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### 2005 Meeting Report Bluetooth or Blue Sky? e-CME: A Promising Field

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NEW YORK -- While online CME is growing, there are still barriers to its expansion, said Honorio Silva, MD, GAME Board of Directors; and Vice President, Science and Medical Professional Development, Pfizer, Inc., New York.

On the positive side, the number of certified e-CME activities increased ten-fold between 1998 and 2003, according to the 2004 ACCME Data Report; and a 2005 Data Monitor survey of 1500 physicians in the United States showed that doctors retain information better from e-CME than from conventional education, noted Dr. Silva who moderated a session on e-learning during the Tenth Annual Meeting of the Global Alliance for Medical Education.

However, physicians have been disappointed with the quality of many e-CME activities. Online CME programs need to be more interactive, tailored to specific audiences, and provide credible and relevant information. Another obstacle to e-CME expansion includes a low level of awareness among physicians, said Dr. Silva. Physicians still go to the Internet mainly for informational purposes, not for CME, he added. Finally, there are no quality standards for e-CME. "This is a promising field, but there is still a lot of work to do," concluded Dr. Silva.

#### What Makes e-CME Effective?

The European Society of Cardiology's educational Web Site, [www.esced.org](http://www.esced.org), launched in 2003, is a successful example of e-CME, said Richard Bowyer, Global eHealthcare Director, Wolters Kluwer Health, Chester, United Kingdom. The Web Site creators spent over two years working on the educational methodology and that was time well-spent, Bowyer said.

To achieve credibility, the site is non-promotional, and uses leading experts and a coherent curriculum addressing areas of clinical importance. The activities are engaging and interesting to do, including case histories and instant feedback. The Web Site is also easy to use; it doesn't require plug-ins or downloads.

This site is currently thriving, with more than 6,000 regular users; most are cardiologists. Users say they like the site because it is credible and non-promotional, and the activities are useful and written by experts. Industry appreciates the visibility associated with such a highly credible project, said Bowyer.

Effective e-CME sites can also assist physicians in answering their specific practice questions. One such initiative is SkolarMD, developed at Stanford University and now owned by Wolters Kluwer Health. The site simultaneously searches multiple knowledge resources using a single integrated search. It keeps a record of each user's search and physicians earn AMA/PRA category 1 CME credit for their learning, as part of the AMA's Self-directed /Self-initiated Internet Pilot Project.

"This is an example of where technology allows seamless access to all the different information sources and rewards that interaction as well," said Bowyer. Physician feedback has been favorable: In Phase One, 94% of users reported that they found the answer to their question; 93% said they would apply the information clinically. Currently there are SkolarMD pilot programs in Australia, Canada, India, Japan, New Zealand, and Taiwan.

#### Next Step: Healthcare Technology Standards

With the advent of U.S. patient information privacy regulations, e-prescribing, electronic medical records, and other aspects of healthcare technology, it's important to establish standards that allow interoperability within the medical information network, said Ross Martin, MD, MHA, Senior Manager, Technology, Pfizer, Inc., Washington D.C. It's also critical to teach doctors how to use technology in the context in which they work, Dr. Martin said.

One of the organizations working on technology standards is MedBiquitous, an international group of professional medical associations, universities, commercial, and governmental organizations, started by Johns Hopkins University four years ago. An American National Standards Institute-accredited organization, its mission is to advance medical education through technology standards that promote professional competence, collaboration, and better patient care.

Another important initiative in the area of healthcare education technology standards is the Medical Education Metrics Standards Project (MEMS). Because there are no current standards, providers and supporters have to communicate using different processes and datasets for each of their numerous programs and relationships. "This lack of standards makes it impossible to evaluate CME programs," said Dr. Martin. "At Pfizer, I knew there were real advantages in

promoting e-CME, but I had no data to show that definitively. CME providers would give us reports, but I couldn't [compare them] to one another, so I started working on standardized ways of evaluating different types of programs," said Dr. Martin. If standards are developed, such measurement would be achievable, he explained.

### **The Benefits of Blended Learning**

Blended learning combines technology, various teaching approaches, interactivity, and integration of learning within clinical practice to effectively educate physicians, said Paul Piché, MBA, President, Healthcare Information Technologies, Montreal, Quebec, Canada.

Piché used a case study to illustrate how blended learning works. First, the needs assessment survey was administered via phone and fax to 300 physicians. Then, the scientific committee, comprising 10 individuals, held virtual meetings on a regular basis. "If you're establishing a scientific committee meeting it might take you a month or it might take you six months just to agree on the date that you will meet. You have to fly, you have to book the hotel," said Piché. "We can organize virtual meetings within a two-week period and the physicians are really appreciative of the fact that they don't have to travel. We shortened the content development process by one-third. And then we finalized content using a face-to-face meeting."

The group also used virtual meetings to train the 100 physician speakers. The training sessions were offered several different times, giving the physicians the opportunity to choose the date and time that was best for them. The virtual process worked well: 97% of physicians said they were happy with the technology that was used to train the trainer; 94% said that they would do it again, said Piché.

The educational activity itself was offered online and in face-to-face sessions. Using the physicians' feedback, organizers conducted a statistical analysis to compare the results of the face-to-face and online activities with very interesting results: There were no significant differences for most of the criteria. The online program did score lower for group interaction; and the face-to-face meetings scored higher in two other areas: program organization and relevance to practice. "But, if we analyze the total scoring of face-to-face versus online, there were no statistical differences overall between those two programs," concluded Piché.

### **Europe Boosts Broadband Access**

The key drivers facilitating the growth of e-CME in Europe are the increase in mandatory CME and broadband access. In fact, one of the European Union's goals is that everyone will have broadband connections in the next few years, said John W. Winistoerfer, CEO, European Medical Network.

According to a survey, 50% of European doctors claim to frequently use the internet for CME, while 90% say they will do so in the near future. There are, however, still major barriers to e-CME use, including slow Internet connections, lack of computer skills, and complex sites.

In Europe, e-CME is convenient not only for the user, but the expert can stay at home as well, said Winistoerfer. For pharma companies, the benefits of supporting e-CME are higher prescription levels and improved credibility.

He noted that attitudes toward pharma support differ in the U.S. and Europe. While in the U.S., Marcia Angell, MD, has said that the pharmaceutical industry should have no involvement at all in CME, an anonymous CME expert in Europe counters: "Beware of the Ayatollahs of CME because without the industry we might not have any CME at all." The truth is probably somewhere in between, said Winistoerfer.