Recommendations on the Role of the Pharmaceutical Industry in Continuing Medical Education (CME)

By: Wendy Heckelman, Ph.D.

Dr. Wendy Heckelman, President and Founder of WLH Consulting, Inc. has over 20 years of experience working with Fortune 100 clients. Wendy guides senior leaders through complex and large-scale projects related to strategic planning and execution. Her expertise centers on helping leaders refine and focus their strategies to maximize internal core capabilities, while also addressing marketplace challenges.
Recommendations on the Role of the Pharmaceutical Industry in Continuing Medical Education (CME)

Overview

Recent public opinion polls have shown that the pharmaceutical industry's image is tarnished, making it an easy target for politicians and restrictive legislation. One issue in the forefront of these attacks has been the pharmaceutical industry's financial support of Continuing Medical Education (CME). The main criticism of this support is the perceived “inherent biases” it creates in physician education. This combination of negative publicity and growing regulatory restrictions makes it difficult for pharmaceutical industry directors of medical education to convince internal critics of the value of medical education support.

In spite of these obstacles, leading CME experts believe that the pharmaceutical industry could play a valuable role in future CME provision. Nineteen CME experts were interviewed, including industry leaders from Academic Medical Institutions, national and state-level societies, professional associations, and for-profit medical education companies. This article addresses their vision of what future industry involvement in CME should look like and provides suggestions to demonstrate the value of its support and prevent further restrictions on industry involvement.

The Current Role of the Pharmaceutical Industry

High quality continuing medical education (CME) provides value by supporting healthcare providers’ licensure maintenance, translating knowledge into practice, and/or keeping up-to-date on new requirements, treatments, and procedures in their field. To briefly summarize the debate over pharmaceutical industry funding of CME, critics fear this funding will result in business needs driving education provision. That is, even if guidelines regarding CME content and delivery are followed, [e.g., publications by Pharmaceutical Research and Manufacturers Association (PhRMA) and the Accreditation Council for Continuing Medical Education (ACCME)], industry funding will influence CME content or delivery. Groups that have challenged or drafted restrictions on pharmaceutical support for CME include government regulatory bodies, academic institutions and organizations, industry watchdogs, and physicians’ societies.

1 See Appendix A for list of CME experts.
2 Dr. Van Harrison, University of Michigan.
4 Code on Interactions with Healthcare Professionals, PhRMA. http://www.phrma.org/files/PhRMA%20Marketing%20Code%20202008.pdf
5 ACCME Standards for Commercial Support, ACCME. http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf

WLH consulting
www.wlhconsulting.com 954-385-0770

Excellence Through Change
Proponents of industry funding argue that the ACCME Standards and PhRMA guidelines are sufficient to prevent CME content or delivery bias (cf., the 2008 ACCME-sponsored study that failed to find evidence of this bias⁷). Proponents also cite negative consequences for removing this funding, as estimated by the Society for Academic Continuing Medical Education (SACME) 2006 Survey. SACME reported that a loss of commercial support would result in a 23% decrease in academic CME course offerings⁸. Public response to the 2008 ACCME poll on eliminating commercial support for CME is also support for their position, as 93% of respondents disagreed with the proposal to eliminate commercial support⁹.

The pharmaceutical industry provides funding support of CME for two main reasons. First, companies receive public recognition and advertising for supporting educational programs that benefit healthcare providers and patients. Second, it is part of the industry's mission to provide educational programs to healthcare practitioners on delivery and treatment options in therapeutic areas where they have products and services. However, with external regulatory restrictions on the rise (i.e., allowable involvement and interactions with CME providers) and the current economic environment, Medical Education departments face an uphill battle convincing their colleagues about the value of providing CME funding.

**Expert Recommendations**

According to CME experts, the pharmaceutical industry's support provides significant value to both CME providers and recipients¹⁰. To continue providing this value, the Pharmaceutical industry needs to combat the external perception that business needs are driving pharmaceutical CME funding decisions. The experts suggest three main courses of action. First, work to improve CME provision by supporting only compliant CME and promoting ACCME standards. Second, play a collaborative role to improve the quality and outcomes of education programs. Third, find the overlap between the unmet educational needs of healthcare providers and the pharmaceutical industry's business needs. By providing support for CME in areas of convergence between their goals (e.g., addressing gaps in clinical performance, improving population health, and overcoming local barriers to adoption), the outcomes can be beneficial to both and demonstrates the value of pharmaceutical industry support for CME.

**See Table I**

⁷ R.M. Cervero & J. He. The Relationship between Commercial Support and Bias in Continuing Medical Education Activities: A Review of the Literature. Accreditation Council on Continuing Medical Education, June 2008. [http://www.accme.org/dir_docs/doc_upload/aae6ecc3-ae64-40c0-99c6-4c4c03b23ec_uploaddocument.pdf](http://www.accme.org/dir_docs/doc_upload/aae6ecc3-ae64-40c0-99c6-4c4c03b23ec_uploaddocument.pdf)


⁹ Responses to the Summer 2008 Calls-For-Comment. [http://accme.org/index.cfm/fa/news.detail/news_id/03a0d60f-92aa-4051-ac1a-0513429f2f5a.cfm](http://accme.org/index.cfm/fa/news.detail/news_id/03a0d60f-92aa-4051-ac1a-0513429f2f5a.cfm)

¹⁰ Jack Kues, University of Cincinnati.
Recommendations on the Role of the Pharmaceutical Industry in Continuing Medical Education (CME)

**TABLE 1**

<table>
<thead>
<tr>
<th>Recommendations for the pharmaceutical industry to proactively demonstrate value and prevent greater CME regulatory restrictions.</th>
<th></th>
</tr>
</thead>
</table>
| **1. Support only compliant CME and promote ACCME standards.** | • Ensure the separation of CME funding decision making from Sales and Marketing functions.  
  • Make all CME processes and decisions as transparent as possible.  
  • Support only high quality CME, as defined by predetermined “quality criteria,” including ACCME standards. |
| **2. Play a collaborative role in enabling CME provision.** | • Provide resources dedicated for the betterment of patient care in a fair and compliant fashion.  
  • Spearhead new quality of medical learning initiatives.  
  • Collaborate with education providers and institutions to achieve common goals, e.g., developing high quality education outcomes, and closing identified knowledge gaps. |
| **3. Find the overlap between the unmet educational needs of healthcare providers and the pharmaceutical industry’s business needs.** | • Fund educational initiatives that span across brands to therapeutic area/disease prevention (e.g., clinical practice guidelines and patient adherence).  
  • Engage in early commercial planning (e.g., provide funding for emerging treatments and technology).  
  • Support “Clinical Challenge” issues affecting the provision of healthcare (e.g., senior care and quality improvement initiatives).  
  • Encourage community programs (e.g., support local and regional programs that address specific barriers to adoption). |
Recommendation #1: Support only compliant CME and promote ACCME standards.

CME experts emphasize the importance of total compliance with ACCME Standards and PhRMA Codes to allow the pharmaceutical industry to combat perceptions of undue commercial interest in medical education activities. In response to these guidelines, most companies have already taken steps to ensure that CME funding decision-making is completely separated from Sales and Marketing functions\(^\text{11}\). However, the experts also recommended companies publicize these efforts and be “more vigilant about transparency”\(^\text{12}\) due to, “the public perception [of] a lack of separation between Marketing and CME”\(^\text{13}\). Therefore, an important related step is making all CME processes and decisions as transparent as possible. Examples of the recommended level of transparency include the recent moves by Pfizer and Eli Lilly to publically disclose all grants for medical education.

Support for compliant CME helps counter criticisms of pharmaceutical industry funding for CME by demonstrating the value of industry involvement. When industry funding and resources are used to support only high quality CME, as defined by predetermined “quality criteria,” including ACCME standards, this funding can be a force for quality improvement\(^\text{14}\).

Recommendation #2: Play a collaborative role to improve quality CME offerings.

All of the experts mentioned that compliance is a minimum standard. To further demonstrate the importance and value of industry involvement in CME, experts recommend dedicating resources to bettering patient care and spearheading new quality of medical learning initiatives\(^\text{15}\). For example, pharmaceutical support could assist CME providers’ response to healthcare system changes and industry trends\(^\text{16}\), such as adapting CME delivery to incorporate evidence-based medicine standards, new technological opportunities, and ACCME accreditation requirements.

Companies can also help the industry move from traditional CME, with a focus on large dinner meetings and high attendance, to professional development initiatives, which focus on demonstrated impact on treatment practices and patient health. Through higher standards for medical education grants and collaboration with education providers and institutions, pharmaceutical companies can encourage the development, sharing, and common usage of education program outcomes that demonstrate performance and patient health changes.

\(^{11}\) Robert Fox, EdD, University of Oklahoma.
\(^{12}\) Barbara E. Barnes, MD, University of Pittsburgh.
\(^{13}\) Dr. Deborah Hales, American Psychiatric Association.
\(^{14}\) Robert Fox, EdD, University of Oklahoma.
\(^{15}\) Nancy Bennett, PhD, Harvard Medical School.
\(^{16}\) Bob Addleton, EdD, Medical Association of Georgia.
Recommendations on the Role of the Pharmaceutical Industry in Continuing Medical Education (CME)

To further support improvements in quality of patient care, medical education experts at pharmaceutical companies can also collaborate with education providers and institutions to advance common goals, like ensuring that education programs meet identified healthcare provider or patient knowledge gaps, and help to close these gaps. These partnerships would also provide the industry with opportunities to restore trust and confidence in its practices by demonstrating a compliant beneficial role for industry in CME support.

Recommendation #3: Find the overlap between unmet educational needs of healthcare providers and the pharmaceutical industry’s business needs.

To find the overlap between unmet medical education needs and pharmaceutical industry business needs, the experts recommend that the industry shift funding decisions from a brand-driven focus to educational programs that address broader population health outcomes and work to translate knowledge into practice\(^{17}\). Specific areas recommended for this strategic shift are described below. Support in these areas may be capable of increasing the impact of pharmaceutical industry funding and decreasing the perceived risk of industry involvement in the future.

**Fund Educational Initiatives that Span Across Brands to Therapeutic Area/Disease Prevention**

“There is significant value in decoupling dollars from brands to support education across disease states.”

According to CME experts, if the pharmaceutical industry shifted their CME funding focus from brands to a focus on therapeutic areas and disease prevention, they could help healthcare providers better diagnose and treat patients from a holistic perspective, (e.g., helping them treat patients who present multiple symptoms and illnesses at once)\(^{18}\). This focus also helps enable the shift from a healthcare system with an emphasis on critical care to one centered on managing and preventing chronic diseases. The advantage to the pharmaceutical industry is that these programs also address issues such as clinical practice guidelines and patient adherence, which invariably impact drug therapy choice and compliance. The “win/win” results in better health outcomes from greater and more consistent product usage.

**Engage in Early Commercial Planning**

The pharmaceutical industry should play an important role in educating healthcare practitioners on emerging treatments and technologies. Including CME as part of early commercial planning ensures that healthcare providers understand the science and technology behind innovation and allow a more rapid response to adopt such i

\(^{17}\) George Mejicano, MD, University of Wisconsin.

\(^{18}\) George Mejicano, MD, University of Wisconsin.
innovations once they become available, another “win-win” for patients and the industry. Early commercial CME also helps medical education departments demonstrate their value to internal stakeholders and secures their involvement in product lifecycle planning efforts.

**Address “Clinical Challenge” Issues**

“Clinical Challenge” issues affect the practice of healthcare, both locally and globally; they are issues of science, economics, human culture, and behavior. They include potential barriers to adopting a change and encourage treatment from a holistic perspective by addressing clinical and other socio-economic factors that are often barriers to patient compliance. Examples include education programs for all healthcare providers focused on seniors’ issues and perspectives to help them better address seniors’ healthcare needs, and education programs on screening criteria to identify undiagnosed diseases in patients. Because these programs can affect a broader healthcare provider and patient population, they are also effective methods for pharmaceutical companies to achieve greater impact from educational investments.

**Encourage Community Programs**

In addition to broader educational initiatives, the CME experts also recommend funding for education directed at the local community level. Experts noted that local peers and regional opinion leaders have a strong influence on healthcare providers, therefore, hospital grand rounds and similar types of programs can be a highly effective educational investment. Further, they can address local barriers to adoption. CME experts saw a role for the pharmaceutical industry in supporting and helping national CME providers develop local and regional programs.

**Recommendations for Implementing Educational Initiatives with a Therapeutic Area Focus**

The CME experts suggest awarding multi-year/multi-event grants to help implement many of the above recommendations. These grants support broader initiatives and audience targets and enable multiple touches, which mean they are more likely to result in population-level health improvements, behavior change, and greater/more consistent product usage.

---

19 R. Van Harrison, PhD, University of Michigan; Dave Davis, MD, University of Toronto.
20 Barbara E. Barnes, MD, University of Pittsburgh.
21 George Mejicano, MD, University of Wisconsin.
22 R. Van Harrison, PhD, University of Michigan.
23 Barbara E. Barnes, MD, University of Pittsburgh.
24 George Mejicano, MD, University of Wisconsin.
Recommendations on the Role of the Pharmaceutical Industry in Continuing Medical Education (CME)

These grants enable more effective CME because there is an opportunity to link events. Information gathered from previous sessions can be used to identify and address remaining knowledge gaps. Multiple events are also more likely to result in behavioral change due to the reinforcement they make possible. The events will also support efforts to conduct more thorough needs assessments and develop better outcome measures as these efforts require multiple touches.

Conclusion

CME experts provided recommendations for the future role of the pharmaceutical industry in CME. This effort should begin with the pharmaceutical industry working to improve the provision of CME by supporting only compliant CME and promoting ACCME standards. To prevent further restrictions on their involvement in CME, however, the industry needs to proactively demonstrate its value and decrease perceived risks. It can do so by collaborating with education providers and institutions to improve the quality of medical education programs and outcomes, and by finding the overlap between unmet educational needs of healthcare providers and the pharmaceutical industry’s business needs.

Specific recommendations include supporting the development and provision of quality medical education programs with broader initiatives and more local programs and the development and use of high quality outcomes measures. High quality outcomes measures, like population health improvement or improved patient adherence, not only benefit patients, they also provide justification for Medical Education funding budgets within pharmaceutical companies, and they demonstrate a beneficial compliant role that the pharmaceutical industry can play in the provision of continuing medical education and development.

\(^{25}\) Ibid.
Recommendations on the Role of the Pharmaceutical Industry in Continuing Medical Education (CME)

REFERENCES

http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf

12/11/06  www.hospitalconnect.com  www.ahanews.com


Bernstein, J. Steven, MD; Green, A. Lee, Harrison, R. Van, PhD; MD; Standiford J. Connie, MD. “Journal of Continuing Education in the Health Professions” Integrating Education into Primary Care Quality and Cost Improvement at an Academic Medical Center. Copyright 2006.


Emanuel, J. Ezekiel, MD, PhD. Changed Pre-med Requirements and the Medical Curriculum, September 6, 2006. American Medical Association, Copyright 2006.

Davis, Dave, MD; Barnes, E. Barbara, MD; Fox, Robert, EdD. “The Continuing Professional Development of Physicians” Copyright 2003


Gallis, A. Harry, M.D.; Green, S. Joseph, PH.D. 32nd Annual Conference of the Alliance for Continuing Medical Education.


Lamar Soutter Library. http://library.umassed.edu


### Recommendations on the Role of the Pharmaceutical Industry in Continuing Medical Education (CME)

**Table 1**

**Recommendations for the pharmaceutical industry to proactively demonstrate value and prevent greater CME regulatory restrictions.**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| **4. Support only compliant CME and promote ACCME standards.** | • Ensure the separation of CME funding decision making from Sales and Marketing functions.  
• Make all CME processes and decisions as transparent as possible.  
• Support only high quality CME, as defined by predetermined "quality criteria," including ACCME standards. |
| **5. Play a collaborative role in enabling CME provision.** | • Provide resources dedicated for the betterment of patient care in a fair and compliant fashion.  
• Spearhead new quality of medical learning initiatives.  
• Collaborate with education providers and institutions to achieve common goals, e.g., developing high quality education outcomes, and closing identified knowledge gaps. |
| **6. Find the overlap between the unmet educational needs of healthcare providers and the pharmaceutical industry’s business needs.** | • Fund educational initiatives that span across brands to therapeutic area/disease prevention (e.g., clinical practice guidelines and patient adherence).  
• Engage in early commercial planning (e.g., provide funding for emerging treatments and technology).  
• Support “Clinical Challenge” issues affecting the provision of healthcare (e.g., senior care and quality improvement initiatives).  
• Encourage community programs (e.g., support local and regional programs that address specific barriers to adoption). |
Recommendations on the Role of the Pharmaceutical Industry in Continuing Medical Education (CME)

APPENDIX A

CME Experts

Global CME Opinion Leaders
- Dave Davis, MD, American Association of Medical Colleges
- Robert Fox, EdD, University of Oklahoma
- Joseph S. Green, PhD, American College of Cardiology
- Paul Mazmanian, PhD, University of Virginia, Editor, JCEHP

State Medical Societies
- Shelly Rodrigues, CAFP
- Cynthia Kear, CAFP
- Bob Addleton, EdD, Medical Association of Georgia

For Profit Medical Education Company
- Kathryn Case, Columbia Medco

AMC Based Opinion Leaders
- Barbara E. Barnes, MD, Univ. of Pittsburgh
- Nancy Bennett, PhD, Harvard Med. School
- Jack Kues, PhD, University of Cincinnati
- George Mejicano, MD, Univ. of Wisconsin
- R. Van Harrison, PhD, Univ. of Michigan

National Medical Professional Assoc.
- Alejandro Aparicio, M.D., F.A.C.P.
- Bruce Bellande, PhD, ACME
- Deborah Hales, MD, APA
- Marcia Jackson, PhD, American College of Cardiology
- Norm Kahn, MD, AAFP
- Nancy Davis, MD, American Association of Family Practitioners
Founded in 1992 by Wendy L. Heckelman, Ph.D., WLH Consulting, Inc. has a proven track record in offering successful, customized consulting services and state-of-the-art programs for large, multinational organizations, growing mid-size enterprises, and non-profit organizations. Practice area expertise includes strategy development and execution, business performance improvement and human capital strategy.

WLH consultants meet clients where they are. We do not impose our processes on clients, we propose cutting-edge strategic alternatives and share best practices. Whether we are implementing a local initiative or managing a global, enterprise-wide change effort, the WLH approach remains flexible, focused, and results-oriented.

www.wlhconsulting.com