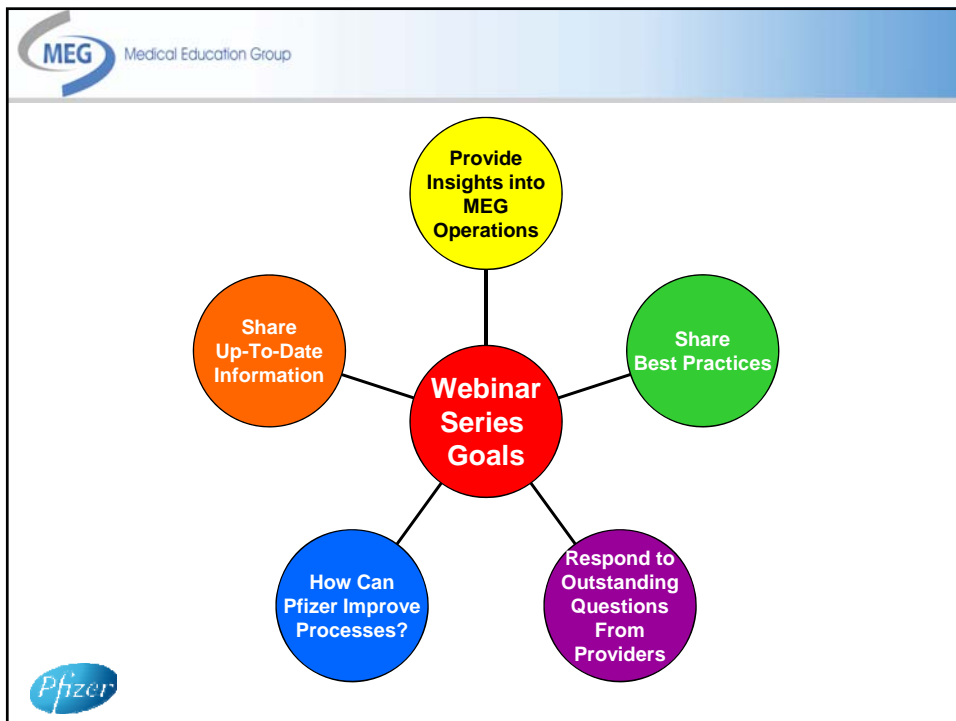



MEG Medical Education Group

# First Fridays Webinar Series: Medical Education Group (MEG)

June 3<sup>rd</sup>, 2011



Pfizer





## Agenda


- Welcome
- *Review of Grant Request Scorecard – Betsy S Woodall, PharmD, MBA*
- Q and A
- Closing Remarks

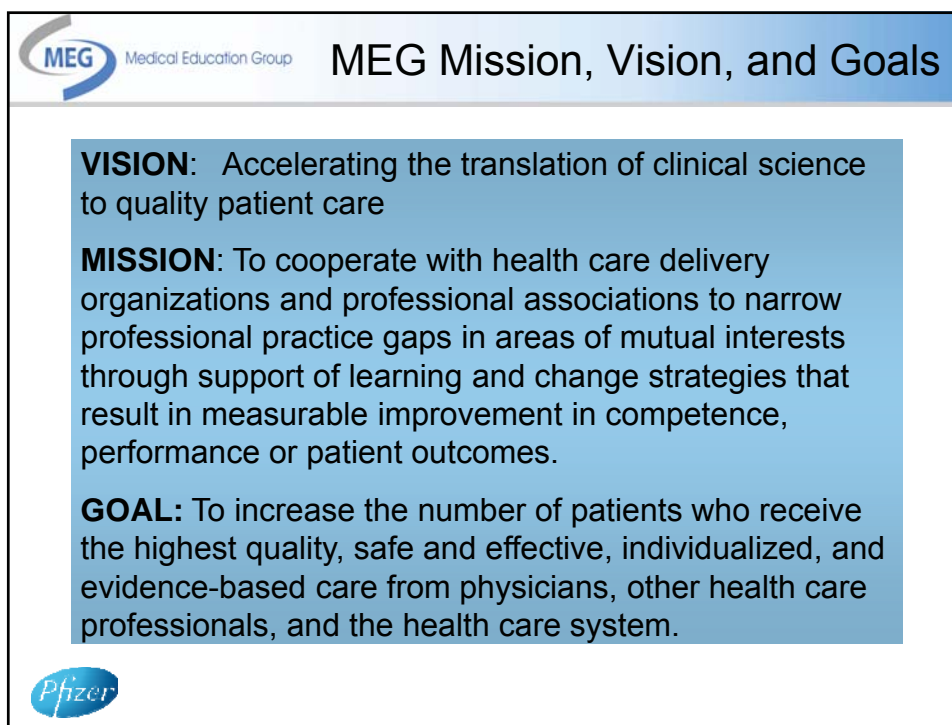
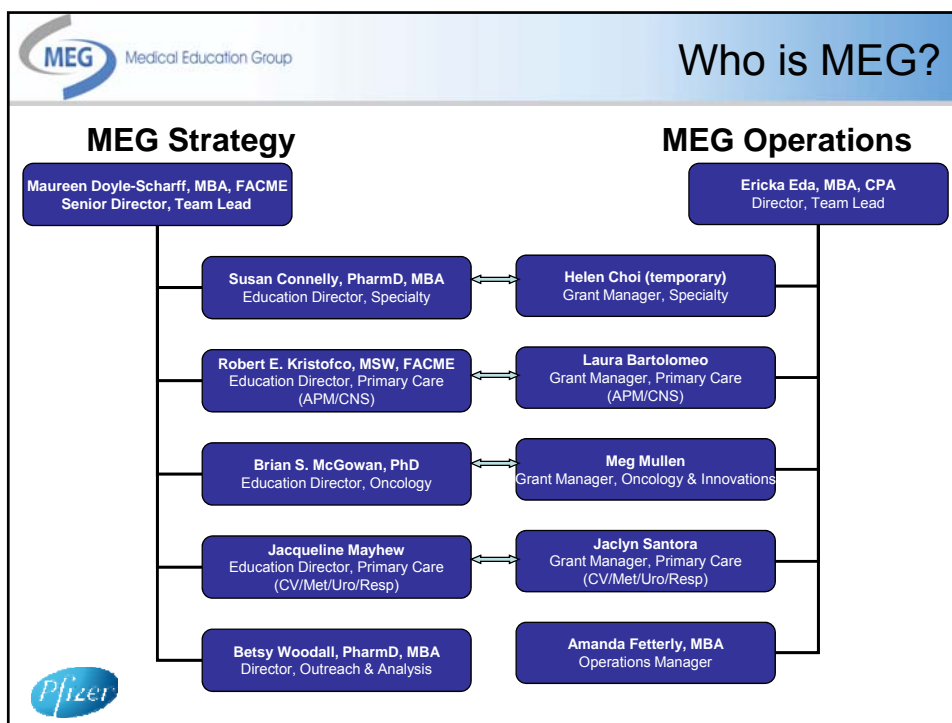



## Today's Objectives (3)

Upon completion of today's call, participants should be able to:


1. Describe how the processes of MEG are designed to support the Mission, Vision, and Goals of the group
2. Critique elements of a grant proposal, which are carefully considered when making funding decisions
3. Differentiate between a quality grant request and an average grant request








 **Why Does MEG exist?**

- MEG exists to provide educational grant support to the medical community in a compliant and effective manner
- Effective education accelerates the adoption curve of evidence-based clinical skills and practices
- By funding good education, commercial support improves the quality of patient care




 **Recent Communications**






## Hospital and Health Care System Integration of CME/CE and Quality Improvement

- Clinical Areas of Interest
  - Bacterial Infections
  - Cardiology (cardiovascular risk reduction, primary and secondary prevention, lipids, hypertension, smoking cessation, anti-coagulation/thrombosis prevention)
  - Immunizations
  - Neuroscience (delirium, dementia, Alzheimer's)
  - Pain Management
  - Respiratory (COPD, smoking cessation)
- Include "CGA Hospitals 5/16/11" in Program Name field and submit under *Health Care Improvement and Leadership* category
- Expected approximate monetary range of grant applications: \$10,000 to \$30,000
- Dates
  - Applications due: July 15, 2011
  - Decisions communicated: August 31, 2011






## Call for Grant Application FAQs


**Q1:** Can any educational provider respond to these CGAs?

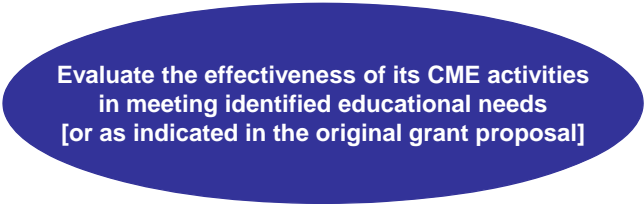
**A1:** All providers that are eligible to apply for independent medical education grant requests through Pfizer are encouraged to apply for grant support.

**Q2:** Will Pfizer continue to support grant requests in clinical areas of interest as described in the Clinical Goals document?


**A2:** Pfizer will continue to evaluate all grant requests for their merit and contribution towards the advancement of patient care, including those not identified within the recent CGAs.




 **Outcomes are Now Part of LOA**


- ACCME, under Essential Area 3, Element 2.4:  
  
Evaluate the effectiveness of its CME activities  
in meeting identified educational needs  
[or as indicated in the original grant proposal]
- Submit with reconciliation materials

**60 Days of End Date**




 **Overview of MEG Scorecard**

EVERY Request is Reviewed



MEG Medical Education Group

## First Pass Review



Compliance Issues

Lack of Alignment

Short-Dated

Cancelled

Pfizer Promotional Speakers (identified)

www.stickerstickers.com

DOA

Dead on Arrival


Pfizer

MEG Medical Education Group

## Our World of Compliance

- All educational content should be balanced and representative of all treatments, where data exist faculty may also review investigational therapies
  - The FDA Guidance for Industry-Supported Scientific and Educational Activities
  - The AMA CME Guidelines
- We follow the guidelines related to CME from:
  - The ACCME Standards for Commercial Support
  - The OIG
  - The FDA
  - The PhRMA Guidelines
  - The AMA regarding the selection of faculty and content for use in independent education.
- As part of a settlement with the state Attorney's General, Pfizer's MEG is required to check faculty against our internal speakers bureau.

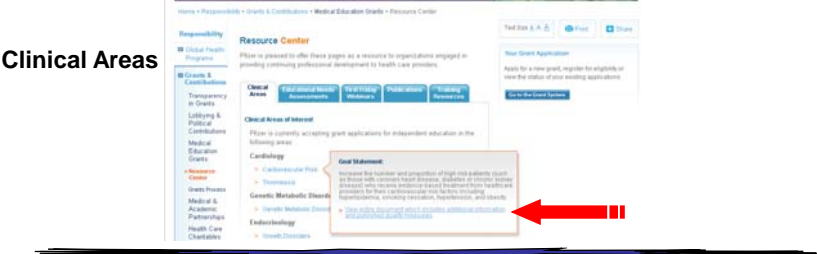
Pfizer




# Alignment

## Resource Center

### Clinical Areas





### Clinical Area Goals

**Pfizer Medical Education Group**

**Areas of Interest for Grants in Support of Healthcare Quality Improvement and Continuing Professional Development**


Updated March 24, 2011

The current Clinical Areas of Interest and goal statements for the Pfizer Medical Education Group are listed below. A column providing examples of metrics for education (quality measures) has been included. The metrics are provided as [www.aacnursing.com](http://www.aacnursing.com) - there are many sources of nationally accepted measures (NCGA, AHRQ, PQRI, JCAHO, NCF, AMA etc) and individual hospitals and clinics also often establish their own metrics of quality care.

The intent of listing example metrics is to highlight our interest in supporting education in which the provider has carefully identified needs/gaps and has clearly defined expected results.

Across clinical areas, the grants most likely to be funded are those that are designed to improve health care provider performance and patient health status indicators through the integration of educational, systems-based, and quality improvement strategies.

By supporting initiatives that target measurable improvements in professional practice we are in alignment with current guidance from the Accreditation Council for Continuing Medical Education (ACCME). (<http://education.aacme.org/taes/performance-measures/>)




# Alignment

19 Pages

29 Clinical Areas

Pain	<ul style="list-style-type: none"> <li>• <u>Arthritic Pain</u></li> <li>• <u>Chronic Pain</u></li> <li>• <u>Diabetic Neuropathy</u></li> <li>• <u>Neuropathic Pain</u></li> <li>• <u>Fibromyalgia</u></li> </ul>	<p>Advance patient management by setting goals that address:</p> <ol style="list-style-type: none"> <li>1) Primary treatment (i.e., pain reduction)</li> <li>2) Secondary treatment (i.e., sleep)</li> <li>3) Improve awareness of appropriate evidence-based treatment as well as the management of patient expectations in improving patient outcomes.</li> </ol> <p>Facilitate the translation of knowledge regarding the underlying neurological basis</p>
------	--	--

Examples of Quality Indicators






MEG Medical Education Group Short-Dated

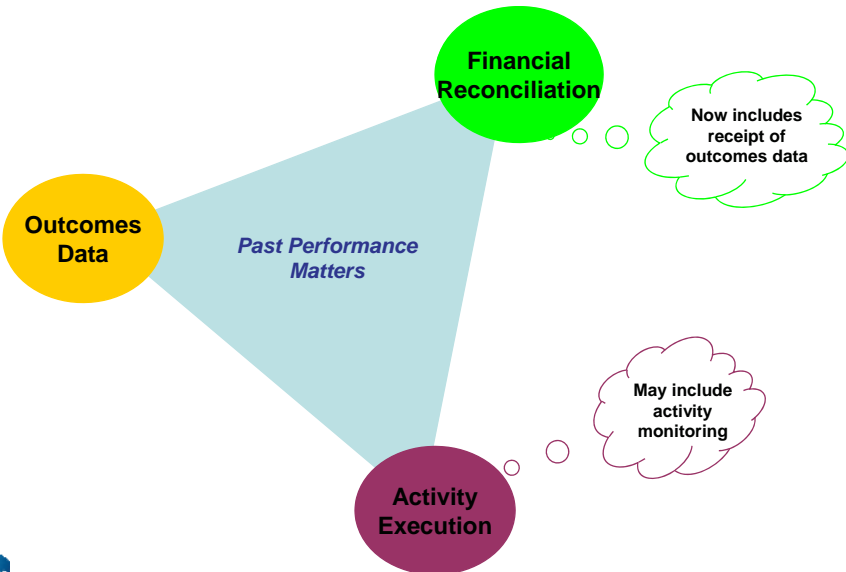
Application Period	Date Decision To Be Communicated By	Signed LOA Deadline	Start Date of Program/Activity
Sept 1, 2010 – Oct 15, 2010	Dec 5, 2010		Jan 1, 2011 or later
Dec 1, 2010 – Jan 15, 2011	Mar 4, 2011		April 1, 2011 or later
Mar 1, 2011 – April 15, 2011	June 3, 2011	Minimum of 2 weeks before start date or the decision will reverse to denied	July 1, 2011 or later
June 1, 2011 – July 15, 2011	Sept 2, 2011		Oct 1, 2011 or later
Sept 1, 2011 – Oct 15, 2011	Dec 2, 2011		Jan 1, 2012 or later

**Most Recent Grant Window**

13.5%




MEG Medical Education Group Qualifications/Experience of Provider and Educational Partner



*Past Performance Matters*

- Outcomes Data** (Yellow circle)
- Financial Reconciliation** (Green circle)
  - Now includes receipt of outcomes data
- Activity Execution** (Purple circle)
  - May include activity monitoring



MEG Medical Education Group


## Needs Assessment

- The needs assessment is minimal or does not exist
- The needs assessment has a literature review but does not go beyond articulating the science area of need and/or includes only broad generalized data
- Goes beyond basic literature review and begins to **link the science foundation to an actual need** for education
- The needs assessment has **specific localized quantitative data sources** to document practice gaps
- In addition to having documentation of an **actual practice gap**, the provider has also established the need for **education as a strategy** in potentially helping to close the gap

Marginal

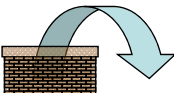
Better

Best

 Gilbody SM. *Psychol Med.* 2002;32:1345-1356; [Grant J. \*BMJ.\* 2002;324:156-159.](#)  
Harrison LM. *Public Health Rep.* 2005;120(1):28-34. Brazil K. *Int J Palliat Nurs.* 2005;11(9):475-480. [Turner S. \*Occup Med.\* 2004;54:14-20.](#) [Ratnapalan S. \*Can J Clin Pharmacol.\* 2004;11\(1\):150-155.](#)

MEG Medical Education Group

## Linkage




From here anything and everything is possible

Needs & Objectives

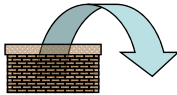
Educational Intervention

Evaluation & Assessment



MEG Medical Education Group

## Educational Design




- One-off traditional education with no evidence of innovation or incorporation of adult learning principles, no pre-activity or follow-up. Online activity with no interactivity such as written text or power point slides.
- One-off activity but with some degree of interactivity.
- $\geq 2$  innovative, original, or substantive elements (eg, tools and serial learning)
- Educational design truly based on actual needs and specific objectives or goals. May incorporate collaboration with others, QI/PI, or use of non-educational interventions, formative assessment, curriculum approach, learner centricity, learner driven/defined, addresses barriers to care.

**Marginal**

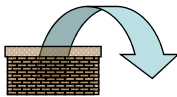
**Better**

**Best**

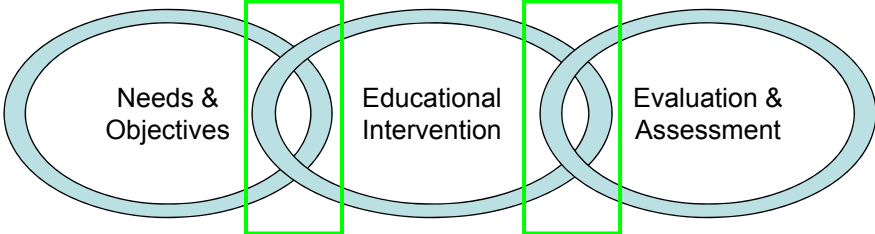
 Jackson M. Discussion of the ADDIE Model. 2007. Davis D, Barnes BE, Fox R, editors. The Continuing Professional Development of Physicians. American Medical Association. 2003.

MEG Medical Education Group

## Linkage




From here anything and everything is possible




Needs & Objectives

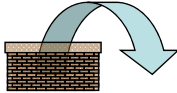
Educational Intervention

Evaluation & Assessment






## Outcomes Measures




- None or measurements limited to participation and/or satisfaction.
- Measurements include acquisition of knowledge, skills or attitude change.
- **Follow up with learners** will ask about self-reported change in practice or use methodology like case vignettes to assess likelihood of practice impact.
- Measurements include **actual documented practice change** through chart audit or independent observation, etc.
- Measurements include individual patient health outcomes.
- Community or population health impact will be measured.




| **Marginal**

: **Better**

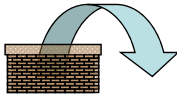
↓ **Best**



Moore DE, et al. *J Contin Educ Health Prof.* 2009;29(1):1-15.




## Educational Innovation



**C**reative and original concepts

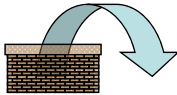
**M**ethodology is innovative

**E**ducational contribution for HCP learning



MEG Medical Education Group

## Societal/External Impact



B's	A's
<ul style="list-style-type: none"> <li>• Proprietary information</li> <li>• Education is lost in a sea of similar educational initiatives</li> <li>• One-size-fits-all approach</li> </ul>	<ul style="list-style-type: none"> <li>• Publication of results</li> <li>• Education on a critical disease area where little education is available</li> <li>• Impact on disparities in care</li> </ul>


Pfizer

MEG Medical Education Group

## Summary

- A second set of eyes may provide valuable insight into compliance and alignment issues not readily apparent
- Ensure that planning progresses logically and is learner-focused
- Beware the logic leap...
  - Medical Education is not the right solution to every problem
  - Educational needs in one population do not always translate to another population
- Choose the educational methods based on the needs of the learner
  - Interventions should meet objectives
- Never underestimate the importance of evaluation and outcomes
- Create a grant writing checklist

Pfizer



## Until Next Time...

- Please join us for our next webinar –
  - Common Errors in Developing Educational Programs: CSI, Alignment, and the Three-Legged Stool, Robert Fox, EdD
  - Friday, July 8, 2011
  - 11am ET
- The next open grant window is June 1 – July 15 for activities occurring October 1, 2011 or later
  - Remember to check the revised goals statements
- See what providers are doing to move education forward
  - PfizerMedEdGrants
    - Resource Center
      - Publications
      - First Friday Webinars
    - Transparency Report

