

Choosing Educational Partners: Keys to Successful CME Collaboration

Selection Criteria for <i>CME Providers</i> in Assessing Potential Supporters	Selection Criteria for <i>Grantors</i> in Assessing Potential Providers
<p>Operations <u>Administration</u></p> <ul style="list-style-type: none"> ■ Medical Education Department <ul style="list-style-type: none"> ○ Where it resides within the corporate organizational structure <ul style="list-style-type: none"> ● Independent ● Medical Affairs ● Other ■ Organizational structure of unit (Director, Assistant, Manager) <ul style="list-style-type: none"> ○ Designated individual at a senior level position, or an executive committee accountable for overseeing Med Ed unit's compliance with guidelines ○ Numbers of medical education personnel in unit and educational background ○ Responsibilities assigned by product/therapeutic category ○ Primary point of contact to enhance efficiencies <p><u>Financial</u></p> <ul style="list-style-type: none"> ■ Identification of where Med Ed funding originates and where grants are sourced ■ Person(s) responsible for budget allocation and grant review and disbursement <p><u>Compliance Program</u></p> <ul style="list-style-type: none"> ■ Med Ed relationship to other departments/units in company ■ Corporate CME guidelines and processes communicated to other internal units ■ Role of regulatory or legal in overseeing CME activities and who is responsible for the ultimate approval, ie, "sign-off" ■ Compliance officer that oversees CME compliance ■ Historical perspective re: regulatory breaches/warnings ■ Published procedures to address warnings ■ SOPs established for commercial support ■ Utilization of a referral list for CME providers versus a preferred vendor list 	<p>Operations <u>Administration</u></p> <ul style="list-style-type: none"> ■ Corporate, staffing, and organizational structure (parent organization; marketing/advertising separate from education) ■ Number, credentials, and specialty of personnel (ie, editorial capabilities, project management skills, CME expertise, etc.) ■ Demonstrated expertise in therapeutic area(s) of interest ■ Demonstrated ability to collaborate with multiple stakeholders ■ Demonstrated ability to meet or beat established deadlines <p><u>Financial</u></p> <ul style="list-style-type: none"> ■ Operational capabilities including the level of documentation and support the company deems necessary to evaluate and substantiate expenses associated with an educational activity (therapeutic/clinical issues, etc.) <p><u>Compliance Program</u></p> <ul style="list-style-type: none"> ■ Appropriate written policies and procedures concerning specific risk areas including: <ul style="list-style-type: none"> ○ Firewall structure and integrity ○ Policies to ensure that industry directs personnel to CME provider for the provision of the following: fees, travel reimbursement policy, conflicts of interest, etc. ○ Appropriate communication and responsiveness ○ A means of handling incoming communications including appropriate channels of communication for employee and customer complaints ○ A system to monitor and periodically assess the CME provider's systems for compliance ■ Appropriate procedures to manage corrective action ■ Appropriate policies describing disciplinary actions that can arise from breach of the CME provider's compliance requirements ■ Mechanism for resolving conflict of interest issues
<p>Professionalism</p> <ul style="list-style-type: none"> ■ Service to the CME community ■ Active participation in relevant organizations (ACME/PACME, PhRMA, others) ■ Employees holding leadership positions in service organizations 	<p>Professionalism</p> <ul style="list-style-type: none"> ■ Service to the CME community ■ Active participation in relevant organizations (ACME/MECCA, NAAMECC, others) ■ Employees holding leadership positions in service organizations; ACCME site surveyors, etc.

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Educational Framework

Knowledge Base & Core Competencies

- Preparation of strategic educational plans and participation in long-range plans for respective franchises
- Documented understanding of adult learning principles and application to CME
- Ongoing training programs for med ed personnel
- Med ed personnel clearly make the distinction between education and promotion and demonstrate that understanding
- Company-specific SOPs regarding interaction with providers; evidence of transparent collaboration
- Types and numbers of programs supported
- SOPs in place re: grantor review to accommodate timelines

CME Process

- CME provider: collaborator vs. vendor relationship
 - Patient care focused
 - Learner focused
 - Grant process
 - Grant process review done electronically, via phone, hard copy, etc.
 - If electronic, a grant process liaison is assigned to address inquiries
 - Procedures and guidelines for med-ed unit input into CME
 - Procedures that govern interface between marketing, med-ed unit and CME provider: published SOPs
 - Procedures result in complete internal and external transparency

Assessment of learning and behavioral change

- Appreciation that the support of an outcomes strategy creates regulatory transparency
- Demonstrated ability to support programs that generate outcomes data
- Interest in support of educational interventions that
 - Utilization of proven methods to measure knowledge gained, application of knowledge to practice and behavioral change
 - Differentiation of change in physician behavior and patient outcomes (patient component beyond provider and/or physician control)
 - Differentiation of intent to change and resulting barriers to change
- Support of practical and cost-effective means to assess outcomes
 - Support of an integrated educational strategy that includes measurement of outcomes

Educational Framework

Adult Learning Principles

- Application of adult learning principles throughout the educational design process based on education and/or training
- Examples of application: small group discussion, audience response systems, learning over time methods, reinforced learning; question and answer

Accreditation

- Current accreditation status; number and type of accreditations held from various agencies
- The results of recent assessments and a review of past and pending complaints received by the CME provider (provider could submit last letter of ACCME accreditation as evidence)
- If not accredited, can provide a list of which providers are partners
 - Demonstrated ability to partner with other providers; track record of collaboration

Educational Design

- Input into planning should reflect a shared function of inter-divisional stakeholders who address the following questions from their individual perspectives:
 - Procedures result in complete internal and external transparency
 - Identification of unmet medical needs
 - Existence of clinical data to satisfy those needs
 - Identification of learning objectives required for understanding and to improve delivery of care
 - Identification of target audiences: clinical, patient, etc.
 - Methods to communicate the educational learning objectives by type of audience
 - Definition of success
 - Identification of remaining educational gaps post activity

Assessment of learning and behavioral change

- Appreciation that the inclusion of an outcomes strategy creates regulatory transparency
- Demonstrated ability to generate outcomes data
- Proven methods to measure knowledge gained, application of knowledge to practice and behavioral change
 - Differentiation of change in physician behavior and patient outcomes (patient component beyond provider and/or physician control)
 - Differentiation of intent to change and resulting barriers to change
- Practical and cost-effective means to measure outcomes
 - Integrated educational strategy that includes measurement of outcomes