

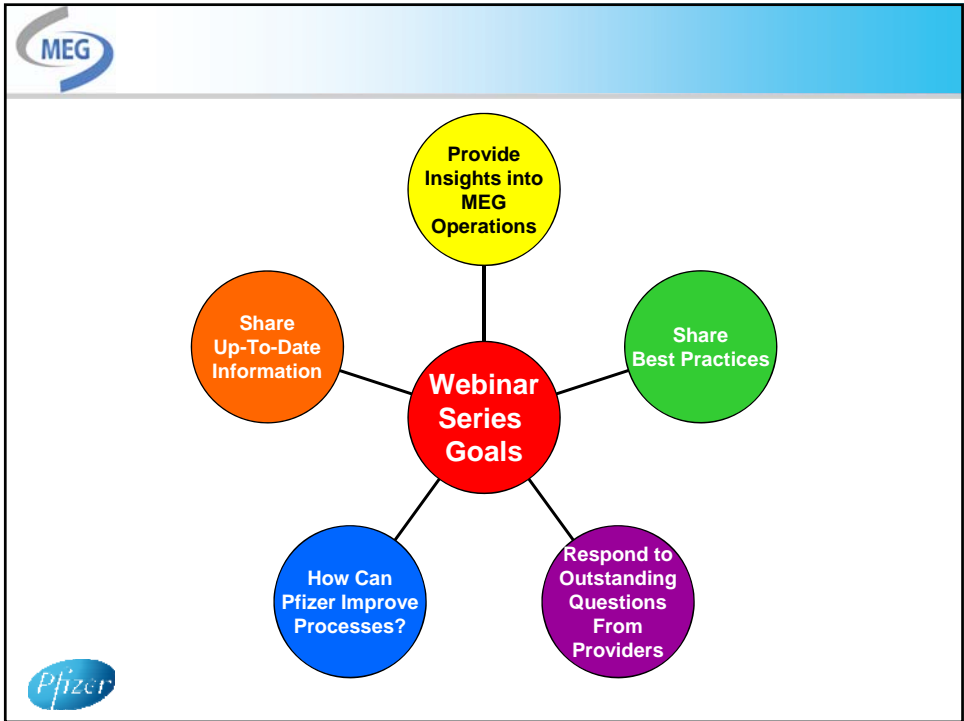
MEG Medical Education Group

First Fridays Webinar Series:  
Medical Education Group (MEG)

# Block Grants

March 4, 2011

Pfizer





## Agenda: Block Grants

- Welcome and Review of Recent Changes in MEG Operations
- Experience with Block Grants: Bob Addleton, Ed.D.
- Experience with Block Grants: David Pieper, PhD
- Q and A
- Closing Remarks



## Revised Goal Statements

### Responsibility

- ▣ Global Health Programs
- ▣ Community Programs

### Grants & Contributions

- Transparency in Grants
- Lobbying & Political Contributions
- Medical Education Grants
- > **Resource Center**
- Grants Process
- Medical & Academic Partnerships
- Health Care Charitables



### Resource Center

Pfizer is pleased to offer these pages as a resource to organizations engaged in providing continuing professional development to health care providers.

#### Clinical Areas

- Educational Needs Assessments
- First Friday Webinars
- Publications
- Training Resources

#### Clinical Areas of Interest

Pfizer is currently accepting grant applications for independent education in the following areas:

##### Cardiology

- > [Cardiovascular Risk](#)
- > [Thrombosis](#)

##### Genetic Metabolic Disorders

- > [Genetic Metabolic Disorders](#)

##### Endocrinology

- > [Growth Disorders](#)

##### Infectious Disease

#### Goal Statement:

Increase the number and proportion of high risk patients (such as those with coronary heart disease, diabetes or chronic kidney disease) who receive evidence-based treatment from healthcare providers for their cardiovascular risk factors including hyperlipidemia, smoking cessation, hypertension, and obesity.

- > [View entire document which includes additional information and published quality measures](#)

Text Size A A A



#### Your Grant Application

Apply for a new grant, register for eligibility or view the status of your existing applications.

[Go to the Grant System](#)

**MEG** **New Fields- PAR Form**

**REVISE QUESTION TO READ:**

**What level of outcome\* did you achieve?**  
 \*Moore DE, et al. *J Contin Educ Health Professions*. 2009;29(1):1-15.

**NEW INSTRUCTIONAL TEXT**

**Upload educational outcomes data and/or copies of evaluation summary reports.**

**2 NEW QUESTIONS BE**

**NEW INSTRUCTIONAL TEXT**

**Post Activity Reconciliation - Grant ID XXXXX**  
 Please respond to the questions below, and comment as necessary. Upload applicable documents relevant to the activity or educational intervention to provide additional explanation. We expect these files will be the same as those submitted to the ACCME (or other accrediting body) for this initiative.

Please provide comments below and upload any applicable documents to report on your activity/intervention.

What level of outcome\* did you achieve?  **← Revise question**

Comments

How many unique learners participated in this activity?  (numbers only (accept commas), required, 10 characters)

If applicable, please provide the URL(s) to access the activity.  (free text, not required, 150 characters)

Upload educational outcomes data and/or copies of evaluation summary reports. **← NEW INSTRUCTIONAL TEXT**  
 (Maximum upload size=10 Megabytes)

Document Title	Uploaded Document	Browse	Upload
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Upload"/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Upload"/>
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**2 NEW QUESTIONS ON FORM, PLACE BELOW COMMENTS BOX:**

**How many unique learners participated in this activity? {numbers only (accept commas), required, 10 characters}**

**If applicable, please provide the URL(s) to access the activity. {free text, not required, 150 characters}**

**Pfizer**

**MEG** **Updated Language: Non-RSS Application**

Please click the appropriate Save button below in order to save your educational partner / joint sponsor information.

**Save Educational Partner / Joint Sponsor Information**

**Overview**

\* Primary Educational Area:

Secondary Educational Area(s):

If your activity aligns with multiple educational areas, hold the control key to

\* Topic/Title:

\* Brief Executive Summary of Grant Request:

\* Start Date:   
 Note: For Enduring Materials, please enter date of release.

\* End Date:   
 Note: For Enduring Materials, please enter date of expiration.

\* Will any component of your activity/intervention offer credit?  Yes  No

**REVISE NOTE TO READ:**  
**The End Date should take into consideration time needed to compile educational outcomes data /evaluation summary reports.**

**Pfizer**



## Update Language: Non- RSS Application

Please complete the Program Level Section if you are planning a larger comprehensive initiative that does not fit the traditional activity section. Program level initiative designed to improve patient health status indicators through the provision of performance improvement strategies that integrate education, systems and quality

Activity Level Initiative  Program Level Initiative

### Evaluation & Outcomes

\*What level of outcome do you anticipate achieving with this intervention?

\*How do you anticipate assessing and documenting your outcomes?

Note: You will be asked to share a summary of your evaluation & outcomes data during a post-activity reconciliation phase.

### Other Commercial Support Information

\*Are you requesting support from other commercial interests for this activity?  Yes  No

If known, please indicate potential supporters:

\*What proportion of the funding for this activity is expected to come from commercial support?

\*What proportion of the funding for this activity is expected to come from Pfizer?

### Payee Information



**REVISE NOTE TO READ:  
If the request is approved, you will be required to provide a summary report of activity evaluation data or educational outcomes data when completing the post activity reconciliation.**

## Collaborative Grants Model

Robert L. Addleton, EdD, CCMEP, FACME  
Adele Cohen, MS

Physicians' Institute for Excellence in Medicine



## Who we are

- 501C3 subsidiary of the Medical Association of Georgia
- Organized in 2004
- Accredited CME Provider (Commendation)
- 18 collaborating organizations, including AHME
- Over 1000 accredited providers



## What is the Collaborative Grants Model™?

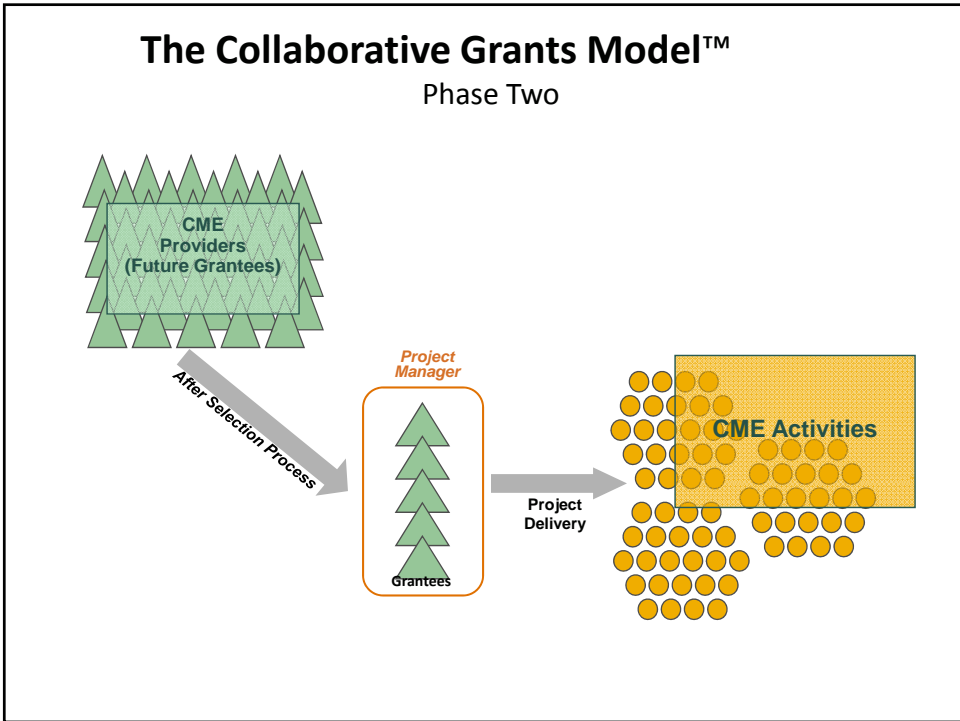
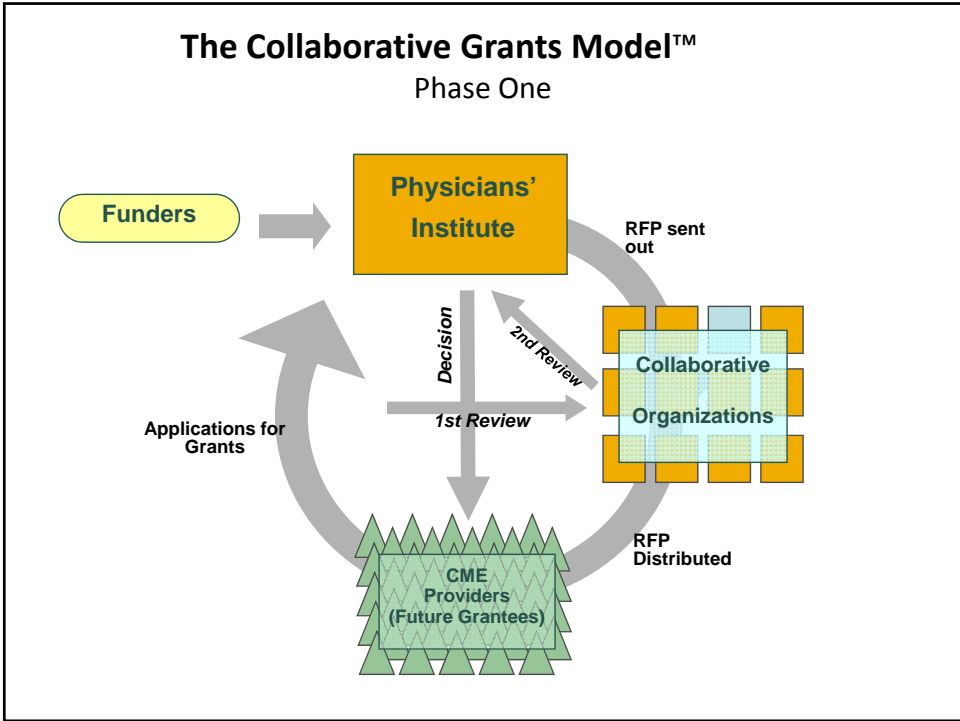
- Provides funding to support educational opportunities for State Medical Society accredited providers, SROs, and provider-based membership organizations
- Supports outcomes-based and performance improvement-based CME activities
- Provides grantees with training in outcomes and PI techniques, educational consultation, needs assessment information, and outcomes evaluation services
- Grants are awarded through an RFP process

## Intent of Collaborative Grants Initiative

- To improve the quality and impact of local CME
- To balance inequity in industry support of SMS vs. ACCME accredited providers
- To promote outcomes-based and performance improvement-based CME activities
- To provide opportunities for CME-accredited providers
  - Increased funding
  - Educational design consultation
  - Sophisticated outcomes and performance improvement evaluation
  - Resources for innovative educational strategies

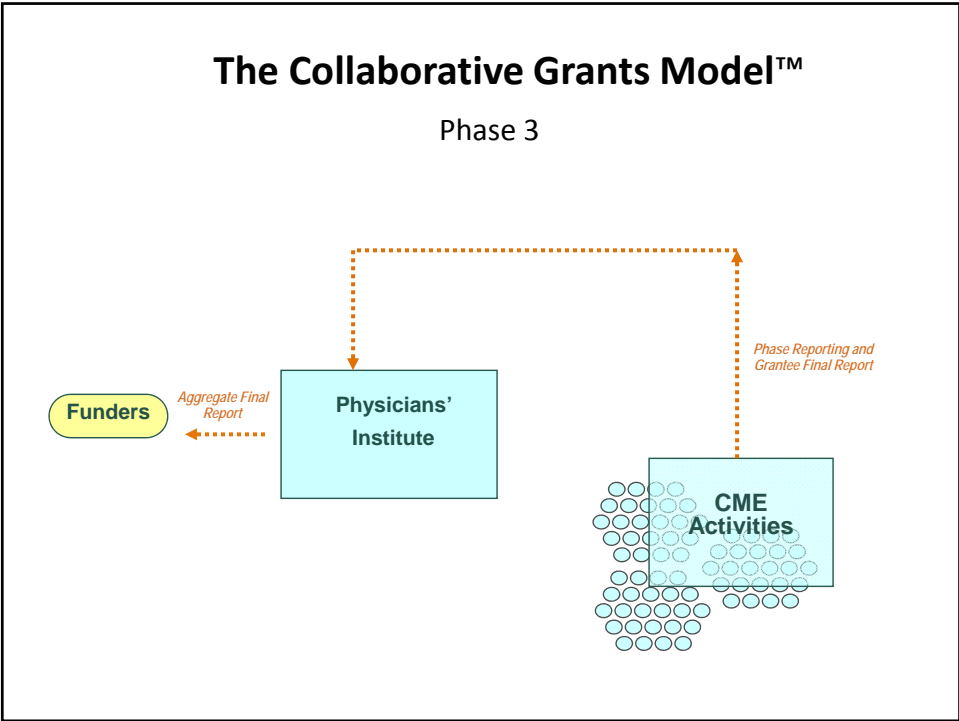
## Resources

- Mandates the integration of a Medical Advisor for each project
- Provides a Project Manager for continuing support
- Offers educational consultants to assist in methodological issues
- Integrates evaluation that measures participants' performance changes via an outcomes evaluation vendor as a designated and required resource for each grantee
- Provides resources available on a just-in-time basis for projects

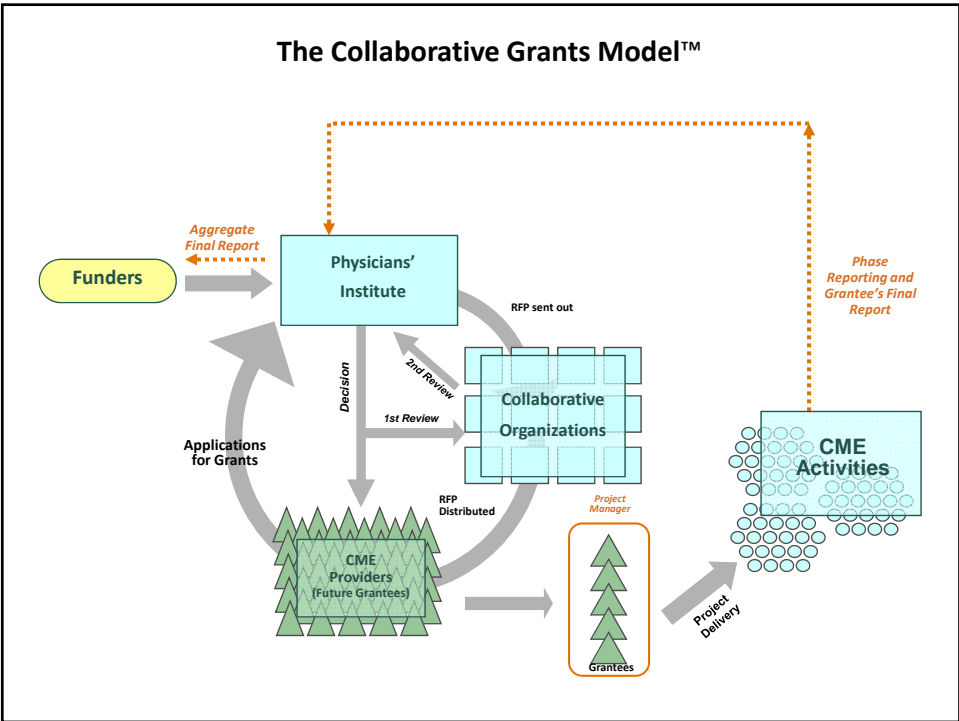


# The Collaborative Grants Model™

## Phase 3



# The Collaborative Grants Model™





## Collaborative Projects Completed

- Depression and Anxiety I – 5 states
  - Cardiac Risk Factors – 6 states
  - Diabetes Performance Improvement – 3 states
  - Performance Improvement Training – 2 states
  - Cease Smoking Today I – 10 states
  - Depression and Anxiety II – 2 states
- 
- 106 Funded Projects
  - 230 Educational Activities
  - 7566 Learners
  - 15,844 *AMA PRA Category 1 Credits™*

## Current Collaborative Projects\*

- Cease Smoking Today II – 6 funded projects
- COPD – ACES Collaborative –
- AHME – PI-CME – 16 funded projects
- Alzheimer's and Other Dementias
- Rheumatoid Arthritis – 7 funded projects
- Chronic Pain - 7 funded projects
- Community Acquired Pneumonia- High Risk Patients –  
2 funded projects
- Achieving Meaningful Use – PI-CME – 11 supported projects

\*Several still open

## Project Outcomes

### Improvement in the Treatment of Smoking Cessation Part I

- Collaborative
  - 10 states (AZ, FL, GA, KY, IL, IN, MD, OK, SC, VA)
  - 32 grantees – 106 activities
  - 2526 Participants
- Aggregate data from all projects:
  - 81% indicated that information from the activity would lead them to make changes in their practice
  - 91% indicated that the information from the activity helped them diagnosis/treat their last ten patients with this condition

## Project Outcomes

### Improvement in the Treatment of Smoking Cessation Part I

- Selected Outcomes from Individual Projects
  - Participant data indicated that 618 Patients reported they were ready to quit tobacco use
  - In comparing referrals before the project to post-project, provider referrals to the Tobacco Treatment Specialist have almost tripled
  - Tobacco cessation counseling increased 47% and the number of times they counseled increased 59%
  - In follow-up, 75% had used new materials and strategies with patients
- Participant Comments
  - "... learned that physicians and allied health professionals are willing to change their practice based on current, evidence based guidelines"
  - "The main lesson learned...is that educational programs are much more successful when they are provided on a smaller scale"

## Project Outcomes

### Improvements in the Treatment and Management of Diabetes

- Collaborative – PI-CME
  - 3 states (FL, GA, OK)
  - 14 grantees
  - 792 participants (including some live conference activities)
- Outcomes varied, but including the following types of improvements:
  - Improved documentation of performance measures
  - Increased use of the recommended diabetes flow sheets
  - Increased percentages of diabetic patients receiving recommended laboratory testing including HbA<sub>1c</sub>, LDL, and micro-albumin
  - Increased percentage of diabetic patients on recommended drug therapy to include: aspirin, ace-inhibitors and statins
  - Increased foot exams and retinal eye exams for diabetic patients
  - Several projects demonstrated improvements in blood pressure, lipid profiles and hemoglobin A1c

## Project Outcomes

### Improvements in the Treatment and Management of Diabetes

- Examples of project specific outcomes:
  - “Foot exams increased by 156%...”
  - “Achieved improvements with more than 1/3 of patients in triglycerides and systolic blood pressure.”
  - “In seven months, the three medical offices in the study increased the number of retinal eye exams by 517%.”

## **Project Outcomes**

### **Diagnosis and Treatment of Cardiac Risk Factors**

- Collaborative
  - 6 states (FL, GA, KY, NC, OK, SC)
  - 32 grantees – 70 educational activities
  - 2584 participants
  
- Aggregate Major Outcomes Documented
  - Increased utilization of guidelines
  - Systematic patient follow-up
  - Review of medications, and
  - Increased referral to specialists

## **Project Outcomes**

### **Diagnosis and Treatment of Cardiac Risk Factors**

- Selected Outcomes from Individual Projects
  - 25 patients with uncontrolled hypertension followed through medical record review for 6 months. Increased control was demonstrated.
  - Data from chart audits in physician offices after 3 months: 6 the practices increased application of guidelines focusing more on prophylaxis of patients for DVT
  - Utilizing mentoring sessions, focusing on NHLB Institute Obesity Practical Guide & Treatment Algorithm, 100% of participants reported changes in their practices
  - Using a mix of communications for 6-8 months, 63% of patients at high risk for coronary heart disease had obtained the goal of LDL < 100 mg/dl as compared to 36% prior to the project

## Feedback from Collaborative Organizations

- Illinois Medical Association
  - “Our providers have indicated that the process was educational for them while providing a model that can be replicated in their future educational interventions.”
- Kentucky Medical Association
  - “The (Physicians’ Institute’s) Collaborative Grant Program has allowed providers to not only address those gaps, but also to measure the effectiveness of educational interventions. A critical operational facet of the Grant Program is the absence of direct “commercial support” influence”
- Georgia Academy of Family Physicians
  - “The training and support services have enabled our organization to conduct performance-based CME, consistent with the ACCME guidelines.”

## Feedback from Projects

- “The Physicians’ Institute’s Collaborative Grants Model provided us with excellent training on ways to transition our program and activities. ... we were able to venture out into electronic learning, point of care learning, and PI CME with documented success.”
- “Our providers have indicated that the process was educational for them while providing a model that can be replicated in their future educational interventions. Your staff and the consultants were exceptionally professional, accessible, and patient during the learning curve and those of our providers.”
- “[We] appreciate the opportunity to have tried/conducted performance improvement activities at our site with support. I probably would not have initiated this on my own and now feel competent.”

## Feedback from Organizations

- "The training and support services have enabled our organization to conduct performance-based CME, consistent with the ACCME guidelines."
- "...The (Physicians' Institute's) Collaborative Grant Program has allowed providers to not only address those gaps, but also to measure the effectiveness of educational interventions"
- "Without the grant project, none of the participants would have the experience to develop this type of investigative learning activity in the future. Our participating [professionals'] eyes were opened to what they actually were and were not doing in their own practice; for some it was quite a shock and the activity got them springing into corrective action!"

## Benefits to CME Providers

- Opportunities for CME grant funds
- Training in outcomes and PI-CME
- Educational design consultation
- "New Criteria" implementation
- Partnership/collaboration
- "Just-in-time" virtual staff



HOME COLLABORATIVE GRANTS FROM THE EXPERTS NEWS TRAINING & MEETINGS ABOUT

## Collaborative Grants Program

User Login

Go to My Dashboard

Apply Now Active Projects Past Projects

**About the Collaborative Grants Program**

The Physicians' Institute has become a national leader in developing and managing collaborative educational projects that provide managed educational grants to continuing medical education (CME) providers and other affiliated organizations, with a focus on outcomes-based and performance improvement (PI)-based CME activities. The Physicians' Institute currently has collaborative relationships with eighteen organizations, representing approximately 900 CME providers.

To get more information on the Collaborative Grants Model™, click

**Improving the Medical Management of Community Acquired Pneumonia in High Risk Populations - Supported by Pfizer, Inc.**

Pfizer Pharmaceuticals has provided financial support to The Physicians' Institute for Excellence in Medicine (Physicians' Institute) to fund independent educational activities with a focus on Improving the Medical Management of Community Acquired Pneumonia in High Risk Populations.

LEARN MORE

**Achieving Meaningful Use - Funded by the Physicians' Foundation for Health Systems Excellence**

The Physicians' Institute, a 501 (c)(3) subsidiary of the Medical Association of Georgia, has received a grant from the Physicians' Foundation for Health System Excellence to assist eight practices in Georgia to achieve the CMS Meaningful Use Criteria, which is linked to quality of care and is a means to qualify for CMS incentive payments.

LEARN MORE

**Improving Diagnosis and Management of Chronic Pain Syndrome in Primary Care - Funded by Pfizer and AstraZeneca**

The Physicians' Institute for Excellence in Medicine (Physicians' Institute) Collaborative Grants Model™ is seeking submissions from CME accredited organizations to develop and evaluate an educational activity to improve the diagnosis and management of Chronic Pain Syndrome in Primary Care patients. With funds acquired from Pfizer Pharmaceuticals and AstraZeneca to support independently-run CME activities, the Physicians' Institute uses a competitive selection process to fund proposals that document an educational gap and develop an

## Website

- Online grants system
- Provide instructions, educational materials and resources

[www.physiciansinstitute.org](http://www.physiciansinstitute.org)

## Contact Information

- Bob Addleton
  - bob@mag.org
- Adele Cohen
  - acohen@mag.org



## AHME Collaborative Grant Project to Improve Performance in Practice

David Pieper, Ph.D.  
Assistant Dean, Wayne State Sch Med  
Executive Director, SE Michigan Ctr Med Ed  
dpieper@med.wayne.edu



WAYNE STATE  
UNIVERSITY  
SCHOOL OF MEDICINE

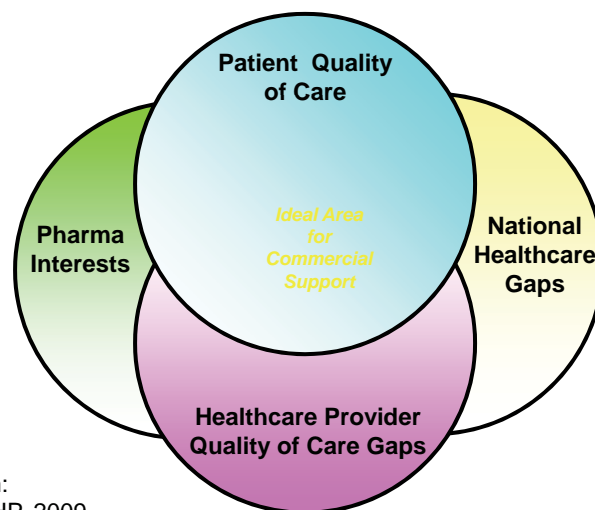


## Association for Hospital Medical Education (AHME)

- Non-profit professional organization
- GME, CME and UGME
- Teaching hospitals, AMC's, Consortia
- Activities
  - Annual educational institute
  - One day educational sessions
  - Teleconference and webinars
  - Guide to Medical Education in the Teaching Hospital
- Interest groups
  - Council of Administrative Directors of Medical Education
  - Council on Continuing Medical Education
  - Council on Medical Education Consortia
  - Council of Transitional Year Program Directors.
- Member organization of:
  - Accreditation Council for Continuing Medical Education
  - Education Commission for Foreign Medical Graduates
  - Council of Medical Specialty Societies (Associate member)



## A Convergence of Interests Model for Commercial Support

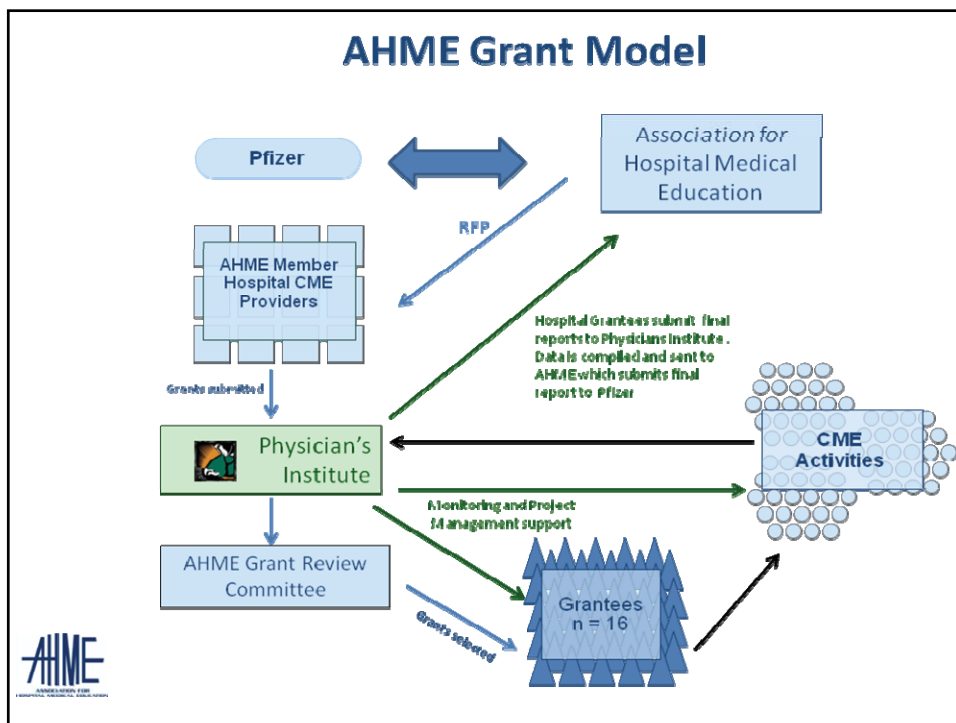


Modified from:  
Saxton, JCEHP, 2009

## Goals of the Grant Program

- Enhance quality of patient care
- Improve quality of CME activities
- Facilitate Performance Improvement CME
- Obtain funding
- Establish model for commercial support to membership organization

## AHME Grant Model



## Grant Review Committee

- **Members of AHME CME Council**
- **Physicians, PhD's, CME professionals**
  - Sue Ann Capizzi, MBA
  - Peter Coggan, MD
  - Robert D'Antuono, MHA, MSA
  - Steven Minnick, MD
  - Sandy Norris, PhD
  - David Pieper, Ph.D.

## Applications

- **19 Applications**
- **16 Grants awarded**
- **\$3,000 to \$10,000 (max)**
- **Most but not all 20 credit PICME**
- **14 hospitals and 2 AMC's**

## Topics

- Stroke
- Palliative Care in Geriatrics
- Blood management and conservation
- Diabetes
- Sepsis
- Prescription writing
- Meaningful use of EHR
- Outpatient Practice Procedures
- Delirium
- Chronic Care Model in CPD
- Glycemic Improvement
- Hand Hygiene
- CHF
- Low Back Pain
- Pain management
- COPD

## Timeline

- Phase 1: Development of Resources (1 month)
- Phase 2: Announcement and Request for Proposal (1 month)
- Phase 3: Review Proposals and Select Grantees (2 months)
- Phase 4: Letters of Agreement and Instructions for Grantees (1 month)
- Phase 5: Projects Launched through Completion (12 months)
- Phase 6: Evaluation and Final Report (1 month)

## Current Status

- Grantees are progressing with their projects
- Project management and support is being provided by the Physicians Institute
- Progress reports submitted every other month
- Final reports from Grantees are due in April of 2011

## Example of Project

### Diagnostic Imaging in Low Back Pain

Dr. Susanna M. Szpunar  
Senior Medical Researcher  
Faculty Research & Simulation  
St. John Hospital & Medical Center

## Diagnostic Imaging in Low Back Pain: A PI-CME project

- LBP, in the absence of “red flags”, is self-limiting and does not require high-technology imaging
- Blue Cross Blue Shield’s Physician Group Incentive Program (PGIP), however, indicated that St. John physicians were overutilizing high-technology imaging

**OBJECTIVE:** To determine if a PI-CME program could reduce inappropriate use of high-technology imaging.



## Diagnostic Imaging in Low Back Pain

- Physicians in two Internal Medicine and two Family Medicine clinics
- Baseline chart reviews
- Educational sessions
- Distribution of “report cards” to each physician
  - Patients with no red flags that had high tech imaging ordered
  - Patients with 3 or more red flags that had no high tech imaging ordered
- Implementation of an interactive patient education tool
- Two periods of post-education follow-up chart reviews.



## Diagnostic Imaging in Low Back Pain: Preliminary Results

- **Baseline chart reviews**
  - 2 physicians out of 27 ordered an MRI with no red flags (1 each)
  - 14% of patients (109/773) with at least three red flags had no high-technology imaging ordered (underutilization?)
- **Post-education chart reviews**
  - No inappropriate ordering of high-technology imaging
  - “Dramatic” decrease in percent of patients with 3 or more red flags who did not have imaging ordered
- **Provider will obtain attestation and reflection from the physician participants**
- **Full results will be available in April, 2011!**



## Summary of AHME Grant Program

- **AHME has received funding from Pfizer to award collaborative grants to AHME member institutions**
- **The grants were not disease or condition specific**
- **Enhanced interest in AHME membership**
- **Enhanced AHME Conference presentations**

## Advantages to AHME Hospitals

- Improved patient care?
- Improved physician performance?
- Improved hospital or practice cost efficacy?
- Received funding for CME projects
- Facilitated development of PI CME



## Questions and Answers







## Until Next Time...

- Please join us for our next webinar – *Needs Assessment in Grant Making: An Interactive Webinar*
  - Bob Kristofco, MSW and Susan Connelly, PharmD, MBA
  - Friday, April 1<sup>st</sup>, 2011
  - 11am ET
- We are in an open grant window – please submit your grant requests before April 15
  - Remember to check the revised goals statements
- See what providers are doing to move education forward
  - PfizerMedEdGrants
    - Resource Center
      - Publications
      - First Friday Webinars

