

**Resources for Medical Education & Collaboration (RMEC)**, a Colorado 501(c)3 non-profit, was founded in 2008. It strives to advance evidence-based medicine and improve health care quality by supporting education and collaborative research, locally and globally, through the initiatives listed below. Please visit <http://www.resourcemec.org> for more information, or call Danelle Winship at 970-375-3644.

### **Hosting medical education conferences**

Continuing medical education is a central mission for RMEC. Its premiere CME event, "Evidence & Technology Spine Summit," is entering its 6<sup>th</sup> year, and its program provides one of the most comprehensive reviews on evidence in spine care anywhere in the United States or around the world. This conference has consistently received very high marks from medical attendees, and the case presentations, faculty debates and very active audience participation speak to the success it has had in stimulating discussion and providing insight into the application of new technology to common spine problems.

The 6th Annual CME conference, Evidence & Technology Spine Summit will be held in Steamboat Springs, Colorado January 14 – 17, 2010. Click here for more information, <http://www.resourcesmec.org>, or contact Danelle Winship at [Danelle@resourcesmec.org](mailto:Danelle@resourcesmec.org); phone direct: 970-375-3644

### **Supporting research activities in clinical medicine**

RMEC is currently soliciting research projects from practicing physicians in spine health care delivery who desire to pursue evidence supporting the application of a specific technology to a specific pathology. Projects are selected by an independent committee created to rank the merits of the studies and to determine the best-suited applicant for the study based on study protocol and potential contribution to evidence-based medicine. The committee consists of physicians with no financial relationships with the manufacturers of any products or technologies being reviewed.

RMEC will be overseeing a multi-center, prospective study which will evaluate fusion rates and effectiveness of OsteoSponge™ compared to historical autograft controls in subjects with DDD undergoing TLIF. This is a ten-site, twelve-month study. The goals of this study are to better understand treatment; provide necessary information for both surgeons and patient to make educated choices among reliable graft material options for lumbar fusion surgery; and to support the field of evidence-based medicine.

### **Providing online collaborative opportunities to advance evidence-based medicine**

RMEC has identified a need to gather data around the efficacy of different treatments in spine health care delivery in order to identify best practices and incorporate them into clinical practice. Care based only on informed opinion, personal observation or tradition is not always reliable, while health care driven by robust comparative clinical evidence is the gold standard. To that end, RMEC is developing two case registries, one in biologics and the other in posterior dynamic stabilization. The first to be launched will be biologics. Surgeons will upload case

information on spine surgery across diverse case settings to a collaborative online platform. As data is collected in the registry, it can then be extruded from all cases for analysis by member surgeon investigators, and results will be available to all participating surgeons. This data and its subsequent analysis will provide a very useful tool for gathering real-world clinical data on the application and use of osteobiologics, and create the ability to innovate with FDA-approved products based on comparative clinical evidence. It will also help build a collaborative mindset within the spine surgery community. RMEC has contracted with Syndicom (SpineConnect) to host these case registries. We are in the final stages of determining the data fields for the Biologics Registry, which is expected to go live in mid-Fall. The second registry on Posterior Dynamic Stabilization is expected to come online in early 2010. If you are interested in learning more about this project, please contact RMEC at [osteobiologics@resourcesmec.org](mailto:osteobiologics@resourcesmec.org), or call Jennifer Aguilar at 970-375-3647.

### **Providing research opportunities through internships**

The Internship Program was created to provide persons interested in careers in the health professions with an opportunity to experience a real-world medical setting. This is accomplished by placing interns in medical settings, and when available, in research settings. Objectives include learning how medical professionals interact with patients; learning to use available resources for medical research; improving verbal and written communication skills; learning how ethical clinical research is conducted.

RMEC supports and mentors interns as they consider their future in medicine through access to many different types of clinical professionals, including physicians, clinical research coordinators and physician assistants. Guidance is available to interns looking to flourish in the medical field through assistance in developing a professional resume, applying to professional schools, creating a successful admissions application essay, and job search skills. Interns are expected to spend a minimum of 10 hours per week at their placement.

### **Bringing clinical health care and on-site medical education to developing regions of the world**

RMEC is working to identify the first site for its spine healthcare outreach program. The goal is to identify an area in the developing world that is served by a general hospital with at least one orthopedic surgeon on staff, but does not have a spine clinic. RMEC would then partner with that local host hospital and surgeon over an 18 to 24 month period to deliver a spine education and training program so that at the conclusion of the program, RMEC would leave behind a self-sustaining spine clinic.

RMEC's education and training program for the hospital staff would consist of two parts: (1) Quarterly visits by US spine surgeons and ancillary medical team members providing face to face hands-on education and training; and (2) ongoing online communication, education and collaboration would be an integral piece of the training process. With this model, education and training will not be limited to the quarterly intensive training visits, but will instead also include a continuous mentoring model, allowing training to continue between visits on subjects such as appropriate patient selection, case consultation, post operative care, and management of possible complications.

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