First Fridays Webinar Series: Medical Education Group (MEG)  
July 9th, 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

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**

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**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, 2019 - Jan 15, 2019 | Mar 6, 2019 | Minimum of 2 months before start date or LOA will be denied | After Mar 21, 2019
Mar 1, 2019 - April 15, 2019 | June 5, 2019 | | After June 30, 2019
June 1, 2019 - July 15, 2019 | Sept 4, 2019 | After Sept 30, 2019
Sept 1, 2019 - Oct 15, 2019 | Dec 6, 2019 | After Dec 31, 2019

For assistance: mededgrants@pfizer.com or 1-866-MEG-4647
**Q3 Timeline**

- **June 1st** grant request window opened
  - ~ 6 wks

- **July 15th** grant request window closed

- **July 16th** GMs begin to triage and review
  - ~ 8 days

- **July 26th** GMs and EDs collaborative review

- **September 4th** Decisions are communicated
  - ~ 6 wks
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.
# Two Recent LOA Changes

## 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

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## Summary of MEG Process
- Q3 grant window is open – submit your grant requests on or before July 15th
- 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
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

Medical Education Grant Process

Clinical Areas

Scroll Down

Clinical Area Goals

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

Updated Date 19, 2018

- The current clinical areas of interest and educational statements for the Pfizer Medical Education Group are listed below. Please see the interested
 practitioners (NCCQ, AIME, PIQ, EUA M, AHA etc) and individual hospitals who also establish their own metrics for quality care.
- These areas of clinical focus have been identified as key areas for supporting education in which the provider can further enhance
  patient care.
- Areas of clinical focus are those that are designed to improve health care provider performance and patient health clinical education through the integration of education, assessment, and quality improvement initiatives.
- By striving to meet the key areas that target measurable outcomes in a professional setting we are in alignment with current guidance from the Accreditation
  Council for Continuing Medical Education (http://education.direct/).
### Examples of Quality Indicators

<table>
<thead>
<tr>
<th>Area of Medicine</th>
<th>Clinical Areas of Interest</th>
<th>Goal Statement</th>
<th>Qualitative Measure(s), if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geriatrics</td>
<td>Combination Risk Prevention of Heart Failure and Stroke</td>
<td>Increase the number and proportion of high-risk patients (such as those with coronary heart disease) who receive evidence-based treatments from healthcare providers for their cardiovascular risk factors including hypertension, smoking cessation, hyperlipidemia, and HbA1c.</td>
<td>Hypertension: percentage of patients ≥65 years of age who had a diagnosis of hypertension and who had a blood pressure (BP) of inadequately controlled (BP &gt; 140/90 mmHg). Sources: National Committee for Quality Assurance (NCQA) 2019. American Board of Internal Medicine (ABIM) 2019. American Heart Association (AHA) 2019. American College of Cardiology (ACC) 2019.慢性阻塞性肺疾病（COPD）：患者中≥65岁，血红蛋白A1c（HbA1c）控制不佳的患者比例。来源：美国医疗质量认证委员会（NCQA）2019。美国内科学会（ABIM）2019。美国心脏协会（AHA）2019。美国心脏病学会（ACC）2019。</td>
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<td></td>
<td>Chronic Stable Coronary Heart Disease</td>
<td>Percentage of patients who received at least one visit to an ACC or AHA-compliant heart failure center.</td>
<td>American College of Cardiology (ACC) 2020. American Heart Association (AHA) 2020.</td>
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<tr>
<td></td>
<td>Chronic Kidney Disease (CKD)</td>
<td>Percentage of patients aged 18 years and older with the diagnosis of advanced CKD stages 4 or 5 receiving RRT, who had the following laboratory testing at least once during the 12-months reporting period: serum levels of albumin, phosphorus, and intact PTH, and body fat.</td>
<td>National Kidney Foundation (NKF) 2020. American Society of Nephrology (ASN) 2020. National Kidney Foundation (NKF) 2020. American Society of Nephrology (ASN) 2020.</td>
</tr>
</tbody>
</table>
**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


**Linkage**

*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.

- \( \geq 2 \) innovative, original, or substantive elements (eg, tools and serial learning)

- Educational design truly based on actual needs and specific objectives or goals. May 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
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.


Educational Innovation

C - Creative and original concepts
M - Methodology is innovative
E - Educational 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

**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
1. 2010 goal to improve dialogue with the CE community
   • Upcoming webinars:
     • August 6th – Invitations to be sent out around July 25th
     • 11AM EST: Sep 10 – Oct 1 – Nov 5 – Dec 3

2. If you have comments of suggestions please send an email: mededgrants@pfizer.com

How can we help?