



Reinventing Medical Education
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Presenter/Contributor Disclosures

- The presenter attests that she has no commercial interests or relationships to disclose.

However, she does have a collaborator (editor)

- Don't eat anything gross smelling or tasting (that means NO GARLIC AND OR HERRING!!)
- BE CLEAR AND PRONONCE EVERY WORD
- Don't ramble on about unimportant things
- Remind people that they should turn their phones/pagers/whatevers to silent mode
- Have fun with it
- JUST REMEMBER THAT YOU ARE REPRESENTING YOUR COMPANY!!!!

– ARIELLIE

Pri-Med Institute 2005: Who We Are

- 2.3 meetings per week
- 90,000+ attendees/yr
 - >85,000 certificates/yr
 - >85,000 quantitative evals
 - >45,000 qualitative evals
- Content Review Process and Content Production
 - Live
 - 140,000 PowerPoint slides
 - 5.1 million syllabus pages
- 80 commercial interest & education partners per year
- 150 relationship marketing partners

	<i>Meetings</i>	<i>Cities</i>
Pri-Med Updates	95	50
Pri-Med Conference & Exhibition	6	6
Psychiatry Updates	8	8
Pharm-Med Updates	8	8
Cardiology Updates	1	1
Pri-Med Online	16 Condition Resource Centers	
Pri-Med in Print	4 newsletters 10 Pocket Guides	

Stakeholder Interest and Support of CME

Mission of CME Providers

Improve patient care and
treatment outcomes

Promote appropriate adoption
of new & more effective
clinical guidelines

Bridge academic & research
medicine to day-to-day
clinical practice

Mission of Pharma/Device Supporters of CME

Pre-Launch:
Intensify awareness of condition

Launch: Build confidence
in diagnosis & treatment

Post-Launch:
Research & case studies deepen
clinician's understanding

PMI & CME: Accountabilities: Supporting Stakeholders



- **Fair & Unbiased**
- **Clinically Relevant**
- **Scientifically Rigorous**
- **Transparent, Credible**

Updated ACCME Standards for Commercial Support

September 2004

Six Standards, Totally rewritten, but not all new requirements

Std 1: Independence

- Decisions of CME provider made independent of Commercial Support

Std 2: Resolution of Personal Conflict of Interest

- For those in the position to control content

Std 3: Appropriate Use of Commercial Support

- Defining terms, conditions, purposes of commercial support must be documented in written agreement; defined honoraria policies

Updated ACCME Standards for Commercial Support

Totally rewritten, but not all new requirements

Std 4: Appropriate Management of Associated Commercial Promotion

- No advertisements in CME, no product messages

Std 5: Content and Promotion Without Commercial Bias

- Must promote improvements/quality in healthcare, not specific proprietary business interest of commercial interest; balanced view of therapeutics

Std 6: Disclosures Relevant to Potential Commercial Bias

- Disclosure of all faculty personal commercial interest relationships

Reinventing Medical Education

**MUST
DO**

Compliance with new
ACCME SCS

**CAN
DO**

Rigorous review of
clinical content

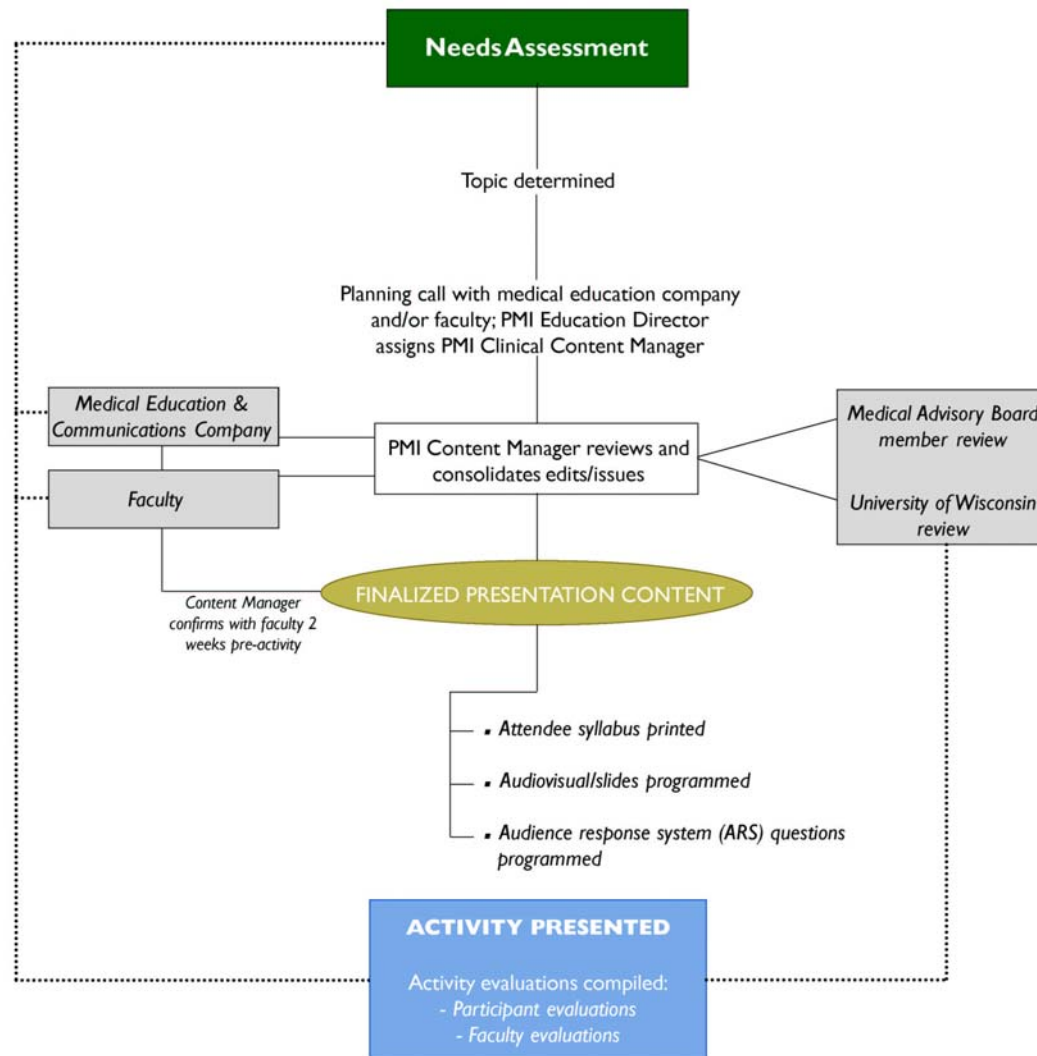
**WILL
DO**

Measure impact of
education

Reinventing Medical Education: Compliance with ACCME SCS

- PMI Task Force of internal and external experts in education, ACCME requirements
- Multiple meetings, discussions from September 2004 to April 2005
- Result
 - Update, revision and creation of relevant Policies and Procedures for the entire company!
 - Internal training
 - PMI: Accreditation, Editorial, Education Partner AE
 - Sales, ASG, Marketing, Meetings, Senior Management
 - Compliance Committee
 - External training, communications
 - Education Partners
 - Commercial Supporters

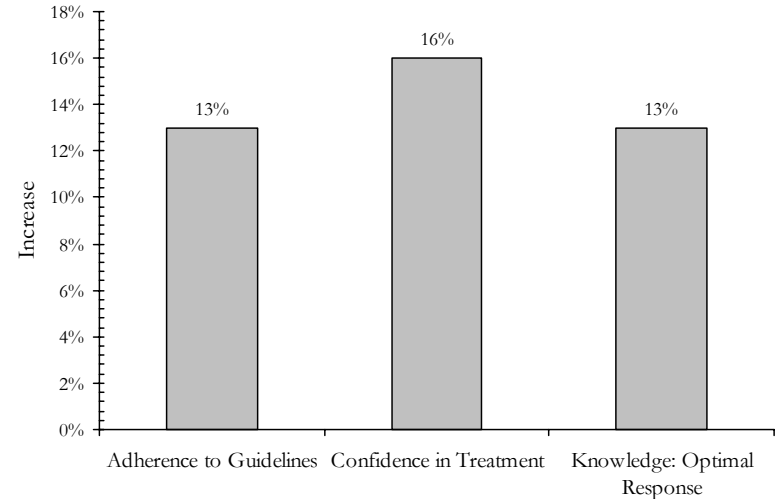
Reinventing Medical Education: Rigorous Review of Content Based on Journal Peer-Review Model



Reinventing Medical Education: Measuring Educational Impact

Study Objectives:

- Gauge the effectiveness of each session's core objective by measuring a change in:
 - **Adherence to Guidelines** – ability to incorporate the standard of care in practice
 - **Confidence in Treatment** – assurance when treating patients for the condition presented
 - **Knowledge** – the level of understanding of the clinical guideline presented



Study Highlights across all 2004 Programs:

Up to 6 weeks after each program, the clinical impact of the PMU education is proven to be:

VALUABLE

86% of attending clinicians agree that the CME experience was a valuable use of their time

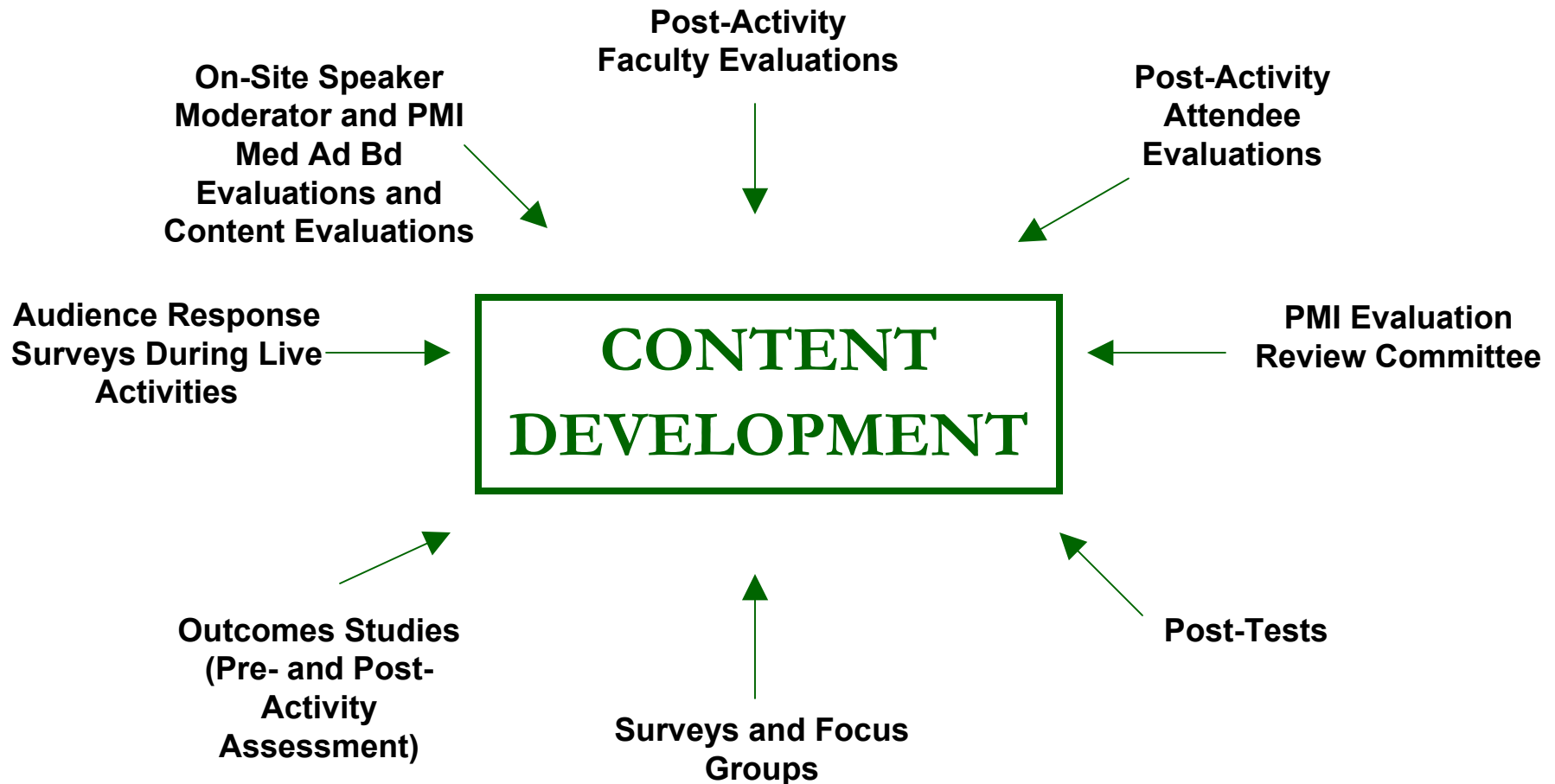
RELEVANT

98% of attendees have used the clinical information acquired at the program in their practice

IMPACTFUL

92% of attendees have already used the information to change their prescribing behavior

Reinventing Medical Education: Measuring Educational Impact



The End Point – Improving Healthcare

- Promote and advocate content validity and content credibility
- Accelerate and diffuse adoption of new and enhanced diagnostic and treatment methods
- Deliver CME activities that are independent, free of commercial bias, transparent
- Address common under-diagnosed and under-treated conditions as well as special populations
- Increase awareness of best practices
- Support better outcomes



Reinventing Medical Education
Thank you for your attention!

