



# **FINDING SOLID GROUND IN CME: ARE COLLABORATIONS ONE SOLUTION**

**Jann T. Balmer PhD RN, FACME  
President, Alliance for CME**

# DISCLOSURES

- I have no financial affiliations that affect the presentation of this content
- I have no interest in promotional products or services
- I do serve in advisory capacity to
  - Elsevier CME Office
  - American Otological Society
  - American Neurotology Society
  - Celgene CME Advisory Board



# CHALLENGES IN THE CURRENT CME ENVIRONMENT

- Continued scrutiny from the public sector re: issues of Conflict of Interest
- Continued confusion about continuing medical education— what does it include/exclude?
- Expectation for transparency— who is being paid, what are they paid for, is the cost reasonable
- Global economic crisis –resulting in less funds at all levels



# CHALLENGES IN THE CURRENT CME ENVIRONMENT

- Pharmaceutical and medical device caution about support for education— changes in the funding environment
- Continued implementation of the ACCME Accreditation system— new criteria
- Initiation of the new ABMS Maintenance of Certification System— that is still under construction
- Continued limitations in the NIH research funds
- Federal stimulus packages pushing EHRs, technology and other healthcare related initiatives



# WHAT IS THE EFFECT ON CME PROFESSIONALS AND PROGRAMS?

- The transition from “traditional” knowledge translation CME to “new” performance improvement CME is complex and costly
- “More traditional” CME activities may need to be reframed to consider elements of self-assessment and commitment to change follow-up



# EFFECTS

- Data access and analysis of performance improvement data requires new partnerships with Informatics, performance improvement, insurance providers, etc.
- Needs assessment now firmly embedded in identification of professional practice gaps and ACGME/ABMS and IOM competencies



# COLLABORATIONS— ARE THEY ONE SOLUTION? WHERE TO START?

- What constitutes a collaboration?
- What are the benefits of collaborating?
- How do you pick partners?
- How does it affect accreditation?
- What about funding?



# ADVANTAGES OF COLLABORATION

- Can participate in CME initiatives that can address public health topics that would be unmanageable alone
- Can leverage skills of partners that you may not have individually
- Can seek funding from multiple sources to support the initiative
- Creates a CME community of learners/partners that fosters professional growth



# ADVANTAGES OF COLLABORATION

- Creates some economy of scale in the project – particularly needs assessment and outcomes
- Creates performance competencies that can be measured across multiple learning opportunities
- Aggregates data to level 4 and 5– patient and population health levels
- Creates opportunities for leveraging the medical education continuum– from medical school through lifelong learning
- Creates opportunities to address workplace and healthcare team learning and performance



# DISADVANTAGES OF COLLABORATION

- Lack of control of all aspects of the project
- Requires thoughtful analysis and compromise across the planning and financial continuum
- Requires new skills by CME professionals— communication and educational planning, grant writing and coordination
- Increases accountability and transparency across all aspects of the project
- Requires “selling” to own institution— still a silo mentality in many organizations



# IMPACT ON HEALTH CARE ENVIRONMENT

- Potential change in the value of CME from a commodity– how many “CMEs” can I get for this meeting? to “How can this educational project improve my (and my team’s) performance?”
- Creates educational initiatives that are consistent with the philosophical frameworks of the ABMS, Joint Commission and ACGME, IOM etc.
- Creates a new value proposition for CME that goes beyond the latest medical therapy to a “patient centric” focus that addresses patient care issues



QUESTIONS?

