasing screening for disease which

can be better treated if treated early. The second element is concentrated in ‘comparative effectiveness’ — a big deal. To date, most studies just focus on whether the little pink pill works better than nothing (generally a pink placebo). Comparative effectiveness (I’m tempted to call it the other ‘CE’) gets us to have the results of comparing the pink pill with a blue pill with no treatment at all...and convincing our physicians that these studies are reasonable and their results useful. The third big element speaks to a number of other issues important for practicing in today’s environment — issues related

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to a growing number of quality measures (read: needs assessment and evaluation measures), ‘meaningful use’ of IT, team-based training, among many others.

There are also challenges for us in the ‘how’ of CME. We’ve known for a long time that purely didactic CME is great for communicating new knowledge, but — for changing provider behavior? — not so much. And, in response to that, academic CME providers have begun to use more interactivity, smart on-line learning options, small group learning, and a host of other measures. HCR calls for even greater attention to two ‘new’ formats for CME: on-line learning keyed to the electronic health record, and real team-based learning.

Finally, the biggest challenge of all: who will pay for this? Here HCR, at least for now, has opened doors for the academic CME provider unlike any before it. New ‘dissemination and implementation’ grants at NIH and AHRQ provide wonderful opportunities for us. The combined health services research and education projects of the VA are equally compelling. They follow the lead of their northern counterparts at the Canadian Institutes for Health Research in supporting ‘knowledge translation’ grants — CME (or CME plus) by a different name.

And so, in summary: HCR, like it or not, is here. Though it carries with it many challenges, it also carries huge potential for the academic CME community.

PRESIDENT’S COLUMN

By Todd Dorman, MD

It’s been a great first few weeks as President. This is such a wonderful society with a mission that is so pure and beneficial to health care that it is with overwhelming pride that I pen this, my first President’s message.

All professional societies depend totally on the hard work and goodwill of their membership. Without you SACME is truly nothing. The society is merely a setting by which we can leverage our collective will and through volunteerism produce greater good through research in education and advocacy.

Let me start by telling my story. I was born and grew up in Jacksonville, Florida and thus I love hot weather and the beach. I went to a small liberal arts college in South Carolina, Wofford College, and graduated with a BS in Biology. I attended Tulane University School of Medicine and after obtaining my MD, I completed an internship and residency in Internal Medicine in Charlotte, North Carolina. I then was a clinical instructor through University of North Carolina at Chapel Hill for a year and I decided to go back and do a second residency in Anesthesiology so that I could combine that with my Medicine background and a subsequent ICU fellowship in order to practice as an Intensivist. My desire prior to completing my fellowship was to settle into a position

that rewarded teaching and patient care. Then I got bit by the more formal academic bug and did a year of research that included time doing whole animal physiology as well as at the bench through the laboratory of Sol Snyder.

In the year that I joined the faculty at Johns Hopkins I was appointed the Director of the Critical Care Fellowship (for those who might be a tad confused or unfamiliar intensive care and critical care are the same thing).

Four years later I was promoted to serving as the Director of the adult critical care division in the department of anesthesiology and critical care. I also became the co-director of two of the ICUs and the medical director of both the adult recovery rooms and the division of respiratory therapy, as well as the institutional critical care committee.

During these years in the ICU I conducted basic sciences research and then became heavily committed to clinical research and projects that included information management systems. I was fortunate to attract a resident to the ICU fellowship who has gone on to be one of the



world's leaders in quality and safety. It was during his formative years that we figured out the integrated role of information management systems and PI projects for a scientific approach to PI. The projects we did allowed me to participate in the creation of numerous programs, some of which have gone on to become national and international programs in quality and safety.

I was always involved in teaching of the medical students, residents and, obviously as a fellowship director, of those interested in advance training. A tenet of my core belief system was a physician also taught their patients and family, not merely diagnosed or treated. During these first 10 years on faculty I was involved in CME as a faculty member in activities, then as a co-director of an activity, then as an activity director, followed by a member of the CME advisory board and then a Chair of that board.

Then, a little over 5 years ago, I was asked to accept the position as Associate Dean and Director of the office of CME at Hopkins. I jumped at the opportunity and have never looked back nor regretted that decision. It has been a huge learning experience for me in many domains and I find the present political situation around CME and its future invigorating and believe that my diverse background has prepared me well for the challenges ahead.

Right after accepting I was thrown into starting and completing a full re-accreditation review; and the office needed significant reorganization as well. I joined the Alliance and SACME and started down the path that led me to the board of SACME and now to this position as your president until the Annual Spring meeting in 2011. I am extremely excited about the opportunities that lay in front of us as well as the challenges. SACME is a wonderful professional society dedicated to advancing research/scholarship in education and advocating for the role CME can play in health care. Our collegial relationships with other CME-oriented societies and institutions allow us to collaborate for change when appropriate while maintaining our independence.

This next year is full of opportunity. SACME has the opportunity to help set the national research agenda for CME while also facilitating the integration of CME into the comparative effectiveness research mindset as both an investigative and dissemination tool. SACME

will hold its first ever Summer Leadership Institute and will hopefully be able to establish meetings with a wide range of stakeholders in physician practice (e.g., LCME, ABMA, FSMB, NQF, etc). Greater collaboration with the AAMC and AHRQ has already begun and will be fostered and encouraged to grow. A number of internal operational issues will be addressed. These include: updating the handbook and the bylaws for governance, renewing the contract for society management services, and enhancing succession planning. Work has already begun on the Fall meeting and the Fall research workshop. In addition, integration with some of the GEA sessions and possibly the council of Deans session are being considered. Such collaboration should enhance the experience while at the SACME/AAMC meeting while providing greater value for the cost of attendance. A final major objective for this year is to work with the research endowment council in growing the endowment so that we can help grow scholarship, research and leadership in CME.

I hope that by knowing more about me you will be more comfortable contacting me about issues and concerns you may have with SACME or CME in general. Given I still am a practicing intensivist (yeah I know if I practice long enough I might get it right...LOL) the best and most efficient way to reach me is via email. I usually respond fairly quickly so if you haven't gotten a response in a timely fashion, please assume your message didn't reach me and try again. My email address is tdorman@jhmi.edu. I look forward to hearing from you if I can be assistance.

AAMC GROUP ON EDUCATIONAL AFFAIRS: CME SECTION UPDATE

By Jack Kues, PhD, CCMEP, CME
Section Chair

The CME Section of the GEA welcomed two new members: Ginny Davis and Bonnie Miller. Ginny is replacing George Mejicano in the Central Region and Bonnie is the new Southern Region representative; replacing Michael Fordis. Bob Morrow is the current Northeastern representative and

continued on page 4 ...

CME CONSENSUS UPDATE: THE NATIONAL CME RESEARCH AGENDA

By Morris J. Blachman, PhD and Gabrielle Kane, MB, EdD

In January 2007, the Agency for Healthcare Research and Quality published a report on “The Effectiveness of CME.” That report, after an extensive review of the literature, found that

“To date, relatively little has been done to comprehensively and systematically synthesize evidence regarding the effectiveness of CME and the comparative effectiveness of differing instructional designs for CME in terms of impact on knowledge, attitudes, skills, practice behavior, and clinical practice outcomes ...”

It called for “a national consensus conference that could help lay the foundation for a comprehensive research agenda for CME.” As a response to that call, leadership from SACME, the ACCME and the Mayo Clinic began working together to develop what became the

Mayo National Consensus Conference on CME, held at Mayo in September 2008. The goal of the conference was:

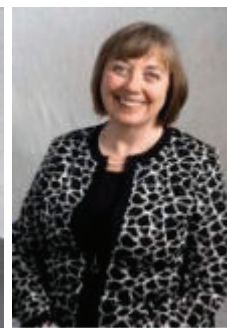
“Develop a consensus on an agenda for the evolution of research and strategic management of CME that will positively impact the integrity and efficacy of the whole CME enterprise.”

The report on the conference is available on the SACME website: http://www.sacme.org/site/sacme/assets/pdf/Mayo_CME_Consensus_Conf_Proceedings_1-20-09.pdf

The original planning committee agreed to serve as a steering committee to take the next steps, namely to flesh out the research and strategic management agendas. In addition, updates were presented at a number of SACME, ACME and AAMC meetings.

After numerous presentations and feedback through multiple venues, the planning committee believes the research agenda is now sufficiently developed. Gabrielle Kane, MD reported on the current status at the SACME Spring meeting. See excerpts from that report in the table below. The research agenda has been summarized by key categories, each with their respective themes and examples of potential research activity (Tables 1-4).

Having completed the defining stage, we are now at the point of considering strategies for carrying out the research agenda. SACME’s two partners in this endeavor, the ACCME and Mayo, both believe that SACME is best positioned to take responsibility for this next phase of the Consensus Conference process. SACME’s leadership agreed and the continuation of this important work will now be included in SACME’s work plan. Stay tuned...



GEA-CME COMMITTEE UPDATE

continued from page 3 ...

Ken Wolf represents the Western region. Barbara Barnes is the chair-elect of the CME section. Dave Davis continues to do the lion’s share of coordination and organization along with Oswald Omuhoza at the AAMC. The CME Section group has been working hard on developing sessions for the Fall AAMC meeting. Building on last year’s success, we are developing collaborative sessions with the Council of Deans, the Chief Medical Officers, and RIME (Research in Medical Education). The program will be finalized by mid-Summer. We have also been working on ways to increase the CME component of the regional meetings. The CME Section created a poster that has been making the rounds of the regional meetings this year and we have been exploring topics that would be attractive to UME and GME participants. Finally, we will be teaming up with the Joint Working Group to update the Harrison Survey for the third year of the new questionnaire. A manuscript describing the results of the ’08 and ’09 surveys has been submitted to JAMA.

Table 1: Supporting Strategic Management Goals for CME

Theme	Research activity
CME as the home for lifelong learning	Value of CME?
Home of expertise	FD Coaching Tools Repository, storage bank Data Critical thinking for MDs Tools for LLL Help for FPPE, OPPE — requires performance and competence
CME as a learning organization	Management of change

Table 2: Priority Topics by Research Method

Theme	Research activity
Implementation science	Defining the role of CME in implementation science
Comparative effectiveness research	Applying CER to effectiveness in education
Systematic reviews & meta-analyses	To identify gaps & drive research agenda

Table 3: Priority Topics Defined by Consensus Process

Theme		Research activity
Professional Practice & Theory		Change construct of CME Status Perception management
		Common terminology/ taxonomy/ nomenclature
		Lit review: Inventory of achievements
Education & Instruction	Curricular content/agenda	Gaps & needs Managing bias, COI, scientific integrity IOM/ACGME competencies
	Facilitation of learning (and improvement)	Innovation & application
	Context of learning	Practice workplace Multi- and Inter-professional learning
	Evaluation/effectiveness	Assessment of learning and performance
CME and the Health Care System	Relationship with regulators etc	Credit system
	The organizational construct CME as a complex adaptive system	Position for survival Sustainable economics New roles & expectations CME as a complex adaptive system
	The way we are organized (or not) relative to NSS, med school, hospitals etc — the organizational construct	Individual & team Hospitals State systems HIZ
	IPE	
	QA/QI Implementation science	Safety CER Implementation of CER implementation and dissemination of information

Table 4: Supporting the Integrity and Effectiveness of CME Enterprise

Theme	Research activity
Integrity	Structure
	Conflict of Interest
Effectiveness	Demonstrate impact on health care outcomes

2010 SACME SPRING MEETING IN REVIEW

By Brenda Johnson, MEd, CCMEP

The SACME Spring meeting, held April 15-18, 2010 in Coconut Grove, Florida was attended by more than 100 SACME members and other CME professionals. Hosted by the University of Miami Miller School of Medicine, the theme of the conference was “Academic CME: Developing Faculty, Improving Care.” Sessions were held at the Mayfair Hotel & Spa, which also was the conference hotel.

This year’s meeting offered a multi-faceted approach to answering a series of questions about the integrated roles of faculty development and CME. The presentations, small group discussions, role plays, case scenarios, posters and networking with peers offered insightful answers to the following questions.

Why faculty development? Meeting attendees were reminded of the changing paradigm of CME from its traditional model to the current paradigm, which recognizes the necessary relationships and linkages between teachers, learners and content. While there is still controversy and tension regarding the approach to CME, the field is shifting toward education that is self-directed based on the physicians’ analysis of their practice, their patients and educational needs. There remains the need for formal lectures that provide new knowledge and explain the science behind practice. As change agents CME providers are challenged to assist faculty with tailoring their educational methods to address the continuum of continuing medical education, including performance improvement and adherence to guidelines while also recognizing the value of self directed learning and discovery.

This lead to another question — Who is faculty development for? As one can imagine, there were many answers. Faculty Development is for us — CME professionals. Whether we are novices, experts or somewhere in between CME professionals at all levels of their career need to be engaged in professional development. Faculty development is for them — the teachers, authors, instructors and facilitators who serve as CME faculty. As change agents CME Providers must be knowledgeable of how physicians learn, adult learning theory and best practice in effective educational design/methods and evaluation/outcomes measurement. In many ways CME providers have dual roles of being CME professionals and CME faculty.

The next question that the meeting addressed was — “How to do it?” We found that the answers could be summarized in three parts.

Part I — By using effective models such as Gagne’s model or the Tiberius model. Gagne’s model reminds us that a positive learning environment is essential to effective learning; that sessions should be controlled for efficiency; goals should be communicated; educational interventions should promote understanding and retention; and we need to evaluate the learning experience, provide feedback and promote self-directed/ongoing learning. On the other hand, the Tiberius model incorporates the general educational methods of role play, small groups, deliberate practice and simulations, while also taking into consideration

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Lois Colburn presenting Joyce Fried with the Service Recognition Award for her work as Program Committee Chair



Lois Colburn presenting Curtis Olson with the Service Recognition Award for his work as Research Committee Chair



Todd Dorman presenting Lois Colburn with a plaque to honor her service to the Society as the 2009-2010 President.



Joan Sargeant receiving the Service Recognition Award for her work as Research Endowment Council Chair



Mary Turco receiving the Service Recognition Award for her work as Northern Regional Representative



Pat Masters receiving two Service Recognition Awards for her work as both Southern Regional Representative and Membership Committee Chair



Paul Mazmanian was honored in recognition of his service to the Society and the field of Continuing Medical Education as the Editor in Chief of the Journal of Continuing Education in the Health Professions



Melinda Steele presenting Ed Dellert with the 2010 SACME Research in Continuing Medical Education Award

2010 SACME SPRING MEETING IN REVIEW

continued from page 6 ...

the social/emotional context. Another key to this model is mentoring. And essential to our understanding of mentoring is the recognition of the various roles of the mentor/mentee and the types of mentor/mentee relationships. The meeting attendees were presented with the boundaries, benefits and barriers in the mentor/mentee relationship.

Part II — The attendees were reminded that interactivity is an essential component of adult learning in general and is particularly useful in CME. Interactivity increases learning, enhances teaching skills, and leads to increased recall. Presenters shared various methods for using interactivity such as questions and answer skills, audience response systems in small versus large groups, and the use of think-pair-share techniques. Other interactive methods that were explored included information on how to use organizing games, audiovisual triggers, and the use of written materials. The attendees were also reminded that while interactivity is essential for adult learning it is necessary to be aware of the barriers — such as culture, background, hierarchy and the like.

Part III — Finally, several best practice approaches to faculty development were shared by select abstract presentations including: personal learning plans, peer educators, from teacher to facilitator, improving performance in practice, evaluation, and need assessment. Of particular interest were the expanding/new schools that utilized learning collaborative, rural outreach in sepsis, and clinic/workplace learning/performance improvement programs.

In summary, this year's meeting presented participants with many take-home lessons regarding the integrated roles of CME and faculty development. Attendees were provided several tools and examples to assist with understanding the need/role for and, the elements of faculty development, and how to relate to faculty. It will be interesting to see more examples of how CME providers apply the lessons we learned into our various CME Programs.



MEET YOUR SOUTHERN REGION REPRESENTATIVE

Pam McFadden is an accomplished meeting professional, team builder, entrepreneur and leader. For the past 17 years, she has worked in various capacities in the Office of Professional & Continuing Education at University of North Texas Health Science Center at Fort Worth. There, she has coordinated thousands of small and large meetings for local, regional, national and international audiences. In 2003, she was named Associate Vice President and is responsible for developing and managing a \$3+ million annual budget. Ms. McFadden is involved on numerous internal and external boards and committees and oversees the entire continuing education outreach function of the health science center.

Prior to her experience at the health science center, Ms. McFadden worked in convention services and tourism at the Fort Worth Convention and Visitors Bureau and employee relocation and investor relations at the Fort Worth

Chamber of Commerce. She was successful at enticing a number of employees of major corporations to relocate to the Fort Worth area. She also maintained and increased member contributions and investments to the Economic Development Department at the Fort Worth Chamber of Commerce.

In recent years, Ms. McFadden has participated in international negotiations to provide standardized online continuing education to a foreign government, increased her staff by three fold and led her team to achieve full continuing medical education accreditation with the American Osteopathic Association and Accreditation with Commendation from the Accreditation Council for Continuing Medical Education.



NEWS FROM THE AMERICAN MEDICAL ASSOCIATION

By Alejandro Aparicio, MD, FACP

For this issue of the Intercom, I will touch on five items. In the next column, I will report on the annual meeting of the AMA, which took place in June.

In early May the preparations for the 2010 Annual Meeting of the House of Delegates of the AMA were nearing completion. The reports from the different Councils, and the resolutions being proposed, can be found at: <http://www.ama-assn.org/ama/pub/meeting/reports-resolutions-listing.shtml>. The seven Council on Medical Education reports that I listed in this column in the last issue of the INTERCOM have been posted online. Also of interest to the CME community is a report on CME and industry that has been submitted by the Council on Ethical and Judicial Affairs (CEJA): CEJA Report 1, Financial Relationships with Industry in Continuing Medical Education. CEJA Report 1 also has been posted online. The recommendations contained

in the reports are not AMA policy unless approved by the House of Delegates

Organizations accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC) are now authorized to award *AMA PRA Category 1 Credit™*, thanks to a recent agreement between the AMA and the RCPSC. The AMA Council on Medical Education determined that the RCPSC accreditation process ensures that their organizations meet the AMA's core requirements for designating and awarding *AMA PRA Category 1 Credit™*. The AMA also has an agreement with the Union of European Medical Specialists, which allows physicians to convert credits for live activities issued by the European Accreditation Council



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NEWS FROM THE AMERICAN MEDICAL ASSN *continued from page 9 ...*

for Continuing Medical Education to *AMA PRA Category 1 Credit™*. Information on these agreements can be found at: <http://www.ama-assn.org/ama/pub/education-careers/continuing-medical-education/physicians-recognition-award-credit-system/other-ways-earn-ama-pra-category/international-programs.shtml>

A new issue of the *CPPD Report* has been published. The 2010 Spring Issue includes a very timely lead article, “21st-century medicine: A case for diversity, health literacy, cultural competency and health equity,” by Sonja Boone, MD, Director, Physician Health and Health Care Disparities and Joanne G. Schwartzberg, MD, Director, Aging and Community Health at the American Medical Association. The issue also includes an article by Robert L. Addleton, EdD, Executive vice president, Physicians’ Institute for Excellence in Medicine, “A multi-state collaborative PI CME project: Final report.” The *CPPD Report* can be accessed at <http://www.ama-assn.org/ama/pub/education-careers/continuing-medical-education/reports-continuing-physician-professional-development.shtml>

Planning continues for the 21st Annual Conference of the National Task Force on CME Provider/Industry Collaboration, “Moving Forward in an Age of Uncertainty: Creating Innovative, Practical Educational Solutions,” to take place October 13–15 at the Baltimore Marriott Waterfront. SACME members continue to be important contributors to the planning committee as well as the faculty of the conference. Last year’s keynote address, “Adaptation, Evolution, and Reinvention: A Decade of Change in CME,” was given by George C. Mejicano, MD, MS, FACP, FACME, Professor of Medicine and Associate Dean for Continuing Professional Development, School of Medicine and Public Health, University of Wisconsin — Madison. The 2009 Shickman Lecture, “Science, Religion and the story of Vanessa Young,” was delivered by Dave Davis, MD, senior director, Continuing Health Care Education & Improvement Association of American Medical Colleges, Adjunct professor, University of Toronto. This year, Darrell G. Kirch, M.D., President and CEO of the Association of American Medical Colleges, has accepted an invitation to present the keynote address.

And finally, the National Task Force continues to develop Fact Sheets addressing different topics of importance in CME. The latest Fact Sheet, **ON-LABEL AND OFF-LABEL USAGE OF PRESCRIPTION MEDICINES AND DEVICES, AND THE RELATIONSHIP TO CME**, has been released and can be downloaded at: <http://www.ama-assn.org/ama/pub/education-careers/continuing-medical-education/events/national-task-force-cme-provider-industry/get-the-facts-campaign.shtml>

JING TIAN RECEIVES 2010 FOX AWARD FOR BEST RESEARCH PRESENTATION

Dr. Jing Tian of the University of Maryland School of Medicine is the recipient of the 2010 Fox Award for her research presentation “Program Evaluation for NCI Physician CME Activity”. Co-authors on the presentation were Dr. Nancy Atkinson, University of Maryland College Park, and Dr. Barry Portnoy, National Institutes of Health.

The Fox Award is given to the presenting author of a research project at the Spring SACME meeting. A panel of judges assesses the merits of each research presentation and bases its decision on the project’s originality, link to theory, methodological rigor, and importance of its contribution to the literature.

Congratulations to Dr. Tian and colleagues for a superb presentation of an important study.



Dr. Jian Tian giving her award-winning research presentation

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NIQIE 2010: National Institute for Quality Improvement and Education

September 12-14, 2010
Intercontinental Chicago O'Hare
Rosemont, Illinois
www.niqie.org

21st Annual Conference of the National Task Force on CME Provider/Industry Collaboration: "Moving Forward in an Age of Uncertainty: Creating Innovative, Practical Educational Solutions"

October 13-15, 2010
Baltimore Marriott Waterfront
Baltimore, Maryland
www.ama-assn.org

SACME Fall Meeting

November 5-8, 2010
Washington, DC
www.sacme.org

2010 AAMC Annual Meeting

November 5-10, 2010
Marriott Wardman Park and Omni Shoreham
Washington, DC
www.aamc.org/meetings/annual/2010

2010 CMSS Annual Meeting

November 12-13, 2010
Rosemont, Illinois
www.cmss.org

36th (2011) ACME Annual Conference

January 26-29, 2011
San Francisco Marriott
San Francisco, California
www.acme-assn.org

See also *News & Events* at www.sacme.org



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