

PROFESSION

As CME funding shifts from industry, others foot the bill

Commercial support is down nearly a third since 2007. Revenues from physicians, medical schools, hospitals and other sources now pay for 51% of accredited CME.

By KEVIN B. O'REILLY, *amednews* staff. *Posted Sept. 12, 2011.*

Drug- and device-makers' financial support for continuing medical education fell for the third straight year in 2010, reaching its lowest level since 2002.

With industry support falling to \$830 million -- 31% lower than the high-water mark of \$1.2 billion in 2007 -- CME providers are relying more heavily on the fees they charge physicians. Those fees are \$20 to \$50 per credit hour. Annual CME requirements range from 15 to 50 credit hours, depending on the state.

Payments from doctors, hospitals, medical schools and other sources rose 9% from 2009 to 2010 and now account for more than half of accredited CME providers' revenue. Commercial support made up 37% of the \$2.2 billion in 2010 CME funding, down from 47% in 2007, according to data released in August by the Accreditation Council for Continuing Medical Education.

Industry funding's decline came as total CME revenue rose 3% in 2010.

"The balance of revenue has shifted, with commercial support income decreasing and other income increasing," the ACCME said.

The slumping economy, a sluggish pharmaceutical pipeline, tighter ACCME rules and growing criticism of industry-funded CME are responsible for the drop in commercial support, experts say.

"Some of the restrictions and the criticism have caused money to leave the marketplace," said Thomas Sullivan, president of the for-profit Rockpointe Corp., a Columbia, Md.-based medical education company that serves about 40,000 physicians and health professionals annually. "Big [pharmaceutical] companies don't like to get criticized."

Industry funding of for-profit medical education and communications companies has come under extra scrutiny. Critics argue that these firms, which rely heavily on commercial funding, are likelier than medical schools and physician organizations to let bias slip into their educational offerings.

In 2008, Pfizer Inc., the world's top-selling drugmaker, announced it no longer would send grant money to medical education companies, and No. 2 seller GlaxoSmithKline followed suit in 2009.

Commercial support for medical education companies has fallen by more than half since 2007. That year, the ACCME strengthened its commercial-support rules, barring medical industry firms from jointly sponsoring CME or offering guidance on how activities should be structured.

"We kind of saw this coming, and we focused on delivering quality education to physicians that makes sense," Sullivan said. "I don't think this has hit us as hard as others. There are a lot of groups that have gone out of business."

Industry funding's precipitous fall

While the decline in commercial support has not been as steep at medical schools, the leading providers of CME, some schools are turning away from industry funding. In January, the University of Michigan Medical School enacted a plan to give up commercial support, which had accounted for 45% of its \$1.2 million annual CME budget.

The University of Wisconsin School of Medicine and Public Health is taking a more gradual approach. "Commercial support has dropped precipitously. At the high point, it was around \$9 million, and now we're down to \$2 million," said George C. Mejicano, MD, the school's associate dean for continuing professional development. "We made a policy decision to try to wean ourselves away from commercial support, and we have a strategic goal of further diversifying by 2015."

In 2006, about 80% of UW's proposals for CME grants from industry won approval. Now, less than 30% get the green light, said Dr. Mejicano, who also serves as president of the Alliance for Continuing Medical Education, a trade group that represents 2,300 members working in the health care-related continuing education field. That kind of uncertainty has encouraged the school to seek financial support for CME from health plans, health care systems and others, while raising physician fees slightly.

While nine in 10 physicians and other health professionals say industry funding raises the risk of biased CME, only

42% are willing to pay higher registration fees to eliminate commercial support, according to a May 9 *Archives of Internal Medicine* study. Even so, it appears that the criticism of industry funding is making headway, said Jeffrey A. Tabas, MD, the study's lead author.

"The consistent but gradual drop in commercial funding may be due to increased CME provider and physician consumer awareness of the pitfalls of commercial funding," said Dr. Tabas, who serves on the governing board of the University of California, San Francisco, School of Medicine's Office of Continuing Medical Education. "Hopefully, this represents a weeding out of undesirable commercial support. We will need to see if the checks and balances that are currently in place are ultimately considered adequate to control bias and influence."

"Overdue correction"

In June, the American Medical Association adopted ethics policy saying that industry funding of CME should be avoided when possible. The AMA Council on Ethical and Judicial Affairs opinion says preference should be given to CME faculty with no financial interests in the subject matter. The policy is likely to speed the turn away from commercial support, said Daniel J. Carlat, MD, a prominent critic of industry-funded CME.

"The bottom line is that we are in the midst of an overdue correction in the funding structure for CME. Doctors are once again taking over funding for their own education," said Dr. Carlat, a psychiatrist in Newburyport, Mass. "I predict we'll see 5% drops in commercial support in both 2011 and 2012 -- with most of that coming at the expense of for-profit medical-education companies." Dr. Carlat operates Carlat Publishing, an accredited CME provider that accepts no money from industry.

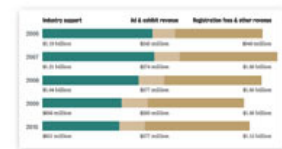
Despite such predictions, change is not happening fast enough, said Adriane Fugh-Berman, MD, who directs PharmeOut, a project at Georgetown University in Washington that advocates steering clear of pharma-funded CME.

"Much of CME is still funded by industry -- \$830 million is still far from zero, which is what it should be," she said. "There's no such thing as unbiased, industry-funded continuing medical education."

ADDITIONAL INFORMATION:

How CME gets funded

Commercial support for CME, under heavy scrutiny, is falling. Doctors, hospitals and medical schools are making up the difference, with revenue from these sources rising 9% from 2009 to 2010 alone.



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Year	Total CME funding	Industry support	Ad & exhibit revenue	Registration fees & other revenue
2006	\$2.38 billion	\$1.19 billion	\$245 million	\$940 million
2007	\$2.54 billion	\$1.21 billion	\$274 million	\$1.05 billion
2008	\$2.37 billion	\$1.04 billion	\$277 million	\$1.05 billion
2009	\$2.18 billion	\$856 million	\$283 million	\$1.05 billion
2010	\$2.24 billion	\$831 million	\$277 million	\$1.13 billion

Source: Accreditation Council for Continuing Medical Education 2010 Annual Report data, Aug. 11 (www.accme.org/dir_docs/doc_upload/e7520312-92c3-4969-acf0-bdf4c5b8d289_uploaddocument.pdf)

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Accreditation Council for Continuing Medical Education 2010 Annual Report data, Aug. 11 (www.accme.org/dir_docs/doc_upload/e7520312-92c3-4969-acf0-bdf4c5b8d289_uploaddocument.pdf)

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