

inside *medical education*

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FROM COMPLIANCE TO COMPETENCIES: ACCME REVISES ACCREDITATION CRITERIA

With the Accreditation Council for Continuing Medical Education (ACCME) announcement in September regarding revisions to provider accreditation criteria, the emphasis in industry practices may shift from compliance management to the provision of educational interventions that will affect real change in physician practice and patient outcomes.

"Learning and change will be the goals—both for the learners and for the providers," according to ACCME's Web site. The newly revised competency-based criteria for accreditation will reward providers for engagement in quality improvement initiatives, for consistently using practices that measure improvement in physician practice or patient outcomes, and for adapting their educational initiatives in response to the resultant findings.

Other Organizations' Competencies Related to Physician Education
Accreditation Council for Graduate Medical Education (ACGME)/American Board of Medical Specialties (ABMS)
Patient care
Medical knowledge
Interpersonal and communication skills
Practice-based learning and improvement
Professionalism
Systems-based practice
Institute of Medicine (IOM)
Patient-centered care
Interdisciplinary teams
Evidence-based practice
Quality improvement techniques
Informatics

According to the ACCME, providers will be allowed to transition their practices to meet the revised criteria over time, and those applying for new accreditation or for reaccreditation in November 2008 will be the first to be held to the revised criteria. By 2012, all providers will be surveyed under the new criteria. This move will also position educational programs produced by ACCME-accredited providers to more closely match the core competencies put forth by other organizations interested in physician education in the United States, such as the Institute of Medicine and the Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties (see table).

For more information on the revised accreditation criteria, see ACCME's news release on "CME as a Bridge to Quality" at <http://www.accme.org/>.

NEW HIRES AT INDICIA

We're growing! Indicia is pleased to welcome 3 new staff members, all of whom will be involved in multiple Indicia programs.

- Associate Medical Director—Elizabeth Albert, MD
- Senior Medical Writer—Lisa van Devender, PharmD
- Educational Program Manager—Tricia Wilson, MS

EVENTS OF INTEREST

You are invited to participate in a satellite symposium preceding the Alliance for CME 32nd Annual Conference: *Planning CME to Improve Physician Performance and Patient Health: The Case of Disparities in Depression Care*

January 16, 2006 4:30 PM – 8:00 PM JW Marriott Desert Ridge Resort and Spa Phoenix, AZ

Attending this symposium will provide you with an opportunity to work through an authentic case based on developing a CME activity to address disparities in depression care; you will be able to use the principles, approaches, and strategies that you learn with almost any illness or condition. This activity is part of the Initiative for Decreasing Disparities in Depression (I3D). For more information, please contact Karen Overstreet or Tricia Wilson at Indicia Medical Education, (215) 855-9090; or email I3D@indiciaed.org.

November 16, 2006
Council of Medical Specialty Societies CME Summit
Topic: *CME as a Strategic Asset for Physician Self-assessment*
Rosemont, IL
<http://www.cmss.org>

December 8–9, 2006
ACCME Workshop
Topic: *Understanding ACCME Accreditation*
Chicago, IL
<http://www.accme.org>

January 17–20, 2007
Alliance for CME 32nd Annual Conference 2007
Topic: *Improving Collaboration to Balance Stakeholder Interests*
Phoenix, AZ
<http://www.acme-assn.org>



INSIDER NOTES

Indicia President Karen Overstreet recently presented at and attended 2 very informative conferences on pharma educational grants and compliance in our industry. Some interesting take-away messages follow.

Regulatory Environment

With more than 140 investigations by the OIG and states' Attorneys General currently underway, virtually all pharma companies have been involved in investigations. One red flag for investigators is faculty selection, since it may imply violation of anti-kickback directives. Most pharma companies want to see suggested faculty in grant requests, but at least 1 large company does not want to see names.

To date, no lawsuits have targeted CME providers, but several have mentioned CME as a way to promote off-label use. While many have regarded this as yet another challenge to our industry, the litigious environment may be a blessing in disguise because new and evolving regulations limiting physician gifts may actually result in increased funding for CME activities.

Investigation Continues

The Senate Finance Committee investigation into educational grants is not likely to be a priority for the remainder of the year, but the

information from the investigation is likely to influence the Attorney General's office.

Firewalls

Although many pharma attorneys have over- interpreted regulations to insist that providers have separate entities for development of certified and non-certified activities, most regulations do not address the issue. FDA guidance goes farther than others toward requiring firewalls, which are not addressed by the ACCME Standards for Commercial Support, OIG guidance, or the PhRMA code. Assessing providers' reputations and firewalls will become even more important as the regulatory environment evolves.

Online Grant Submission

With more companies moving to an online grant submission system, many vendors are available to assist with development and maintenance of such computer systems. However, the term "vendor" is not an appropriate concept in the context of educational grants, and use of the term may imply noncompliance. Pharma companies should not treat providers as vendors or use that terminology; likewise, providers should not act like vendors and should not treat their supporters like clients.

Grant Review

Most pharma company grant review committees include representation from legal; those that don't have a mechanism to elevate grant submissions for legal opinion. Most companies also require an in-depth needs assessment for grants for activities other than grand rounds. On average, accreditation fees account for 8–10% of grant requests.

CME Planning

Traditional satellite symposia should be redesigned to be more interactive and case based, and all content should be planned for leveraging through enduring materials.

Pharma medical education personnel should act as "catalytic consultants" in the development of educational activities rather than being directive.

CME Review

According to a former OIG attorney, medical affairs review of CME materials for accuracy is acceptable.

Sources: ExL Pharma Pharmaceutical Grants & Compliance conference. October 3–4, 2006. Princeton, NJ; and The Center for Business Intelligence Bio/Pharmaceutical Grants conference. September 14–15, King of Prussia, PA.

I3D UPDATE: GRANT REVIEW

In our last issue, we introduced I3D—the Initiative for Decreasing Disparities in

Depression (I3D)—on which uniquely qualified experts from the fields of education and healthcare are collaborating to formulate effective physician education activities to reduce disparities in care patients from racial and ethnic minorities.

The commercial supporter's outsourcing of the grant review process is perhaps the most innovative part of the Initiative. As of August, grants of \$100,000 each were awarded to 4 programs. An independent grant review committee of 7 experts was formed. Based on the 50 letters of intent received, 9 organizations were selected to apply for grants based on the innovation of their activities and their applicability to the mission of the initiative. Based on the consensus of the committee, funding was

awarded to the following organizations, whose activities are summarized:

- University of Southern California Keck School of Medicine—Virtual office visits with interactive cases
- Foundation for Care Management—Live events, including provider-patient interviews and role playing, followed by a Web-based activity
- National Center for Cultural Competence, Georgetown University Center for Child and Human Development—Web-based self-assessment tool to evaluate cultural and linguistic competence
- American Psychiatric Association/National Alliance on Mental Illness—Small-group events and toolkit, with ongoing availability of facilitator.

To learn more about this innovative program, go to <http://www.i-3d.org>.

Questions or Comments?

Please send information, comments, or questions for future issues of *Inside Medical Education* to Karen Overstreet at karen.overstreet@indiciaed.com

Please visit our Web site at <http://www.indiciaed.com> to learn more about these and other important CME topics

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