

## The Changing Landscape of CME Funding



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## Disclosures

I have no relevant commercial financial interests to disclose

## Panel

- Pam McFadden
- Lara Zisblat
- Dave Davis
- You!

## Format

- I will attempt to frame the topic
- The panelists will briefly discuss a perspective/ experience
  - I will include mine at the end of the frame
- Small Group Work
- Small Group Presentations
- Q&A with answers by ALL
  - This is not a Sage on the Stage session



## Traditional Funding Examples

- Registrant
- Commercial grant
- Organization/institution/society
- Medical exhibits
- In-kind



## What We Will Not Discuss

- Increasing funding from traditional sources is not the part of the changing landscape we will discuss
- We will focus at new ways to replace it; thus we will not discuss the act of not accepting funding



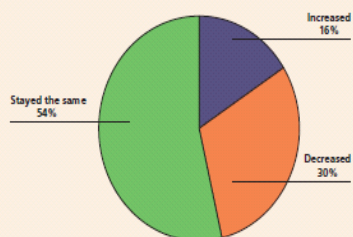
Pharma slashed CME funding again last year: report

## ACCME Annual Report Shows Decline in Industry CME Funding

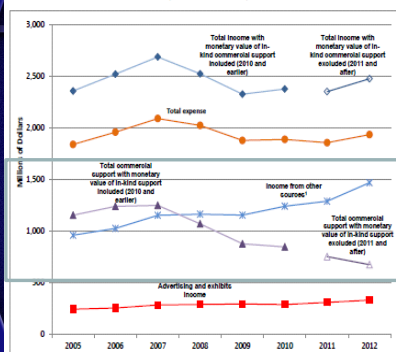
PROFESSION

As CME funding shifts from industry, others foot the bill

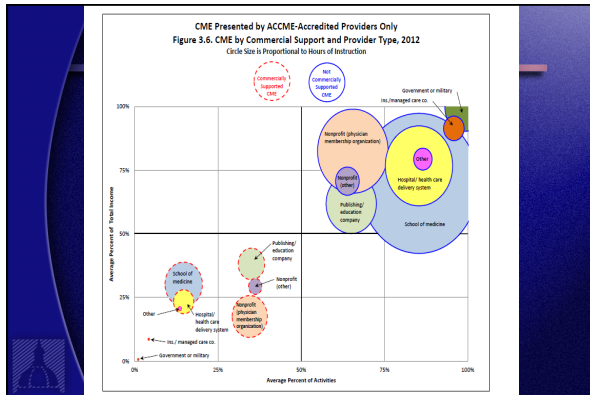
Figure 9: Percentage of the Fixed CME Budget Institutional Support Compared to Previous Year (138 Respondents) as Perceived by Respondents



Combined Data: CME Presented by ACCME-Accredited and State-Accredited Providers  
Figure 14. Revenue and Expense, 2005-2012  
(See Table 17 for source data)







## Why has landscape changed

- Economy: 2007 to present
- COI and sunshine
- Lack of ROO/ROI
  - Value at organizational level
  - Value at participant level
- Focus of CME
  - Bad players: Planners, participants and funders

- What should the response to such changes be?
  - 1. Expand other traditional sources
  - 2. Consider new sources

## Diversify!



## Our Experience

- Contracts
  - Grant-like
  - “Service”, but not rubber stamp
    - CME
    - Employee education
- Consulting
- Non-Medical Exhibits
- Non-CE +/- International market
- Foundations