Inter-Society Coordinating Committee for Practitioner Education in Genomics (ISCC) Meeting
May 21, 2015
Bethesda, MD

Welcome, Introduction, Goals of Meeting – Ann Karty

Ann Karty, Medical Director at the American Academy of Family Physicians, welcomed participants and reviewed the goals of the meeting. The goals for this meeting include: review the revised ISCC mission, discuss current ISCC work products and plans, reports from the working groups, and future opportunities for this group. Interactive discussion groups will help identify areas for collaboration across ISCC working groups.

Review Mission/Vision of ISCC – Ann Karty

Ann Karty reviewed the mission and vision for the ISCC, which were updated in May 2015. The vision of the ISCC is to improve the genomic literacy of physicians and other healthcare providers and enhance the effective practice of clinical genomic medicine through joint identification of educational needs and sharing best practices in educational approaches. The mission is to facilitate interactions among professional societies and related organizations to enhance and increase the understanding of practitioners in applying genomic medicine to cost-effective decision making and clinical care. The ISCC's role is to stimulate the activities of these societies by offering collaboration and expertise when desired by individual societies. The updated mission and vision will be posted on the ISCC website. Anyone with feedback on the revised mission and vision for ISCC can email Ann Karty **[Action]**.

Current Status of ISCC Work Products and Plans – Bob Wildin

Bob Wildin, Chief of the NHGRI Genomic Healthcare Branch, discussed recent updates to the status of ISCC work products and plans, which can be found on the ISCC website (http://www.genome.gov/27554614). An approach for ISCC sustainability was reviewed, in which NHGRI will seek donor funding through the Foundation for NIH (FNIH) from companies and organizations with a stake in practitioner education in genomics. FNIH is currently completing a feasibility scan, which will be finished by the end of May. Staff will present an ISCC pitch and the results of the scan to the FNIH board thereafter. If the project is approved by the board, FNIH would seek and manage donations for ISCC activities and could also provide logistical and administrative support.

A Genetics/Genomics Competency Center (G2C2) promotional video to introduce the website and its features will be released shortly (http://g-2-c-2.org/). Anyone with comments on the G2C2 promotional video can send them to Donna Messersmith **[Action]**.

ISCC administration at NHGRI transferred from the Division of Genomic Medicine to the Division of Policy Communications and Education's Genomic Healthcare Branch. Bob Wildin replaced Teri Manolio as the NHGRI co-chair of ISCC, and Ann Karty replaced Mike Murray. Alice Bailey replaced Deborah Colantuoni as the main administrative support for ISCC. It was noted that ISCC representatives do not need to go through the ISCC administration for networking and collaboration opportunities.

Report on Continuing Medical Education (CME) Outreach Project – Bob Wildin

Bob Wildin provided an update on the CME Outreach project, which began after the November 18, 2014 ISCC meeting. The goals of this initiative are to engage ISCC member organizations' CME directors and contacts, update the membership roster, encourage greater Accreditation Council for Continuing Medical Education (ACCME) survey participation, open a dialogue about ISCC and provider education, and market G2C2. Efforts to date include paired outreach via email and phone to ISCC representatives and CME directors from CME accredited organizations and one-hour individual phone interviews. As a result, 11 of the 37 CME accredited organizations were interviewed. Of the remaining 26 organizations that were contacted, 22 were either unresponsive, unavailable to be interviewed, or the CME contact was not identified, and 4 organizations were determined to be "unnecessary for interviewing" as indicated by the respondent. Steve Singer of ACCME had surveyed members of ISCC regarding CME activities and ISCC and reported his findings at the November 2014 meeting; 10 of the 11 organizations that responded to the CME Outreach project had participated in Steve's survey. Enthusiasm for ISCC was high among survey respondents, as was interest in collaboration. G2C2 was thought to be a valuable resource, however many thought specialty-specific resources could be improved. Regarding provider education, it was generally thought that need is high, and it is challenging to engage practitioners due to the perception of genetics as a niche topic. Successful approaches in genomics education will include engaging learners by targeting their specific interests.

Steve Singer commented that it is important to reach and engage professionals in physician education and noted that the low participation in the survey was concerning. The ISCC is well positioned to provide leadership in genomics education and to facilitate collaborations between member organizations. Professional societies can benefit from working with ISCC to discuss methods of CME that they find to be most effective in changing practice and to identify areas of need in education and how ISCC can help address these areas. CME can be a major way to engage professional societies going forward. Steve Singer suggested that genetic counselors could help specialty societies articulate their educational needs and that this effort could potentially result in a white paper.

Genetic Counselors and Genomics Education – Amy Cronister

The National Society of Genetic Counselors (NSGC) has recently joined the ISCC. As a representative of NSGC, Amy Cronister reviewed the scope of practice of genetic counselors, NSGC initiatives and accomplishments as they relate to ISCC, core skills and training curriculum in genetic counseling, the importance of adaptability to technology in genomics, and critical opportunities for partnerships and collaborations. NSGC is the leading authority and advocate for the profession, and serves to advance the various roles of genetic counselors in healthcare by fostering education, research, and public policy to ensure the availability of quality genetic services. The overarching vision is to integrate genetics and genomics to improve health for all. Genetic counselors work in many specialty areas, including prenatal, cardiovascular disease, cancer, metabolic disease, neurology, pediatrics, infertility, pharmacogenetics, and genomic medicine. 90% of genetic counselors report involvement in teaching and education in genomics, including education of physicians and other health care practitioners. Current NSGC initiatives include working toward implementing licensing across all US states, spreading awareness of genetic counselors as independent providers, addressing the lack of recognition for the profession under the Social Security Act and Medicare, advocating for appropriate coverage and reimbursement from third party payers, developing metrics to capture the value and cost savings with involvement of genetic counselors, and improving access to genetic counseling via innovative service delivery models.

The NSGC Education Committee develops educational materials for genetic counselors and other healthcare providers, and a library of online courses and topical webinars for non-specialists can be found on their webpage. The genetic counseling program curriculum covers medical genetics, medical communication, and case studies for genetic counseling, with a growing emphasis on available genetic resources and web-based tools such as GeneTests/GeneReviews, BRCAPRO, Boadicea, OMIM, and ClinVar. The field is shifting to genomic counseling and moving toward broader testing to cast a wider net. There is an increasing need for innovative service delivery models that include collaborative partnerships with other healthcare providers and for a more directive counseling approach. NSGC is committed and available to support practitioners and other providers with resources on genetic counseling and genomics education.

It was noted that with only 3,500 genetic counselors in the US that are certified, there is a great unmet need for services. A question was raised about the types of individuals who are providing patient counseling and physician support in the absence of genetic counselors, and Amy answered that nurses or other providers usually step in, but they might not be able to educate and counsel at the level of a genetic counselor. Admission to genetic counseling programs is competitive, and spots are limited due to a general lack of resources. Informed DNA and other telemedicine companies are hiring genetic counselors and developing relationships with payers. Innovative service delivery models such as telemedicine will be an important area for development in the future to expand access and education for various specialists. NSGC-sponsored workshops that reviewed relevant case studies have been very helpful educational methods in the past. Steve Singer noted that knowledge and strategy gaps have often been discussed at ISCC meetings, and he wondered if ISCC specialty leadership would issue a statement or white paper regarding genomics education. Wendy Rubenstein has created a questionnaire to address this topic and discuss this effort later in the meeting.

Point of Care Education – Guilherme Del Fiol

Guilherme Del Fiol, assistant professor of biomedical informatics at the University of Utah, presented on answering clinicians' questions within electronic health records with Context-Aware Knowledge Retrieval applications, or Infobuttons, for clinical decision support. A systematic review funded by the Agency for Healthcare Research and Quality (AHRQ) found over 70 studies about the kinds of questions physicians raise at the point of care. Out of every 20 patients seen, a physician will raise 12 clinical questions, will pursue 6 of these questions, and will find answers to only 4 of the questions pursued. The review found that information needs are not met because there is insufficient time, clinicians doubt that an answer exists, or the patient is referred to a specialist or forgotten. 90% of the time, an answer can be found, but clinicians will only spend 2-3 minutes maximum to search for answers. Thus, over 60% of information needs are currently not being met, and this percentage has not been improving over time. Interventions can be designed to use electronic health records (EHR) as information tools at the point of care. Infobuttons provide relevant information within the EHR that improves the percentage of answered questions and greatly shortens the time spent searching for answers. To disseminate Infobuttons to the larger community, Guilherme helped to develop use standards, tools, and regulations for implementation of Infobuttons across multiple systems and healthcare organizations. OpenInfobutton is an open source tool that organizations can use to implement Infobuttons in EHR systems.

Many clinicians use EHRs locally to find information, and a question was raised about opportunities to share local genetic resources in order to improve education within and between the communities of practitioners at various institutions. One possibility is to leverage the Infobutton Responder, which can make online information available in EHRs. A question was raised about whether there is a template for the best format and length for displaying relevant genetic information to clinicians. Research shows that content should be segmented according to contextual attributes, and information should not be hidden more than two links or two pages deep, otherwise it is much less likely to be accessed. Clinicians also prefer actionable recommendations, so they should be highlighted when available. A survey showed that Infobuttons have a positive impact on decision making 62% of the time, but the specific decisions that are made or changed have not yet been recorded. UpToDate is another resource for clinical decision support, and it was suggested that ISCC could work with large providers to enhance the genetic information available in UpToDate (http://www.uptodate.com/home). NCBI's MedGen compiles structured summaries that bring in verbatim information about dosing guidelines from the Food and Drug Administration (FDA) and the Clinical Pharmacogenetics Implementation Consortium (CPIC), and this is another tool that should be disseminated (http://www.ncbi.nlm.nih.gov/medgen/). It will be important to understand how clinicians use information at the point of care so that educational tools can be developed to be maximally useful.

AHRQ: Patient Safety Initiatives – Jeff Brady

Jeff Brady, Director of the Center for Quality Improvement and Patient Safety at AHRQ, discussed the AHRQ Patient Safety Research Program, progress and challenges in improving patient safety, and the relevance of implementing patient safety to the integration of genomics in healthcare. AHRQ's mission is the produce evidence to make healthcare safer, higher quality, more accessible, equitable, and affordable. The agency works with the Department of Health and Human Services (DHHS) and other partners to ensure that the evidence is understood and used. AHRQ's target audience includes all healthcare stakeholders and reflects a systems-based perspective of problems. AHRQ focuses on leveraging successes and identifying patient safety research that will support future improvements. AHRQ research on patient safety includes patient safety events (e.g., Hospital-Acquired Conditions), patient safety practices (e.g., teamwork in healthcare), patient and family engagement, human and environmental factors (e.g., healthcare facility design), patient safety and medical liability, and patient safety measurement.

There have been successes in improving patient safety (e.g., a 17% decline in Hospital-Acquired Conditions from 2010 to 2013), but more progress is possible. Impediments to improving patient safety include: complexity in healthcare delivery, flawed systems in healthcare that are not designed to optimize safety or address systems-based problems, ineffective communication that contributes to patient harm, and weak incentives for improving patient safety. The research continuum moves from research to testing and demonstration to implementation, with measurement at all stages of the continuum. Research sometimes lacks a personalized, patient-focused approach. Jeff noted AHRQ resources for hospitals to help them improve patient safety. These resources are intended to be responsive to providers, who want targeted, simplified information that meets their needs. AHRQ wants to increase healthcare professionals' focus on safety in a feasible way without displacing their primary goal of caring for patients. AHRQ wants safety to be a standard part of healthcare rather than a secondary priority.

Improving patient safety is relevant to the integration of genomics in healthcare and vice versa. Health professional awareness of pharmacogenetics/pharmacogenomics plays a role in patient safety. Efforts to increase healthcare professionals' knowledge of genetics and genomics should build on the lessons learned about implementation of patient safety improvements.

Interprofessional Education Collaborative (IPEC) – Richard Valachovic

Richard Valachovic, President of IPEC and President and CEO of the American Dental Education Association (ADEA), discussed IPEC and developments in interprofessional education. IPEC is a collaboration between six organizations: American Association of Colleges of Nursing (AACN), American Association of Colleges of Pharmacy (AACP), American Association of Colleges of Osteopathic Medicine (AACOM), ADEA, Association of Schools & Programs of Public Health (ASPPH), and American Association of Medical Colleges (AAMC). The collaborative began in January 2009 with an agreement to work together to: foster a common vision for team-based care, promote efforts to reform health care delivery and financing consonant with that vision, and contribute to development of leaders and resources for substantive interprofessional learning. The action plan was to help the member institutions to advance the field by: promoting a common language and shared competencies, facilitating effective faculty development, fostering shared learning resources, identifying effective organizational models, advancing the science and practice of assessment of abilities and outcomes, and promoting inter-professional collaboration with policy-makers.

IPEC has identified core competences for interprofessional collaborative practice to create a coordinated effort across professions, guide curriculum development for the learning continuum, stimulate evaluation and research, spur dialogue about fit for practice, and inform regulatory bodies. IPEC has held several Institutes for Faculty Development focusing on IPE fundamentals and safety/quality. AAMC has received funding to launch MedEdPORTAL, a national clearinghouse of competency-linked learning resources for interprofessional education and models of team-based or collaborative care.

The Institute of Medicine's Global Forum on Innovation in Health Professional Education published workshop summaries in 2013 and 2014 on interprofessional education. It was noted that IPE should be linked with changes in collaborative behavior.

It was suggested that the ISCC could collect data on member organizations' educational activities as they relate to the IPEC's competencies (e.g., the ACCME survey could be expanded to query how many member organizations' activities address the IPEC competencies).

Genetics Education Canada – Knowledge Organization (GECKO) – June Carroll

June Carroll, co-founded and co-director of GECKO, provided an overview of the organization. GECKO was founded in 2011, and its mission is to increase genetics literacy in healthcare professionals. GECKO is a supporting infrastructure for genetics education that facilitates translation of research; enables the development, collection, dissemination and evaluation of genetics educational materials; and is a research and development knowledge translation cycle. Canada does not have one single comprehensive genetics institute or knowledge management center. Regional genetics centers provide genetic counselling and some education. Genetic testing is covered by provincial insurance plans to variable degrees across the provinces if eligibility criteria are met. Healthcare providers can order some genetic tests if they feel competent to provide pre-test counselling and discussion of results. Direct-to-consumer genetic testing is just beginning to reach Canadian consumers.

One of GECKO's aims is genetics education for primary care providers. The development and implementation of the program was informed by a needs assessment, literature search, evidence, and existing quality, evidence-based resources. The needs assessment was intended to assess the current needs of family physicians with regard to their knowledge, practice, and attitudes towards and awareness of genomics and genetic services. Survey respondents indicated that genomic educational resources that they would find useful include contact information for genetics clinics, genetic testing guidelines, genetic disorder summaries, genetic referral guidelines, and disease-specific risk assessment tools. A separate assessment, the GenetiKit study of the Gene Messenger knowledge support services, revealed interest in a website to support genomic medicine in primary care.

GECKO includes point of care tools on a variety of genomic topics to facilitate genomic medicine into practice and help identify and appropriately refer patients who may benefit from genetic services and reassure those at population risk. GECKO also includes GECKO Messengers (comprehensive summaries for healthcare providers on genetic disorders, technologies, or topics), GECKO *on the run* (concise summaries for healthcare providers on genetic disorders, technologies, or topics), fact sheets, basic genetic principles, a glossary, and links to additional resources (which will include G2C2). The site was soft launched in November 2013. Most site users are located in Canada, but the site has also been accessed by users in the US, Brazil, the United Kingdom, Australia, and France. Next steps for GECKO include evaluation of website usability and effectiveness of tools, dissemination, and development of more content.

Working Group Reports

Speaking Genetics – Suzanne Belinson and Carla Easter

The Speaking Genetics Working Group's vision is to build a meta-language that takes complex concepts in genetic medicine and distills them into a fluid, accessible and comprehensible vocabulary and system of expression that will work across the communication landscape of genetic medicine. The 2015 goals of the group are to identify communication buckets with an English-only focus, begin data analysis, and propose recommendations for prioritized language elements. The group has identified "buckets" which include consumers, provider-patient communication, payer-patient communication, provider-lab communication, and advocacy groups. These "buckets" feed into the next steps for the working group, which include gathering and analyzing data, prioritizing communication items for language construction, and developing initial meta-language constructions for evaluation through testing with diverse audiences. The working group recognizes there are others in the ISCC that have done work in various "bucket" spaces and they are invited to engage with this working group **[Action]**. Those with access to data and interested in helping the group think through various aspects related to data analytics are encouraged to work with the group. For instance, it was noted that reaching out to the genetics counseling group would be useful to learn which communication techniques worked for them and which ones were failures. It was suggested that the group create a "cheat sheet" that could be posted on websites such as GECKO. In addition, this group is also seeking funding opportunities due to the resource intensive aspects of data collection. ISCC members should send any information on funding opportunities to the group **[Action]**.

Educational Products – Kristin Weitzel and Emily Edelman

The Educational Products Working Group outlined their current goals and charges. They are focused on collecting existing educational products from ISCC members, identifying federally funded resources and initiatives that could assist genomics education efforts and clinical practice, identifying areas of emphasis for products with the Case Studies Working Group, and identifying new advances and gaps in knowledge for education initiatives. The working group has two priorities in 2015: moving forward with putting together an analytics plan and a marketing plan for G2C2. Current data trends were presented.

The data trends for G2C2 show an overall increase in the use of G2C2 and an increase in traffic partly due to external referrals from the College of American Pathologists (CAP) and the American Medical Association (AMA). The traffic is diverse and is likely due to the diverse resources available. It was noted that among the returning users, physicians return often to the site. The data reveal that G2C2 may be meeting the needs of different disciplines in different ways and this should be capitalized on. As the working group moves forward with the marketing plan, ISCC members will be instrumental increasing awareness of the resource and dissemination efforts. Social media, mentions at workshops, meetings and conferences, and cross-linking with member sites have all shown to increase traffic to the site. Strategies for the marketing and data analytics of G2C2 were presented. Marketing strategies include presentations at professional meetings, increasing interactivity on the G2C2 site, and partnering with medical education providers or other groups. The working group will be leading a G2C2 abstract submission for ASHG and is seeking volunteers to help with marketing, analytics, and review of educational resources **[Action]**. For those interested in linking to G2C2, permission is not needed, however, engagement on press releases should be communicated to NHGRI's Community and Public Liaison Branch.

Insurer Staff Education – Suzanne Belinson and Bob Wildin

The Working Group has designed a series of webinars to be broadcast over 12 months with a vision of increasing the accuracy of applying health plan benefits to genetics. In 2015, the goals are to identify areas of greatest need for genomics knowledge in the clinical context among the staff and medical directors of health insurers' claims and preauthorization processing pipelines, to execute the pilot webinar series to educate insurer staff, and gather effectiveness data. Four webinar themes are in place: 1) overview of genetics and genetic testing; 2) distinguishing genetic tests and their appropriate use; 3) genetic panel test; and 4) contextual issues in the management of genetic testing. The success of the webinars will be based on whether the goals are met. The next steps for this working group are to deliver the webinar series, involve content contributors to deliver individual webinars, develop metrics of success, and measure success. The webinar dates will be sent to the ISCC **[Action].** The working group is seeking content contributions, please send ideas to Suzanne Belinson or Bob Wildin **[Action]**.

Case Studies – Wendy Rubinstein

The ISCC Case Studies Working Group was charged with developing educational materials based on scenarios that health care professionals are likely to encounter in practice. The general case study framework was developed, translated to competencies, and resulted in two published papers. Challenges for the group include identifying cases studies to develop, sustaining the enterprise with writers who have domain knowledge, and developing a cogent plan for disseminating materials. A needs assessment by ISCC member organizations is needed for professional genetics education. The needs assessment will help determine if there is enough engagement to continue case study development, and identify educational gaps for both the working group and the ISCC. It was commented that G2C2 may be a resource to utilize for this working group. The group has developed a survey tool to assist with needs assessment, and the group would like to see the survey distributed to members of ISCC professional organizations. The survey has eight questions, but it was noted that the most important questions pertain to eliciting information about case studies to be developed. Reed Pyeritz and Wendy Rubinstein will be reaching out to ISCC member organizations directly to assist with survey dissemination **[Action]**.

Innovative Approaches to Education – Teri Manolio

Although health professionals are not experts in genetics, they still face genetic issues with their patients, and it is likely that health professionals have the same needs regardless of their specialty. Genomics education is important and should be built on an established approach and curriculum through a collaborative effort. To that end, this working group has developed a universal module framework for genomics education. The framework has the following structure: a survey-based review of the Translational Research in Genomics (TRIG) curriculum to feed content development of the module, implementation of the module at national meetings, and the creation of a handbook and toolkit. Evaluation measures for the handbook and toolkit could be implemented through surveys and peer review. Dissemination efforts for the handbook and toolkit could occur via websites and through residencies and fellowships. The working group has completed the survey based review of the TRIG curriculum, and the survey process and participant demographics were described. Survey findings show a majority of participants believed the curriculum could be adapted. During the discussion, it was noted that input from the NSGC would be useful. A workshop for the module will be held at the 2015 ASHG meeting.

Interactive Discussion Groups

Funding Wish List

The group discussed priorities for funding if the ISCC were to receive additional financial resources.

- Activities
    - Financial support for a linguist to work with the Language of Genomics Working Group
    - Outcomes data from education and intervention and identification of additional educational needs
    - Workshops on specific topics (e.g., how to implement Infobutton for genetics/genomics)
    - Resource translation to repurpose existing resources
- Financial Evaluation
    - Evaluation of return on investment for educational content
    - Study need for product development (vs. repurposing existing content)
- Infrastructure
    - Dedicated ISCC staff
    - Travel to promote the ISCC and its activities
    - Leveraging other general resources for genetics/genomics purposes (e.g., attend linguistics conference and use information to inform ISCC activities)
- Products
    - Product creation and curation
    - Marketing of resources and products
    - Engagement of providers with resources
    - Infographics creation
- Technical
    - Usability testing for G2C2 and other web-based products

Provider Education

The group discussed next steps for provider education. One priority is to develop content for competencies-based education by repurposing existing content and identifying gaps. ISCC can have a role in distribution of educational materials and should involve interprofessional education and Maintenance of Certification (MOC) activities.

Another priority is developing and cultivating educational resources: education delivery mechanisms (e.g., Infobutton), sources of expertise (e.g., specialists, genetic counselors), and educational dissemination tools (e.g., webinars, UpToDate).

The group noted that the ISCC has focused on educating practitioners, but there is a need to educate the educators. The ISCC needs to consider how to complement and collaborate with existing education delivery methods, such as CME/CE and MOC.

Specialty Boards Working Group Charge

The group discussed next steps to reinvigorate and redirect the Specialty Boards Working Group. The American Board of Medical Specialties (ABMS) could facilitate the incorporation of genetics/genomics in MOC activities. The group discussed the "MOC Minute" as a successful educational tool that could be used for genetics/genomics education. A potential driver for increasing genetics/genomics in MOC is the role of pharmacogenetics/pharmacogenomics in patient safety. The ISCC should consider how to take advantage of the upcoming revision of the Accreditation Council for Graduate Medical Education (ACGME) milestones.

Discussion of Future Directions for ISCC – Bob Wildin and Ann Karty

Meeting attendees shared their final thoughts from the meeting. Suggestions included:

- Develop a connection/conduit to ACGME
- Grow and expand ISCC activities
- Refine ISCC goals and vision
- ISCC should collaborate with professional societies on educational products and show
- Promote and cross-promote existing educational resources
- Address ethics, underserved populations, engagement of public
- Increase engagement of ISCC member organizations and better define their roles and responsibilities
- Consider engaging hospital system administrators
- Consider role for international ISCC members
- Consider integrating the patient voice

The next ISCC meeting will be held on January 14, 2016 on the NIH campus in Bethesda, Maryland. The agenda is under development, the ISCC members should send suggestions for topics and speakers **[Action]**. ISCC members should also indicate if it would be valuable to them to receive CE credit for attending the January meeting. Attendees are invited to provide feedback about the meeting to Ann Karty, Bob Wildin, or Alice Bailey **[Action]**.

Action Items

1. ISCC members with feedback on the revised mission and vision for ISCC should email Ann Karty.
2. ISCC members with comments on the G2C2 promotional video should send them to Donna Messersmith.
3. ISCC members who have experience in the various communication “bucket” spaces (consumers, provider-patient communication, payer-patient communication, provider-lab communication, and advocacy groups) are invited to engage with the Speaking Genetics Working Group.
4. ISCC members should send any information on funding opportunities to the Speaking Genetics Working Group.
5. The Educational Products Working Group is seeking volunteers to help with marketing, analytics, and review of educational resources.
6. The Insurer Staff Education Working Group will send the dates of the insurer staff educational webinar series to the ISCC.
7. ISCC members should send ideas for content for the insurer staff educational webinar series to the Insurer Staff Education Working Group.
8. Reed Pyeritz and Wendy Rubinstein will reach out to ISCC member organizations directly to assist with dissemination of the Case Studies Working Group survey.
9. ISCC members should send suggestions for topics and speakers for the January 14, 2016 meeting to Ann Karty, Bob Wildin, or Alice Bailey.
10. ISCC members should send feedback on whether it would be valuable to them to receive CE credit for attending the January 14, 2016 meeting to Ann Karty, Bob Wildin, or Alice Bailey.
11. ISCC members who attended the May 21 meeting are invited to provide feedback about the meeting to Ann Karty, Bob Wildin, or Alice Bailey.