

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

July 9<sup>th</sup>, 2010



### 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



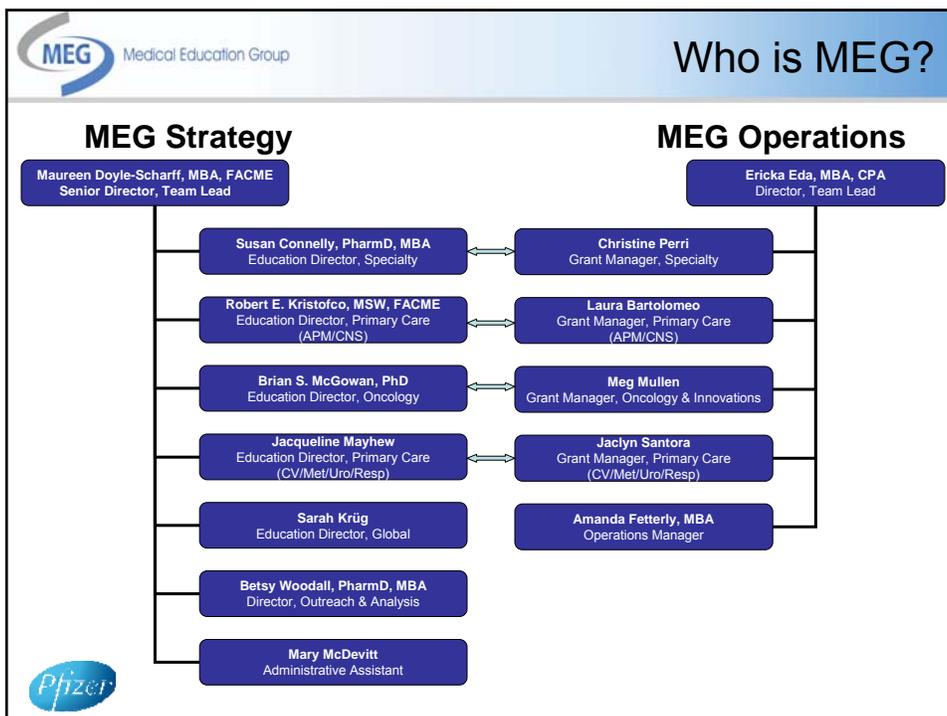
1. Introduction
2. Topic One: Recent Communications
3. Topic Two: Scorecard Criteria
4. Q and A



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





**MEG** Medical Education Group

## 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.



- 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



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

Application Period	Decision Dates	LOA De adline	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	Minimum of 2 weeks before start date or the decision will reverse to denied	After Sept 30, 2010
Sept 1, 2010 - Oct 15, 2010	Dec 5, 2010		After Dec 31, 2010

For assistance:

[mededgrants@pfizer.com](mailto:mededgrants@pfizer.com) or 1-866-MEG-4647



MEG Medical Education Group

MEG Web Portal:  
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Responsibility

- Global Health Programs
- Community Programs
- Grants & Payments**
  - Lobbying & Political Contributions

**Medical Education Grants**

**Grants for Health Care Quality Improvement & Education**  
We're supporting you as you support patient care. Pfizer offers support for your independently-run health care quality improvement initiatives through online resources and medical education grants. [Our full mission statement >](#)

**Resource Center**  
Publications, articles, needs assessments and more education literature  
[Learn more about healthcare improvement >](#)

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](#)

**Important Grant Deadlines and Dates**  
Pfizer offers four grant application windows per

Pfizer

MEG Medical Education Group

Q3 Timeline

- **June 1<sup>st</sup>** grant request **window opened**
- **July 15<sup>th</sup>** grant request **window closed** } ~ 6 wks
- **July 16<sup>th</sup>** GMs begin to triage and review ~ 8 days
- **July 26<sup>th</sup>** GMs and EDs collaborative review
- **September 4<sup>th</sup>** Decisions are communicated } ~ 6 wks

Pfizer

## Recent Communications



## 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.



### **Monitoring Activities**

- Random samples of approved medical education grants will be audited
- Providers will be given notice of Pfizer's intent to audit a specific activity

### **Changes in Scope**

- We realize this happens – a lot
- Dollars are approved in line with the submitted proposal
- Changes to educational need, architecture, assessment of educational effectiveness, budget, etc. need to be reviewed
- All work completed prior to Pfizer's documented approval of the change in scope is done at the risk of the Provider



- Q3 grant window is open – submit your grant requests on or before July 15<sup>th</sup>
- Changes are occurring all the time, please be sure to read MEG Communications
- We would like to see more grant requests that designed based on local educational needs and incorporate local QI/PI initiatives



## Overview of MEG Scorecard

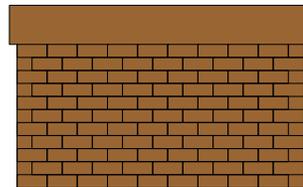
EVERY Request is Reviewed and Scored



## Automatic Road Blocks

**Compliance Issues**

**Lack of Alignment**



- 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.



## Medical Education Grant Process

Clinical Areas



Pfizer Medical Education Group

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

Updated June 15, 2010

## Clinical Area Goals

The current *Clinical Areas of Interest* and goal statements for the Pfizer Medical Education Group are listed below. New this year, 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 (NCOA, AHRQ, PQRI, ICAHO, 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>)



MEG Medical Education Group Alignment



15 Pages



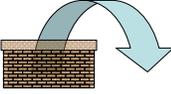
27 Clinical Areas

Area of Medicine	Clinical Areas of Interest <sup>1</sup>	Goal Statement	Quality Measure(s), if applicable <sup>2</sup>
Cardiology	Cardiovascular Risk (Prevention of Heart Attack and Stroke)	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.	<p>Hypertension: percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (BP less than or equal to 140/90 mm Hg) during the measurement year. <i>National Committee for Quality Assurance. 2008 Jul. NQMC:004233 MC:003784</i></p> <p>Chronic stable coronary artery disease (CAD): percentage of patients who were prescribed lipid lowering therapy. <i>American College of Cardiology American Heart Association Physician Consortium for Performance Improvement®. 2005 Aug. NQMC:001992</i></p> <p>Chronic stable coronary artery disease (CAD): percentage of patients who received at least one lipid profile (or ALL component tests). <i>American College of Cardiology American Heart Association Physician Consortium for Performance Improvement®. 2005 Aug. NQMC:001987</i></p> <p>Diabetes mellitus: percent of patients 40 years and older who have a current prescription for statins. <i>HRSA Health Disparities Collaboratives: Diabetes Collaborative. 2006 Jun. NQMC:001595</i></p> <p>Chronic kidney disease (CKD): percentage of patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving RRT), who had the following laboratory testing ordered at least once during the 12 month reporting period: serum levels of calcium, phosphorus and intact PTH, and lipid profile. <i>Physician Consortium for Performance Improvement® Renal Physicians Association. 2007 Oct. NQMC:003789</i></p>

*Examples of Quality Indicators*



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





Outcomes Data



Past Performance Matters

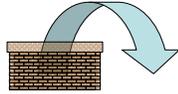


Financial Reconciliation



Activity Execution





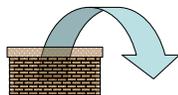
- The needs assessment is minimal or does not exist
- The needs assessment has a literature review but does not go beyond articulating the science area of need and/or includes only broad generalized data
- Goes beyond basic literature review and begins to link the science foundation to an actual need 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



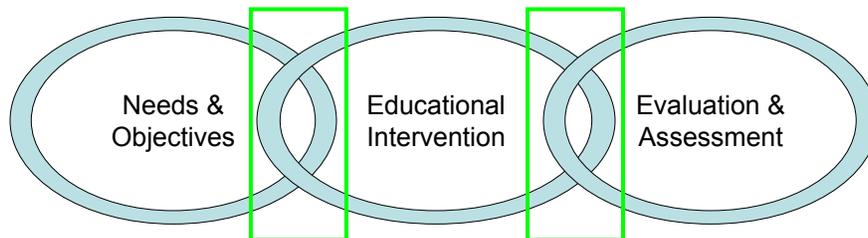
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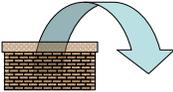
Gilbody SM. *Psychol Med.* 2002;32:1345-1356; [Grant J. \*BMJ.\* 2002;324:156-159.](#)  
 Harrison LM. *Public Health Rep.* 2005;120(1):28-34. Brazil K. *Int J Palliat Nurs.* 2005;11(9):475-480. [Turner S. \*Occup Med.\* 2004;54:14-20.](#) [Ratnapalan S. \*Can J Clin Pharmacol.\* 2004;11\(1\):150-155.](#)



From here anything and everything is possible



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.
- ≥ 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.

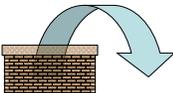
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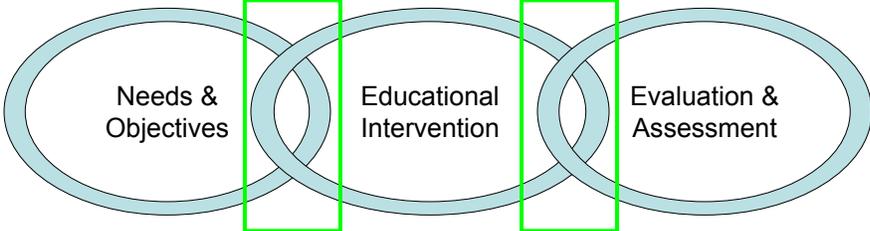
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 Jackson M. Discussion of the ADDIE Model. 2007. Davis D, Barnes BE, Fox R, editors. The Continuing Professional Development of Physicians. American Medical Association. 2003.

MEG Medical Education Group Linkage

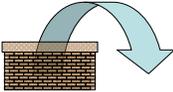


From here anything and everything is possible





MEG Medical Education Group 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.

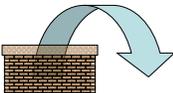


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 Moore DE, et al. *J Contin Educ Health Prof.* 2009;29(1):1-15.

MEG Medical Education Group Educational Innovation

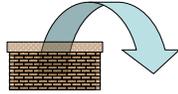


**C**reative and original concepts

**M**ethodology is innovative

**E**ducational contribution for HCP learning





### B's

- Proprietary information
- Education is lost in a sea of similar educational initiatives
- One-size-fits-all approach

### A's

- Publication of results
- Education on a critical disease area where little education is available
- Impact on disparities in care



- 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



1. 2010 goal to improve dialogue with the CE community
  - Upcoming webinars:
    - August 6<sup>th</sup> – Invitations to be sent out around July 25<sup>th</sup>
    - 11AM EST: Sep 10 – Oct 1 – Nov 5 – Dec 3
2. If you have comments or suggestions please send an email: [mededgrants@pfizer.com](mailto:mededgrants@pfizer.com)



How can we help?

