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2004 Meeting Report Overcoming Obstacles to Worldwide Implementation of CME

NEW YORK -- Four leading experts in continuing medical education relayed their suggestions for overcoming obstacles in international CME with attendees here at the Ninth Annual Meeting of the Global Alliance for Medical Education.

United States Regulations Will Affect CME Worldwide

The U.S. government's increasing scrutiny of the pharmaceutical industry will have repercussions for CME worldwide, said Maureen Doyle-Scharff, Executive Director, Professional Alliances, Johnson & Johnson Pharmaceutical Services, Piscataway, New Jersey.

"The fact that the U.S. government will be the largest single payer of pharmaceutical drugs and devices in 2006 [due to the new Medicare drug benefit] is a huge, unknown factor [which will affect the] role industry will play in [the CME] arena in the future," she said.

The federal government is looking for high-quality, safe care at the lowest possible cost. Therefore, it will become critical to prove that CME is effective. CME providers and industry, whether developing education for the U.S. or around the world, need to focus on outcomes measurement, she said. "Outcomes measurement is the value proposition for industry support of CME in the future. We need to be thinking about quality, not quantity, and we need to always look to the end point of improved patient outcomes."

By demonstrating improved patient outcomes, Doyle-Scharff continued, the CME industry can help mitigate the risk drug firms now face when investing in CME. "We must focus on the real and perceived needs of learners and must start to invest in programming that is evidence-based, practice-based, and focuses on quality improvement," she said.

If the pharmaceutical industry does not focus on that type of education, "I do believe that the government is going to start calling the shots and make the decision about whether we will be in or out," she warned. "If we don't make sure that industry is truly engaging in an appropriate fashion, then, in my pessimistic view we won't have a role in this [CME] world in the not-too-distant future."

Online CME Needs the Human Touch

To develop successful online CME programs, providers need to incorporate personal contact with physicians, such as a phone call congratulating them for participating in the activity, said Jean Lalonde, Chairman, MedCases/IC Axon, Montreal, Quebec, Canada. "Any voice or external contact can increase retention, sometimes by up to 50 percent," he said. "It's a very small investment that has great results."

It's also important to keep online learning modules short, he said. "People stay interested for 10 to 20 minutes maximum and then they want a sense of achievement." He and some of his colleagues are exploring even shorter time frames-two-minute modules that can be built up into larger programs. "Small is beautiful. Users need to feel a sense of satisfaction online after a very short period of time," Lalonde said.

The human factor is important for CME providers as well as for participants, he said. He encouraged providers to develop partnerships with CME companies to gain distribution and other business opportunities. It's important to spend time at CME conferences developing relationships; such alliances can yield greater results and financial investments. "All the money in the world can't replace the time spent with friends in this community," he said. "The discussions that occur at industry meetings are priceless."

China Partners with the American College of Cardiology

In China, the pharmaceutical industry has enormous influence over CME. The biggest challenge in curtailing that influence and developing independent education is that docs are in favor of pharmaceutical company-controlled programs, said Howard Ho, CEO, EMO Healthcare Communications in Beijing. "The content is good, the programs are free, and there is great entertainment," Ho said. "Doctors are human."

His company formed a partnership with Rockpointe Productions and the American College of Cardiology to bring highlights of the ACC annual meeting in April to China via telecasts. One faculty member from the U.S. traveled to China

to provide face-to-face contact, which was important, Ho said, even though speakers at the U.S. meeting could respond live to questions from the participants in China. The meeting not only enabled attendees to save the travel time and cost of traveling to the U.S.-but such travel has become increasingly difficult because of the tough visa requirements the U.S. has imposed since the Sept. 11, 2001 tragedy.

After the training, the attendees traveled to 24 cities in China to educate 4000 other physicians about the contents of the ACC meeting. Through this initiative, Chinese doctors experienced an unbiased program, said Ho, which will encourage them to push for more independent programs in China.

U.S Providers: Respect Other Cultures

American CME providers expanding into the international arena should understand and respect other cultures, and adapt their education to meet the needs of physicians in local markets, said Thomas Sullivan, CEO, Rockpointe Broadcasting, Washington, D.C.

"A lot of American companies think, 'We're Americans, we have the best speakers, we know everything,' and they don't localize the content," said Sullivan. But that is not an effective approach. The China/U.S. collaboration described by Ho was successful because local opinion leaders participated along with U.S. doctors, Sullivan said.

Here are some of his strategies:

- **Different Markets, Different Dosing.** Programs must be modified to account for different dosing requirements in countries outside the U.S.
- **Lost in Translation.** In Europe, specialists speak English, but primary care physicians do not and programs will need to be translated into the local language. In Japan and China, very few doctors speak English. Coordinate with local partners-and leave translations up to the local markets.
- **Check the Calendar.** Before scheduling your event, check out local holiday schedules. For example, in Sweden everyone is on vacation in July; in continental Europe, August is the big vacation month. In the Middle East, Friday is equivalent to our Saturday, so if you do a program on Thursday afternoon nobody will attend because everyone's getting ready for the holiday.
- **Round-the-Clock Staff.** Allocate personnel to work early or late, so they can communicate with your partners in other parts of the world.
- **Chill out.** "Slow down-you're not in New Jersey anymore," said Sullivan. "Ours is a 300-year-old culture; theirs are thousands of years old and they just don't move like we do. Be willing to adapt your tactics to the local markets."

U.S.-based CME will also improve from exposure to international scientific development, he said. "There are a lot of studies released in Europe and Asia; there is a lot of education going on outside the U.S. that we could benefit from."