

Creating  
Communities  
*of Care through*  
CONTINUING EDUCATION



## INTRODUCTION

Education is a tool used in the building and development of communities worldwide. Although learning directly affects an individual's behavior, the context in which these behavioral changes occur is in a setting that involves other people.<sup>1</sup> Research shows that the newfound knowledge obtained by the individual is associated with a wide range of positive outcomes for the community. These outcomes include, first and foremost, better health and wellbeing, as well as higher social trust.<sup>2</sup> Each of these factors can be seen to play a direct role in the success and cooperation witnessed in many thriving communities today. Therefore, the proximate relationship seen between education and community collaboration must not be overlooked.

Moreover, numerous studies have demonstrated the link between collaboration and patient outcomes. Collaboration in health care improves patient outcomes, such as reducing preventable adverse drug reactions, decreasing morbidity and mortality rates and optimizing medication dosages.<sup>3</sup> Taken together, continuing education (CE) activities, designed for both physicians and the interprofessional care team and supported by organizations focused on patient health, are an ideal vehicle to create a much-needed space for collaboration among a variety of stakeholders in the healthcare industry, including healthcare providers (HCPs), patients, caregivers, and patient-advocacy groups, with the goal of ultimately improving patient outcomes. Through national and local partnerships, CE can provide the latest evidence-based treatment recommendations, while also addressing quality-of-life issues and identifying local barriers to care from many different perspectives. In some cases, using a variety of tools designed to continue collaboration well after the educational events take place, these partnerships can create a unique "community of care" among the various stakeholders. Encouraging new collaborations in this way also helps align CE activities with the National Strategy for Quality Improvement in Healthcare, which calls for more public and private collaborations within the healthcare community with the goal of reducing preventable harm.<sup>4</sup>

Having developed and implemented such community-based and partnership-focused programs to educate HCPs in a variety of disease states, including neurology, immuno-oncology, diabetes, and immunology, Med Learning Group (MLG) has learned the value HCPs place on educational opportunities that not only increase knowledge but also offer opportunities and tools to continue personal learning, increase dialogue with fellow HCPs and patients, and implement changes as a community. Recognizing we as the CE provider may not always be the best suited to design and/or deliver these tools, our most successful programs play to multi-stakeholders' expertise. The recognition these programs have received, including the Alliance for Continuing Education in the Health Profession's 2018 Outstanding Collaboration Award (DETECT) and the Global Academy of Medical Education's 2018 Global Impact Award (CARES), demonstrates how relying on partners in program design and creating a space for collaboration among a variety of healthcare stakeholders is an important outcome of CE initiatives.



This white paper is designed to illustrate how CE facilitates partnerships in care and to encourage the CE industry to highlight collaboration as an educational outcome. As we navigate the changing healthcare landscape, collecting evidence of how CE brings together HCPs, patients, patient advocacy groups, and other stakeholders to work as a community to address the challenges of a specific disease will strengthen our role in achieving quality improvement in healthcare and ultimately, improved patient outcomes. *Using recent programs in Alzheimer's disease, diabetes, and multiple sclerosis as examples, MLG will examine how the CE community can design programs in partnership with national experts, local faculty, and patient-advocacy groups to utilize in-practice learning tools to create a system that continues to inspire further collaborations.* Specifically, this paper will:

- Review key components of CE design that in our experience have helped form communities of care;
- Discuss how partnerships with medical societies, patient advocacy groups, national and local faculty, and innovative technology companies have led to CE events that encourage participants to collaborate with national experts, local HCPs, patients, and patient-support organizations;
- Explore how the inclusion of point-of-care tools not only provides for continuous learning but further facilitates collaboration among HCPs and between HCPs and patients/caregivers/patient-support groups. (As part of this discussion, we will share outcomes that demonstrate how our community-of-care educational initiatives have led to productive partnerships among participating stakeholders and make the case that solidifying and promoting the collection of such outcomes in CE will further demonstrate its overall value); and
- Examine future directions and opportunities offered by the community-of-care approach to medical education.

We hope to foster a dialogue within the CE industry to rethink what might be possible if we set the goal of education to be a catalyst for change in the community, which calls for education built collaboratively, in alignment of cross stakeholder needs. The Josiah Macy Jr Foundation highlighted progress in CE among its top three recommendations to bolster interprofessional partnership in healthcare, calling for changes in health profession education organizations and health care organizations necessary to facilitate durable partnerships both new and existing, with patients, families and communities.”<sup>5</sup>

By adapting to new models of practice and measurements, specifically navigating and executing collaboration in a way that other industries are unable to do as effectively, the CE community could become leaders in clinical and patient professional development that leads to healthcare improvement and better patient outcomes. If we begin to put the right collaborations into regular effect, CE could itself become a case study of collaboration, which could open up many new opportunities for CE across the healthcare landscape.

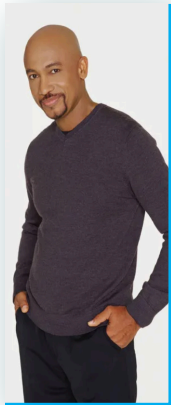
RELYING ON PARTNERSHIPS FOR PROGRAM DESIGN AND IMPLEMENTATION

CE that truly encourages collaboration and builds a community of learners requires multiple partnerships. For example, partnering with local faculty enables the development of content that identifies and addresses local/regional barriers and both challenges and facilitates collaboration among the local treating community and national experts. At each of the 51 live summit meetings in the DETECT initiative (supported by an educational grant from Lilly), two national experts were joined by a local physician involved in the diagnosis and treatment of patients with Alzheimer’s disease. This combination allowed MLG to bring in national thought leaders for the core content while utilizing local experts and caregivers to provide a local/regional perspective in caring for this growing patient population. To further emphasize the importance of the education, the summits were followed by online “roving reporter” activities that included the local perspective and by 20 grand rounds sessions at local hospitals. This setup inherently created partnerships, as the audience, national experts, and local faculty held interactive discussions on specific cases that often highlighted local or systematic barriers to care. Moreover, the continuous nature of the education, with its phased opportunities for discussion with faculty and peers, further supported collaboration and the creation of a community of learners relying on DETECT as a trusted resource for education on Alzheimer’s disease. Of note, the barriers identified by local faculty throughout the series were often systematic or procedural in nature, potentially crossing a number of disease states, that we as a CE industry could work together to address in a variety of program types.

In addition, partnering with patient-focused organizations also contributes to education that unites stakeholders in addressing the challenges of a particular disease state. For DETECT, a local chapter representative from the Alzheimer’s Association presented at each

Initiative Examples	Supported by educational grants from
Diabetes CARES	Lilly, Boehringer Ingelheim, and Salix
Diabetes THRIVE	Novo Nordisk
MS CARES	AbbVie, Biogen, Celgene, Genentech, and Teva
DETECT	Lilly
IO AWARE	Roche
IC-ONC	Bristol-Myers Squibb

of the summit meetings, and the chapter also set up a booth with resources for participants to share with their patients. Similarly, in our Diabetes CARES initiative and our Diabetes THRIVE initiative, the local chapters of the American Diabetes Association (ADA) were present and offered valuable patient-centered educational resources to HCPs at all national summit meetings. For MS Cares, the Montel Williams MS Foundation not only provided



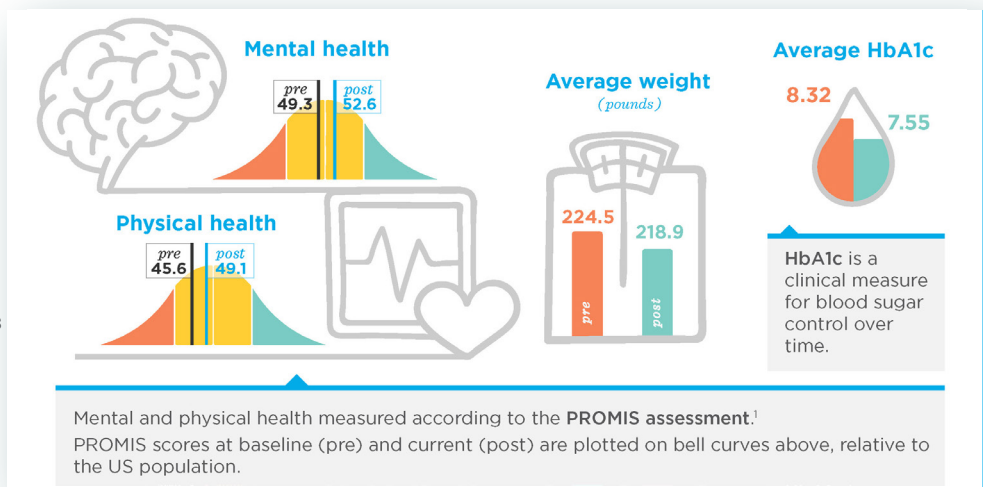
patient-centered tools but allowed MLG the opportunity to interview Mr. Williams in a video that was incorporated into the programming to share the patient perspective with participants. Given the natural overlap in the mission of the CE industry and patient support organizations to improve the patient experience and outcome, it behooves us to use CE events as a conduit to connecting HCPs and ultimately patients with patient associations.

*“The caregiver perspective is extremely important, but unfortunately, far too often overlooked. We are happy to help support any and all Med Learning Group efforts to incorporate the care-giver perspective in physician education.”*  
– Jennifer Schlesinger Greater, Alzheimer’s Association, Los Angeles

Feedback from these organizations has shown how advantageous their participation in our CE programs has been to their efforts to reach the patients and caregivers they serve. For example, Debra Adams, Director of Community Relations from the Alzheimer’s Association’s Greater Dallas Chapter, reported that through three DETECT programs, the Alzheimer’s Association (AA) gained access to over 300 healthcare practitioners across the Dallas area, which is equivalent to their previous HCP awareness efforts spanning 2+ years, and enabled them to reach more primary care physicians, their strategic target audience for early detection and awareness. Their participation in DETECT activated awareness among HCPs who were unaware of a multitude of available educational resources that they could share with their patients. These resources included the local Rapid Referral Program, through which HCPs could directly connect patients/caregivers with AA care and support staff, helping to address the socio-emotional needs of the patient and family and thereby resulting in better care-plan compliance.



CE programs also offer a unique opportunity for HCPs to gain access to health-advisory services that they, in turn, can share with their patients. For example, our Diabetes CARES initiative provided participants access to Pack Health, a digital health-coaching service. Participants could refer their patients to Pack Health to receive coaching for a 12-week period. The services were discussed at each live meeting, handouts were provided, and the CARES website/application also provided a link to Pack Health's services. Through this partnership in CARES alone, 115 patients each received 60+ touch points with a health coach, and Pack Health was able to collect 100+ patient-reported outcomes. Over the course of this period, these patients achieved demonstrable improvements in health, including an increased engagement in their own care, with a 36% increase in participants getting foot exams, a 16% increase in getting eye exams, and a 47% gain in getting recommended sleep. Given the direct impact on patient engagement and health, MLG is again partnering with Pack Health on the THRIVE initiative.



As noted above, CE providers should not do it all. Working independently adds unneeded pressure to find solutions to problems that many times alone we cannot address, whereas working together and collaborating simply promotes patient-centered care as there is now a team of stakeholders all joint together on a common mission. We can tackle and accomplish much more and disburse the learning to where it matters – patients and communities – when we partner wisely. A key take-away from these community of care programs has been the

importance of considering what each stakeholder is vested in when aiming to make successful, open-source collaborations in education work. Why would a patient advocacy group or medical society or government organization want to play a role (i.e. the AA and ADA sharing their support resources)? What do local leaders in the field want to share with their colleagues that a national expert may not bring to the table (i.e. addressing local or systematic barriers to Alzheimer's care in DETECT)? What is in the patient's control and how can we use our educational experience to help empower the patient to meet their goals (i.e. health advisors helping patients lead healthy lifestyles in Diabetes CARES and THRIVE)? How might the payer community find value in a HCP educational event (i.e. encouraging preventative care)? Then taking all answers into consideration, what big objectives can all players get around and be inspired by (i.e. achieving an earlier diagnosis of Alzheimer's, which is key to creating new treatment opportunities and improving the patient experience and outcomes). Focusing on a common, powerful mission, while taking into consideration how the end game will benefit each player, can result in effective educational collaborations and community-level impact.



## POINT OF CARE TOOLS TO FACILITATE CONTINUOUS LEARNING AND ENCOURAGE COLLABORATION

The second key aspect that MLG has found to be instrumental in creating space for collaboration among stakeholders in a specific disease state is the inclusion of a variety of tools that support the conversion of knowledge into practice and provide a platform for dialogue. These tools also provide opportunities for the measurement of how education facilitates partnerships among HCPs, patients, and patient-support organizations. A mobile responsive website/application that can be downloaded to any smartphone or device is a central component of our community-of-care programming. Through thoughtful selection of resources by expert faculty and medical teams, these apps provide information on diagnosis, symptoms, comorbidities, disease management, and treatment options. The websites/apps include toolkits and pages that are useful for both HCPs and patients, providing a range of resources from the latest recommended guidelines and clinical trial data to Q&A about symptoms and lifestyle changes that could help improve health.



The apps also provide a calendar of live meetings and access to enduring CE programs. Via the apps, HCPs and patients can also find other point-of-care tools created for each program, such as QI personalized poster portals, 3D or virtual reality (VR) animations, and shared decision-making aids (discussed in more detail below). Partners such as the Alzheimer’s Association, the American Diabetes Association, and Pack Health have also made their resources available to HCPs through these apps. The apps also include an “Ask an Expert” page that facilitates continued dialogue and case review among the expert faculty and participants in the programming. For example, last year MLG launched IO Aware, a program about immunoncology (supported by an educational grant from Roche) that offers virtual learning in four different languages presented by faculty from each target country. The initiative includes a mobile website/application that allows for

dialogue transnationally and provides opportunities for continuous learning. These apps also offer an opportunity to collect hard data that can be used by the CE industry to corroborate how CE can create change at the community level.

The pull-through of these sites is indicative of their role in facilitating both follow-on learning and collaboration. For example, the DETECT website, with more than 12,500 views, has achieved a 63% pull-through of participants from live into enduring programs. Moreover, in the second year of DETECT, we saw more than 55% repeat users on the DETECT app. Across the two years of DETECT, faculty engaged with 283 participants via the “Ask the Experts” page. To analyze the impact of these mobile responsive websites/applications, MLG conducts surveys of and summative interviews with participants who used the websites or downloaded the applications to their phone. Participants continue to express positive feedback. Across the 294 respondents to the DETECT website/app survey, 92% agreed/strongly agreed that the site facilitated continuous learning; 85% agreed/strongly agreed that the tools available support dialogue in practice; 83% agreed/strongly agreed that the site promoted collaboration in the fight against Alzheimer’s disease; and 62% indicated that they shared the app with patients. In addition, feedback collected across 26 summative interviews with users of the app included the following comments.

- “Having continued access to experts was tremendous. Helped me decipher results and diagnose earlier, a benefit to myself and my patients.” —PCP, Miami
- “DETECT is a verified resource with excellent patient education materials. I have incorporated the site on our patient/caregiver resources.” —NP, Dallas
- “The site brings the education forward. I have referred both my colleagues and my patients to it. It also connected me to local Alzheimer Association chapter, to which I now refer my patients and their caregivers for a variety of helpful resources in terms of living with AD” —PCP, Seattle

Visits to DETECT website/app	Visitors
10+ visits	84
5–9 visits	3226
2–4 visits	5313
1 visit	8632

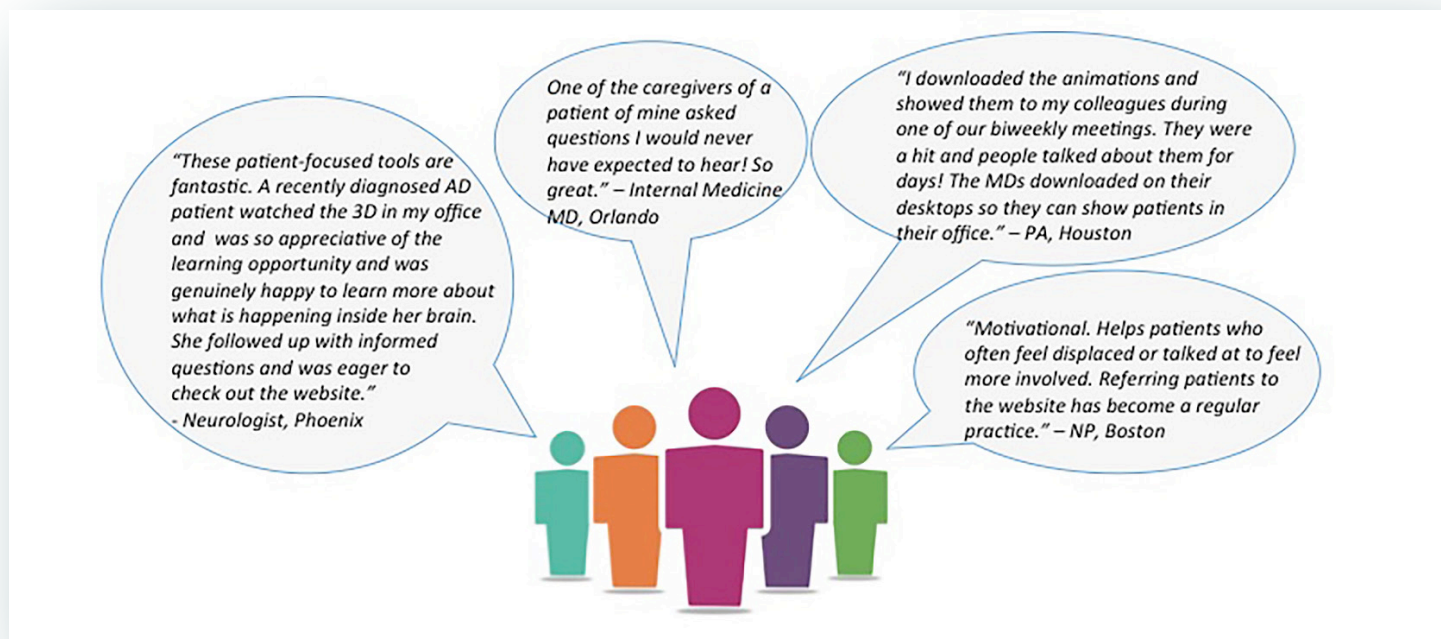
While these outcomes demonstrate high levels of satisfaction and appreciation for these apps, we would be keen to see how partnerships between the CE industry and social media organizations could produce compelling evidence of how these apps generate partnerships at the community level.

Similarly, point-of-care tools provided in the community of care programming model also facilitate collaboration among HCPs and, in particular, with patients and caregivers. In the DETECT, Diabetes CARES, and MS CARES programming, participants had the opportunity to choose from a variety of images and design a personalized poster for their practice setting. Poster ordering was available onsite as well through a portal on the DETECT and CARES websites/apps. Feedback indicates that when participants have the option to choose what to include on their poster, the posters prove particularly useful in encouraging dialogue and engagement in care. For example, 78% of respondents (n = 148) to follow-up surveys regarding the Diabetes CARES poster orders indicated they have used the posters in the practice setting in collaboration with patients. When asked the main purpose served by the posters, HCPs most often cited their use as an educational tool with patients. Similarly, while MS CARES is still ongoing, we have sent surveys to 324 participants who have ordered posters so far, and 82% of the 53 respondents have replied that they use the posters in discussions with patients.

Reminder of current guidelines and classification criteria	25%
Visual representation of biology/molecular aspects of diabetes and therapy	27%
Summary of clinical pearls learned during the program	8%
Educational value for discussing diabetes and treatment plans with patients	40%

The DETECT and MS CARES programming also includes 3D and VR animations, respectively, and participants have the opportunity to access downloadable animations to use in the practice setting. For DETECT, MLG conducted online surveys and 42 summative interviews to identify the impact of the animations in the practice setting. Feedback clearly demonstrated how the addition of tools like this leads to collaboration in care.

While interviews and surveys for MS CARES are still ongoing as the grand rounds series continues, 95% of participants to date have indicated that the VR technology enhanced the learning experience. Based on follow-up surveys with participants who have accessed the downloadable animations (n = 35), 77% and 60% have indicated sharing the animations with patients and colleagues, respectively. Of note, a number of our partners, such as local chapters of the Alzheimer's Association, have asked to share our online poster portals or downloadable animations with their members, given their value in patient education. The more we as a CE industry strive to provide point-of-care tools such as these posters as a component of our education, the more we can help translate our education into practice and into the community. Taken together, the outcomes collected regarding the mobile website/applications, downloadable animations, and personalized posters demonstrate how increasing dialogue, collaboration, and partnerships in care can become an impactful part of the narrative when we discuss the overall value that CE offers to the healthcare community.



MLG recently examined the outcomes of eight of our community-of-care programs, with similar objectives in terms of improving diagnosis/patient assessment, patient engagement, and use of the latest guideline-recommended therapies. An analysis of the data collected from behavior modification surveys (N = 212) and interviews and surveys regarding point-of-care tools (N = 108) have provided a compelling snapshot of the impact on HCPs and their patients.

- 72% reported they are achieving an earlier diagnosis and/or greater use of recommended screening in order to individualize treatment.
- 78% reported being more likely to treat to guidelines.
- 76% reported being more likely to consider latest treatment options based on patient presentation.
- 86% reported using strategies or tools to engage patients in care.
- 68% reported sharing patient-support resources they learned about in our programming (e.g., local offerings from the Alzheimer's Association or American Diabetes Association, patient resources from the Montel Williams MS Foundation, and health advisors from Pack Health) after their participation.

The last two points above are just the tip of the iceberg in terms of discussing how CE can unite stakeholders—HCPs, patients, patient- and caregiver-support groups—battling a particular disease in order to ultimately improve the patient experience and patient outcomes. MLG is looking forward to working with the CE community to expand its collection and analysis of outcomes to provide a deeper examination of how CE creates this space for collaboration. While we have provided numerous examples of CE's value in forging collaboration, conveying this value to the wider healthcare industry necessitates new community impact metrics. For example, quantifying how many participants shared the opportunities for patient support / education discussed at the CE event with their patients or better yet how many patients accessed the local patient support efforts discussed at the CE activity, would highlight the role of CE in connecting HCPs, patients, and patient support groups. Reporting how many HCPs not only access continued learning opportunities but also continued to dialogue on cases post-education would demonstrate how CE can lead to the sharing of best practices within a community. Identifying how many patients reported greater satisfaction with access to care because participants implemented recommendations from local faculty to overcome an identified obstacle would demonstrate change on a community level. With this in mind, one of our 2019 goals within the wider evolution of CE is to work with other providers and supporters to establish a stepwise approach to informing what the outcomes roadmap may look like for communities of care level impact.



## NEXT STEPS FOR COMMUNITY BUILDING IN CE

While the elements previously discussed have proven to be key drivers of collaboration in our community-of-care educational programming to date, MLG, working in concert with a variety of partners, has begun investing in opportunities that take the community-of-care model further and build a greater capacity for **sustained collaboration**, both nationally and abroad. For example, with educational grants from Bristol-Myers Squibb and working with a variety of partners, we are implementing the Immunotherapy Collaborative of Oncology Networked Communities (IC-ONC), which is designed to build local communities that serve as a foundation for a global network in which multidisciplinary clinicians responsible for treating patients with cancer are connected via education. Resources curated by both national and local experts in oncology are made available to facilitate ongoing communication and collaboration among participating clinicians. Starting with live summits led by both national and local faculty in Chicago, Houston, Los Angeles, Miami, and London, the initiative includes a variety of the tools previously discussed, including a mobile website with various social media and “ask the expert” opportunities and online programming to maintain connections and continue learning, personalized posters, and 3D animations. In its second year, we will be implementing a blended series of 108 3D case-based network community hospital curriculum meetings to take place at selected network communities’ oncology centers and community roundtables/group-practice programs throughout the country. MLG will return to every network community three times, each visit for a different track of the curriculum. We are excited to see how this continuous learning model, combined with multiple tools to facilitate collaboration (3D, posters, website), will further the outcomes of our community-of-care model. The Micron Group, an international clinical research organization, will be building upon the baseline data collected in the IC-ONC Observatory in year one to begin measuring and analyzing performance improvement with a portion of the participants across all programs. Moreover, in a collaborative partnership with four specialty societies, an academic medical center, Project Echo and PHE, IC-ONC will expand exponentially in 2019 and be able to report standardized data across all programming in one location. Folding performance data into the community-of-care model will allow us to further examine the value added of this connective and fluid learning format.

Given how this model has successfully demonstrated how CE can achieve partnerships in care, we also will be applying it to 2019 programming focused on shared decision-making (SDM) in multiple sclerosis and hemophilia A. Working in partnership with the Agency of Healthcare Research and Quality (AHRQ), the Public Health Foundation, the National Hemophilia Foundation, and the American College of Emergency Physicians, we will be conducting grand rounds in systems of care across the country that examine not only the latest recommended treatment strategies but also recommended strategies for SDM. Patient surveys and hospital-based surveys conducted prior to the education will help ensure that our programming identifies patient priorities/challenges while also meeting the educational gaps identified at the specific institutions. Our partners will validate the content, video case studies, and tools designed to promote SDM in practice. AHRQ will also provide their SHARE materials to be accessible to participants. Pre- and post-program discussions with participating systems will provide opportunities to identify and measure how the programs facilitate partnerships in care both among HCPs and, most importantly, between HCPs and their patients.

While we continue to make the case for the role CE has to play in forging partnership across a multitude of stakeholders, we are excited to work with CE providers and supporters to further explore how we can catalyze change at the community level and establish metrics that allow us to present this added value to the wider healthcare industry.

## CONCLUSION

The community-of-care model demonstrates how CE can create a space for dialogue and partnerships with a number of stakeholders, working to improve patient outcomes across a variety of disease states. In implementing this model and analyzing our outcomes, MLG has revealed a new way to demonstrate another value of CE that we have found to be highly impactful, not only within our industry but across the wider healthcare arena. Demonstrating how our education supports collaboration and connecting communities battling a specific disease is an effective example of the added value of CE to not only HCP learning but also to quality of patient care and to change at the community level. Through partnerships and point-of-care tools, CE can play a pivotal role in creating a space for collaboration and community building across stakeholders with mutual goals of improving patient experiences and outcomes.

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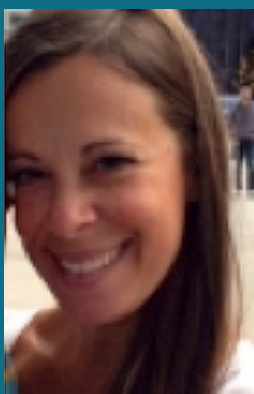
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**MATTHEW FRESE**

*General Manager*

Matthew Frese, General Manager for Med Learning Group, is responsible for the development and implementation of the vision and mission of MLG's continuing medical education programming. Matthew has more than 15 years of experience in the Continuing Medical Education arena. Matthew specializes in the development of innovative approaches to continuing education programming and the development of unique partnerships with academic health institutions, scientific associations, patient advocacy groups and large healthcare systems to provide continuing education and data solutions. Matthew has also served as a volunteer Site Surveyor for the past 8 years on behalf of the Accreditation Council for Continuing Medical Education. This professional background provides Matthew with a well-rounded perspective on the Continuing Medical Education enterprise, from innovative program development and accreditation to program implementation and outcomes. Matthew holds a B.A. in Psychology from Quinnipiac University and an M.B.A from Quinnipiac University School of Business.



**CHRISTINA GALLO, CHCP**

*Senior Vice President, Educational Development*

Christina Hosmer-Gallo, CHCP is the Senior Vice President of Educational Development at Med Learning Group. She has over 18 years' experience in the medical education arena, specifically in the educational development and implementation of national and global programming. Christina is responsible for a team of program managers, project coordinators and recruitment solution architects, who are charged with implementing and delivering our educational activities. Christina's deep understanding of the adult learning principles, upon which our programs are based, allows her to ensure that all projects are realized with the appropriate spirit and vision.



**ANDREW GRZYSBOWSKI**

*Sr. Vice President Educational Partnerships*

Andrew leads the partnerships and collaborations department at Med Learning Group. Within this role he is responsible for external contact with numerous groups including, granting organizations, patient advocacy groups, medical societies, technology providers and government agencies. Andrew has a great understanding of the value of partnerships and collaborations in the CME space which allows for our education to reach more practitioners and be more impactful in improving patient care.

Andrew has over 10 years' experience as a medical professional, previously working at Quintiles Medical Education where he was Director of Medical Educational and Grants. Having experience in numerous arms of clinical development and medical affairs has allowed Andrew to bring unique and impactful perspectives and strategies on MLG's current and developing educational initiatives.





### JOHN GUERRIERO

*Director of Learning and Development*

John leads the educational innovation and technology relationships at Med Learning Group. Within this role he is responsible for external contact with numerous groups including, granting organizations, technology providers, virtual learning environment groups and government agencies. John has a great passion for continuously searching out and developing new and innovative learning formats, to take knowledge retention and HCP/Patient engagement to the next level. He is tirelessly committed to working with our technology partners, patient advocacy groups and medical associations to develop the next generation of educational tools that can be incorporated into practice, to ensure all of Med Learning Group's education extends beyond the initial CME activities, through to the underlying patients.

John has over 15 years' experience in Innovation Leadership. Before joining Med Learning Group five years ago, John worked for Citi as SVP of Global Innovation Strategies, having assisted in shaping the strategy for their global network of Citi Innovation Labs, tasked with discovering solutions to the world's most challenging problems. His team of healthcare and IT experts worked to create solutions to enable providers and payers to deliver quality, connected, patient-centric care more efficiently and cost-effectively.



### BRIANNA HANSON

*Accreditation and Outcomes Coordinator*

Brianna Hanson is the Accreditation and Outcomes Coordinator at Med Learning Group. She is responsible for reviewing program materials to ensure compliance with regulations of the ACCME, as well as collecting and organizing results of evaluation tools for each program. Brianna has six years of experience in the hospital setting and currently holds a B.S. in Public Policy with a concentration in Health and Environment from Rutgers University.



### LAUREN WELCH

*Vice President of Outcomes and Accreditation*

Lauren leads Med Learning Group's departments focused on educational outcomes analysis and accreditation policies and implementation. She is responsible for developing and reporting on the outcomes of our educational activities, analyzing impact on knowledge, practice, and collaboration with patients and their care teams. Lauren also maintains Med Learning Group's accreditation department, ensuring all activities are compliant with ACCME requirements and are conducted within the spirit of the guidelines with a focus on improving patient care.

Before joining Med Learning Group five years ago, Lauren worked with the Department of State for eight years. Lauren contributed to the development of the annual U.S. foreign assistance budget, with a particular focus on programs in health and education. While in South Asia, Lauren helped implement healthcare support in countries across the region, and justified budget requests for international health programs to the U.S. Congress. Lauren holds a MA in International Development Studies.

## GRETCHEN KEEFER

*Gretchen Keefer, Project Director,  
The Micron Group*

Gretchen Keefer is a Project Director for The Micron Group, an international clinical research organization based in the United Kingdom. Micron provides global consulting and software services, as well as, customized methodologies to document measurable quality improvement for healthcare systems and individual healthcare professionals. She currently manages projects that involve data management, comparative effectiveness research (CER) and registry studies in medical education and clinical training.

Ms. Keefer has a 25-year history in healthcare professional education. She has spent her career gaining experience in CPD from the perspective of positions in medical education at an academic medical center, a medical specialty society, medical communications companies and in research and data management.



## NANCY LUTZ PAYNTER, MBA, CHCP

*Co-Founder, Concentrix Health, LLC.*

Seasoned biopharma executive, passionate about doing the work that matters, so that patients live healthier and happier lives. Committed to simplifying knowledge transfer, and helping individuals connect more humanistically, beyond the clinical realm, when making care decisions that impact patients' lives.



## JOHN RUGGIERO, PHD, MPA, CHCP

John Ruggiero, PhD, MPA, CHCP, has almost 20 years of experience in the U.S. and global healthcare, education, and research marketplaces. A practiced leader in medical affairs and medical account management, he is an inventor of outcomes models that advance practice-change measures. Driven by public health and equitable social normalization, his passion has steered him toward improving unwarranted variations in care and social practice. To do so, he relies on the network of talent that surrounds him while also leveraging his experience in behavioral science, adult-learning, teaching, and social- and biostatistics, working toward outcomes that demonstrate the impact initiatives have on the public and/or clinical spaces.

For almost a decade John served as a Director for Learning & Clinical Integration at Genentech, a member of Roche, where he was responsible for leading the U.S. Medical Affairs' education and research clinical integration strategy and outcomes impact assessment. During his tenure with Genentech, John was awarded as Genentech's Outstanding Medical Affairs Leader of the Year (April 2015), asked to lead the Genentech U.S. Medical Affairs Diversity & Inclusion Core Team Lead (September 2015), awarded as providing Genentech's Outstanding Medical Affairs Contribution of the Year (March 2017), was one of four recognized by the American Society for Clinical Oncology (ASCO) for the 2017 ASCO Notable Research Award for his work on real-world concordance to guidelines and practice variation impact resulting from EGFR/ALK testing in Non-Small Cell Lung Cancer, and finally he was honored with five other Genentech colleagues as receiving a special oncology recognition on changing U.S. government policy to benefit patients through a Medicare 14-day Rule Revision (March 2018).

*(John Ruggiero cont.)*

He currently serves as adjunct professor for biostatistics, epidemiology, and research methods at Drexel University's College of Health Professions, a position he has simultaneously held since 2006. He has been and continues to be a lecturer and author/peer-reviewer for several professional journal articles. John earned his degrees in Social Research & Statistics, Public Administration in Population Health, Biostatistics & Epidemiological Research, and Educational Leadership from several institutions, including The Catholic University of America, and Arizona State University. In 2014, after joining a writing group challenge, John was selected to publish a psychological thriller novel, *Isolated Matters*, and he has donated most of the proceeds to various health organizations in honor of his mother, a patient with Leukemia.



LB WONG, RN, MSN, MBA  
*Director, Lilly Grant Office*

LB Wong, RN, MSN, MBA has been employed with Eli Lilly & Co since 2001. She currently us the Director for Lilly Medical Affairs, IME. LB has had various roles within Lilly, leading Operations and Medical Education groups; Development; and Global Clinical Operations.

LB holds a Master's Degree in Nursing with a focus on Health Promotion & Wellness in the aging population as well as an MBA. She has served on various Boards of Directors for non-profits and volunteers for numerous organizations both locally and globally. Her most treasured experience was serving in Haiti during the cholera outbreak in 2010.

LB is the founder of the Lilly Nursing Forum, a group of international Lilly nurses striving to "make life better" for others. LB quotes, "Nurses share a common bond of compassion; understanding; and empathy. Leveraging nurses can only help the Pharma industry keep the primary focus on the patient as nurses have real-life experiences doing just that very thing: keeping the patient as the #1 priority."

LB resides in Indianapolis, IN.





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