

MEETING SUMMARY

CPD Directors Component Group

Date May 12, 2017

Time 10:45 – 11:45 AM; 1:00 - 4:00 PM

Location Westin, Rosemont, IL

Attendees

Alberson, Diane Society of Critical Care Medicine
Baque, Jane Society for Vascular Surgery

Bowers, Nancy American Society for Reproductive Medicine

Brunner, Gayla Alliance for Continuing Education in the Health Professions
Bruno, Julie American Academy of Hospice and Palliative Medicine

Clayton, Charlie American Society of Hematology
Davis, Sara-Beth American College of Radiology

Dellert, Ed American Society for Gastrointestinal Endoscopy

DeVivo, Rebecca American Academy of Physical Medicine and Rehabilitation Folstein, Steve American Academy of Allergy, Asthma & Immunology

Gitlin, Susan A. American Society for Reproductive Medicine

Grupe, Anne D. American Society of Clinical Oncology

Kendell-Ellis, Laurie Alliance for Continuing Education in the Health Professions

Knight, Clifton American Academy of Family Physicians
Lee, Linda American Academy of Otolaryngology-HNS
McKenna, Mindi K. American Academy of Family Physicians

McKinney, Sean American College of Physicians Morrone, Amanda American College of Surgeons Nagler, Alisa American College of Surgeons Samuel, Deborah A. American Academy of Pediatrics Simmons, Diane American Academy of Dermatology American Society of Hematology Velarde, Ann American Academy of Ophthalmology Wilson, Beth American Society for Clinical Pathology Ziemnik, Suzanne



Meeting Minutes/Summary

9:00 – 10:30 AM Joint CME and Registries Session The CPD Directors joined the Registries group for discussion on incorporating CME and registries. Participants were encouraged to consider strategies for integrating registries with their CME programs.

11:00 - 11:45 AM Component Group Meeting

Steve opened the meeting with a welcome to participants and invited guests.

Invited Guests

ABMS: Mira Irons, Susie Flynn

Susie Flynn discussed professionalism initiatives in CME.

Mira Irons gave an appeal for non-medical knowledge-based CME activities, including communication, professionalism/ethics, wellness/burnout, systems-based practice, safety that could be shared across specialties and potentially meet MOC criteria. An example of this is the American College of Cardiology's CME enduring activity on professionalism.

Challenges include diversity in board requirements for inclusion of educational content and types as well as making these activities known and available to multiple specialties.

Kate Regnier noted that the ACCME offers a guide for the ABIM MOC Assessment Recognition Program for Continuing Medical Education (CME) activities for MOC credit.

http://www.abim.org/~/media/ABIM%20Public/Files/pdf/cme-providers/abim-moc-assessment-recognition-program-guide.pdf

ACCME: Kate Regnier

Kate reminded the Group of the May 25, 2017 deadline for the ACCME Call for Comment on the proposal for alignment, which includes simplification of format restrictions and is designed to encourage innovation and flexibility in accredited CME, while ensuring that activities meet educational standards and are independent of commercial influence. The Call for Comment can be accessed at http://www.accme.org/news-publications/calls-for-comment/ama-accme-alignment. The Group discussed advantages and disadvantages associated with removing core format requirements, keeping existing and expanding with new types, or using them as definitional only. The AMA has released a separate Call for Comment on the alignment proposal.

She also noted that ACCME is taking steps toward alignment with international CME although the process is quite complicated.

1:00 – 4:00 PM Component Group (CPD Component Group Members Only)

Value of CME Workgroup Update (Alisa Nagler)

Alisa reviewed the background for this project and the initial plan to develop a white paper on the value of CME. During the planning stages the article by Graham McMahon was published in *Academic Medicine*, which presented some of the goals of the workgroup but was primarily focused on academic medical centers. The workgroup changed focus and decided to draft a formal response to Dr.



McMahon's paper to include CPD Competencies and highlight benefits of MSS providing CME or the critical role MSS play in the CME world. There is also the need to address the unique needs of MSS as CME developers and educators. There was discussion of the basic questions and goals as well as the implications and effectiveness of writing a response to the article or taking a different path forward. *Academic Medicine* has 3 article categories that might be a place for the response. Strategies for addressing the plan were discussed.

The Group brainstormed talking points:

- Education viewed/recognized as key component of achieving triple/quadruple aim
- Payor is economics/key driver in system; IT/technology also drivers
- Outcomes are key component of education
- Value of education not recognized with registry initiatives

Another approach is to reach out and establish a message detailing how Medical Specialty Societies are uniquely qualified to provide professional CME. Use of the CMSS strategic pillars might be a starting place.

Next Steps:

- 1. Establishing a research base from the literature including publications by members within our own organizations to identify the value of education and use of data; this could be posted on the CPD Directors' web page.
- 2. Share knowledge via webinars.
- 3. Use November meeting to showcase how CMSS organizations are using their data to establish research questions.
- 4. Case studies sharing: volunteered to develop a template for case studies for an activity that helps meet ACCME criterion for CME research.

Discussion of ACCME Updated Commendation Criteria and ACCME April Meeting

Those who attended the ACCME April meeting shared their experiences and conclusions. The new ACCME commendation criteria were discussed and the Group offered suggestions and examples for meeting the criteria.

New Business

It was recommended that CMSS/CPD Director's Group compose a collective response to the AMA's Call for Comments. If this is accepted by CMSS, a draft will be circulated to the Group. It was also recommended that the Group propose a different framework for performance-improvement CME activities.

Steve thanked the Group for their participation and reminded everyone of the elections for Component Group Chair, Vice-Chair, and Secretary at the November meeting.

The Meeting was adjourned at 4:15 p.m.