

## FROM THE PRESIDENT

By Ajit K. Sachdeva, MD, FRCSC, FACS  
President, Society for Academic CME

Director, Division of Education, American College of Surgeons



I am delighted to share with you highlights of major activities of the Society for Academic CME (SACME) since my last report of March 2017. We have maintained a sharp focus on the five-point Agenda I had articulated at the start of my term, and have actively pursued the five domains of leadership, innovation, scholarship, member engagement, and operational excellence, with the goal of taking SACME to unprecedented heights!

The 40th Anniversary 2017 Annual SACME Meeting was held in Scottsdale, Arizona, in May 2017. The Program was truly spectacular! George E. Thibault, MD, President of the Josiah Macy Jr. Foundation delivered the Barbara Barnes, MD, Keynote Address entitled “Towards a New Continuing Professional Development: Aligning CPD with Societal and Professional Needs.” This Address was very visionary and the presentation was superb. It provided an outstanding blueprint for innovations in health professional education and effectively articulated the new framework for continuing professional development. The Address was extremely well-received by the attendees, who shared numerous accolades throughout the SACME Meeting. The Opening Keynote Address entitled “Patient Safety: Getting Sustainable Improvement” was delivered by James P. Bagian, MD, Professor of Engineering Practice, Industrial and Operations Engineering, Center for Healthcare Engineering and Patient Safety at the University of Michigan. The presentation was stimulating and generated considerable excitement regarding the topic of patient safety. The Presidential Panel on “Role of Stakeholders in CPD/CME” included John R. Combes, MD, Past Chief Medical Officer and Senior Vice President, Center for Healthcare Governance, American Hospital Association; Julie A. Freischlag, MD, FACS,

Chief Executive Officer, Wake Forest Baptist Medical Center; Lewis G. Sandy, MD, FACP, Senior Vice President, Clinical Advancement, UnitedHealth Group; and Luke Sato, MD, Chief Medical Officer and Senior Vice President, CRICO/Risk Management Foundation of the Harvard Medical Institutions. The Presidential Panel was moderated by Ajit K. Sachdeva, MD, FRCSC, FACS. The erudite presentations of the Panelists addressed the perspectives of different stakeholders involved with CME/CPD and patient care. Immediately after this Panel Presentation, the Panelists met with the SACME Board of Directors to establish a framework for collaboration between

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SACME and various stakeholder organizations. A Keynote Address entitled “Johns Hopkins Medicine International – The Impact of Global Health Education,” was delivered by Katherine DeRuggiero, DNP, RN, Vice President of Patient Services at Johns Hopkins Medicine International. This was followed by a Panel Discussion on “Bridging CME/CPD to National and International Health Education,” which was moderated by Annette M. Donawa, PhD. Todd Dorman, MD, Dave Davis, MD, Don Moore, PhD, and Mary G. Turco, EdD, served as Panelists. The Panel provided valuable information from personal experiences of the expert Panelists.

Another new addition to the Annual SACME Meeting Program was the Presidential Address. I delivered the Address entitled “The Three Pillars of Transformational Leadership.” This Address focused specifically on leading oneself; leading teams; and leading organizations. The presentation was supported by citations from the published literature, including medical, surgical and business journals, and best-selling books. During the Meeting, Morris J. Blachman, PhD, and Barbara E. Barnes, MD, presented a workshop on Leadership that complemented the Presidential Address.

A Special Presentation on “Top Five Advances in CME/CPD,” was delivered by Craig M. Campbell, MD. A presentation on “Innovative Assessments with ABMS Boards” was delivered by David Swanson, PhD, and a presentation on “ABMS/SACME Collaborations for Systems-based Practice and CPD Research” was delivered by David Price, MD. The Meeting also included a wide array of Scientific Presentations and Posters focusing on leading-edge scholarship in the field of CME/CPD. Betsy Williams, PhD, and Dr. Turco did an outstanding job in selecting the Oral Presentations and Posters.

A major highlight of the SACME Annual Meeting was the launch of the new Fellowship of SACME that had been proposed by and approved by the SACME Board. The first cohort of Fellows of SACME was inducted. These preeminent individuals include all Past Presidents and six renowned leaders in the field of CME/CPD. The SACME Fellows will be entitled to use the initials FSACME after their name, in recognition of this high accomplishment and acclaim. I chaired this session and presented a plaque to each new Fellow of SACME. In future years,

as each individual completes his or her term as President of SACME, the individual will be inducted automatically into the Academy. Additional preeminent CME/CPD leaders may also be inducted each year, and up to two preeminent CME/CPD leaders will be proposed by the SACME President and approved by the SACME Board annually. The new Academy of Fellows of SACME was also launched during the SACME Annual Meeting. The overarching goal of this Academy of Fellows of SACME will be to create a vibrant community of preeminent CME/CPD leaders of national and international renown who will serve as a think tank to define megatrends for the future; shape new and innovative directions in the field of CME/CPD; proactively address a range of national and international imperatives through innovation and creativity; and provide mentorship to aspiring leaders in the field of CME/CPD. The Academy will establish audacious, far-reaching goals each year. Academy Members will convene during the Annual SACME Meetings, and quarterly conference calls along with regular e-mail communication will keep the Academy Members actively engaged in various activities. The list of new Fellows of SACME and Members of the Academy inducted during the SACME Annual Meeting appears in [Table 1](#).

The 40th Anniversary Celebration of SACME occurred during the Reception at the SACME Annual Meeting. The new SACME Book, “Continuing Professional Development in Medicine and Health Care” was released and the Editors of this book, Dr. Rayburn, Dr. Turco, and Dr. Davis, personally signed copies of this book during the Reception and throughout the SACME Meeting. SACME is extremely proud of this stellar publication which should help to advance scholarship in the field of CME/CPD and bring even greater recognition to SACME.

A Special Session was organized to honor our esteemed colleagues and friends, Alexander M. Djuricich, MD, and Karen V. Mann, PhD, who we lost during the year. Dr. Turco, Dr. Donawa, and Stacey Samuels, MA, delivered the Tribute to Dr. Djuricich; and Dr. Davis, Dr. Campbell, and Joan Sargeant, PhD, delivered the Tribute to Dr. Mann. The Tributes included heartfelt comments, and many fond memories were shared by the presenters. The Tributes were followed by a moment of silence.

Gloria Allington, MSED  
 Barbara E. Barnes, MD  
 Morris J. Blachman, PhD, FACEHP  
 Craig M. Campbell, MD  
 Lois Colburn  
 Robert J. Cullen, PhD  
 D. Dale Dauphinee, MD  
 David Davis, MD  
 Nancy Davis, PhD  
 Todd Dorman, MD  
 William Easterling, Jr., MD  
 Gerald H. Escovitz, MD

Michael Fordis, MD  
 Meryl H. Haber, MD  
 R. Van Harrison, PhD  
 Martyn O. Hotvedt, PhD  
 Ginny Jacobs, MEd, MLS, CHCP  
 Gabrielle Kane, MB, EdD, FRCPC  
 Martin P. Kantrowitz, MD  
 John R. Kues, PhD  
 Paul J. Lambiasi  
 James C. Leist, EdD  
 Jocelyn Lockyer, PhD  
 Phil R. Manning, MD

Jack L. Mason, PhD  
 Paul E. Mazmanian, PhD  
 Pam McFadden  
 Graham T. McMahon, MD, MMSc  
 Don Moore, PhD  
 Curtis A. Olson, PhD  
 John T. Parboosingh, MD  
 Deborah Samuel, MBA  
 Joan Sargeant, PhD  
 Melinda Steele, MEd  
 Mary G. Turco, EdD  
 Dennis K. Wentz, MD

**Table 1: Fellows of SACME and Members of the Academy Inducted in 2017**

During the meeting, several awards were presented to the recipients listed in [Table 2](#) to recognize them for their outstanding contributions to SACME.

Barbara E. Barnes, MD	Linda K. Lupi, MBA
Morris J. Blachman, PhD	Don Moore, PhD
Annette M. Donawa, PhD	William F. Rayburn, MD
Joyce Fried	Michael J. Schoen, PhD

**Table 2:**  
**Recipients of the Award presented in Recognition of Outstanding Contributions to SACME**

Dr. Turco presented the Dave Davis Research in Continuing Medical Education Award to Dr. Betsy Williams for her landmark contributions to the field, and the Award for Distinguished Service in Continuing Medical Education to Curt A. Olson, PhD, for his record of outstanding contributions to CME/CPD. Dr. Olson has done a spectacular job as Editor-in-Chief of the *Journal of Continuing Education in the Health Professions* for which we will forever be indebted. His leadership, wisdom, mentorship, and scholarly expertise have catalyzed innovation and have been a gift to the CME/CPD community! A number of other awards were also presented for scholarly work and they are listed in an article by Dr. Turco in this issue of INTERCOM. I also presented a Special Award to Jim Ranieri, MBA, MPH, to recognize his numerous contributions to SACME over a period of 16 years!

The Annual SACME Meeting attracted a record 242 attendees and generated tremendous excitement that was palpable throughout the meeting! Of special note was the large number of international attendees and the presence

of many young leaders and scholars in the field of CME/CPD. This was very exciting. I would like to personally express my sincere gratitude to Dr. Donawa who, along with the Program Committee, did a spectacular job in creating this one-of-a-kind Program! I also would like to express my sincere gratitude to Mr. Ranieri and Prime Management for their support for this Program; and especially recognize Linda K. Lupi, MBA, who worked very closely with me, Dr. Donawa, and Mr. Ranieri to address myriad programmatic issues and numerous details throughout the year and during the Meeting.

The Standing Committees of SACME have continued to be very productive. The Strategic Affairs Committee, under the leadership of Dr. Moss Blachman and Dr. Barbara Barnes, played a key role in revising the Bylaws, developing responses to timely national issues, and advising the SACME President and Board regarding strategic matters. Membership in SACME continues to grow and has crossed the 300 mark. Linda D. Caples, MBA, and the Membership Committee deserve recognition for this significant achievement.

The finances of SACME remain strong and Ms. Joyce Fried has done a superb job in managing the SACME finances, in her role as SACME Treasurer. The new Finance Committee of SACME met for the first time during the SACME Meeting and provided valuable guidance in regard to the fiscal affairs of SACME. The Communications Committee continues to do superb work under the leadership of Ms. Samuels. This committee has made extensive updates to the format and content of the SACME Website, and has also undertaken the publication of CE News this year. INTERCOM remains an invaluable

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*From the President, continued from page 3*

resource thanks to the efforts of Sharrie Cranford, MS. I asked Dr. Donawa to chair the group of Standing Committee Chairs to align processes and improve collaboration. The work of this group is progressing well. The Regional Representatives met during the Annual SACME Meeting and are planning to pursue an ambitious agenda that involves serving as the key liaisons between the rank-and-file of the Membership and the SACME Leadership.

As you know, Mr. Ranieri and Prime Management will conclude their official engagement with SACME effective June 30, 2017. The management of SACME will be assumed by Bostrom. An official contract with Bostrom was executed in May following a national search and critical negotiations. Dr. Rayburn chaired this Search Committee, and I participated in the search process and led the negotiations with Bostrom. John D. Dee, CPA, Chief Operating Officer and Chief Financial Officer and Cynthia L. Keillor, CAE, Account Executive, participated in the beginning of the SACME Meeting and attended the meetings of the Board of Directors and the Finance Committee. Jeanne Sheehy, MBA, Chief Marketing Officer, will also play a key role in the relationship of SACME with Bostrom. Over the last several weeks, the principals from Prime Management

and Bostrom have been in regular communication to ensure a smooth transition between the two Association Management Companies. I would like to again thank Mr. Ranieri and Prime Management for their outstanding support and commitment to SACME. It has been a real joy to work with Jim Ranieri and his team! We wish him the very best in his future professional endeavors.

The year ahead presents a host of new and exciting opportunities which we plan to pursue aggressively, with passion, commitment, and dedication. I would like to thank SACME Members for their stellar contributions and support throughout the past year, and remain most grateful to the Members of SACME Board who continue to generously share their invaluable expertise and time to advance SACME's Agenda. As always, I welcome your ideas, suggestions, and feedback. My e-mail address is [asachdeva@facs.org](mailto:asachdeva@facs.org) and phone number is (312) 202-5405.

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## UPDATES FROM THE AAMC

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The AAMC has been very active in its efforts to further develop its medical education structure and strategic initiatives. Below are updates that are relevant to our colleagues in continuing medical education and continuing professional development.

The AAMC represents all 147 accredited U.S. and 17 Canadian medical schools, nearly 400 major teaching hospitals and health systems, including 51 Veterans Affairs (VA) medical centers, and more than 80 academic societies. AAMC operationalizes our work through all the individuals at those institutions, including nearly

160,000 faculty members, 83,000 medical students, and 115,000 resident physicians. The AAMC supports 20 affinity groups, 4 councils, and 2 organizations that serve the following professional development areas: medical education, research, patient care, medical school operations, teaching hospital and health system operations, diversity, and advocacy. Our professionals who work in CPD/CME are represented across the Association and through Council of Faculty and Academic Societies (CFAS) in over 80 active member societies. Examples of councils and affinity groups that most actively engage this audience include: the CFAS,

the Council of Teaching Hospitals (COTH), the Group on Educational Affairs (GEA) Continuing Education and Improvement Section, the Group on Faculty Affairs (GFA), the Group on Regional Medical Campuses (GRMC), and the Group on Faculty Practice (GFP).

## Medical Education Cluster Re-Structures to Meet Needs of Our Dynamic Academic Health Systems

Recently, the AAMC Medical Education Cluster restructured to better realize our vision to lead innovation and support the advancement of teaching and learning across the medical education continuum to develop a diverse 21st century physician workforce. Four inter-related units now makeup the Cluster including: Educational Affairs, Strategic Initiatives and Partnerships, Medical Education Research, and Digital Educational Resources.

**The Educational Affairs Unit** serves a unique role at AAMC supporting our mission in Medical Education by serving as the primary academic home for medical education faculty across the continuum. The team actively links the constituencies of medical educators regardless of group affiliation with on-going AAMC activities in general and Medical Education projects in particular. The Educational Affairs team is responsible for supporting the regular on-going efforts of Medical Education at the AAMC related to faculty development, scholarship, and networking. These activities include the virtual medical education meeting, certificate programs, and the annual AAMC Learn Serve Lead conference call for medical education submissions.

**The Strategic Initiatives & Partnerships (SIP) Unit** leads, develops, and oversees strategic programs and projects that support the mission and vision of the AAMC. This team identifies opportunities for synergies and leads initiatives across the continuum of medical education (pre-med to retirement), across specialties within medicine, and across healthcare professions education that help achieve the mission and vision of the Association. The SIP team actively develops and maintains strong alliances with our strategic partners that inform and advance collaborative efforts in medical and health professions education.

**The Medical Education Research Unit** advances medical education and medical education scholarship by developing and leading a research program focused on assessing educational outcomes across the continuum of education. This new team will work collaboratively with AAMC colleagues and constituents to develop and implement research priorities that the unit can lead, collaborate, and/or support to best advance medical education and innovation. The new unit will also establish relationships with key partner organizations to identify opportunities for data sharing and collaborative research.

**The Digital Educational Resources Unit** advances digital learning tools and innovations along the continuum of medical education. This team is working to build on the existing AAMC digital resources, such as MedEdPORTAL and Curriculum Inventory, to create a flexible, accessible, easily navigable digital home for more broadly sharing best practices in medical education curricula, innovation, and scholarship. In addition, this team will work with constituents and AAMC colleagues to develop interactive communities of education practice that will foster ongoing collaborative efforts aggregating and producing best practices in identified areas of interest for medical and health professions educators.

## Update on AAMC Leadership: Selection of Chief Diversity and Inclusion Officer

David A. Acosta, MD, has recently joined the Association as Chief Diversity and Inclusion officer after a nationwide search. Acosta was senior associate dean for equity, diversity, and inclusion at the University of California (UC), Davis School of Medicine and associate vice chancellor for diversity and inclusion and chief diversity officer for UC Davis Health System. To learn about Dr Acosta's vision for the next generation of diversity work, see: <https://news.aamc.org/diversity/article/new-aamc-diversity-chief-shares-his-vision>

## Select Strategic Initiatives

### Opioid Response from Medical Education

In response to the national epidemic, the AAMC is developing a plan to provide information and resources that address their tripartite mission of education, clinical care, and research. In the near term, they are identifying and collecting member institution efforts related to pain

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management and addiction. A series of focus groups are ongoing to better understand the practices and needs of members in responding to this epidemic. A webinar series was held from January to April 2017, which highlighted efforts across the three mission areas and the continuum of medical education. To learn more, see: <https://www.aamc.org/opioids>

A call for resource submissions for MedEdPORTAL is currently underway to increase the evidence-based tools for effective teaching. To learn more, see: <https://www.mededportal.org/>

### Physician Wellness and Burnout

The AAMC continues to take a number of actions to raise awareness of physician wellbeing and methods towards the reduction of burnout. We have incorporated topics related to wellness into many of our workshops and meetings. The Board also endorsed the *AAMC Statement on the Learning Environment*, and we continue to move the national dialogue about this crisis forward with events like the 2016 Leadership Forum. We have also established a website ([www.aamc.org/wellbeing](http://www.aamc.org/wellbeing)) with resources for the broader academic medicine community.

The AAMC is proud to be an inaugural sponsor of the new National Academy of Medicine (NAM) Action Collaborative on Clinician Well-Being and Resilience. The collaborative—which is chaired by Victor Dzau, MD, and co-chaired by Darrell Kirch, MD, AAMC CEO, and Thomas Nasca, MD, MACP, ACGME CEO—will unite stakeholders from across the country to bring a multifaceted approach to advancing evidence-based solutions to reverse trends in clinician stress, burnout, and suicide and to foster clinician well-being. The collaborative will host a range of activities to raise momentum around these issues, including workshops, NAM Perspectives papers, public opinion pieces, joint communications and messaging, and a consensus study to be carried out by the Health and Medicine Division of the National Academies. An upcoming public event was held July 14, 2017, in Washington D.C. You can learn more about this new action collaborative and how to get involved at <https://nam.edu/initiatives/clinician-resilience-and-well-being>.

### Quality Improvement and Patient Safety (QIPS) Competencies

The AAMC is launching a new collaborative initiative to generate consensus around a set of tiered competencies for QIPS. While education in quality improvement (QI) and patient safety (PS) is now being endorsed at all levels of medical education and professional training, the specific knowledge, skills, and attitudes necessary for students, residents, and attending faculty to gain competence in the disciplines of QIPS have not been formally agreed upon or published by national medical education bodies. This work will serve as a roadmap for curricular and professional development, performance assessment, and improvement of health care services and outcomes. For more details, see: <https://www.aamc.org/initiatives/quality/qips>

### Select Services, Publications & Offerings

Read *AAMCNews* for the latest examples of how medical education is transforming healthcare delivery. Many thanks to our SACME colleagues for their contributions to this new publication! Recent highlights include:

[Using CME as an Engine of Transformation](#)

[eConsults Reduce Need for Specialty Referrals: Project CORE](#)

[Physicians Can Play Crucial Role in Identifying Human-Trafficking Victims](#)

[When the Worst Happens, Teaching Hospitals Are Ready](#)

[Medical Schools, Teaching Hospitals Partner with Community to Move Toward Health Equity](#)

### The Work Ahead for Academic Medicine: Our Guiding Principles

The AAMC released *The Work Ahead for Academic Medicine: Our Guiding Principles*, which details the core principles that guide the work of America's medical schools and teaching hospitals. These principles underscore the critical role of academic medicine in creating a health care system that is better for patients, communities, and the nation. These principles have been guiding beacons to academic medicine and the AAMC



for many years and will continue to remain so for decades to come.

### **AAMC Launches Convey**

Convey is a new, secure online system designed to reduce the amount of time physicians, researchers, and scientists spend submitting financial conflict of interest disclosures. The state-of-the-art system will simplify the process of disclosing required information by providing a single source for individuals to enter and maintain records of their financial interests. The new system addresses a recommendation from the 2009 Institute of Medicine report, *Conflict of Interest in Medical Research, Education, and Practice*, to develop a centralized system for disclosing financial interests. An IOM convened working group formed to consider how such a system would work noted that the current process for disclosure is fragmented and burdensome for health care professionals and biomedical researchers, and asked AAMC to create it. Convey is now live and equipped for organizations to subscribe. Individuals who register may use the system at no cost. We continue to welcome user feedback in order to optimize this system and we thank those who stopped by the exhibit and shared helpful insights at the recent SACME meeting in Scottsdale, Arizona.

### **StandPoint Surveys**

StandPoint seeks to support academic medical centers in creating “best places to work” that engage and retain the talented employees needed to achieve the unique mission of each institution and improve the health of the nation. StandPoint is committed to assisting academic medical centers in measuring, understanding, and improving the institutional work environment, recognizing both the human and organizational dimensions of the talent management imperative unique to academic medicine. Developed in 2009, StandPoint is an AAMC program designed to assist academic health centers attract top talent and retain exceptional faculty and staff. They offer surveys and tools to assess the engagement, satisfaction, and retention of full- and part-time medical school faculty; medical school staff; and educators in schools of nursing, dentistry, pharmacy, allied health, and other health professions. The engagement surveys are specifically designed and validated to address the unique culture of academic medicine.

<https://www.aamc.org/services/standpointsurveys/>

### **Professional Development in Leadership, Research, and Teaching**

Through a host of leadership seminars, courses, and institutes, the AAMC provides executives, faculty, and administrators at member institutions with the skills required to lead and transform today’s dynamic academic medical centers. Some offerings are available for local and/or regional administration. For full descriptions, see the leadership course catalog: <https://www.aamc.org/members/leadership/catalog/>

**The Medical Education Research Certificate program**, also referred to as **MERC**, consists of nine, three-hour workshops focused around medical education research. MERC workshops are intended to provide the knowledge necessary to understand the purposes and processes of medical education research. Workshops are offered at AAMC Annual Meetings and at individual institutions by request. This year MERC faculty have presented over 100 workshops at 25 different institutions. In April, MERC staff attended the annual ACCME meeting in Chicago, IL, to inform CME professionals about the flexible certificate program.

**Teaching for Quality (Te4Q)** is a faculty development program that trains faculty how to effectively teach quality improvement and patient safety (QIPS) to medical students, residents, and other clinicians. The longitudinal program includes an immersion in core quality improvement principles, followed by methods to teach that content, as well as an experiential opportunity to apply the lessons learned. The AAMC is currently in the process of launching a new initiative to develop competencies in QIPS education, which will inform Te4Q and others as we continue to advance our educational practices.

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# REFLECTIONS OF SACME's 2017 FIRST ANNUAL CONFERENCE: CUTTING EDGE CPD/CME: US AND BEYOND US BORDERS

By Annette Mallory Donawa, PhD, Chair, SACME Program Committee  
Assistant Dean, Johns Hopkins University, Office of CME

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SACME's First Annual Conference in Scottsdale, Arizona, focusing on international and global education, was a success by all measures. With over 240 registrants, the highest attended conference in SACME's history, participants heard from engaging prominent keynote speakers such as Dr. James P. Bagian, Professor of Engineering Practice at the University of Michigan, who aligned healthcare engineering and patient safety with the importance of continuing medical education. Dr. George E. Thibault, President of the Josiah Macy Jr. Foundation, delivered the Barbara Barnes Plenary and challenged the participants to view CME as an accrual of human capital instead of an accrual of CME credits, in addition to the need for ongoing scholarship in CPD/CME. Dr. Ajit Sachdeva, President of SACME and Director of the Division of Education at the American College of Surgeons, delivered the Presidential Address focusing on three pillars of transformational leadership: Leading Oneself, Leading Teams, and Leading Organizations. Attendees were encouraged to lead high reliability organizations, and to serve with humility and emotional intelligence.

Panelists challenged participants to integrate the patient's voice, team-based learning, and quality improvement in CPD/CME. Participants actively engaged in discussions that focused on developing medical education for international audiences, and speakers emphasized the importance of considering the culture of the target populations.

With representation from seven countries: Australia, Canada, France, India, Saudi Arabia, the United States, and the Vatican City State, participants interacted with several panelists, scholarship and leadership workshop facilitators and learned about current CPD/CME scholarly work from almost 100 research and poster presentations.

If you missed this milestone conference, you can view the plenary recorded sessions on SACME's website: [www.sacme.org](http://www.sacme.org). These online programs are not CME-accredited.

**We look forward to seeing you at SACME's 2018 Annual Conference in San Antonio, Texas next year on April 25 – 28, 2018.**







## THE REIMBURSEMENTS THEY ARE A CHANGIN' (MACRA, MIPS, AND APM's)

*What qualifies as an 'Improvement Activity'?*

By Ginny Jacobs, MEd, MLS, CHCP

There has been much discussion in the world of health-care regarding the shift from a 'fee-for-service' model to a 'pay-for-performance' program. Properly implemented, a pay-for-performance program should more appropriately align the efforts of the community of healthcare providers so that we reward quality of care over quantity of services.

In the last issue, we outlined the underpinnings of the Medicare Access and CHIP Reauthorization Act (MACRA), offered some basic insights into how the Quality Payment Program (QPP) is structured, and introduced a closer examination of the key elements which factor into a Composite Performance Score (CPS) - a calculation which helps determine reimbursement levels for those participating in a Merit-based Incentive Program (MIPS).

While the topic is admittedly complex and has no signs of becoming less anytime soon (as evidenced by the 1058-page proposed ruling labeled '2018 Updates to the QPP'), it is important to keep in mind several key points which were highlighted in the first article of this two-part series:

- The shift to the QPP has involved a consolidation of previously-existing incentive and penalty payment programs.
- 2017 is considered a transition year, offering a "pick your pace" entry option for the first year of implementation into the QPP.
  - Those who were ready could begin January 1, 2017, and start collecting their performance data.
  - Those who were not ready at the beginning of this year **can still choose to start anytime before October 2, 2017**.
- This program could have a significant impact on your institution's Medicare reimbursements. The potential incentives/penalties for each year will start at +/- 4% for 2019 and are expected to increase to +/- 9% in 2022.

- Data gathered for 2017 (and submitted by March of 2018) will determine 2019 Medicare payments. NOTE: It would be wise to find out how dependent your providers are on Medicare reimbursement as a source of revenue.
- Physicians or practices are allowed to submit data on a single practice measure or improvement activity and not experience a reimbursement cut. (Practices still have the option of submitting a minimum of 90 days of continuous data to qualify for incentive payments.)
- Whenever you choose to start, you will need to submit your performance data by **March 31, 2018**. You can also begin participating in an Advanced Alternative Payment Model (APM).
- The first payment adjustments based on performance go into effect on **January 1, 2019**.
- This system is designed to more appropriately reward value and performance (outcomes) by requiring providers to achieve stated goals in areas described in the Composite Performance Score (CPS).
- There are four categories in the CPS (for purposes of reimbursement calculation) – Quality, Resource Use-Value-Based Medicine (VBM), Improvement Activities, and Meaningful Use.
- With the exception of 'Improvement Activities', which is a new category, all other categories are holdovers or variations of components found in the previous incentive/penalty payment programs.

Let us examine the 'Improvement Activity' category, as currently, this category offers a pre-approved list of 92 activities which are automatically eligible. The list includes such programs as Maintenance of Certification (MOC) Part IV, IHI Training/Forum Event, AHRQ Team STEPPS, and the Joint Commission Ongoing Professional Practice Evaluation (OPPE) initiative. The complete list of pre-approved activities can be found at <https://qpp.ms.gov/measures/ia>.

As CME providers, we should continue to examine how we can align our efforts to advance the approved Improvement programs and/or activities. However, it is disconcerting to note the Improvement Activities category does not currently acknowledge CME-approved activities in a broader sense. On that note, there has been a deliberate, collaborative effort underway to encourage the Center for Medicare Services (CMS) to revisit this point.

For the past year, the MACRA Working Group, which is comprised of representatives from the Council of Medical Specialty Societies (CMSS), Accreditation Council for Continuing Medical Education (ACCME), American Academy of Family Practice (AAFP), Society for Academic Continuing Medical Education (SACME), and the Alliance for Continuing Education in the Health Professions (ACEhp) has been engaged in work on this important topic. As part of its annual review of MACRA, the Working Group responded to CMS' Call for Comments and strategically positioned itself to present a unified message on behalf of the CME community. In March, Dr. Todd Dorman, former SACME President, represented our organization as members of the MACRA Working Group (which includes Dr. Norman Kahn from CMSS), met with Pierre Yong, MD, and other leaders from CMS's Division of Quality Measurement in Baltimore to promote the value of Performance Improvement CME activities in the payment program enacted as part of the MACRA law.

The following press release dated June 20th reflects the CMS' proposed updates for the second year of the Quality Payment Program.

<https://www.cms.gov/Newsroom/MediaRelease-Database/Press-releases/2017-Press-releases-items/2017-06-20.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

As it reads now, it is proposed that the following eligibility statement be added to the QPP ruling under the 'Improvement Activities' category.

*Completion of an accredited performance improvement continuing medical education program that addresses performance or quality improvement according to the following criteria:*

- *The activity must address a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity;*

- *The activity must have specific, measurable aim(s) for improvement;*
- *The activity must include interventions intended to result in improvement;*
- *The activity must include data collection and analysis of performance data to assess the impact of the interventions; and*
- *The accredited program must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information.*

Granted this is a draft ruling and will, undoubtedly, undergo revisions in the review process; however, it marks an important step forward for the CME community as it serves to demonstrate our ability to form a collective voice in a manner that can influence healthcare policy. It also keeps with the CME community's desire to be acknowledged for having a role in developing/enhancing skills and promoting professional development in alignment with broader healthcare quality improvement goals. I believe we should continue to pursue opportunities which unite us as a CME community.

Education can be a powerful lever in driving performance improvement at an individual as well as a system level. That said, patients ultimately gain greater benefits when we draw clear connections between our work as educators with the goals of the larger healthcare system.

Stay tuned for updates regarding the proposed QPP ruling.

- For additional information, please refer to the following:
  - CMS website. [www.qpp.cms.gov](http://www.qpp.cms.gov)
  - Proposed rule: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-13010.pdf>
  - Proposed rule Fact sheet: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Proposed-rule-fact-sheet.pdf>



# UPDATES FROM THE ACCME

By Graham McMahon, MD, MMSc, President and CEO, ACCME



ACCME is on a mission to renew and transform continuing medical education (CME) through innovation, evolution, and alignment. From collaborating with organizations including the American Medical Association (AMA) and the American Board of Internal Medicine (ABIM), to reaching out to healthcare leaders about the importance of leveraging CME to improve patient care, we are striving to support education providers, and drive value and meaning for learners. Even ACCME's new look – which you can see on our website – is designed to convey the transformational journey in CME.

Below you'll find more detail on these efforts, as well as updates on several other ongoing projects. For more information, please visit our website, [www.accme.org](http://www.accme.org).

## AMA and ACCME Propose Alignment of Credit and Accreditation Systems

The AMA and the ACCME recently shared a proposal to simplify and align our expectations for accredited CME activities certified for *AMA PRA Category 1 Credit™* so that accredited providers can flexibly innovate and evolve their educational programming to meet clinicians' needs.

Reflective of the AMA and the ACCME's shared values, the proposal for alignment is designed to encourage evolution in accredited CME while continuing to ensure that activities meet educational standards and are independent of commercial influence. The proposal includes core requirements, which are aligned with current AMA and ACCME requirements—and do not represent any new rules for accredited providers. The call for comment on the proposal also asked for feedback about a shared glossary of terms and definitions, which the AMA and ACCME produced to help clarify terminology for accredited CME providers and learners.

Comments were accepted through May 25. We appreciate the feedback from the CME community. The AMA and the ACCME are analyzing the comments to determine whether to make modifications to the proposal and glossary. Once finalized, the resulting new process will be integrated into the existing accreditation and reaccreditation processes.

## ACCME Research Task Force

We've recently formed a Research Task Force to identify opportunities for the ACCME to fulfill its mission through a research initiative. Research has become a strategic priority for ACCME and we look forward to developing evidence that demonstrates the most effective means of creating and sustaining performance change and that shows how education drives improvement in quality, safety, and patient care outcomes. SACME members can play a leading role in achieving these goals and the ACCME would be happy to collaborate to advance a national research agenda.

## ABIM and ACCME Expand Collaboration

In addition to the opportunity to offer CME activities that earn ABIM Medical Knowledge Maintenance of Certification (MOC) points, CME providers now have the option to register CME activities for ABIM Practice Assessment MOC points in the ACCME [Program and Activity Reporting System](#) (PARS).

CME providers can register CME activities for Practice Assessment MOC that are offered in any format, just as they have been doing for Medical Knowledge activities. This includes, but is not limited to, formal performance improvement CME (PI-CME) activities.

Activities may be registered for a single type of ABIM MOC credit or for combinations of credit types, including Medical Knowledge and Practice Assessment, as long as the activities meet the guidelines described in the [ABIM MOC Assessment Recognition Program Guide](#). When activities are registered, they will display in [CME Finder](#), enabling physicians to find accredited CME activities that count for ABIM MOC.

Since the collaboration's launch in 2015, the number and diversity of accredited CME activities that count for ABIM MOC has increased substantially, as has learner participation. Nearly 250 accredited CME providers

registered more than 8,000 activities that count for ABIM MOC in PARS.

Accredited CME providers in the ACCME System can also register their activities in PARS for American Board of Anesthesiology (ABA) Maintenance of Certification in Anesthesiology Program (MOCA®) and American Board of Pediatrics (ABP) Lifelong Learning and Self-Assessment for MOC Part 2. Since the launch in November 2016, providers have registered more than 700 activities for ABA MOCA and more than 300 activities for ABP MOC.

### Call for Healthcare Leaders to Leverage the Power of Education

In a recent invited commentary in *Academic Medicine*, I call upon healthcare leaders to recognize the power and capacity of accredited CME to address many of the challenges in the healthcare environment, from clinician well-being to national imperatives for better health, better care, and lower costs.

The commentary, “The Leadership Case for Investing in Continuing Professional Development,” highlights principles and action steps for aligning leadership and educational strategy and urges institutional leaders to embrace the continuing professional development of their human capital as an organizational responsibility and opportunity — and to view engagement in education as an investment in people.

### New Resources: Commendation Criteria Tutorials and COI Flowchart

We’re pleased to share the following new resources, available on the ACCME website:

- **Criteria for Accreditation with Commendation Resources:** To support your implementation of the Menu of Criteria for Accreditation with Commendation, we’ve created [resources](#) for each of the five categories of the criteria. These resources include tutorials, video overviews, compliance examples, and FAQ.
- **Flowchart for the Identification and Resolution of Personal COI:** ACCME requirements are designed to ensure that accredited CME provides a safe place for learning, independent of commercial influence and conflicts of interest. To support compliance with

the [ACCME Standards for Commercial Support<sup>SM</sup>: Standards to Ensure the Independence of CME Activities](#), we’ve created a [flowchart tool](#) that can be used to identify relevant financial relationships and resolve conflicts of interest in CME activities. The flowchart is intended to help CME providers and stakeholders involved in planning CME activities successfully meet ACCME expectations by following a simple, step-by-step guide.

### New Look

ACCME has adopted a new logo and tagline. Our goal is to emphasize the lifelong journey of learning and the forward trajectory of the CME community. New marks are also available for CME providers to use to communicate their status of Accreditation or Accreditation with Commendation. This initiative is part of the ACCME’s effort to build visibility for the CME community and communicate the value of accreditation and accredited CME.



### Thank You for Making the Inaugural ACCME 2017 Meeting a Success!

Thank you to those of you who participated in our inaugural ACCME Meeting. More than 400 participants from across the CME and healthcare communities met in Chicago in April to explore how evolution, innovation, and alignment in education advances health professional practice and patient care. Your participation and rich discussion made the meeting a success! Interested in joining us next year? We’ve already started making plans -- save the date for April 16-19, 2018.

For regular updates on ACCME, please visit our website ([www.accme.org](http://www.accme.org)), or follow us on Twitter (<https://twitter.com/AccreditedCME>), Facebook (<https://www.facebook.com/AccreditedCME>), and LinkedIn (<https://www.linkedin.com/company/AccreditedCME>). For questions, email [info@accme.org](mailto:info@accme.org).

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# RECOGNIZING EXCELLENCE IN SCHOLARSHIP AND SERVICE: THE 2017 SACME SCHOLARSHIP AWARDS AND SOCIETY- NOMINATED DISTINGUISHED SERVICE AND RESEARCH AWARDS

By Mary G. Turco, EdD

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Among the most exciting activities that take place each year at the SACME Annual Meeting is the announcement of the SACME Scholarship Awards and Society-Nominated Distinguished Service and Research Awards. The Scholarship Committee Chair and Vice Chair oversee the first category, SACME Scholarship Awards, with support from reviewers, some of whom assess initial abstracts and others who complete final proposal reviews, along with a team of onsite research presentation raters and poster presentation raters. I'd like to take this opportunity to thank all of the many volunteers who participated in this peer-review process. Your assistance in sharing your expertise and time is sincerely appreciated.

The second category, the Society-Nominated Distinguished Service and Research Awards, is overseen by the Nomination and Awards Committee chaired by the Immediate Past-President and President-Elect with participation by SACME's two most recent Past-Presidents. With the help of the Executive Secretariat, the Nominations and Awards Committee Chair does an online call for member nominations, reviews the results with the committee members, and forwards recommendations to the President.

This year the results for both categories were very impressive. A description of the award, followed by this year's recipient(s) and their project title, presentation title, or contribution follow. Please congratulate all of the recipients and their research collaborators/teams on winning these 2017 Awards for Scholarship, Service, and Research.

## 2017 Phil Manning Research Award

The Phil Manning Research Award is made in the name of Phil R. Manning, MD, the Paul Ingalls Hoagland Hastings Professor of Continuing Medical Education and Professor of Medicine Emeritus at the Keck School of Medicine, University of Southern California. Dr. Manning is the founding president of the Society for Academic Continuing Medical Education, formerly the Society of Medical College Directors of Continuing Medical Education. The prize honors original, scientific research related to physician and/or health professionals' lifelong

learning. The review criteria include presence of a theoretical foundation, clarity of research question, soundness of methodological design, fit of research design and methods to the research question, and potential of the project to contribute further to the field. These elements were important determinants of the merits of the project. The Manning Award is considered SACME's most important prize for CPD scholarship. It carries a \$50,000 prize awarded over a two-year period.

This year, the Scholarship Committee received 24 Letters of Interest (LOIs) for the Manning Award. At least three and in most cases four or five reviewers experienced in the field of CPD/CPD research reviewed the LOIs using a formal online rating tool to gain consensus. Two outstanding finalists emerged from the review process. The review committee invited these finalists to submit a full proposal. Three experienced CPD/CPD research professionals reviewed the full proposals and evaluated them on the overall excellence of the proposal including the clarity of the theoretical background, strength of the research methods, feasibility of the research time line, and significance of the project including implications for the field.

The 2017 Manning Research Award was awarded to Sanjeev Sockalingam, MHPE, MD, FRCPC, and David Wiljer, PhD (Principal Investigators) and their team (Walter Tavares, PhD, Allan Okrainec, MHPE, MD, FRCSC, Ivan Silver, MEd, MD, FRCPC and Dave Davis, MD, FCFP) at the University of Toronto for their project titled:

Data and Lifelong Learning (LLL): Understanding Cultural Barriers and Facilitators to Accessing and Using Clinical Performance Data to Support Continuing Professional Development (CPD)

Research Question: What are the cultural barriers and facilitators to accessing and using clinical performance data within CPD activities?

Expected Outcomes and Impact: This study will contribute to the LLL and CPD literature by revealing system, organization and individual/clinician level barriers and



facilitators specifically as it relates to the innovation of accessing and using clinical data for practice improvement. We expect that by exploring two distinct “cultures”, we will also identify a context specificity that starts to inform what (and how) educators should consider when conceptualizing and designing CPD activities or what initial actions need to be taken before CPD activities can be optimized. For our two specific contexts, general surgery and psychiatry, this study will lead to the development of a framework reflective of barriers and facilitators that can be implemented when planning to use data in CPD activities. Specifically, the study will examine the impact of attitudes to LLL and notions of intrinsic and extrinsic motivation on accessing and using clinical data to develop targeted CPD activities that will lead to behavior change and inform practice improvement. Lastly, we anticipate that results from the study will lead to modified developmental approaches for local and national CPD educators in general.

### **2017 FOX AWARD for Research in Continuing Medical Education (RICME) Presentation**

The Fox Award honors the research of Dr. Robert D. Fox of the University of Oklahoma who has contributed greatly to the literature in the field of professional continuing education. Established in 2001, the Fox Award is presented to the researcher (generally a SACME member) whose Research in Continuing Medical Education (RICME) oral presentation at the SACME Annual Meeting is judged the best with respect to its methodology and impact on the profession. There is no cash prize for the award but the prize is considered an exceptional achievement. Experienced peer-reviewers judged the RICME presentations in real-time using a standard rating instrument during the first two days of the meeting. The Scholarship Committee Chair and Vice Chair reviewed and tabulated the results culminating in the announcement of the award winner at the Annual meeting. This year's Fox Award winner is Dr. Rene Wong and colleagues for their project titled:

**Title:** A sociohistorical exploration of continuing professional development in chronic disease management – a critical discourse analysis

**Presenter:** [Rene Wong](#), MD, MEd, FRCPC

**Institution:** University of Toronto

**Collaborators:**  
[Simon Kitto](#), PhD;

**Institution:** University of Ottawa

[Cynthia Whitehead](#), MD PhD CCFP FCFP;

**Institution:** University of Toronto

### **2017 SACME Research in Continuing Medical Education (RICME) Presentation - Young Researcher Award**

Beginning in 2017, the SACME Young Researcher Award is given to a young researcher whose research project and oral presentation, delivered as part of the Research in Continuing Medical Education session at the Annual Meeting, is judged to be best based on the project's originality, link to theory, methodological rigor, and importance in contributing to the literature of continuing professional development in the health sciences. The intent of this award is to recognize outstanding young researchers early in their professional research career and support them in their quest to advance research in continuing professional development in the health sciences. There is no cash prize for the award but the prize is considered an exceptional achievement. Like the Fox Award, the Scholarship Committee Chair and Vice Chair reviewed and tabulated the results culminating in the announcement of the award winner at the Annual meeting. This year's Young Researcher Award was presented to Dr. Laura Nimmon and her colleague for their project titled:

**Title:** The Complexity of Communicative Networks: A Reframing of Physician Communication

**RICME Presenter:** Laura Nimmon, PhD

**Collaborator:** Glenn Regehr, PhD

**Institution:** University of British Columbia (Vancouver)

### **2017 SACME Poster Award**

Beginning in 2017, the SACME Poster Award is given each year at the SACME Annual Meeting to a poster presenter(s) whose poster is judged to be best based on the project's relevance and importance in contributing to the field of continuing professional development in the health sciences. Reviewers assess the posters and live poster presentations in real time throughout the meeting. The Scholarship Chair and Vice Chair announce the winner(s) at the awards ceremony. Reviewers judge the posters on content and methodological rigor as well as clarity, design and attractiveness, and the presenters' effectiveness of presentation and discussion. While there is no cash prize, the award recognizes the scholarship of

*continued on page 16*

individuals working to advance research and practice in continuing professional development in the health sciences. This year there was a tie for the best poster and presentation.

### **Winner #1**

**Poster Presenter:** Stacy Sattovia, MD, MBA, FACP

**Collaborator:** Laura Worrall

**Title:** Simulation to Improve Teamwork in Acute Stroke Care

**Institution:** Southern Illinois University School of Medicine

### **Winner #2**

**Poster Presenter:** Lisa Fleet, MA, DipAdED

**Collaborators:** Vernon Curran, PhD, MEd, Karla Simmons, Mohamed Ravalia MD, and Pamela Snow, MD

**Title:** A Phenomenological Study of the Self-directed Learning (SDL) Habits of Rural Physicians in a Digital Age

**Institution:** Memorial University of New Foundland (St. Johns)

### **2017 SACME Poster Award - Young Researcher**

As of 2017, a SACME Poster Award for a Young Researcher is given at the SACME Annual Meeting to a poster presenter(s) whose poster is judged to be best based on the project's relevance and importance in contributing to the field of continuing professional development in the health sciences. The judging occurs simultaneously with the general poster review process. Reviewers judge the posters on content and methodological rigor as well as poster clarity, design and attractiveness, and the presenters' effectiveness of presentation and discussion. While there is no cash prize, the award recognizes the scholarship of individuals working to advance research and practice in continuing professional development in the health sciences.

This year's Young Research Award was presented to Dr. Samantha Singh for her project titled:

Samantha Singh, MSN, MSW, PhD (A)

**Title:** Inter-professional Communication with AIDET and HCAHPS in Simulation

**Institution:** St. Barnabas Medical Center, Livingston, NJ

As mentioned above, the SACME Nominations and Awards Committee oversees the annual, organizational honors for service and research among SACME members. Nominations were collected via a formal, online call for nominations process executed by Jim Ranieri, MBA in Fall, 2016. The Nominations and Awards Committee – Bill Rayburn, MD, Ginny Jacobs, MEd, Deborah Samuel, MBA, Mary Turco, EdD - vetted the award nominations during Winter 2017 and made recommendations to SACME President Ajit Sachdeva, MD.

For a list of previous award winners in this category, please see the end of this article.

### **2017 SACME Distinguished Service in Continuing Medical Education Award for Vision, Leadership and Dedication in Furthering the Pursuit of Excellence in CME**

The Distinguished Service in Continuing Medical Education Award is given to an individual who has made outstanding contributions to continuing medical education over an extended period (fifteen years or more) or who has developed an outstanding innovation in continuing medical education representing an important advance in CME.

**2017 Recipient:** Curtis A. Olson, PhD

Dr. Olson's letter of congratulations recognized his long and dedicated service to SACME. His contributions have included: leadership of the Research Committee; design and presentation of Research Workshops; editorial oversight of the *Journal of Continuing Education in the Health Professions* (JCEHP) and outstanding editorial commentary; editorial reporting about JCEHP to Tri-Group members and to publishers (including during the successful transition from publisher Wiley to Wolters-Kluwer/Lippincott); SACME Journal Club presentations and facilitations; countless abstracts reviews and presentation ratings for annual meetings, fall meetings, and congresses; numerous RICME research projects and presentations; a research chapter and special resources section in the new book Continuing Professional Development in Medicine and Health Care: Better Education, Better Patient Outcomes; innumerable consultations for information and advice; and, most importantly, unselfish, enlightened mentorship of peers.

Congratulations, Curt. Your SACME colleagues are extremely grateful for your energy and commitment!

## **2017 Dave Davis Research in Continuing Medical Education Award for Outstanding Contributions to Research in CME**

The Dave Davis Award for Research in Continuing Medical Education is given to a SACME member for outstanding contributions to research in CME. The award is given annually to an individual or a group of individuals who have made outstanding contributions to research in continuing medical education.

### **2017 Recipient:** Betsy White Williams, PhD, MPH

Dr. Williams is a clinical psychologist whose CPD research focuses on behavioral performance of health-care providers. Dr. Williams is a clinical associate professor in the Department of Psychiatry in the School of Medicine at the University of Kansas and Clinical Program Director at the Professional Renewal Center where she supports “strugglers” across the medical education continuum. She studies the intersection of behavior and learning. Her work has had particular resonance in recent years as concerns about healthcare provider health and wellbeing have grown significantly. She has published on the topic of disruptive behavior and strugglers including a chapter in Continuing Professional Development in Medicine and Health Care: Better Education, Better Patient Outcomes titled “Assessing and Remediating the Struggling Physician” (chapter 20). Other important articles on these topics appear below. With Curt Olson she has provided the chapter 25 “Principles of Effective Research in Continuing Professional Development in the Health Professions.” With Curt and research assistant Dillon Wendt, Betsy has also developed an invaluable resource (Appendix C) in the book titled “Educational Research: Relevant Databases, Web Sites, Organizations, Funding Sources, Certificate Programs, Books, and Articles.”

Among her other most recent research contributions to the field are the following articles.

Williams, BW, Byrne, PD, Williams, NV, and Williams, MV. (2017) Dreyfus and Dreyfus and Indicators of Behavioral Performance: A Study of Measurement Convergence. *Journal of Continuing Education in the Health Professions*. 37 (1): 50–54.

Williams, BW, Byrne PD, Welindt, D, and Williams, MV. (2016) Miller’s Pyramid and Core Competency Assessment: A Study in Construct Validity. *Journal of Continuing Education in the Health Professions*. 36(4):295-299.

Williams, BW, Rankin, P, and Williams, M.V. (2016). Understanding Disruptive Behavior in the Seasoned Clinician: The Importance of all Six Core Competencies. *Physician Leadership Journal*. November/December 58-60.

Williams, BW, and Flanders, P (2016). Physician Health and Wellbeing Provide Challenges to Patient Safety and Outcome Quality across the Career Span. 2016 Apr;24(2):144-7.

Congratulations, Betsy. This is a well-deserved honor. We wish you continued success in your research concerning the continuing professional development of health professionals!

### **New Award for 2018**

Next year we will add one more award at the annual meeting and we would like you to know more about it now - The Dave Davis Distinguished Award for Excellence in Mentorship in Continuing Professional Development.

## **The Dave Davis Distinguished Award for Excellence in Mentorship in Continuing Professional Development**

In 2016, Michael Fordis, MD, a former SACME President, and his wife Cynthia Parker established the Dave Davis Distinguished Award for Excellence in Mentorship in Continuing Professional Development to honor the outstanding career of Dave Davis, MD. This recognition will represent the first SACME award for Mentorship. At the 2017 Annual Meeting, Michael and Cindy asked that all SACME members be given an opportunity to provide input into the selection criteria for the award which will start in 2018. All members will receive a notice later this year about how to become involved in that development process.

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It has been a great year with outstanding accomplishments in scholarship. Please join the Scholarship Committee and Awards and Nominations Committee members in congratulating all of the recipients for the 2017 SACME Scholarship Awards and Society-Nominated Distinguished Service and Research Awards.

The achievements of all of the award recipients above will now appear on the Society newsletter *Intercom*, the webpage ([www.sacme.org](http://www.sacme.org)), and in appropriate social media.

*continued on page 18*



### **Previous Winners: SACME Distinguished Service in Continuing Medical Education**

2016: Moss Blachman, PhD  
2015: Nancy Davis, PhD  
2014: Barbara Barnes, MD, MS  
2013: Leanne Andreasen, MBA  
2012: no recipient named  
2011: Jack R. Kues, PhD  
2010: Paul Mazmanian, PhD  
2009: Dave Davis, MD  
2008: R. Van Harrison, PhD  
2007: Dale Dauphinee, MD  
2006: Gloria Allington, MSED  
2005: Nancy Bennett, PhD  
2004: Dennis Wentz, MD  
2003: Robert J. Cullen, PhD  
2002: Ruth M. Glotzer, MEd  
1997-2001: no recipients named  
1996: George T. Smith, MD, MS  
1995: Martin D. Shickman, MD  
1994: Julian S. ("Dutch") Reinschmidt, MD  
1993: Phil R. Manning, MD  
1992: Malcolm S.M. Watts, MD

### **Previous Winners: Dave Davis Research in Continuing Medical Education Award**

2016: Craig Campbell, MD  
2015: no recipient named  
2014: Curtis Olson, PhD  
2013: David A. Davis, MD  
2012: no recipient named  
2011: Don Moore, PhD  
2010: Ed Dellert, MBA and CHEST  
2009: Joan Sargeant, PhD  
2008: Jacqueline Wakefield, MD  
2007: no recipient named  
2006: Paul Mazmanian, PhD  
2005: Karen Mann, MD  
2004: Linda Casebeer, PhD  
2003: R. Van Harrison, PhD  
2002: John T. Parboosingh, MD  
1996-2001: no recipients named  
1995: Jocelyn M. Lockyer, PhD  
1994: Robert D. Fox, EdD  
1993: David A. Davis, MD  
1992: no recipient named

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## **ABMS ANNOUNCES NEW FOCUSED PRACTICE DESIGNATION**

### *Approves Focused Practice in Hospital Medicine*

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The American Board of Medical Specialties (ABMS) approved the establishment of a new Focused Practice designation at its March 2017 Board of Directors meeting. Focused Practice recognizes areas of practice that either evolve as physicians and specialists progress throughout their professional careers or emerge as medicine changes due to advances in medical knowledge. The American Board of Internal Medicine (ABIM) and American Board of Family Medicine (ABFM) have been offering a Focused Practice in Hospital Medicine pilot, which subsequently became the first Focused Practice designation approved by the ABMS Board of Directors.

"ABMS and its Member Boards understand that over time, many physicians develop extensive experience in a focused area of their actual specialty or subspecialty," stated ABMS President and Chief Executive Officer Lois

Margaret Nora, MD, JD, MBA. "Focused Practice will enable Member Boards to recognize areas of specific expertise of their diplomates and allow those physicians to concentrate their continuing certification efforts in the very area on which much of their professional practice is based."

Focused Practice is not intended to be a form of initial certification, since it defines or recognizes areas of additional experience or focus within recognized specialties or subspecialties. This designation will recognize an evolution of practice that occurs following initial certification and is relevant to continuing certification. Proposed areas of Focused Practice will go through an approval process that is similar to the one used for a new specialty or subspecialty. Approved areas of Focused Practice will be offered by ABMS Member Boards to diplomates who

are already Board Certified in an established, approved specialty or subspecialty and who have met specific criteria including the length of time they have focused in the particular area, as well as the number of patients they have treated or procedures they have performed.

The ABIM/ABFM Focused Practice in Hospital Medicine pilot was conducted over several years and involved more than 2,500 physicians Board Certified in either Internal Medicine or Family Medicine whose practices were focused in Hospital Medicine. Nearly 800 more diplomates have expressed interest in earning the designation.

“In addition to the newly established Focused Practice in Hospital Medicine designation, the American Board of Obstetrics and Gynecology is piloting Focused Practice in Pediatric and Adolescent Gynecology,” said Mira Irons, MD, ABMS Senior Vice President, Academic Affairs. “As physician practice patterns continue to evolve and in some cases further narrow in focus, we anticipate that many of our 24 Member Boards will begin establishing areas of Focused Practice that are relevant to their diplomates. And for patients and their families, this designation will serve as additional evidence that their physician is offering quality care not only in their specialty or subspecialty, but a specific practice area that will address their health care needs.”

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## UPCOMING EVENTS

**AMEE: Helsinki, Finland**

**August 26-30, 2017**

**SAVE THE DATE**

**SACME's 2018 Annual Conference**

**San Antonio, Texas**

**April 25-28, 2018**

See [www.sacme.org](http://www.sacme.org) for  
updated events.

### INTERCOM

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