

Modeling of Individual-Level & Systems-Level Reform of CME

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- No relationships of any kind with any firm whose products or services relate whatsoever to the life sciences or medicine.
- Comments do not represent the views of the Institute for Health Policy (IHP), Massachusetts General Hospital (MGH), or Harvard Medical School (HMS).
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Background

- Macy conference December 2007.
- Questions:
 - Right kind of CME?
 - Effectiveness of CME?
 - Too much industry influence?
- Follow-up on project to model alternative approaches to financing CME at the individual and systems level.

Project Goals

- To understand the financial implications and requirements of a revised system of funding for CME that is less reliant, or perhaps not reliant at all, on funding from commercial organizations.
- To provide support to the IOM committee related to economic modeling of the different options available in the future for funding and delivering CME.

Rethinking CME:

- If the goal is improved performance at the individual and systems level, CME is just a means to an end, and **expendable**, *if alternative means produce better results or same results more cheaply.*
 - Physicians are an essential element in producing health and health care.
 - The maintenance of their competence is the goal.
 - Is traditional CME the only/best/necessary method for maintaining competence?
- *Helpful to broaden the discussion to: how should we be maintaining professional competence (and professionalism) in the 21st century.*

Other Systems Methods:

- The adoption and use of certified EHRs and HIT, including decision support with CME component.
- Participation in peer review and other quality improvement activities in lieu of CME.
- Support for increased frequency and rigor of global competency assessment of physicians.
- Increased use of maintenance of certification/recertification in lieu of CME.
- Creation of CME colleges.
- Use of performance data to exempt persons who are performing well from CME requirements.

Next Steps

- Collaborating with the IOM and AAMC in reviewing the literature.
- Developing an analytic strategy in collaboration with Meredith B. Rosenthal, Ph.D., at HSPH.
- Waiting for guidance from the IOM committee for modeling that will inform their deliberations.