

Physician Perception of Bias in CME Among Commercially Supported and Noncommercially Supported CME

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Objectives

This poster presents comparisons of evaluation data from a set of commercially funded continuing medical education (CME) activities with a set of CME activities that were not supported through grants from commercial interests. The objective of this assessment was to determine reporting rates within each group and to determine if and how physicians report differences in quality or perceive bias. The assessment also evaluated how physicians perceive a set of CME provider types – medical education and publishing, professional organization, and hospital.

Background

Providers of CME have been criticized for accepting financial support from commercial interests in the form of educational grants. The background for this criticism is the belief that when pharmaceutical, biotechnology, or medical device companies help fund education, the information physicians receive might favor a particular diagnostic or therapeutic option. To proactively prevent this from occurring, accredited CME providers are required to fulfill ACCME essential Elements and Standards, which include mechanisms for content validation, maintenance of independence from commercial support and conflict of interest resolution. Likewise, CME providers are required to demonstrate how the education they conduct contributes to the improvement of quality patient care by enhancing clinician knowledge, skills, and performance.

Pri-Med is an ACCME-accredited provider of education designed to address the educational and clinical practice gaps of health care professionals engaged in patient care. Pri-Med educates over 250,000 clinicians annually both in primary care and specialty medicine in 15 countries.

Consistent with ACCME accreditation criteria, including the Standards for Commercial Support, Pri-Med places high importance on detailed feedback data from participants. These data are utilized to assess the effectiveness and appropriateness of the specific educational activities that were conducted. To this end, Pri-Med conducts multiple complex analysis of evaluation data, including looking at the performance of individual content units (sessions) vs.- the entire activity and

comparing and contrasting evaluation data from different but comparable educational activities. One of the key variables assessed is bias in the content or by the speaker relative to supporting the proprietary business interest of a commercial interest.

Pri-Med has an Evaluation and Review Committee (ERC) in place to oversee evaluation efforts. This multi-department stakeholder committee routinely segments out evaluation data for assessment and review, assessing multiple factors after each CME activity. The committee also meets on an ongoing basis to review, discuss, and develop plans for improvement actions. Given the criticisms of commercial support, the ERC commissioned an assessment on commercial bias and quality data. The ERC assessment was founded on the fact that Pri-Med is uniquely suited to make comparisons regarding bias and quality because it sponsors 25 percent of its CME-certified activities without commercial support. This poster reports the findings of this analysis.

Methods

Pri-Med conducted a comprehensive, program wide evaluation initiative across all its programs in 2007. Core evaluation methods are the distribution and collection of independent questionnaires to participants following each activity. Multiple domains and metrics assess 11 criteria covering a range of therapeutic topics from cardiovascular disease and pediatric asthma to gambling addiction and bipolar disorder. Across the range of topics, the metrics and tools used to assess commercial bias and quality did not change.

Nineteen metrics and data points form the framework of this assessment. After participating in the activity, physicians evaluate each metric using a 7-point scale. Examples of metrics included:

- The faculty displayed a clear mastery of the clinical content.
- The material presented did not promote a specific proprietary business interest of a commercial entity.
- The material presented in this activity will help me improve the quality of my patients' care.

The Pri-Med ERC assess physician perceptions at both individual activity and aggregate levels, and these metrics remain consistent between activities. All physicians received the same evaluation forms, which utilize questions that are independent of the education content area. Commercial bias was one of the areas the ERC assessed in this analysis; other areas include effectiveness and applicability (eg "Material presented in this session is directly applicable to my clinical practice.") of the teaching and content.

Additional data the ERC committee employed to evaluate how physicians perceive commercial support in CME included the National CME Insights and Behaviors Study conducted in 2006 (N=799) and 2007 (N=1,891), which comprised a national sample of practicing physicians. Its primary objective was to measure attitudes and behaviors regarding CME, but it also assessed perceptions of different provider types and physician attitudes about commercial support.¹

Results

Conclusions

Quantitative Insights:

Figure 1 depicts evaluation data from all Pri-Med activities in 2007. When looking specifically at physician evaluations to the metric that stated, "The material presented did not promote a specific proprietary business interest of a commercial entity," commercially supported CME earned a 6.57 on the 7-point scale, a slightly higher rating as compared to noncommercially funded CME activities, which earned approximately a 6.52.

Quality is also rated consistent regardless of funding source. For example, when analyzing the metric that stated "Material presented in this session is directly applicable to my clinical practice," the average score for commercially supported CME was one-tenth of one point higher than noncommercially funded CME. Similar metrics in terms of quality with regards to the learning objectives being met and impact of the content on patient care also showed slightly higher averages in favor of commercially supported CME.

Qualitative Insights:

Overall, the number of handwritten responses received on the evaluation forms were low and not predictive, but when physicians did take the time to write in a response, they indicated low perceptions of bias. Specifically, less than .001 of all physician comments is about commercial bias and the comments that physicians do provide show that they do not leave Pri-Med programs believing they are biased.

Conclusions

These study data highlights how physicians perceive different CME provider types across key attributes. Study participants were given a list of CME providers. If they were aware of the provider, participants were then asked to rank their level of agreement to a series of statements on a 7-point scale about the provider (eg timely, relevant clinical topics are provided; organization is reliable and trustworthy as a CME provider).

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Pri-Med 2007 Physician Evaluation Data Across Live, Online and Print Activities²

Metric		Commercially Supported CME	Noncommercially Supported CME	Difference
The material presented did not promote a specific proprietary business interest of a commercial entity.	Average rating # of Participant Responses	6.57 884,697	6.52 128,083	0.04*
Learning objectives were met.	Average rating # of Participant Responses	6.59 1,028,215	6.52 188,221	0.07*
Material presented in this session is directly applicable to my clinical practice.	Average rating # of Participant Responses	6.40 439,206	6.30 68,511	0.10*
The content in this activity was put forth in an easy-to-follow manner.	Average rating # of Participant Responses	6.49 552,512	6.42 124,203	0.07*
The faculty displayed a clear mastery of the clinical content.	Average rating # of Participant Responses	6.6 878,754	6.52 129,262	0.08*
The material presented in this activity will help me improve the quality of my patients' care.	Average rating # of Participant Responses	6.44 537,092	6.32 124,769	0.12*

*denotes significance at p < .05

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Physicians' Perceptions of Different CME Provider Types Across Key Attributes³

Reporting 6 or 7 on 7-point scale (7 is "strongly agree," 1 is "strongly disagree")

	Medical Education/ Publishing Company	Hospital	Professional Organization
Meetings/events are well-organized	77%	56%	75%
Timely relevant clinical topics are presented	73%	64%	84%
Time spent is valuable	74%	46%	80%
Education is objective/free of commercial bias	61%	53%	79%
Information provided helps to improve patient outcomes	71%	64%	79%
Organization is reliable and trustworthy as CME provider	72%	68%	85%

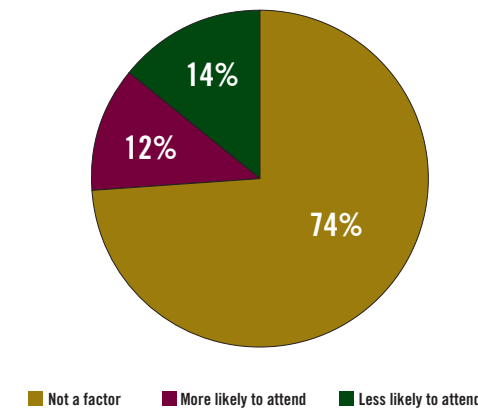
PERCEPTIONS - % AGREE
Question: Please rate your level of agreement with each statement below on how well it describes...

Conclusion

Eighty-six percent of physicians say that industry support does not influence or negatively impact their decision to attend a particular type of CME.

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How Industry Support Affects Physicians' Decisions to Attend CME Programs³

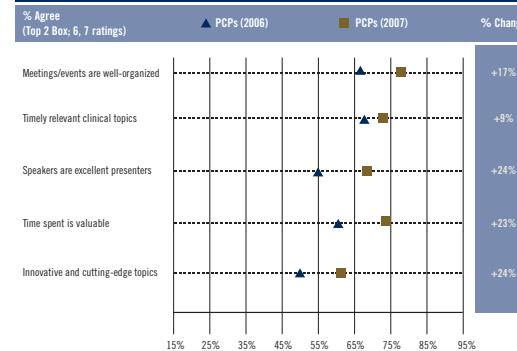


Question: If you know in advance that a pharmaceutical company has provided an educational grant to support a CME conference or meeting, does this impact your decision to attend the meeting? Would you say...

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Physicians' Perception of a Medical Education/Publishing Company³

(7 pt. scale where 7 is "Strongly Agree" and 1 is "Strongly Disagree")



Discussion

The ERC commissioned assessment determined that there was no difference in commercial bias reports, based on utilization of both quantitative and qualitative evaluation tools.

The metrics that Pri-Med selects for evaluation demonstrate both breadth and depth, and cover a wide range of educational activities. These metrics cover multiple domains and are a facet of the robust checks and balances in place to ensure CME is:

1. Evidence-based
2. Scientifically rigorous
3. Fair-balanced
4. Independent of commercial bias
5. Applicable to clinical practice
6. Replete with well-referenced data

These criteria are selected as reflecting key metrics to ensure adherence to ACCME standards for CME providers who accept commercial support. Metrics are an integral part of the checks and balances in CME content development. In addition to these data, Pri-Med also relies on independent, third-party content reviews following content development to make sure bias, if present, is addressed by revising or reworking the content with the responsible faculty presenter or author, in addition to requiring full financial disclosures from every individual involved in the process (eg faculty, peer reviewers and clinical staff). Evaluations and data analyses serve to validate the effectiveness of the safeguards Pri-Med has in place to prevent bias.

Pri-Med customarily provides rigor to meet and exceed the criteria for certified education for CME providers that accept commercial funding and achieve education content that will improve physician competence, performance and patient outcomes. In fact, these processes – including independent third-party reviews that rely on evidence-based medicine – are the reason that there are no significant differences between commercially funded and non commercially funded CME. The assessment findings and overall physician perception data demonstrate the validity of the ACCME criteria. Pri-Med remains proactive in keeping all types of bias out of CME, and physicians validate the success of its efforts. It also performs in-depth evaluations if physicians provide any qualitative comments that indicate bias and takes immediate action. These evaluation data show that there are no significant differences and that quality is consistent regardless of funding.

Additionally, despite the perception that medical education and publishing companies that accept commercial funding provide lower-quality CME than other provider types, Pri-Med has found that CME participants do not perceive significant bias or quality inconsistencies between provider types. In fact, physicians perceive very little distinguishable difference between providers that receive commercial funding others. For example, one leading medical education and publishing company compares well to other provider types and, in some cases, physicians rank the quality of CME provided by a medical education and publishing company more favorably – increasing by as much as 24 percent. Despite the growing scrutiny of commercially funded CME in the press, physicians affirm and appreciate the strides Pri-Med has made to maintain quality.

Pri-Med acknowledges that this assessment has certain limitations. First, it is difficult to find large differences in any data set that are not designed to evaluate variances between session evaluation data. While we couldn't find large differences between participants in either group, the study was not designed to detect differences that could have had an impact on the reported evaluation data. Second, Pri-Med respondents are self-selected. Lastly, we made the assumption that the participants in each of the different study groups were comparable, but we did not test to confirm.

Conclusions

Pri-Med's ERC completes thorough evaluations of qualitative and quantitative data – both separately and combined – and takes the time to complete a thorough evaluation of qualitative data, regardless of statistical significance. These efforts can – and do – lead to appropriate content revision as well as connecting to faculty, content review, faculty review, and more, as any leading content provider would.

Although 86 percent of physicians suggest that funding for CME programs does not influence their willingness or interest in attending, 14 percent do have concerns; therefore, Pri-Med takes active steps to ensure it avoids bias, maintains superior program quality and remains sensitive to these issues. This assessment shows that its efforts to manage the risk of bias in CME are effective and that the quality of CME it provides remains consistent, regardless of funding.

References

1. National CME Insights & Behaviors Study 2006, 2007
2. Pri-Med Physician Evaluation Data, 2007
3. National CME Insights & Behaviors Study 2006
4. National CME Insights & Behaviors Study, 2007
5. National CME Insights & Behaviors Study 2007

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Evaluation data are utilized to assess the effectiveness and appropriateness of the specific educational activities that are conducted.