The Society for Academic Continuing Medical Education
www.sacme.org

INTERCOM

THE SOCIETY FOR ACADEMIC CONTINUING MEDICAL EDUCATION

2013 SACME Fall Meeting/AAMC Annual Meeting

November 2 - 5, 2013

Loews Philadelphia, Pennsylvania Convention Center, Four Seasons Philadelphia and Philadelphia Marriott Downtown

SACME sessions require registration with AAMC – see aamc.org/annualmeeting

SACME-sponsored sessions begin on Saturday, November 2 at 6:45 am and conclude with our Research Workshop on Tuesday, November 5, which ends at noon. Note the SACME Board meets from noon-5:00 pm on Tuesday, November 5th (closed meeting).

For a detailed breakdown of SACME-specific sessions, SACME-CEI sessions, and sessions identified as being of interest to SACME members, please see sacme.org/Events for the latest schedule.

Please note our SACME 101 for new and prospective members will be held on Sunday, November 3rd from 6:00 pm - 6:30 pm at the Philadelphia Marriott Downtown 309/310 followed immediately by the SACME-CEI Member Reception held in the same room from 6:30-8:00 pm.

On Tuesday, November 5th, the SACME Research Workshop will be held at the Marriott Grand I, from 9:30 am-12:00 pm. This workshop will build on concepts presented in the AAMC/SACME opening Keynote session (Saturday morning), "Healthcare Improvement: Effecting and Studying Change through Continuing Education, Professional Development, and

Lifelong Learning". Intended to move beyond the "typical did this CME activity work one time" pre/post assessment, the Workshop will explore the role of quality and performance improvement methodology in CPD. It will also provide tips about finding out why a CPD activity was or wasn't successful, and assessing spread and sustainability of CPD interventions. This

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Interactive discussion at the 2012 SACME Fall Meeting

will not be a lecture! Attendees should come prepared to discuss a CPD activity they are working on or planning. Through discussion with peers and facilitators experienced in CPD assessment, we hope that the interactive format will lead to future collaborative opportunities. Discussion items will include study design, implementation, data analysis, and reporting of results. Please note as space is limited for this workshop, pre-registration is required – see sacme.org/Events (there is no extra fee to participate). A wait list will be available should the maximum registration be met. Facilitators: David Price, MD; Dave Davis, MD; Nancy Davis, PhD

We look forward to seeing you there!

SAVE THE DATE

We are excited to be going to Cincinnati – The Queen City – in the spring of 2014 for SACME's Spring Meeting, hosted by the University of Cincinnati. The dates are April 30 – May 4, 2014. Be sure to mark your calendars!

President's Column

By Deborah Samuel, MBA

Hello SACME Members

SACME's fiscal year has recently ended, and I am pleased to share that membership is as strong as ever, with record-setting membership of 256 individuals! Thank you for belonging to this organization.

Striving to serve current and future members, SACME leadership remains focused on enhancing the organization and activities and services that are developed and on fostering collaboration among other leading organizations involved with CME/CPD. SACME's committees provide structure around which many of these activities and services occur, and we are fortunate that these committees are skillfully led by talented and dedicated volunteers.

One such collaboration occurs with the Association of American Medical Colleges (AAMC); together, SACME and AAMC are collaborating on educational programming during the upcoming fall meeting, which will take place on November 2-5, 2013, in Philadelphia, PA. Please plan to attend.

A new endeavor for our organization consists of the SACME Professional Learning Communities (PLCs), two of which were launched in recent weeks on the topic of using social media within CME. These PLCs were facilitated by Alex Djuricich, who is the current Communications Committee Chair. In total, over 50 individuals participated in these first two PLCs, and we

look forward to developing more PLCs on additional topics in the future.

While it is important to reflect on the successes over the past year and to highlight current efforts, it is equally, if not more important, to look toward the future. SACME leadership has been engaged in discussions related to the future, as focus remains on advancing the strategic plans of the Society and guiding committees toward achievement of their priorities and work plans. Efforts encompassing the work of the Strategic Affairs Workgroup, which is led by Leanne Andreasen, are anticipated to sustain, support, and enhance SACME now and into the future.

As we know, healthcare is evolving, and its workforce is changing. It seems as though there are new demands being imposed upon CME/CPD, not only on the physicians and healthcare professionals we serve, but also on the activities of and requirements that affect CME/CPD professionals and offices.

Within this dynamic environment, it is important to consider how CME/CPD should evolve and change to meet future needs and demands. Perhaps you have already considered this in your own organizations and academic institutions. Or maybe you have reflected on Curt Olson's editorial, "Twenty predictions for the future of CPD: Implications of the shift from the update model to improving clinical practice," from the Summer 2012 issue of the Journal of Continuing Education in the Health Professions, and perhaps many of his predictions have resonated with you and your experiences.

The future is what a few colleagues of mine from other major medical specialty societies, volunteer/physician leaders and colleagues at my own organization, and I have been considering in recent months: Where are CME/CPD and healthcare headed? What are the major driving forces that will have an impact? How do our current CME/CPD programs need to adjust to be prepared? It is important to ask the questions and facilitate opportunities for discussion around them.

Of course, we each can identify potential answers to these questions. For example, a critical focus is on quality improvement/performance improvement (PI), including PI CME activities, and the demonstration of outcomes. Increasing attention is on team-based learning and providing education that addresses how to effectively lead and function in teams. The importance of social learning is increasing, recognizing that we can learn from each other and that those interactions should be fostered. Value-add opportunities are being pursued, including incorporation of simulation, hands-on learning, increased interactivity, communities of learners, and blended learning. Focus remains on developing education that meets Maintenance of Certification™ requirements, and we anticipate the development of Maintenance of Licensure. CME/CPD providers are already familiar with the uncertainty around funding models and managing regulatory oversight, and those will continue to warrant attention.

What steps are you and your organizations and academic institutions taking to prepare for the future in CME/CPD and healthcare? What factors are you considering? I welcome your ideas. Please contact me at dsamuel@aap.org or 847/434-7097.

See you in Philadelphia!

The Implications of The Physician Payments Sunshine Act for CE Departments at Academic Medical Centers

By Thomas Sullivan, President Rockpointe; Abraham Gitterman, JD, Research Associate Rockpointe; and Andrew Rosenberg, JD, Senior Advisor CME Coalition

We have seen unprecedented increases in live expectancy over the last 50+ years. Many of these benefits have come via innovations created by collaboration between physicians and industry.

Despite this progress, politicians and various members of academia have expressed concern that physician-industry collaboration and relationships raise ethical issues, such as potential conflicts of interest. As a result, Congress passed the Physician Payments Sunshine Act ("Sunshine Act"), as part of the Affordable Care Act, in 2009.

The Sunshine Act does not directly change or prohibit relationships between manufacturers, physicians, teaching hospitals or continuing medical education (CME) providers. Rather, the legislation and regulations require applicable pharmaceutical, biological and device manufacturers and group purchasing organizations (GPO), to report all payments to physicians greater than $10 or a cumulative of over $100 in a reporting period. Manufacturers began recording their payments to physicians and teaching hospitals on August 1, 2013. The first "payment reports" will collect data through December 31, 2013 (with the first report due March 31, 2014). Reporting is required annually thereafter. A manufacturer or GPO that fails to report or reports inaccurately may face annual fines up to $1.15 million dollars.

The Center for Program Integrity at the Centers for Medicare & Medicaid Services (CMS) will aggregate payments to all physicians and teaching hospitals and post them on a searchable, public website sometime after September 30, 2014

The definition of "physician" includes all licensed MDs, DOs, Dentists, Dental Surgeons, Podiatrists, Optometrists, Chiropractors, and fellows, regardless of whether they are currently practicing or are enrolled with CMS.

The Act does not apply to medical residents, pharmacists, physician's assistants, nurses, or nurse practitioners.

Open Payments and CME

The Sunshine Act also requires applicable manufacturers and GPOs to report certain "indirect payments" or payments made to third parties or entities. Specifically, CMS indicated in the final rule several "nature of payment" categories that applicable manufacturers must select to describe and explain the nature of the payment and relationship they have with a physician or teaching hospital for a particular transaction.

Of note, however, in the final rule, CMS created an exception and new rules for payments related to accredited or certified continuing medical education (CME), which will be "sunshine exempt" if the following three conditions are met:

First, the CME program or "event" for which a physician is a speaker or faculty must "meet the accreditation or certification requirements and standards for continuing education" of only five (5) accrediting bodies: the Accreditation Council for Continuing Medical Education ("ACCME"), the American Academy of Family Physicians ("AAFP"), the American Dental Association's Continuing Education Recognition Program ("ADA CERP"), the American Medical Association ("AMA"), or the American Osteopathic Association ("AOA").

Second, an applicable manufacturer providing commercial support for a CME program may not pay the physician speaker or faculty directly.

Third, the applicable manufacturer may not select the physician speaker or faculty or provide a third party or CME provider with a distinct, identifiable set of individuals to be considered as speakers for the CME program.

How CE Providers and Stakeholders Can Comply with Open Payment Sunshine

Faculty

Sunshine-exempt faculty payments, such as speaker fees, meals, travel and lodging are exempt from reporting, as long as they are associated with the CME activity. For unaccredited activities, such as pharmacy-only programs, payments to physician faculty will be reportable.

Attendees

For Sunshine-exempt events, the tuition, educational items and enduring materials are exempt from reporting. Other payments or transfers of value may be reportable under certain conditions. Meals have been a controversial area in the rule, but organizers may ensure their event is non-reportable if the food is served in a group setting that is not separable, i.e. buffet, meals or snack coffee stations. For other payments for subsidizing travel or plated meals of physician attendees, CME supporters may have to report value to CMS.

For non-accredited activities the value of all items associated with the program will be required to be reported.

Teaching Hospitals

CMS has published a list of institutions it defines as "teaching hospitals" for the purposes of the Sunshine Act.

Because teaching hospitals are considered "covered recipients," an applicable manufacturer must report a CME grant or funds for CME paid directly to a teaching hospital's CME office or department in the appropriate nature of payment category—even if all three CMS conditions for Sunshine-exemption are met.

Reporting the total value of a CME grant to a teaching hospital, however, poses unique challenges. While a university with a teaching hospital may receive a CME grant for $1,000, the hospital will likely use a portion of those funds for the hospital, faculty or speakers, as well as meals provided to physician-attendees.

If a CME provider and teaching hospital jointly sponsor a CME program, only the direct payment to the teaching hospital would be reportable since non-teaching hospital CME providers are not covered recipients. Both entities should communicate with applicable manufacturers to ensure that only the proper value is attributed to the teaching hospital (e.g., only the portion of the CME grant the teaching hospital receives).

If a teaching hospital produces a CME program that does not meet all three of the Sunshine-exemption conditions, the applicable manufacturer will have to attribute the direct grant payment to the hospital's CME department as well as any reportable indirect payments to speakers, faculty and physician attendees (e.g., travel, lodging, meals, educational value, etc.). The manufacturer will also need to include all other required information if applicable (e.g., the relevant covered drug, biological, device or medical supply if the grant is for education).

If a teaching hospital offers exhibit space for one of their conferences, its rental of space will be reported as "space rental."

Conclusion

There are a host of other sections that may apply to academic intuitions including research, educational support, licensing and ownership. As CME was the focus of this article, these other sections will not be covered in detail.

Ultimately, the goal of the Sunshine Act is to bring transparency to payments between physicians and manufacturers, not to regulate the way manufacturers do business. Given the tremendous impact accredited CE has on improving patient outcomes and ensuring physicians are up-to-date on new clinical and scientific data, it is important not to forget our mission and continue to keep our focus on delivering impactful CE programs.

Resources

There are several resources that CME providers may find useful in complying with the physician payment sunshine rules:

The CME Coalition has formulated a set of guidelines for CME providers and stakeholders to follow in order to help ensure compliance with the final Sunshine Act regulations. The guide is available at no charge at www.cmecoalition.org. In addition, there is an extensive Q&A section for CME providers.

CMS's Open Payments website has many resources including a smart phone app at:

http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/index.html

Also, the American Medical Association has produced a "Toolkit for Physician Financial Transparency Reports (Sunshine Act)"

https://www.ama-assn.org/ama/pub/advocacy/topics/sunshine-act-and-physician-financial-transparency-reports.page

Policy and Medicine includes many articles on specific aspects of Sunshine and can be accessed at http://www.policymed.com/physician-payment-sunshine-act/

Multi-Specialty MOC Portfolio Approval Program

By Kevin Graves, PMP, MBA, Program Manager

MULTI-SPECIALTY MOC
PORTFOLIO APPROVAL PROGRAM

The Multi-Specialty MOC Portfolio Approval Program (Portfolio Program) offers a single pathway for healthcare organizations to support physician involvement in quality improvement and the American Board of Medical Specialties (ABMS) Maintenance of Certification®[1] (ABMS MOC®) across multiple specialties within the ABMS. This pathway offers a streamlined approach for organizations that sponsor and support multiple well-designed quality improvement efforts involving physicians across multiple disciplines to work with ABMS Member Boards to grant MOC Part IV credit.

In 2009, the Portfolio Program began as a pilot among three ABMS Member Boards: the American Board of Family Medicine, the American Board of Internal Medicine, and the American Board of Pediatrics. Mayo Clinic was the first organization to participate in the pilot as a "Portfolio Sponsor." Six other organizations—Advocate Physician Partners, HIVQUAL-US, Medical Society of Virginia Foundation, Partners Healthcare, the Permanente Federation, and the University of Michigan—also participated in the pilot.

An evaluation of the pilot was conducted by the Center for Program Design and Evaluation at Dartmouth in latter part of 2012. The evaluation revealed several positive outcomes, including evidence of improved patient care processes and outcomes through quality improvement

efforts approved through the Portfolio Program, reduced administrative burden among some Portfolio Sponsors, and increased relevance and applicability of MOC Part IV requirements for some physicians. The pilot culminated with representatives from the seven Portfolio Sponsors, along with Nationwide Children's Hospital, leading a session at the Institute for Healthcare Improvement (IHI) National Forum on Quality Improvement in December[2].

Since August, 2012, fourteen additional organizations have been approved as Portfolio Sponsors after the Portfolio Program transitioned out of the pilot phase. More than forty organizations are in some stage of the application process to become Portfolio Sponsors. Additionally, approximately fifty other organizations are actively exploring becoming Portfolio Sponsors.

Organizations participate in the Portfolio Program because their physicians can earn MOC Part IV credit for participating in workplace quality improvement efforts that align with the organization's mission, vision, and goals. These quality improvement efforts are directly related to the physician's practice, and influence care he or she delivers. The Portfolio Program reduces effort, time, and costs associated with applying to multiple ABMS Member Boards for approval of one or more quality improvement efforts.

Portfolio Sponsors must be organizations committed to supporting physician involvement in MOC, and must be using quality improvement to address gaps in delivering patient care. Training and educational opportunities must be made available to physicians participating in approved quality improvement efforts; many Portfolio Sponsors offer CME credit for participating.

Over the life of the Portfolio Program, more than 200 quality improvement efforts have been approved, and nearly 2,000 physicians have received MOC Part IV credit for participating in one or more of those efforts.

Currently, fifteen ABMS Member Boards participate in the Portfolio Program:

- American Board of Allergy and Immunology
- American Board of Anesthesiology
- American Board of Dermatology
- American Board of Emergency Medicine
- American Board of Family Medicine
- American Board of Internal Medicine
- American Board of Medical Genetics
- American Board of Obstetrics and Gynecology
- American Board of Otolaryngology
- American Board of Pediatrics
- American Board of Physical Medicine and Rehabilitation
- American Board of Preventive Medicine
- American Board of Psychiatry and Neurology
- American Board of Surgery
- American Board of Thoracic Surgery

For more information about the Portfolio Program, visit our website at www.mocportfolioprogram.org, or send your questions to info@mocportfolioprogram.org.

Resources

1. For more information about MOC, visit www.abms.org/Maintenance_of_Certification/ABMS_MOC.aspx
2. Find information about the IHI session at www.mocportfolioprogram.org/the-role-of-multi-specialty-maintenance-of-certification-in-physician-quality-improvement-involvement/

Risk Evaluation & Mitigation Strategies (REMS) – A Focus on Extended-Release/Long-Acting Opioids and What SACME Members Can Do

By Lois Colburn

No doubt over the last couple of years, many of you have heard about REMS education as part of the FDA approval of medications. The most recent large-scale REMS focus by the FDA has a focus on Extended Release (ER) and Long-Acting (LA) Opioid Analgesics. This has resulted in manufacturers of ER-LA joining resources to fund national prescriber education via educational grants to CME providers to develop and disseminate activities that align with the FDA-developed “Blueprint for Prescriber Education for Extended-Release and Long-Acting Opioid Analgesics”. The first series of grants were awarded in 2012, with a subsequent call for grant applications in 2013. The ultimate FDA goal is to reach at least 25% of prescribers after one year and 60% after four years of voluntary education.

As part of SACME’s strategic collaborations, we have participated as a member of the Conjoint Committee on CME (CCCME) —an organization that brings together over a dozen national organizations to address issues related to CME. Most recently, the focus has been on how participating organizations can promote voluntary REMS education for physician prescribers with a goal of meeting or exceeding the FDA targets.

Two existing ER-LA REMS funded efforts provide opportunities for SACME members to help the CCCME meet its goal of exceeding FDA targets.

- SCOPE of Pain: Safe and Competent Opioid Prescribing Education sponsored by Boston University School of Medicine. The program consists of an online activity, a series of live meetings, and a train-the-trainer component to develop capacity in local clinician-champions. For further information on the SCOPE of Pain Project, contact BUSM at 617-638-4605 or cme@bu.edu or visit www.scopeofpain.com.

- CO*RE – Collaborative for REMS Education brings together ten partners and additional collaborators. CO*RE has a variety of live activities scheduled through 2014 and online modules. For further information, contact Cynthia Kear, 415-586-6660 or ckear@familydocs.org or visit www.core-rems.org.

For those SACME members who wish to pursue developing their own ER-LA REMS activities, please visit www.er-la-opioidrems.com to learn more about REMS in general and additional funding opportunities.

Betsy Williams receives the 2013 Fox Award for Best Research Presentation at the SACME Spring Meeting held in Madison, Wisconsin on April 10-13, 2013.

By Tanya Horsley, PhD, Principal Scientist, Health Policy and Communications, Royal College of Physicians and Surgeons of Canada.

Dr. Williams is an Assistant Professor of Psychiatry and Behavioral Sciences at Rush University Medical School in Chicago. She also serves as Director of CME Outcome Measures and Research. Prior to joining the faculty at Rush University Dr. Williams served as the Program Director of the Physician Assessment and Clinical Education Program at the University of California San Diego.

This year's award recognizes Dr. Williams' research "SELF-EFFICACY AND STRUCTURAL BARRIERS AS MEDIATORS OF PRACTICE CHANGE' which is co-authored and presented by Dr. Harold Kessler.

"The relationship among individual's sense of control, environmental opportunity and the implementation of improvement programs has been noted in a number of settings. We have found that external barriers and individual's ability to address them affects the success of implementation of CME learning." Dr. William's and colleagues' research closely examined the relationship among these three constructs.

The study included 150 participants and used measurement instruments specifically tailored within the context of CME. Each of these measures provided indicators of five underlying variables – two self-efficacy variables and three barrier variables. A global 'intent to implement' measure was also examined.

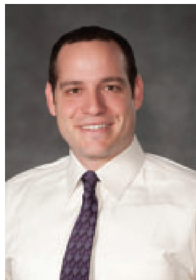
Preliminary findings suggest a statistically significant relationship between the constructs of 'self-efficacy' and 'barriers'. More specifically, the a) sense of efficacy for effecting change in the practice environment, b) a sense of structural barriers to change, as well as, c) the sense of personal and staff resistance to change, are each predictive of formation of an intent to change practice patterns.

An important conclusion of the study examines the relationship between self-efficacy and intent to change which appears to be in some way responsive to the participants' sense of the impediment caused by the barrier in question. Understanding the relationship among barriers to implementation, self-efficacy and intent to change assists CME/CPD providers in designing programming that ultimately contributes to effective practice improvement through CME.

Congratulations to Dr. Williams and Dr. Kessler for a superb project and fantastic presentation of this important scholarly work.

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. Established in 2001, the Fox Award honors the research of Dr. Robert D. Fox, University of Oklahoma, who has contributed greatly to the literature in the field of professional continuing education.

SACME Manning Award Recipient Announced at Spring Meeting



At the SACME 2013 Spring Meeting held in Madison, Wisconsin, the 2013-2014 recipient of the SACME Manning Award was named. Moshe Feldman, PhD from Virginia Commonwealth University, and his colleagues Dale Harvey, MS, RN, Patient Safety Fellow; Jenifer Murphy, MHA; John Boothby, MSW; and Paul Mazmanian, PhD; will be pursuing research on "Practice Based Learning to achieve systems based practice: An Interprofessional CE Model and Toolbox for Planned Practice Change".

The SACME Manning Award is made in the name of Phil R. Manning, MD, Paul Ingalls Hoagland Hastings Professor of Continuing Medical Education and Professor of Medicine Emeritus at the Keck School of Medicine, University of Southern California. Dr. Manning is founding president of the Society for Academic Continuing Medical Education. Typically, one grant is awarded up to $50,000 for a two year cycle.

INTERCOM has been the name of SACME's newsletter since January 1987. Now, we are bringing INTERCOM into the technology age with the "**SACME INTERCOM Update**", emailed to you with the latest news and announcements of interest. Look for it nearly every week with items of interest for you.

Don't worry, we are not eliminating the print version of INTERCOM! But, we hope you will also enjoy the expansion of the brand to our e-update that members have been reading for several years now in their inboxes.

SACME Presents Three Research Support Grants

The Society for Academic Continuing Medical Education is pleased to announce that three research support grants were accepted for funding.

The NYS Academy of Family Physicians with Robert W. Morrow M.D. as principal investigator and Health People: Community Health Institute as the community stakeholder, will use funds from SACME to research the use of education to activate community and provider networks to implement the CDC-Diabetes Prevention Program in the South Bronx.

A funded project led by S. Scott Graham, PhD, from UW-Milwaukee, aims to test and refine a mixed methodological approach for assessing the role of CME in fostering innovation adoption among multidisciplinary cancer care providers. They will deploy a methodological pilot study at a small sample of programs hosted by the Office of Continuing and Professional Education (OCPE) at the Medical College of Wisconsin (MCW). In addition to establishing the feasibility of a larger study, the pilot study's resulting probability model will be used to develop targeted recommendations for best practices in CME to encourage innovation adoption.

Tom Van Hoof, MD, EdD, University of Connecticut, is leading a project that will be conducting a focused systematic review followed by an expert consensus process to generate a guideline/tool that will inform the ongoing use and study of academic detailing (educational outreach) as an intervention to change clinician behavior and to improve patient outcomes.

These funded grants relate to the foundational research aspect of SACME's strategic agenda. We will continue to keep you updated on the results of these projects and hope to have presentations at an upcoming SACME meeting.

UPCOMING EVENTS

Alliance for CEhp Fall Conference
October 15-18, 2013
Baltimore, Maryland
www.acehp.org

AAMC Annual Meeting/SACME 2013
Fall Meeting
November 2-5, 2013
Philadelphia, Pennsylvania
www.sacme.org

CMSS 2012 Annual Meeting
November 22-23, 2013
Washington, DC
www.cmss.org

Alliance for CEhp Annual Conference
January 15-18, 2014
Orlando, Florida
www.acehp.org

SACME 2014 Spring Meeting
Hosted by the University of Cincinnati
April 30-May 4, 2014
Cincinnati, Ohio
www.sacme.org

See www.sacme.org for updated events.

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