First Fridays Webinar Series: Medical Education Group (MEG)

June 3rd, 2011

Provide Insights into MEG Operations
Share Up-To-Date Information
Webinar Series Goals
How Can Pfizer Improve Processes?
Respond to Outstanding Questions From Providers
Share Best Practices
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
Who is MEG?

**MEG Strategy**
- Maureen Doyle-Scharff, MBA, FACME
  - Senior Director, Team Lead

**MEG Operations**
- Ericka Eda, MBA, CPA
  - Director, Team Lead

- Susan Connelly, PharmD, MBA
  - Education Director, Specialty

- Robert E. Kristofco, MSW, FACME
  - Education Director, Primary Care (APM/CNS)

- Brian S. McGowan, PhD
  - Education Director, Oncology

- Jacqueline Mayhew
  - Education Director, Primary Care (CV/Met/Uro/Resp)

- Betsy Woodall, PharmD, MBA
  - Director, Outreach & Analysis

- Helen Choi (temporary)
  - Grant Manager, Specialty

- Laura Bartolomeo
  - Grant Manager, Primary Care (APM/CNS)

- Meg Mullen
  - Grant Manager, Oncology & Innovations

- Jaclyn Santora
  - Grant Manager, Primary Care (CV/Met/Uro/Resp)

- Amanda Fetterly, MBA
  - Operations Manager

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.

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### Recent Communications

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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
First Pass Review

Compliance Issues

- Lack of Alignment
- Short-Dated
- Cancelled
- Pfizer Promotional Speakers (Identified)

DOA

Dead on Arrival

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.
Alignment

Resource Center

Clinical Areas

Examples of Quality Indicators

Pain management in the long-term care setting: percentage of patients with documented care plan for acute or chronic pain. American Medical Directors Association, 2004 Jan. AGA-10341

Care for older adults (ICN) percentage of adults 65 years and older who had each of the following during the measurement year: adherence to treatment, medication review, functional status assessment and pain assessment. National Committee for Quality Assurance, 2002 Jan. AGA-301421

Diabetes mellitus: the percentage of patients with diabetes with a record of neuroprotective therapy in the previous 12 months.
**Short-Dated**

<table>
<thead>
<tr>
<th>Application Period</th>
<th>Date Decision To Be Communicated By</th>
<th>Signed LOA Deadline</th>
<th>Start Date of Program/Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 1, 2010 – Oct 15, 2010</td>
<td>Dec 5, 2010</td>
<td>Minimum of 2 weeks before start date or the decision will reverse to denied</td>
<td>Jan 1, 2011 or later</td>
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<tr>
<td>Dec 1, 2010 – Jan 15, 2011</td>
<td>Mar 4, 2011</td>
<td>Minimum of 2 weeks before start date or the decision will reverse to denied</td>
<td>April 1, 2011 or later</td>
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<td>Mar 1, 2011 – April 15, 2011</td>
<td>June 3, 2011</td>
<td>Minimum of 2 weeks before start date or the decision will reverse to denied</td>
<td>July 1, 2011 or later</td>
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<td>Sept 2, 2011</td>
<td>Minimum of 2 weeks before start date or the decision will reverse to denied</td>
<td>Oct 1, 2011 or later</td>
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**Most Recent Grant Window**

13.5%

**Qualifications/Experience of Provider and Educational Partner**

- **Outcomes Data**
- **Past Performance Matters**
- **Activity Execution**
- **Financial Reconciliation**

- Now includes receipt of outcomes data
- May include activity monitoring
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.


From here anything and everything is possible

Needs & Objectives
Educational Intervention
Evaluation & Assessment
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 incorporates collaboration with others, QI/PI, or use of non-educational interventions, formative assessment, curriculum approach, learner centricity, learner driven/defined, addresses barriers to care.


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.
- Community or population health impact will be measured.

Educational Innovation

C reative and original concepts
M et hodology is innovative
E ducat ional contribution for HCP learning
**Societal/External Impact**

**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

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**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
• 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