Call for Education Session Proposals Submission Guidance

AMCP Nexus 2018

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AMCP Nexus 2018

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 Nexus Meeting 2018, which will be held October 22-25, 2018, at the Orlando World Center Marriott in Orlando, Florida.

ABOUT THE AMCP NEXUS 2018

AMCP Nexus 2018 is expected to attract approximately 3,000 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 *AMCP Nexus 2018* will be 1.5 hours long (90 minutes). To accommodate introductions, housekeeping information, and some question and answer time, **actual content should be planned for 75 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 five 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.

TRACK: Legislative and Regulatory Trends: From Rhetoric to Practice

#	Topic	Suggested Learning Objectives
1	21st Century Cures and Impact to Managed Care	• Explain the relevance and importance of the 21st century cures law on managed care. • Discuss implications for payers, providers, and manufacturers. • Explain how act may impact new drug approvals, drug costs, and health savings. • Discuss how payers can prepare for drugs that may be approved through the act.
2	MACRA/MIPPS	• Define MACRA/MIPPS. • Summarize the requirements of MACRA/MIPPS and how the programs are working today. • Explain and describe measures directly impacting pharmacy.
3	Opioids – FDA vs CMS Regulations/Guidance	• Identify federal regulations that are currently proposed (if any – but assuming there are some). • Discuss state regulations that have been implemented to combat the opioid epidemic. • Explain what opioid limitation exist based on FDA rules/guidance and what opioid limitations are suggested by CMS. • Explain how the FDA and CMS guidance is different, and how these differences can be rectified to minimize member confusion.
4	CMS Audits – Lessons Learned from the 2018 Cycle	• Discuss changes in CMS audits. • Identify the new CMS requirements for FAA and TMPA universe files preparation. • Discuss lessons learned and share best practices. • Report the Impact of Audit Findings/Enforcement Actions. • Identify the hot topics and trends from CMS audits/findings.
5	Innovation in Medicare Star Ratings	• Identify innovative clinical programs to support Part D Star rating metrics. • Discuss how pharmacy departments can support the improvement of Part D Star Ratings.
6	An update on the drug price transparency laws	• Provide an overview of the US drug pricing system, and compare to international drug pricing systems. • Review current real world cases/examples of price hikes.

		• Discuss legislative and regulatory updates to drug pricing at the national and state level. • Discuss challenges and opportunities in drug pricing reform.
7	340B Pricing and the Implications for Manufacturers and Payers	• Examine the impact of 340B covered medications on managed care. • Compare how 340B pricing impacts contracts for payers. • Discuss the latest legislative activity surrounding 340B pricing.
8	State of the ACA	• Discuss the state of the ACA and health care reform.
9	Pharmacist as provider status-	• Review updates to pharmacists as provider status on the federal and state level. • Discuss the impact of provider status on different stakeholders, cost of care, and reimbursement.
10	Medicare Fraud, Waste and Abuse	• Discuss recent legislative activity surrounding health plan actions around fraud, waste and abuse in Medicare claims. • Identify common areas of fraud, waste and abuse among Medicare claims. • Recognize the significant impact of health care fraud, waste and abuse.
9	Biosimilars and Biologics: Update on laws and regulations, Pipeline, Adoption: What's coming and what's on hold	• Discuss the laws and regulations surrounding biologics and biosimilar, including FDA guidance. • Compare and contrast the current laws in different states across the country. • Identify pipeline agents, proposed indications, possible impact, how likely they are to be approved, when they will come to market, and which ones will be held up due to patent ligations. • Discuss the adoption of biosimilars in the US market and compare with the EU • Identify the main hurdles and possible solutions for biosimilar adoption among various stakeholders.

TRACK: Drugs, Diseases and the Managed Care Impact

#	Topic	Suggested Learning Objectives
1	GI disorders	• Review emerging issues in GI disorders including treatment of opioid induced constipation (OIC), c difficile infection, and constipation predominant irritable bowel syndrome (IBS-C). • Compare and contrast therapies approved for IBS-C. • Describe the differences between the 3 PAMORAs approved for OIC. • Review the new treatment guidelines and impact on practice and cost for *C. difficile* • Identify best practices in managing the drug benefit for patients with specific GI disorders.
2	Future Trends in the Management of rare diseases	• Describe the FDA approval process and incentives for manufacturers regarding rare diseases. • Review new treatments for rare diseases in the pipeline. • Distinguish which rare diseases would benefit from different types of coverage management.
3	Managing the Total Cost of Rare Diseases	• Identify best practices in managing the drug spend for rare diseases across the medical and pharmacy benefit • Discuss site of care limitations for management of rare diseases
4	Cancer immunotherapies	• Review current products and new pipeline agents. • Discuss management tools for cancer immunotherapies. • Discuss the impact of cancer immunotherapies on formularies and cost of care.
5	Immunotherapy (non-cancer)	• Review current products and new pipeline agents. • Discuss management tools for non-cancer immunotherapies. • Discuss the impact of non-cancer immunotherapies on formularies and cost of care. • Explain the role of indication on the efficacy of treatment and specific drug utilization programs.
6	Sickle Cell Anemia	• Review the population demographics, prevalence, and average cost to treat of sickle cell anemia. • Review treatment options for sickle cell anemia. • Discuss effective and appropriate pain treatment strategies for sickle cell patients.

		• Identify managed care programs used to manage patients with sickle cell anemia with specific outcomes of these programs.
7	CAR-T Therapy	• Summarize the role and process of treating patients with CAR-T therapy. • Discuss the coordination between medical and pharmacy benefits in managing appropriate patients with CAR-T therapy. • Describe best practices in managing CAR-T therapy and similar treatment options within a managed care organization.
8	Introduction to Gene Therapy	• Review the overall landscape of gene therapy technology, including research, development, and the future of gene therapy. • Review and understand the various definitions of gene therapy (what really falls under gene therapy?) • Discuss regulatory, safety, ethical, and patent issues in gene therapy. • Identify the types of disease states being studied, and the types and mechanism of action of gene therapy under development.
9	Gene Therapy Approval to date and Impact on Payers	• Discuss the impact on the overall healthcare cost and value proposition of gene therapy. • Identify approved gene therapies and agents in the pipeline, including indications and mechanisms of action. • Discuss how payers are managing approved therapies to date and the outcomes they are seeing. • Discuss what this means for contracting strategies. • Discuss how pharmacist experts can be used more effectively as consultants on gene therapy, including as support on the medical benefit side. • Discuss challenges and opportunities in patient education, accessibility, experience, and appropriate use of gene therapy (e.g. geographical challenges, limited distribution drugs, access to specialty centers)
10	Enzyme Deficiency Disorders	• Identify types of Enzyme deficiency disorders. • Discuss prevalence, monitoring patients, and cost of care.

		• Identify emerging treatments for enzyme deficiency disorders and potential managed care pharmacy programs for these agents.
11	Appropriate management of behavioral health therapies in a pediatric population	• Review the efficacy of therapies for behavioral health in a pediatric population for varying conditions and mechanisms of action. • Identify management strategies that allow for proper access and safe utilization of therapies.
12	Pain Management-Alternatives to Opioids	• Discuss the use of alternative pain management strategies, e.g. role of alternative treatments such as medical marijuana, physical therapy, acupuncture • Explain the role of managed care organizations, including integrated delivery networks, on the overall pain management of a patient

TRACK: Specialty Pharmacy Management: Keeping Up with Runaway Innovation

#	Topic	Suggested Learning Objectives
1	Innovations in oncology management	• Review management approaches for oncology (e.g. formulary exclusion, unique vendor partners) • Share results/experiences from payers approaching differently
2	Precision medicine in oncology	• Define the term "precision medicine" and its current use in Oncology today. • Discuss the limitations and opportunities of precision medicine in oncology. • Differentiate between precision medication vs tradition oncology agents. • Discuss how precision medication in oncology will impact traditional management of oncology therapies. • Discuss agents currently available and associated cost impact of these agents. • Review the drugs in the oncology pipeline that are considered precision medicine or targeted therapies • Provide examples of how precision medicine is successfully being managed across the pharmacy and medical benefit and impacting the total cost of care.
3	Best practices in coordinating the total cost of care through managing both the pharmacy and medical benefit for specialty drugs	• Discuss examples of health plans that successfully manage the total cost of care through integration of pharmacy and medical expenditures for specialty drugs. • List specific drugs that are appropriate candidates for for managing both the pharmacy and medical benefits and possibly value-based contracting. • Discuss best practices in data integration. • Review the impact on cost with coordination of the benefit.
4	Payer and Employer trends in Managing Specialty Medications- Evolution of benefit designs and programs in response to high cost specialty drugs	• Discuss how different plans and PBMs are using different strategies/tactics to manage specialty medications across different plan types (employer vs. public, small vs. large, different demographic areas) • Review how pharmacy benefits are being managed and optimized for self-funded groups, especially oncologics and orphan drugs.

		• Identify strategies for specialty cost containment (ex: requiring prior authorization, use closed formulary, use limited specialty pharmacy network) and keeping claims out of the medical plan and within the pharmacy plan.
5	The Future Evolution of Specialty Pharmacy	• Review the history of the development of specialty pharmacy model. • Outline the business model for specialty pharmacy. • List pharmaceuticals managed by specialty pharmacy and how that has changed over time • Discuss how the specialty pharmacy model may change over time with emerging new specialty medications
6	Budget planning for specialty medications	• Identify tools to aid in forecasting. • Discuss how payers can maximize savings. • Discuss the challenges faced by plan sponsors in projecting the impact of specialty drugs on their health plan financials. • List 5 most common strategies and their expected impact on a plan sponsor's total drug spend and cost of care. • Outline best practices in coordinating with the medical benefit budget.
7	Carve outs by disease states	• Define "carve outs" and the latest trends impacted with this program. • Discuss the rationale for non-coverage of specific disease states. • Identify areas of concern to these "carve out" disease states from various stakeholder perspectives.
8	Biosimilars and the formulary impact: Payer management approaches	• Outline the variation in formulary? management for self-injectable (e.g. insulin glargine) vs infused biosimilars (e.g. infliximab). • Discuss implications of CMS designation of biosimilars on management. • Identify commercially available biosimilars and current payer barriers to adoption with potential solutions. • Analyze contracting strategies for biosimilars currently available. • Discuss the potential cost savings and the value proposition that available therapies are offering.

		• Discuss best practice to manage and educate patients & providers on biosimilars

TRACK: Managed Care Research in Action

#	Topic	Suggested Learning Objectives
1	Utility of companion diagnostics/pharmacogenomics testing	• Review current payer coverage of companion diagnostic/pharmacogenomics testing. • Discuss how test results are applied/utilized in health care decisions. • Identify tests that provide the most value. • Compare tests based on value, strength of evidence, labs. • Provide methods on how to utilize data from these tests to validate drug therapy selection and best practices for data integration.
2	Pharmacogenomics 101	• Define and discuss the role of pharmacogenomics in the real world. • Examine pharmacogenomic applications to different stakeholders, including payers and manufacturers. • Discuss the potential future impact of pharmacogenomics on pharmaceutical care, cost of care, formularies, and new drug development. • Discuss real world utilization of pharmacogenomics.
3	Examples of Applied Pharmacoeconomics and use of value framework to make decisions	• Discuss methods to define and determine “value.” • Provide examples of pharmacoeconomic analysis in the real-world setting • Describe how pharmacoeconomics can be effectively incorporated into various practice settings within managed care.
4	Application of budget impact modeling and analyses in a real-world setting	• Describe the available tools to manage utilization and expenditures • Discuss how to use budget impact analysis in decision-making • Identify which data matters the most, development of probabilities, and evaluating and refining budget model.

		• Explain how to interpret data (medical and pharmacy) from a budget impact tool. • Discuss how to apply the results of a budget impact tool to select populations.
5	Prescription drug monitoring programs	• Identify types of programs that currently exist. • Discuss the level of use by pharmacists and prescribers. • Discuss the impact of opioid use trends.
6	What behavioral economics means for manufacturers and payers	• Review the role and value proposition of behavioral economics in pharmaceutical care and formulary management. • Discuss lessons learned from behavioral economics to design more effective pay for performance programs. • Discuss when and how to utilize behavioral economics. • Explain how behavioral economics impacts payer strategy.
7	Value Proposition and economic analysis for rare disease	• Review the ICER value framework for rare diseases. • List the limitations of the ICER value framework and other frameworks for rare disease therapies. • Discuss the different considerations necessary for rare disease treatments vs. traditional pharmaceuticals (e.g., population size, patient quality of life implications). • Describe how value proposition for rare diseases may impact coverage. • Debate the value of economic analysis for rare diseases.
8	Value Framework in Traditional Disease States	• Identify value frameworks used for traditional, non-specialty disease states like diabetes. • Discuss ways the value frameworks have been applied to traditional disease states.
9	Comparative effectiveness research: Success stories and lessons learned	• Identify various organizations that conduct CER.

		• Review ongoing and planned CER projects from AHRQ. • Discuss lessons learned and best practices in incorporating CER into formulary management.
10	Value assessment tools	• Discuss the tools currently available. • Compare and contrast results from clinical studies vs real-world data.
11	Health technology assessment and other comparative effectiveness tools	• Review currently available tools • Compare and contrast various tools • Describe how these tools are used in formulary management
12	Maximizing the use of HIT/EMR Technology	• Identify the information that can currently be shared through EMRs • Factors affecting the ability to reach prescribers • Promoting use among the prescriber network
13	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. • Discuss the successful implementation and patient adoption of mobile health or other technology at a health plan. • Discuss how this technology was used effectively to patient adherence. • Identify the legal /HIPAA issues to consider when implementing new technology programs/initiatives
14	Patient Reported Outcomes Incorporation of PROs in clinical programs or value based care	• Review the role of PROs in formulary placement and management of pharmaceuticals. • Discuss how PROs and other potential QOL tools influence payers. • Discuss the pros and cons of PROs for payers in formulary considerations. • Identify clinical programs that utilize and collect patient reported outcomes to determine the effectiveness of the program.

		• Discuss ways that patient reported outcomes are collected and aggregated into usable outcomes data.

TRACK: Preparing for the Next Generation of Care

#	Topic	Suggested Learning Objectives
1	Update on alternative payment model (APM) approaches with providers	• Briefly discuss use of APM for provider payments • Identify most common specialties and APM arrangements by line of business (e.g. commercial, Medicare, Medicaid) • Discuss influence of CMS stance on APM (including MACRA/MIPS) • Share early outcomes from APM (beyond participation data)
2	Emerging Models of Care	• Review the models of care that have been introduced over the last 20 years (e.g. Patient Centered Health care, ACOs) and the rationale behind their use. • Discuss the pros and cons of these models. • Discuss best practices in effectively implementing these new models. • Review how new and potential future models may assist in improving care and reducing costs. • Review real world use of them in practice • Identify new models of care that include a pharmacy risk sharing arrangement • Discuss communication and support staff strategies that promote initiatives within these programs
3	The Changing Face of Managed Care: Research on the profession of managed care	• Discuss salary trends, student pharmacist trends, and employment trends. • Discuss the impact of student loan debt and stagnated salaries of managed care professionals. • Discuss how the entry of millennials into the workforce is impacting the managed care profession and what can be done to address training needs, generational gaps. • Discuss how payers can interact with newer generations of patients, millennials and beyond.
4	Business skills and strategic planning for pharmacists and other HC professionals	• Identify business skill sets needed for managed care pharmacists to succeed (e.g. balance sheets, budgeting, trend analysis).

		• Discuss how these skills can impact productivity and outcomes. • Identify tools and training to develop these skills.
5	Contracting Approaches for Specialty pharmacy	• Discuss which strategies have the most impact in reducing employer's specialty cost. • Review examples of contracting strategies to leverage cost savings. • Discuss claims processing, payments operations and transparency in reporting • Discuss network contracting, including alignment, oversight and outcomes focus of providers and pharmacies. • Explain the role and future trends of value-based contracting on managed care pharmacy.
6	How pay for performance in managed Medicaid is improving outcomes for the Medicaid population	• Summarize legislation and regulation surrounding pay for performance (P4P) managed Medicaid plans. • Review a successful implementation of a P4P managed Medicaid plan. • Discuss the challenges and opportunities in implementing a P4P for managed Medicaid plans. (e.g. how to track, measure, report, contract) • Review the metrics used to measure performance.
7	Patient assistance program/ coupon Management-tracking and usage	• Review federal and state regulations regarding the use of copay cards and patient assistance programs. • Outline differences between copay coupons and patient assistance programs, and the ways they are being marketed by biologics manufacturers Identify common types of drug coupons or copay cards that members are using • Review examples of how plan sponsors are treating coupons/copay cards and incorporating them within their pharmacy benefits.

		• Discuss strategies to manage the rising use of copay coupons by health Plans and PBMs without compromising patient access • Discuss how to track and manage the use of specialty drug coupons through your preferred specialty pharmacy or network of pharmacies. • Discuss how coupon usage is tracked and managed in the continuum of prescription process: who has what data? Can we put the whole picture together?
8	Review "true" innovator drugs and potential impact on patient care	• Discuss how the FDA defines a new drug, a new molecular entity or a new biologic • Describe how the FDA definition differs from real world descriptions • Review new drugs from 2018 that were truly innovative and brought something new to the table
9	Innovation in clinical programs	• Identify innovative clinical programs with outcomes to reduce unplanned care by better managing medications • Discuss programs with outcomes that demonstrate an improvement in transitions of care
10	Beyond the Pill- The Era of Health Care Start-Ups	• Define what pharmacy innovation looks like • Review pharmacy focused health care start-ups • Outline how to assess startups and their innovations
11	Impact of Mergers and Acquisitions	• Describe any legal issues/challenges to the mergers and acquisitions • Describe how mergers and acquisitions will impact managed care pharmacy on health plan and partner side (pharma). • Discuss the role and impact of disrupters.
12	The Role of Artificial Intelligence in Health Care	• Discuss new technology that may influence health care decision-making in the future

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 Nexus 2018* 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 1.5-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.

Deadline
Proposals must be submitted no later than 11:59 pm PT on Thursday, May 3, 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 Monday, July 16, 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 Opens May 11, 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	Arrange	Calculate
Apply	Assemble	Categorize
Appraise	Assess	Choose
Argue	Attach	Collect

Compare	Examine	Question
Compose	Experiment	Rate
Construct	Evaluate	Research
Contrast	Formulate	Schedule
Create	Illustrate	Select
Criticize	Interpret	Set up
Defend	Investigate	Sketch
Demonstrate	Judge	Solve
Design	Manage	Support
Develop	Operate	Teach
Differentiate	Organize	Test
Discriminate	Plan	Use
Distinguish	Practice	Write
Dramatize	Predict	
Employ	Prepare	
Estimate	Propose	

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	Assist	Conform
Adhere	Attach	Defend
Aid	Choose	Demonstrate
Alter	Combine	Describe
Answer	Compare	Differentiate
Arrange	Complete	Discriminate
Ask	Comply	Discuss

Display	Justify	Recite
Erect	Label	Relate
Explain	Listen	Reply
Follow	Locate	Report
Form	Modify	Revise
Formulate	Name	Select
Generalize	Order	Serve
Give	Organize	Share
Greet	Point to	Site
Help	Practice	Study
Hold	Perform	Solve
Identify	Prepare	Synthesize
Influence	Present	Tell
Initiate	Propose	Use
Integrate	Qualify	Verify
Invite	Question	Work
Join	Read	Write