



CS2day

~~Collaboration~~

The Partnership Handbook: Tips and Tools for Managing Collaborative Partnerships

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Alliance for CME Session S17
Saturday, January 30, 2010

Faculty and Disclosure

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- We declare no interest in selling a technology, program, product, and/or service to CME professionals; we also declare no financial interest in any commercial entity supporting this activity





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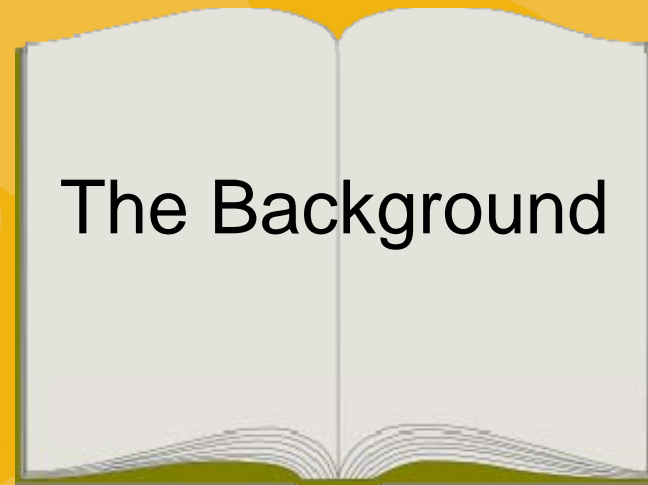
Objectives

1. Evaluate best practices in collaborative management.
2. Integrate relevant practices into your CME collaborations.
3. Create appropriate expectations for your partners.



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Chapter 1



The Background

Chapter 1: Definitions

- Collaboration vs partnership
- Collaboration is a recursive process where two or more people or organizations work together in an intersection of common goals—for example, an **intellectual** endeavor that is **creative** in nature—by **sharing** knowledge, learning and building consensus
- Partnership is a structure where partners share in profit or loss



Chapter 1: Our Experience

- 9 partners
- 148 certified activities
- 29,000 learners
- Over 2-year duration
- Over \$12 million
- Shared needs assessment and outcomes strategy



Chapter 1: Part of Who We Are

- 2 babies
- 1 wedding
- 2 gall bladder surgeries
- Countless graduations
- We made the front page of a few papers
- Reorganizations
- Economic downturn
- 2 NCAA tournaments
- A chili cookoff
- iPhone was released the same month we had our first meeting



CS2Day Partners: An Unprecedented Collaboration



University of Wisconsin
**SCHOOL OF MEDICINE
AND PUBLIC HEALTH**

Healthcare
Performance
CONSULTING



CALIFORNIA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR CALIFORNIA



IPMA
Practice-changing CME



Physicians' Institute
for EXCELLENCE IN MEDICINE
Improving medical practice for physicians and their patients

CME
Enterprise™

PURDUE
UNIVERSITY



Chapter 1: True/False

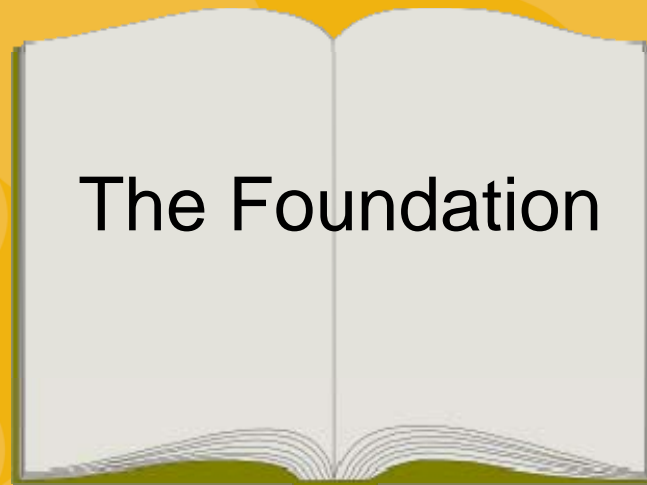
1. We were all friends before we started
2. Only large organizations can collaborate
3. Collaboration takes a long time
4. Collaborations are good because they are a sure way to make lots of money





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Chapter 2



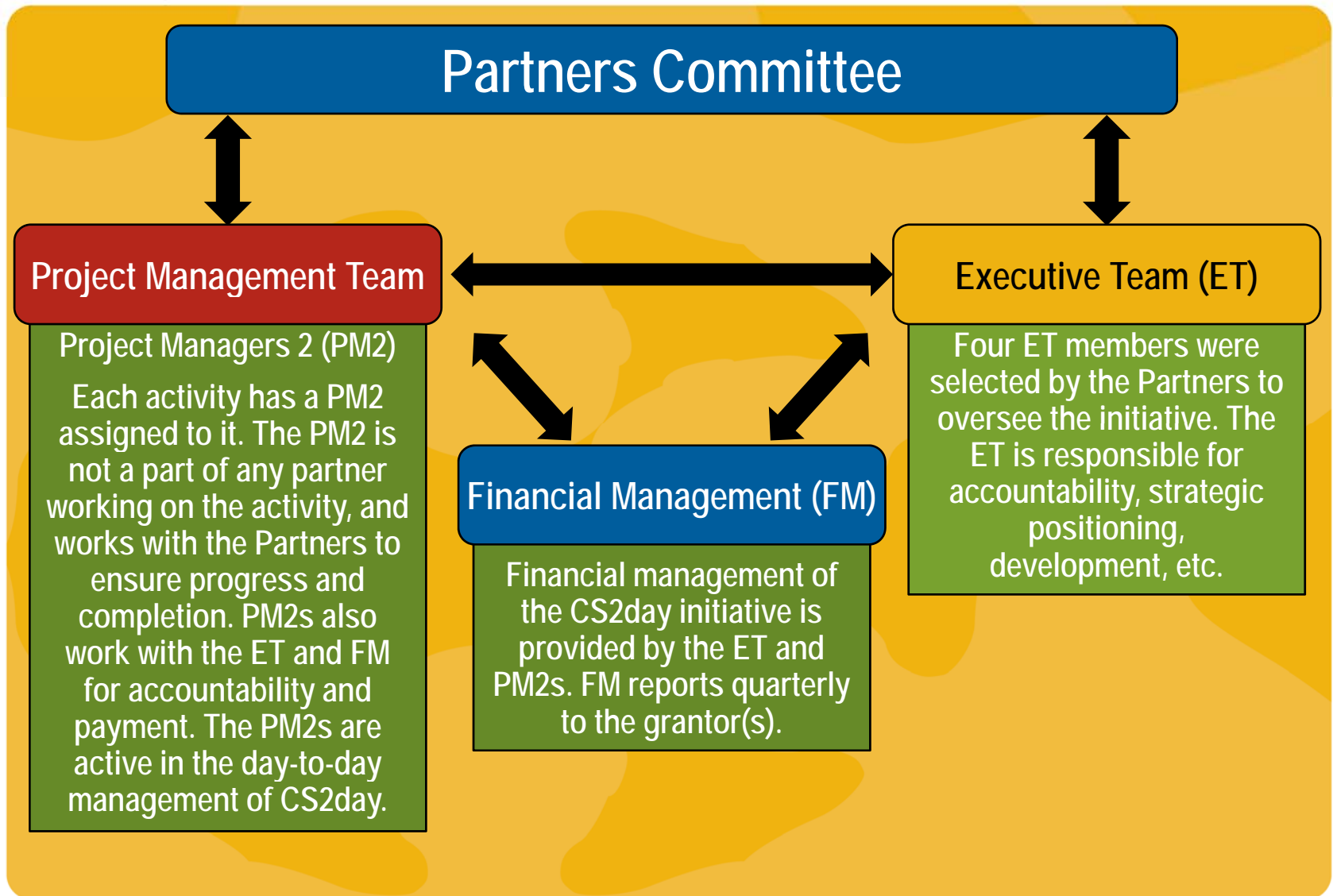
Leadership

- Some form of leadership is necessary
 - Internal
 - External
- Our model is strong central leadership with approval of partners
- Remember Goldilocks





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Communication

- Stakeholders
- Media
- With Partners
- Between Partners



Agenda

CS2day Partner Meeting
 Monday, July 6, 2009
 8:30-9:30 CT
 Call in Via Teleconference 800 371 9219- code 6892910

Attendees

CAFP	Kear	Rodrigues *		
CME-E	Snyder	Bellande *	Robertson	Thielen
HPC	Larrison *	McKeithen		
IFMC	Speight *			
IPMA	Ales *	Blankenship	Conklin	
PIEM	Addleton *	Cohen		
Purdue	Bennett *	Hudmon	Vitale	
UVA	Balmer *	Eberly	Carr	
UW	Mejicano *	Mullikin	Olson	Hepting
	Shershneva			

* Voting Partner

Roll Call	Ales
New Black Box warning from the FDA	Mejicano
-steps taken to date	
-appropriate response from partnership	
CECity	Carr
-Reminder to partners to go into the assessment node in CME360 and select the appropriate case vignette.	
-When copying over an event verify that everything copies over correctly, particularly stakeholders, registration form and accreditation information.	
Next Payment	Rodrigues
NCTOH	Larrison
Next Generation	Mejicano, Rodrigues,
-Results of meeting in Chicago. Handout to be distributed Monday morning	Larrison, Ales

Next Partner Call 8/3/09 at 8:30 am CT

CS2day Partners Meeting

MINUTES

7/06/2009

8:30 AM CENTRAL

VIA CONFERENCE CALL

ATTENDEES	Rodrigues, Kear, Robertson, Thielen, Bellande, Larrison, McKeithen, Speight, Ales, Blankenship, Addleton, Cohen, Hudmon, Eberly, Carr, Balmer, Mejicano, Shershneva, Mullikin, Whitlock, Bennett, Sinclair, Hepting
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I) BLACKBOX WARNING FROM FDA

DISCUSSION	The partners discussed the appropriate response to the FDA black box warning on varenidline and bupropion. Suggestions included a link from the home page, a pop-up box prior to each download, links to FDA site, updating tools and reviewing existing and future activities. Specific action items listed below.
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
-UVA will add link to FDA announcement to the CS2day home page	Ladi/UVA	7/6/09
-Partners will evaluate their upcoming activities to make sure that the black box is included in the education.	All partners	On-going
-Marianna will work with Rob A. to determine what changes need to be made in the toolkit resources	Marianna	7/20/09
-Partners with enduring materials will add an advisory or link out to the FDA site as an interim solution	All Partners	ASAP
-A subcommittee of Beth, Marianna, Chris, Jann, Ladi and Bruce will evaluate and recommend what changes need to be made to existing enduring materials. The subcommittee will report findings to exec through Chris.	Beth, Marianna, Chris, Jann, Ladi, Bruce	7/20/09

II) WEB

DISCUSSION	Ladi updated the partnership on the recent changes to the website including the rotating key articles and the smaller header. More changes will be seen within the next few weeks.
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III) CECITY

DISCUSSION	Ladi reminded the partners to verify stakeholders, accreditation types, and the registration form when copying any activity. Partners also need to be sure to enter the assessment node to select the appropriate vignettes.
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Individual partners to follow up with Ladi or Janel with questions	All partners	

IV) PAYMENT

DISCUSSION	Checks will be mailed this week to all partners receiving payment in this check run. Follow-up will be made with individual partners who have turned in their reconciliation to tie up any loose ends.
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V) NCTOH

DISCUSSION	Chris summarized the posters and booth activities at NCTOH during June. 3 CS2day related posters were presented- one from Pat Harper, the collaboration poster and a toolkit poster. We anticipate seeing an uptick in web traffic as a result of this meeting.
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V) NEXT GENERATION

DISCUSSION	The group reviewed the next generation summary prepared by the partners and presented to by the executive committee. There was general consensus on the direction of Gen 2, including agreement on the Foundation statements, and proposal summary. The group discussed several target areas, in particular communications, expanded scope, and audiences. There's an aggressive timetable to prepare a grant that will require work by all the partners—and all agreed to participate.
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Accreditation

- Single accrediting body or multiple
- ACCME reporting of commercial support dollars

Conflict of Interest

- What disclosure policy will be followed?
- Who will provide content review?



Agreements

- Partnership Agreement
 - Intellectual property
 - Non-compete
 - Governance
- Agreement with Commercial Supporter
- Structural LOA



Continuing Education Aimed at Smoking Elimination

Participation Agreement Pursuant to CEASE/Pfizer Letter of Agreement, 12 December 2007

Continuing Education Aimed at Smoking Elimination (CEASE) is a strategic collaborative initiative designed to improve public health by reducing the number of persons who smoke. **CEASE** will increase knowledge of treatment options, improve counseling skills, and increase the smoking quit rates for patients of primary care providers, cardiologists, pulmonologists, psychiatrists, pharmacists, and other healthcare clinicians.

In an effort to enhance the ability of the nine educational partners to complete the myriad tasks of the CEASE initiative in the most effective and efficient manner possible, represent their members/constituents, and offer high quality educational activities, the organization/team leaders of the California Academy of Family Physicians (CAFP); CME Enterprise (CME-E); Healthcare Performance Consulting (HPC); Interstate Postgraduate Medical Association (IPMA); Iowa Foundation for Medical Care (IFMC); Physicians' Institute for Excellence in Medicine (PIEM); Purdue University School of Pharmacy and Pharmaceutical Sciences, Division of Continuing Education (PU); University of Virginia School of Medicine (UVA); and University of Wisconsin School of Medicine and Public Health (UW); have founded CEASE Partners.

Membership:

The nine entities listed above comprise the "CEASE Partners." Affiliate members may be added with a 7/9 vote of the existing CEASE Partners.

Goal and Scope:

The goal and scope of the CEASE Partners is to develop, implement, and evaluate a national

LETTER OF AGREEMENT Regarding Terms, Conditions and Purposes of an Educational Grant

Between the California Academy of Family Physicians and Healthcare Performance Consulting, Inc.

In accordance with the Letter of Agreement, Grant Proposal, Project descriptions, and approved budgets for the **CEASE Initiative**, the California Academy of Family Physicians, as the grant administrator, will make the following grant award payments to HPC for these individual activities:

#	Activity	Total Amount
1	Needs Assessment/Interviews	
2	Change Readiness Index	
46	Outcomes/Case Vignettes	
47	Outcomes/National Symposia	
48	Outcomes/AOA Chapters	
49	Outcomes/Overall Analysis	

HPC agrees to abide by the CEASE Partners Participation Agreement, and to fulfill obligations for project reporting, use of CME360, evaluation, and budget reconciliation. All questions should be sent to Shelly Rodrigues, CAFPP, or a member of the Project Management Team.

How to Measure Success

- Outcomes
- Financial
- Alliance award
- Learners
- Web site visits
- Number of smokers





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Chapter 3



Project Management

- Each project had a project manager within the organization implementing the activity (PM1)
- Each project had a project manager external to the organization implementing the activity (PM2)
- Milestone documents tracked progress and triggered the release of payments
- Project numbering scheme allowed for activities to be referenced consistently across partners

* = Milestone for release of 10% withholding

Purple = Milestone Complete

Red = Behind Schedule/Needs Action

Yellow = Caution/Needs Monitoring

Green = On Schedule

Gray = Activity Complete

Live Activities			Milestone	Lead Org	Accredited	PM 1	PM 2	# of activities
		Local/Regional						
18	18 Purdue Regional	Purdue University School of Pharmacy and Pharmaceutical Sciences (January 2008-December 2009)		Purdue	Purdue	FV	RS	50
8/13 content submitted		1. Selection of States to Target	29-Feb					
training 8/6 for staff		2. Content Finalized	27-Jun					
working on evals		3. 50% of Activities Scheduled	19-Dec					
Working through scheduling of activities		4. 100% of Activities Scheduled*	25-Sep-09					
		5. All Activities Complete	18-Dec-09					
		6. Report/Budget Reconciliation Complete**	18-Mar-10					
19	19 AOA State Chapters	American Osteopathic Association (AOA) State Chapters (April 2008-December 2009)		CMEE	AOA	RS	MA	20
8/13 conf call		1. Faculty Planning Content Call	15-Aug					
		2. Fall Activities Scheduled	25-Jul					
content ready for review		3. Content Provided to AOA	29-Aug					
		4. Fall Activities Complete	19-Dec					
		5. Spring 2009 Activities Scheduled	30-Jan-09					
		6. Spring 2009 Activities Complete	30-Jun-09					
		7. Outcomes Report	4-Sep-09					
		8. Budget/reconciliation complete*	25-Sep-08					
		National Association Meetings						
27 A	27A ACC 2008	American College of Cardiology (ACC) (March 29-April, 1, 2008)		CMEE	UVA	RS	MA	1
		1. LOA Signed	13-Dec					
		2. Faculty planning content call	30-Jan					
		3. Invitations printed and mailed	29-Feb					
		4. Symposium	29-Mar					
		5. Outcomes Report	13-Jun					
6/30 reconciliation		6. Report/Budget Reconciliation Complete*	30-Jun					
29	29 AAPA	American Association of Physician Assistants (AAPA) (May 23-26, 2009)		CMEE	AAPA	RS	MA	1
		1. Submit AAPA Adjunct Symposium Proposal Form	11-Jan-09					
		2. Faculty Planning Content Call	17-Mar-09					
		3. Invitations Printed and Mailed	10-Apr-09					
		4. Slides and Handout Materials Due to AAPA	28-Apr-09					
		5. Symposium	27-May-09					
		6. Outcomes Report	7-Aug-09					
		7. Report/Budget Reconciliation Complete*	28-Aug-09					

Financial Management

- Top 10 and quarterly reconciliation report
- Quarterly evaluation of progress toward meeting milestones
- Create reporting process up front
- Full financial transparency among partners





CS2day: Cessation of Smoking 2day

Report & Reconciliation

It's that time – our quarterly Top 10 Report is due to Pfizer. These are shared widely in the group supporting our initiative. We are also set now for quarterly automatic payments via the grant web site.

Our mini-reconciliation of the funds used since the September 2009 report is also due. These mini-reconciliations help Jackie to:

1. Keep all interested parties at Pfizer informed, and
2. Back-up the request for the next quarter's payment.

That said, here's a fairly simple process we can use – v

1. **Top Ten Report** – Page 2. What's going on? What
Deadline: December 4.

2. **Mini-Reconciliation** – Page 3. Complete this form
make notes where you would like to elaborate. **Deadline**
Please use this template – no colors, no special graphs

Fax (415-345-8668) or email.

Questions? Give me a holler or drop me an email. The

Top Ten Report

Organization:

Three highlights – Since the September 2009 report:

- 1.
- 2.
- 3.

Calendar of Events – Activities already on the Books:

Event	Date/Time:	Location:

Mini-Reconciliation

Include expenses paid in the table below. Use your judgment on the amounts to report, for example, we'll report honoraria, T&E, curriculum development meeting, video production, etc. We probably won't break out conference calls, or smaller amounts for this reconciliation, but will keep them for final run. One page per project (lots of paid expenses? Use an extra page to report) – plus we're going to include a page for our PI project, which has had expenses, but no income yet. Up to you! – S

Organization: IPMA

Project #: 11 Performance Improvement (From the Budget line, i.e., CAPP's PI project is #12)

Total Grant amount: \$310,904 Paid Q4-2008:

Project Expenses / November 15 – February 15, 2009

Item	Description/Comments	Expense
2008 Primary Care Update Conference	Honorarium,	\$1,500
2008 Primary Care Update Conference	Internet,	\$13.99
2008 Primary Care Update Conference	Meals,	\$74.02
2008 Primary Care Update Conference	Travel,	\$440.50
PI	PI Programming, Build My Own Site	\$28,825
2008 Primary Care Update Conference	Food & Beverage	\$12,082.32
		\$1,817.80
		\$1,594.67
		\$5,000

CS2Day / Final Reconciliation / Summary by Activity

1/14/10

B#	Partner	Project	Grant	Payments TD	Spent	Variance Grant/Spend	Variance Payment/Spend	Owed	Bank	Comments
1	HPC	Interviews	\$ 87,450.00	\$ 87,450.00	\$ 83,925.00	\$ 3,525.00	\$ 3,525.00		X	Complete/\$\$ reallocated to #2
2	HPC	CRI	\$ 71,750.00	\$ 71,750.00	\$ 72,995.00	\$ (1,245.00)	\$ (1,245.00)		X	Complete
3	UW	Pathways	\$ 235,538.00	\$ 235,538.00	\$ 235,538.00	\$ -	\$ -		X	Complete
4	UW	Content Mgmt	\$ 921,165.67	\$ 901,030.67	\$ 898,925.00	\$ 22,241.57	\$ 2,105.67		X	Complete/\$\$ reallocated to series of 4 budgets (\$1,440,000.00)
4a	ET	Content Mgmt	\$ 288,000.00	\$ 288,000.00	\$ 288,000.00	\$ -	\$ -		X	Complete
4A	PU	Video#2	\$ 57,625.00	\$ 54,745.00	\$ 43,571.00	\$ 14,054.00	\$ 11,174.00		X	Complete, Note: Spend includes \$7200 to CAFF
4B	UVA	Video Cases	\$ 72,000.00	\$ 64,800.00	\$ 51,000.00	\$ 21,000.00	\$ 13,800.00		X	Complete
4C	CAFF	PCN live	\$ 40,000.00	\$ 36,000.00	\$ 43,579.00	\$ (3,579.00)	\$ (7,579.00)		X	Complete
4D	CMEE	NCOTH Booth	\$ 23,343.00	\$ 22,176.00	\$ 23,970.00	\$ (627.00)	\$ (1,794.00)		X	Complete
4E	HPC	NCOTH Booth #2	\$ 5,600.00	\$ 3,025.27	\$ 3,025.27	\$ 2,574.73	\$ -		X	Complete
5	CMEE	CCDC#1	\$ 69,017.00	\$ 69,017.00	\$ 60,655.00	\$ 8,362.00	\$ 8,362.00		X	Complete
5	CMEE	CCDC#2	\$ 139,040.00	\$ 97,490.00	\$ 94,489.00	\$ 44,551.00	\$ 3,001.00		X	Complete/\$\$ Reallocated to 6A (\$189,040.00)
6A	CMEE	Success Video	\$ 50,000.00	\$ 50,000.00	\$ 61,743.00	\$ (11,743.00)	\$ (11,743.00)		X	Complete
7	CMEE	Toolkit	\$ 298,163.00	\$ 298,163.00	\$ 298,163.00	\$ -	\$ -		X	Complete/\$5000 added for evaluation
8	UVA	Web portal	\$ 225,000.00	\$ 222,500.00	\$ 225,000.00	\$ -	\$ (2,500.00)		X	Complete/\$\$ for 2010-12 (88)
8A	UVA	Web enhancement	\$ 16,500.00	\$ 15,950.00	\$ 16,500.00	\$ -	\$ (550.00)		X	Complete
9	UW	PI #1	\$ 1,241,770.00	\$ 1,179,672.00	\$ 1,241,770.00	\$ -	\$ (62,098.00)		X	Complete/\$\$ for 2010-12 (9A)
10	IFMC	PI #2/CareMeasures	\$ 1,137,000.00	\$ 1,104,100.00	\$ 1,047,230.00	\$ 89,770.00	\$ 56,870.00		X	Complete/License discussion/\$3000 was added for ER, but not paid, so not reflected in budget
11	IPMA	PI #3	\$ 310,904.00	\$ 295,359.00	\$ 310,904.00	\$ -	\$ (15,545.00)		X	Complete/\$\$ for 2010 (11A)
12	CAFF	PI #4	\$ 623,136.00	\$ 591,998.00	\$ 624,631.00	\$ (1,495.00)	\$ (32,633.00)		X	Complete/\$\$ for 2010 final report
13	CAFF	PrIMed	\$ 409,500.00	\$ 399,263.00	\$ 393,600.00	\$ 15,900.00	\$ 5,663.00		X	Complete
14	CAFF	AFP Chapters	\$ 443,400.00	\$ 420,489.33	\$ 415,914.00	\$ 27,486.00	\$ 4,575.33		X	Complete
15	PIEM	Block Grants	\$ 1,000,000.00	\$ 985,000.00	\$ 1,000,000.00	\$ -	\$ (15,000.00)		X	Complete/\$\$ for 2 new states
16	UVA	Regional Mtg	\$ 48,100.00	\$ 48,100.00	\$ 47,799.00	\$ 301.00	\$ 301.00		X	Complete
17	IPMA	Annual Mtg	\$ 17,585.00	\$ 15,827.00	\$ 17,585.00	\$ -	\$ (1,758.00)		X	Complete
18	PU	Pharmacy Mtg	\$ 305,885.00	\$ 290,591.00	\$ 305,885.00	\$ -	\$ (15,294.00)		X	Complete/\$\$ for 2010-11
19	CMEE	AGA Chapters	\$ 98,460.00	\$ 70,614.00	\$ 108,820.97	\$ (10,360.97)	\$ (38,206.97)		X	Complete/finishes in 2010
20	CMEE	PrIMed/Psych	\$ 158,840.00	\$ 350,000.00	\$ 158,571.00	\$ 269.00	\$ (90,631.00)		X	Complete/\$492,950/#20 reallocation
20A	CMEE	MedPage/Psych	\$ 145,865.00	\$ -	\$ 144,042.00	\$ 1,824.00				Complete/#20 reallocation
20B	CMEE	Skyscape	\$ 147,765.00	\$ -	\$ 138,018.00	\$ 9,747.00				Complete/#20 reallocation
24	CMEE	ATS	\$ 61,167.00	\$ 55,051.00	\$ 51,576.00	\$ 9,591.00	\$ 3,475.00		X	Complete
27A	CMEE	ACC/2008	\$ 229,199.00	\$ 229,199.00	\$ 191,570.00	\$ 37,629.00	\$ 37,629.00		X	Complete
27B	CMEE	ACC/2009	\$ 106,712.00	\$ 103,140.50	\$ 102,024.00	\$ 4,688.00	\$ 1,116.50		X	Complete
28	CMEE	AANP	\$ 156,502.00	\$ 139,769.00	\$ 156,502.00	\$ -	\$ (16,733.00)		X	Complete/\$\$ increase from #20 reallocation
30	CMEE	AAPA	\$ 202,630.00	\$ 146,707.50	\$ 202,181.00	\$ 449.00	\$ (55,473.50)		X	Complete
31	CMEE	LSA	\$ 123,560.00	\$ 123,560.00	\$ 115,756.00	\$ 7,804.00	\$ 7,804.00		X	Complete
32	UVA	Discovery TV	\$ 514,000.00	\$ 462,600.00	\$ 518,536.00	\$ (4,536.00)	\$ (55,936.00)		X	Complete
33	IPMA	ePocrates	\$ 255,500.00	\$ 255,500.00	\$ 218,516.00	\$ 36,984.00	\$ 36,984.00		X	Complete
33A	IPMA	ReachMD/15			\$ 57,000.00	\$ (57,000.00)	\$ (57,000.00)			Complete
33B	IPMA	ReachMD/Ad			\$ 10,000.00	\$ (10,000.00)	\$ (10,000.00)			Complete
35	CMEE	Medscape	\$ 143,008.00	\$ 142,148.00	\$ 143,008.00	\$ -	\$ (860.00)		X	Complete
36	CMEE	Cardiosource	\$ 148,215.00	\$ 130,873.00	\$ 148,215.00	\$ -	\$ (17,342.00)		X	Complete/finishes in 2010
45	UW	SCM Outcomes	\$ 306,035.00	\$ 275,433.00	\$ 278,135.00	\$ 27,900.00	\$ (2,702.00)		X	Complete, with \$\$ for 45A
46	HPC	Case Vignettes	\$ 53,000.00	\$ 53,000.00	\$ 53,000.00	\$ -	\$ -		X	Complete
47	HPC	Net1 Outcomes	\$ 38,121.00	\$ 36,790.00	\$ 38,121.00	\$ -	\$ (1,331.00)		X	Complete
48	HPC	AGA Outcomes	\$ 19,500.00	\$ 17,550.00	\$ 19,500.00	\$ -	\$ (1,950.00)		X	Complete
49	HPC	Overall Outcomes	\$ 88,000.00	\$ 80,000.00	\$ 90,575.00	\$ (2,575.00)	\$ (10,575.00)		X	Complete/\$\$ for 2010 completion
50	CAFF	Administration	\$ 750,570.00	\$ 714,273.10	\$ 750,570.00	\$ -	\$ (36,296.90)		X	Complete
50A	CAFF	ET/Expenses	\$ -		\$ 16,739.40	\$ (16,739.40)	\$ (16,739.40)		X	Paid from interest earned
51	CAFF	CECITY	\$ 220,000.00	\$ 220,000.00	\$ 220,000.00	\$ -	\$ -		X	Complete/vendor
51A	CAFF	CECITY Travel	\$ 12,900.00	\$ 5,039.53	\$ 5,039.53	\$ 7,860.47	\$ -		X	Complete/No admin fee charged
52	CMEE	Enduring Ads	\$ 86,000.00	\$ -	\$ 12,658.24	\$ 73,341.76	\$ (12,658.24)		X	Paid by CAFF & CMEE

Facilitating Cooperation

- Shared style guide
- Web oversight team
- Performance improvement team
- Video team



Brand Guide for the CS2day Initiative

CS2day Overview	3
Contact Information	4
Brand Personality and Identity	5
Design Elements	6
Logo and Tag Line Usage	8
Typography	10
Color	11
Preferred Color Combinations	12
Imagery	13
Applications and Sample Layouts	14

Change Happens

- Change order process
 - PM1 coordinates with PM2
 - Approval by Executive Committee
 - Disclosure to partners
- Bid for best price
- Rely on partnership agreement





CS2day: Cease Smoking Today Budget Change Order Form

Guidelines

- Management fees listed under program management remain with the budget owner as originally planned
- Any cost savings for pass through items may be reallocated but the reallocation must be documented for reconciliation purposes
- All pass through budget changes must be submitted to your PM2 with the appropriate documentation. Based on the dollar amount of the change, your PM2 will forward to the executive team (ET) for action and inform you of the result.
 - Any change <20K may be reallocated by a partner without ET approval provided this form documenting the change is submitted to your PM2 and the change does not result in a change to a partner payment
 - If a change is >20K or involves a change to a partner's payment the change must be approved by the PM2 and the ET

Date filed _____ Date complete _____

Partner: _____

Contact person: _____

Budget Number: _____

Requested budget change: _____

Impact of budget change on total budget amount: _____

Rationale for change _____

Status

- File for information
- Approved by ET
- Not approved by ET
- PM2 feedback and follow-up required
- Other action:

Technology Infrastructure

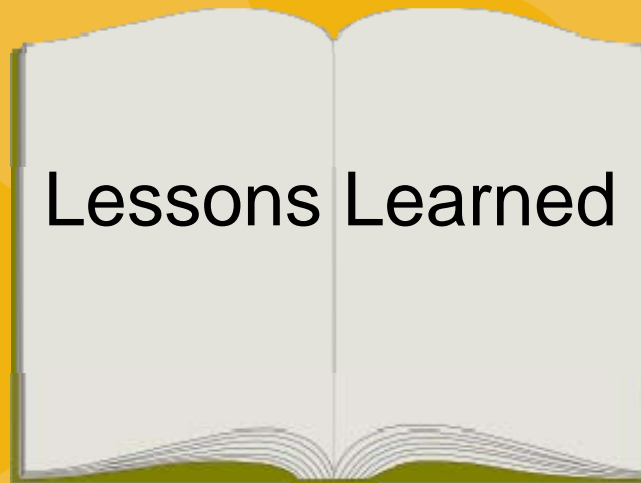
- Role of central documents repository
 - Basecamp
- Learner reporting
 - CME360
- All technology comes at a cost





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Chapter 4



Critical Messages

- You can't just come along for the ride
- You have to let your proprietary ego go—and work in the framework of the public health issue
- You must know your institutional/organizational strengths—what are you the best at doing? How can you bring those skills and abilities to help make the overall project successful?



Critical Messages (cont.)

- Step back if someone else is better at a particular task/skill
- You have to be willing to take some risks
- You need to have support from the top of your organization
- Not everyone needs to be a partner; there are multiple layers of involvement that can support collaborations
- You will learn a lot
- Stay focused on your clinical objective





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Epilogue

Writing the Sequel



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Questions?

Thank you for attending.