MEG Medical Education Group

First Fridays Webinar Series: Medical Education Group (MEG)

Webinar #2 – June 4th, 2010

Pfizer

MEG

Series Goals (5)

1. To provide insights into how Pfizer's Medical Education Group (MEG) functions – an operational overview
2. To share an up-to-date status of Pfizer's MEG timelines and grant review cycles
3. To share best practices that the CE provider community has submitted in recent grant cycles
4. To gain insights into how Pfizer's MEG might improve processes to best support the CE community
5. To answer outstanding questions from the CE provider community

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Agenda

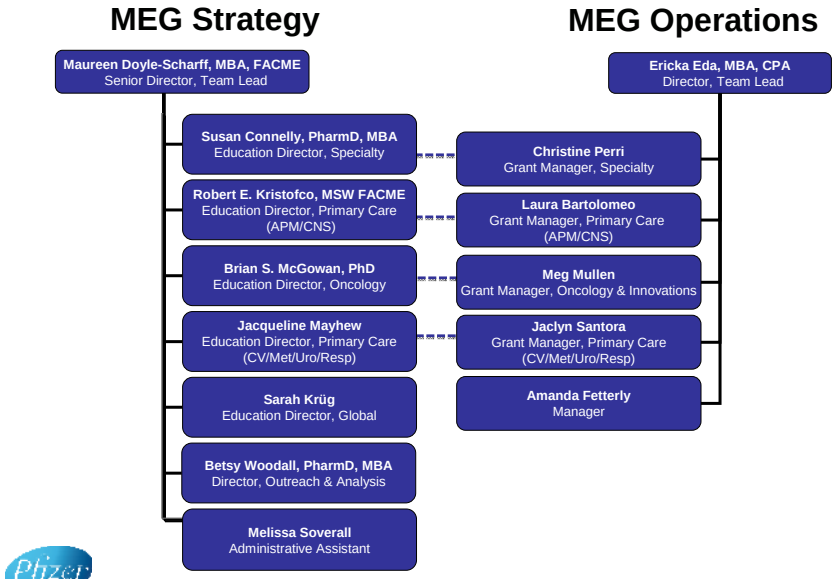
1. Introduction
2. Topic One: Overview of MEG Windows 1 & 2
3. Topic Two: Anatomy of a Funded Request
4. Q and A

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. Recognize that the volume and magnitude of the requests MEG receives each quarter drive up the quality of what is funded and ensures that best proposals are supported
3. Develop a checklist that simplifies proposal development by ensuring compliant and logical planning and learner-focused education

Who is MEG?



MEG Mission, Vision, and Goals

VISION: Accelerating the translation of clinical science to quality patient care

MISSION: To cooperate with health care delivery organizations and professional associations to narrow professional practice gaps in areas of mutual interests through support of learning and change strategies that result in measurable improvement in competence, performance or patient outcomes.

GOAL: To increase the number of patients who receive the highest quality, safe and effective, individualized, and evidence-based care from physicians, other health care professionals, and the health care system.

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

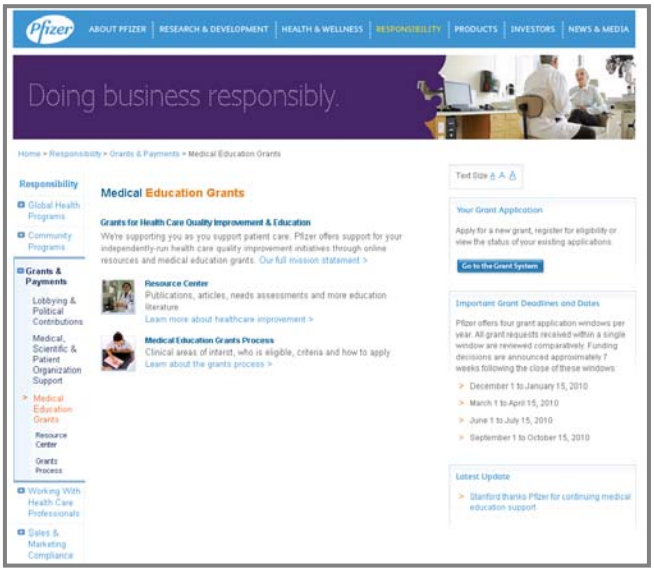
The MEG 2-Step: Overview

1. Registration:
   - Duty of Care Providers
   - 1 per Organization
2. Grant Application:
   - Quarterly Competitive Review

Application Period	Decision Dates	LOA Deadline	Activity Date
Dec 1, 2009 - Jan 15, 2010	Mar 6, 2010	Minimum of 2 weeks before start date or the decision will reverse to denied	After Mar 31, 2010
Mar 1, 2010 - April 15, 2010	June 5, 2010		After June 30, 2010
June 1, 2010 - July 15, 2010	Sept 4, 2010		After Sept 30, 2010
Sept 1, 2010 - Oct 15, 2010	Dec 5, 2010		After Dec 31, 2010

For assistance:
mededgrants@pfizer.com **or 1-866-MEG-4647**

MEG Web Portal: www.pfizermededgrants.com



Medical Education Group

Overview of MEG Windows 1 & 2

The Volume and Magnitude of MEG Requests

Q2 Timeline

- **March 1st** grant request **window opened**
- **April 15th** grant request **window closed**

~ 6 wks

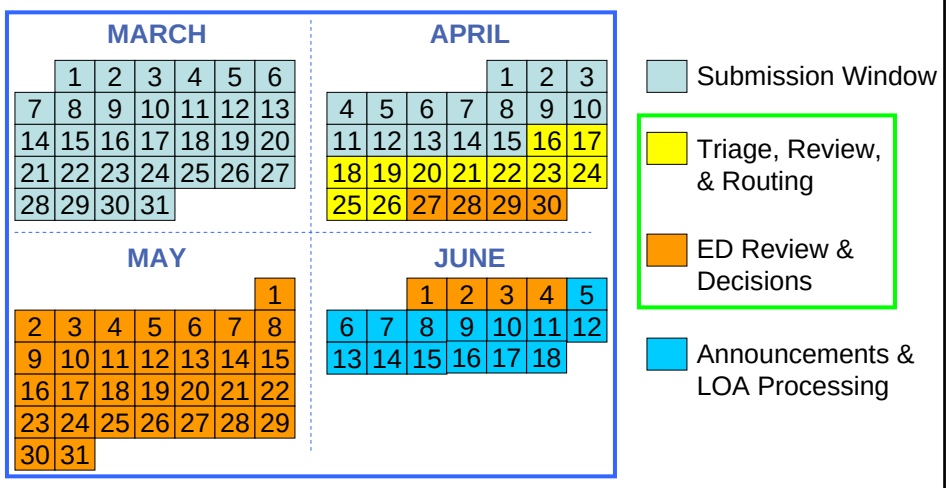
- **April 16th** GMs begin to triage and review
  - Compliance, alignment, & completeness
  - Routing pathways are established

~ 8 days

- **April 26th** GMs and EDs complete review
- **June 4th** Decisions are communicated

~ 6 wks

Q2 Timeline



Observations

Compared to 2009, in 2010:

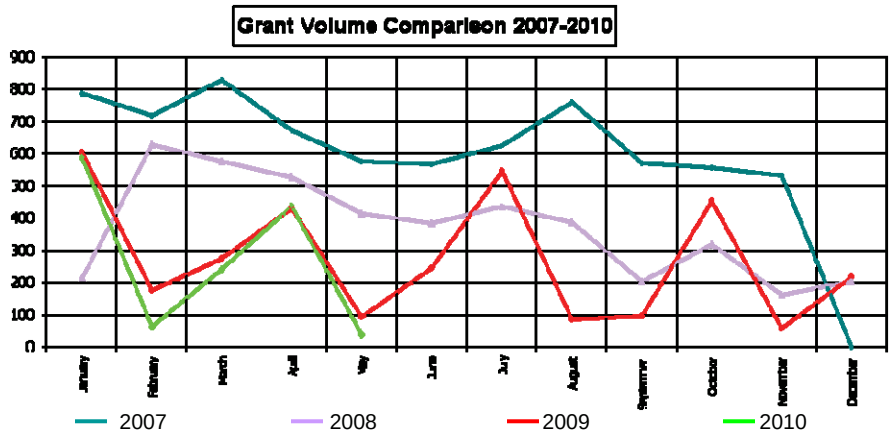
- Q1
  - total *spend* increased 29%
  - total *requested* from Pfizer increased 44%
  - total number of requests increased 3%
- Q2
  - total *spend* increased 8%
  - total *requested* from Pfizer increased 54%
  - total number of requests decreased 13%

Observations

The trend continues. Comparing Q1 versus Q2 in 2010:

- Total *spend* increased 10%
- Total *requested* from Pfizer increased 18%
- Total number of requests decreased 11%

Volume of Submissions 2007 through 2010



- During 2007 and 2008, applications were accepted year-round
- For 2009, competitive quarterly review period was implemented.
- *NOTE:* Submissions received in between application periods are held for review until the subsequent window opens.

2010 Volume and Approval Rates

	# of Requests	In Q2 Review	Approved in Q1	% Q1 Approval
Total	**1588**	**630**	**261**	**27%**
Primary Care	842	336	156	31%
Oncology	256	104	34	22%
Specialty Care	426	151	59	21%
Innovations	64	39	12	48%

Magnitude of 2010 MEG Requests

Clinical Area/Topic	Total Requested $
Arthritic Pain	$ 509,045
Cardiovascular Risk	$ 19,607,440
Thrombosis	$ 4,736,688
Overactive Bladder	$ 4,777,184
COPD	$ 4,459,842
Smoking Cessation	$ 16,310,646
Menopause	$ 7,700,570
Hematologic Malignancies	$ 1,209,153
Oncology - Solid Tumors	$ 20,553,138
Epilepsy	$ 632,245
Glaucoma	$ 1,096,590
Growth Disorders	$ 224,800

Clinical Area/Topic	Total Requested $
HIV	$ 479,750
Multiple Sclerosis	$ 469,586
Psychosis	$ 5,715,062
Women's Health	$ 8,500
Bacterial	$ 5,726,229
Fungal	$ 1,862,605
Pulmonary Hypertension	$ 935,315
Pneumococcal Disease Prevention	$ 9,625,649
Transplant	$ 715,626
Hemophilia	$ 198,220
Innovations	$ 12,847,767
Rheumatoid Arthritis	$ 7,240,913

Thus far in 2010, MEG has received $161,595,829 in educational requests

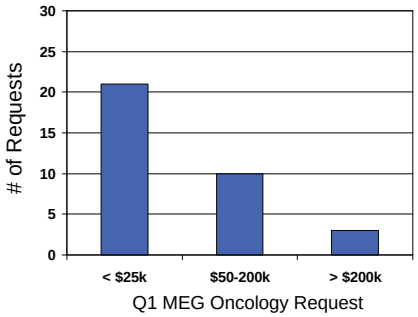
**** please check Areas of Interest document ****

Summary Q1 and Q2 MEG Review

Oncology Example:

Q1 Average Approved: $100,000

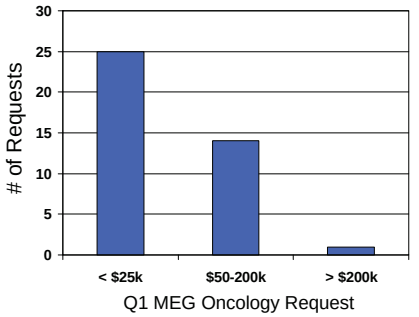
Q1 Median Approved: $22,500



Q1 MEG Oncology Request

Q2 Average Approved: $57,708

Q2 Median Approved: $30,000



Q1 MEG Oncology Request (preliminary)

# of Request proposed based on local PI/QI initiatives = 0

Highlights Q1 and Q2 MEG Review

Oncology:

1. *AccessTLC: Improving Access to Treatment for Lung Cancer Patients*
   - University of Wisconsin and National Lung Cancer Partnership are investigating and addressing delays in lung cancer treatment
2. *NCCN 2010 Oncology Patient Safety Summit*
   - NCCN member organizations will begin sharing best practices related to patient safety
3. *Recent Advances in Renal Cell Carcinoma*
   - NCCN and Clinical Care Options have developed a Clinical Decision Support Tool based on NCCN guidelines
4. *Oncology Virtual Practice: Focus on Early-Stage Breast Cancer*
   - University of Michigan and Prova Education have built a year-long, case-based curriculum addressing management challenges related to the patient with early-stage breast cancer

Summary of MEG Windows 1 & 2

- Q2 decisions have recently or are currently being communicated
- The competitive, batched process simplified the submission and review process, ensuring that the best proposals are funded
- The vast majority of funding is provided to smaller requests addressing smaller, more-defined, learner populations (vs anonymous learners)
- Despite the evolution of the grant review process, we are still not seeing requests that are designed based on local QI/PI initiatives

Medical Education Group

Anatomy of a Funded Request

An Overview of the Grant Proposal Review Criteria

Step II: Application – Rationale

Quarterly, competitive review:

1. Ensures that highest quality requests are supported
2. Standardizes processes and expectations
3. Simplifies reporting and communication
4. Simplifies financial accounting

Typical quarter:

- ~ 550 request / ~ 110 approvals = ~ 20-25%

Grant Request Review Criteria

1. Compliance
2. Alignment
3. Educational Planning:
   a. Needs Assessment
   b. Educational Objectives
   c. Educational Design
   d. Evaluation and Outcomes
4. Innovations
5. Importance

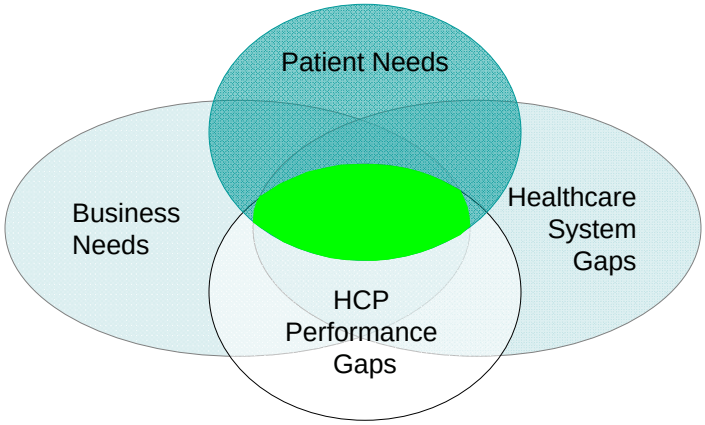
Criteria #1: Compliance

- The Big Five includes directives from:
  - Office of Inspector General of the Department of Health and Human Services (OIG)
  - Food and Drug Administration (FDA)
  - Accreditation Council for Continuing Medical Education (ACCME)
  - American Medical Association (AMA)
  - Pharmaceutical Research and Manufacturers of America (PhRMA)
- These organizations' positions are complimentary, often endorsing the statements contained within another's position statement.
- Each directive was created with a specific audience and intent in mind.

Woodall, BS. Guidelines, Codes and Standards—Oh My!. Almanac Alliance for CME. 30(9). 2008.

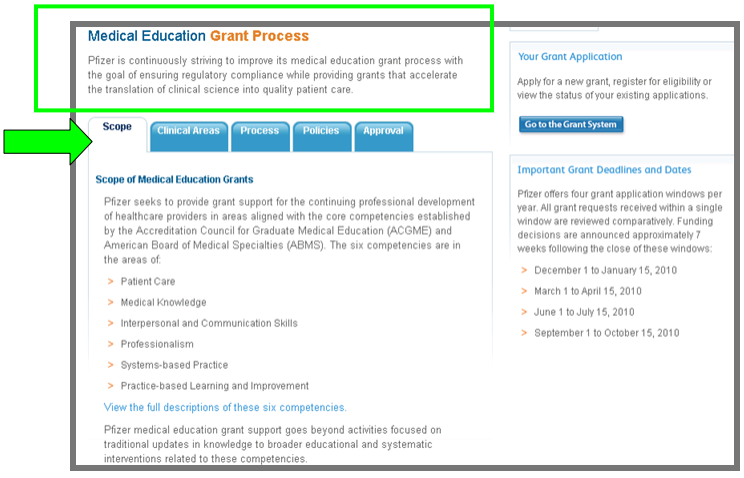
Criteria #2: Alignment

A Convergence of Interest Model



IOM Report: Redesigning CE in the Health Professions. 2010 (p74)

Criteria #2: Alignment



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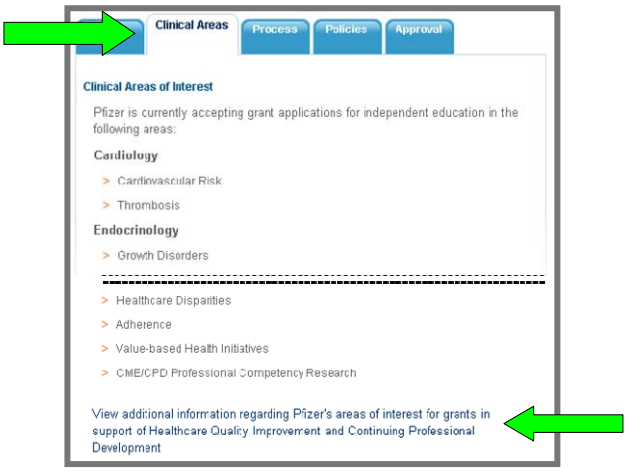
Criteria #2: Alignment



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Criteria #2: Alignment

Pfizer Medical Education Group

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

Updated March 31, 2010

The current *Clinical Areas of Interest* and goal statements for the Pfizer Medical Education Group are listed below. New this quarter, a column providing *examples* of metrics for education (quality measures) has been added. The metrics are provided as examples only - there are many sources of nationally accepted measures (NCQA, AHRQ, PQRI, JCAHO, NQF, 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.accme.org/tags/performance-measures).

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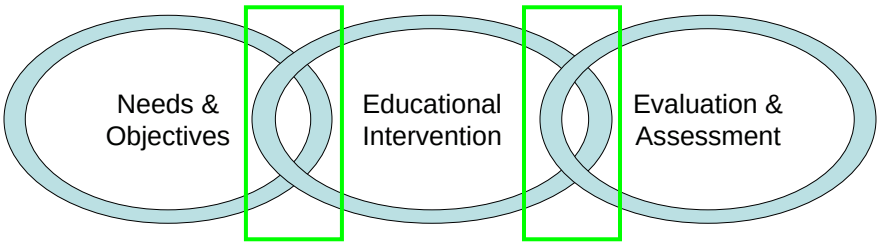
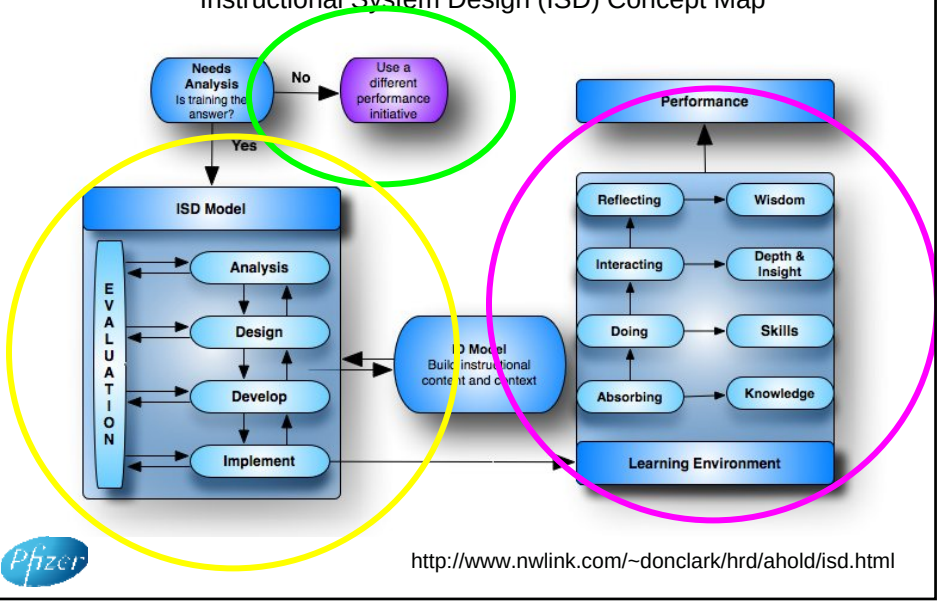
Criteria #3: Educational Planning

From here anything and everything is possible



Criteria #3: Educational Planning

Instructional System Design (ISD) Concept Map



http://www.nwlink.com/~donclark/hrd/ahold/isd.html

Criteria #3: Educational Planning

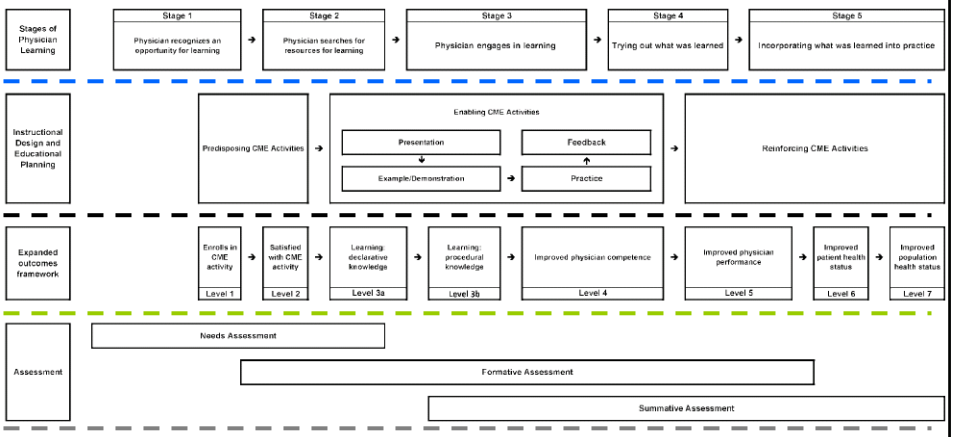


FIGURE 2. Conceptual framework of an approach to continuous planning and assessment in continuing medical education.

Moore DE Jr, Green JS, Gallis HA. ***Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities.*** **JCEHP. 2009 Winter;29(1):1-15.**

Criteria #3a: Needs Assessment

- *"Frequently an educational activity has been offered for no reason other than someone's belief that is is a good idea. Many programs springing forward from such humble beginnings have been quite successful in meeting the educator's goals, but many others have failed."*
- *"Without consideration of the educational needs of a specific population, continuing educators risk offering the wrong programs, at the wrong times and places, in the wrong formats, and marketing them to the wrong populations. When this happens, neither the [provider] nor the [learners] it strives to address is well served."*

Queeney DS. *Assessing Needs in Continuing Education*. 1995.

Criteria #3a: Needs Assessment

- *"[Needs assessment] can be 'the key to adult learning. Without it there is no honest defining of learning needs, no dialogue, no listening."*
- *"The thoroughness with which the [needs assessment] is planned and executed is more critical to its usefulness and value than the size and sophistication of the process employed."*
- *"Finally, only when used properly can the data gleaned from a needs assessment produce satisfactory results. Proper use precludes generalizing from a convenience sample to a total population, for example…"*

Vella, J. *Learning to Listen, Listening to Teach. The power of Dialogue in Educating Adults*. 1994.
Queeney DS. *Assessing Needs in Continuing Education*. 1995.

Criteria #3a: Needs Assessment

Waterfall Concept Map

Clinical Gap(s)

Barriers

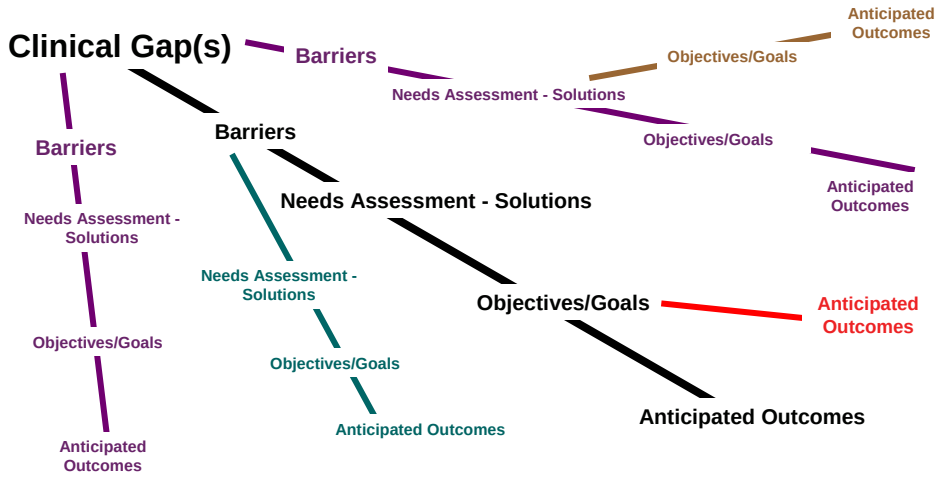
Needs Assessment - Solutions

Objectives/Goals

Anticipated Outcomes

McGowan, BS. *From Needs Assessment to Patient Outcomes: How to Use Technology and Partnerships for Performance Improvement.* 20th Annual Conference of the National Task Force on CME Provider Industry

Criteria #3a: Needs Assessment



McGowan, BS. *From Needs Assessment to Patient Outcomes: How to Use Technology and Partnerships for Performance Improvement.* 20th Annual Conference of the National Task Force on CME Provider Industry

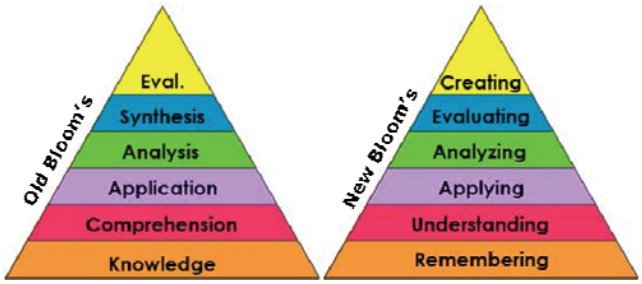
Criteria #3b: Objectives

- Drives educational planning to support purpose
- Clarifies the expectations for the learner as defined by the instructor(s);
- Clearly identifies the knowledge, skills, or behaviors learners are expected to acquire or construct;
- Can include three learning domains – cognitive, affective, and psychomotor.

http://www.ncope.org/assets/ppts/show_for_web.pps

Criteria #3b: Objectives

- Should be SMART in nature
  - Specific, Measureable, Attainable, Relevant, Time-bound
- Must be driven by the needs assessment
- Look to Bloom's Taxonomy for support



http://www.odu.edu/educ/roverbau/Bloom/blooms_taxonomy.htm

Criteria #3b: Objectives - Cognitive

1. **Remembering:** can the student recall or remember the information?
   - define, duplicate, list, memorize, recall, repeat, reproduce state
2. **Understanding:** can the student explain ideas or concepts?
   - classify, describe, discuss, explain, identify, locate, recognize, report, select, translate, paraphrase
3. **Applying**: can the student use the information in a new way?
   - choose, demonstrate, dramatize, employ, illustrate, interpret, operate, schedule, sketch, solve, use, write.
4. **Analyzing**: can the student distinguish between the different parts?
   - appraise, compare, contrast, criticize, differentiate, discriminate, distinguish, examine, experiment, question, test.
5. **Evaluating**: can the student justify a stand or decision?
   - appraise, argue, defend, judge, select, support, value, evaluate
6. **Creating**: can the student create new product or point of view?
   - assemble, construct, create, design, develop, formulate, write.

http://www.odu.edu/educ/roverbau/Bloom/blooms_taxonomy.htm

Criteria #3b: Objectives - Psychomotor

1. **Imitation:** Observing and patterning behavior after someone else. Performance may be of low quality.
   - Copying a work of art.
2. **Manipulation:** Being able to perform certain actions by following instructions and practicing.
   - Creating work on one's own, after taking lessons, or reading about it.
3. **Precision:** Refining, becoming more exact. Few errors are apparent.
   - Working and reworking something, so it will be "just right."
4. **Articulation:** Coordinating a series of actions, achieving harmony and internal consistency.
   - Producing a video that involves music, drama, color, sound, etc.
5. **Naturalization:** Having high level performance become natural, without needing to think much about it.
   - Michael Jordan playing basketball, Nancy Lopez hitting a golf ball, etc.

Dave, R. H. (1975). *Developing and Writing Behavioural Objectives.* (R J Armstrong, ed.) Educational Innovators Press.

Criteria #3c: Educational Design

The intervention is by the needs assessment

1. Whom:

- The needs assessment will have begun to identify the population with the needs

2. Where/When:

- The needs assessment will have begun to define the learning calendar and preference for existing formats/channels – or, if new strategies are needed

3. What:

- The learning objectives will have clearly articulated what the intervention should accomplish

Queeney DS. *Assessing Needs in Continuing Education*. 1995.

Criteria #3c: Educational Design

Objective:		Intervention:
1.	Remembering -	Lecture and repetition
2.	Understanding -	Lecture and discussion and repetition
3.	Applying -	Simple case studies
4.	Analyzing -	Complex case studies
5.	Evaluating -	Complex cases with moderated debriefing
6.	Creating -	Complex cases leading debriefing
7.	Imitation -	Video how-to training
8.	Manipulation -	Working groups with tailored feedback
9.	Precision -	Longitudinal simulation with practice/feedback
10.	Articulation -	Broadened, real-life practice w/ mentoring
11.	Naturalization -	*Minimum of 10,000 hours of focused exposure, practice, and natural inclination*

ARHQ Study: Effectiveness of CME. 2008. http://www.ahrq.gov/clinic/tp/cmetp.htm;
Gladwell, M. *Outliers*. 2008

Criteria #3c: Educational Design

TABLE 2. Possible Learning Techniques for Predisposing, Enabling, and Reinforcing Activities

	Possible Learning Techniques
Predisposing: Create or reinforce "teachable moment"	1. Presentation of data describing current performance 2. Presentation of guidelines or standards of care using academic detailing or local opinion leaders 3. Presentation that compares actual performance with guidelines or standards of care 4. Panel discussion to identify factors contributing to the difference between current and desired performance 5. Consensus on improvement action: education and other
Enabling: Develop competence related to teachable moment	1. *Presentation/Rule* a. Leads to a level 3a outcome (declarative knowledge; Miller's "what") b. Review consensus on corrective action c. Detailed, step-by-step description of practice guideline or standard of care, summarizing evidence where available d. Description of implementation strategies, including management of barriers, summarizing evidence where available 2. *Example/Demonstration* a. Leads to a level 3b outcome (procedural knowledge; Miller's "how to") b. Case that describes in detail how the practice guideline or standard of care is used in practice c. Increase complexity (messiness) in each succeeding case, progressing to as authentic a case as possible 3. *Practice* a. Leads to a level 4 outcome (competence; Miller's "shows how") b. For clinical reasoning (diagnostic and treatment decisions) and communications skills: 1) Small group discussion of cases led by expert 2) Case studies with audience response system pause at key decision points (Live or on the Web) 3) Observation with standardized patients c. For psychomotor skill (surgical and procedural) development: 1) Simulation 2) Animal lab 4. *Feedback* a. Leads to a level 4 outcome (competence; Miller's "shows how") b. Based on observation of practice, expert faculty praise correct performance and discuss opportunities for improvement c. Optimal performance is the product of multiple practice-feedback sessions
Reinforcing: Assists in recall of competence	1. Commitment to change/intent to practice agreements 2. Course handouts: Summaries of guidelines with suggestions for implementation and strategies for dealing with barriers 3. Reminders that could be placed on charts of patients for whom the guidelines is relevant 4. Case studies staggered over several months with opportunities to earn CME credit 5. Invitation/opportunity to participate in a "performance-improvement CME" project

Moore DE Jr, Green JS, Gallis HA. *Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities.* JCEHP. 2009 Winter;29(1):1-15.

Criteria #3d: Evaluations

Original CME Framework	Miller's Framework	Expanded CME Framework	Description	Source of Data
Participation		Participation LEVEL 1	The number of physicians and others who participated in the CME activity	Attendance records
Satisfaction		Satisfaction LEVEL 2	The degree to which the expectations of the participants about the setting and delivery of the CME activity were met	Questionnaires completed by attendees after a CME activity
Learning	Knows	Learning: Declarative knowledge LEVEL 3A	The degree to which participants state *what* the CME activity intended them to know	*Objective:* Pre- and posttests of knowledge. *Subjective:* Self-report of knowledge gain
	Knows how	Learning: Procedural knowledge LEVEL 3B	The degree to which participants state *how* to do what the CME activity intended them to know how to do	*Objective:* Pre- and posttests of knowledge *Subjective:* Self-report of knowledge gain
	Shows how	Competence LEVEL 4	The degree to which participants *show* in an educational setting *how* to do what the CME activity intended them to be able to do	*Objective:* Observation in educational setting *Subjective:* Self-report of competence; intention to change
Performance	Does	Performance LEVEL 5	The degree to which participants *do* what the CME activity intended them to be able to do in their practices	*Objective:* Observation of performance in patient care setting; patient charts; administrative databases *Subjective:* self-report of performance
Patient health		Patient health LEVEL 6	The degree to which the health status of patients improves due to changes in the practice behavior of participants	*Objective:* Health status measures recorded in patient charts or administrative databases *Subjective:* Patient self-report of health status
Community health		Community health LEVEL 7	The degree to which the health status of a community of patients changes due to changes in the practice behavior of participants	*Objective:* Epidemiological data and reports *Subjective:* Community self-report

Moore DE Jr, Green JS, Gallis HA. *Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities.* JCEHP. 2009 Winter;29(1):1-15.

Criteria #3d: Evaluations

TABLE 3. Suggested Assessment Methods and Levels of Assessment

	Observed	Self-report
Patient Health Status *Level 6*	Patient health record Administrative records	Physician questionnaire Patient questionnaire
Performance *Level 5*	Patient health record Administrative records	Physician questionnaire Patient questionnaire
Competence *Level 4*	Observation during practice and feedback during learning activity OSCEs Scenarios with ARS Scenarios in small groups Standardized patients	Physician questionnaire Clinical scenarios (electronic) Clinical scenarios (print)

Moore DE Jr, Green JS, Gallis HA. *Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities.* JCEHP. 2009 Winter;29(1):1-15.

Criteria #4: Innovations

Example considerations:

- Does the initiative explore creative and original planning strategies and tactics?
- Does the initiative include innovative educational methodology that should be encouraged and supported?
- Does the initiative move the field of medical education forward?
- To what extent does the initiative represent an improvement or advance for the requesting organization that should be recognized and encouraged?

Criteria #5: Importance

Example considerations:

- Will the results of the activity or educational intervention be published and disseminated to broaden the general body of knowledge of medical education?
- How important is the proposed activity/intervention to advancing knowledge and understanding within its own clinical area or across different clinical areas?
- Does the initiative address a critical clinical or subtopic that is rarely addressed?
- Does the initiative advance innovations in medical research such as genetics, biomarkers, personalized medicine, etc.?
- Does the initiative meet the needs of underrepresented groups (e.g., gender, ethnicity, disability, geographic, etc.)?

Grant Request Review - Checklist

- Compliance ✓
- Alignment ✓
- Educational Planning:
  - Needs Assessment ✓
  - Educational Objectives ✓
  - Educational Design ✓
  - Evaluation and Outcomes ✓

- Innovations ✓
- Importance ✓

Summary

- 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
- If you require (additional) support to implement an activity, check out our website to determine if funds are available

Parting Shots

1. 2010 goal to improve dialogue with the CE community
   - Upcoming webinars:
     - July 9th – Invitations to be sent out the week of June 28th…
     - 11AM EST: Aug. 6th – Sept. 10th – Oct. 1st – Nov. 5th
2. Upcoming Call for Grants Application (CGA)
   - TBD
3. If you have comments or suggestions please send us an email: MedEdGrants@pfizer.com

Medical Education Group

How can we help?