

FROM THE PRESIDENT

**By Ajit K. Sachdeva, MD, FRCSC, FACS
President, Society for Academic CME
Director, Division of Education, American College of Surgeons**

Since my last message published in the November 2016 issue of INTERCOM, the Society for Academic CME (SACME) has continued to take gigantic steps to address the five-point Agenda I had articulated at the start of my term. As you will recall, the five areas of focus are Leadership; Innovation; Scholarship; Member Engagement; and Operational Excellence. Over the past four months, significant milestones have been achieved in all these areas through collaboration and camaraderie, which makes these accomplishments even more special!

In late 2016, I proposed to the SACME Board the establishment of a new Fellowship of SACME and outlined a model for this Fellowship. This proposal was enthusiastically received and unanimously approved by the SACME Board. The overarching goal of the new SACME Fellowship is to honor the landmark accomplishments of nationally and internationally renowned CME/CPD leaders and to harness their expertise to take CME/CPD to a new level. Fellows of SACME will be able to use the initials FSACME after their names, which will be a testament to their stellar accomplishments. An Academy of SACME Fellows will be created to pursue audacious goals through exemplary leadership and extraordinary innovation. Aims of this Academy will be to establish a vibrant community of preeminent CME/CPD thought leaders who will help to define megatrends in CME/CPD for the future; design and implement proactive strategies to address a host of national and international imperatives; develop and launch programs that will result in global impact; serve in an advisory role to the SACME President; and provide personalized mentorship to aspiring leaders in the evolving field of CME/CPD. The Academy of SACME Fellows will meet each year in the Spring during the Annual SACME Meeting. Quarterly conference calls and regular e-mail communication will facilitate exchange of ideas throughout the year and will help in the accomplishment of various goals.

The first cohort of SACME Fellows will be inducted on May 19, 2017, in Scottsdale, AZ, during the upcoming Annual SACME Meeting. They will include all Past Presidents of SACME along with seven renowned CME/CPD leaders who were proposed for Fellowship by me and unanimously approved by the SACME Board. In the future, each Past President of SACME will be inducted automatically as a SACME Fellow and join this prestigious Academy upon completion of his or

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her term of office as President. Also, each year the SACME President will propose to the SACME Board the names of no more than two nationally and internationally renowned CME/CPD leaders for induction into SACME Fellowship and Academy. This process will maintain the appropriate balance between Past Presidents and other preeminent CME/CPD leaders within the Academy. This is an exciting new program of SACME that should fuel further innovation in the field of CME/CPD, help SACME reach unprecedented heights, serve the entire CME/CPD community well, and most importantly promote delivery of health care of the highest quality and safety.

Several other efforts have also been undertaken recently to enhance the influence and impact of SACME, both internationally and nationally. The SACME Board recently approved SACME becoming a Premier Institutional Member of the Association of Medical Education in Europe (AMEE). This Premier Institutional Membership will provide opportunities for unlimited number of SACME members to register for AMEE Annual Conferences at reduced cost; help to promote and disseminate SACME's work through presentation of exhibits at AMEE conferences for a discounted fee; and provide individual MedEdWorld membership for all SACME members. Also, SACME members will receive discounts on AMEE Education Guides, Papers, and BEME Guides. They will also get the opportunity to participate in a wide array of AMEE activities and network with other CME/CPD leaders from across the globe. In addition, SACME will be granted the privilege to cast three votes in the AMEE General Assembly. The new alliance between AMEE and SACME should serve the two organizations well, and support the strategic goals of both organizations.

On the domestic front, relationships of SACME with the Association of American Medical Colleges (AAMC) and the Accreditation Council for Continuing Medical Education (ACCME) continue to be strengthened. During the Annual AAMC Meeting in Seattle, Dr. Moss Blachman and I met with Dr. Allison Whelan, AAMC's new Chief Medical Education Officer and with Dr. Lisa Howley, AAMC's Senior Director of Educational Affairs, to discuss new directions in CME/CPD and to define possible opportunities for collaboration. These discussions were positive. I have continued to meet regularly with Dr. Graham McMahon, President and Chief Executive Officer of the ACCME, to discuss a number of strategic initiatives. These discussions have focused on scholarship in the field of CME/CPD and the vital role of innovative CME/CPD in addressing national imperatives. A retreat of the Tri-Group

(SACME, Alliance for Continuing Education in the Health Professions, and Association for Hospital Medical Education) was convened in late 2016. Principal items discussed during the retreat included the World CPD Congress and the *Journal of Continuing Education in the Health Professions (JCEHP)*. Further discussions regarding *JCEHP* have continued since then. As you probably know, Dr. Curt Olson has announced his plans to retire from the position as Editor-in-Chief of *JCEHP* in mid-2017. Curt has done a spectacular job as Editor-in-Chief of *JCEHP* and will be dearly missed. We wish him the very best in his retirement and look forward to his continuing involvement with SACME. A Search Committee has been appointed to help with the selection of the next Editor-in-Chief of *JCEHP*. I have asked Dr. Don Moore to serve as the SACME representative on this Search Committee. Three very well-qualified individuals have applied for this key position. If you would like additional information regarding this search or want to share your suggestions with the Search Committee, please contact Don. In addition, the Strategic Affairs Committee, through its Strategic Collaboration Subgroup, continues to make noteworthy contributions. Potential opportunities for collaboration with a variety of national professional organizations have been defined. The Strategic Affairs Committee is led by Drs. Moss Blachman and Barbara Barnes and the Strategic Collaboration Subgroup is headed by Ms. Ginny Jacobs and Ms. Mila Kostic.

SACME continues to participate in discussions regarding the proposed Merit-based Incentive Payment System (MIPS) and Alternate Payment Models (APMs), within the context of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). SACME has been collaborating with other professional organizations to highlight the importance of CME/CPD in this context, and is represented by Ms. Ginny Jacobs on a collaborative national workgroup. A letter on behalf of SACME was sent to the Centers for Medicare and Medicaid Services in December highlighting the importance of accredited CME in improving patient care outcomes.

As you are aware, the Program for the 2017 Annual SACME Meeting is truly spectacular and the Program Committee, under the leadership of Dr. Annette Donawa, has done an outstanding job in developing this program. I have personally spoken with the two Keynote Speakers and the Panelists who will serve on the Presidential Panel, and they are all excited about participating in our Annual Meeting. Annette has similarly contacted other invited speakers. The Abstract-driven presentations will highlight major advances in the field of CME/CPD, and the Workshop on Leadership to be conducted by Drs. Blachman and Barnes will address a host of important

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topics. During the Annual Meeting, special tributes are being planned for two distinguished members of our community who we lost over the past year. The untimely passing of Dr. Alex Djuricich and Dr. Karen Mann have left major voids that are hard to fill. The tributes will honor these two fine CPD leaders, who will be remembered as valued colleagues and cherished friends.

Following considerable exploratory work and due diligence, the site and dates for the 2018 Annual SACME Meeting have been finalized. This meeting will be held in San Antonio, Texas, from April 24-28 at the San Antonio Marriott Riverwalk. Please mark your calendars and save this date! Planning for this meeting will commence soon after the 2017 Annual Meeting. Please send Annette or me your suggestions regarding the 2018 Annual SACME Meeting.

The Research Committee under the leadership of Dr. Betsy Williams received a record number of submissions for the 2017 Annual Meeting, as well as a record number of proposals for the Manning Award. Dr. Mary Turco worked very closely with Betsy to ensure selection of cutting-edge scholarly work for presentation at the Annual Meeting. Production of our landmark CPD book, *Continuing Professional Development in Medicine and Health Care: Better Education, Better Patient Outcomes*, is progressing very well. The book is in its final stages of publication by Wolters Kluwer. Drs. William Rayburn, Mary Turco, and Dave Davis serve as Co-Editors of this book. The front matter was recently finalized and includes visible SACME branding and clear statements that the book is a SACME publication. The book will be an outstanding scholarly contribution to the field of CME/CPD and SACME should be very proud of this publication.

The Communications Committee under the leadership of Ms. Stacey Samuels launched the first issue of *CE News* in December, and the issue is superb. This publication should serve as a very useful resource for all SACME members. INTERCOM remains a valuable communication vehicle and continues to be enhanced under the editorial leadership of Ms. Sharrie Cranford. A new feature in INTERCOM will be an article from the ACCME leadership in each issue. This will help in sharing regular updates from the ACCME, which SACME members should find helpful.

The membership in SACME continues to grow at a steady pace. The efforts of the Membership Committee under the leadership of Ms. Linda Caples have been important in recruiting new members and processing membership applications diligently and efficiently. The finances of SACME remain strong under

the able stewardship of Ms. Joyce Fried, SACME's Treasurer. Financial statements of SACME are reviewed regularly by the SACME Board as part of the Board's fiduciary responsibility.

Recent efforts to further enhance the operational excellence of SACME have included focus on the structure and functions of the Standing Committees and the roles of Regional Representatives. I have asked Dr. Annette Donawa to Chair a special Committee of the Standing Committee Chairs that has been charged with the responsibility of conducting a thorough review of the Standing Committees and making recommendations to further enhance their impact in the changing milieu of health care. Annette will present a progress report to the SACME Board in March. I have convened a conference call of the Regional Representatives, and charged them with the responsibility of reviewing their roles and making specific recommendations to strengthen these roles. Discussions with the Regional Representatives will continue over the ensuing months and culminate in an in-person meeting of the group of Regional Representatives during the Annual SACME Meeting.

As I had mentioned in my previous Message in INTERCOM, Prime Management has expressed the desire to conclude their contract with SACME effective June 2017. I appointed a Search Committee to help with the selection of a new Association Management Company (AMC). This committee is headed by Dr. William Rayburn and its membership includes Dr. Barnes, Dr. Donawa, Ms. Fried, Ms. Samuels, and Ms. Linda Lupi. Following thorough due diligence, an RFP was prepared and disseminated by the Search Committee. A total of 20 AMCs were invited to submit proposals, of which eight expressed interest in this opportunity, and four submitted complete proposals. These proposals are being carefully reviewed by the Search Committee and by the leadership of SACME. Once an AMC is selected and approved by the SACME Board, steps will be taken to ensure a smooth transition from Prime Management to the new AMC after the Annual Meeting. Mr. Jim Ranieri and Prime Management have provided excellent support to SACME for many years and we plan to recognize them during the Annual Meeting.

The past few months have again been very productive and SACME has continued its march to newer heights! I am most grateful to the members of the SACME Board and other SACME members who continue to generously share their incredible talents and demonstrate their steadfast commitment to SACME. As always, I welcome your ideas, suggestions, and feedback. My e-mail address is asachdeva@facs.org and phone number is (312) 202-5405.

UPDATES FROM THE ACCME

By Graham McMahon, MD, MMSc, President and CEO, ACCME

At the ACCME, we have been focusing on ways in which we can continue to support the continuing medical education (CME) community. From developing new commendation criteria that reflect the evolving needs and expectations of learners, to building and enhancing collaborations that create a more streamlined and flexible CME system, we are working hard to continue to make meaningful change for educators, physicians, and ultimately patients.

Below are updates on several of our ongoing projects. I encourage you to take a few moments to review these resources on our website. As always, thank you for your dedication to providing quality CME, and to making a difference in the lives of physicians and their patients.

Commendation Criteria

The ACCME announced its [Menu of New Criteria for Accreditation with Commendation](#) in late September, following an extended comment period and resulting deliberation. These criteria are our mechanism for recognizing and celebrating organizations that excel as CME providers.

The newly evolved criteria reflect the values, principles, and aspirations that the community of educators shared with us over the past several years. The criteria incorporate recommendations from a diverse range of stakeholders about how to advance CME's role in the changing health environment and leverage the power of education to improve healthcare. We listened to the community's extensive feedback and the final version is designed to be both achievable and meaningful.

These commendation criteria are designed to serve as a guidepost for the future of CME. In them we sought—and will continue to seek—to recognize the achievements of organizations that advance interprofessional collaborative practice, address public health priorities, create behavioral change, show leadership, leverage educational technology, and demonstrate the impact of education on healthcare professionals and patients.

The criteria reflect many of the evolving and increased expectations of learners; pursuing these best practices is likely to help accredited educational providers to address and anticipate evolving learner needs now and in the years to come. In my interactions with you, I have seen your enthusiasm about using these criteria as a blueprint for your strategic plans, as a means of charting the way forward, and I am encouraged that some of you are already making plans to implement the criteria.

As with the existing commendation criteria, compliance with the new commendation criteria is *optional* for CME providers and is *not* required to achieve Accreditation. Providers will continue to achieve and retain Accreditation by demonstrating compliance with Accreditation Criteria 1–13.

For more information about the menu structure, including educational resources and an implementation timeline, please see the [Menu of New Criteria for Accreditation with Commendation](#) webpage.

CME that Counts for MOC

It's terrific to see that some 5,800 accredited CME activities have been registered for the American Board of Internal Medicine's Maintenance of Certification (ABIM MOC) program just 18 months after the launch of the ABIM/ACCME collaboration. This is a useful way for the CME community to help physicians fulfill their professional requirements. By spring 2017, ABIM and the ACCME plan to [recognize more accredited CME for MOC](#). In addition to Medical Knowledge activities, physicians will be able to earn MOC points for Practice Assessment activities and blended activities that earn both Medical Knowledge and Practice Assessment MOC points.

The ACCME has also [collaborated with the American Board of Anesthesiology \(ABA\) and the American Board of Pediatrics \(ABP\)](#) to simplify the integration of accredited CME and MOC. CME providers can now register their activities for American Board of

Anesthesiology (ABA) Maintenance of Certification in Anesthesiology Program® MOCA 2.0® Part 2 (Lifelong Learning and Self-Assessment) and the American Board of Pediatrics (ABP) Lifelong Learning and Self-Assessment for MOC Part 2.

For more about CME that Counts for MOC, you are welcome to join our [March 15 \(2:00-3:00 pm Central\) webinar](#).

CME Finder

CME Finder, an improved web-based tool to allow clinicians to readily search for CME opportunities that meet their needs, is now available at cme finder.org. This tool provides information for each current accredited CME activity that is registered for ABA, ABP, and ABIM MOC credit, and for activities that are compliant with the Food and Drug Administration Extended-Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy.

New Report on Effectiveness of IPCE

A recently released report shows how interprofessional continuing education (IPCE) contributes to improving healthcare team collaboration and patient care. [By the Team for the Team: Evolving Interprofessional Continuing Education™ for Optimal Patient Care – Report from the 2016 Joint Accreditation Leadership Summit](#) (PDF) includes best practices, challenges, case examples, key recommendations, and data about the value and impact of IPCE. A [series of videos](#) accompanies the report, featuring educators describing their goals and accomplishments, what brings them joy and pride in their work, and advice for creating IPCE programs.

The 2016 Joint Accreditation Leadership Summit, report from the summit, and videos were created as part of [Joint Accreditation™ for Interprofessional Continuing Education](#), a collaboration of the ACCME, Accreditation Council for Pharmacy Education (ACPE), and American Nurses Credentialing Center (ANCC), and were supported (in part) by the Josiah Macy Jr. Foundation.

CME Research

We continue to explore opportunities to support research, so that we, as a CME community, can produce and

disseminate evidence about the most effective means of creating and sustaining performance change, and show how education drives improvement in quality, safety, and patient care outcomes. At its recent meeting, the ACCME Board of Directors convened discussions with leaders in medical education research about the challenges and opportunities for research in CME. The guests were Larry Gruppen, PhD, Professor of Medical Education, University of Michigan Medical School; David Irby, PhD, Professor of Medicine, University of California, San Francisco; and David Sklar, MD, Distinguished Professor Emeritus, University of New Mexico. SACME members can play a leading role in achieving research goals and we look forward to collaborating with you.

Find Us on Social Media

We are happy to share that you can now find the ACCME on [Twitter](#), [Facebook](#), and [LinkedIn](#)! We see social media as a valuable tool to engage with the CME community, provide useful resources, and help spread the word about the value of accredited CME. Our posts feature a mix of content, including announcements and news releases, meeting reminders, videos, and our biweekly “Quick Tips” series, which includes brief, practical compliance tips for providers. Please join us by following and liking these pages!

We hope you will continue to stay connected with us as we work toward our shared goal of advancing quality CME. For additional information about programs and resources from the ACCME, visit our website, www.accme.org. For questions, email info@accme.org.

UPCOMING EVENTS

SACME: Scottsdale, Arizona
May 16-20, 2017

2017 Integrating Quality: Rosemont, Illinois
June 8-9, 2017

AMEE: Helsinki, Finland
August 26-30, 2017

See www.sacme.org for updated events.

AAMC, ABMS TO TRANSITION MOC DIRECTORY

By Carol Goddard, Association of American Medical Colleges

In 2015, as part of its commitment to improve access to relevant Maintenance of Certification (MOC) activities, the American Board of Medical Specialties (ABMS), in partnership with the Association of American Medical Colleges (AAMC), developed an online repository of MOC activities - the ABMS MOC Directory, powered by MedEdPORTAL® (MOC Directory).

In 2017, AAMC will be transitioning to a new technical platform and updating its suite of online products and services. As a result, AAMC will no longer host the MOC Directory effective April 1.

ABMS will continue to support the MOC Directory, which has proven to be a valuable resource for its Member Boards' diplomates and the continuing medical education/continuing professional development (CME/CPD) communities. AAMC and ABMS are working together during this transition and will provide additional information on the future of the MOC Directory in the coming months. However, during and after the transition, the CME/CPD communities can be assured that:

- All MOC activities currently indexed in the MOC Directory will retain their MOC approval status and respective MOC statements.
- All MOC activities will remain in place and are viable for diplomates to access.
- ABMS will continue to invite and accept new MOC activity submissions to insure the MOC Directory remains a valuable resource for all stakeholders.

For more information about the MOC Directory transition, contact Susie Flynn, ABMS Director, Academic Services, at sflynn@abms.org.

ABMS BOARD CERTIFICATION REPORT FEATURES INFOGRAPHICS AND VIDEO

By Ruth Carol, American Board of Medical Specialties

The newly released 2015-2016 *ABMS Board Certification Report* features new infographics highlighting the American Board of Medical Specialties (ABMS) Board Certification process, professional development, practice areas, and physician characteristics.

The [report](#) can be downloaded from the ABMS website, which also features a [video](#) highlighting the report's findings. How many physicians are board certified, which states have the largest number of active physician certificates, and what are the newest subspecialty certifications are just a sampling of the facts and statistics found in the latest report. The first section features a comprehensive listing of the specialty and subspecialty certificates approved for issue by the 24 ABMS Member Boards and the basic requirements physicians must meet for initial certification and maintaining certification. The next section includes database statistics and tables demonstrating trends in the number of specialty and subspecialty certificates issued from 2006 to 2015. It also includes a snapshot of the active certificates held by physicians according to geographic location, as well as the average age and gender breakdowns of board certified physicians.

Report: <http://www.abms.org/media/131568/2015-16-abmscertreport.pdf>

Video: <http://www.abms.org/board-certification/abms-board-certification-report/>



Be sure to follow @SACME_ on Twitter!

CUTTING EDGE CPD/CME: US AND BEYOND US BORDERS

By Annette Mallory Donawa, PhD
Chair, SACME Program Committee
Assistant Dean, Johns Hopkins University, Office of CME



You don't want to miss SACME's 2017 Annual Conference: **Cutting Edge CPD/CME: US and Beyond US Borders** on May 16-20th in Scottsdale, Arizona. This is SACME's first Annual Conference and SACME is celebrating its 40th Anniversary. Come hear about innovative research that SACME members are participating in as the number of submitted abstracts have more than doubled for this conference.

With the focus on international and global health education, several renowned speakers are lined up to present at the conference. Dr. George E. Thibault, President of the Josiah Macy Jr. Foundation will give the Barbara Barnes Plenary. Other guest speakers include Dr. John R. Combes, from the American Hospital Association, Dr. Julie A. Freischlag from the University of California Davis Health System, Dr. Lewis G. Sandy from United-Health Group, Dr. Luke Sato from CRICO, and Pamela Paulk, President of Johns Hopkins International.

The conference begins with complimentary essential skills pre-conference sessions on how to present a poster, review abstracts, and tips on improving scholarly writing on May 16th. Drs. Graham McMahon, President and CEO of the Accreditation Council on Continuing Medical Education (ACCME) and Craig Campbell from the Royal College of Physicians and Surgeons of Canada will provide updates on the US and Canada-based ac-

creditation systems. CME/CPD's very own Drs. Dave Davis, Todd Dorman, Don Moore, and Mary G. Turco will provide perspectives on international health education and the critical role that CME/CPD plays in this space.

A customized, interactive Leadership workshop given by Drs. Morris (Moss) Blachman and Barbara Barnes will provide substantive content on leadership skills and what it means to be a leader in CME/CPD. Attendees must attend both sessions on Wednesday, May 17th and Thursday, May 18th and should sign up for this session when registering for the conference.

Closing presentations on Saturday, May 20th from Drs. Mira Irons and David Price from the American Board of Medical Specialties (ABMS) will highlight innovative assessments from some of the Boards and collaborations for systems-based practice with the CME/CPD research communities.

To view the detailed program agenda, please visit SACME's website at www.sacme.org. We look forward to seeing you there!

INTERVIEW WITH MOSS BLACHMAN, PHD

2016 Distinguished Service in CME award winner

Chair, Strategic Affairs Committee

By Mike Schoen

Schoen: "When and how did you get involved in CME/CPD?"

Blachman: In 1996, I was a professor at the University of South Carolina's (USC) Department of Government and International Studies, and I had a management consulting practice. As part of that practice, I was assisting the USC School of Medicine and Richland Memorial Hospital with their joint strategic planning. During that time, they were informed that their joint CME program was going to be disaccredited. In light of that, they asked me to assess their program and make recommendations as to what should be done. The result was that they then asked me to leave my faculty position of 23 years and join the USCSOM to bring the CME program back to accredited status. I resigned my tenured position and took a one-year contract position in the USCSOM.

I am now in the middle of my twenty-first one year contract! I am proud to say that our office was not only accredited but has received commendation on every reaccreditation decision. While the scenario described above was the entry point for me, I actually got really engaged primarily as a result of being "recruited" to get involved by Melinda Steele. She both challenged me to do so and gave me the opportunity. As they say, the rest is history...

Schoen: "What does the SACME Strategic Affairs Committee do?"

Blachman: The SAC is responsible for providing staff work and recommendations to the Board and SACME leadership regarding strategic issues that SACME confronts or might confront in the future. The Committee assisted in the development of the SACME Vision, Mission, and Guiding Principles; it assisted in the development of the Strategic Plan; it examines strategic issues and questions to inform and support the Board and Leadership; it performs periodic environmental scans to make suggestions regarding issues that need to be

addressed by the Board and/or Leadership; it is assisting in a review and revision of the society's Bylaws; and it responds to requests from the Board or leadership.



Schoen: "The Distinguished Service Award is given to an individual who has made outstanding contributions to continuing medical education over an extended period, or who has developed an outstanding innovation in continuing medical education representing an important advance in CME. What does winning the 2016 Distinguished Service Award mean to you?"

Blachman: I feel very honored to have been selected. It is a wonderful affirmation by my colleagues that what I am doing has provided some value to this very important endeavor of improving CME/CPD.

Schoen: "What do you expect the field of CME/CPD to look like in 15 years?"

Blachman: I suspect the field will have moved well beyond today's CME and will have embraced the broader set of needs and opportunities incorporated in CPD. I would expect that the CPD offices/services of the future will function as educational coaches and facilitators providing healthcare personnel with educational homes that will help individuals and the systems in which they work to:

(1) Determine:

- individual and team/unit performance learning needs
- career progression needs
- management/leadership needs
- organizational and cultural transformation redesign needs

(2) Design or get access to learning opportunities to address those identified needs.

I believe in many of the more advanced healthcare systems, CPD will be considered to be a critical strategic partner.

Schoen:

“What advice do you have for someone just starting out?”

Blachman: Believe in and pursue, learning and (self) performance improvement.

- Remember to model the behavior we wish to develop in others.
- See yourself as part of a team—look to give and receive
- Constantly be aware of the bigger picture—how do you and your office/unit contribute to the overall mission and what can you do better.
- Lean on the more experienced colleagues in the field. We are a friendly and sharing bunch of people. You can develop your own support group and learning community.
- Get engaged in the key professional associations like SACME. They are an inordinate resource for everything you will need to grow professionally.

Schoen: “If you could travel to anywhere in the world for a 2-week expense-free vacation, where would you go?”

Blachman: I would either seek to do an around the world trip, or I would want to spend my time in Italy to see the fruits of the incredible flowering of human creativity during the Renaissance.

Schoen: “That sounds wonderful, can I go too? Thank you, Moss, and congratulations again”.


Society for ACADEMIC
Continuing Medical Education
LEADERSHIP • SCHOLARSHIP • COLLABORATION

ABMS VISITING SCHOLARS PROGRAM ACCEPTING APPLICATIONS

By Ruth Carol, American Board of
Medical Specialties

The American Board of Medical Specialties (ABMS) Research and Education Foundation is now accepting applications for the 2017-18 Visiting Scholars Program.

The one-year, part-time program introduces early career physicians to the fields of professional assessment and education, health policy, and quality improvement while providing opportunities to develop personal leadership skills critical to their own professional growth and success. It is also designed to help scholars develop scholarship by engaging in a research project related to ABMS Certification or Maintenance of Certification (ABMS MOC®) that will be presented at an ABMS conference and ultimately published in a peer-reviewed journal. The scholars’ research should build on an existing project at their institution and generate data, tools, and activities that could be useful to specialty boards in the Board Certification and MOC process. After completion of the scholar year, individuals will continue ties with the ABMS Member Boards Community through an alumni network. To read about scholars from previous classes, visit <http://www.abms.org/about-abms/research-and-education-foundation/visiting-scholars-program/past-visitng-scholars-classes/>.

The Visiting Scholars Program is open to early career physicians practicing in health systems, junior faculty including assistant professors and instructors, fellows, residents, medical students, public health students, and graduate students and PhDs in health services research and other relevant disciplines. Scholars will be selected and awarded \$12,500 each to support their research and travel for this program. The application deadline is May 1, 2017.

For more information about the program and the application process, visit <http://www.abms.org/about-abms/research-and-education-foundation/visiting-scholars-program/>.

THE REIMBURSEMENTS THEY ARE A CHANGIN' MACRA, MIPS, AND APM'S

A dramatic shift from 'fee-for-service' to 'pay for performance'

By Ginny Jacobs, M.Ed., MLS, CHCP

What is MACRA?

The Medicare Access and CHIP Reauthorization Act of 2015 (**MACRA**), which was signed into law on April 16, 2015, is bipartisan federal legislation designed to drive healthcare reform. The bill, known as the "permanent doc fix" bill, reflects a major reform of the existing Medicare payment structure as it repeals the Medicare Part B Sustainable Growth Rate (SGR) reimbursement formula and replaces it with a new pay-for-performance program. While the law is designed to accomplish many initiatives, it primarily serves to establish new ways to pay physicians for caring for Medicare beneficiaries. Experts in the field have suggested these provisions will likely have an even greater impact on the healthcare community than was experienced by the introduction of the Accountable Care Act.

As a central part of this change, the Center for Medicare and Medicaid Services (CMS) has replaced the patchwork collection of incentive and penalty programs which have been in place:

- Physician Quality Reporting System (PQRS, which started in 2007);
- Electronic Health Records Incentive Program (Meaningful Use, which started in 2011);
- Value-Based Modifier (VBM, which was first applied in 2015).

Under the new Quality Payment Program (QPP), Medicare authorizes a structure whereby the CMS will pay each provider a different fee based on their value and performance (outcomes). Specifically, Section 101 repeals the SGR and implements a new two-track payment system for healthcare services. Providers will choose one of two pathways which will tie an increased percentage of physicians' Medicare fee-for-service payments to outcomes through the new **Merit-based Incentive Payment System (MIPS)** and encourage the adoption of "**Alternative Payment Models**" (**APMs**) which moves payments away from fee-for-service reimbursement.

If at this point you are asking yourself why you should be interested in this topic even if you are not directly tied to Medicare billing within the organization, please note the following:

- 1) **This program could have a significant impact on your institution's Medicare reimbursements.**

The potential incentives/penalties for each year are as follows:

2019 +/- 4%	2020 +/- 5%	2021 +/- 7%	2022 +/- 9%
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Data gathered for 2017 (and submitted by March of 2018) will determine 2019 Medicare payments. The calendar year 2017 is a year of staged program implementation and, therefore, it would be wise to find out how dependent your individual providers are on Medicare reimbursement as a source of revenue.

- 2) **The CME/CPD function should steadily support and advance "Improvement Activities".**

For starters, it is helpful to become familiar with the 90+ approved activities and their established metrics.

A new category called "improvement activities" has been added to the reimbursement calculation. A pre-approved

list of activities has been generated for this category (with medium or high weightings) to include participation in such programs as Maintenance of Certification (MOC) Part IV, IHI Training/Forum Event, AHRQ Team STEPPS, and the Joint Commission Ongoing Professional Practice Evaluation (OPPE) initiative.

This category does not currently automatically contain all CME-approved activities, yet there is hope it will be expanded in the future with increased reliance upon the existing support structures offered through the accreditation system. In the meantime, we should examine how we can align our efforts to advance the approved programs/activities. A complete list can be found at <https://qpp.cms.gov/measures/ia>. Further discussion will be devoted to this topic in the second part of this newsletter series.

Is MACRA likely to be reversed?

For those wondering how the MACRA rulings may be altered in light of a new administration in our nation's capital, it may be helpful to note that while debate up to this point has swirled over various aspects of the Accountable Care Act (ACA), the need to reform the healthcare delivery reimbursement model had not been contested. In the discussions leading up to MACRA, bipartisan legislators found a majority in agreement on the following key points:

- The physician reimbursement program which had been in place was not well aligned with the overarching goal of building and maintaining a healthy population. Under the old model, the more appointments a physician conducted, the more tests they ran, the higher the level of reimbursement they would receive. A pay-for-performance program should/could more appropriately align the efforts of the community of healthcare providers so that we reward quality of care over quantity of services.
- The Sustainable Growth Rate (SGR) reimbursement formula (a payment design enacted in 1997 to sustain Medicare with lower costs) was seriously flawed as it has threatened physicians with significant payment cuts every year since 2003. This situation required Congress to routinely adjust or suspend the payment fee schedule in what was labeled the 'doc fix' which was nothing more than a temporary resolve repeated each year. This situation led to the permanent repeal of the SGR formula or "doc fix" which is now part of the MACRA.

How does the new Quality Payment Program (QPP) work?

The QPP is designed to help clinicians focus on care quality and making patients healthier. CMS expects the program to evolve over several years and they have elected to begin by laying the groundwork for expansion towards what they have described as "an innovative, outcome-focused, patient-centered, resource-effective health system."

Clinicians can choose how they want to participate in the QPP based on their practice size, specialty, location, or patient population. The new payment system creates the following two pathways for clinicians or groups to choose:

- Merit-based Incentive Payment System (MIPS) -- The first path gives clinicians the opportunity to be paid more for better care and investments that support patients. It reduces existing requirements, while still emphasizing and rewarding quality care.
- Alternative Payment Model (APM's) -- The second path is a payment approach, developed in partnership with the clinician community, that provides added incentives to clinicians through their active engagement with organizations that get paid primarily for keeping people healthy by delivering high-quality and cost-efficient care. When they get better health results and reduce costs for the care of their patients, the clinicians receive a portion of the savings.

APMs can apply to a specific clinical condition, a care episode, or a population. If you have sufficient participation in an Advanced APM, you may earn a 5% Medicare incentive payment during 2019 through 2024 and be exempt from MIPS reporting requirements and payment adjustments.

continued on page 12

The Reimbursements They are a Changin's continued from page 11

As previously mentioned, a consolidation of incentive and penalty programs has occurred as part of this shift to reward value and performance (outcomes). Payment calculations for those who participate in MIPS in 2017 will be determined based upon a Composite Performance Score (CPS). Here are the elements and the corresponding weightings which will factor into the CPS:

 QUALITY	 IMPROVEMENT ACTIVITIES	 ADVANCING CARE INFORMATION	 COST
<i>Replaces Physician Quality Reporting System (PQRS)</i> 60%	<i>New category</i> 15%	<i>Replaces the Medicare Electronic Health Record (EHR) Incentive Program (also known as Meaningful Use)</i> 25%	<i>Replaces the Value-Based Modifier</i> <i>Calculated in 2017, however, this category will not begin to be used to determine your payment adjustment until 2018.</i> 0%

How will the weighting assigned to the elements contained within the Quality Payment Program evolve over the next few years?

The following point values which have been assigned to the core elements underlying the CPS:

Reporting Year	2017	2018	2019
Payments to be made in	2019	2020	2021
Quality	50	45	30
Resource Use – VBM	10 *	15	30
Improvement Activities	15	15	15
Meaningful Use	25	25	25
TOTAL POINTS	100	100	100

* See the note above under the Cost heading

Who will participate in MIPS?

To participate in the MIPS track of the Quality Payment Program you must be a: physician, physician assistant, nurse practitioner, clinical nurse specialist, or certified registered nurse anesthetist. (The list of healthcare professionals who will participate will expand to include more professions in years 3 and beyond.)

Furthermore, you are eligible to participate in MIPS if you bill more than \$10,000 to Medicare, and provide care to more than 100 Medicare patients per year. (NOTE: You must meet the minimum billing **AND** the number of patients to be in the program.)

Who will not participate in MIPS?

There are three groups of clinicians who will not be required to participate in MIPS:

Those for whom 2017 is their first year participating in Medicare;

Those who fall below the low patient threshold (i.e. if their Medicare billing charges are \$10,000 or less and they provide care to fewer than 100 Medicare patients per year.);

Certain participants in Advanced Alternative Payment models.

When does the Quality Payment Program start?

2017 is considered a transition year, offering a flexible, “pick your pace” entry option for the first year of implementation into the QPP. If you were ready, you could begin January 1, 2017 and start collecting your performance data. If you were not ready at the beginning of this year, **you can choose to start anytime between January 1 and October 2, 2017.**

Physicians or practices are allowed to submit data on only a single practice measure or improvement activity and not experience a reimbursement cut. (Practices still have the option of submitting a minimum of 90 days of continuous data to qualify for incentive payments.)

Whenever you choose to start, you will need to send in your performance data by **March 31, 2018**. You can also begin participating in an Advanced APM.

The first payment adjustments based on performance go into effect on **January 1, 2019**.

For additional information, please refer to the CMS website. www.qpp.cms.gov

Additional resources are listed on the SACME website.

NOTE: The second part of this series will provide additional updates related to the Improvement Activities category of MIPS and the CME/CPD community's efforts to meet with the CMS to offer support for this category through the existing accreditation infrastructure.

ADDITIONAL RESOURCES:

CMS Press Release on the final ruling – 10/14/16

<https://www.hhs.gov/about/news/2016/10/14/hhs-finalizes-streamlined-medicare-payment-system-rewards-clinicians-quality-patient-care.html>

Quality Payment Program Overview – Fact Sheet

https://qpp.cms.gov/docs/Quality_Payment_Program_Overview_Fact_Sheet.pdf

Quality Payment Program – Executive Summary of Final Rule (provided by CMS)

https://qpp.cms.gov/docs/QPP_Executive_Summary_of_Final_Rule.pdf

New Quality Payment Program Website

<https://qpp.cms.gov/>

List of approved MIPS Improvement Activities

<https://qpp.cms.gov/measures/ia>

CHANGING COURSE ON OPIOID OVER-PRESCRIBING

Turning the tide on the opioid misuse epidemic is possible by educating today's and tomorrow's physicians

By Ted Parran, MD

Ted Parran, MD, combines his expertise in addiction medicine and medical education to make headway against opioid misuse.

Opioids are a class of potent painkillers that can induce euphoria. Derived from morphine, they include such well known drugs as Vicodin and OxyContin, and the synthetic opioid fentanyl. Their misuse and abuse has become an all too familiar story, played out in the media and homes nationwide with disheartening regularity. According to the Centers for Disease Control and Prevention, the United States is in the midst of an opioid overdose epidemic. Of the more than 28,000 opioid-associated deaths in 2014, at least half involved a prescription opioid.

Ted Parran, MD, a board-certified addiction medicine specialist, Isabel and Carter Wang Professor, and chair of medical education, is especially busy combining his expertise in addiction medicine and medical education to make headway against opioid misuse.

A 1982 graduate of Case Western Reserve University School of Medicine, Parran became interested in drug abuse in the late 1980s when, while completing a residency in internal medicine at the Baltimore City Hospital of Johns Hopkins University School of Medicine, he and several colleagues identified patients abusing IV Ritalin and took steps to intervene. He has been in the field ever since.

Today Parran provides medical directorship services to several substance abuse treatment programs in northeast Ohio. He has written extensively on addiction remediation for major medical journals and been a frequent lecturer at forums across the country. He has also earned recognition in the category *Best Doctors in America: Midwest Region, Addiction Medicine* for each of the past twenty years.

"The current epidemic started in the early 1990s when there was a belief system shift, a so-called paradigm shift, regarding the treatment of chronic pain," says Parran. "Before then, chronic pain was typically treated without opioid medications -- and it was pretty effectively managed. In the 1990s, intensive pharmaceutical company marketing, emphasis from accreditation organizations



like JCAHO, and an increasingly too-receptive physician community resulted in a massive increase in prescription of long-term opioids for chronic pain management. In retrospect, a significant proportion could be termed over-prescribing. Tragically, the potential risks of opioid prescribing were largely unknown and when they did become known, they were strongly downplayed."

As a consequence, opioid-prescribing in the US quadrupled since 1999, with an accompanying upsurge of availability on the secondary, so-called street market. Over the past few years, physicians have gradually begun decreasing opioid prescriptions in the face of widespread misuse and fatal overdoses. One unexpected -- and disastrous -- result has been that many patients have turned to heroin, which is significantly less expensive and more easily available than opioids.

This in turn triggered a spike in fatal heroin overdoses. A confounder is that heroin is frequently mixed with fentanyl, a synthetic opioid illegally produced and imported from China and Mexico. Fentanyl can be 100-200 times more potent than heroin, playing a major role in rampant accidental opioid overdoses in cities throughout the US.

Sensing that the emerging paradigm shift toward increasing prescription opioids could become a physician/patient and public health problem, in 1992 Parran created the "Intensive Course in Controlled Drug Prescribing," a nationally acclaimed curriculum on developing prudent prescribing practices for remedial continuing medical education.

The course, which has served over 2,400 physicians from the US and Canada, combines Parran's dual interest in addiction medicine and medical education. "Physician-patient communication is a key factor in a successful physician-patient relationship," he says. "Working in addiction medicine is the perfect laboratory for developing strong communication skills. There is a lot of

dialogue with the patient in order to prevent abuse of the medication, and that mindset of effective communication translates into the medical education aspect of what I do at CWRU.”

Typically about 80 percent of course attendees are physicians mandated by their state medical boards or employers while 20 percent are taking the course on their own. About two-thirds of the mandated physicians have a pattern of overprescribing, while 25 percent are there because of individual episodes of mis-prescribing -- typically prescribing controlled drugs to friends or family members. Finally between five and 10 percent are sent to the course because of their own drug or alcohol addiction, or other mental health problems.

Components of the weekend-long course include identifying suitable patient-candidates for opioid use; screening for risk factors for misuse; an evidence-based protocol for starting patients on opioid analgesic therapy; recognizing unintentional and intentional misuse; and referring to addiction treatment programs when needed. Teaching methods include lectures, case discussions, skill practice sessions, and writing a reflective essay based on the participants' ethical lapse.

One technique is differentiating between “yellow flag” and “red flag” behavior. Yellow flag behavior, such as asking for an early prescription refill because a family member used some of the medication for pain, points to potential misuse. These cases call for patient counseling, says Parran. Red flag behavior, such as information from others that a patient is selling his medication or buying more on the street, or a patient who threatens a physician or staff member, should result in immediate cessation of future prescriptions and working to refer the patient to a treatment plan.

Feedback from the course has brought about a change in the CWRU School of Medicine curriculum. “I have been talking with course participants and reading their reflective essays over the past 24 years,” Parran says. “One of the most frequent comments is that participants wish they had received this information in medical school and had it re-enforced in residency. As a result, we now provide the basics of the intensive course to the entire fourth-year medical school class at CWRU. That is the only medical school where this is being done that I am aware of.”

Once again it seems that an ounce of prevention is worth a pound of cure.

http://casemed.case.edu/cwrumed360/stories/?news_id=315

INTERCOM

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