

Putting our Education for Sale: Industry Ties to CME

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What is the Purpose of CME?

- Professional life beyond GME
 - Licensing (state-requirements)
 - Privileges (employer requirements)
- Maintenance of competence
- Incorporation of new knowledge

How is CME Regulated?

- **Entirely self-regulated by the medical profession**
- ACCME is the accrediting organization
 - Authority is indirect via state licensing boards
- Non-profit, private organization
- Annual budget ~ \$3M

ACCME Sponsors

- American Board of Medical Specialties (ABMS)
- American Hospital Association (AHA)
- American Medical Association (AMA)
- Association for Hospital Medical Education
- Association of American Medical Colleges (AAMC)
- Council of Medical Specialty Societies
- Federation of State Medical Boards

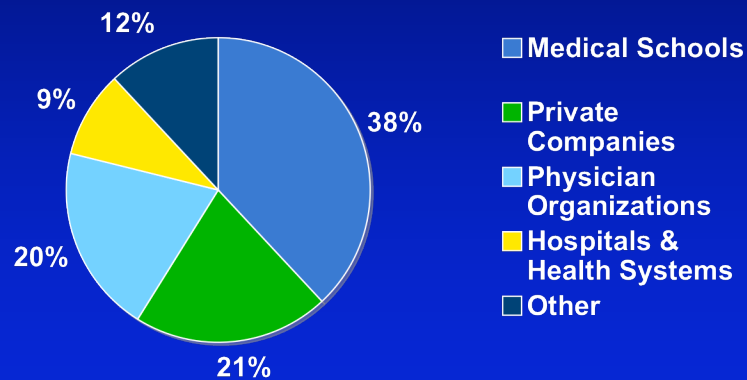
What are the Types of CME Providers?

- Medical schools
- Physician organizations
 - State medical societies, specialty societies
- Hospitals and health systems
- Private companies:
 - “Medical education & communication companies” (MECCs)

What is a MECC?

- Medical education and communication company (MECC)
 - Private, for-profit firms
 - Provide CME
 - Most CME by MECCs supported by industry through “grants”
 - Historically, many were direct arms of advertising firms

CME Providers by Volume: Percentage of CME Activities

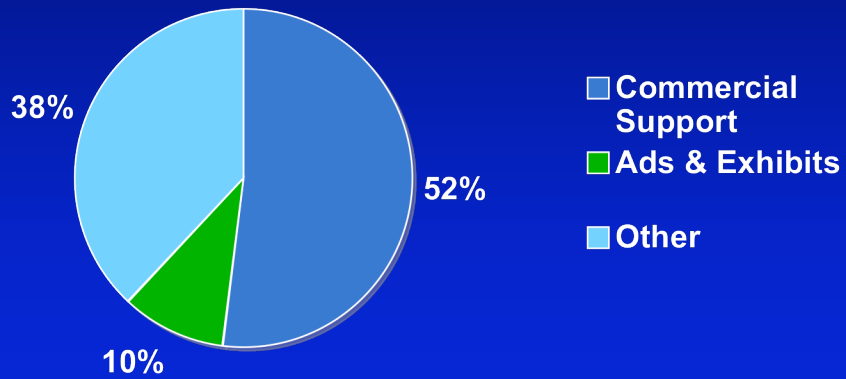


Source: ACCME Annual Report - 2004

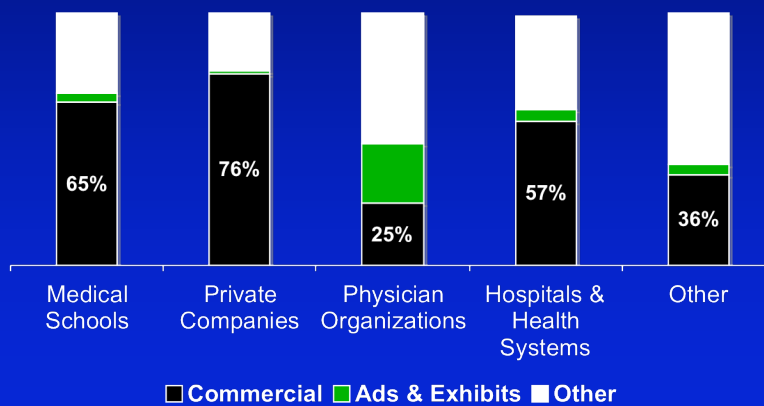
The CME Financial Picture

- \$2 billion industry (\$400 million profit)
- More than half of income from commercial sources
- Additional 10% from advertising and exhibits associated with CME activities

CME Income = \$2 Billion

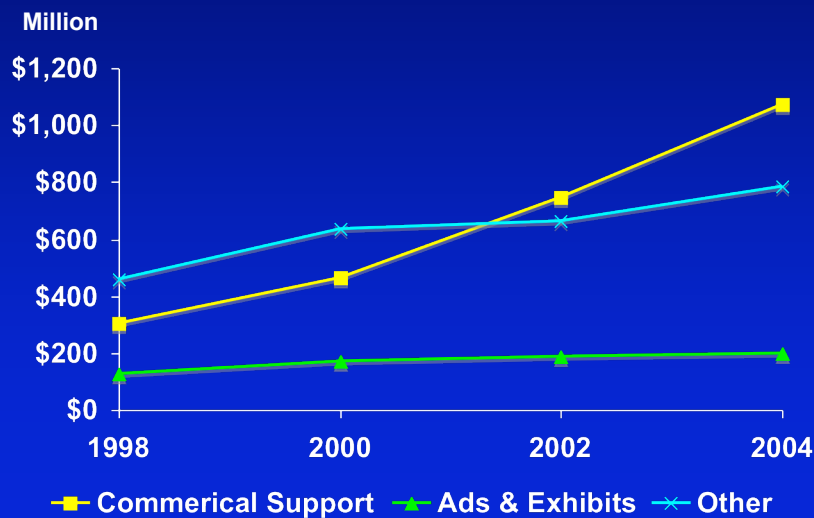


CME Provider Income: Percent from Commercial Sources



Other: Meeting registration fees, direct support from parent organization

Rapid Growth in the Commercial Support of CME



Why does Commercial Support Matter?

- Direct Influence:
 - Content bias
 - Speaker selection
- Indirect Influence:
 - Set the education agenda
 - Speakers and providers have desire to “please” the sponsor
 - Speakers selected likely to be sympathetic to sponsor
 - Non-CME industry events closely tied to CME events (medical conferences)

New ACCME Guidelines: 2006

- More rigid “firewall” between CME and commercial interests in planning programs
- Permit speaker conflicts of interest - only require they are “managed”
 - e.g. Peer review of content
- Fail to address indirect influences:
 - Education agenda setting
 - Need to “please” the sponsor

Is this a Solution?

- “Marketing can see the grant, but they do not have a vote...” - Wyeth
- “Providers have to think like a pharma executive to get funding.” - Thomson Medical Education

The Big Picture

- Medicine is a self-regulated profession
- We are responsible for maintaining competence and learning new advances
- The public counts on us to do this
- Industry is controlling our education agenda and indirectly influencing content

Is There Another Way?

- National trust fund for CME
 - Funds could come from an assessment on corporate sales
 - Committee could identify educational priorities and plan programs
- Ban or severely limit commercial support
 - Physicians would still need CME and pay out of pocket

Conclusions

- Status quo is unacceptable
- Organized medicine is profiting from the status quo
- Bold solutions are needed