


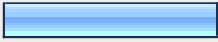

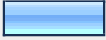


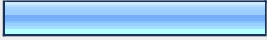
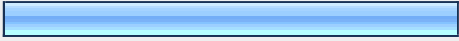
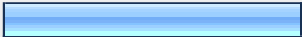
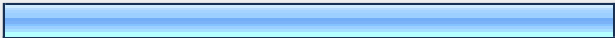

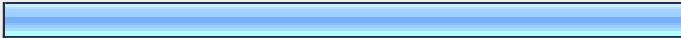


1. The CEJA report accurately represents the current environment in academic CME			
		Response Percent	Response Count
Strongly Disagree		33.9%	19
Disagree		23.2%	13
Neutral		8.9%	5
Agree		23.2%	13
Strongly Agree		10.7%	6
		answered question	56
		skipped question	0

2. The CEJA report should be referred back to CEJA for further action			
		Response Percent	Response Count
Strongly Disagree		10.7%	6
Disagree		7.1%	4
Neutral		3.6%	2
Agree		28.6%	16
Strongly Agree		50.0%	28
		answered question	56
		skipped question	0

3. Will anyone from your institution be attending the AMA meetings?			Response Percent	Response Count
Yes -- please go to Question #4			32.7%	18
No -- please go to Question #5			67.3%	37
		answered question		55
		skipped question		1

4. If yes, do you know if they will be commenting about the CEJA report?			Response Percent	Response Count
Yes			25.0%	5
No			75.0%	15
		answered question		20
		skipped question		36

5. Please provide any comments or additional information (preferably with evidence to support your points) you would like to be passed along to any SACME members or faculty at your own institutions who may be attending and/or speaking at the AMA meetings			Response Count
			25
		answered question	25
		skipped question	31







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	Comment Text	Response Date
 Find	<p>1. We agree with the concerns that have been voiced in some of the follow-up discussion points in terms of needing to clarify between certified versus non-certified CME. It would be a disservice to the medical education profession to fail to decipher funding requirements for each of those types of activities independently. Given the reliance that most academic health centers have on industry support, I would like to see more attention given to discussion of alternate funding plans. We would like to see an industry-wide standard applied to registration fees for CME participants which more accurately cover the costs for development and delivery of course activities.</p>	Tue, 6/10/08 1:27 AM
 Find	<p>2. SACME leadership is already well aware of the errors, misconceptions and elisions of logic in the CEJA Report. The major point I would make is that this is far too serious a subject to be treated in less than a well considered report after full due diligence. Therefore, the report should be referred back to the committee or defeated. Thanks.</p>	Mon, 6/9/08 1:39 PM
 Find	<p>3. This report hit the nail on the head. Without implementing these recommendations as requirements, we are stuck. In my experience at my own institution (a large urban teaching hospital), the non-physician staff has worked hard to move toward distancing ourselves from industry support in CME. We recognize that industry support is far more trouble than it is worth to us. Verbally, we have the support of the physician director of CME, but he will not act to institute such as policy as long as the practices are allowed in the community, because he does not want to be the bad guy to his fellow physicians. Implementing the recommendations will NEVER happen at my institution without it being a requirement by the authority of an entity like the AMA. As long as the option is open, our doctors will continue to do business as usual. Because this is from my own experience as an award-winning CME coordinator (since 1999), I don't have any documentation to support my perceptions shared here.</p>	Mon, 6/9/08 1:28 PM
 Find	<p>4. There was no opportunity to indicate "unsure" for number 4. At the American Society for Clinical Pathology, we have one delegate and one alternative delegate to the AMA HOD. Our staff is preparing those delegates to vote "refer back to CEJA" and should the opportunity present itself provide comments in opposition to recommendation 1 and more specifically, 1b. This "position" is in line with the recently issued letter from CMSS to CEJA. The focus of our concern is that the report fails to distinguish between promotional activities and certified CME and an apparent lack of understanding that we as accredited providers must (and have been) complying with the ACCME Standards for Commercial Support. I personally agree with Dr. Kahn's (CMSS Executive Vice President) concern of "unintended consequences of adoption of CEJA recommendation 1b;" particularly the concern that funds previously devoted to commercial support will be channeled by industry to promotional activities, including promotional educational activities for physicians which are intended to promote products. "In short, the result of adoption of implementation of CEJA recommendation 1b) will likely be a rebalancing of education for physicians, with significantly less unbiased certified CME and significantly more biased promotional education." (Dr. Norm Kahn)</p>	Mon, 6/9/08 9:53 AM
 Find	<p>5. As difficult as the near-term future for our CME will be without pharmacy support, the RIGHT thing would be for all of us to eliminate pharmaceutical support. Any possibility that communication companies could continue to receive pharmaceutical support and provide accredited CME must also be precluded.</p>	Sun, 6/8/08 11:40 PM
 Find	<p>6. The CEJA report does not adequately distinguish between promo and certified CME activities. There are many certified CME providers that strictly follow the ACCME Standards for Commercial Support and maintain adequate separation between educational activities and commercial influence. Many CME providers have identified ways to maintain an appropriate association with industry while avoiding influence in certified CME activities; not all associations with industry are harmful. Therefore, to imply that industry influence is currently a strong influential force in education is incorrect. If commercial support is eliminated from certified CME</p>	Sun, 6/8/08 5:16 PM


activities, commercial supporter funds may be “channeled” to other promotional educational activities for physicians, which may not be managed by existing standards or guidelines in place (ACCME, PhRMA, Advamed, etc.). It is clear that regulations about interacting with industry may need to be tightened, and CME providers must be part of the solution to identify acceptable strategies when working with commercial supporters to ensure public trust and commercially unbiased certified CME activities.


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|  Find | <p>7. Health and Human Services Secretary Leavitt encourages the healthcare community to address the challenges of improving patient outcomes. He calls for a collaborative system that integrates interoperable health information technology, evidence-based quality standards and payment systems to achieve high-quality, cost effective care for patients (Leavitt presentation to AHRQ, 9/2007) Continuing Medical Education/continuing Professional Education in healthcare needs to q Incorporate the entire health enterprise (government, pharmaceutical/medical device and private industry, not-for profit sector and academia, etc) and its constituents- into partnerships in education and healthcare delivery q Enter a new era of collaboration in professional development/education focused on the educational needs, practice gaps, and current verses desired patient outcomes in healthcare q Initiate substantive discussions involving ALL stakeholders (from government, industry, not-for profit and academia) in healthcare on improving patient outcomes, strategies for education, performance improvement and quality improvement marshalling necessary resources including funding and feedback/data tracking mechanisms to support the entire healthcare system q Embrace collaboration as health care goals, challenges and outcomes are multidimensional and extend well beyond the capabilities of any ONE organization or practice setting q Create new initiatives such as CS2day (Cease Smoking Today) and ACES- (Asthma/COPD Education Solutions) reflect new and innovative thinking where CME and professional development embrace the entire healthcare team with an appreciation of the unique roles of each member in improving patient outcomes We can no longer accept traditional CME but need to encourage a new and more comprehensive framework for professional education, where the goals of the healthcare team are consistent with improved patient outcomes. The involvement of all stakeholders will now include Quality Improvement Organizations and Technology in addition to all of the professional organizations involved in education, certification and licensure for physicians and healthcare professionals.</p> | Sat, 6/7/08 3:39 PM |
|  Find | <p>8. Funding of medical education can be managed appropriately and should not be eliminated.</p> | Fri, 6/6/08 9:00 PM |
|  Find | <p>9. This report identifies a real problem but does not give a viable solution given the current licensing requirements for CME and fiscal structures of our medical schools (especially our public ones).</p> | Fri, 6/6/08 7:48 PM |
|  Find | <p>10. It is time to end commercial support for CME. Although there are statements in the report that are not optimally stated, etc, the basic principle is correct. It is time to establish alternative funding mechanisms for CME. The reputation of our highest quality CME is being tarnished by the low quality "free" CME heavily funded by indisutry that does little more than promote use of specific drugs or specific classes of drugs.</p> | Fri, 6/6/08 3:53 PM |
|  Find | <p>11. I will be the Official Observer (and commentator) from the Alliance for CME. George George Mejjcano, MD</p> | Fri, 6/6/08 2:55 PM |
|  Find | <p>12. Industry funding is currently necessary/required for the Center for Continuing Medical Education to carry out our mission. The Pharma unrestricted education grants are required for all our live meetings in New York City. About 50 live meetings would be effected and would not be organized.</p> | Fri, 6/6/08 2:13 PM |
|  Find | <p>13. I recognize that the CEJA report is less than perfect with many flaws in its references. However, the CEJA is taking the high road despite a flawed report in reference to commercial support of CME activities and one that I (and perhaps only I,) agree with. I understand that SACME and other CME professional organizations are not supportive of the concept that CME should not be funded by industry but the CEJA deals with ethics and not the reality that many</p> | Fri, 6/6/08 10:46 AM |

CME providers and organizations may be jeopardized if commercial funding is not received. I would prefer that individuals and organizations responding to the CEJA report address the recommendations made in the report and not focus so much on discrediting the report because of out-dated references. This appears to a great opportunity for all CME professional organizations to come together and really redefine CME. Opposition to the CEJA report clearly shows how dependent physician education is on industry funding which certainly won't reflect well on physicians and the CME industry as a whole in the eyes of the public. I wish we would get behind the AMA and say "enough!" To say that the quality of CME will decline because industry does not pay for it doesn't really speak well for CME. I respond to this survey only to let you know that not all SACME members are opposed to the recommendations in the report. My opinions are purely personal and do not reflect those of any organization with which I am affiliated.









 Find 14. The purpose of sponsored CME activities is to assure fair, balanced, unbiased educational activities, irrespective of funding sources. If we are unable to do this, there is no need for the ACCME. I think the evidence used by the CEJA does not reflect current practices, in particular the updated Standards for Commercial Support. A also think the ACCME community has been remiss in not helping the lay public understand what it is we do. Fri, 6/6/08 10:29 AM

 Find 15. I find the report poorly written and poorly supported if the goal was to craft an evidence-based guideline. Let me clarify just a few: 1) The word CME is used to mean both accredited and non-accredited activities. This adds to the confusion that already exists and is a bit surprsing for an AMA document. 2) CME and promotion activities are confused in several places. An example is the the data presented on ROI that came from the RAPP study. That study did not ask about CME but did a ROI for money given to "meetings and events" defined very broadly. 3) Almost all of the data presented is from studies prior to the "new" era in CME. Thus it is unclear if the data is still pertinent and it is unclear if the new approaches have worked or not. 4) No evidence grades are provided. In fact in several places they quote published literature but literature that is from a single author and are opinion pieces. Unfortunately the referneded material is presented as though it is scientific information. Even if the goal was to produce a "Value" document and not an "evidence" document these sorts of references are not appropriate. 5) The first recommendation calls for a prohibition on funding to organized medicines and explicitly names medical schools, states, and socieities. This means that funding to the MECCs could not only continue but in fact all funding(~\$1.1billion) WOULD be shifted to MECCs. How does this achieve the stated goals they espouse? 6) The document presents single sided arguments and thus is not fair and balanced. For instance, the argument around disclosure. Their is very good data that it hs Pros and Cons, but only the cons are presented. 7) Remedies are not presented. If all direct and indirect funding were eliminated..how would an academic center know if a foundation providing a grant was really a source of indirect funding. What legal rights would we have to investigate a 501(c) 3 entity that is not required to do public reporting? If only direct eliminated then would the money not all move to become indirect? If all for-profits money were addressed how would a for-profit hospital educate its staff. Its nice to say no, but how will no be enacted, managed and monitored and by whom? There is more, but thats a start..... Fri, 6/6/08 6:15 AM

 Find 16. We feel strongly that commercial support of CME should continue. Thu, 6/5/08 4:47 PM

 Find 17. People need to recognize the difference between perception and reality. The literature is anything but evidence-based, and the examples often cited by the media are old practices that are rarely, if ever, used today. We are all being placed in a "Catch 22" -- those opposed to any pharmaceutical support claim (using the old, misquoted, poorly constructed literature) that all doctors are influenced, even by insignificant gifts such as pens and note pads. Thus, any doctor who says, "I am not influenced," is labelled "Exhibit A." The fact that studies have shown that doctors say they are not personally influenced but believe other doctors are influenced, is a major misinterpretation of statistical reporting. If someone asks one doctor if he/she is influenced, most will say (truthfully in my opinion) "No." If he/she is then asked, "Do you believe other doctors are influenced," the denominator just jumped from one to thousands. Of course the answer is going to be yes; everyone agrees that some physicians are influenced. The better Thu, 6/5/08 4:09 PM

question would be, "What percent of your colleagues do you believe are influenced?"

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|  Find | <p>18. To completely eliminate all financial support from the pharmaceutical and device industry CME without having a plan to replace that support would be irresponsible. It would open pandora's box. CME offices in medical schools already struggle financially and with funding from a variety of sources being cut back (i.e., NIH) for education and research, this could have a negative impact on their programs. Many specialty societies would probably not be able to continue to exist and provide the same caliber of services to their members. High quality CME would cease to exist and the only opportunities physicians would have left for continuing their lifelong learning may be purely product promotional. How very sad for patients! The answer is not eliminating the source of the funding but how funding can best support education without crossing into product promotion. Those in the CME world are very well versed in the issues. Unfortunately, there are still many in the medical and surgical fields who do not fully understand the issues or believe that they are simply not real. Perhaps the AMA would better serve its members and the public through a massive awareness and education campaign - much like what is done with chronic diseases.</p> | Thu, 6/5/08 3:20 PM |
|  Find | <p>19. I agree some changes are needed in regard to industry funding however, I do not agree with CEJA's recommendation. The severe picture it paints of CME will have a negative impact.</p> | Thu, 6/5/08 2:44 PM |
|  Find | <p>20. It is difficult to understand how such educated people can put together such a misinformed report that either lacks evidence or cites such weak documents. They certainly did not do their due diligence in the preparation of this report. SHAME ON THEM!</p> | Thu, 6/5/08 2:20 PM |
|  Find | <p>21. Removing commercial support across the board will result in substantial hardship for a sector of the CME community (I am not referring to the for profit MEC or other for profit sector-which is not a significant concern to me). I am most concerned about low resource remote regional facilities where the infrastructure is controlled by hospitals who allocate precious few resources to CME. If the dollars are removed from education they will move to marketing or to the bottom line. There will be little opportunity for 'supervision' of the content of what is delivered to physicians. Removing the entire grant process signals a total lack of trust that any integrity can be built into the CME system. Pharma is moving more and more toward higher levels of educational interventions and is actually, in some companies, showing great leadership in educational effectiveness. To quote so much data in the CEJA report about CME leading to increased drug use ignores the possibility that a substantial portion of it could have been appropriate use of new agents.</p> | Thu, 6/5/08 2:00 PM |
|  Find | <p>22. we reviewed the report at state accred subcomm meeting and had concerns which will be passed along to our delegates going to the meeting.</p> | Thu, 6/5/08 1:36 PM |
|  Find | <p>23. The CEJA folks could have included the quite knowledgeable AMA's CME Dept in their deliberations and avoided the negative publicity that their Report has generated.</p> | Thu, 6/5/08 1:20 PM |
|  Find | <p>24. I support the recommendations in the CEJA report.</p> | Thu, 6/5/08 1:04 PM |
|  Find | <p>25. Our institution has established guidelines that allow us to educate physicians and physicians-in-training in an environment that is highly regulated and free from commercial support, yet provides resources to support new educational mandates, such as ethics and cultural competency. We do not feel that these criteria are reflective of the collaborative nature of physician education.</p> | Thu, 6/5/08 12:54 PM |

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