Supporting Statement A for

Office of Clinical Research Training and Medical Education/Clinical Center

The Impact of Continuing Medical Education on Physician Practice.

Date

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LIST OF ATTACHMENTS:

A.1 Circumstances Making the Collection of Information Necessary

This survey will help fulfill the requirements of:

- Public Law 78-410, the Public Health Service Act (42 U.S.C. 242k), authorized establishment of the Clinical Center.

- The March 3, 1998 White House Memorandum, "Conducting Conversations with America to Further Improve Customer Service,' which directs Agencies to determine the kind and quality of service its customers want as well as their level of satisfaction with existing services.

Need:

These programs and services are aimed at educating about and improving the conduct of clinical and translational research.

The purpose of the survey is to gather information regarding the long-term outcomes of the information and medical education that the particular individual has participated in. The Clinical Center is the nation's largest hospital dedicated to clinical research. As the Clinical Center's central office of clinical research training and medical education, it is incumbent upon the office to re-adjust and refine the content of the Continuing Medical Education programs so that they have an appropriate impact on the physicians who attend the conferences.

There are no currently existing evaluation components.

The information collected will be to determine if the education provided affected the way patient care was delivered. The information will be used by the accrediting body to determine if a re-adjustment in the information and/or its delivery would have a more positive outcome.

There are no past data collections.

A.2 Purpose and Use of the Information Collection

The information collected will be used to determine the impact on patient care. Each course will be held on a yearly basis with different information and each course's accreditation requires the follow up survey with each yearly application.

So although each course ends yearly, a new application for a new course and different attendees need to be evaluated. Basically, this will go on indefinitely with each new course every year. At the end of the 3 year approval a new application for extension maybe applied for.

The Accreditation Council for Continuing Medical Education (ACCME) is the national accrediting body that awards accreditation to individual provider organizations. For an organization to be accredited it must follow the ACCME criteria. See page: http://www.accme.org/dir_docs/doc_upload/f4ee5075-9574-4231-8876-5e21723c0c82_uploaddocument.pdf.

The programs that will be evaluated have been accredited by a contracted accredited provider. For the activity to be accredited, the provider must adhere to the Essential Areas, in particular 'Evaluation and Improvement' as identified in the table on the next page:

Essential Area and Element(s) Criteria for Compliance Essential Area 3: Evaluation and Improvement

The provider must,

E 2.4 Evaluate the effectiveness of its CME activities in meeting identified educational needs.

E 2.5 Evaluate the effectiveness of its overall CME program and make improvements to the program. C 11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

C 12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

C 13. The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

C 14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.

C 15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.

Additionally, the impact on patient care is described in the journal *Chest* 2009;135;49S-55S, authors Paul E. Mazmanian, PhD.; David A. Davis, MD; and Robert Galbraith, MD, wrote the article 'Continuing Medical Education Effects on Clinical Outcomes Effectiveness of Continuing Medical Education: American College of Chest Physicians Evidence-Based Educational Guidelines,

> *"It is said that in an ideal world, every person who is ill would receive the best care every time from every physician. However, many patients receive less than perfect care, and the continuing education of physicians is seen as fundamental to improving the care that is given. Continuing education includes instruction designed to help physicians acquire and apply scientific knowledge, demonstrate skill, and perform effectively as caregivers."*

The practical utility of the information is that it will be used to determine how medical practice has changed as a result of the information presented.

The information to be collected includes:

1. Whether the information delivered had an impact on the approach to research or patient care.
2. Whether there was an increase in the collaboration in research as a result of the conference
3. Whether there was an impact on the delivery of patient care.

A.3 Use of Information Technology and Burden Reduction

All information will be collected electronically which will minimize time and permit electronic submission of responses. The decision to use electronic submission was based on the minimal time required by the respondent and the ease of collection of data. The survey will be anonymous will not collect personal information or Internet Provider addresses and will not allow for text input.

None of the information will be retrievable by name or other identifier because the survey will not allow the participant to input that data and the ability to collect Internet Provider addresses has been disabled so there is no ability to collect information about what computer submitted the survey.

Because there is no collection of identifiable information, a privacy impact assessment is not being conducted. The survey only allows the participant to answer an opinion with the click of a button but the participant is not able to input any text data.

A.4 Efforts to Identify Duplication and Use of Similar Information

There is no similar information. NIH is a unique medical environment in that the medical conferences that are held here are presenting new and innovative ways of treating patients and the information delivered is usually delivered in the NIH involves treatments and therapies in development and this kind of information is not available to the general physician practitioner in the community.

To avoid duplication of collection of the information, conference activity directors will utilize the outcomes survey in this request with the specific questions tailored to the individual conference. The results will be submitted to the Continuing Medical Education (CME) contractor, Johns Hopkins University School of Medicine Office of Continuing Medical Education.

A.5 Impact on Small Businesses or Other Small Entities

The respondents are primarily physicians and other health care providers. The impact is expected to be minimal because the format for submission of the information will be electronic.

A.6 Consequences of Collecting the Information Less Frequently

The collection of the information will help determine if the education provided to the participant has impacted the delivery of patient care or affected the outcomes of the care delivered. The requested frequency is once per conference to occur approximately 3-6 months after the conference ends. More frequent responses will be due to the fact that the individual physician and/or dentist may have gone to more than one conference in the time period.

To reduce the burden of the collection of data, an electronic system will be used to minimize paper and time burden on the public.

A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The proposed data collection is consistent with 5 CFR 1320.5

A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency

The 60-day notice was published on May 14, 2009, volume 74, page number 22749. The 60-day notice received one comment:

“these meetings should be on computer software and the general population of this nation should be able to attend. this is a very cheap way to distribute information, the general public can have some understanding of what you are telling doctors to do and the open ness of the project will help all americans. it is time to stop secret meetings. they cost more for taxpayers, they dont get the message through when videotapes can be made of the information transmitted.

this l935 style of getting out information is seriously expensive and a stupid way to do business in 2009. obama said to open up the process - its time to do that. jean public 15 elm st florham park nj07932"

This is not a research project. Therefore, no consultation with persons outside the agency has been made. However, the directors of some of the affected NIH programs have been consulted as to what metrics would be appropriate to determine the effectiveness and impact of the Continuing Medical Education Conferences involved.

A.9 Explanation of Any Payment of Gift to Respondents

There will be no payment or gifts given to respondents.

A.10 Assurance of Confidentiality Provided to Respondents

The survey tool as attached does not request, and does not allow for the input of identifying information. It is completely voluntary.

A.11 Justification for Sensitive Questions

No sensitive questions will be asked.
No personally identifiable information will be collected.

The survey will be anonymous and will not collect personal information or Internet Provider addresses and will not allow for text input.

None of the information will be retrievable by name or other identifier because the survey will not allow the participant to input that data and ability to collect Internet Provider addresses has been disabled so there is no ability to collect information about what computer submitted the survey.

A.12 Estimates of Hour Burden Including Annualized Hourly Costs

Type of Respondents	Estimated Number of Respondents	Estimated Number of Responses per Respondent	Average Burden Hours Per Response	Estimated Total Annual Burden Hours Requested
Doctoral Level	7,500	2	0.017	255
Other Health Care Provider	2,500	2	0.017	85
Total	……	……	……	340

Type of Responders	Number of Responders	Frequency of Response	Average Time for Response	Hourly Wage	Respondent Cost
Physicians	7,500	2	0.017	$75	$18,750
Other Health Care Providers	2,500	2	0.017	$50	$4,167
Totals	10,000				$22,917

A.13 Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers

A system of collection, in particular, Survey Monkey, currently in use will be used. No additional charges are expected as there is no modification to the system required.

A.14 Annualized Cost to the Federal Government

Costs to government			
Item	Cost per unit	# of units	Cost per item
Salary for design time (unit=hour)	$50	0.5	$25
Evaluation (unit=hour)	$50	0.5	$50
Electronic Maintenance (yearly fee)	$250	1	$250
Total costs			$325

A.15 Explanation for Program Changes or Adjustments

This is new collection of information.

A.16 Plans for Tabulation and Publication and Project Time Schedule

There are no plans at this time for statistical analysis in publications.

A.16 - 1 Project Time Schedule

Activity	Time Schedule
Email sent to respondents	3-6 months after the end of the conference.

A.17 Reason(s) Display of OMB Expiration Date is Inappropriate

OMB# and expiration will be displayed.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are requested.