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## **CME Expert Panel Discussion: CACME**



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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

# **What is CME to You?**



# 🎯 What is CME to You?



# ⊕ **Cautionary Note: CME is not Promotion**

Widespread Confusion About

- Med Ed
- CME
- Promotional Education
- Gifts to Physicians

*Certified CME: Independent, science-based, balanced, relevant education in concert with all accreditation board and federal guidance requirements*

# **Agenda**

- **The 3 Phases of CME Evolution**
- **CME Update 2009: Where are We Now?**
- **The Future for CME Funding: Dead or Alive?**

# **Background Research**

- CME Key Issues Discussions
- U.S. Senate Meetings
- AMA and Other Policy Proposals
- ACCME Initiatives
- Industry Trade Publication Columns/Articles

# ⊕ CME Evolution: 3 Phases



# **CME Evolution: Phase 1**

## **“Accidents Will Happen” – 2000 to 2004**

- **Brand new, experimental**
- **New approaches daily – the Wild West**
- **Basics of what works, what doesn't**
- **Very little data or reporting**

## **CME Evolution: Phase 2**

### **“Every Day I Write the Book” - 2004 to 2008**

- **Policies and Practices Take Shape**
- **More Data; Outcomes Reporting**
- **Glaring Problems ID'd**
- **Watchful Eyes Take Note of Reports**
- **Problems: Rational Concern & Irrational Outrage**
- **Emotions Drive Debate**
- **New Policies and Rules**

# **CME Evolution: Phase 2**

## **New Policies and Rules**

**2002 and 2009: PhRMA Code and AdvaMed Code for Interactions with Practitioners**

**2004: Pharma Implements OIG Compliance Guidance: Compliance, IME, CME Teams**

**2004: Updated ACCME Standards for Commercial Support: Independence, COI**

**2007: U.S. Senate Finance Committee Staff Report: Do More to Separate**

**2007-08: Journal articles and policy proposals based on emotion, not evidence**

**2007-08: More ACCME policy changes – separating promotional organizations from those allowed to develop CME, content validation requirements, rapid response for non-compliance, increased enforcement, CME monitoring**

**2008: ACCME Literature Survey and Study on Bias. Conclusion: No evidence that industry funding of CME causes or precludes bias**

# 🎯 CME Evolution: Transition to Phase 3

## From Emotion to Evidence and Action

- Macy Foundation Report
- AMA CEJA Report 2008
- U.S. Senate Letters to ACCME
- ACCME Calls for Comment
- Media Coverage of CME

## ⊕ CME Transition: Macy Responses

- Report called for elimination of commercial support of CME
- Questions about “evidence-base”
- “. . . neither the conference, its observations, its assumptions, its conclusions, nor its recommendations seem to be based on the facts...” -- ACCME, ACPE, ANCC Execs.

## **CME Transition: AMA CEJA**

- 2008 Report called for elimination of commercial support of CME
- Questions about “evidence-base”
- 2009 Report changed direction and supported commercial CME grants as long as current rules enforced

## ⊕ CME Transition: New ACCME Policies

- Rapid response for non-compliance
  - Probation from 1% to 10%
- Limiting Provider/CI Interactions
- Monitoring & Surveillance

# **Pharma Policy/ Procedure Changes**

- CME Offices
- Grant Review Committees
- Online Review Systems
- LOA/ Legal
- Grant/ Honoraria Caps

## **CME Evolution: Phase 3**

### **“My Aim Is True” – 2008 to Future**

- **Policies Address Problems**
- **Bad Apples Can’t Continue or Compete**
- **Accredited Provider Costs Skyrocket**
- **Evidence Beginning to Replace Emotions**
- **Quantifying Value of Independent, Certified CME**

# **CME Evolution: Phase 3**

## **2009 IOM Report**

- **CME/Non-CME confusion: lunches, pens, snacks and dinners for grad students?**
- **“Influence” by manufacturers: 1986**
- **“Personal account” speakers hired based on support for a “sponsor’s message”**
- **Citing old examples: Neurontin and Vioxx cases**
- **Pans ACCME: 2001 and 2003 articles on SCS**
- **Government report affected by Phase 2 data**

# **CME Evolution: Phase 3**

## **Physician Feedback**

### **2009: Key Points**

- 1. CME Not Compulsory**
- 2. Quality More Important than Credits**
- 3. Evaluations Addressing Bias Required**
- 4. Information Overload: CME Helps Keep Up With Science**
- 5. Manhattan Research 2009 CME Data:**
  - 900 Physicians Surveyed**
  - 91% Supported Industry Grant Funding of CME (current guidelines)**
  - Only 8% indicated any bias concerns**

# CME Evolution: Phase 3

## **2009: Regulators Gain Confidence**

“The ACCME believes that the CME system’s internal controls provided by the ACCME Standards for Commercial Support and associated ACCME policies, support the development of independent continuing medical education that a) is free of commercial bias and b) does not result in an inclination by professionals to direct care that is unwarranted or unnecessary.”

*March 2009 ACCME Board Summary*



## CME Phase 3: U.S. Senate Hearing

- **Special Committee on Aging**
- Afternoon of July 29<sup>th</sup>
- Irrational and Rational Testimony
- Input Sought from NAAMECC and other groups
- Healthcare Debate Headline Battle
- ACCME Assuming Regulatory Role: “The ACCME is the firewall” between promotion and education

## **Is Funding for Med Ed Dead?**

- Simple economics
- 400,000 Medical Journal Articles Annually
- Physicians Want and Need Certified CME
- Drug makers have both right and responsibility to fund education about science and safety within therapeutic areas
- Funding declines in transition – ACCME 2009 Data
- 2010: Expect more declines in commercial support
- If Phase 3 demonstrates value, integrity, and compliance, increases likely

 **Thank You!**

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