

A New Formula for CME

Continuing Medical Education is evolving at a rapid pace these days with a new mix of learning objectives, evidence-based guidelines, content areas, multimedia modalities, performance-based criteria, and sponsors. PM360 asked several industry experts their thoughts on the best practices in CME today, the role of commercial support, and any overlapping interests of physicians, patients, and pharmaceutical companies.

The opinions expressed by the authors in the Think Tank section are their own and do not necessarily reflect those of their affiliated company or organization.

A New Formula for CME Expert Insight into the Best Practices in CME Today



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Until recently, Category I CME credit was limited to meetings, publications, or other media produced by an Accredited Provider who conducted surveys or performed literature analyses to determine the educational needs of a group of physicians. The Provider-to-physician approach produced high-quality, innovative programs, but their needs analysis necessarily reflected documented information needs from the past. Learner-initiated CME, such as the recently approved Internet Point of Care CME, reflects physicians' real-time needs for information and learning.

Physicians have questions at the rate of about one for every other patient seen. About 40% of those questions require some online research. Physicians who use online resources approved by a Provider and who document their experience properly can earn one-half credit for each completed search. The physician conducts, in effect, a "needs analysis for one," since she or he needs the information to make a clinical judgment. As a side benefit, the Provider is able to aggregate hundreds or thousands of these clinical questions to provide a real-time needs analysis of the doctors in the given specialty.

Pharmaceutical companies can participate in learner-initiated programs by funding research collections in areas of therapeutic or specialty interest. Such collections typically include thousands of scientific articles, are updated frequently, and provide a valuable professional service to physicians.

About the "CCMEP" designation, it stands for Certified CME Professional and is awarded by the nonprofit National Commission for Certification of CME Professionals. Those who use the CCMEP have demonstrated their competence through experience, through continuing education activities, and by passing a peer-developed examination. Some pharmaceutical companies have had their entire CME staff earn the credential, as have some medical education companies.

(Full disclosure: Laird Kelly is a board member and treasurer of NC-CME. Both are volunteer positions.)



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As a minimum standard, all CME must be designed, funded, and delivered in a compliant fashion, e.g., based on ACCME standards. Many providers and supporters of CME have already taken this reactive stance. However, pharmaceutical companies need to take a proactive role in driving education reform forward to demonstrate the value of industry support for CME. This includes providing funding for innovative programs that focus on quality and practice improvement, produce outcomes which demonstrate performance and patient health changes, and support local community education. They should play a collaborative role to enable the production of programs that support broader initiatives, have multiple touches, and reach wider audience targets.

Pharmaceutical companies that are already doing so should continue to fund innovative educational programs in a compliant fashion. They should help the industry move from traditional CME to professional development initiatives with demonstrated impact on treatment practices and patient health. Companies can also partner 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 have the added benefit of restoring trust and confidence in their practices.

Commercially supported CME should also address the convergence between the unmet educational needs of healthcare providers and the pharmaceutical industry's business needs. Education programs that address this convergence include those targeted at broader population health outcomes and at translating knowledge into practice. These programs provide value to Pharma because any innovative educational program that can demonstrate improved medical treatment or outcomes for patients would fit the mission statement of every major pharmaceutical company. Education programs on emerging scientific trends or treatments are also of interest to pharmaceutical companies because they help healthcare providers understand the science and technology behind innovations and more rapidly adopt them once they become available.

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