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## FOR IMMEDIATE RELEASE

### Award for Best Practice in Educational Design & Evaluation Awarded to CME Outfitters for Meta-Analysis of Activities Incorporating the Patient Voice

CME Outfitters was presented with the 2016 NAMEC Award for Best Practice in Educational Design and Evaluation at the 2017 Alliance for the Continuing Education in the Health Professions

**BETHESDA, Maryland (February 13, 2017)** – On January 28, 2017, CME Outfitters (CMEO) was presented with the National Association of Medical Education Companies' (NAMEC) 2016 Award for Best Practice in Educational Design and Evaluation at the Alliance for Continuing Education in the Health Professions (ACEhp) annual meeting held in San Francisco, CA.

This award was given in recognition of CMEO's submission entitled, *Integrating the Patient Voice into Medical Education to Drive Learning and Behavior Change*, that focused on a meta-analysis of four activities integrating the patient voice directly into the education. Based on the findings from the meta-analysis, CMEO demonstrated that integrating the patient voice into educational activities promotes best practices, provides an engaging and interactive experience and addresses the varying needs and learning styles of learners, which will ultimately benefit patients. "We always suspected this format improved outcomes, but now we have the quantitative analysis to prove it," said Jan Perez, managing partner at CMEO.

"One of CMEO's goals is to focus on patient-centered care in our educational activities," stated Perez. "Treating patients with respect, hearing and valuing their concerns, and involving them in the decisions regarding their care are the foundations of the National Quality Strategy Priorities and aligns with the IHI [Institute for Healthcare Improvement] 'triple-aim' of improving care, health, and cost of care."

Achieving a clear patient voice for educational interventions begins with the engagement of an advisory panel of patient advocates and influencers. CMEO partnered a network of over 100,000 of the most influential members of the online health community—each with large peer networks in the therapeutic area of focus; in this case, the areas of the 4 activities were psoriasis, multiple sclerosis, adult ADHD, and seizure. For the three webcast activities, audio and transcribed responses from interviews with the Patient Leaders were provided to faculty for review and discussion, and audio clips from Patient Leaders were then integrated into the live educational intervention. The fourth activity utilized medical simulation, for which CMEO conducted two interviews with Patient Leaders and used their responses to help guide development of the medical simulations.

To demonstrate the success of integrating the patient voice, CMEO conducted two meta-analyses; one reflecting improvements in knowledge and one reflecting improvements in practice behavior. As part of CMEO's standard outcomes assessment for each activity, participants were given a pre-survey, immediate post-survey, and 3-month follow-up survey. The 3-month survey was also administered to matched nonparticipant controls. Survey questions measured knowledge, confidence, and behavior related to the learning objectives. Data from participants and controls from the follow-up survey were aggregated across all 4 activities, and all data and questions were included - not just those with a positive result. Results from the meta-analyses revealed an effect size (ES) of 1.22 for knowledge and an ES of .59 for behavior (moderate ES = .5, large ES = .8), demonstrating that integrating the patient into the content development resulted in an increase of knowledge, improved clinical decision-making, and improved practice.

Faculty who were initially hesitant about the process soon found insights into their own practice: "Not long after hearing the comments from the patient interviews, I saw a patient to whom I asked the same question and was surprised to hear the consistency in the response," stated one faculty member. Said another, "I really need to take the time to delve in deeper and engage my patients more." Participants also had very positive feedback about the patients in the activity: "It was very interesting to hear about the issues from the patient's point of view," one participant said.

The qualitative and quantitative data presented in this study illustrate the value of CMEO's approach to integrating the patient voice into the educational intervention. By harnessing the power of the patient leaders' observations and analysis of their followers CMEO was able to create a collaboration with key opinion leaders (KOLs) to create actionable education. This alignment of patient KOLs and physicians KOLs to marry evidence with best practices can truly drive and impact care. CMEO has also demonstrated the success of this model of patient integration in content development as not dependent on format, and can therefore be utilized by the broader CME community to improve impact and educational effectiveness of CME/CE activities.

Jamie Reiter, PhD, Director of Educational Outcomes for CME Outfitters, was on site in San Francisco to receive the award on behalf of CMEO.

"We are honored to be recognized by NAMEC for our dedication to patient-centered activities," Reiter said. "CMEO plans to continue on this track of improving clinical practice by incorporating the patient voice into the educational content."

### **About CME Outfitters, LLC**

CME Outfitters develops and distributes live, recorded and web-based, outcomes- and evidence-based educational activities to thousands of clinicians each year and offers expert accreditation and outcome services for non-accredited organizations. CME Outfitters focuses on delivering education to specialty audiences, with strong expertise in neuroscience, inflammatory, infectious, and autoimmune diseases, and cardiovascular disease. For a complete list of certified activities and more information, visit [www.cmeoutfitters.com](http://www.cmeoutfitters.com) or call 877.CME.PROS (877.263.7767).

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Improving Clinical Behavior ... One Change at a Time”**

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