Council of Medical Specialty Societies

MEETING SUMMARY

November 21, 2014
Washington Court Hotel, Washington, DC

Attendees

Margaret Boise, ASH; Nancy Bowers, BSN, RN, MPH, ASRM; Sandra Carson, ACOG; Ed Dellert, ASA; Steven Folstein, MFA, M.Ed., AAAAI; Patrice Gabler Blair, ACS; Debra Gist, AAD; Anne Grupe, MS Ed., ASCO; Robert Heard, MBA, CAE, ACEP; Ann Karty, MD, AAFP; Phillip Kokemueller, MS, CAE, ASN; Andrew La Barbera, PhD, ASRM; Laura Mitchell, CNS; Kristen Moeller, APA; Vanita Murray, BA, CCMEP, ACOG; Lynn Padgett Brown, MAHS, ASTRO; Jane Radford, ACMG; Susan Rodmyre, MS, AAN; Deborah Samuel, MBA, AAP; Audrey Shively, MSHSE, AAO-ANS; John Seibel, MD, AACE; Sheila Stark, AUA; Catherine Smith, SHM; Jamie Von Roenn, MD, ASCO; Beth Wilson, AAO; Elizabeth Yarboro, ACR; Suzanne Ziemnik, MEd, ASCP

Guests: Jose F. Segarra, MNA, CAE, ABMS; Murray Kopelow, MD, ACCME; Kate Regnier, MA, MBA, ACCME

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Meeting Minutes/Summary

Following the opening comments, the CPD Directors' Component Group meeting was called to order at 8:30 AM by Ann Karty, MD, who welcomed all participants. Minutes from the May 2014 CPD Directors' Component Group were approved and priorities for the meeting were set: to provide updates, to discuss environmental changes, and to suggest topics for future meetings. The group was encouraged to identify issues to present to the CMSS Board with recommendations for action.

Informational Updates

- CMSS Website: Steven Folstein has been working with CMSS staff and the IT group to improve the CMSS website. CMSS initiated a formal RFP process and a small working group will pick a vendor in December 2014. A soft launch is expected in the spring of 2015 and a hard launch in summer. The CPD Directors Component Group drove this process.
- IOM/Genomics Meeting: The National Human Genome Research Institute's (NHGRI) Inter-Society Coordinating Committee for Practitioner Education in Genomics is overseeing this effort. Dr. Karty attended their recent meeting and the discussion focused on integrating genomics in point-of-care tools, (i.e., UpToDate), and designing the need assessment process. Dr. Karty suggested that this group prepare to integrate genomics into the learning they prepare because there will be gaps, and get involved. Only 8 of the 28 groups currently involved sent back lists of CME activities. Some member societies reported they have programs and/or curricula in place or in development. Other discussion points included:
  - Within each specialty, medical schools and hospitals are reinventing the wheel, trying to address these issues independently. Should the CPD Component Group have input into a cohesive genomics education plan for all levels of training for all medical professionals?
    - ABMS is also interested in looking for these common areas across specialties, including Patient Safety. As the ABMS recruits more organizations into the Multispecialty Portfolio Program, it appears that the ABMS is expecting to be the home of these resources to be shared across organizations.
- PCORI-CMSS Webinar: Debbie Gist summarized the topics discussed on the September 11, 2014 webinar on ways CMSS organizations could collaborate with PCORI to fund research. $90 Million is available and is available to organizations with or without registries. The discussion focused on use of the data.

- TEDMED: Dr. Mindi McKenna from AAFP attended 2014 TEDMED and provided a summary, in part to evaluate whether CMSS should be involved in future meetings. Dr. McKenna took note of the educational design, faculty preparation, and business model.
    - The goal of TEDMED was to inspire passion and engage participants in a new way of approaching problems in medical education, as well as encourage networking. It was noted that these could be good concepts to bring into our own meetings.
    - The presentations were structured to pose questions rather than provide answers. Speakers used a business school-type discussion model: They focused on a small scientific nugget, looked forward to the next big thing, and asked how we could implement it, while thinking about the problem in a different way. There was no structured application of learning (no pre/posttest or Q&A sessions) and no CME credit available.
    - They are a for-profit organization
    - There were exhibits and the AMA had a booth; they were a sponsor and had recognition in the meeting mobile app and other places.
    - Some organizations including ACEP promoted free access to their members and received good feedback from the 40 Emergency Medicine groups that participated. ACEP now has 20 to 30 minute talks at its annual meeting, following this model.
    - Commercial bias was a concern since there were no safeguards against commercial promotion. Dr. McKenna confirmed that many talks were promoting new products that solved a particular problem. She considered this type of meeting to be "education with a small e," another way to share information.
    - CPD Component Group members reported that members have requested TED Talk-style presentations at societies' annual meetings. The group discussed the need to manage members' expectations and some suggested introducing the shorter format presentations, particularly for discussions of the latest clinical technologies. The group was concerned with the amount of faculty development this format would require in order to do well. Others suggested using a model like the "Ignite" sessions at the ACEhp MSS Section Meeting, or that members may just be asking for great engaging speakers that keep their attention.
- CMSS/ABMS Summit: CMSS and ABMS convened a meeting on October 9 and 10, 2014, with the goal of developing ways to work together to engage physicians in a Maintenance of Certification (MOC) process that is patient-centric and physician-sensitive. Jose F. Segarra, MNA, CAE, from the ABMS joined this discussion to respond to the group's questions.
    - 450,000 physicians currently participate in MOC. One of ABMS's goals was to create an inventory of MOC activities across all specialties available on their website to direct physicians to the best resources available. However, through the discussion, it was determined that the ABMS would list only the Part II and Part IV activities that were approved to meet the requirements for each and all of the relevant boards. Since the requirements for each board are different, the group requested that the ABMS facilitate the process. There were concerns expressed that member societies were being asked to work toward requirements that were not parallel.
    - Mr. Segarra encouraged group members to participate in the Multi-Specialty Portfolio Program and become approved to provide Part IV activities. This program was designed to increase the harmonization of requirements for Part IV activities. The organization is vetted and becomes an approver or Part IV activities, though relevant boards do have a reviewer role for all activities. Single-specialty societies can also participate in this program.
    - There was some discussion regarding the scientific evidence to support the effectiveness of the MOC process. Mr. Segarra requested that societies contribute to the evidence base of MOC while investigating the effectiveness of CME, as a component of the MOC process, and that this should be added to the CPD Directors' research agenda.
        - *During the meeting there was suggestion submit a recommendation to the CMSS Board to challenge ABMS and individual boards on MOC effectiveness: "Show me why I should participate in this, where is the data?"*

ACCME's Corporate Logo Prohibition in Funding Acknowledgements

Dr. Norman Kahn and Dr. Murray Kopelow and Kate Regnier from ACCME joined the CPD Directors group to discuss the change in ACCME Standards for Commercial Support to enforce the prohibition of commercial logos for funding acknowledgements in educational materials. When this topic was discussed at the May 2014 meeting, the CPD Directors group left with concerns about the transparency around funding sources under this new rule and requested a discussion with ACCME representatively directly.

Dr. Murray Kopelow explained that the ACCME decided that a logo was part of the company brand and was being treated like an advertisement by companies. The ACCME already prohibits advertising in educational materials, and this was an application of the existing policy.

Regarding concerns that this disclosure would not be adequate, Dr. Kopelow responded that this is testable and encouraged CME providers to investigate by asking members. It was suggested that member societies could ask participants who the commercial supporter is or "is this activity supported?" in evaluations. The CME Coalition recommended that a box like a black box warning be added to all acknowledgements to call the funder out.

Dr. Kopelow responded to a question about whether the mere mention of company funding was increasing the perception of bias. He recommended looking at both qualitative and quantitative data to determine the impact. It was suggested that CME providers create an index of reports of bias and different ways for participants to express what they observed, not just what they felt, and ask them to provide details. For example, ACR asks for a measure of the perception of commercial versus personal or intellectual bias, and if yes, what did they observe?

Planning and Open Discussion

The group discussed topics of interest to the whole group that could be included in future meetings. The following suggestions were made.

Request for updates:
- CMSS Website and place for communication/collaboration
- IOM/Genomics project, overseen by National Human Genome Research Institute's (NHGRI) [Inter-Society Coordinating Committee for Practitioner Education in Genomics](#)

Projects / Discussion topics for future meetings:
- Establish a benchmarking survey among CPD Component Group on operations and structure: It could be compiled centrally like the Membership group does for their benchmarking survey, but use survey/automation tools, rather than Excel sheet in Dropbox.
    - This could help us approach common problems in a more organized way, measure collective impact, and communicate the value-add of education.
    - Next steps?
- CPD and Quality: Meet with QI Component Group on issues that overlap (QI group doesn't meet a CMSS annual meetings)
    - New project? Design an Educational Summit pre-meeting for 2016
    - Related topic: need increased communication and interaction with other component groups on areas of overlap
- Research opportunities: looking for evidence to support the impact MSS make on the 750,000 physicians that CMSS represents. Not just CME credit, could include MOC efforts, Membership, etc. This would be an opportunity to collaborate with Alliance, SACME, etc.
    - Related topic: ABMS representatives at the November meeting requested that Societies make more contributions to the evidence base of effective CME.
- Continue the dialogue with ABMS: should CMSS lead the discussion, how would we ask the questions?

- - During the meeting there was a suggestion to submit a recommendation to the CMSS Board to challenge ABMS and individual boards on MOC effectiveness: "Show me why I should participate in this, where is the data?"
- CPD continuum: How are we addressing the continuum of training and integrating changes occurring in the ACGME systems? Are we adapting to meet new/future members' needs well/quickly enough?
- Trend toward integrating the healthcare team and team-based education: What is best way to accredit the activities for all other professions?
  - How to reduce the burden of the Joint Accreditation. Threshold is 25% is planned by and planned for an interprofessional audience. If we are a physician-focused organization, is that appropriate to have 25% non-physician portfolio?
  - What to do if your society doesn't support non-physician members?
- Follow up on the suggestion to change the CMSS Code to match or complement the ACCME SCS
- Accredited international activities

Suggested recommendations to the CMSS Board
- Representative from CPD in the new Registry Component Group. Can we set up a system of Liaisons?
- Commitment from all component group chairs to participate in the regular conference calls to improve communication across all component groups.

2015 Component Group Leadership
- Current Chair-Elect Debra Gist (AAD) will become chair for 2015.
- Chair-Elect for 2015: Steve Folstein (AAAAI) was nominated. *This nomination was approved unanimously.*
- Secretary: Lynn Padgett Brown, MAHS (ASTRO) was nominated. *This nomination was approved unanimously.*

Since this meeting, Debra Gist has stepped down. Steve Folstein is Chair and Lynn Padgett Brown is Chair-Elect. Nancy Bowers (ASRM) is Secretary.

With no other business from the group, the CPD Directors Component Group meeting was adjourned at 1:45 PM. Immediately following this, the group joined the Membership Directors for a Joint Session on tactics for serving different groups of stakeholder-members.

Joint Session: CPD Directors and Membership Directors
The combined groups evaluated a variety of tactics for serving members in different generations and members at each stage of their careers.

Respectfully submitted,
Beth Wilson
CPD Directors Component Group Secretary