

CME BRIEFING

NEWS, OPINIONS, AND PERSPECTIVES IN CONTINUING MEDICAL EDUCATION



APRIL-JUNE 2003

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Dissecting CME Programs, With Exemplary Results

Third article in the series *Exemplary Compliance in the Essentials*

Among those achieving exemplary compliance in Essential 2.5 are three CME providers, each very different in their CME programs but each one willing to take a hard look at it—dissecting it from all angles, and then using that information as a guide for change, just what the Accreditation Council for Continuing Medical Education (ACCME) is looking for. CME Briefing met up with these three entities to find out what they did to achieve exemplary status.

Making a Positive Difference in Histologic Diagnoses

Reaccredited by the ACCME in March 2002 for 6 years, the Midwest Institute for Medical Education (MIME), located in Indianapolis, Ind, credits a continuous quality improvement mentality as the reason for the exemplary compliance rating in Essential 2.5, one of five such ratings for this CME-accredited division of a large reference laboratory. The owners of MIME are educators at heart, and brought this passion for teaching to pathologists and cytopathologists, as well as to nonphysician cytotechnologists, all end

users of Midwest's CME program.

One of the main activities for MIME is CytoQuest, a "glass slide" program. This activity consists of patient cases, but from a unique perspective: on glass slides containing cytologic specimens of that patient. After reviewing the glass slides, activity participants fax their diagnosis to MIME, which grades the responses and sends back information on the correct diagnosis. It is a roll-over program that continues for 12 months for each participant. It has grown from 35 participants in the first year to about 7,000 per year as of 2003.

Willing to Change, With the Data to Guide

"If you are not willing to change,

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IN THIS ISSUE

What effect can PhRMA and OIG have on the actions of CME providers?

What techniques can you consider when evaluating the effectiveness of your CME program? Read what others are doing.



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CME: It's No Longer Business as Usual

ACCME, AMA, PhRMA, OIG: How do all these relate to providers of CME? The first two organizations are familiar to all CME providers. The Accreditation Council for Continuing Medical Education (ACCME) accredits providers. The American Medical Association (AMA) "owns" the credit designation that an accredited provider may award to physicians who participate in certified activities. But what about the other two—the Pharmaceutical Research and Manufacturers of America (PhRMA) and the Office of the Inspector General (OIG)? What effect can they have on the actions of a CME provider?

Looking at the Big Picture

One can no longer address the issue of commercial support for CME

without being acutely aware of actions implemented by groups not normally thought of as having a controlling interest in CME.

The issues brought out by the guidelines emanating from these groups are important, the stakes can be high for all players, and it may sometimes seem that there are as many opinions on the various guidelines as there are people in the entire CME community. Certainly not all of the opinions are represented here. But the time is right to get to know the documents in play. It is also helpful to understand your organization's perspective on these documents and how they might affect the particular world you reside in, whether it be academic, hospital, association, medical communica-

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CME BRIEFING

CME BRIEFING is published by Thomson Professional Postgraduate Services® (PPS), a division of Thomson Physicians World. The mission of this newsletter is to disseminate news and information about CME and to foster dialogue among the concerned parties, including the medical profession, government, industry, and CME sponsors.

PPS is dedicated to health-related education for physicians, para-professionals, and patients.

Thomson Professional Postgraduate Services® is accredited by the ACCME to provide continuing medical education for physicians.

We are proud of our 30-year history of medical publishing, and feel a responsibility to enhance medical education by improving communication among interested parties. Our proactive relationship with the government, the medical profession, industry, and CME sponsors will benefit from the input of our readers. Please send comments or questions about this newsletter to the CME BRIEFING Editor.

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A Message From the Publisher: *Get Involved!*

A recent article in the March/April 2003 issue of *Medical Meetings*, “Educators, Get Real” by Sue Pelletier, caught my attention. Sue wrote that some of the CME providers with whom she has had the opportunity to speak, especially those providers who don’t have PhDs or MDs, stated that they “feel uncomfortable submitting posters, presentations, or even ideas to the MDs and PhDs on industry planning committees.” One quote attributed to an unnamed provider really got to me. The quote read, “If I want to change things, I have to step up to the plate. I just wish today’s leaders would reach out to me.”

My advice: Don’t wait! As someone who is deep in the trenches, and with no PhD or MD after my name, I have found that I can be just as effective as anyone else. The trick is to know what you want to accomplish and go out and do it. I have been very active in our industry. I am involved with the Alliance for CME, where I helped form one of the Provider groups (the Medical Education and Communication Company Alliance); with the Accreditation Council for Continuing Medical Education (as a surveyor); and as one of the founders of the North American Association of Medical Education and Communication Companies, Inc. (NAAMECC).

I never would have gotten involved if I had waited for someone to “reach out to me.” The fact that someone doesn’t go after you doesn’t mean that your talent and energy are not wanted, or that you have to be part of the “in-crowd.” This isn’t big league ball where scouts look for talent. Quite the contrary. Often the “leaders” are so busy trying to get tasks accomplished they just don’t have the time to look for the help. In other cases they may have tried but been discouraged after hearing, “I’d love to help, but I don’t have the time.”

Believe me, the “leaders” are looking for people to step forward! Don’t be bashful! Volunteer to get involved. All too often a call goes out for people to volunteer and no one answers that call. So, don’t worry about initials. Don’t wait to be asked. If you have something to contribute, offer it!



Mark Schaffer

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tions, or the pharmaceutical industry. With information and knowledge, we all can operate within the spirit of the guidances that will affect the actions of all CME providers. Presented here is an overview of these documents.

The Compliance Program Guidance for Pharmaceutical Manufacturers

From the Department of Health and Human Services, Office of the Inspector General

Sources

Available at: <http://oig.hhs.gov/fraud/docs/complianceguidance/042803pharmacymfgnonfr.pdf>

The Office of the Inspector General (OIG) of the Department of Health and Human Services is responsible for investigating and prosecuting healthcare fraud and abuse. A major initiative of the OIG is the compliance program guidance. These OIG guidances help various sectors of healthcare develop effective internal compliance programs, thereby keeping them within relevant statutes, regulations, and requirements, and ultimately preventing and reducing fraud and abuse.

The OIG has published guidances for hospitals, hospices, nursing facilities, and other healthcare sectors. In October 2002, the OIG published for comment the *Draft Compliance Program Guidance for Pharmaceutical Manufacturers*, a document directed specifically to the pharmaceutical industry, not retail pharmacy chains. The draft was just received in its final form on April 28, 2003.

In this voluntary guidance to the pharmaceutical manufacturer, the OIG describes in detail the seven essential elements (the minimum) for a comprehensive internal compliance program. The OIG recommends that industry manufacturers consider these elements as they develop and implement programs that encourage com-

pliance with various industry-related regulations, including the False Claims Act, antikickback statutes, fraud alerts, and many other requirements and laws. The OIG document also recommends that the pharma-

The issues brought out by the guidelines emanating from these groups are important, and the stakes can be high for all players...

ceutical manufacturer examines carefully its relationships with physicians, purchasers, and the sales force to help steer clear of potential antikickback statute violations.

For the most part, the OIG guidance applies to a pharmaceutical company's promotional/marketing practices, but the guidance also notes that potential risk of antikickback statutes may be associated with funding related to third-party educational conferences and meetings attended or taught by physicians or others in a position to generate or influence referrals. These are the issues that should be noted by all

CME providers (Table 1).

Additionally, the OIG guidance references the Pharmaceutical Research and Manufacturers of America (PhRMA) *Code on Interactions with Healthcare Professionals* (the Code) (see below) as a way to "substantially reduce the risk of fraud and abuse and help demonstrate a good faith effort to comply."

PhRMA Code on Interactions with Healthcare Professionals (the Code)

From the Pharmaceutical Research and Manufacturers of America

Sources

Available at: www.phrma.org/publications/policy//2002-04-19.391.pdf

Also visit, www.ppscme.org, *CME Briefing*, Back Issues, Fall 2002, which includes a handy 1-page reference on Dos and Don'ts under the Code.

In July 2002, PhRMA made effective voluntary guidelines that apply to the interaction of pharmaceutical marketing personnel and the healthcare professional. Acknowledging the importance of communication between these two entities, the Code reinforces that the basis of the interaction is for the benefit of the patient and/or to enhance the prac-

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Table 1. Risk Areas Related to Education From the OIG Compliance Program for Pharmaceutical Manufacturers

- No recognition of the difference between regulated (promotional) education and independent education (CME)
- Kickbacks and other remuneration
 - Antikickback statute potentially implicated any time a pharmaceutical manufacturer gives something of value in return for influencing use of product
 - Educational grants can be construed as a kickback
 - Entertainment, grants, gifts, funding for CME activities: What is the purpose? Does it comply with the PhRMA code?
- Off-label promotion
 - Not formally addressed in the guidance
 - Clearly a slippery slope
 - Is the intent education or sales?

Dissecting CME Programs, With Exemplary Results

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you are not going to grow,” Rhonda L. Metzler, SCT (ASCP) told *CME Briefing*. Metzler is Educational Director of the CME program at MIME, working with Jennifer Clark, Online Educational Director. Both are cytotechnologists, with deep ties to education.

“We have an ongoing learning process,” said Metzler, about the workings of the glass slide program. “We test participants, we grade them, we evaluate them, we educate them, and then we test them again.” This provided MIME with the fuel for the engine. Metzler continued, “We had enough data over the year to be able to show that the program made a positive difference in diagnostic confidence and accuracy.”

As part of the continuous quality improvement process and to respond to needs, data from outcome surveys and phone calls are amassed by MIME and used to further refine the glass slide program. CytoNet, a more in-depth teaching program with different patient cases and disease-specific education materials, will be made available online, and MIME has plans for even more online education activities. In-house training and education of staff are ongoing to meet the requests for tailored training, sometimes conducted on-site, for schools, resident programs, and others. “This goes back to truly listening to what your customers want and need,” said Metzler.

“Customer service,” noted Clark, “is constant contact, either on the phone or by survey.” Surprisingly, MIME also assessed its CME program by eyeing up its competitors. “Look at companies with the same types of programs,” advised Metzler, “look at what they are doing, to see what you can do to improve your program.”

Everyone at MIME was involved in the application for reaccreditation, starting with Metzler and Clark

and branching out to executive and support staffs. MIME also communicated constantly with the CME program’s cytopathology board, world-renowned pathologists who regularly advise on CME program direction and suggest improvements. Under its own microscope, the Midwest Institute for Medical Education is keeping its CME program in clear focus.

Call in the SWOT Team: Review of a Foundation

“The exemplary compliance rating was a result of our intensive self-evaluation that takes place every 3 years, or sooner when needed,” said Maysel Kemp White, PhD, consultant for the Bayer Institute for Health Care, located in West Haven, Conn. The Bayer Institute is a nonprofit private operating foundation functioning as a 501(c)(3).

The company’s mission is to improve health by improving communication between healthcare providers and patients and their families, which it does through education, research, and advocacy. White is responsible for developing

“If you are not willing to change, you are not going to grow.”

Rhonda L. Metzler, SCT (ASCP)

new programs, evaluating existing programs, working with government and insurance clients, and managing the continuing education process.

This intensive review of the CME program consisted of a complete environmental scan for both internal and external issues—a SWOT analysis for **Strengths, Weaknesses, Opportunities, and Threats**. According to White, “We asked ourselves how the environment had changed and how we may need to change in response. Most of all, we asked: ‘Is what we’re doing consistent with our mission?’”

Hindsight is 20/20!

Got a great tip for getting through the application process for accreditation/reaccreditation? Send it to PPSCME-Editor@pwcg.com and we’ll share it with the readers of *CME Briefing*.

SWOT Team Members

Playing active roles in the SWOT analysis were five key groups:

- Board of Directors
- Advisory Council Members
- Senior Staff
- Regional Consultants
- Faculty

The Advisory Council consists of researchers and clinicians who are experts in the area of doctor/patient communication. “We meet with them twice a year,” said White. “Their task is to help us understand what the issues are and to keep us on track in terms of our mission.” The board also includes experts in the clinician-patient interaction.

The Bayer Institute staff includes White, a director, two associate directors, an office manager, and two support staff. There are also the regional consultants, who cover seven areas of the United States, and the faculty members. White noted, “All of these groups were involved in the SWOT analysis.”

What did they learn? Bayer Institute has implemented a customer service committee that meets whenever a complaint or problem arises among customers, and has organized quarterly meetings among senior staff. During these quarterly meetings, according to White, “We check to make certain that we are still consistent with the mission and still on target with our strategic plan, and we discuss anything that comes up from the customer service committee.” The institute also recently implemented a process for assuring compliance in faculty disclosure.

Even with all this feedback and commentary on the CME program,

White still needed to focus on the true purpose of Essential 2.5. “We had to step back and look at the big picture. This wasn’t just one activity in doctor/patient communication we were assessing. We were looking at how our administration functions, our budgeting process, our program evaluation, our activities themselves, and our overall strategic planning process. As soon as we realized that, it was easy to show what we were doing.”

The Many Ways to View a Program

“We take CME very seriously,” said Deborah M. Correnti, Vice President, Academy for Healthcare Education, New York, NY, which was accredited with commendation for 6 years by the ACCME and was also accredited for 6 years by the American Council on Pharmaceutical Education (ACPE). The Academy, a division of the Impact Group, a medical communications company, conducts all types of CME activities, including live meetings (local dinner meetings, regional meetings, national satellite symposia, etc) and other types of enduring materials (print, CD-ROM, audio, etc). They also have a Web presence, providing various types of enduring Internet activities. Program reach is high: physician participants in 2002 totaled about 6,000, with an additional 4,000 nonphysician participants.

“We are constantly looking at our program in many different ways,” said Correnti, “and finding ways to improve it.” The Academy uses several methods to evaluate its CME program:

- Year-end review of mission
- Review of adherence to standard operating procedures (SOPs)
- Periodic review of individual staff goals, and yearly review of formal goals
- Discussion of program effectiveness, utilizing internal and external advisors
- Asking faculty and participants what they think

Getting Down to Details

Mission Statement

Participants, faculty, and internal advisors each play a role in helping the Academy confirm adherence to the mission statement, and Correnti has a technique for seeing this in “black and white”: she “superimposes” this feedback directly into mission statement copy, so that the mission and

“We are constantly looking at our program in many different ways and finding ways to improve it.”

Deborah M. Correnti

the evidence of support of the mission are clearly seen. This report is distributed to internal and external advisors at the yearly board meeting. This is not the only area that gets reviewed regularly by Correnti and her staff of two managers, five planners, and a coordinator. “We are not a CME provider that develops a document only to have it sit on a shelf. If we went through the time and effort to develop it, we are doing it for a reason and we are going to use it.”

SOPs

Standards/SOPs are also scrutinized. Internal Academy standards are developed by looking at mandates from outside organizations and at the Academy’s own internal services, and then setting benchmarks for achievement. These standards, which undergo review every 2 years, deal with accreditation, board meetings, activity planning and implementation, activity evaluation, and more.

Here are some specific examples of how the Academy’s critical eye is applied to its standards on evaluation: “Learning objectives receiving a rating below 4 (out of 5) will be reviewed, and if deemed necessary, corrective action will be taken.” This is done by the Manager of Planning and Compliance, and while it may apply to one particular faculty member, if a trend is noted across all faculty members, Correnti said, “We may need to alter our curriculum and communicate this to our entire faculty. We review activities individually and as a whole.” As with the mission statement, the SOP document is superimposed on the evidence that supports adherence, giving the Academy a good idea of how the program is operating.

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Essential Element 2.5: The provider must evaluate the effectiveness of its overall CME program and make improvements to the program.

Rating	Criteria
Noncompliance	No mechanism in place to measure the program’s effectiveness or make improvements.
Partial compliance	Mechanism in place to measure effectiveness of the program, but no documentation exists that the mechanism has been used or any changes have resulted from the process.
Compliance	Mechanism in place to measure effectiveness of the program, with evidence that improvements have been made.
Exemplary compliance	Innovative and creative mechanism(s) in place to measure the effectiveness of the program with evidence of improvements being made on a regular basis.

ACCME’s Essential Areas, Elements and Decision-Making Criteria, July 1999.

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tice of medicine. The Code identifies practices that are permitted and not permitted when marketing meets up with healthcare under various scenarios, including:

- Informational presentations
- *Third-party educational (including CME) or professional meetings**
- Consultant activities
- Speaker training meetings
- *Scholarships and educational funds**
- *Educational and practice-related items**

*Activities involving CME providers

ACCME Standards for Commercial Support

From the Accreditation Council for Continuing Medical Education (ACCME)

Source

Available at: www.accme.org/incoming/SCS_Draft_Jan_2003.pdf

It has been a long road for the *Standards for Commercial Support*, the purpose of which is to describe appropriate behavior of accredited providers in planning, designing, and implementing certified CME activities for which commercial support has been received. In early 2001, the ACCME issued a call for ideas from all interested parties, as a starting point for a reexamination of the Standards in light of the current CME and healthcare environments. After review of the feedback from individuals and organizations, the Standards were divided into five major themes (Table 2). In early 2003, the new draft Standards were sent out for comment, with closing of the comment period in March. The Standards Task Force is now working to integrate all comments. The new Standards are expected sometime in the second half of 2003. (See *Carving the New Standards for Commercial Support: A Work in Progress*, page 8.)

For the most part, Theme 4 (Management of Funds) and Theme 5 (Management of Advertising and Exhibits) are largely unchanged. But major changes, and points of contention, do exist with the new draft Standards (Table 3).

Ethical Opinion - E-8.061 Gifts to Physicians From Industry

From the Council on Ethical and Judicial Affairs of the American Medical Association

Source

AMA website at www.ama-assn.org/ama/pub/article/4001-4236.html

For more than a decade, the American Medical Association (AMA) has been advising on appropriate actions and behaviors regarding gifts through its *Ethical Opinion on Gifts to Physicians From Industry*. These are published by the AMA's Council on Ethical and Judicial

Table 2. Five Themes From the Standards for Commercial Support

- Independence
- Absence of Commercial Bias
- Disclosure of Required Information and Relationships
- Appropriate Management of Funds From Commercial Interests
- Appropriate Management of Advertising and Exhibits

From the *Standards for Commercial Support*

Table 3. Major Changes in Draft Standards and Related Issues

Major Change

A "conflict of interest" precludes a person or firm from controlling the CME content.

Interests of hospitals, medical schools, and academic medical centers are not commercial interests.

Accredited providers with a commercial interest in a clinical area cannot include that clinical area within its CME program (which supersedes ACCME Firewall policy 2000-B-12).

An accredited provider cannot disseminate CME in a clinical area in which the accredited provider has a commercial interest.

Issue

"Conflict of interest" and associated terms (vested interest, true conflict of interest) are not clearly defined.

New disclosure rules could disqualify the most qualified physicians from serving as CME educators.

Recent articles have documented that many of these entities do have relationships that could be construed to be "commercial interests" and therefore they should not be placed into a "safe harbor."

It has not been documented that exclusion from participation is the appropriate way to ensure that an activity will be absent of commercial bias.

The CME provider should be able to determine the best way to distribute materials to physicians.

Affairs (which sets ethical policy for AMA), to provide guidance when making ethical decisions regarding gifts. The AMA's guidelines on Gifts have also been adopted by PhRMA.

The Gifts guideline covers seven key points (Table 4). After CEJA published these guidelines in 1991, it followed up with E-Addendum II, which clarified questions that came up after the first publication in 1990. In 1993, responding to a resolution adopted by the AMA's House of Delegates, CEJA published Ethical Opinion 9.011, a set of guidelines to help physicians identify high-quality CME that meets their needs as consultants, faculty members, and learners. (All of these are available through the website noted above.)

The AMA did not stop there. In the summer of 2001, responding to media reports and published studies on inappropriate gift-giving/gift-accepting, the AMA launched a national educational effort—joined by other physician and healthcare organizations and corporations—the primary purpose of which is to encourage physicians and representatives of the pharmaceutical, device, and medical equipment industries to adhere to the Ethical Opinion on

Table 4. Seven Guidelines From the Gifts to Physicians From Industry

- Gifts should entail benefit to the patient and should not be of substantial value
- Individual gifts of minimal value are acceptable if related to the physician's work
- A legitimate conference or meeting is defined as primarily dedicated to scientific and educational activities
- Support to CME conferences or professional meetings is permissible, provided the conference sponsor, not the physician, receives the support
- Travel, lodging, meal expenses can be paid for faculty and true consultants, not participants; provision of modest meals and social events is acceptable
- Scholarship or other special funds to permit medical students, residents, and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents, or fellows who will receive the funds is made by the academic or training institution.
- No strings attached!

Adapted from the *Gifts to Physicians From Industry*

Gifts. Information about the initiative and the educational resources available can be found at www.ama-assn.org/ama/pub/category/4002.html.

CME Briefing will continue to report on these documents and the issues surrounding them as they develop.

Dissecting CME Programs, With Exemplary Results

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Goals

For sure, the Academy for Healthcare Education is a goal-oriented entity. Not only do formal goals exist for the Academy, but staff members also have individual goals that support the division goals, which represents a commitment to the Academy by the staff through their own personal work goals. Correnti and the managers and associates meet at least quarterly to review attainment of staff goals, and then yearly on the goals for the Academy.

Internal and External Advisors

The CME program's effectiveness is assessed by all the important stakeholders, from inside and out. Internal advisors constitute representatives from all major departments in the company, including account services, operations, meeting services, company owners, division heads, and the CME department. External advisors include physicians and pharmacists from the major therapeutic areas addressed through the CME program. Internal advisors meet regularly; external advisors typically interact twice a year by teleconference, with an in-person meeting yearly.

Ask What They Think

For a complete view from all angles, the Academy seeks input from fac-

ulty and participants, often by phone, to learn important aspects of its CME program in particular and the organizational nature of a CME provider in general. Some of the questions asked:

To faculty: In planning for an educational activity, what role should the CME provider play in content and slide development?

To participants: What topics do you consider when deciding to participate in a CME activity? When signing up for CME activities, what information and administrative support should be given to you by the CME provider? What are the benefits and drawbacks of a CME activity?

Next, the Academy asks itself these same questions and then com-

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MORE ABOUT THE ACCME STANDARDS FOR COMMERCIAL SUPPORT

Carving the New Standards for Commercial Support: A Work in Progress

In January 2003, the Accreditation Council for Continuing Medical Education (ACCME) issued a draft of a proposed revision to the Standards for Commercial Support. This draft was circulated to the CME community for review and comment. All interested parties were encouraged to provide input to the ACCME through a form available on the ACCME website. The comment period ended on March 15, 2003. The comments will now be reviewed by the ACCME's Standards for Commercial Support Task Force.

We have heard concern expressed by both accredited providers and grantors from the pharmaceutical industry that the policies and procedures as published in this document must be adhered to immediately. **THIS IS NOT TRUE!** There has also been concern that whenever the final document is released, providers and grantors will be expected to immediately adhere to all changes, or that the changes will be retroactive. **THIS IS ALSO NOT TRUE!**

ACCME has published a statement on the ACCME website clearly indicating that this is a draft document circulated for comment and that there will be adequate time, once the final document is accepted, for grantors and providers to comply. The text states that:

"At the end of the comment period, the ACCME Standards for Commercial Support Task Force will integrate all the 'comments' into a document that will be forwarded to ACCME along with specific recommendations for action. This could occur as early as July 2003 or November 2003. When ACCME takes action to adopt a new set of Standards it will also set implementation dates for the future with respect to provider compliance, self-study submissions and survey review of new requirements. ACCME will allow enough time for the providers and the accreditation system to adapt to new approaches. ACCME has never set a retroactive implementation date for any policy it has adopted."

Additional information is available on the ACCME website, www.accme.org. ACCME has also posted on this site some of the most frequently asked questions (and answers) about the Draft New Standards for Commercial Support.

Clearly this is a very important issue for the CME community. *CME Briefing* is interested in hearing from you. And we would like to share your comments with our readership. Please send your comments to the Editor at PPSCME-Editor@pwcg.com.

NAAMECC Comments Are Online!

See how the North American Association of Medical Education and Communication Companies, Inc. (NAAMECC) responded to the ACCME's request for comments on the draft Standards. Visit www.naamecc.org, News Flashes

Comments Received From the ACR

The American College of Rheumatology (ACR) Board of Directors reviewed the Request for Comments on a Draft, New ACCME Standards for Commercial Support at a meeting on March 7, 2003.

The ACR is concerned that these revised standards are proposed without any evidence that the current standards are insufficient to prevent dissemination of biased information. In our opinion, the current procedural requirement for disclosure is sufficient and appropriately allows the learner to ascertain whatever bias exists. The ACR specifically rejects the automatic assumption that a financial relationship between an educator and a commercial entity creates an unacceptable conflict which would disqualify the educator from any role in the activity, including participation in its planning. This would result in a significant limitation of participation by knowledgeable individuals and make it problematic for ACCME providers to deliver quality CME programs.

Accordingly, the ACR is opposed to adoption of these draft standards to the extent that would alter and restrict the current process of providing CME.

Drafted by Allan Gibofsky, MD, JD

Presented to the ACR Board of Directors, March 8, 2003, and sent to the ACCME on March 14, 2003.

Achieving Its Goals: A Request for Proposal

The North American Association of Medical Education and Communication Companies, Inc. (NAAMECC) is starting a new and exciting project, and they are asking one of their member organizations to take it on! Their Request for Proposal can be found at www.naamecc.org, News Flashes section, but note that the deadline has been extended to April 30, 2003.

The project: to identify and assess the evidence from the literature that

educational interventions translate into enhanced physician practice and/or improved patient outcomes. This assembling and review of the tangible evidence from a detailed search of "what's out there" is what many of us in CME have been waiting for. And the project will go a long way in furthering NAAMECC's goal of examining ways to elevate the best practices of MECCs.

These educational interventions will be in five skill areas: patient-cen-

tered care, interdisciplinary teams, evidence-based practice, quality improvement, and informatics. The end results of the project will be this review of the literature that will subsequently be presented at various professional meetings and published in relevant journals. Watch for further developments on this exciting endeavor.

And for more of the latest information from NAAMECC, visit www.naamecc.org. NAAMECC is a professional association dedicated to providing representation, advocacy, and education for its members. To learn about NAAMECC and membership, please visit the website.

Just Ask

Regarding the Accreditation Council for Continuing Medical Education (ACCME) policy on CME on the Internet, are all kinds of websites prohibited from being embedded in the educational content of the activity? For example, it is likely that links would be essential in a course on evidence-based library research methodology.

The intent of the ACCME policy on CME on the Internet (2002-A-11) is to prohibit direct access through links to **commercial and/or advertising-related websites within the educational content**. Specifically from the policy:

...to maintain separation of promotion from education, CME activities of an ACCME accredited provider cannot be on a pharmaceutical or device manufacturers' product website; with clear notification that the learner is leaving the educational website, links from the website of an ACCME accredited provider to pharmaceutical and device manufacturers' product websites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity; and advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads.

Keep in mind that according to this policy, providers are expected to plan and implement all online CME activities in compliance with the ACCME Essential Areas, Elements, and policies. *CME Briefing's* understanding of policy 2002-A-11 is that if an activity is designed in such a way that the participant must seek out information from other sources, it would be appropriate to utilize a "hot link" to take the participant to the source. However, links for the purpose of promoting a product would be inappropriate. Also, care should be taken to make sure that the participant doesn't "get lost" in a myriad of websites. Icons should be easily available to get the participant back to the original activity.

What is the American Academy of Family Physicians (AAFP) doing to help CME providers stay on top of updates in the AAFP certification process?

The AAFP has a CME Accreditation email newsletter that will be sent (to those CME providers that listed

email addresses on applications seeking AAFP CME credit) throughout the year to keep AAFP CME providers informed of updates in the accreditation process. CME providers are also encouraged to visit the CME accreditation website at www.aafp.org/cmea.xml, as it is continuously being updated

Why is CME Briefing published online, but laid out in page form, as if it was a print piece?

Looking at the entire "life span" of *CME Briefing*, now published for the past 13 years, it has only resided online for a very short time. In fact, we are still in the process of rebuilding our regular mail list to an online subscribers list. During this transition from one method of delivery to another, we decided to keep the look of *CME Briefing* the same as it always has been, so that it is easily recognizable on the Internet for those not realizing that *CME Briefing* is now only published online. Also, this format makes it easier for the reader to print the publication for later review.

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Dissecting CME Programs, With Exemplary Results

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compares the responses. Correnti noted, "If we aren't considering the factors used by faculty and participants, we alter how we do things."

The Application: Breaking It Down
With 16 activities to report on from the previous 4 years of the CME program in addition to the self-study, the Academy had its share of work pulling it all together at reaccreditation time. Correnti emphasizes, "You can't start thinking about your reaccreditation a couple of months ahead of time."

The way they got through it was with the project plan: an intense review of ACCME's application, dividing it into categories, objectives, and tasks, which were divided among staff members, each of which were accountable for the task on the due date. All tasks, no matter how small, were identified and assigned. It worked; the Academy mailed the application to the ACCME 2 weeks in advance. The project plan will again come in handy when the Academy works to achieve its new goal of improving/expanding the use of outcomes data from its CME program.

About the level of detail that is applied to the Academy's CME program, Correnti notes, "Yes, it takes time and effort. But improvement—and getting reaccredited for 6 years—does take time and effort." Time and effort well spent by these three accredited CME providers.

COMING IN THE NEXT ISSUE OF *CME BRIEFING*

Meet the ACCME's Chief Accreditation Surveyors

FOR YOUR CALENDAR

Upcoming CME Meetings for CME Professionals

Global Alliance for Medical Education (GAME) 8th Annual Meeting

"International CME: How Does It Work?"

June 22–24, 2003

New York, NY

For more information, contact:

Celene Chasen
GAME Membership Chairman
Baylor College of Medicine

Phone: 1 (713) 798-4024

Email: cchasen@bcm.tmc.edu

Website: www.GAME-cme.org, under Meetings for meeting brochure and registration form

Accreditation Council for Continuing Medical Education

ACCME Workshops for 2003

"Understanding ACCME Accreditation"

July 27–28, 2003

December 12–13, 2003

Chicago, IL

For more information, contact:

ACCME

Phone: 1 (312) 755-7401

Fax: 1 (312) 755-7496

Website: www.accme.org, Workshops section

14th Annual Conference of the National Task Force on CME Provider/Industry Collaboration

"Partners in Progress: Serving the Professions and the Public"

September 8–11, 2003

Chicago, IL

For more information, contact:

Regina Littleton

Phone: 1 (312) 464-4637

Email: regina_littleton@ama-assn.org

3rd Annual Meeting of the North American Association of Medical Education and Communication Companies (NAAMECC)

September 9, 2003

Chicago, IL

For more information and meeting update, visit

Website: www.naamecc.org, News section

Duke University Office of Continuing Medical Education and Thomson Professional Postgraduate Services®

"CME Leadership in the 21st Century: A Case-Based Conference for Current and Future Leaders in Continuing Medical Education"

October 25–29, 2003

Durham, NC

For more information, contact:

Duke University Office of CME

Phone: 1 (800) 222-9984

Fax: 1 (919) 681-7462

Website:

www.leadershipincme.com

Alliance for Continuing Medical Education

"29th Alliance for CME Annual Conference"

January 21–January 24, 2004

Atlanta, GA

For more information, contact:

Alliance for Continuing Medical Education

Phone: 1 (205) 824-1355

Fax: 1 (205) 824-1357

Website: www.acme-assn.org