

**Institute of Medicine**  
**Committee on Planning a Continuing Health Care**  
**Professional Education Institute**

***How Can Industry Contribute to Making CME/CPD  
Better?***

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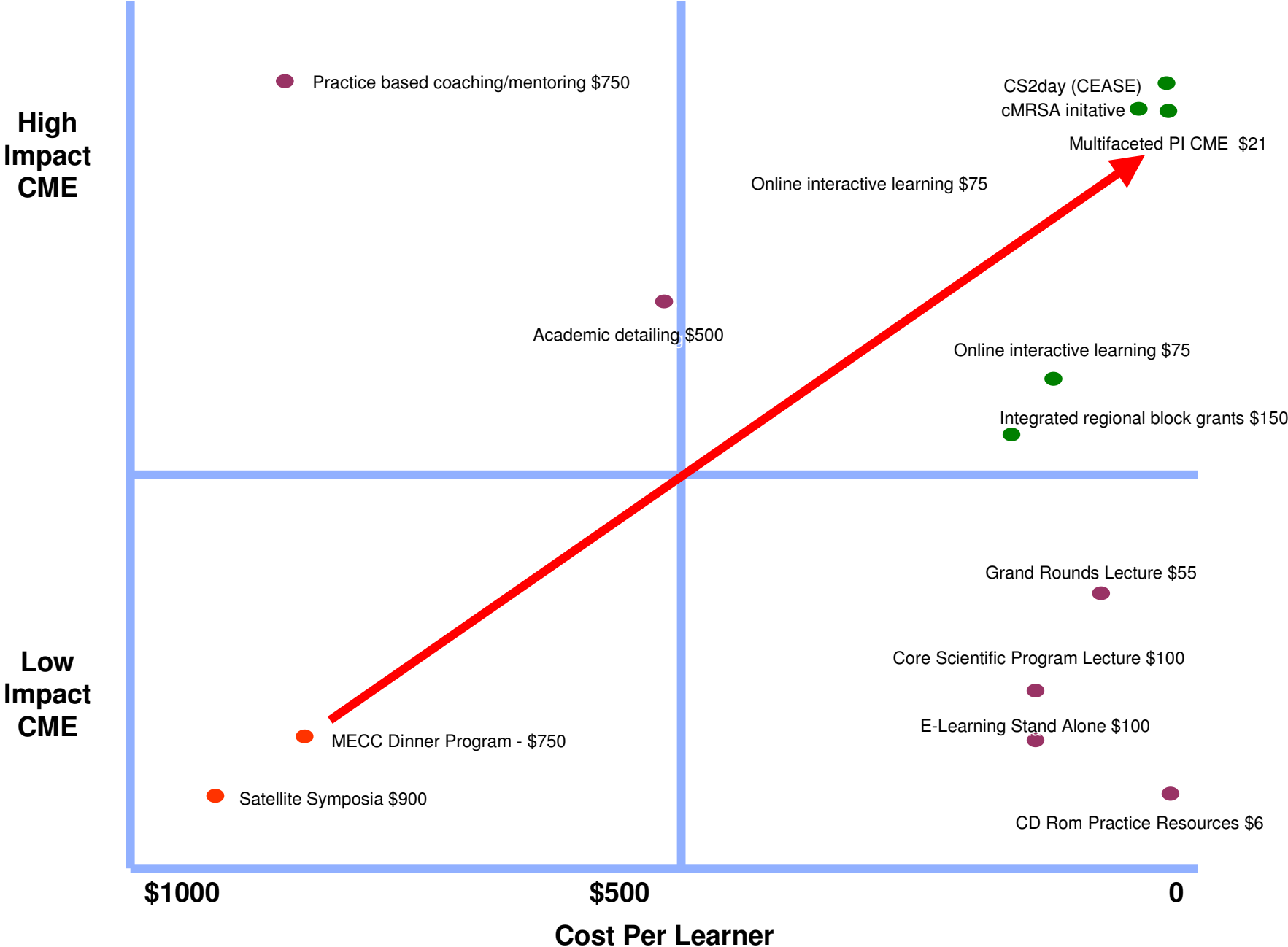
**All of my comments are intended to represent my personal perspective and opinion and are not intended to represent an official corporate position on these issues**

# Conversation Areas

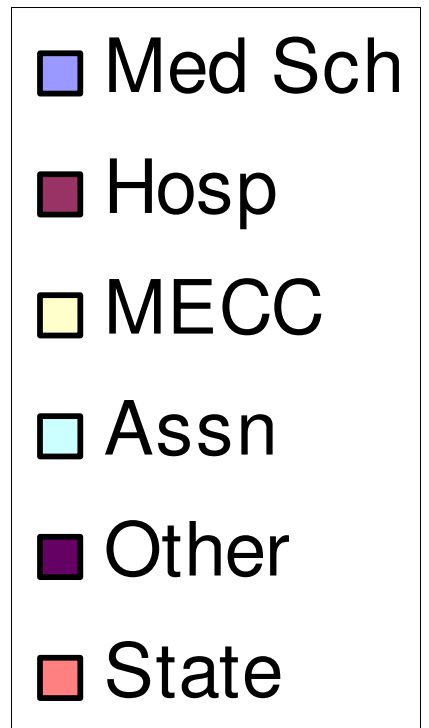
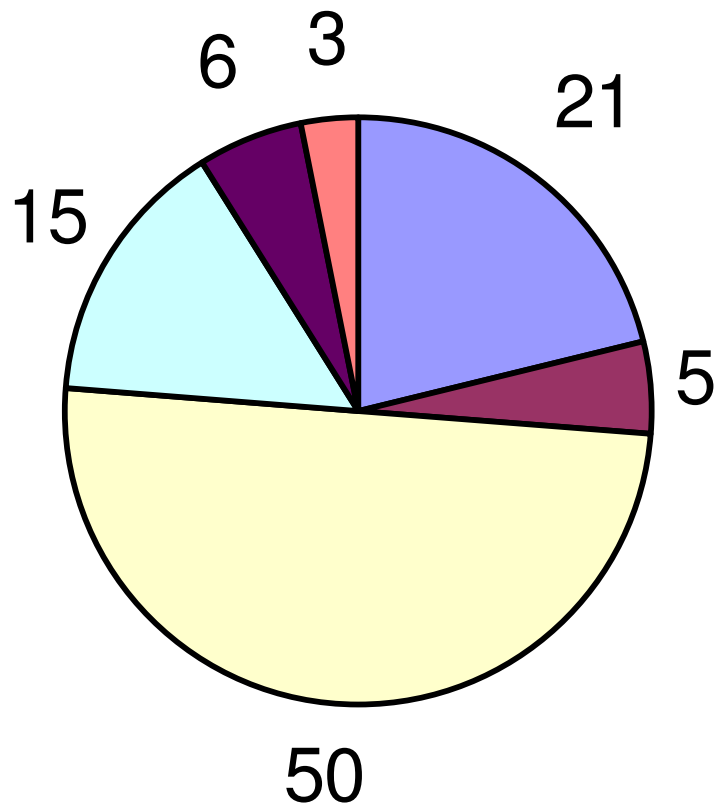
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- n **What model of education for the future serves patients best and what does it look like?**
- n **How can industry contribute to this effort?**

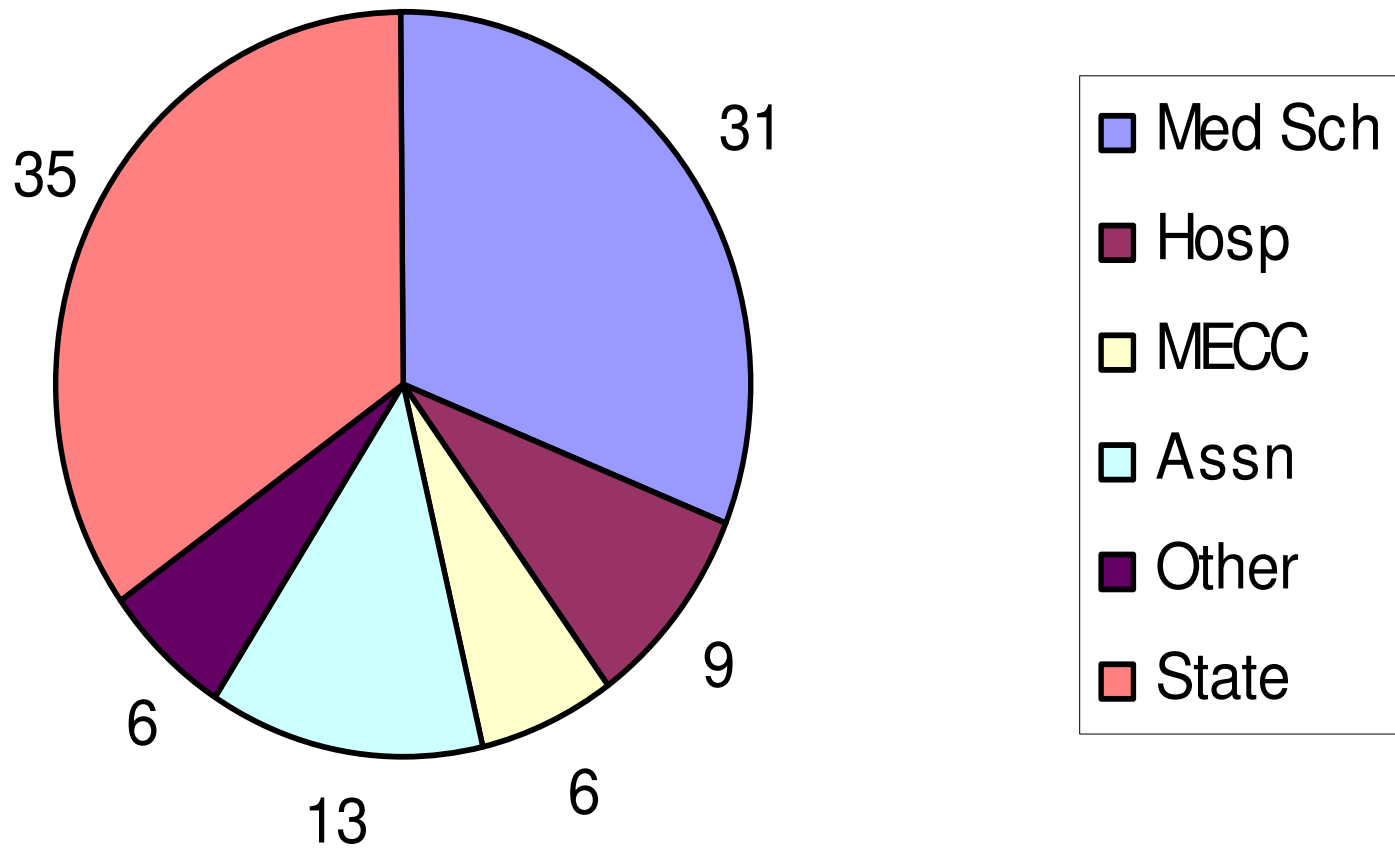
# Relative Educational Value of CME Support – What Is Serves Patients Best?



# Proportion of Total Commercial Support Granted in 2006



# Proportion Hours of Instruction in 2006



# Industry Perspective on Future Support Options

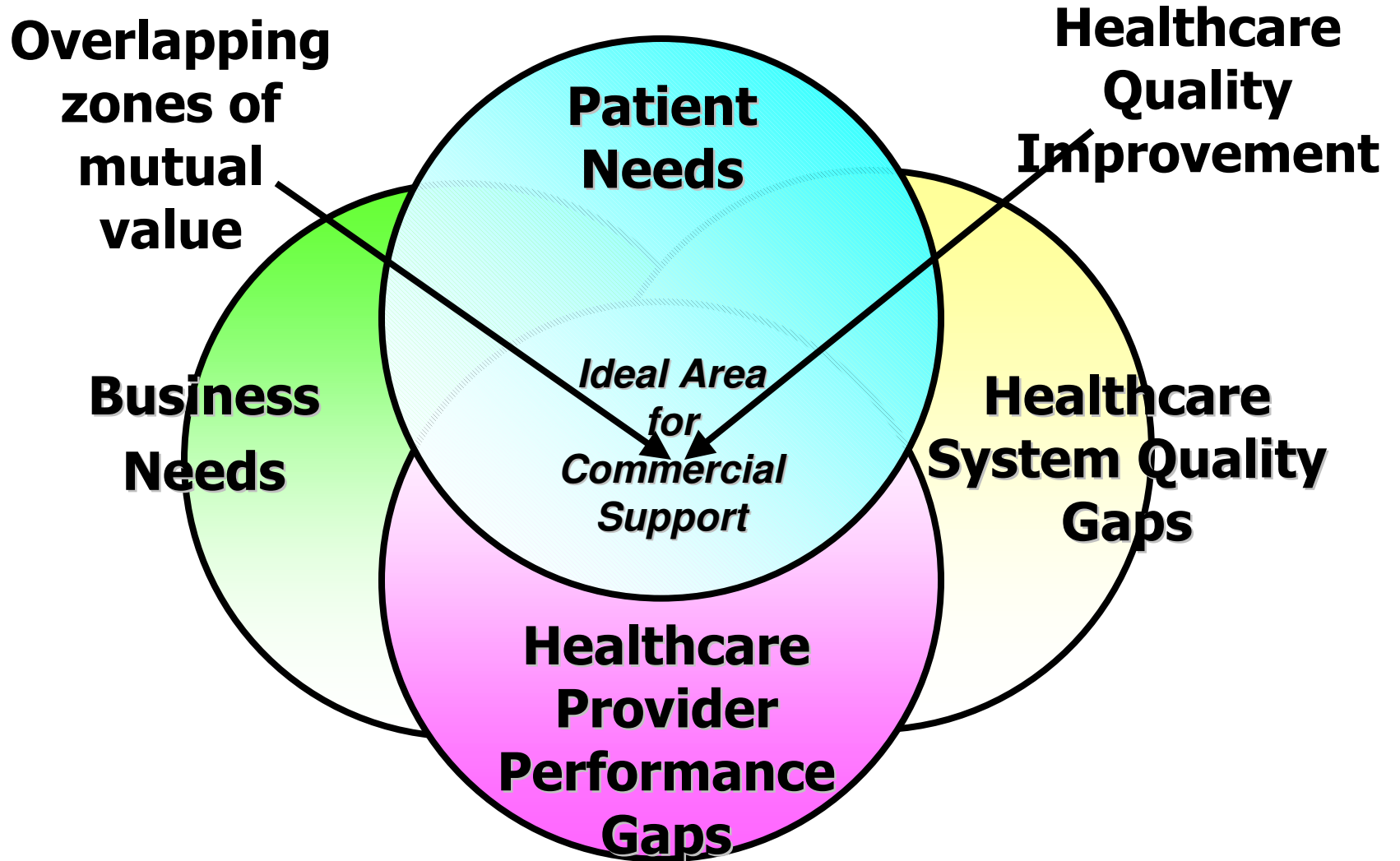
Option	Pro	Con
<p><b>Maintain</b> Continue current approach</p>	<ol style="list-style-type: none"> <li>1. Less disruptive to CME providers</li> <li>2. More familiar to industry</li> </ol>	<ol style="list-style-type: none"> <li>1. ACCME standards of accreditation currently not rigorous enough on organizational conflict of interest.</li> <li>2. Change is too slow for environment</li> <li>3. Industry criticism remains</li> <li>4. Low educational effectiveness</li> <li>5. Company compliance risk is highest</li> </ol>
<p><b>Eliminate</b> Stop industry funding completely</p>	<ol style="list-style-type: none"> <li>1. Reduces perceptions of bias</li> <li>2. Helps alleviate budget pressures on industry</li> </ol>	<ol style="list-style-type: none"> <li>1. No ability to support credible independent education that accelerates evidence based innovation adoption</li> <li>2. Removes a resource to help close healthcare quality gaps</li> <li>3. Current CME system dependency – phase out over 5 years if chosen</li> <li>4. Does not manage the majority of real conflict of interest in CME</li> </ol>
<p><b>Transform</b> Dramatically increase provider eligibility requirements relative to conflict of interest requirements</p> <p>Increase funding for Performance Improvement CME while reducing funding dramatically for single non-interactive methods</p>	<ol style="list-style-type: none"> <li>1. Better educational effectiveness based on the evidence of what works</li> <li>2. Increases collaboration</li> <li>3. Encourages innovation</li> <li>4. Improves compliance significantly</li> <li>5. Supports direction of organized medicine (AMA/ACP/AAFP/et al PBLI model)</li> <li>6. Enhances credibility with organized medicine</li> </ol>	<ol style="list-style-type: none"> <li>1. Colleagues will need to understand value of new approach and must have communication tools to handle any push-back.</li> <li>2. Current CME system dependency on traditional update CME funding model</li> <li>3. Internal and external pressure to still invest in some ineffective CME</li> </ol>

# Model for Commercial Support Planning Current Grant Quality



\* Model based on ACCME accreditation process, Roger's work on Diffusion of Innovations and the current literature on medical education effectiveness

# A Convergence of Interests Model for Commercial Support



## 2009 Observations

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- n Grant requests continue to be poor quality on average although modest improvement is apparent
- n Institute of Medicine report on Conflict of Interest
- n Moore, DE; Green, JS; Gallis, HA; Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. *J of Cont Ed Health Professions*, 29(1):1-15, 2009.

# Focused Call To Action Recommendations

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1. PI-CME Support – industry needs to transform perspective from traditional “one and done” support of meetings and events to recognizing its support role in quality improvement initiatives to improve patient care within the context of health care systems

But.... a new construct for commercial support that reflects current recommendations on educational quality can not rely stable or consistent commercial supporter understanding to achieve this change but must recognize the mutually aligned interests of commercial supporters with patients, providers, and health systems.

# Focused Call To Action Recommendations

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2. Research - Industry should support and contribute to the research and intellectual framework of effective CPD
3. Explore new mechanisms to award grants that encourage PI-CME approaches to include an expansion of the block grant model of funding (Example: Independent grant review and selection committees to award block grants)

# Dialogue