

**REPORT OF SPRING, 2015 MEETING**

Leon Reinstein, M.D.

As the Academy's Long-Term Representative to the CMSS, I attended the Fall Meeting of the CMSS on May 8<sup>th</sup> and 9<sup>th</sup>, 2015 in Chicago, IL. Also attending the meeting were Tom Stautzenbach, Academy Executive Director; Beth Sartore, Senior Director, Education; and Tracy Sereiko, Associate Executive Director, Member Services.

Friday, May 8<sup>th</sup>, 2015

**Update on MOC and MOL**

Lois Margaret Nora, MD, JD, MBA  
President and Chief Executive Officer  
American Board of Medical Specialties

Humanyun J. Chaudhry, DO, MS, MACP, FACIO  
President and Chief Executive Office  
Federation of State Medical Boards

Dr. Norman Kahn, CEO and EVP of CMSS identified two strategic priorities for CMSS: facilitate a culture of performance improvement in practice and be a model of professionalism which includes altruism, professional self regulation, and transparency to peers, patients, and the public. He noted that both ABMS and FSMB are long-term associate members of CMSS and that CMSS is working closely with both ABMS and FSMB. He reported that nine states have started Maintenance of Certification (MOC).

Dr. Chaudhry of the FSMB noted that CME requirements became a state requirement in 1971 and that the FSMB established Maintenance of Licensure (MOL) in 2010. He identified MOL as a global movement to recognize continual professional development. He emphasized that MOL is self-regulated in the United States, while it is government-driven in other countries. He identified the MOL triad of: reflective self-assessment, knowledge and skills, and practice performance. He noted that 45 states require CME. He identified "practice drift" as a concern. Thus, 50% of CME should be related to current practice. He noted that of 916,000 practicing physicians in the United States, 160,000 (17%) do not have any board certification. He stated that the ultimate goal of the state licensing boards is to "protect the public."

Dr. Nora of ABMS noted that while initial board certification established a knowledge and skills level, there is a need for on-going performance evaluation. She emphasized that MOC Part IV should be "meaningful, relevant, and related to one's own practice."

### **SGR Fixed – What Now?**

Mr. Rich Deem  
Senior Vice-President, Advocacy  
American Medical Association

Mr. Deem noted that the goal should not be about the pocketbook, but rather making the system work. He reported the Centers for Medicare and Medicaid Services (CMS) lacks the ability to provide timely data on risk adjustment and quality. He discussed a recent RAND Report which emphasized Teamwork, Risk Management, and New Payment Models.

Regarding Graduate Medical Education (GME) funding, he reported that “every major bipartisan budget package will have GME payment cuts.” He said that the AMA is trying to get the states to augment GME funding.

### **Sunshine Act: Status and Implications**

Dr. Norman Kahn noted that the Sunshine Act was a 23-page part of the Accountable Care Act. He emphasized the distinction between promotional activities and CME, and that faculty and attendees at CME programs should not have a relationship with CME supporting companies. He reviewed reporting requirements.

He identified the following areas of confusion: the preamble implications for faculty, implications for Pharma, and the plan of action. He concluded that the law firm of Arnold and Porter is writing an analysis of the final rule.

### **Changing Landscape of CME**

Murray Kopelow, MD, MS  
President and CEO  
Accreditation Council of Continuing Medical Education

Dr. Kopelow reviewed his 20 years at the ACCME:  
2004 – Major revisions of the standards  
2011 – CMSS Code for Interactions with Companies  
2015 – Practice-based Learning and Improvement

He concluded that the future will require: “true team-based collaborative practice.”

Saturday, May 9<sup>th</sup>, 2015

**Information in the Age of Precision Medicine:  
What Can We Expect?**

Doug Fridsma, MD, PhD, FACP, FACMI  
President and CEO  
American Medical Informatics Association  
(www.AMIA.org)

He began: “It’s not architecture, it’s city planning.”

He identified 5 Principles:

1. Decentralized control.
2. Unknowable, diverse
3. Continuous evolution and deployment
4. Normal failures
5. Orchestration, not command and control

He noted that patients will be “first-order participants in health, healthcare, and research.” He cited the decline of travel agents as an example.

He identified Four Scales of Engagement:

- Patient – 1
- Practice – 1 Thousand (Physician Practice)
- Population – 1 Million (Public Health)
- Public – 1 Billion (NIH)

He identified Five Technical Things to Standardize:

- Meaning
- Content Structure
- Transport
- Security
- Services

He reviewed Standards and Interoperability.

He concluded with Postel’s Principle regarding information: “Send conservatively, receive liberally,” and “don’t let perfect be the enemy of good.”

**CMSS Council BUSINESS Meeting**

**Component Group Reports**

IT discussed Registries and Interoperability.

Clinical Practice Guidelines reviewed Evidence Based Guideline Resources and Practice Guidelines.

Continuing Professional Development (CPD) Directors discussed the 2015 MOC Standards, the MOC Directory, and met with the new CEO of ACCME, Dr. McMahan.

Simulation Summit is preparing for the Fall, 2015 CMSS Meeting.

Registries Task Force nominated people to the Registries Workgroup.

Membership Directors reviewed Affiliate memberships, such as Physicians Assistants, Nurse Practitioners, and International Members.

General Counsels discussed the North Carolina Dental Case on scope of practice, House Bill 2, the Sunshine Act, and Copyright/Trademark.

**The Consent Agenda** was adopted.

**The Nominating Committee Report** was adopted.

**The Treasurer's Report:**

1. CMSS had a \$6184 surplus for the most recent fiscal year which ended December 31, 2014, on a budget of slightly less than \$1 Million.
2. CMSS has \$340,000 in reserves.
3. CMSS received a "very clean audit."

## Executive Director's Report

Dr. Norman Kahn, CEO and EVP, discussed CMSS at 50. He reviewed CMSS' objectives in 1965: improve the quality of medical care in the United States and the formation of a society of specialty societies. He noted that today's objectives are to convene members around critical issues, a culture of performance, and a model of professionalism. He noted the current workgroups: Alternative Payment, Registries, Simulation, Patient/ Family, and ABMS.

He reviewed CMSS' Values Today:

Internal: CEO Component Group  
Component Groups  
Size of the Meeting: 207 attendees today  
Alternative Payments  
Registries

External: Relationship with ABMS

Policies and Positions  
GME Financing  
Teaching Health Centers  
State Laws  
National Quality Standards  
Immunizations

He discussed CMSS' Current Impact:

- 41 medical and surgical societies representing 750,000 physicians
- 58 signers to the Code of Interaction with Companies
- Development of Guidelines
- Measurement of Healthcare Performance
- 28 members of the Organization of Program Directors Association (OPDA)
- ACGME merger with AOA
- ACCME Model Engagement
- NRMP becomes an independent organization
- ABMS "grace year" for recertification

He concluded by noting the increased CEO engagement in CMSS with CEOs being a majority in standing committees and the board of directors.

**First Reading of Proposed Changes in the Bylaws**

Deleted “Sub-specialty society members will be eligible for one vote in the Council . . .” Instead, they will be receive a number of votes equal to their amount of dues.

**Revisions of Code of Interactions of Companies**

Very detailed analysis of corporate sponsorship of Data Registries.

**Annals of Internal Medicine: Firearm-Related Injury and Death In The United States.** This recent article recommends: “universal background checks of gun purchasers, elimination of physician ‘gag laws,’ restricting the manufacture and sale of military-style assault weapons and large-capacity magazines for civilian use, and research to support strategies for reducing firearm injuries and death.” It was endorsed by CMSS.

**Approve a Referral to CMSS Continuous Professional Development (CPD) Group from the Board of Directors Regarding the Future of CME/ CPD in Specialty Societies.** It was approved.

**New Members:**

Of seven organizations which requested membership in CMSS, the following three organizations were granted membership in CMSS:

American Epilepsy Society  
Society of Gynecologic Oncology  
Society of Interventional Radiology

I greatly appreciate the opportunity to represent the Academy to the CMSS.

Respectfully submitted,

Leon Reinstein, M.D.  
Academy Long-Term Representative to the CMSS.

