



MEETING SUMMARY

Date Friday, May 8, 2015
Time 8:45 a.m. - 11:45 a.m.; 2:00 p.m. – 3:00 p.m.
Location Renaissance Blackstone Hotel, Chicago, IL

Attendees

Margaret Bogie, ASH; Nancy Bowers, BSN, RN, MPH, ASRM; Lynn Padgett Brown, ASTRO; Julie Bruno, MSW, LCSW, AAHPM; Sandra Carson, MD, FACOG, ACOG; Sara Beth Davis, ASTRO; Ed Dellert, ASA; Steven Folstein, MFA, M.Ed., AAAAI; Kathleen Goldsmith; ACS; Dina Gonzales, ACEP; Mira Irons, MD, ACMG; Ann Karty, MD, AAFP; Phillip Kokemueller, MS, CAE, ASN; Andrew La Barbera, PhD, ASRM; Gina McClure, ASPS; Mindi K. McKenna, PhD, MBA, AAFP; Sean McKinney, ACP; Robert Perelman, MD, AAP; Chris Presta; AAD; Deborah Samuel, MBA, AAP; Beth Sartore, AAPMR; Audrey Shively, MSHSE, AAO-ANS; Joni Shulman, AANS; Catharine Smith, SHM; Sheila Stark, PhD, AUA; Jamie Von Roenn, MD, ASCO; Beth Wilson, AAO; Elizabeth Yarboro, ACR; Suzanne Ziemnik, MEd, ASCP; Julie Gwin, ACS; Tom Murray, AGA; Jose Segarra, ABMS; Jenna Goldstein, SHM; Tom Granatir, ABMS; Lisa Amaker, ACRh; Alisa Nagler, ACS; Jin Soo Kim, ASN; Krista Kauper, AAD; Elizabeth Legkowski, ASA; Clif Knight, AAFP; Dale Fajardo, AAD

QI/PI Guests:

Flora Lum, MD; Amir Qaseem; Robert Henkin; Rebecca Hancock; Amy Mullins; Matt Popovich; Fay Shamanski; Katherine Ast; Tom Murray; Sean Currigan

Attending via Phone Call-in :

Katie Duggan; Sarah West; Cathlin Bowman; Heidi Robertson-Cooper

Meeting Minutes/Summary

Call to Order and Welcome

The Chair, Steve Folstein, called the meeting to order and welcomed the members of the CPD Directors group and guests from the QI/PI Directors who were introduced by Judy Burleson.

CME and QI/PI Joint Discussion

This joint Component Group meeting was convened to address items brought forth from the November 2014 meeting, in which several areas of overlap between CME and QI/PI were identified. These areas include coordinating educational activities related to quality measures, dissemination of educational products to registry participants; certifying boards' approval (Part II and IV), and clinical PI activities under MIPS and their implications.

There was discussion that included the highlights of the previous day's Registries Summit. There is a growing need for developing quality measurement projects as well as the improvements needed based on those results. Some of the challenges brought out included: the wide variety in registry formats based on unique needs of each organization; a lack of awareness among individual physician members about quality measures and relationship to payment reporting; speed and pervasiveness of the process;



variety of funding models for expense and payments, importance of shared terminology; emphasis on data at patient level and hospital level, and challenges if physicians change organizations. Also discussed were the roles of registries as incentive for MOC, data access for research, and financial benefits to profession based on QI results. There are also challenges brought by differences in approach; in particular, the concept of viewing MOC as a continuum rather than discrete parts and viewing the role of education and life-long learning vs. compliance/credit system of CME.

The group identified a lack of a well-defined implementation strategy for transfer of guidelines and quality measures into education and practice. For example, educational resources need to be easily accessible when members access a registry and timing is a challenge in developing an educational response to a PI guideline. Another challenge is how to connect a QI tool with education and what is the relationship of education and QI/PI? Are there ways to tie MOC and registries together? What are the best ways to integrate CME with QI--top-down vs. bottom-up? It was recommended that groups that develop performance measures should include educational representatives in the planning process and recognize the importance of education and QI staff collaborating in this effort.

ACTION ITEM: There was agreement across the groups that efforts in this area need integration and it was recommended that the CPG Component Group be included with the CPD and QI/PI in these discussions.

ACTION ITEM: Members of the group were challenged to bring back to the November meeting some strategies to engage a society's internal stakeholders in education and QI/PI/registries.

The QI/PI Group was thanked for their input and the groups separated into their individual meeting sessions.

November 2014 Meeting Review

Several items from the November, 2014 meeting were reviewed

- Dr. Kopelow: Providers should generate the evidence of the impact of logos in disclosure of support
- ABMS: Societies could contribute to the evidence base on the effectiveness of MOC and CME
- CPD group develop a benchmarking survey on operations and structure
- Research opportunities on the impact of MSS on the 750K physicians represented by CMSS
- Continue dialogue with ABMS.
- CME compliance issues (team-based education, joint accreditation, international activities)

ACTION ITEM: Should the group identify which, if any of these, to actively address?

CMSS Updates

The CMSS website redesign will start this Spring with a contracted vendor. The new site will have a document repository feature that the CPD group requested.

Reports

Ann Karty provided reports from the Inter-Society Coordinating Committee for Practitioner Education in Genomics, the Federation of State Medical Boards (FSMB), and the American Board of Medical Specialties (ABMS).

- **Inter-Society Coordinating Committee (ISCC), National Human Genome Research Institute (NHGRI)**
This organization's charge is to improve genomic literacy of physicians and other health care providers and enhance the effective practice of genomic medicine through sharing of educational approaches and joint identification of educational needs, and to support and stimulate activities of



Council of Medical Specialty Societies

societies. Membership is open to specialty societies at no charge with twice/year meetings for various work groups. The May 21, 2015 meeting will discuss operational updates; publications and documents available as references; integration of genetic counselors and genomics (important in team-based education); Point of Care (POC) Education; Genomics and Safety

- **Federation of State Medical Boards Update from 2015 Annual Meeting:** In a recent decision, the Supreme Court agreed the Federal Trade Commission can charge the North Carolina State Board of Dental Examiners with “anti-competitive and unfair” actions. The FSMB has released an interstate medical licensure compact intended to help physicians gain licensure in multiple states. Compact between states can supersede federal legislation; 6 states are currently signed on. Topic-specific CME requirements are increasing in states. Other topics from the update include: ONDCP/REMS; “Triregulator collaborative” new workgroup; telemedicine challenges; USMLE/NBOME/COMLEX updates; physician well-being: impairment age is dropping, suicide increasing.
- **ABMS- National Policy Forum Update from April 2015 meeting:** The Future of Practice – Transformation to Patient-Centered Systems: This meeting examined change from three perspectives: 1) Organizational redesign and money; 2) Physician-patient engagement and system reform; 3) Policy research realities. Conclusions included the need for consumer input; view of EMR/EHR as “work flow tools”; the move from volume-based to value-based care is complicated; professionalism is a big deal – lapses are being perceived as medical errors; and, CMS is focusing on outcomes.

List-serv Updates

Over the past months, members on the CPD list-serv have been queried for feedback on several topics. These have been summarized and handouts were provided. The query from Audrey Shively on member needs assessment surveys revealed that few specialty societies are doing these regularly. It was noted that such surveys often do not provide true gap data, as people identify what they want to learn, not what is needed. Other issues were that results may not be representative of all members. Questions that are too general are not granular enough to get meaningful data. It may be better to rely on metrics. Some are also using focus groups.

The survey on media sessions/festivals (Julie Bruno) revealed a need to recognize the role of video in learning, issues of copyright, and quality representation of the specialty care that is in the current lay media. There are also challenges in creating your own videos vs. outsourcing.

Other surveys were:

- Evaluating business performance of LMS (Catherine Smith)
- Logo use on meeting materials (Gina Smith)
- Faculty credentials (Ann Karty)
- Product theater policies (Damon Marquis)

Guest Speaker: Dr. Mira Irons, ABMS

Dr. Irons provided an update on the implementation of the ABMS MOC Directory Initiative. The Directory is an online common repository of MOC-approved activities for Part II of MOC that was identified as a need by the Boards community with the goal of improving alignment and engagement with CPD/CME Stakeholders. No cost to society for directory submission, which will link to the activity on the individual society’s site. It is currently in the pilot phase. Implementation strategies for Member Specialty Boards include: increase access to CME and self-assessment activities; increase access to patient safety activities (foundational and patient-specific); and increase access to practice-relevant CME activities. Challenges include: consistency of submission from CPD/CME community; common submission criteria; platform for review and approval; submission to MedEdPORTAL (still under development); process for submission of certificate to board. A society with Board-pre-approved



activities does not need to reapply. Dr. Irons also discussed Deemed Status, the relationship of Society with a Board for Part 2 MOC. This is open to specialty societies/organizations with a favorable history of Board-approved Self-Assessment Modules (SAMs). Standards must be as rigorous as that of the Member Board and are subject to recurring audit. Deemed Status allows specialty societies to develop and implement SAMs without prior Member Board approval and to qualify their own SAMs. She also discussed the Portfolio Program, which is designed to recognize Part 4 credits. There is value for specialty societies for this program, however there are costs to the organization for Portfolio application and maintenance.

Dr. Irons outlined the next steps: to engage specialty societies in MOC Call for Activities; identify policies/protocols for Deemed Status approvals; support processes for Deemed Status approval; communicate to Diplomates regarding availability of this MOC Directory.

After a break for lunch and presentation by Drs. Lois Nora and Humayun Chaudhry (ABMS and FSMB) the group reconvened.

Steve welcomed Dr. McMahon and Kate Regnier of ACCME. As the new President and CEO, Dr. McMahon gave a brief introduction of his background and training and some insights into the future direction of the ACCME. These included more flexible criteria, public health initiatives, promoting programs that meet learner and provider needs, increasing clarity of accreditation criteria and looking at approval and accrediting processes. ACCME wants to promote additional flexibility options for the CME community to achieve learning and are having discussions with the AMA.

He spoke of the need to align educators and CEOs to drive quality education and encouraged completion of a new survey on the ACCME website asking for input on priorities for the coming year. He also addressed questions from the group regarding competency-based approaches for CME, the role of CME in changing physician behavior, and how to motivate learners. He also encouraged joint accreditation as a way to promote team-based care (www.jointaccreditation.org).

Adjourn

Dr. McMahon was thanked and the group adjourned at 3:00 p.m. to the joint session on Open Payments with CEOs, General Counsels, and Government Advocacy followed by the presentation by Dr. Murray Kopelow.