MEETING SUMMARY

CPD DIRECTORS COMPONENT GROUP

Date   November 17, 2017
Time   9:00 – 10:00 AM; 1:00 - 4:00 PM
Location   Renaissance Capital View, Arlington, VA

Attendees

Bowers, Nancy	American Society for Reproductive Medicine
Brown, Lynn	American Society for Radiation Oncology
Bruno, Julie	American Academy of Hospice and Palliative Medicine
Cortwright, Devon	American Society for Clinical Pathology
Englert, Shelby	American Urological Association
Folstein, Steve	American Academy of Allergy, Asthma & Immunology
Gabler Blair, Patrice	American College of Surgeons
Gitlin, Susan A.	American Society for Reproductive Medicine
Grupe, Anne D.	American Society of Clinical Oncology
Knight, Clifton	American Academy of Family Physicians
Lee, Linda	American Academy of Otolaryngology-HNS
Lofgreen, Tirza	American Academy of Otolaryngology-HNS
Lofredo, Vince	American Academy of Family Physicians
McKenna, Mindi K.	American Academy of Family Physicians
Michener, Ed	Society of Critical Care Medicine
Moeller, Kristen	American Psychiatric Association
McKinney, Sean	American College of Physicians
Murray, Vanita	American College of Obstetricians & Gynecologists
Orlando-Castro, Julie	American Society of Hematology
Poole, Colleen	American College of Physicians
Samuel, Deborah A.	American Academy of Pediatrics
Velarde, Ann	American Society of Hematology
Wilson, Beth	American Academy of Ophthalmology
Yarboro, Elizabeth	American College of Radiology
Ziemnik, Suzanne	American Society for Clinical Pathology

Virtual Attendees

McDermott, Ashley	American College of Rheumatology
Nagler, Alyssa	American College of Surgeons

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Meeting Minutes/Summary
9:00 – 10:00 AM   Component Group Meeting/Elections
Steve Folstein opened the meeting with a welcome to participants and invited guests. There were a few group members (Ashley McDermott, Alisa Nagler) attending via phone call-in.

Summit on Patient and Family Engagement in Their Care
Several who attended the Summit on November 16, 2017 reflected on the meeting. Topics included shared-decision making and tools to involve patients, statistics regarding patient understanding; distinction between patient advocates and patient advisors; how to get started on these efforts; and differences between involvement and engagement. Examples were cited from the American Academy of Pediatrics, who did a survey across their organization about how patients were already engaged. Strategies included invitations to annual meetings and orientation programs, such as how a patient should introduce self, role etc.; how to involve patients when the mission is to serve physicians, managing patient involvement for diseases that transition across age groups; importance of the patient voice in conversations about drug costs; how resilience and burnout issues can be helped by empowering patients in the relationship and decision-making; imbalance in perception of shared decision making between patients and physicians; and use of a flipped classroom model for advance patient information to help patients prepare questions. Challenges noted were that some of the patients represented in the Summit had a different message that might be conflicting with the physician message; patient involvement may be different for diseases that are short-term vs. long-term in that some patients may not be able to be a representative for short-term or fatal diseases. Other comments included careful use of terminology, e.g., person with diabetes not diabetic; timing of decision aids for short-term illness vs. long-term and when physician should use these, which visits, etc. Data were presented about patient compliance and truthfulness. Both provider education and patient education are involved. Focus is on shared decision-making vs. patient education. The International Patient Decision Aids standards can be found here: http://ipdas.ohri.ca/.

The group was reminded about the option of an online resource library for our Component Group for uploading shared materials.

Anne Grupe reported a recent change in the MedTech ethical code in Europe (http://www.policymed.com/2017/10/medtech-europe-changes-ethical-code.html) regarding interactions with healthcare professionals by medical technology industries. This goes into effect Jan 1, 2018. Of note, there is a change in policy phasing out direct sponsorship of physician attendance at educational activities and implementation of a new educational grant program. International Travel Management Group is one group acting as liaison to get access to educational grants.
Other resources include the following:
Full code: https://www.ethicalmedtech.eu/ethical-charter/general-overview/
Spargo MedTech Partner Press Release: http://exhibitoronline.com/news/article.asp?ID=17509

Article about ACCME issues and MedTech Code: http://www.pcmaconvene.org/features/medical-meetings/a-problem-with-medtech-codes-and-a-possible-solution/

Elections
CPD Directors Secretary Nancy Bowers will be retiring before the next CMSS meeting. Julie Bruno volunteered to fill in and the group unanimously approved her appointment.

Old Business
"ABMS Vision for the Future" had a recent call regarding ongoing certification (new terminology for MOC). There are phases planned to address legislature and formation of Commission, broader representation on board, and increased transparency. Some societies are already making changes to Part 3 and there is concern about time and energy already invested in the process. It was noted that some societies have seen a drop-off in board preparation courses. The group recommended that CPD Directors be represented in the CMSS presence on the Commission.

10:00 – 11:30 AM   Joint Meeting with Simulation Group
The CPD Directors joined the IT Directors and Simulation groups for a discussion of results of the recent Survey on simulation use in CME programs. This survey represented only a partial list of CMSS societies. 90% of respondents are using cognitive/skills simulation; the primary target audience is physicians in practice. Trends included certain type of teaching modalities of live patients and virtual patients. Barriers included costs (majority), pass/fail threshold; documentation. Approaches to simulation varied, included live, virtual, team-based, virtual-only simulation. Most use member/enrollee fees as source of support for simulation. A variety of factors contributed to simulation education success, including funding, curriculum development, course director and staff training.
Steve Folstein represented the CPD Directors with a discussion of implications and asked four questions:
1. As many organizations are already doing simulation, what are the options/opportunities to collaborate?
2. How to meet accreditation criteria with simulation?
3. Are there ways to help prepare learners for quality reporting environment?
4. Are we/should we use the Medbiquitous technology standards for measuring education outcomes and virtual patients in the development of our simulation activities, and what IT support will be needed to achieve this?
Joe Carr of the IT Directors noted how technology can impact cost, areas to help with patient model selection using registries already existing, and evaluation of tools and technology to create content.
A panel discussion was moderated by Steve Folstein. Comments included limited dissemination of the survey; there was some confusion about the questions and that the questions primarily related to live activities vs. cognitive simulation; HIPAA compliance with live patients. There is a need to better define the various types of simulation. It was noted that simulation could address a requirement for standardized set of clinical skills for medical students/residents. This is done in some medical schools but not in all.
The following action items for cognitive/technical/non-technical skills were identified:

- A reference/repository for a list of various simulation activities/simulation list serv
- Accreditation issues
- Faculty development activities/tools
- Virtual patient role
- Funding and sustainability

1:00 PM – Meet Dr. Helen Burstin
Dr. Norm Kahn was honored with a surprise presentation of a memory book from the CPD Directors compiled by Mindi McKenna who summarized many of the compliments recorded in the book.
Dr. Kahn then introduced Dr. Burstin, the new CEO of CMSS.

1:15 PM – ACCME: Kate Regnier
Kate Regnier from ACCME addressed upcoming changes to MedTech Europe noting that many of the companies have US-based markets and are trying to make their systems similar. Starting in 2018 Med Tech Europe and China will give grants to education providers and to workplaces such as hospitals and clinics. There have been no changes to the ACCME position and SCS rules related to this in as much as ACCME providers cannot pay for physician travel expenses.
Regarding the AMA and ACCME alignment with move to "Other" activities, PARS will have a new category added soon. There is also a Joint Accreditation PARS now.
Commendation Criteria: The first eligible cohort of providers is now being reviewed for Commendation. PARS enhancements for upcoming cohorts are now through a single sign-on into a database system with accreditation management functionality now available. Questions and responses are the same as in the structured abstracts but is now online. There was a request for screenshots for planning purposes.
CMS approval of the Final Rule means that accredited CME that improves performance counts for MIPS and MACRA. The language and activity framework are broad to include different types of quality and performance improvement activities that providers may already be doing. For now, attestation of the physician is required directly to CMS.

Other:
Former CPD Directors member Debbie Gist is being posthumously awarded a new leadership award by the Alliance for Continuing Education in the Health Professions.

2:00-3:00 PM
The group had open discussion of various topics including:
- Resident education – how residents like to effect change; how it will improve their careers; discussion around how to get this group to finish an activity or evaluation
- Discussion about separating the evaluation and credit claim process
- ASCO brought up their initiative to engage medical students as a SIG - the link to the page on the ASCO website about the Cancer Interest Groups that they are supporting for medical students:

https://www.asco.org/training-education/education-career-resources/resources-medical-students/asco-sponsored-cancer

- Request for suggestions for ACEhp meeting topics.

The Meeting was adjourned at 3:00 p.m. to allow the group to attend the CMS session.