

## 2014 SACME FALL MEETING

November 4 - 6, 2014

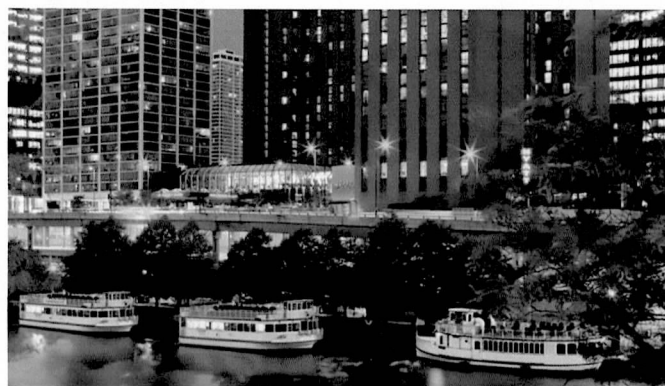
*Hyatt Regency Chicago*

*151 E Upper Wacker Drive*

*Chicago, Illinois*

As many of you know, this fall, the SACME meeting was planned independently as a stand-alone program that directly precedes the AAMC's new Medical Education meeting and the Learn, Serve, Lead AAMC Annual meeting in Chicago, Illinois. On behalf of the Program Committee, I invite you to attend and engage in timely and relevant discussions with colleagues, and learn from experts in and outside of our immediate field of CME/CPD who share your passion for scholarly approaches to Professional Development and Practice-based Learning.

SACME programming starts on Tuesday, November 4<sup>th</sup> with an exciting **Research Workshop** themed ***Can Current Competency-based CPD Meet Evolving Healthcare System Needs?*** The workshop will include a highly interactive discussion exploring emerging concepts for the future of Competency-based CPD. Our esteemed faculty Eric Holmboe, MD, FACP, FRCP, the Senior Vice President for Milestones Development and Evaluation of the ACGME, and Don Moore, PhD, Professor of Medical Education and Administration, Director of the Office for CPD and Director of Evaluation for UME at the Vanderbilt University School of Medicine, will briefly explore theoretical frameworks and research that have shaped our current conceptions of CME/CPD. Participants will be challenged to contribute to discussions for advancing and transforming CPD to effectively meet healthcare system-level needs within a localized context using an inquiry-based learning



approach through small group format. Questions that will be explored include:

- Is our current conceptualization of competency-based CPD adequate to address the complexities of the emerging healthcare system?
- What are complexity science and complex adaptive systems?
- What are the implications of changes in the macro-, meso-, and micro-systems of health care for CPD?

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- What are the newer approaches to research and can they be engaged to address the challenges facing CPD?
- What questions should CPD research be asking?
- What is a plan for CPD research moving forward?
- Outline the shifts that are occurring and describe the changing landscape of healthcare education
- Describe the implications of those shifts on the strategic position of the CME/CPD office
- Identify strategies for effectively leading and managing change in accordance with the new landscape
- Discuss effective principles to apply on both an individual and institutional level to lead and foster change
- Engage in meaningful, ongoing discussions within a learning collaborative designed to outline and/or advance a defined project plan

The remainder of our Program is divided in four major themed sections the first of which is ***Updates and Discussions from SACME-funded Research*** concluding the rest of our time on Tuesday. Formal presentations with time for an exchange with the audience will be provided on the following projects:

- *Education Terminology and Typology* by Thomas Van Hoof, MD, EdD, CMQ, CCMEP and Rachel E. Grant, RN, BScN, MN
- *Facilitating Physician Performance Feedback and Practice Change, Implications for Quality Improvement -- Manning Award Research* by Joan Sargeant, PhD
- *Practice Based Learning to Achieve System Based Practice An Interprofessional CE Model and Toolbox for Planned Practice Change* by Moshe Feldman, PhD and John Boothby, MSW

We will then have an opportunity to hear exactly ***How are we Using our Journal of Continuing Education in the Health Professions (JCEHP)*** from Curtis Olson, PhD, the Editor-in Chief of the journal who will provide an update about the trends and needs.

A member reception will allow us time to network, catch up with colleagues and reflect on the day.

We continue on Wednesday morning and turn our attention from research to strategic leadership, as well as pedagogical and curricular development topics. Our second large block will be devoted to a 3-hour long interactive session titled ***Where's CME? - Strategic Repositioning of CME/CPD to Meet the Challenge of the New Medical Education and Healthcare Environment.*** You will engage with colleagues and presenters/facilitators to:

This session will be led by Dave Davis, MD, who heads Continuing Education and Improvement at AAMC, Ginny Jacobs, MEd, MLS, CCMEP, SACME President and Morris J. Blachman, PhD, FACEHP, our favorite SACME Strategist. Pre-session reading materials will be posted on the SACME 2014 Fall Meeting website page shortly.

During the lunch, SACME President Elect Mary Turco, EdD, MA will moderate everyone's favorite ***Hot Topics*** session that will include updates from the following:

- The Centers for Medicare & Medicaid Services (CMS) Sunshine Act
- Institute of Medicine (IOM)
- Maintenance of Certification (MOC)

Official programming will conclude with a very exciting Wednesday afternoon session devoted to ***Interprofessional Learning Across the Continuum: Collaborative Practice From IPE Competencies to CPD Practice.*** During this interactive and reflective session we will learn from leaders such as Carol Ashenbrenner, MD, Chief Medical Education Officer, AAMC who will review for us the national landscape in IPE, things like the development of the unique core set of team-based competencies and current efforts by the Interprofessional Education Collaborative (IPEC) in faculty development

and training programs. The Interim Dean from the SOM University of Missouri, and an accomplished educator and long-time quality and safety leader and advocate, Leslie Hall, MD, will share his perspective and highlight the drivers of successful examples from practice. And finally, two of our CME/CPD colleagues Don Moore, PhD, and Tom Van Hoof, MD, EdD, CMQ, CCMEP, will facilitate a practical discussion of how we can incorporate some of these learnings and translate them into very concrete strategies and resources for advancing Continuing Inter-Professional Education (CIPE). Please check the website for some contextual links and reading that you may want to consult ahead of the session.

Don't miss this opportunity to network with and learn from leaders in academic medicine and Interprofessional

education. Visit SACME website at [www.sacme.org](http://www.sacme.org) to register and print your agenda and pre-reading materials. We look forward to seeing you in Chicago in November!

My hope is that you can stay beyond SACME and continue to learn and engage in the medical education program across the continuum with the AAMC Medical Education meeting and the annual AAMC meeting that follow.

**Mila Kostic, FACEHP**  
**SACME Program Chair**  
**Director of Continuing Medical Education**  
**Perelman School of Medicine at the University of Pennsylvania**

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## PRESIDENT'S COLUMN

By Ginny Jacobs, M.Ed., MLS, CCMEP

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We all know the landscape of higher education is changing. For those of you who participated in SACME's 2014 Spring meeting in Cincinnati, you will recall George Mejicano's thought-provoking presentation, "Evolution and Adaptation in Education." In it, he used the metaphor of a comet making its way to our planet and he drew parallels to other fields which have already undergone huge transformation. As we look around, we see no shortage of industries experiencing disruptive technologies and undergoing dramatic change.

As noted, today's publishing industry is hardly recognizable - no longer reliant on print media. Who in the music industry could have envisioned file downloads and online access to music which are now routine. (By the way, does anyone want to buy a used Pioneer PL-1150 turntable? It's a little dusty, but it works like new.)

It is apparent that during the transitions which occurred in those industries and the resulting shifts in their business models, some companies were devastated. Few even knew what hit them, until it was too late. ***So focused on the present, they failed to see the change coming or prepare for its impact.*** As a result, hard-working, well-

meaning organizations became victims of a transformational wave.

In the field of healthcare education, we are no strangers to hard work and we know what it means to be busy. We realize we need to bridge from our current environment, speed up our call to action, reinforce greater reliance on the value of healthcare teams, and quickly take steps to drive toward a culture of continuous quality improvement.

In that shift, we in continuing medical education/continuing professional development (CME/CPD) strive to be viewed as relevant players and key partners. It is a complex world of healthcare— a world that is being forced to deal with shifts in delivery models, changes in reimbursement, new funding sources, a shortage of training sites, new patient expectations, new learner expectations, and a call for innovative teaching methods.

There is no question we have enough to keep us busy..... but are we prepared for what is to come? Some days, it would seem, we do not even have time ***to stop, imagine***



***what the future may hold, and make a thoughtful plan to be well-prepared for it.***

We devote extensive energy to the design, delivery, and assessment of educational initiatives and activities. We have a noble call to action to help improve patient safety and enhance the quality of patient care. To our credit, we see the opportunity to apply our educational expertise as a lever for many of the changes that are necessary. However, many critical questions must be addressed to move forward. How do we.....

- instill our key insights regarding the value of education into the overarching healthcare system in accordance with a true **commitment to lifelong learning**?
- strategically position our roles so that we are viewed as effective **champions of change**?
- **accelerate the changes** that are desperately needed?
- build in time for **scholarly approaches** to our work?
- share what we are each learning so we efficiently build upon our success, learn from our attempts, and rapidly **advance the field**?

I contend we need to take more time to stop and think. We need to be more strategic about our future direction. Without a plan, it is too easy to be swallowed up by the busy daily requirements of our work.

Ovie Akporowho from Lagos, Nigeria said it well -- *"Take time to think, it is the source of power. Take time to read, it is the foundation of wisdom. Take time to play, it is the secret of staying young."* We have an opportunity to do all of that at the upcoming Fall SACME meeting and the AAMC Medical Education meeting which follows. I hope you plan to join us.

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I recently heard a delightful quote credited to James Maxton: *"If you cannot ride two horses at the same time, you should get out of the circus."* I enjoy the visual image this relevant quote brings to my mind. (By the

way, I do not mean to suggest the field of CME/CPD resembles a circus. To my knowledge, we are still short at least one dancing bear.)

I believe we will all benefit from a collective focus on the core skills required to be successful (and, better yet, thrive) in this rapidly-changing world. To accomplish this, we definitely need to learn to 'ride two horses at the same time'.

ONE FOOT on the horse that represents the here and now – the present world which relies upon our ability to skillfully establish and build relationships, find opportunities for collaboration, seek new funding models, creatively raise the bar on current educational activities, and improve the way we measure (and share) our outcomes.

ANOTHER FOOT on the horse that represents the world we need to quickly help create, define, and advance. That means taking the time to experiment, to document and share our findings, and to develop innovative solutions for the challenges ahead. We will need to experiment and to take more risks in light of the urgent need for sustainable models of change.

I look forward to continuing this important discussion with you all. I am confident SACME's Board members, Program Committee, and presenters are prepared to provide a forum for us to share perspectives, learn from each other's experience, and quite simply....take time to stop and think.

I will see you in Chicago!



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# SACME AND AAMC: PARTNERSHIPS, COLLABORATION, AND THE FALL MEETINGS

By: Dave Davis, MD

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Over the past half dozen years, AAMC's GEA Continuing Education and Improvement (CEI) Section and SACME have worked diligently to strengthen their relationship. This bridge-building effort has ranged from the complex Harrison Survey, jointly led by the two organizations, to conjoined fall meetings, with many other activities and 'products' in between. The effort—a sizable one at that—has been led by the "Joint Working Group", a committee ably and amiably occupied by equal numbers of folks who have identified themselves as AAMC-GEA-CEI (thank Heaven for acronyms) or SACME members, or (in most instances) both.

For this year, SACME and AAMC colleagues are faced with a large—and to some, confusing—array of choices of meetings: the SACME fall meeting, a brand-new AAMC medical education meeting, and the AAMC annual meeting itself. A word about each is in order.

The SACME fall meeting, ably planned by Mila Kostic and her colleagues, looks spectacular. Among other topics, it features a workshop on competency based CPD; a session focusing on facilitating practice change by feedback featuring Joan Sargeant, and a considerable emphasis on interprofessional education featuring Don Moore, Carol Aschenbrener of the AAMC, and Leslie Hall, interim dean of the University of Missouri-Columbia School of Medicine.

With only a few weeks to go, registration for the inaugural AAMC Medical Education Meeting in Chicago is at capacity. While we're gratified by the interest this meeting has generated, we also share the disappointment that not everyone who wishes to attend can do so. To help increase access to the meeting, we'll be live-streaming selected sessions. In addition, we encourage people to continue adding their names to the waitlist by contacting Debra Hollins at [dhollins@aamc.org](mailto:dhollins@aamc.org) through October 6. By that date, we expect to have filled all slots that may

become available. Individuals who contact us after that will be placed on a list to receive information about the live-streamed sessions and future medical education learning activities.

Finally, the third in this trio of meetings—the AAMC annual meeting—has other topics of interest to those in the CME/CPD community: promoting team-based care; using community health needs assessments to plan education, doctor-patient communications, eliminating fragmentation in care; changing health systems; global collaborations; ABMS MOC progress; quality improvement teaching skills and competencies—and much more.

For next year and beyond, we are committed to increasing capacity for the AAMC Medical Education Meeting—a critical addition to our programming—and to building a sustained and tangible presence in the full continuum of medical and health professional education in North America.

In the midst of these meetings and their planning, I am happy to say that joint activities between SACME and the AAMC continue and, in fact, flourish. AAMC programs aimed at supporting and growing our SACME colleagues' presence in the academic medical center—Teaching for Quality (Te4Q) and Aligning and Educating for Quality (ae4Q); Learning from Teaching—continue to grow. CENews and other activities and programs have attracted many SACME participants. Just by itself, CENews has grown to nearly 5,000 participants and drives readers to SACME activities, websites, and resources on a regular basis. The Joint Working Group will meet this winter to discuss these and many other initiatives of a joint nature.

Finally, I welcome the opportunity to speak publicly or privately at the SACME meeting about the medical education meeting planning process and goal, and about

our joint initiatives. AAMC leadership, and the CEI team, are committed to working closely with SACME to ensure that we can strengthen our relationship, not only in the category of meetings, but also in our joint processes and 'products'. We note the many positive initiatives which the joint AAMC-SACME partnership has created and nourished. These are important efforts aimed at positioning academic CME as partners in healthcare delivery and effective contributors to educational excellence and better patient care.

**Dave Davis, MD**  
**Senior Director**  
**Continuing Education and Improvement**  
**AAMC**

*(I am grateful to Barbara Barnes, Moss Blachman, and David Price—the past, current, and incoming chairs of the Joint Working Group—for their contributions to and suggestions for this piece.)*

**SAVE THE DATE!**  
**SACME 2015 Spring Meeting**  
April 29 - May 3, 2015 - USF Health, CAMLS  
Tampa, Florida

**TAMPA**  
THE BEAUTIFUL  
CITY BY THE BAY

*The Society*  
for Academic Continuing Medical Education  
www.sacme.org

# Phil R. Manning Research Award in Continuing Medical Education

## Call for Letters of Intent

*This grant is made in the name of Phil R. Manning, MD, Paul Ingalls Hoagland Hastings Professor of Continuing Medical Education and Professor of Medicine Emeritus at the Keck School of Medicine, University of Southern California. Dr. Manning is the founding president of the Society for Academic Continuing Medical Education, formerly the Society of Medical College Directors of Continuing Medical Education. He has been a governor, regent, and vice president of the American College of Physicians and serves on several educational committees of the American College of Cardiology. Dr. Manning is co-editor of *Medicine: Preserving the Passion in the 21st Century* and author of many peer-reviewed publications.*

**Phil R. Manning Research Award:** The Research Committee of the Society for Academic Continuing Medical Education (SACME) requests Letters of Intent for original research related to physician lifelong learning within the domain of assessment and/or competency-based CME/CPD.

Proposals will not be restricted to any methodological approach. The finished work must be appropriate for publication in a health professions education journal (e.g., *Journal of Continuing Education in the Health Professions*) or equivalent peer-reviewed journal and for presentation at a future SACME meeting (Phil R. Manning Research Award Plenary).

**Funding:** A grant will be awarded up to \$50,000 over two years; for example, the awardee may receive \$21,000 in year one and \$29,000 in year two. The next grant award decision will be made by the end of April 2015 and funds will be available to the awardee June 2015.

**Award process:** Following review of Letters of Intent by the Research Committee, selected projects will be notified December 05, 2014, regarding submission of full-proposals (due March 6, 2015). Funding decisions will be announced at the SACME Spring Meeting in April 2015.

**Deadline:** Letters of Intent must be received no later than November 7, 2014.

**Eligibility:** Awards may be made to researchers interested in advancing CME/CPD research.

**Review criteria:** Clarity of research question, contribution to CME/CPD, fit of research design and methods to the research question, and experience/qualifications of research team for undertaking the research.

**Format of the Letter of Intent:** The Letter of Intent must be no longer than two pages, single spaced, 12 pt font. It should include a clear statement of the problem and how the research specifically addresses the issue/advances CME/CPD, the scope of the project, a research question, the methodology to be employed in addressing the research question and a brief indication of the qualifications and role of (each) investigator(s). Budgets and curriculum vitae are not required for LOI submission.

**Address:** Completed LOIs should be submitted electronically to [researchunit@royalcollege.ca](mailto:researchunit@royalcollege.ca).

Please submit the Letter of Intent using Microsoft Word. If you cannot use Microsoft Word, submit the Letter of Intent as a PDF file or in "rich text format" (.rtf).

**Questions:** Questions regarding Letter of Intent should be directed to  
Tanya Horsley, PhD  
Chair, SACME Research Committee (613) 730 6271  
[thorsley@royalcollege.ca](mailto:thorsley@royalcollege.ca)

*Tanya Horsley, PhD  
Associate Director, Research Unit  
Royal College of Physicians and Surgeons of Canada*

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# MOC AND QI CONVERGE IN PORTFOLIO PROGRAM

By: American Board of Medical Specialties

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Quality improvement (QI) initiatives and the American Board of Medical Specialties Maintenance of Certification® (ABMS MOC®) programs share a common goal: to improve patient outcomes. Now they share a common home in the ABMS Multi-Specialty Portfolio Approval Program™ (Portfolio Program).

The Portfolio Program offers a streamlined approach for hospitals and healthcare organizations that sponsor and support numerous well-designed QI efforts involving physicians across multiple disciplines to work with ABMS Member Boards to obtain MOC Part IV credit.

Three Member Boards—the American Board of Family Medicine (ABFM), American Board of Internal Medicine (ABIM), and American Board of Pediatrics (ABP)—and the Mayo Clinic in Rochester, Minn., the first Portfolio Sponsor, started the program as a pilot in 2009. Earlier this year, the Portfolio Program transitioned to ABMS. To date, 19 Member Boards are participating. Currently, 32 healthcare organizations are active Portfolio Sponsors, and nearly 60 are applying to become involved. The Portfolio Program has approved more than 650 QI projects and more than 4,000 physicians have received MOC Part IV credit for participation, with many more in process.

The Portfolio Program promotes organizational effectiveness and efficiency through team-based QI initiatives that are directly related to physicians' practice and influence the care they deliver, explained David W. Price, MD, FFAFP, FACEHP, Director of the Portfolio Program. For example, rather than 20 physicians in the same healthcare organization working on individual diabetes care improvement initiatives, they can participate in one organization-wide effort to improve diabetes care and earn MOC Part IV credit. It also eases the burden on physicians by reducing duplication of QI projects. Thus, the Portfolio Program delivers a more meaningful, relevant MOC experience for physicians that can be emulated in integrated multi-specialty systems across the country, he added.

In addition to his Portfolio Program role, Dr. Price remains the Director of Medical Education at the Colorado Permanente Medical Group. The Permanente Federation joined the Portfolio Program in 2011. To date, Kaiser has had more than 1,400 physicians engaged in the Portfolio Program and 58 active QI projects that range in focus from specific diseases to clinician-patient communications measures and access to care. "The Portfolio Program is an integral part of QI and professional development at Kaiser. It creates learning communities and identifies best practices across Kaiser Permanente and across sponsor organizations," he said.

Moreover, many of the Portfolio Program projects document improvement in patient care. One Portfolio Program QI project resulted in a 30 percent reduction of *C. difficile* infection in high incidence units at Mayo Clinic in Rochester, Minn. "As care providers, our end goal is to ensure the best possible outcomes for our patients," said Richard A. Berger, MD, PhD, Dean of the Mayo School of Continuous Professional Development. "Mayo has long been dedicated to continuous improvement in all areas of patient care and we recognized that the Portfolio Program was a perfect extension of our vision. QI is a part of MOC and it makes a difference in patient care." By the end of 2013, the Mayo Quality Review Board had approved nearly 250 QI projects for MOC Part IV credit.

Nationwide Children's Hospital (NCH) has more than 70 QI projects as part of the Portfolio Program. One such project resulted in a 76 percent drop in adverse drug events, which accounted for two-thirds of the hospital's preventable patient harm events, in three years. "A key factor in the journey of best outcomes is aligning quality improvement initiatives with the MOC program to make QI more accessible, more efficient, and relevant to physicians," noted Rick McClead, MD, Medical Director for Quality Improvement Services at Columbus, Ohio-based NCH, an early Portfolio Program participant.

Increasing the number of foot exams performed for adult diabetic patients, reducing the number of non-medically indicated planned deliveries, and improving the clinical management of overweight and obese pediatric patients are just some of the improvements that resulted from Portfolio Program projects undertaken at the University of Michigan Health System in Ann Arbor. Physicians there are engaging in more than 30 QI initiatives at the Michigan system. These and other Portfolio Program QI projects were showcased at the inaugural Forum on Organizational Quality Improvement held this June in Chicago.

***Participating Portfolio Program Organizations and Sponsors Include:***

- Advocate Physician Partners
- Better Health Greater Cleveland
- Carolinas Health Care System
- Cleveland Clinic
- Dana-Farber Cancer Institute
- Envision New Mexico
- Health Teamworks
- Health Partners
- Marshfield Clinic
- Mayo Clinic
- Medical College of Wisconsin
- Medical Society of Virginia Foundation
- Medical University of South Carolina
- Methodist LeBonheur Healthcare
- Nationwide Children's Hospital
- New York State Department of Health
- North Shore – LIJ Health System
- Partners Health
- The Permanente Federation
- Sentara Healthcare
- Seattle Children's Hospital
- Seton Healthcare Family
- University of California – San Francisco
- University of Colorado School of Medicine
- University of Kentucky
- University of Michigan
- University of Texas Science Center – San Antonio
- University of Texas – MD Anderson Cancer Center
- University of Utah
- University of Wisconsin
- Vanderbilt University School of Medicine
- Virginia Mason Medical Center

The physician time commitment for participating in a Portfolio Program project depends largely on the type and scope of the problem to be solved and requirements for meaningful physician participation for MOC credit, Dr. Price explained. For purposes of receiving MOC credit, diplomates must access, reflect and act upon project data at the beginning, the end, and at least one point in the middle of their meaningful participation in an activity designated for MOC part IV credit. Many projects use data gathered on a quarterly basis; in that case, a physician would need to participate for at least six months in the QI process, then reflect on his/her learning and complete an attestation form. The latter can take six to eight weeks to process before a physician receives “credit” for the project.

For more information about participation in the MOC Portfolio Program and sponsor research projects, visit the program website at <http://mocportfolioprogram.org/become-a-portfolio-sponsor/>.

***ABMS Board Members Participating in the Portfolio Program***

***To date, 19 ABMS Board Members Participate in the Portfolio Program. They are:***

- American Board of Allergy & Immunology
- American Board of Anesthesiology
- American Board of Dermatology
- American Board of Emergency Medicine
- American Board of Family Medicine
- American Board of Internal Medicine
- American Board of Medical Genetics and Genomics
- American Board of Obstetrics and Gynecology
- American Board of Ophthalmology
- American Board of Orthopaedic Surgery
- American Board of Otolaryngology
- American Board of Pathology
- American Board of Pediatrics
- American Board of Physical Medicine & Rehabilitation
- American Board of Preventive Medicine
- American Board of Psychiatry and Neurology
- American Board of Radiology
- American Board of Surgery
- American Board of Thoracic Surgery

Recently the Center for Medicare and Medicaid Services (CMS) proposed changes to the Physician Payment Sunshine Act language which (if approved) would remove the accredited and certified CME exemption which currently exists in the language stated in the original February 2013 Physician Payment Sunshine Act. CMS issued a 'call for comment' seeking feedback to this proposed revision and SACME felt compelled to respond on this important matter.

I want to personally thank Alex Djuricich for taking the lead on our Society's effort to formulate an appropriate reply. (Alex conducted a Professional Learning Community (PLC) discussion on this topic as well as a means to engage our members.) Based upon feedback received from the SACME regional representatives, members of the SACME Board, and discussions with our professional colleagues, a letter was sent on behalf of SACME. It is our position that removing the accredited and certified CME exclusion would be a detriment to the processes already put in place to safeguard potential industry/commercial bias. We recommend that CMS maintain the exclusion detailed at 403.904(g)(1), the reporting of payments associated with certain continuing education events.

For your reference, the full text of SACME's letter to the CMS is included in this month's issue of *INTERCOM*

**Ginny Jacobs, M.Ed., MLS, CCMEP**



August 27, 2014

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RE: Proposal to eliminate the Continuing Medical Education  
(CME) exemption

Dear Administrator Tavenner:

The SACME community would like to thank you for the opportunity to comment on the proposal to remove the “accredited Continuing Medical Education (CME) exclusion” from the Physician Payment Sunshine Act Final Rule language of February, 2013, as described in the Federal Registry publication of July 11, 2014

SACME, the Society for Academic Continuing Medical Education, is an organization that promotes the enhancement of physician knowledge through educational activities such as accredited and certified continuing medical education (CME) and other methods of continuous professional development. Members of SACME are committed to advancing accredited and certified CME and continuous professional development for physicians and other health care professionals, toward the ultimate goal of improving patient care.

As a community, SACME members were disheartened to see the proposed changes to the Physician Payment Sunshine Act language that might remove the accredited and certified CME exemption. As you are aware, physicians are requisite lifelong learners, and accredited and certified CME is one opportunity by which physicians can continue to learn about the optimal ways

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Jim Ranieri, MPH, MBA, Executive Secretariat  
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to care for patients. Because the medical profession shares the concern that industry bias has a potential to influence physicians' prescribing habits and other aspects of clinical practice, safeguards have already been put in place. Specifically, the accrediting body for accredited and certified CME, the Accreditation Council for Continuing Medical Education (ACCME,) promulgates very explicit standards that must be followed related to commercial financial support, known as the Standards for Commercial Support

Members of our society understand these ACCME rules, and must adhere to them consistently when aiding CME course directors and planners in designing, creating and conducting their educational activities. SACME members strongly believe that course directors and planners must determine the content of their accredited and certified CME programs, and industry **MUST NOT** influence how that content is determined or decided. Regardless of whether an accredited and certified CME event has industry support, the content for all such events **MUST** be controlled by the course directors/planners, with no input from industry as to what the content is, nor how, nor by whom that content is delivered

Regarding the "indirect payment" rule, while we understand the rationale that payments related to accredited and certified CME could still be addressed under the "indirect payment" rule, it is likely that individual group purchasing organizations (GPOs) would interpret this rule differently, and some would feel an obligation to report names of physicians who are attending accredited and certified CME conferences, in order to learn and improve the health of their patients, as well as reporting those who are speaking at such events for the purpose of educating their peers. Such physicians would be dismayed to find later that they are on a list displaying names of physicians who have received money from industry. Attending an accredited and certified CME event does not establish a reportable relationship with any supporting industry. The SACME community believes strongly that the safeguards to distinguish independent accredited and certified CME from promotional educational events should be retained.

It is SACME's position that removing the accredited and certified CME exclusion would be a detriment to the processes already put in place to safeguard potential industry/commercial bias. We recommend that CMS maintain the exclusion detailed at 403 904(g)(1), the reporting of payments associated with certain continuing education events. Academic accredited and certified CME providers must retain the ability to educate physicians for

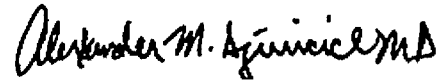
the betterment of patient care. We strongly urge CMS to retain the exception for payments for accredited and certified CME under the Open Payments program.

The language in the original rule as outlined in the February 2013 Physician Payment Sunshine Act reflected the intent of the law. Our profession, as an obligatory responsibility to the society at large, does an outstanding job with self-regulation of its continuing education, and has demonstrated this effectively. We hope that you will consider our recommendations in the final decision about this important topic.

Sincerely,



Ginny Jacobs, M.Ed, MLS,  
CCMEP  
President  
Society for Academic  
Continuing Medical  
Education



Alexander M. Djuricich, MD,  
FACP, FAAP  
Chair, Communications  
Committee  
Society for Academic Continuing  
Medical Education

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# DISCOVERY AND COLLABORATION THROUGH THE MEMBER SKILLS INVENTORY

By: Tymothi Peters

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Although a relatively small organization, SACME consists of a membership base that offers an astonishing amount of talent. More than 250 members offer a diverse and broad set of abilities and skills that form the basis of this premier professional association established to advance the field of academic continuing medical education. It remains so by our ability to utilize those skills and work together to answer pressing questions in the field and define best practices.

Have you ever wondered what those skills might be? Who might be willing and/or able to help with a programmatic issue, a research project, or a larger-scale activity or study? Ever thought about where you might be able to give a hand? Wondered if one of your colleagues already wrestled with the problem you were trying to solve? Or perhaps you've found a solution you'd like to share? With members spread across the continent and a few around the globe, how can we as members better connect with each other to advance the mission of the society and enhance our research and practice in the continuous professional development of health care providers?

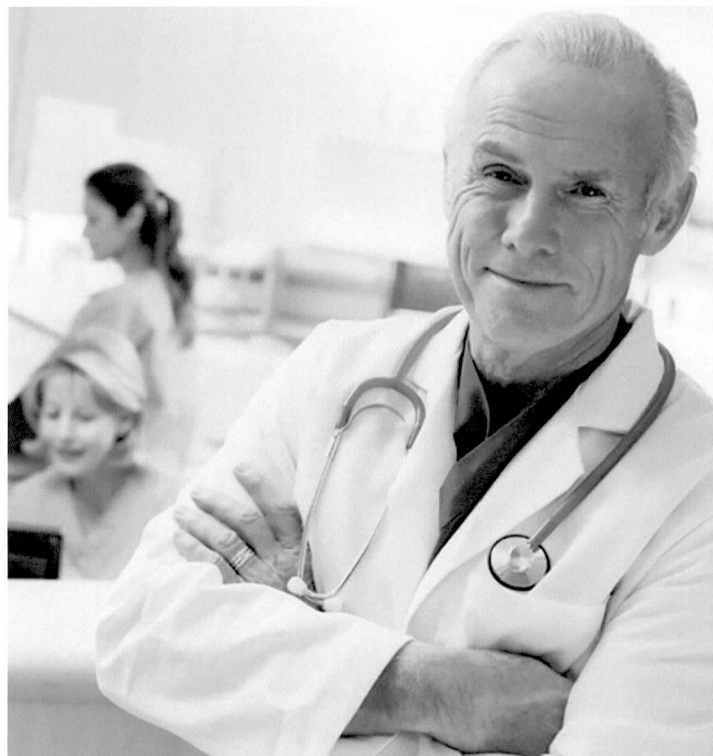
Over the last year, SACME leadership has wrestled with these questions, and the Membership Committee was tasked with finding a method of inventorying skills to better facilitate member connections. Through member discussions, assessment of committee needs, and analysis of a set of common data points, the project has changed its scope a number of times. Ultimately, the process revealed a few trends that seem to indicate "the most relevant skills our members would like to know about each other."

Perhaps you've used the existing SACME Member Directory to find colleagues or get a sense of others' backgrounds. The Directory is relatively simple to use; however, it lacks some specific information that may be useful to finding commonalities among members. By enhancing the profile, we hope to provide an easy way for members to find and invite like-minded colleagues

to collaborate on new or ongoing projects, to discuss an issue or provide mentorship, to connect on important proposals, and to be further involved in SACME's activities between the annual meetings.

The Membership Committee is working to refine the data collection and to 'build out' the directory for launch in the fall of 2014. You'll be hearing more about our progress in the coming months. If you'd like to contribute by testing the new system, or if you have general comments to share, please contact me at [petersT@ocme.ucsf.edu](mailto:petersT@ocme.ucsf.edu) (or look me up in the Directory!). The goal of the "Membership Skills Inventory Project" is to help SACME members connect with colleagues in more meaningful ways by enhancing the existing member profile system.

You will soon be asked to go forth, discover, and collaborate!



# UPCOMING EVENTS

**November 4-5**  
**SACME Fall Meeting**  
Chicago, Illinois

**November 6-7**  
**AAMC Medical Education Meeting**  
Chicago, Illinois

**November 8-11**  
**AAMC Annual Meeting**  
Chicago, Illinois

**November 20**  
**Mid-Atlantic Alliance for CME**  
Harrisburg, Pennsylvania

**January 14, 2015**  
**Alliance Annual Conference**  
Grapevine, Texas

**April 25-28, 2015**  
**Canadian Conference on Medical Education**  
Vancouver, British Columbia

**April 29-May 3, 2015**  
**SACME Spring Meeting**  
Tampa, Florida

**May 13-15, 2015**  
**AHME Institute**  
San Diego, California

**March 16-19, 2016**  
**2016 CME Congress**  
San Diego, California

*See [www.sacme.org](http://www.sacme.org) for updated events.*

## *INTERCOM*

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