

2011-7-15

Meeting Information

Date:	July 15, 2011
Time:	11 EDT/10 CDT
Call in Number	USA +1-203-418-3123
Passcode	1599520

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Agenda Items

1 Review [minutes of last meeting](#)

Minutes were approved as submitted.

2 Review [response from Paul Weber](#)

Valerie briefed the group on the letter to Paul Weber offering to collaborate with the Alliance on evaluation of outcome studies. Paul responded positively and agreed to discuss the opportunities presented and get back to Valerie shortly. Sean explained that the Alliance will be moving forward with a proposed "Institute" in the fall. Details have not yet been finalized. The Alliance has formed a task force to discuss strategies. The task force includes multiple members of the Alliance, SACME, Sean, Simone from CECity, and Jack. They are charged with mapping out what the Institute should look like and submitting a report by the end of September. Andy recommended getting MedBiquitous on the agenda of the task force meeting. Valerie encouraged Sean to keep the group posted and also let us know how we can help. Sean was impressed with the movement towards a commitment with educational standards and he complimented Jack for a job well done.

3 Discuss conversations regarding standards in support of REMS

Valerie continued with background information about the call with Murray Kopelow that occurred at the end of June. Murray said he had been speaking to the Industry Working Group (IWG) about REMS and his interest in accreditors having a role in collecting the data around educational activities within REMS. He thought MedBiquitous standards could be very helpful in evaluating the impact of REMS educational activities. He is speaking with several accrediting organizations ranging from pharmacy, PA's, Osteopathy, and Nursing to name a few and he asked them to agree to a particular approach. The approach includes: 1) agreeing on a core set of data points, 2) collecting information in a standardized format so the information can be used at a national level, and 3) allowing accreditors to modify their data collection systems to collect these additional data points. He was able to reach agreement on those three points and also on the group working with MedBiquitous to make that happen. The next step is to have the FDA and IWG approve this approach. Valerie and Murray discussed support for standards development happening by way of organizations joining MedBiquitous or using an accelerated standards development approach similar to what exists with the curriculum inventory and educational trajectory working groups. IWG could fund development of a standard on an accelerated timeline. In that model, the working group meets twice a month and develops a specification within about 6 months. She added that Simone, from CECity, was interested in using MedBiquitous standards in support of FDA requirements.

Jack commented another group was working between the ACCME and FDA to provide feedback on the impact or value of REMS education. The FDA had invited a proposal to do that. He mentioned there were some discussions in Philadelphia a couple of months ago with several people including Outcomes Inc. to develop some centralized, standardized tools. The challenge is in getting people to use those tools. The goal is to get data to a central repository.

Francis ask if the organizations are trying to all come together to development a best instrument or is there competition against each other to come up with one instrument? Jack answered there was a sense that there are good instruments out there and they need to be reviewed. It may not be possible to settle on a single best instrument and that is where MedBiquitous comes in. If there are standards, you can develop lots of instruments and there is less concern about competing for a single best instrument. The bigger concern is getting people to provide their data back into some kind of central data base or repository.

Sean noted there are two models: to develop and test instruments, then later start with a set of guidelines and customize to specific intervention. Jack agreed that was a better way to go. Valerie asked if the idea was to have accreditors in a central role where they could mandate the use of specific items by their constituents. Jack commented it would be great if there were someone at the proper level of authority to mandate instruments to be used, but that is not the case. Jack noted if Murray were comfortable reviewing the questions or instruments and rolling it out through his workshops and the ACCME website as best practices, it would become the default. Jack was glad to hear Murray wanted to step into this area. Valerie mentioned she would keep the working group posted on developments that she hears of. Valerie shared the next steps would be to put together a one page summary about MedBiquitous and the standards development process and send to accrediting organizations. We will wait to hear back from the FDA. Jack offered to make sure MedBiquitous is part of discussions he is involved in.

4 Discuss communications efforts: groups, conferences, journals, etc.

Sean began the discussion on the need for MedBiquitous to find opportunities to demonstrate to people what MedBiquitous is. Valerie mentioned the CME congress call for abstracts already went out. Francis asked whether that was a venue we should consider? Jack commented that the CME Congress is the Olympics of CME and is oriented to international audience and co-sponsored by SACME, the Alliance, AHME, and the CACHE. The dates are May 30 – June 2, 2012.

Valerie shared the applications of MEMS are relevant to CME providers, where there is a large group of people bringing their data together. The Institute would be another example. It's early to comment about those but we can keep communications open with people at the center. Sean asked the group if there were other opportunities we should pursue. Valerie mentioned getting to the thought leaders was important. Don Detmer, Chair of the MedBiquitous Board, was asked to submit a letter to an IOM committees regarding how MedBiquitous standards might contribute to the development of a continuous learning healthcare system. Andy suggested looking at different types of initiatives and people we are working with and see where the opportunities are to use the MEMS standard. Sean agreed that made sense. Jack suggested making sure MedBiquitous is connected with people who are discussing standards at these meetings. He suggested developing a short list of five to seven people to target at the right organizations, have regular calls or contacts with them. Valerie agreed that is what we want. Francis agreed with creating the short list of key people to send communications to. Do we send to key organizations or key people within the organizations? Valerie answered either would do. Jack thought we could list people in the organization or roles in about five minutes right now.

- Murray Kopelow
- Simone Karp
- Dave Davis
- Nancy Davis
- George Mejicano
- Brian McGowan

Andy mentioned the AAMC would be a good opportunity and we know the two players there. We know what they are trying to do and what initiatives they working on. Sean mentioned the President of the Alliance, George Mejicano, along with Paul Weber. Keeping in touch with the new Emerging Technologies Committee and Brian McGowan is a good idea. The leadership right now is Jann Balmer, George Mejicano, and Damon Marquis. Valerie suggested following up on the draft letter to Brian and parallel some communication with Jann or George. Jack agreed to serve as a liaison to the Alliance leadership. Valerie agreed to post documents she sent to Murray. Sean suggested gathering seven to ten names within organizations over next few months, to make sure MedBiquitous is aligned with key groups and maybe assigned key working group members to that specific target audience. Valerie announced the next working group call will be on August 26 at 11:00 a.m. Eastern Time.

5 Open discussion

Decisions

Action Items

- Valerie will post documents sent to Murray to the wiki
- The group will revisit the letter to Brian McGowan
- Jack will follow up with the Alliance leadership
- Sean will keep the group informed on the Alliance task force