



CME and Consultants Compliance Roundtable

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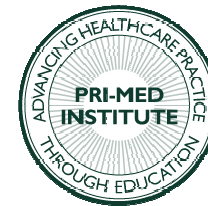


Presenter/Contributor Disclosures



- The presenter attests that he
 - has no commercial interests or relationships to disclose
 - is not a 20 year veteran of CME and cannot cite you ACCME regulations chapter and verse
 - believes in the current CME environment because it supports good business practice relative to
 - ✓ product quality
 - ✓ customer service
 - ✓ ongoing improvement in processes and systems

Pri-Med: 2005 Educational Offerings



Live

Pri-Med Conference & Exhibition

- 4 day meeting
- 6 cities in 2005
- 6,000 attendees
- Clinical content by Harvard Medical School
- Certified for credit by HMS

Pri-Med Updates

- 2 & 3 day meetings
- 45 cities in 2005
- 500 attendees (250 in groups 7, 8, 9) • 250 attendees
- Certified for credit by Pri-Med Institute

Psychiatry Updates

- 1 day meeting
- 8 cities in 2005

Pharm-Med Updates

- 2 day meeting
- 8 cities in 2005
- 400 attendees
- Certified for credit by Pri-Med Institute

Print

Pri-Med in Practice

- Quarterly newsletter
- 6 two-page articles
- 60,000 physicians per quarter
- Certified for credit by Pri-Med Institute

Pocket Guide Series

- Topic exclusivity
- 32-48 page reference book
- 60,000 physicians per quarter
- Certified for credit by Pri-Med Institute

Online

Pri-Med Condition Resource Centers

- Online CME
- Physician Tools and Resources
- Quarterly reporting
- Certified for credit by Pri-Med Institute

Perspectives: Regulatory Environment



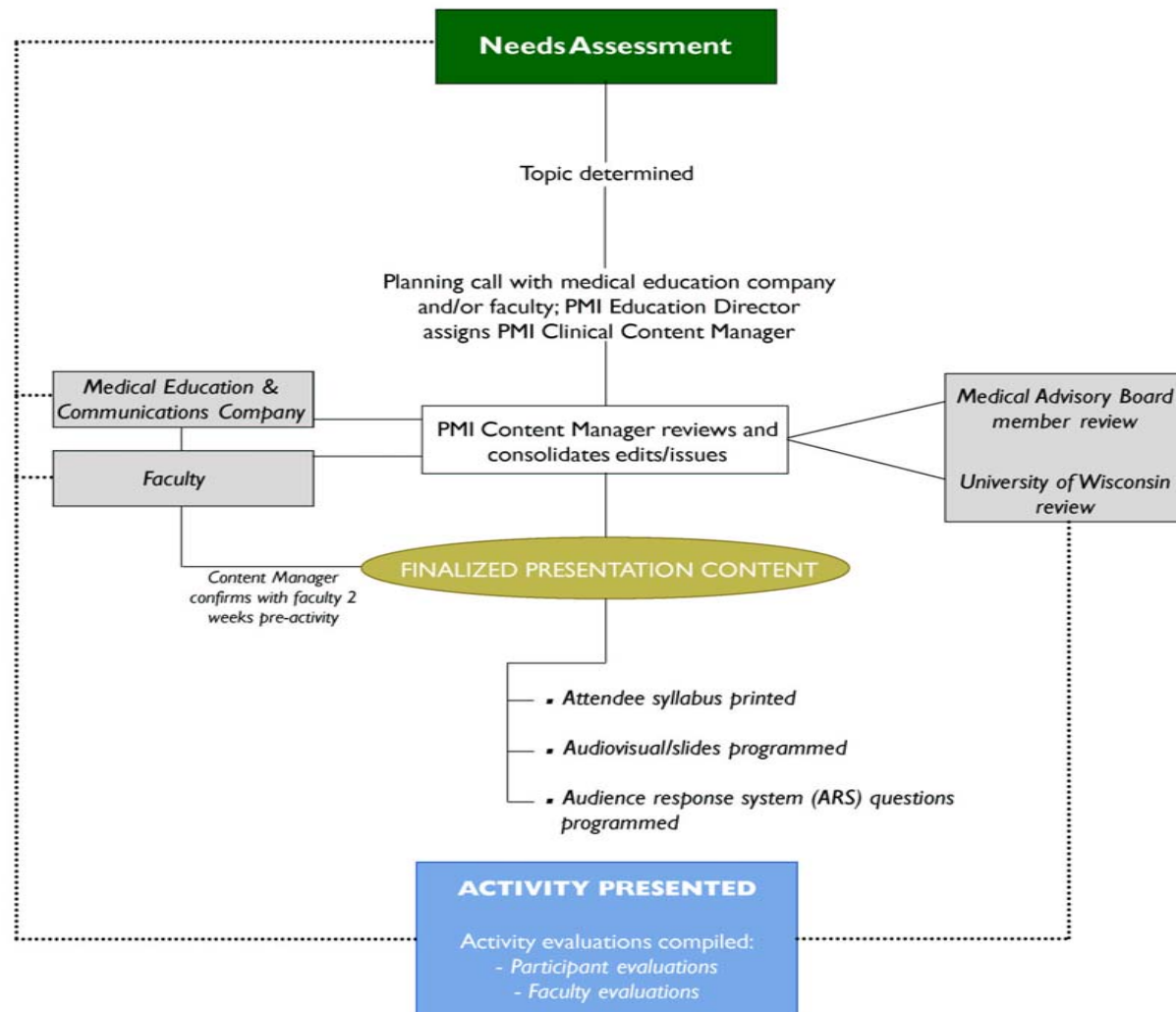
- Recent changes in the CME regulatory environment both raise the bar for all CME stakeholders and are responsive to public concerns
 - **ACCME** placed a firm stake in the ground with its new Standards for Commercial Support
 - Transitions focus from primarily quality of processes to quality of education
 - Responds to the question of “Who benefits from educating physicians?”
 - **OIG** is forcing stakeholders to reassess and improve business practices
 - Supports major tenets of the AMA guidelines and the PhRMA code
 - Responds to the question of “Who benefits from prescribing by physicians?”
 - **AMA** (and the **ABMS** and **AAFP**) is forcing a reevaluation of the core CME crediting system
 - Provides a focus on improvements in physician practice & patient outcomes
- The regulatory changes are very good for the Business of CME

Perspectives: ACCME's New Standards



- Raise the bar
 - Quality: content validation as the new CME “buzzword”
 - Ensuring content is accurate and promotes new or important info
 - Ensuring scientific integrity
 - Control: independence of commercial interests
 - Conflict: transition from disclosure to resolution
 - Transparency: clarify roles and responsibilities for all parties
- Outcome is a fortified CME enterprise for all involved

Pri-Med Institute Activity Review Processes



Open Issues



- Disclosure of off label indications within commercially supported CME
 - *No longer mandated by the ACCME*
 - *Pri-Med will continue to require disclosure from faculty*
- Resolution of Conflict of Interest
 - *PMI policies and procedures include*
 - *“Peer review” / “expert review”*
 - *Engagement of faculty / author / contributor*
- Organizational, financial and procedural realities of new regulations
 - *organizations face significant challenges*
 - *Financial: e.g., funding requirements of a strong content validation process*
 - *Personnel / resource: Grant application processes and rigors*

Thank You

