



PARTNERSHIP. PERFORMANCE. IMPROVEMENT.

# CME Funding 2.0

## Evolution of Funding Models



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## Disclosure

- No Direct Commercial Conflicts
- President, Global Education Group
- President, NAAMECC
- Principal, AOE Consulting
- Views shared are personal and not organizational



# Agenda

- Funding Related CME Myths
- Case Examples – Funding Options
- Lessons Learned
- Projections
- Q & A



# Top 5 CME Funding Myths

## 1. There is “Free” CME

Funders

Regulators/  
Accreditors

Providers

Faculty

Learners

Patients

\*Chart: Courtesy of AOE Consulting Pharmaceutical CME Compliance, CCMEP Training Guide, 2009



# Top 5 CME Funding Myths

## 2. Doctors Are Lawyers

Item	Lawyers	Doctors
Work	For People	<i>On</i> People
Mistakes Lead to	Appeals	Death
Change is	Evolutionary <i>stare decisis</i>	Revolutionary medical breakthroughs
Most CE	Mandatory	Voluntary
Rules of Practice	Well Defined “In the books”	Combination of SOP, Evolution of Art in Practice
Decisions in Hands of	Judge, Jury	Physician



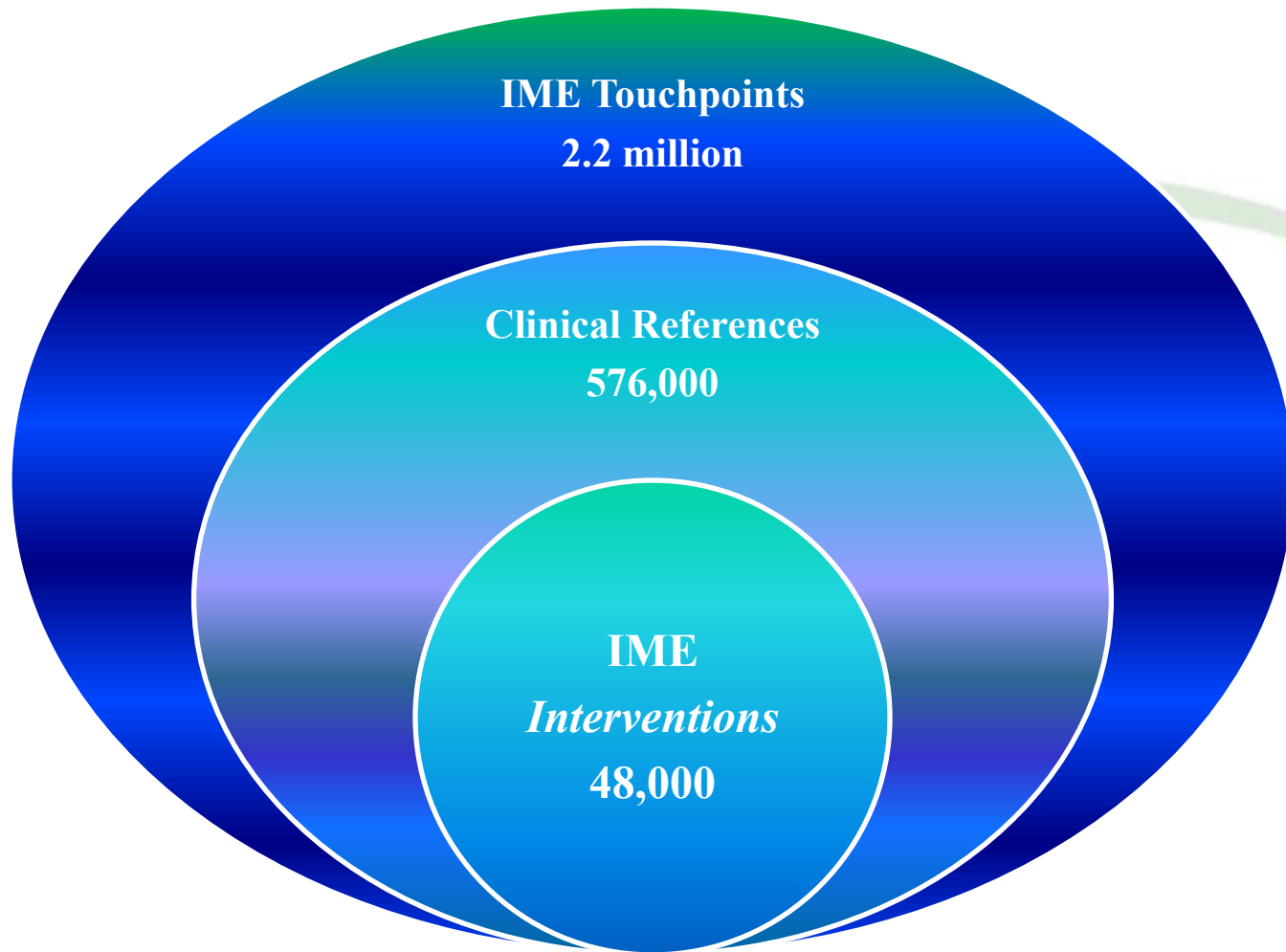
# Top 5 CME Funding Myths

## 3. Commercial Support is Evil

- Necessary: Pill is Poison
- Ethical
- Topic Bias is an Invention
- Right to Fund
- Responsibility to Fund
- Funding Pride, Not Shame: Tie Funding to Compliance and Show Results



## Impact of CME: Compliance and Outcomes





# Top 5 CME Funding Myths

## 4. Congress Hates CME Funding

- Live by Own Example
- Regulatory Mindset: Root out Bad Actors
- Some Bad Examples
- Treasury Has No Spare Change
- Comments on Recent Hearing
- Transparency
- Trust in System



# Top 5 CME Funding Myths

## 5. Funding Should Not Serve A Business Goal

### All Funding Has Business Goal

- DOD: First Responders – Improve Results, Image
- Diageo: SBI – PR, Shareholder Value
- McDonalds: Diabetes – PR, Sales
- State Health Foundation: Cardio – Lower Costs
- Hospital Consortium: Obesity – Treatment, PR
- Nutraceuticals: Nutrition, Diet – Health, Sales
- Registration-Based: Gout – Business Value to MDs



## Lessons Learned: DOD, States

- Partners
- Payment
- Reporting
- Tracking
- Patient Outcomes



## Lessons Learned: Retail Funders

- Time Investment
- Upfront Financial Investment
- Education of CME process, rules
- Involvement in Education
- Results for Shareholders



# Lessons Learned: Hospitals

- Time
- Decisions and Decision Makers
- Data Locations and Approvals
- Project Management



## Lessons Learned: Registration-Based

- Format Considerations: Highly Interactive
- Audience and Market Analysis
- Overall Experience
- Faculty Education
- Destination



# The Current Funding Environment

- Despite declines, providers slow to change
  - 9 of every 10 nationally accredited providers receive 40% or more of their revenue from commercial sources<sup>1</sup>

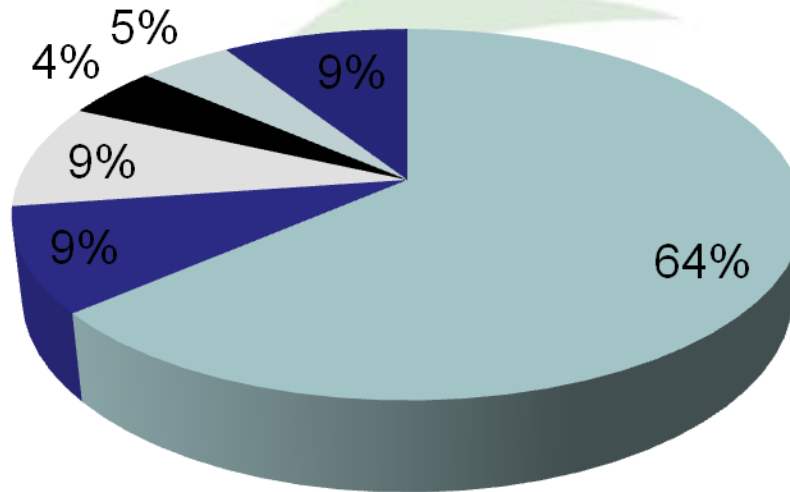
<sup>1</sup>Mazmanean. *JCEHP*. 2008.



## Projections for CME Funding: 2011

### Possible Actual Funding

- Pharma
- Fed Govt
- States
- Retail
- Foundations
- Reg-Based



# Thank You!

## Q&A