Article & Survey Results

Waning Pharma Support of CME
The Plight of For-Profit MECCs

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Recent headlines pulled from traditional media as well as from the blogosphere paint a bleak picture of the future of commercial support for continuing medical education (CME).

“Pharma Pulls Support from CME”

“New ACCME Report: Commercial CME Support Enters Free Fall”

“APA Votes to Phase out Industry-Funded CME”

“Pharmaceutical-Funded Education Draws Congressional Ire”

Is the pharmaceutical industry getting out of the business of supporting CME?

The future of pharma-funded CME was previously examined in Pharma Marketing News (see PMN Reprint #71-03: “Wither CME?”; http://bit.ly/plSQ4; use discount code ‘CME123’ to get it FREE!) based on data from the Accreditation Council for Continuing Medical Education (ACCME) and a survey of Pharma Marketing News readers.

Now, there is hard evidence that pharma funding for CME is waning. At the same time, that source of funding is coming under attack from Congress, medical schools, some physician societies, and other sources. Meanwhile, for-profit medical education communications companies (MECCs) are suffering.

In this article, I will first review new data from ACCME, which indicates that there is a shift in pharma CME funding from MECCs to physician societies. Then, I will present a synopsis of the July 29, 2009, United States Senate Special Committee on Aging hearing on “Medical Research and Education: Higher Learning or Higher Earning?,” which featured testimony from experts who were supportive and critical regarding the benefits of industry-sponsored support of CME. Lastly, I will present new data from the “What’s the Best Way for Pharma to Support CME?” survey, which asked respondents to give their opinions about several alternative ways for pharmaceutical companies to continue their support of CME without drawing the ire of Congress and other critics.

The Plight of For-Profit MECCs

ACCME recently published its 2009 annual report, which includes CME funding data from 2008. Courtesy of Hooked on Ethics Blog, here are a few interesting takeaways from this report:

1. Overall CME spending in the US is down from $2.54 bn in 2007 to $2.36 bn in 2008, the first year-to-year drop since ACCME was founded.

2. The reduction is almost completely due to reductions in commercial CME sponsorship, which fell from $1.2 bn to about $1 bn (see Figure 1, below).

3. In turn, this reduction was highly selective among CME sponsors. The medical education and communication companies (MECCs) that are almost solely engaged in for-profit work on behalf of commercial sponsors, had their revenues hit by $131 million, or a 22% reduction.

While 2008 did indeed mark the first year that the absolute number of pharma dollars spent in support of CME declined, the percent this represents of the total CME budget has been decreasing since 2004 when OIG guidelines advised pharmaceutical companies to remove CME budgets from control of marketing departments (see Figure 2, pg 2). In other words, pharma support of CME has not kept pace with other sources of funding.

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The pharmaceutical industry supports CME by funding different types of ACCME-accredited providers. These include the for-profit MECCs, medical schools, and physician societies. Figure 3 (pg 4) shows how this funding has changed over the years.

"Commercial support for MECCs has entered free fall mode," said Danny Carlat in his Carlat Psychiatry Blog (see http://bit.ly/GwSSW). Such is NOT the case, however, for medical schools and physician societies. Although pharma funding of their CME activities has contracted somewhat, the decline has not been nearly as dramatic as the decline in pharma-funded MECC CME activities.

It's not surprising, therefore, that physician societies have overtaken MECCs in terms of the percentage of total CME income (see Figure 5, pg 5).

**Advertising and Exhibits at CME Events**

Pharma funding of CME comes in the form of grants and CME event advertising/exhibit fees. Most of the latter money goes to physician societies that provide CME at elaborate annual and regional meetings of its members. Figure 6 (pg 5) shows the trend in advertising/exhibit income that physician societies have received from pharma.

Some physician societies, however, have placed restrictions on pharma-supported CME programs. In March, 2008, the American Psychiatric Association's (APA's) Board of Trustees voted to establish a working group to assess its relationship with the pharmaceutical industry.

**Senate Hearing Focuses on CME**

Testifying before the United States Senate Special Committee on Aging hearing on "Medical Research and Education: Higher Learning or Higher Earning?" on July 29, 2009, APA Medical Director and CEO James H. Scully Jr., M.D. said “among the recommendations submitted for Board review was that the APA phase out industry-supported education programs and industry-supported meals served at the APA scientific meetings. The Board voted in March, 2009 to accept the recommendation. As far as we know,” said Scully, “the APA is the first professional medical specialty to end industry-sponsored symposia.”

Implementation began at the 2009 Annual Meeting in San Francisco. In 2006 the industry-supported programs comprised 46 of the over 549 educational programs at the scientific meetings. In 2008, the

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industry-supported programs constituted about 5 percent or 28 of the over 549 educational programs at the scientific meetings. As a result of the Board action, in 2009 this was reduced to 11 programs. "I do want the Committee to note that the overwhelming majority of our educational activities at our annual meetings are not developed by the pharmaceutical industry but by APA members including the NIH," said Scully.

All this concerns activities outside the exhibit halls where pharmaceutical companies still spend millions of dollars to advertise their products to physician attendees. "Dozens of huge exhibits, many occupying at least 250 square feet in area, most of which at least 20 feet tall, filled the center of the convention arena," observed Philip Zimbardo, former president of the APA, at the 2002 APA meeting. "In addition to their sheer bulk, many displays featured the name of the primary drug being promoted more prominently than they did the name of the pharmaceutical company."

The economy more than anything else may be putting limits on the income that physician societies receive from advertising/exhibit fees at their CME events. Yet excesses in the past have limited the ways in which pharma marketers can interact with physicians at CME events. The APA, for example, has set rules to create a buffer between commercial and CME activities at its meetings, including:

- No commercial materials, promotional materials or product advertisements may be displayed or distributed in the same room or adjacent areas immediately before, during, or immediately after an educational activity certified for CME credit.
- No commercial materials, promotional materials or product advertisements may be distributed to guest rooms or space otherwise shared with attendees at the Annual Meeting.
- No promotional activities are permitted in the same area as the educational activities.
- Representatives of commercial supporters of the Annual Meeting may register for and attend an educational activity, but may not engage in sales or marketing activities inside educational activities or adjoining areas.

**Figure 3. Pharma Funding of Various CME Providers.**

Source: ACCME Annual Reports. This chart illustrates dramatically the flight of pharma funds away from MECCs.

Nissen: ACCME Needs to Go Away

Testimony from Steven Nissen, MD, Chairman, Department of Cardiovascular Medicine, Cleveland Clinic, was especially critical of industry-funded CME in general and of the ACCME in particular.

"With the billions of dollars of industry money flowing into CME, who is guarding the integrity of the CME process?" asked Nissen. "Current oversight by the Accreditation Council for Continuing Medical Education is largely ineffective. The ACCME has strict rules governing educational activities, but appears uninterested or incapable of enforcing them. I am unaware of any communications companies that have lost their accreditation because of biased CME."

"Maybe they don't have resources, maybe they do not have the will," said Nissen. "We need ACCME to go away." He said that while Murray Kopelow, CEO of ACCME, was sitting in the same small room!

"In recent years, CME has been increasingly used to conceal payments to physicians that would otherwise be disclosed by transparency rules at hospitals and medical schools," said Nissen. "Since the honorarium comes from a third party and is used to support CME, recipients are shielded from disclosure. Essentially, communications companies are used to 'launder' money to avoid disclosure." Perhaps Nissen read this Pharma Marketing Post post on the subject: "Welcome to the CME Laundromat!" (see http://bit.ly/QhxSM).

Kopelow: ACCME Has Made Improvements

Kopelow, in his testimony, did not mention any CME providers who have lost their accreditation due to violations, but he did mention many recent improvements in oversight implemented at ACCME. Providers, for example, have been put on "probation," said Kopelow without describing what that meant. He also

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Figure 4. CME Income by Provider Type. Source: ACCME Annual Reports. The percent of total CME income represented by various providers over the years illustrates the waning importance of MECCs versus ascendancy of physician societies (see Figure 5).

Figure 5. CME Income as % of Total. This chart emphasizes how Phys Society share of CME is growing while MECC share is waning.

Figure 6. Physician Society CME Advertising/Exhibit Income.
mentioned that "just this month," ACCME made public those CME providers that accept pharma funding. Actually, according to a personal communication from Tamar Hosansky, ACCME Director of Communications, "the list ... will be posted by the end of August. It will include whether or not a provider accepts commercial support, but will not include information about the amount of commercial support received by an individual provider."

Kopelow's written testimony mentions applications for accreditation that failed and providers who were placed on probation:

- Fourteen of the 22 Initial Applicants for accreditation received decisions of NON ACCREDITATION for failure to demonstrate compliance in all ACCME accreditation elements. All, but one, was found in non compliance with the SCS (Standards for Commercial Support).
- Fifteen Providers were placed on PROBATION for: a) a failure to demonstrate any implementation of the 2006 educational accreditation criteria; or b) recidivism with respect to compliance with the ACCME SCS. (This represents some providers that were found in non-compliance with the SCS four years previously, demonstrated correction with a Progress Report and then were found in non-compliance with the SCS during this re-accreditation review,); or c) failure to address some components of the ACCME Standards for Commercial Support.

Stossel Offers Anecdotal Evidence
Thomas Stossel, MD, Translation Medicine Division and Senior Physician, Hematology Division, Brigham & Women's Hospital, Harvard Medical School, asked "Is it really broke? Do we need to fix it? I see CME as pretty darn effective as currently constituted."

Stossel suggested that improvements in medical care were a direct result of industry-funded CME. To back up his claim, Stossel, in his live testimony, resorted to anecdotal evidence several times.

Junior Senator Al Franken (D. MN), a member of the Senate Special Committee on Aging, commented "it doesn't follow that industry should fund CME just because medicine is better today than when we were kids. You draw conclusions from stories. Accumulation of anecdotes that you quote don't equal data."

The first two pages of Stossel's written testimony just reviews the advances of medicine to treat diseases like heart failure, which he attributed to the drugs developed by commercial entities like pharma-aceutical companies. This, of course, may be true, but Stossel failed to prove that industry-sponsored CME played a major role.

"Do the allegations concerning the parasitic and devious aspects of the medical products industry survive analytical scrutiny to justify concluding that conflict of interest degrades medical integrity?," asked Stossel in his written testimony. "They do not," he answered.

Stossel concluded his written testimony with "History has repeatedly demonstrated that top-down, central planning impedes innovation. Unless we resist the zealots driving conflict of interest regulations, progress will slow and patients will suffer."

Search Twitter for hashtag #SenCME (http://bit.ly/McFwB) to see Tweets made during the hearing.

What’s the Alternative?
Is it time to end all pharmaceutical industry support of CME or are there ways that the industry can still support CME that satisfy critics regarding bias and conflict of interest while still helping physicians learn about new and effective treatments? That essentially is what the Pharma Marketing News survey "What's the Best Way for Pharma to Support CME?" tried to answer. This online survey collected 200 responses from different stakeholders.

Only 28% of survey respondents indicated that they were employed by ACCME-accredited CME providers, whereas 68% said they were not. About 22% were employed by a MECC. Eighty-six percent (86%) resided in the U.S. and 84% were very or somewhat supportive of the pharmaceutical industry (only 7% were somewhat or very unsupportive).
Survey Results
This first section of the survey solicited opinions on the following questions:

- Referring to single-company sponsored CME, do you believe it is strongly biased in favor of the sponsor's product(s)?
- Are ACCME guidelines regarding "firewalls" between the commercial and educational interests of a CME provider effective in preventing bias in pharma-sponsored CME?
- Should pharma-sponsored CME be eliminated or greatly reduced and other means found for paying to develop CME (eg, direct payment by physicians, government grants, private foundation grants, etc.)?
- Is industry sponsorship of CME is vital to the improvement of medical outcomes?
- Is the best way for pharmaceutical companies to sponsor CME is through block grants made to medical schools and/or professional societies?

Figure 8 (pg. 8) shows the level of agreement among various respondents to critical issues regarding industry-sponsored CME. A strong majority of respondents, for example, agree that pharma-sponsored CME is vital to improving medical outcomes and nearly as strong a majority disagreed that industry-sponsored CME should be completely eliminated.

Is Single-Sponsored CME Biased?
Less than a majority (49%) of all respondents agreed that single-sponsored CME is biased. A majority (64%) of respondents not employed by pharmaceutical companies or MECCs, however, agree that such sponsorship is biased (Figure 8, bottom).

"Having been in pharma sales over 20 years," said one pharmaco respondent, "I have seen both sides. Some of the information would not get out unless pharma paid for it - but it is always biased."

"The CME companies know who's providing the grant funding and which products the company produces or will produce," commented another pharmaco respondent. "They know if they are to be selected through the bidding process, they have to produce content that is supportive of the sponsor's products. To do otherwise, would be bad for business. As an industry, we should do better than supporting this unethical business practice."

"Pharma support as such is NOT the problem," said Eugene Pozniak, Managing Director, Siyemi Learning, a UK-based an independent provider of CME products and related services that is not accredited by ACCME but that has pharmaceutical clients. "Well designed and implemented CME programmes should not have the means to allow bias to creep in, whether it is sponsor-bias, venue-bias, or bias in favour of the presenter's own interests (whether financial, research grant, home town bias, etc.)."

"The push to reduce or eliminated pharma sponsored CME is the most ridiculous red-herring in medicine," said an anonymous HCP respondent employed by an ACCME-accredited provider. "To assume that just because a program is sponsored by a company will taint my years of education, mentorship, training, and experience because someone paid for my dinner is insulting and misguided. The external influence on my prescribing habits from a sponsored program is nothing compared to the effect of an insurance company mandating one product over another through enforcement of formularies without regard for my individual patients."

What About Alternative Funding Sources?
"The only other large-scale, feasible option I see for funding CME other than commercial interests is gov't," said an anonymous independent consultant. "While I have no problem if gov't funds a significant portion of CME, I would not have confidence in any system in which the vast majority of CME is determined by the federal gov't. I can only imagine the results of an inevitably political process determining what can be taught to MD's. Based on the commercially supported CME conducted by reputable companies I have seen over the last 12 mos, the content of the sessions is not biased and typically good in the specifics of what it covers. The only source of bias I see is topic/area of CME, and this doesn't bother me much, mostly since MD's select what they will attend."

"No significant government funding is available at present for CE and it is highly unlikely that such resources will become available in the present budget climate," said Eugene R. Tombler, PhD, FACME, Medical Director, MediCom Worldwide, a MECC. "Pharma remains a vital source of funding and their resources to police bias are actually quite significant. I do believe, however, that continuing education activities should be funded by multiple supporters whenever possible since this should allow for equitable funding while also providing a check and balance."

"Based on the feedback from physicians at the last two ACME meetings, it is also unlikely that physicians are willing to pay for their AMA required credit (particularly at the cost that such programs would require) and that it will not be possible to provide sufficient CME offerings without at least 65% Pharma support," added Tombler.

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Figure 8. How Survey Respondents Voted on the Issues. Top = All respondents. Bottom = Select respondent groups.
**Block Grants**
In 2006, Wyeth gave a $500,000 block grant to the Medical Association of Georgia to be shared by accredited providers. "Wyeth is removing itself from individual grant decision-making," said Jennifer Spear Smith, PhD, executive director, Wyeth PES.

Notwithstanding Wyeth’s initiative, block grants were not a favorite alternative means of industry support for CME according to our survey. This is primarily because of loss of control over the kinds of programs that might be sponsored by the provider.

“While the idea of block grants are fine in theory I cannot see an Oncology pharmaco sponsoring a programme on rheumatology," said an unidentified respondent. "I suggest that if block grants are the only way forward then there MUST be pharmaco input into where the money goes."

“Pharma companies will not participate in block grants,” said an unidentified pharmaco Sr. Mgr. of Company Directed Education. “CME contribution has dropped lately because pharma companies are looking more for direct returns on investments.”

**Firewalls**
While 75% of MECC respondents felt that ACCME firewall rules were effective in preventing bias in industry-sponsored CME, only 46% of pharma respondents felt that way (see Figure 8, bottom).

“Most groups that develop CME have a rubber stamped CME letter to use whenever they like," said an unidentified respondent. “CME is always biased. Firewalls.. yeah right. Promotional programs that run through medical legal departments are more credible, end of story. The CME private chop shops ruined it as well as the greedy fake ivory tower academic losers!”

**The Pfizer Solution**
In July, 2008, Pfizer announced that it will no longer directly fund CME courses provided by for-profit, third-party companies (MECCs) although it will keep paying for courses offered by medical schools, teaching hospitals and medical societies. The survey asked respondents if they thought all pharmaceutical companies should follow Pfizer’s lead.

Overall, one-third of respondents answered “Yes,” other pharmacos should follow Pfizer’s lead (see Figure 9). Not surprisingly, less than 13% of MECC respondents agreed, whereas nearly 30% of pharmaco respondents agreed.

“Pfizer’s move does not eliminate concerns of bias in the slightest," said Tombler. “Hospitals and medical schools, in particular, are the point of service (the prescribing institution) and this is only an effort to go directly to the current and future prescribers while inoculating themselves with the appearance of strict compliance. Physician societies, in many cases, have even less stringent rules concerning separation of promotional and CE activities and are understaffed to serve the full provider needs of the US healthcare community.”

![Figure 9. Should All Pharma Follow Pfizer’s Lead? Shows % of each respondent category that answered “Yes.”](image-url)

“It doesn't matter,” said an anonymous respondent. “Med schools, teaching hospitals, and medical societies frequently use MECCs to create their CME anyway, and unless CME is funded by pooled grants (ie, from multiple pharma companies), the bias will be no less than it is in the MECCs, or not much less.”

“It's probably easier for Pfizer to use this model because the for-profit, third party companies are the gray area," said an anonymous respondent employed at a non-profit ACCME-accredit provider. "However, if the argument is that courses paid by the pharma industry are biased simply because they are company funded courses, then it really doesn’t matter if a med school, teaching hospital or medical society provides the education. They would be inherently biased because of the funding. Non-profit does NOT equal unbiased.”

It all comes down to following the rules, whatever they may be. “If the standards put forth from the ACCME for certified programs are followed by all providers be it MECCs or medical schools or associations it shouldn't matter," said an anonymous respondent employed by an ACCME-accredited provider (medical school or physician society), “but if the point is that everyone is not following the rules then perhaps oversight of CME and the ACCME need to be addressed.”

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