

Prescription for Conflict Conference - Georgetown University, June 25, 2010
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Continuing Medical Education:

- Required by state licensing boards and professional/specialty societies.
- Intended to assure that health professionals are up-to-date on current/best practices.
- Unlike continuing education for other professionals, CME can be accessed at little or no cost.
- Subsidized CME has created a network of for-profit and university- based developers and providers – entities that develop and deliver programs funded by others.
- CME is an industry unto itself
 - Self-regulated
 - Revenue source for educational institutions and for-profit companies
 - Funding is provided by manufacturers, foundations, public institutions, health insurance interests, others

For-Profit Interests and Subsidized CME in Context

Manufacturers operate for profit. There is a record of significant health advances (and more than a few mis-steps) resulting from the profit incentive to develop new therapies. Profit is measured in dollars, not lives saved, degrees of health improvement, or CME credits extended.

Everything a for-profit entity does should be to enhance profitability and shareholder value.

- Return on investment
- Investment compatible with organization goals
- Strong emphasis on short-term results reporting
- In the CME realm, this creates pressure to use information/opinion/speakers that are compatible with marketing strategy. This pressure is explicit and implicit.

Providing significant CME funding regardless of content is likely incompatible with organizational goals. It is logical and consistent with corporate goals that funding should not be provided to increase exposure to concepts and ideas that are at odds with marketing messages.

For-profit companies are unlikely to fund CME programs where:

- There is no clear message that supports the goals of the funding firm,
- Persons with opinions incompatible with funding agency views are involved, or
- There is a history of failing to deliver a message compatible with marketing goals.

Provider/Patient Interests

As patients (and family of patients), what kind of education do we hope that our health providers have received?

As providers, should we rely on CME linked to what a manufacturer considers profitable for us to know?