



MEETING SUMMARY

May 8, 2014
Westin River North, Chicago, IL

Attendees

Mary Carol Badat, ASA; Margaret Bogie, ASH; Nancy Bowers, BSN, RN, MPH, ASRM; Sandra Carson, MD, FACOG, ACOG; Sara Beth Davis, ASTRO; Steven Folstein, MFA, M.Ed., AAAAI; Angie Forbes, AAHPM; Anne Grupe, MS Ed., ASCO; Deborah J. Hales, MD, APA; Ann Karty, MD, AAFP; Phillip Kokemueller, MS, CAE, ASN; Andrew La Barbera, PhD, ASRM; Ann Latham, SNMMI; Gina McClure, ASPS; Sean McKinney, ACP; Rhonda Metzler, ASCP; Robert Perelman, MD, AAP; Deborah Samuel, MBA, AAP; Tracy Sereiko, AAPM; Nicole Schroeder, ACS; Audrey Shively, MSHSE, AAO-ANS; Joni Shulman, AANS; Sheila Stark, AUA; Jennifer Thompson, AAD; Jamie Von Roenn, MD, ASCO; Beth Wilson, AAO; Suzanne Ziemnik, MEd, ASCP

Guest: Amy Mullins, MD, FAAFP, AAFP

Meeting Minutes/Summary

Following the opening plenary, the CPD Directors' Component Group meeting was called to order at 9:17 AM by Ann Karty, MD, who welcomed all participants. Each participant introduced him/herself. Minutes from the November 2013 CPD Directors' Component Group were approved and priority topics for the meeting were set: to discuss environmental CME changes and engage the group in skill building on managing change.

Informational Updates

- Improvements to CMSS Website: A taskforce was established in 2014. A survey was scheduled to go to component group chairs soon, looking at vendors, etc. Aiming for January 2015 launch.
- ER/LA Opioid REMS: Dr. Karty provided a summary of the February 24, 2014, meeting discussing the REMS blueprint and how best to exceed the FDA's targets for educating prescribers.
 - FDA initial feedback was that they were pleased with response of the profession to self-regulate, however the distribution of prescribers was not even.
 - There was openness to revising the blueprint and possibly adding a mechanism to "test out" of some or all of the process with a pre-assessment. They may also be willing to hear recommendations to make the education requirements correspond to the desired outcomes.
 - Dr. Karty emphasized that REMS is an issue for all CMSS member organizations as a way to prevent it becoming a requirement. Thirteen states already have requirements for all physicians to complete. She encouraged everyone to take this effort seriously and for those not directly affected, to provide support and promote the availability of REMS activities to your members.
 - The conversation included discussion of the role of industry in this process. Some members thought that CMSS should talk with the FDA about the structure of the program and remove industry control of the education, if the activities are required to carry CME credit.

CPD Directors/General Counsel Joint Session

The General Counsel Component Group joined the CPD Directors for a discussion on the AACME prohibition of corporate logos in educational materials and an update on the PPSA reporting.

- ACCME and Prohibition of Corporate Logos in educational materials. Some members of the CPD group were concerned that this new policy from the ACCME actually reduces transparency. The General Counsel group reminded everyone to follow the directions for logos in any currently executed



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signed LOAs or risk breach of contract. The CPD Directors wanted more clarification on this policy and agreed to compile a list of questions and submit them to ACCME. Then all societies could use the response as guidance. Discussion of adjusting the CMSS Code was held pending more information from the ACCME.

- The statement below was prepared and reported to the CMSS Board later that day.

CPD Directors Component Group recommends that CMSS submit to the ACCME 1) clarifying questions about the perceived problem this addresses and 2) requests for specific guidance on implementation of the newly implemented logo ban in commercial support acknowledgements. These will be submitted by member societies via the CPD Directors listserv by May 23 and compiled by CMSS for submission shortly after.

Since this meeting, Dr. Murray Kopelow has been invited and confirmed to speak to the CPD Directors Component Group about the ACCME's decision at the November 2014 CMSS meeting.

- **PPSA Update:** There was not much new to report and the current position was summarized: If physicians take anything of value from commercial companies, they should expect to be reported, and specialty societies should be informing members. There was some confusion at CMS reported about the role of Satellite symposia during Annual Meetings and how some are or are not CME activities.
 - A member asked whether societies have begun adding language to the LOAs to prevent use of the reporting data for marketing; no response from the group was made.
 - Those present expected that more information would be available by the November CMSS meeting.

CPD Directors Session: Think Tank and Next Steps

Once the CPD Directors Session resumed, Dr. Karty provided an update on the CMSS Think Tank:

- **Think Tank Update:** This group was formed following the November 2013 CMSS CPD Directors meeting and joint sessions. This has resulted in ongoing conversations with other CMSS component groups, particularly Membership and this collaborative work will continued over the next few months.
 - There is also a Think Tank group that came out of the National Task Force and is more interdisciplinary in nature. The group agreed that there was value in keeping the CMSS group going in parallel because specialty societies face different issues.
 - To be effective, the group agreed that a data-driven approach was important to make sure all actions will be based on reliable information, not just the latest trend.
 - The major forces of change in the healthcare environment have already been identified and were listed for the group:
 - Quality reporting and improvement tied to reimbursement
 - Physicians' shifting to institutional employment and team care
 - Personalized medical technology: training, technical competencies, ePortal
 - Educational technology
 - Informatics based medicine/genomics
 - Increased subspecialization and potential for competition
 - Information overload
 - Cost constraints and emphasis on appropriate utilization: shifting toward selling to nonmembers requires a different value proposition.
- **Planning for November 2014 CMSS Meeting:** The discussion moved to planning the incorporation of some of the above issues into the planning for the November 2014 meeting. The following suggestions were made:
 - **Member Value Propositions:** A session convening CPD, Membership, and IT groups to define what 2020/2025 looks like for societies, with the goal of breaking down the silos to discuss these topics. Where do societies fit if physicians are getting education from their



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employer/institution? Or if Boards taking some/all of the education role. How do the CEOs see these developments and what will they do if CME goes away?

- The group recommended that a session be organized around this trend more broadly, outside medical specialty societies, and then weave the society position back into it. Sarah Sledak, author of [*End of Membership as We Know It*](#) would be a good speaker.
- Big Data/Patient Data: PCORI might be speaking to CMSS in the fall. This would be an opportunity for CPD Directors to work with the Patient and Family Engagement group
- Guidelines and QI: To open more dialogue and work together on education, particularly because the QI Component Group does not meet at the CMSS annual meetings.
 - An example of how important this dialogue is with the AAO's Intelligent Research In Sight (IRIS) Registry. It has already completely reinvented the organization and this is now the most important membership benefit, but education is not integrated.
- Fulfilling MOC Requirements with Registries. Can AMA and ACCME get involved in loosening the restrictions/definitions? Because they
- "Reinventing MSS" Summit: Design a pre-meeting to address all of the above issues and set a unified vision for CMSS member organizations to move all of them forward. This could be held the spring of 2015 to coincide with the 50th anniversary of CMSS.

CPD Directors/ITI Joint Session: "Registry Case Studies, Lessons Learned"

Following lunch, the CPD Directors and ITI Directors met to review two case examples of registry integration with current CME processes and how prepare for big data and its applications in MSS work.

CPD Directors Strategic Planning

Dr. Karty reopened the discussion of the CPD Directors strategic plan by focusing on the evidence-based best practices to share, not just newest concepts. The following topics under "Reinventing CPD" were suggested as focus areas to develop for future meetings.

- How to take the best parts of past educational formats (interaction and networking) and use technology to help? Maximize blended learning? Transforming the value of big meetings? What do future members want?
- Discuss the flipped classrooms pilots from ACOG/Alliance for CME: Some people didn't do the homework. Discuss the nuts-and-bolts too; can you give CME credit for pre-work? Which AMA credit type does it fall under?
- How societies can work together when scope of practice overlaps with other specialties
- Certifying Boards as competition for education: a close look at the 2015 Standards
- ISCC for National Genomics initiative
- Funding models and LOAs: What are we seeing, what shouldn't be there?
- Team based learning: how to encourage physician by-in and full participation
- Education team's role in developing patient education and enhancing patient engagement
- Point of Care CME: who is doing it well, how to do it well

In closing the meeting, the following discussion points were summarized and included in the report made to CMSS Council later that day:

- Request for the CMSS Board to submit comments to the ACCME regarding the ban on commercial support logos in funding acknowledgements, see specific language above.

With no other business from the group, the meeting was adjourned at 4:45 PM.

Respectfully submitted,
Beth Wilson
CME Directors Component Group Secretary