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## **Webinar: Advanced Implementation Strategies for a Compliant Grant Process**

***The Tipping Point: Incrementalism Need not Apply***

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## Conversation Areas

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- Should industry support of CME end?
- If it continues, how should it change?
- Options
- What steps Pfizer has taken?

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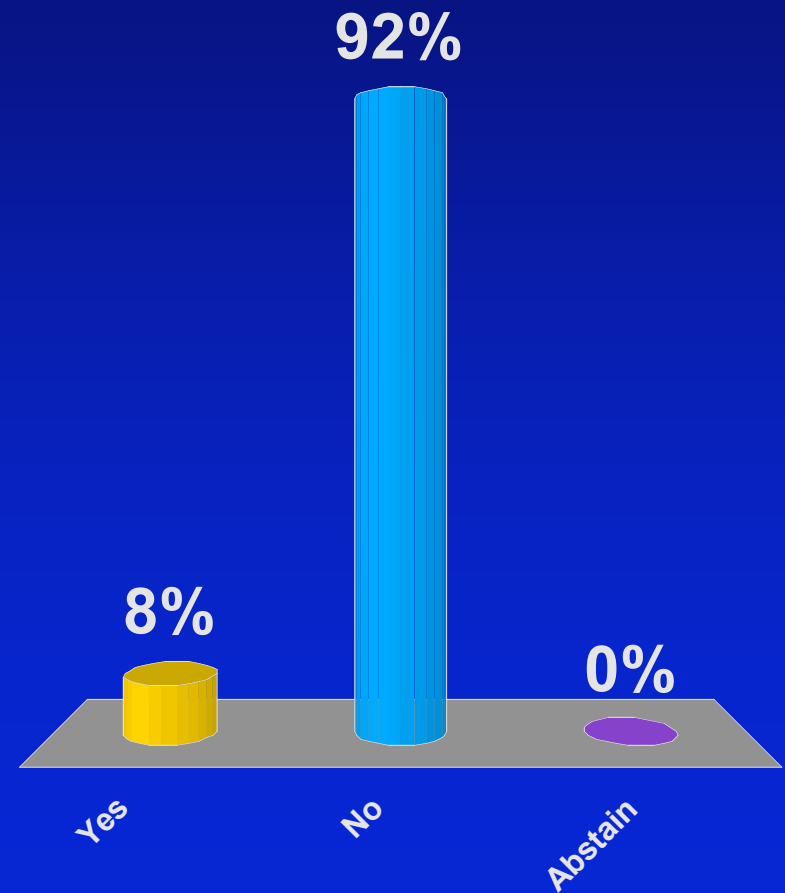
# Should Industry Support of CME End ?

# I personally believe commercial support of CME should end within 5 years?

 Yes

 No

 Abstain



## Relationship with Industry Collaboration or Cooperation?

"First, industry relationships are *essential*, but they must be carefully *managed*. By developing clear and well-considered guidelines, we can optimize the benefits inherent in the academic medicine-industry relationship, while at the same time, minimize the risks. In other words, we need *partnerships* that are *principled, productive, and transparent*."

Darrell G. Kirch, MD, AAMC President and CEO

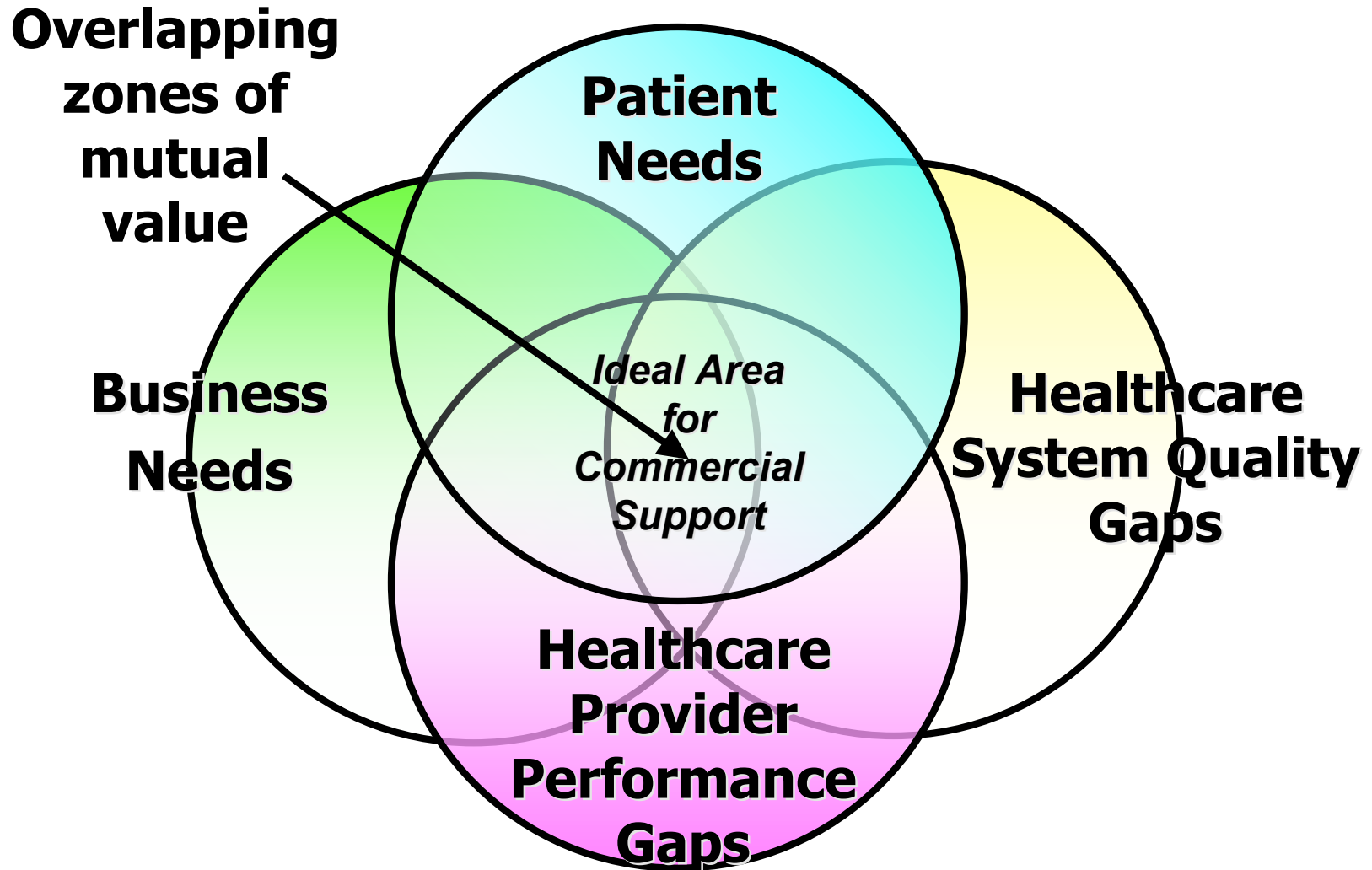
[AAMC Reporter 2008; 17(2):2]

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# If Industry Support of CME Continues, How Should It Change?

- What is its purpose?
- What are the options for industry?

# A Convergence of Interests Model for Commercial Support



# Industry Perspective on Future Support Options

Option	Pro	Con
<b>Maintain</b> Continue current approach	<ol style="list-style-type: none"> <li>1. Less disruptive to CME providers</li> <li>2. More familiar to industry</li> </ol>	<ol style="list-style-type: none"> <li>1. ACCME standards of accreditation currently not rigorous enough on organizational conflict of interest.</li> <li>2. Change is too slow for environment</li> <li>3. Industry criticism remains</li> <li>4. Low educational effectiveness</li> <li>5. Company compliance risk is highest</li> </ol>
<b>Eliminate</b> Stop industry funding completely	<ol style="list-style-type: none"> <li>1. Reduces perceptions of bias</li> <li>2. Helps alleviate budget pressures on industry</li> </ol>	<ol style="list-style-type: none"> <li>1. No ability to support credible independent education that accelerates evidence based innovation adoption</li> <li>2. Removes a resource to help close healthcare quality gaps</li> <li>3. Current CME system dependency – phase out over 5 years if chosen</li> <li>4. Does not manage the majority of real conflict of interest in CME</li> </ol>
<b>Transform</b> Dramatically increase provider eligibility requirements relative to conflict of interest requirements  Increase funding for Performance Improvement CME while reducing funding dramatically for single non-interactive methods	<ol style="list-style-type: none"> <li>1. Better educational effectiveness based on the evidence of what works</li> <li>2. Increases collaboration</li> <li>3. Encourages innovation</li> <li>4. Improves compliance significantly</li> <li>5. Supports direction of organized medicine (AMA/ACP/AAFP/et al PBLI model)</li> <li>6. Enhances credibility</li> </ol>	<ol style="list-style-type: none"> <li>1. Colleagues will need to understand value of new approach and must have communication tools to handle any push-back.</li> <li>2. Current CME system dependency on traditional update CME funding model</li> <li>3. Internal and external pressure to still invest in some ineffective CME</li> </ol>



# Pfizer's New Medical Education Grant Policy

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- To only support providers most likely to meet the highest standards of quality and independence defined by the medical profession
- To support the profession's move towards performance-improvement initiatives that integrate education and quality
  - Initiate a competitive grant review period for grant applicants to encourage more innovative, high-quality grant applications
  - Review all major grants using criteria equivalent to ACCME's highest level of accreditation
  - Redirect resources closer to the point of care in order to better meet the needs of the new model of PI-CME
- To support the medical community's call for balanced funding in CME by establishing organizational or grant dependency financial caps on commercial support

# Transformation: Rather Than Why, Why Not!

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- More effective based on evidence in the literature
- Elevates importance of patient above current model
- Supports direction of ACCME, Macy, AAMC, etc
- Improves industry credibility with the medical profession and the public
- Significantly improves compliance
- Costs less – 90% in many cases

## Summary

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- The Best Form of Compliance is Quality Education
- The Best Investment Is Education Most Likely To Improve Provider Performance In the Direction of Evidence that Aligns Our Interests with Those of Patients
- The Performance Improvement Model of Education Accomplishes Both