

Minutes for the Spring 2005 Meeting of the Coalition for Physician Enhancement

Chicago, Illinois

March 31, 2005 and April 1, 2005

The meeting was presided over by Penny Davis, President of CPE.

Attendance: Dick Christiansen, Dick Pierson, Cathy Means, Linda Pittz, Andrea Ciccone, Tom Henzel, Rebecca DeVivo, Henry Pohl, George Barrett, Bill Sieber, Martha Illige, Dave Bazzo, Joseph d'Oronzio, Percy Galimberti, Andre Jacques, George Mejicano, Peter Snowden, Scott Lavelle, Penny Davis, Sue Ann Cappizzi, Al Aparicio, Roy Skogland, Hugh Johnson, Amy Friedman, Gisele Bourgiou-Law, Joane Baumer, Daniel Way, Kathy Meckler, Charles Willis, Thomas Healy, Paula Getter, Murray Kopelow, Daniel Klass, and Bill McCarthy

1. Discussion on Incorporation by Paula Goedert

Paula Goedert is an attorney in Chicago with expertise related to organizational structure. She gave a presentation and led a discussion concerning the pros and cons of incorporation.

From a United States legal perspective, CPE is currently an unincorporated association. As such, members are at risk because they could be individually responsible for any debts and liabilities (defamation, personal injury, anti-trust, etc.) of the organization. Although this is a real risk, Paula thought that the absolute risk for the current members is relatively small. Incorporation is a way to minimize that risk even further, particularly if the "members" are institutions and not individuals (as such, Paula recommended institutional membership over individual membership).

There are three major advantages of incorporation: (1) legitimacy (i.e., people will recognize what you are), (2) personal liability protection (i.e., individuals are less likely to be at risk if something bad happens), and (3) ability to handle funds (e.g., incorporation makes it easier to generate revenue because it allows the group to receive funds, including external grants).

There are two major disadvantages: (1) there are papers that must be filed every year (annual renewal with the state that the group is incorporated and federal 990 for tax purposes if income is more than \$25,000 each year), and (2) incorporation develops a life of its own (i.e., the "owning a dog analogy").

Paula then discussed the process needed to become incorporated. The steps are as follows: (1) register with a state that has a volunteer protection statute, and (2) file for federal tax-exempt status as either one of the following: a 501c3 for charitable and educational organizations or a 501c6 for trade associations. Importantly, the filing process may soon become more difficult because the form used by the IRS is changing after April 30, 2005. Paula noted that “tax exempt” does not always mean that there are no taxes. When taking in revenue, the organization would need to pause and consider whether that revenue is considered taxable.

Importantly, an organization needs to have bylaws before it can be incorporated. The bylaws need to be reviewed and then filed with the assistance of an attorney. In general, the cost to file is somewhere between \$2,000 and \$5,000.

2. Membership Issues

A series of recommendations related to membership was presented to the group. These recommendations arose from a teleconference discussion of the Executive Committee (consisting of Penny Davis, Bill Norcross, and George Mejicano).

Attendance at CPE meetings over the past few years has increased (and could very well increase dramatically in the future). This increase has enriched the discussion, forged new partnerships, and encouraged other organizations to participate and engage in assessment and enhancement programs. However, the increase in group size has made decision making a lot more difficult. As a whole, those present at the meeting acknowledge the importance of this issue, including the desire to be inclusive but also the need to get things done in a timely manner. After a spirited discussion, the following motion was unanimously passed:

Action: “An elected board will be responsible for making decisions for CPE in the future.”

3. Performance Improvement (Charles Willis)

Charles Willis gave a presentation related to the new AMA guidelines that allow CME category 1 credit to be earned for performance improvement activities. The following three stages are components of a performance improvement activity:

Stage A: Written statement about choice of performance measure and assessment of current practice.

Stage B: Document intervention undertaken, data collection, and any inferences that were drawn. Additional data might also be utilized where appropriate (e.g., meeting minutes).

Stage C: Individual summary of what the physician has learned as a result of the intervention coupled with a second practice assessment that serves to document a performance change (invitation to reflective thinking!).

4. Accreditation Issues

Murray Kopelow, CEO of the Accreditation Council for Continuing Medical Education (ACCME) was the next speaker. He gave an update on what ACCME is doing with regards to accreditation of physician assessment and enhancement programs. He first described some of the historical issues related to assessment and enhancement programs over the past 20 years. Importantly, a CPE meeting held several years ago (with Dr. Kopelow in attendance) unveiled an important barrier to accreditation at that time. Specifically, there was disagreement as to whether or not the assessment of physicians fell into the realm of CME. A few years after that CPE meeting, Dr. Kopelow helped CPE create guidelines related to physician assessment and enhancement programs. Two years ago, CPE voted to endorse the concept of accreditation for enhancement programs (overcoming the obstacles that had been present in the past).

Dr. Kopelow then turned to current events. Namely, the ACCME board voted in favor of developing “accreditation with special competency” to organizations involved in physician enhancement. In order to achieve this goal, the ACCME would like to move forward with a demonstration project that would form the basis of accreditation.

The reason for the demonstration project is that the current accreditation process is quite complicated. Issues that must be considered include, but are not limited to, the following questions:

What criteria should be used?
How will this be judged?
What are the eligibility criteria?

As part of accreditation, it is expected that programs would undergo a self study. The organization then would submit this to the ACCME, followed by a site visit with experienced and knowledgeable surveyors. The organization would be then assessed using a set of criterion based standards. Importantly, Dr. Kopelow said that an assessment center would not be eligible for accreditation unless it was also involved with an educational process.

A discussion ensued related to the issue physician portability. Specifically, it may be important to accredit assessment centers (or processes) because physicians may not be allowed to move across jurisdictions if they can not suitably demonstrate competence as judged by an assessment center. Danny Klass framed this issue with this important question: “If ACCME does not do this, than who will?”

Dr. Kopelow responded that accreditation would evolve in an iterative process from here on out. The discussion and dialogue would include the creation of standards and criteria, surveyor training, deciding which parts of the guidelines are critical to the process, etc. He closed by stating that ACCME hoped that a small working group might convene to create a work plan to move the issue to the next phase. He stated that it had to be a transparent process and noted that many CPE members will be asked to participate in the process.

5. Mission Statement

The group discussed whether an ad hoc committee should be formed to look at the mission statement, goals of the organization, and to set up bylaws. As a result, the group asked for volunteers and the following persons agreed to serve: George Mejicano, Sue Ann Capizzi, Penny Davis, Martha Illige, Dick Pierson, and Bill Sieber.

Martha posted a draft mission statement that was briefly discussed. In the end, it was decided to have the ad hoc committee look at the current mission statement as well as the bylaws.

Action: An ad hoc committee was formed to look at mission statement, goals, and bylaws. The committee will report on their work at the next CPE meeting.

6. Membership Discussion

George Mejicano and Sue Ann Capizzi floated the idea of having a few founding organizations that could donate funds for the purpose of providing “seed money” to help CPE incorporate. These organizations might or might not be “rewarded” for their donation. However, numerous persons present were not in favor of this idea, especially if it meant naming someone from the organization to a decision making board.

George Barrett suggested that CPE ask the leaders of the AMA, FSMB, and NBME to pony up \$1,500 each (in order to jump start the incorporation process. Others present suggested that there might be other organizations that support could be sought from other organizations as well (e.g., physician recruitment groups). Danny Klass countered that CPE ought to be able to support itself, either through individual or institutional funds.

Andrea Ciccone suggested that CPE needs to develop a business plan, timeline, and framework before the group asks organizations or individuals to contribute to it. Another idea discussed was the development of “talking points” that people might send potential contributors.

7. Research Committee

Bill Sieber discussed the concept of sharing data across organizations, starting with the “intake form” that has been discussed at the San Diego meeting in 2004. At that meeting, a set of variables for a common intake form was distributed. Attendees were asked to give feedback on these variables back to the Research Committee. Unfortunately, very little feedback was given to the committee. In fact, only one organization the committee any examples of real intake forms used.

A discussion then took place regarding the lack of response to this initiative. One person stated that they felt that the document did not have the information needed by their organization. Another person stated that they felt the form was primarily useful for the situation where a physician was in trouble (i.e., it did not fit all the situations that their organization dealt with on a regular basis). A related issue was whether the form asked appropriate questions for all physicians enrolled in CPE programs. Another person noted that they were reluctant to ask all of these questions to physicians. IRB approval for data sharing was yet another barrier.

Danny Klass noted that this is a clash between the needs of running a delicate (and political) program with the needs of doing research. He suggested that there might be a compromise: a basic intake form that asks information that everyone agrees is important, with a supplemental form that relates to practical information that each program considers important and is willing to ask of their participants.

Bill Sieber noted that the goals of this research project included: feasibility issues (i.e., how feasible is having a common intake form and what are the variables for such a form) and identification of patterns (i.e., multi-institutional data will give a clearer picture of what’s really going on with the physicians assessed all). He also said that there are a number of challenges, including: IRB approval; desire to share information; individual needs of each organization; how the data will be used and/or published (i.e., differentiating a self referred physician from one who has been disciplined).

In the end, Bill Sieber asked that each organization involved in assessment go through the proposed and determine which variables are of first priority. He also wants to know what information is currently being collected by the organization and what information the organization is most comfortable (and most interested) collecting. He also stated that he would resend the IRB information from PACE.

Tom Henzel discussed a potential list of resources that each organization might share, including resources related to patient safety; quality of care; validity and assessment methods; specific assessment issues; impact of remedial education and so forth. He asked for feedback on this list. One person suggested that CPE may want to develop a web page that publicly lists (and potentially links) all of these resources. Alternatively, these resources could be housed in a location that was accessible only to CPE members.

Tom Henzel asked everyone to review the list and how it is categorized (and then send any edits or suggestions to him, such as categories for the resources and any references that need to be added).

Tom Henzel then circulated a summary document that compared and contrasted final reports by various CPE organizations. This was created by analyzing three reports from five different organizations. Tom noted that there was quite a bit of variability across the final reports. He noted that evaluations did not routinely accompany the final reports. After a brief discussion, the group consensus was that either the reports were very well received or were considered not very useful.

Tom noted that there was a great deal of variance between the submitted reports. He noted that the important issue is to try and understand the variance. Questions to consider include the following:

- What are the objectives of the assessment?
- What are the stakes of the assessment?
- What is the source of referral?

These and other questions may account for much of the variance. A major issue is whether report variability is (or is not) desirable. Given the same physician:

- Does each program find the same results?
- Would the same conclusions or inferences be made given those results?

Tom said that he will send the reports to each institution so that each organization may benefit from looking at them. Henry Pohl suggested that uniformity may be critical to accreditation. The consensus was that this issue will definitely need to be discussed in depth at future meetings.

8. Marketing Committee

Scott Lavelle discussed the CPE web site, which is graciously hosted by PACE. He passed around a form that asked everyone present to provide feedback to make the web site better. Scott was especially interested in what each of us thought was the web site's purpose. Cathy Means reported that a logo is being developed and that it should be ready for unveiling at the Montreal meeting this summer.

One person present suggested that the committee put together a presentation that could be shown at a future meeting (e.g., Philadelphia this fall). Cathy responded that she was in the process of mocking up a few promotional items that she would also show in Montreal (e.g., a potential CPE brochure).

9. CPE Roster

The roster was reviewed and edited. The members present then discussed which organizations or individuals should be invited to subsequent meetings. However, no consensus was reached on this issue.

10. The Awards Committee

The result of this discussion was that the Awards Committee will not be able to give any tangible awards until CPE can receive funds.

11. International Physician Assessment Coalition

IPAC will be meeting from June 6-8, 2005 in London. Persons who would like to attend should contact Tina Kaigas in Ontario if they would like to attend. Martha Illige has Tina's contact information if anyone would like to contact her. The IPAC agenda for this year will focus on remedial education.

12. Federation of State Medical Boards

George Barrett gave an update on the FSMB and its activities. He noted that two weeks ago the ACCME quality improvement committee suggested that ACCME proceed with its demonstration project related to accreditation of physician assessment and enhancement programs. George reported that FSMB considered this to be good news. In addition, the FSMB recently convened a summit related to what issues were important for medical education over the next 40-50 years.

13. National Board of Medical Examiners

The annual meeting of NBME is ongoing at this time. Rich Hawkins is there and will give a report about what transpired there when we convene in Montreal this July. In addition, NBME is overseeing clinical assessment at five separate sites. Step 3 self-assessment services will be rolled out soon. In terms of post-licensure efforts, NBME realigned their approach a few years ago. The NBME would like to share their assessment tools and wants to continue to partner with organizations interested in using NBME tools.

NBME is investigating various clinical skills examinations for use on experienced physicians, such as the mini-CEX. The purpose of these assessments would be for both education and third party assessments.

Lastly, NBME is developing modules for the SPEX exam. This will allow it to be tailored to a clinician's specific practice and focus area. Sample modules will be showcased at the next FSMB meeting. The time frame for the roll out has not yet been determined.

14. American Medical Association

Al Aparicio reported that the AMA will release an updated version of the PRA booklet sometime next year. Among other items, the booklet will clarify who can receive category 1 AMA credit and how one becomes eligible for the Physician's Recognition Award. The Council on Medical Education approved the concept that category 1 AMA credit can now be awarded for searching on-line and finding answers to clinical questions in practice. This is termed "point of care" CME and will reward real time searches for medical information.

15. Guidelines Committee

Martha Illige reported that the guidelines continue to be appropriate as they are currently written. Scott Lavelle will soon post them on the CPE web site so that they are readily available for all interested parties: www.physicianenhancement.org

16. Legislative Committee

Andrea Ciccone reported on Mark Speicher's efforts to find out whether Medical Examining Boards are backed up by appropriate legislation (i.e. that they have the authority to refer a physician to assessment and enhancement programs). Andrea noted that the FSMB may also have this information; however, an inquiry to them has not been answered. If the information is not forthcoming, the committee is considering whether CPE ought to survey all the licensing authorities to find out whether their legislation allows referrals. All Canadian organizations were asked to look into this as well and to pass the information to Mark Speicher. It may be that FMRAC has the pertinent Canadian information; thus, Penny Davis will send a letter of inquiry to FMRAC to determine this information. During the at large discussion, it was noted that lobbying would not be allowed if CPE incorporated as a 501c3 in the United States.

17. Minutes from the November 2004 CPE Meeting

The minutes from the November 2004 CPE Meeting was approved unanimously.

18. Executive Committee Membership

The Executive Committee currently consists of the current president, the immediate past president, the president elect, and the secretary. A discussion ensued regarding the issue of whether the AMA should have a permanent presence on the executive committee. The ad hoc committee that is going to look at the bylaws will further address this issue. Sue Ann asked that any one interested in this issue should send her an e-mail and she would bring it up during the ad hoc committee deliberations (to be held via conference call).

19. Committee Rosters

The current committee rosters were updated. They are as follows:

Executive (President, Penny Davis [chair]; President Elect, Bill Norcross; Immediate Past President, George Mejicano; Secretary, George Mejicano)

Guidelines (Martha Illige [chair], Giselle Bourgeois-Law, Dick Pearson)

Legislative Affairs (Mark Speicher [chair], Linda Pittz, George Barrett, Andrea Ciccone, Dan Way)

Communications (Bill Norcross [chair], Cathy Means, Carole Sussman, Scott Lavelle, Dave Bazzo, Andrea Ciccone)

Research (Tom Henzel [chair], Sara Fernandes-Taylor, Martha Illige, Richard Pierson, Henry Pohl, Bill Sieber)

Awards (Bill Norcross [chair])

Note that the Marketing and Membership Committee has changed its name to the Communication Committee.

Action: Each committee chair will contact Sue Ann and let her know what they believe is their committee's purpose, as well as the tasks they hope to accomplish.

20. Centers of Excellence

This has been discussed in the past but no consensus or resolution was found. The group decided to bring this up in a future meeting as an agenda item. This concept may bear fruit as part of future discussions related to accreditation.

21. Professional Ethics in Remedial Education

Joseph d'Oronzio shared highlights from a presentation created by Jim Thompson (President and CEO of the FSMB). The presentation focused on some of the reasons why physicians get into trouble. Importantly, there are a large number of persons that get referred under a catchall termed "unprofessional conduct."

Joseph's discussion focused on the following questions:

- What is the meaning of "unprofessional conduct"?
- What is its role in quality of care?
- What is its role in patient safety?
- What is its role in professional accountability?
- What are the implications for remedial education program?

The group agreed that this should be discussed at a future CPE meeting.