# Call for Education Session Proposals Submission Guidance

## AMCP Managed Care & Specialty Pharmacy Annual Meeting 2019

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# AMCP Managed Care & Specialty Pharmacy Annual Meeting 2019

## Call for Continuing Pharmacy Education Session Proposals

The Academy of Managed Care Pharmacy (AMCP) invites proposals for continuing pharmacy education (CPE) sessions to be presented at AMCP Managed Care & Specialty Pharmacy Annual Meeting 2019, which will be held March 25-28, 2019, at the San Diego Convention Center in San Diego, California.

**ABOUT THE AMCP MANAGED CARE & SPECIALTY PHARMACY ANNUAL MEETING**

*Annual Meeting 2019* is expected to attract approximately 4,000 managed care pharmacists and other health care professionals seeking to increase their knowledge of the management and coordination of clinical, pharmacy benefit, and pharmacy care programs. These managed care professionals are interested in health care information and issues viewed from a population perspective, rather than at the patient–practitioner level.

**CPE SESSION SPECIFICS**

CPE sessions at *Annual Meeting 2019* will be 1.25 hours long (75 minutes). To accommodate introductions, housekeeping information, and some question and answer time, **actual content should be 60 minutes**.

**CPE session proposals MUST focus on one of the topics listed below and proposed content should be appropriate for the specified education track**. Topics are divided into six different tracks. Accompanying each topic are recommended learning objectives you may want to consider when developing your proposal.

*Proposals submitted outside of these topic areas will not be considered for inclusion.* Preference will be given to proposals that highlight real-world examples of innovations in managed care, share outcomes data, and/or include information of interest to pharmacists, physicians, and nurses.

## Track: Business Trends in Managed Care

| # | Topic | Recommended Learning Objectives |
|---|---|---|
| **1** | Role of Artificial Intelligence in Healthcare | • Identify ways artificial intelligence is used to optimize health outcomes and reduce costs.<br>• Determine the financial impact artificial intelligence may have on budget impact models.<br>• Discuss new technology that may influence health care decision-making in the future. |
| **2** | Pay for Performance for Managed Medicaid Plans | • Describe how pay for performance in managed Medicaid is improving outcomes for the Medicaid population.<br>• Illustrate a successful implementation of a pay for performance model of a managed Medicaid plan.<br>• Discuss the opportunities that exist for implementing pay for performance for managed Medicaid plans. |
| **3** | Real-time Benefits Check | • Describe the role and application of real-time benefits.<br>• Discuss best practices for incorporating real-time benefits into daily pharmacy management.<br>• Identify examples of patient-friendly models.<br>• Discuss strategies for adapting the formulary.<br>• Determine the cost savings benefits. |
| **4** | Innovative companies and health care disruptors | • Identify upcoming innovative products, services, delivery systems, and health care disruptors.<br>• Discuss the role these innovations and disruptors may play in the managed care realm. |
| **5** | Copay Cards | • Review federal and state regulations regarding the use of copay cards.<br>• Discuss strategies to manage the rising use of copay coupons by health plans and PBMs without compromising patient access.<br>• Discuss how to track and manage the use of specialty drug coupons through a preferred specialty pharmacy or network of pharmacies.<br>• Review federal and state regulations regarding the use of copay cards.<br>• Discuss strategies to managing copay accumulators.<br>• Identify best practices for implementing and managing copay card programs. |
| **6** | Value Based Arrangements | • Explain the current and future landscape and trends of value based arrangements on managed care pharmacy. |

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| | | • Review collaboration strategies used by manufacturers and payers to implement value based arrangements.<br>• Identify barriers to implementing value based arrangements.<br>• Evaluate one success story for a value based arrangement implementation.<br>• Review examples of contracting strategies and collaborations to leverage cost savings. |
| **7** | Role of ACO/IDN on quality health care delivery | • Explain the impact and outcomes of health care delivery through accountable care organizations (ACOs) and integrated delivery networks (IDNs) on quality measures.<br>• Discuss best practices and lessons learned from ACO/IDN delivery strategies to improve quality. |
| **8** | Impact of Industry Consolidations (e.g. mergers, acquisitions) | • Identify the impact consolidations have on patients, payers, and health plans.<br>• Discuss the financial opportunity of consolidations.<br>• Discuss the implications mergers have on the healthcare landscape.<br>• Identify new capabilities these combined companies can offer clients. |
| **9** | Pipeline Budget Impact Models – specific to asthma, migraine headaches, allergies (e.g. peanut) | • Identify new agents in the pipeline for a specific disease or condition.<br>• Determine how to use budget impact models in preparation for the release of pipeline medications across different lines of businesses.<br>• Evaluate the impact and cost in transitioning patients to new pipeline medications. |
| **10** | Online Pharmacy Market (e.g. entrance of big corporations like Amazon, Berkshire Hathaway, JP Morgan Chase & Co into the prescription drug distribution) | • Discuss the current and future landscape of online pharmacy markets<br>• Discuss the impact online pharmacy markets may have on the overall managed care market and quality of care.<br>• Identify best practices that can be incorporated into pharmacy growth strategies to keep up with advances in the online market.<br>• Discuss the opportunities and challenges of online pharmacy markets.<br>• Identify key players who will be most impacted by online pharmacy markets. |
| **11** | Total cost of care | • Discuss payer strategies to managing the total cost of care. |

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| | • Discuss the role of site of care management in the total cost of care and differences between the pharmacy and medical benefit.<br>• Discuss opportunities to increase member engagement and improve digital/technical services offered. |

## Track: Current Affairs in Specialty Pharmacy Management

| # | Topic | Recommended Learning Objectives |
|---|---|---|
| **1** | Innovations in oncology management | • Review management approaches for oncology (e.g. formulary exclusion, unique vendor partners)<br>• Share results/experiences from payers approaching differently.<br>• Determine appropriate algorithms of care in oncology to optimize use of cost-appropriate therapies.<br>• Discuss the change from fee for service to value based care and reimbursement. |
| **2** | Precision medicine in oncology | • Define how "precision medicine" is being used in oncology today.<br>• Discuss the limitations and opportunities of precision medicine in oncology.<br>• Discuss agents currently available and associated cost impact of these agents.<br>• Review the drugs in the oncology pipeline that are considered precision medicine or targeted therapies<br>• Provide examples of how precision medicine is successfully being managed across the pharmacy and medical benefit and impacting the total cost of care. |
| **3** | Hemophilia | • Identify the role of gene therapy in the management of hemophilia.<br>• Define best practices for ensuring quality and cost-effective drug therapy in hemophilia.<br>• Review the role and impact of hemophilia pipeline drugs.<br>• Discuss payer strategies in collaborating with hemophilia treatment centers. |
| **4** | Analysis of the gene therapy landscape and the role of gene therapy as an economic change maker | • Discuss the therapeutic areas that are targeted for gene/genetic therapy interventions.<br>• Identify the gene therapy agents in the market place and pipeline (e.g. RNA viral vectors, gene splicing, etc).<br>• Review basic knowledge of these agents like mechanism of action, size of population, specific gene defect targets.<br>• Identify the best resources for research and information.<br>• Discuss strategies for implementing sustainable economic models to improve access to these life-saving therapies. |
| **5** | Treatment advances in rare | • Review treatment advances in rare diseases. |

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| | diseases- (e.g. Batten Disease, Duchenne muscular dystrophy, Merkel Cell Carcinoma) | • Discuss likely place in therapy of new drug agents for rare diseases.<br>• Discuss formulary challenges and opportunities for payers.<br>• Discuss site of care limitations for management of rare diseases.<br>• Distinguish which rare diseases would benefit from different types of coverage management. |

## Track: Research and Its Practical Application

| # | Topic | Recommended Learning Objectives |
|---|---|---|
| **1** | Value proposition and economic analysis for rare disease (e.g. ICER) | • Review value framework for rare diseases.<br>• List the limitations of these value frameworks for rare disease therapies.<br>• Discuss the different considerations necessary for rare disease treatments vs. traditional pharmaceuticals (e.g., population size, patient quality of life implications).<br>• Describe how value proposition for rare diseases may impact coverage and formulary decision-making.<br>• Discuss the value of economic analysis for rare diseases. |
| **2** | Best uses of predictive analytics-innovations | • Explain how payers can identify appropriate patient predictors or risk factors.<br>• Identify key data elements in successful predictive analytics.<br>• Discuss best practices applying and operationalizing predictive analytics at health plans and PBMs.<br>• Discuss the outcomes observed from the utilization of predictive analytics in the real world. |
| **3** | Behavioral Economics | • Describe behavioral economics and why it is important.<br>• Review the role and value proposition of behavioral economics in pharmaceutical care and formulary management.<br>• Discuss lessons learned from behavioral economics to design more effective pay for performance programs.<br>• Identify when and how to utilize behavioral economics.<br>• Explain how behavioral economics impacts payer strategy. |
| **4** | Collaborations used to incorporate real-world evidence into formulary decision-making | • Identify opportunities for proactive interaction between health plans and pharmaceutical manufacturers to design trials that capture real-world evidence.<br>• Discuss lessons learned from past experiences, including successes and failed attempts. |
| **5** | Patient reported outcomes (PROs) (e.g. MS, RA) | • Discuss current practices in patient reported outcomes (PROs) data collection and utilization for continued management.<br>• Discuss how health plans are utilizing PRO's to change formulary management.<br>• Discuss how PROS are evaluated in conjunction with other clinical data/evidence for a drug's formulary placement. |

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| **6** | Role of technology and mobile health tools in patient engagement and outcomes | • Summarize the impact of real world applications of technology and mobile health tools have on engagement and outcomes.<br>• Discuss the successful implementation and patient adoption of mobile health or other technology at a health plan.<br>• Discuss how this technology was used effectively to patient adherence.<br>• Identify the legal /HIPAA issues to consider when implementing new technology programs/initiatives.<br>• Review tools used to help patients manage diseases such as diabetes, asthma, and hypertension. |

# Track: Spotlight on Formulary Management

| # | Topic | Recommended Learning Objectives |
|---|---|---|
| **1** | Waste- free formularies | • Discuss the role waste-free formularies have in formulary management.<br>• Discuss the opportunities and challenges of implementing a waste-free formulary.<br>• Identify best practices for utilizing a waste-free formulary.<br>• Determine the impact a waste-free formulary may have on a health plan. |
| **2** | Trends and Utilization of Generics | • Identify a monitoring mechanism for generic prices.<br>• Determine how to transition patients from highly inflated generics to lower cost opportunities.<br>• Discuss the impact generic inflation has on formulary utilization. |
| **3** | Carve out by disease states and formulary exclusion | • Identify the latest trends in “carve-outs” across different lines of business.<br>• Discuss the rationale for coverage or non-coverage of specific disease states.<br>• Discuss ideal therapeutic classes to have drug exclusions on the formulary.<br>• Identify strategies used in grandfathering drugs into a carve out or exclusion benefit.<br>• Identify areas of concern to these “carve out” disease states from various stakeholder perspectives.<br>• Discuss challenges, opportunities, and best practices in operationalizing a “carve out” by disease state. |
| **4** | Oncology management – management of oncolytics approved for indications with similar MOAs | • Discuss implementation strategies and hurdles for managing a specific cancer type.<br>• Identify best practices in defining formulary requirements for oncolytics. |
| **5** | Fast Track Drug Stats | • Describe the FDA approval process for drugs with limited data.<br>• Discuss how limited efficacy data impacts formulary management.<br>• Identify strategies for assessing and monitoring the use and efficacy of drugs with limited approval information.<br>• |

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| **6** | HIV Management | • Determine formulary strategies used in managing the costs of HIV products to take advantage of the lower cost alternatives/generics.<br>• Discuss the differences between provider and member HIV education versus direct-to-consumer advertising.<br>• Identify state-based barriers to formulary management of HIV drugs. |
| **7** | Formulary Management Tools (e.g. rebates, generics, new to market block, exclusions) | • Discuss the real world effectiveness of different formulary management tools used by payers.<br>• Identify best practices of implementing these formulary tools. |
| **8** | Drug shortages and recalls (e.g. Valsartan, Shingrix) | • Define different levels of recalls and the impact on formulary management.<br>• Discuss lessons learned from patient level recalls. (e.g. Valsartan)<br>• Describe the impact drug shortages have on formulary management.<br>• Identify best practices for adjusting to drug shortages. |
| **9** | Biosimilars pipeline and the formulary impact | • Identify pipeline agents, proposed indications, place in therapy, expected launch in market, and impact of patent litigations.<br>• Identify commercially available biosimilars and current payer barriers to adoption with potential solutions.<br>• Discuss implications of CMS designation of biosimilars on management.<br>• Discuss the potential cost savings and the value proposition that available therapies are offering.<br>• Discuss best practices in medical policy, patient & provider education, cost containment strategies for biosimilar implementation in different managed care practice sites.<br>• Discuss biobetter management strategies and impact on the health care landscape. |

## Track: Staying on Course with Legislative and Regulatory Issues

| # | Topic | Recommended Learning Objectives |
|---|---|---|
| **1** | MACRA/MIPPS | • Summarize the requirements of MACRA/MIPPS and how the programs are working today.<br>• Explain and describe measures directly impacting pharmacy. |
| **2** | Lock-in programs (Medicaid and Commercial) | • Describe key components of successful lock-in program.<br>• Determine patient inclusion criteria for a lock-in program.<br>• Describe the impact a lock-in program has on reducing opioid abuse. |
| **3** | 21st Century Cures Act and Impact to Managed Care | • Explain the relevance and importance of the 21st century cures law on managed care.<br>• Discuss implications for payers, providers, and manufacturers.<br>• Explain how the act may impact new drug approvals, drug costs, and health savings.<br>• Discuss how payers can prepare for drugs that may be approved through the act. |
| **4** | An update on the drug price transparency laws, including the blueprint | • Provide an overview of the US drug pricing system, and compare to international drug pricing systems.<br>• Review current real world cases/examples of price hikes.<br>• Discuss legislative and regulatory updates to drug pricing at the national and state level.<br>• Discuss challenges and opportunities in drug pricing reform.<br>• Summarize key pillars of the blueprint impacting managed care pharmacy. |
| **5** | Opioids – Regulations/Guidance | • Discuss federal and state legislation and regulations aimed at addressing the opioid epidemic.<br>• Determine barriers and opportunities to implementing opioid curbing policies.<br>• Discuss the impact of opioid legislation on physician prescribing and patient care. |
| **6** | State of the ACA and healthcare reform | • Discuss the state of the ACA and health care reform. |
| **7** | Impact of state and federal laws on launching clinical programs | • Review state laws impacting managed care pharmacy comprehensively (e.g. specialty tiering, max copays, definitions for specialty drugs, etc).<br>• Discuss the regulatory challenges in implementing clinical programs at health plans. |

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| | | • Identify best practices in utilizing legal teams in the program development processes. |
| **8** | Medicare Part D – update | • Identify updates to the Part D formulary, including step therapy and Part B coverage.<br>• Discuss the impact of these changes on providers and members.<br>• Identify how these changes would impact the appeals and star ratings.<br>• Identify the Medicare Part D categories that are going to be most impacted.<br>• Outline the updates provided in the 2020 call letter. |
| **9** | Laws and Regulations Related to Biosimilars | • Identify how biosimilar regulatory differences may impact payer strategy.<br>• Discuss the laws and regulations surrounding biologics and biosimilar, including FDA guidance.<br>• Compare and contrast the current laws in different states across the country.<br>• Discuss the adoption of biosimilars in the US market and compare with the European Union and other foreign health systems.<br>• Identify the main hurdles and possible solutions for biosimilar adoption among various stakeholders.<br>• Discuss legislative and regulatory changes impacting the biosimilars landscape, especially in regards to surveillance. |

## Track: The Landscape of Contemporary Managed Care Pharmacy

| # | Topic | Recommended Learning Objectives |
|---|---|---|
| **1** | Blockchain technology and alternative payment models- high level | • Define blockchain technology.<br>• Discuss the potential role of blockchain techonology in managed care.<br>• Discuss the impact blockchain technology may impact have on interoperability, data privacy, and counterfeit prevention, etc. |
| **2** | Highlighting advances in Population Health | • Identify innovations in population health management.<br>• Discuss how population health managers can leverage real world data to guide care.<br>• Discuss best practices and strategies that can help promote healthy outcomes, like preventive health care, medication management, and discharge follow-up.<br>• Discuss the pharmacist's role and impact in improving overall population health. |
| **3** | Pharmacy Case Management Services | • Identify opportunities to implement case management programs at health plans.<br>• Determine the necessary resources to implement these programs.<br>• Discuss best practices of implementing and utilizing pharmacy case management services. |
| **4** | Quality and Adherence | • Review current prescription-related metrics by line of business.<br>• Identify success stories with lower-performing measures.<br>• Determine the impact of quality measures on adherence. |
| **5** | Rapid Learning Systems | • Discuss the challenges and opportunities of rapid learning systems in the health care industry.<br>• Discuss the key elements necessary in establishing a robust rapid learning system.<br>• Discuss how payers can promote rapid learning in their organizations. |
| **6** | Rebates at Point of Service | • Identify drug rebates (if any) that can be performed at POS.<br>• Determine the barriers to implementing drug rebates done at POS.<br>• Discuss the benefits of drug rebates being performed at POS. |

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| | | • Discuss the impact rebates have on premiums. |
| **7** | EHR and ePA Perspective from the Provider | • Describe how EHR and ePA are being integrated into provider practices.<br>• Identify obstacles to using the latest technology and software. |

# Proposal Submission Requirements

**CPE session requirements**

All CPE sessions are expected to adhere to the enclosed *Guidelines for Continuing Pharmacy Education Sessions* and incorporate all of the elements discussed in that document. All presentations must:

- Incorporate at least one active learning activity for each learning objective.
- Have a PowerPoint Presentation on AMCP's template whose content achieves all learning objectives.
- Have an associated handout (consisting minimally of copies of PowerPoint slides).
- Be based on and reference the best available evidence.
- Give a balanced view of therapeutic options and/or programs and services.

**Faculty remuneration**

Faculty associated with accepted CPE session proposals will receive:

- One complimentary *AMCP Managed Care & Specialty Pharmacy Annual Meeting 2019* registration.
- Reimbursement of reasonable speaking-related travel expenses at the discretion of AMCP (i.e., round-trip coach airfare, ground transportation, and one night hotel stay).

Typically, a 1.25-hour continuing pharmacy education session should have no more than two faculty. Sessions conducted primarily as short presentations plus panel discussion should have no more than three faculty total (facilitator plus two panelists). AMCP reserves the right to limit the number of faculty in a session or the type and amount of remuneration provided. AMCP also reserves the right to conditionally proposals with certain modifications to content and faculty.

**How to submit a proposal**

Proposals must include *all* of the requested elements found within the online form. **Submissions MUST indicate the specific topic that the session will cover based on the list provided by AMCP.**

Fields included on the online form are the following:

**Proposal Presenters**

Please create the list of presenters for this submission.

**Proposal Title**

A proposal must have a short, specific presentation title (containing no abbreviations) that indicates the nature of the presentation

**Needs assessment/ knowledge gap information**

Provide a description (at least 300 words) of why the topic addressed in the proposed session is important to managed care pharmacists, as well as the "knowledge gap" that the session will fill: what is happening now vs what is needed and desired in practice? What problems are caused by the current status/behaviors/practices? What benefits would result from the desired status/behaviors/practices?

Include a minimum of three citations to published information or evidence, preferably national guidelines, peer-reviewed health care literature, regulatory requirements, or similar expert/authoritative sources.

**Session Description**
Create a brief (no more than 150 words) session description suitable for inclusion in the Final Program. The description should reflect the session content accurately and be worded in a way that entices the audience to attend.

Example: Biosimilars: Regulatory Considerations and Controversies Although the first biosimilar product is not expected to hit the U.S. market before 2017, federal and state governments already are moving ahead with guidance and regulations. The naming debate is in full swing. There are many questions about the approval process for biosimilars in Europe and how it might influence an approval pathway in the United States. The FDA has floated the idea of an "Orange Book" for biosimilars. Which version of the future seems most likely? This session will provide perspective on the activity and speculation regarding regulation of biosimilars.

**Detailed Program Agenda**
Indicate what information will be covered by each faculty presenter, and for how long.

**Learning Objectives**
Provide at least three measurable, specific learning objectives that define what pharmacists should be able to do at the completion of the proposed session. The objectives should address the identified needs and knowledge gap. They also should elicit or describe observable or measurable behaviors on the part of participants.

Learning objectives should begin with a verb and complete the sentence, "At the completion of this activity, participants should be able to …." The verbs should be appropriate for the proposed session activity type (knowledge-based or application-based), as indicated on the enclosed list (see last pages).

For example, for a knowledge-based activity for the session description above, the following objectives are appropriate:

At the completion of this activity, participants should be able to:

1. Explain the differences between FDA regulation of biosimilars and the European Union approach.
2. Discuss how key state trends associated with biosimilar substitution are likely to affect pharmacists.
3. Summarize the controversies surrounding the naming of biosimilar products.

If the proposed session has multiple faculty, one person should be designated as the session coordinator. If the proposal is accepted, this person will serve as the main liaison with AMCP and will be responsible for ensuring that all requested information is submitted in a timely manner.

**Disclosure of Financial Support**
Provide disclosure of any financial support from a commercial interest (e.g., pharmaceutical industry) for any original research or data proposed.

**Deadline**
Proposals must be submitted no later than 11:59 pm PT on Sunday, October 14, 2018.

**Evaluation of proposals**

CPE Proposals will be evaluated by the AMCP education staff and Educational Affairs Committee. Criteria for review include but are not limited to topic relevancy to the managed care professional, risk of promotional bias, and expertise of faculty listed.

Notifications of acceptance and rejection will be sent no later than Friday, December 14, 2018.

**Questions?**

Please direct questions to Michelle Perkins, Education Program Coordinator, at (703) 684-2612 or via email to mperkins@amcp.org.

**Please note, results of original research must be submitted via the Call for Abstracts, which will open October 10, 2018.**

# ACPE Guidelines for Continuing Pharmacy Education

## Learning assessment with feedback

Current Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards for Continuing Pharmacy Education (CPE) activities require that CPE programs include learning assessments "to allow pharmacists to assess their achievement of the learned content." In addition, learning assessment feedback "must be provided to participants in an appropriate, timely, and constructive manner."

To comply with this requirement, AMCP requires speakers to **include at least one learning assessment question for each learning objective**. We encourage you to use a pre-test/post-test format, with correct responses provided and discussed as part of the post-test. We further encourage you to take advantage of the audience response system that will be available for all CPE sessions. Additionally, AMCP requires session participants to provide at least one item they learned during the session in their session evaluation.

Specifically:

- Create at least one multiple-choice question for each of the learning objectives addressed in your presentation (or in your section of the presentation). **Each question should have four responses; only one response should be correct.**

- Show these slides at the beginning of the presentation and ask participants to indicate the correct response. **Do not provide or discuss the answers at this time**.

- Show the slides again at the end of presentation, again asking participants to indicate the correct response. At this time, reveal the correct answer, explain why it is correct, and ask participants if they have any questions.

**Be sure to indicate the correct response to each post-test question in your PowerPoint file.** AMCP will remove the correct responses from the presentation file.

## Active learning during presentations

Current ACPE Accreditation Standards require that CPE programs include "learning activities to foster active participation." To comply with this requirement, AMCP requires speakers to **include at least one active learning activity for each learning objective**.

Although you may incorporate any type of active learning activity that may be appropriate for your presentation, we encourage you to take advantage of the audience response system that will be available for all CPE sessions. At several points during your presentation, incorporate slides that ask participants to provide input such as:

- Selecting the correct response to a true/false or multiple-choice question.
- Indicating agreement/disagreement with a statement or prediction.
- Providing demographic or other polling information [e.g., "Are you a (a) pharmacist, (b) nurse, (c) physician, (d) none of these?"].

## Handout

Current ACPE Accreditation Standards require CPE providers to offer educational materials for all programs. Educational materials may consist of handouts, outlines, background material, selected bibliographies, or other resources that "serve as a guide, provide additional sources of information, and include reference tools usable in practice."

To comply with this requirement, AMCP will create a PowerPoint handout from your final slide file. Handouts will be posted to the meeting website no later than 1 week before the conference begins.

You are welcome and encouraged to provide additional materials for posting (reference list, forms, checklists, etc.) However, please note that **no printed materials may be distributed to session attendees** unless the materials are approved in advance by AMCP.

## Equitable and fair balance

According to current ACPE Accreditation Standards, the content or format of CPE activities "must promote improvements or quality in health care and not a specific proprietary business interest of a commercial interest." Presentations are expected to give a balanced view of therapeutic options:

- Recommendations or emphasis must fairly represent, and be based on, a reasonable and valid interpretation of the information available on the subject (e.g., "On balance the data support the following …").

- No single product or service should be over represented in the CPE activity when other equal but competing products or services are available for inclusion.

- Generic names should be used preferentially; trade names may be used in addition to generic names but not in place of generic names. If the CPE educational material or content includes trade names, all available trade names should be used, not just trade names from a single company.

- All speakers will be required to complete a financial disclosure form. If any conflict of interest is perceived based on the information provided, slides will be peer-reviewed to ensure there is no bias in the presentation.

- All information should be referenced using best available evidence including tables, statistics, and data. In addition, permission must be obtained to use any copyrighted material.

## Presentation review

Faculty members are expected to submit a PowerPoint slide deck on AMCP's slide template whose content achieves all learning objectives. All instructional materials for continuing education sessions will undergo an intensive review process to ensure that they meet the established learning objectives and comply with AMCP requirements and current ACPE Accreditation Standards. We will contact you at the conclusion of this review if any needed changes are identified.

# Measurable Action Verbs for Continuing Pharmacy Education Activities*

***Note:*** Knowledge-based activities should only use verbs classified as knowledge-based. Application-based activities may use a mix of verbs classified as knowledge-based and application-based; however, the majority should be application-based.

## Knowledge-Based

| | | |
|---|---|---|
| Arrange | Label | Relate |
| Classify | List | Repeat |
| Define | Locate | Report |
| Describe | Memorize | Reproduce |
| Discuss | Name | Restate |
| Duplicate | Order | Review |
| Explain | Outline | Select |
| Express | Recall | State |
| Identify | Recite | Summarize |
| Indicate | Recognize | Translate |

## Application-Based

### Cognitive Domain (Bloom)

| | | |
|---|---|---|
| Analyze | Design | Practice |
| Apply | Develop | Predict |
| Appraise | Differentiate | Prepare |
| Argue | Discriminate | Propose |
| Arrange | Distinguish | Question |
| Assemble | Dramatize | Rate |
| Assess | Employ | Research |
| Attach | Estimate | Schedule |
| Calculate | Examine | Select |
| Categorize | Experiment | Set up |
| Choose | Evaluate | Sketch |
| Collect | Formulate | Solve |
| Compare | Illustrate | Support |
| Compose | Interpret | Teach |
| Construct | Investigate | Test |
| Contrast | Judge | Use |
| Create | Manage | Write |
| Criticize | Operate | |
| Defend | Organize | |
| Demonstrate | Plan | |

| Psychomotor Domain (Dave) | | |
|---|---|---|
| Adapt | Execute | Observe |
| Adhere | Follow | Practice |
| Build | Formulate | Perfect |
| Calibrate | Identify | Perform |
| Combine | Imitate | Recreate |
| Complete | Implement | Reenact |
| Construct | Improve | Repeat |
| Control | Integrate | Replicate |
| Coordinate | Invent | Show |
| Copy | Manage | Solve |
| Demonstrate | Master | Specify |
| Design | Mimic | Teach |
| Develop | Modify | Try |

| Affective Domain (Bloom) | | |
|---|---|---|
| Act | Follow | Perform |
| Adhere | Form | Prepare |
| Aid | Formulate | Present |
| Alter | Generalize | Propose |
| Answer | Give | Qualify |
| Arrange | Greet | Question |
| Ask | Help | Read |
| Assist | Hold | Recite |
| Attach | Identify | Relate |
| Choose | Influence | Reply |
| Combine | Initiate | Report |
| Compare | Integrate | Revise |
| Complete | Invite | Select |
| Comply | Join | Serve |
| Conform | Justify | Share |
| Defend | Label | Site |
| Demonstrate | Listen | Study |
| Describe | Locate | Solve |
| Differentiate | Modify | Synthesize |
| Discriminate | Name | Tell |
| Discuss | Order | Use |
| Display | Organize | Verify |
| Erect | Point to | Work |
| Explain | Practice | Write |