



Postgraduate Institute
for Medicine
Professional Excellence in Medical Education



The Forecast for Educational Grants: Sunny Skies or Stormy Weather?

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Disclosures

- No direct commercial conflicts
- President, PIM and President, Global Education
- NAAMECC volunteer roles

Agenda

- Regulatory climate: how we got here
- CME grants: today's weather front
- Grant forecast
 - ◆ Key CME issues working group discussions
 - ◆ U.S. Senate meetings

Past Weather and Current Outlook

- CME industry under scrutiny
 - ◆ Perceived bias, media attention
- Shrinking budgets
- Demand to demonstrate effectiveness of CME
- Increased complexity of developing and providing CME
 - ◆ The need for increased professional competence in designing educational strategies that focus on the physician learner
- Government seeking improved oversight and monitoring of CME
- Pressure to end industry funding of CME

AMA CEJA Report

“Individual physicians and institutions of medicine, such as medical schools, teaching hospitals, and professional organizations (including state and medical specialty societies) must not accept industry funding to support professional education activities.”

ACCME Call for Comment

“Due consideration should be given to the elimination of commercial support.”

Emotional Debate

- Journal articles
- Websites
- Macy Foundation Report
- AMA CEJA proposal
- ACCME call for comment

Emotional Debate (cont'd)

- Based on significant misunderstanding
- Certified CME vs. other Pharma funded initiatives
- Business Week
- Rational and emotional reactions

Business Week – July 31



Is this the Future?

“Manufacturers should not be permitted to provide support directly or indirectly... to any ACCME-accredited program. Manufacturers wishing to support education... should contribute to a central repository...”

How Did this Happen?

- Healthcare costs
- Media scrutiny
- Public perception
- Perceived bias in CME
- Undue influence
 - ◆ Parke-Davis and Neurontin, Serono and Serostim
- Government and other outside groups continue to force change on the industry

Response to Emotions

- Media attention
- Focus on “Bad Actors”
- More emotion/misunderstanding
- Evidence based responses
- Policy and procedure changes
- Government attention

The Current Funding Environment

- In 2006, commercial sources provided over \$1 billion for education through organizations accredited by the ACCME
 - ◆ 50% of the total \$2.38 billion spent
 - ◆ 7.6% increase relative to 2005¹
- 9 of every 10 nationally accredited providers receive 40% or more of their revenue from commercial sources²

¹Accreditation Council for Continuing Medical Education (ACCME) Report 2006.

²Mazmanean. *JCEHP*. 2003.

Concerns about Commercial Support

- Can industry-supported CME activities be balanced and unbiased?
- Does industry support drive the overall agenda for CME?
- Do CME providers and learners have the capability to manage and identify commercial bias?
- Does industry support for CME erode public trust?

The Response

■ Position papers

- ◆ Macy Foundation Report
- ◆ AAMC Task Force on Industry Funding of Medical Education
- ◆ AMA Ethical Opinion proposal

■ Regulatory responses

- ◆ Senate Finance Committee
- ◆ Senate Special Committee on Aging
- ◆ ACCME Call for Comment and Policy Changes

The Response (cont'd)

- ACCME position
 - ◆ Response to Senate Finance Committee
 - ◆ “Bridge to Quality”
 - ◆ Implementing new Criteria
 - ◆ Call for Comment – “New Paradigm”

- Academic Medical Centers
 - ◆ Policies on institutional conflicts of interest

Evidence Based Responses

- Macy Foundation
 - “ . . . neither the conference, its observations, its assumptions, its conclusions, nor its recommendations seem to be based on the facts...”
 - ◆ ACCME, ACPE, ANCC Executives

- AMA CEJA proposal
 - ◆ 40 Groups opposed, 2 supported
 - ◆ Confusion of certified CME

- ACCME literature survey

State Government Attention

- State payments to physician laws
 - ◆ Vermont
 - ◆ West Virginia
 - ◆ Nevada
 - ◆ Massachusetts
- PhRMA update – codified?

Federal Government Attention

- U.S. Senate Finance Committee
- Senator Grassley inquiries
- Senator Kohl inquiries

Government Update

- July 29 U.S. Senate meetings
 - ◆ CME funding not core issue
 - ◆ No organization is a “Safe Harbor”
 - Quality, not organization type defines safe harbor
 - ◆ Dealing with “Bad Actors”
 - ◆ Regulatory solution sought
 - ◆ ACCME regulatory role?
 - ◆ “We don’t want to break any china here”

Challenges to CME Providers

- Producing quality, unbiased, scientifically rigorous education
- Complying with standards and guidelines
- Funding CME with decreasing dollars
- Managing faculty and institutional conflicts of interest
- Appropriately using resources and people
- Managing change

Challenges for Pharma

- Selecting CME providers
- Ensuring quality, evidence based, objective activities within compliance parameters
- Extending the activity to the broadest reach of targeted HCPs
- Working within the established budget
- Enabling and demonstrating a positive impact on the learner

ARS Question 1

- The current regulatory environment has little to do with the quality of CME grants:
 1. True
 2. False

What Happens When You Use Google Image Search For “Grant Quality?”

grant quality - Google Image Search - Mozilla Firefox

File Edit View History Bookmarks Tools Help

http://images.google.com/images?hl=en&q=grant+quality&btnG=Search+Images&gbv=2

Google

Web Images Maps News Shopping Gmail more

meducate@gmail.com | Web History | My Account | Sign out

Google

grant quality

Search Images Search the Web Advanced Image Search Preferences

Moderate SafeSearch is on

Images Showing: All image sizes

Results 1 - 18 of about 2,960,000 for [grant quality](#). (0.40 seconds)

... and Anne Grant, **quality** manager, ...
263 x 350 - 19k - jpg
www.newsandtech.com

Also with Hugh Grant. **Quality**
280 x 280 - 19k - jpg
totallymedicinal.wordpress.com

Also with Hugh Grant. **Quality**.
280 x 280 - 14k - jpg
totallymedicinal.files.wordpress.com

Grant's Home Page
900 x 1200 - 636k - jpg
www.leg.wa.gov

10 years experience **grant quality**
190 x 249 - 11k - jpg
lav.proz.com

Grant milking **Quality**-Ridge Spire
...
430 x 325 - 63k - jpg
www.stoneridgedairy.com

... Grant's legendary **quality** and ...
472 x 400 - 38k - jpg
www.grant.co.uk

The Grant QBD/QBH series is a ...
733 x 488 - 190k - jpg
www.grant.co.uk
[More from www.grant.co.uk]

... certificates that **grant quality**.
220 x 146 - 32k - jpg
www.iberiamaintenance.com

Purpose of the Teacher **Quality Grant**
...
735 x 590 - 41k - gif
blue.utb.edu

... mitigation Air **Quality grant**) ...
800 x 600 - 101k - jpg
eroundlake.com

Grant Mini-Met Weather Station ...
370 x 877 - 45k
www.bis.fm

Done

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The Quality of a Grant is Only as Good as its Author

- Education providers should be comfortable with the components of a grant
 - ◆ Needs assessment
 - ◆ Objectives
 - ◆ Methodology
 - ◆ Rationale
 - ◆ Timing/approach
 - ◆ Outcomes and analysis
 - ◆ Budget

You Tell Us ...

What Comprises a Needs Assessment?

- Ongoing
- Dynamic
- Comprehensive
- Partially shared?
- Make a list...

The Needs Assessment

- Must go far beyond literature review
 - ◆ Evidence of a gap between physician performance and optimum practice
- Validation of educational methodology
 - ◆ Assess learning preferences
 - ◆ Rationale for recommendation of tactic(s)
- Look for geographic needs and variations

The Components

■ Evidence

- ◆ Literature review and analysis
- ◆ Feedback from faculty and physician participants
- ◆ References to standards in the field
- ◆ US government information sources
- ◆ Risk management data from insurance companies or health maintenance organizations
- ◆ Epidemiologic data and public health statistics
- ◆ Professional society treatment guidelines
- ◆ State or Federal mandated laws
- ◆ Quality assurance activities

■ Preferences

- ◆ Media
- ◆ Modalities

What Should a Needs Assessment Contain?

- Educational gaps
- Disparities
- Learning style preferences
- Where the learners are or where they go for education
- Geographic variations
- Clinical and non-clinical information
- Are other activities working?
 - ◆ Why or why not?
- Who should/should not teach
- Who needs to learn and how
- When should the activity take place

Theoretically, Grant Requests Shouldn't have Changed all that Much

- Grants should be based on good educational principles



ARS Question 2

- You have to say “Adult Learning Principles” in a grant to acknowledge their presence:
 1. True
 2. False

Teacher, Teach Thyself

The screenshot shows a Mozilla Firefox browser window. The address bar contains the URL: <http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/adults-2.htm>. The browser's search bar contains the text "adult learning principles".

The main content of the page is as follows:

PRINCIPLES OF ADULT LEARNING

By Stephen Lieb
Senior Technical Writer and Planner, Arizona Department of Health Services
and part-time Instructor, South Mountain Community College
from VISION, Fall 1991

Adults As Learners

Part of being an effective instructor involves understanding how adults learn best. Compared to children and teens, adults have special needs and requirements as learners. Despite the apparent truth, adult learning is a relatively new area of study. The field of adult learning was pioneered by Malcom Knowles. He identified the following characteristics of adult learners:

- Adults are *autonomous* and *self-directed*. They need to be free to direct themselves. Their teachers must actively involve adult participants in the learning process and serve as facilitators for them. Specifically, they must get participants' perspectives about what topics to cover and let them work on projects that reflect their interests. They should allow the participants to assume responsibility for presentations and group leadership. They have to be sure to act as facilitators, guiding participants to their own knowledge rather than supplying them with facts. Finally, they must show participants how the class will help them reach their goals (e.g., via a personal goals sheet).
- Adults have accumulated a foundation of *life experiences* and *knowledge* that may include work-related activities, family responsibilities, and previous education. They need to connect learning to this knowledge/experience base. To help them do so, they should draw out participants' experience and knowledge which is relevant to the topic. They must relate theories and concepts to the participants and recognize the value of experience in learning.
- Adults are *goal-oriented*. Upon enrolling in a course, they usually know what goal they want to attain. They, therefore, appreciate an educational program that is organized and has clearly defined elements. Instructors must show participants how this class will help them attain their goals. This classification of goals and course objectives must be done early in the course.
- Adults are *relevancy-oriented*. They must see a reason for learning something. Learning has to be applicable to their work or other responsibilities to be of value to them. Therefore, instructors must identify objectives for adult participants before the course begins. This means, also, that theories and concepts must be related to a setting familiar to participants. This need can be fulfilled by letting participants choose projects that reflect their own interests.

Done

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What Do we Mean by ALP?

- Haven't we used them all along?
- Aren't all physicians adults?
- If we weren't using ALPs with our physician learners, what were we doing?

For Instance: How Many Objectives are Enough for a 1.5 Hour eCME Course?

eMedicine CME - Objectives for Hepatitis B - Mozilla Firefox

File Edit View History Bookmarks Yahoo! Tools Help

http://cme.emedicine.com/wc.dll?cmeAddToCart~addtest~&type=ARTICLE&dir=med&topic=Hepatitis%20B

Search Web Weather The Apprentice Bookmarks Yahoo! Mail News Sign Out

Disable Cookies CSS Forms Images Information Miscellaneous Outline Resize Tools View Source Options

Hepatitis B

Objectives

After successfully completing this CME course, the participant should be able to

- discuss the pathophysiology, incidence/prevalence, and mortality/morbidity associated with the disease/disorder/condition/syndrome being reviewed, along with the race, sex, and age range of persons typically affected;
- recognize the typical clinical presentation, including common symptoms and physical examination findings;
- generate an appropriate differential diagnosis;
- choose laboratory, imaging, and diagnostic studies, tests, and procedures helpful in confirming the diagnosis and recognize associated histologic findings and staging classifications (if applicable);
- administer proper medical/surgical care and recommend appropriate consultations, diets, and activities;
- list categories of medications useful in treatment and demonstrate familiarity with dosage regimens of appropriate medications;
- provide suitable follow-up care;
- institute deterrence/prevention strategies;
- discuss potential complications and prognosis; and
- avoid medicolegal pitfalls.

Done

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ARS Question 3

- The regulatory climate surrounding CME grants is:
 1. Arctic
 2. Seasonal
 3. Tropical
 4. Saharan

The CME Regulatory Climate is Seasonal

- Changes occur periodically
- Sometimes the environment is calm, peaceful and temperate
- Other times it is frigid
- And yet other times many feel that it is too hot to handle
- And bear in mind, “we” created this climate!¹

ARS Question 4

- How long will it take to ride out the current storm?
 1. A year or two
 2. A few years
 3. This may be the end of CME as we know it
 4. As long as it takes to make the required changes

Future Outlook

- Decline in grant funding
 - ◆ ACCME data
 - ◆ Short-term
- Sophistication increases
 - ◆ Transparency
 - ◆ Design, outcomes, tracking
- Power in Partnerships

Let's Prevent CME Regulatory CLIMATE Change Through

- Consistency

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- Leadership

Let's Prevent CME Regulatory CLIMATE Change Through

- Consistency
- Leadership
- Independence

Let's Prevent CME Regulatory CLIMATE Change Through

- Consistency
- Leadership
- Independence
- Meeting Needs

Let's Prevent CME Regulatory CLIMATE Change Through

- Consistency
- Leadership
- Independence
- Meeting Needs
- Advocacy

Let's Prevent CME Regulatory CLIMATE Change Through

- Consistency
- Leadership
- Independence
- Meeting Needs
- Advocacy
- Transparency

Let's Prevent CME Regulatory CLIMATE Change Through

- Consistency
- Leadership
- Independence
- Meeting Needs
- Advocacy
- Transparency
- Education

THANK YOU!

Questions???