

inside *medical education*

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COMPLIANT CME BEGINS WITH THE WRITER

Talk of firewalls is everywhere these days, and we have all seen these walls erected—figuratively, electronically, and even literally—between CME and promotional resources and activities. Many CME professionals wonder if they've done all they can to prevent the *appearance* of bias in their activities and programs. Often overlooked in these efforts is the writer's role in CME accuracy, integrity, and independence.

From content development through data validation and design, writers can be effective players against charges of bias and noncompliance in today's regulatory environment. While

CME guidelines recommend separation of educational from promotional activities, the FDA mandates such separation—individuals involved in non-CME projects are prohibited from working on CME materials for the same supporter in the same therapeutic area. In fact, if CME funded by drug manufacturers is not appropriately executed, fines can be levied against the manufacturer/supporter, and penalties that include fines and imprisonment can result for the supporter's staff, participating faculty, and staff of the CME provider.

What can writers do to avoid the appearance of bias? Accurate, complete, and fair-balanced

content that is evidence-based is key. "Know and comply with the rules," recommends Indicia President Karen Overstreet. "A network of knowledgeable colleagues with whom they can discuss issues and changes in physician education and practice can be invaluable, as can sources like CME society meetings and Web sites (eg, Alliance for CME, NAAMECC), industry publications, and online government resources." She also recommends *Medical Meetings*, *PharmaVoice*, and *Medical Marketing & Media* as excellent sources of the latest information on the CME industry and changes in pertinent regulatory issues.

JUNE 2007 GRANTS CONFERENCE SURVEY RESULTS

Grants Survey Results*	
Those who solicit grants from specific providers	
Sometimes	50%
Usually	25%
Never	25%
Those who said they do not have a grants department separate from marketing	41%
Most important part of a grant request	
Quality of scientific rationale/assessment of need	71%
Quality of design (educational/clinical study)	50%
Reputation/qualifications of the requestor	36%
Budget	21%
Grant evaluation criteria	
Budget	100%
Relationship of the activity to strategic imperatives	93%
Timeline	79%
Grant request entry point	
Separate grants department	59%
Sales/marketing	29%
Medical	24%

An unofficial survey of attendees at the recently held Center for Business Intelligence West Coast Conference on Bio/Pharmaceutical and Medical Device Grants in San Francisco revealed some interesting results. The audience, mostly pharmaceutical and biotechnology medical education professionals, was surveyed on grant processes, quality of grant requests received, evaluation criteria, etc. Data from the survey—some of which are surprising given the current regulatory environment—are presented in the table to the left.

* Answers are not mutually exclusive. The 2 areas appearing in red in the table to the left are counter to recommendations by the Office of the Inspector General (OIG); these practices are mandated in California.



EVENTS OF INTEREST

*CBI 2nd Annual Conference on
*Bio/Pharmaceutical Educational
Grants*
September 17–18
Renaissance Philadelphia–Airport
Philadelphia, PA
<http://www.cbinet.com>

†ExL Pharma 2nd Annual
*Pharmaceutical & Medical
Device Grants Conference*
October 1–2
The Heldrich
New Brunswick, NJ
<http://www.exlpharma.com>

AMA 18th Annual
*Conference of the National Task
Force on CME Provider/Industry
Collaboration*
October 17–19
Hyatt Regency Crystal City
Arlington, VA
<http://www.ama-assn.org>

ExL Pharma 3rd Annual
*Pharmaceutical Meeting
Planners Summit*
November 5–6
Westin Princeton
Princeton, NJ
<http://www.exlpharma.com>

*Dr. Overstreet will serve as a panelist leading a pre-conference workshop entitled "How the Senate Finance Committee Report Changed the Grant Funding Environment and the Direction of Your Grant Process" on day 1 of this conference. A limited number of discounted tickets are available. For information, contact karen.overstreet@indiciaed.com.

†Dr. Overstreet will be presenting a case study entitled "Ensuring Ethical Compliance While Delivering High-quality Educational Programs" on day 2 of this conference. A limited number of discounted tickets are available. For information, contact karen.overstreet@indiciaed.com.

I3D GRANT UPDATE: COLLABORATION CONTINUES



The Initiative for Decreasing Disparities in Depression (I3D), focused on developing effective physician learning activities for reducing disparities in the care of racial and ethnic minority patients with depression, and funded by Wyeth Pharmaceuti-

icals, has been a collaborative effort on multiple levels. That collaboration continues. I3D's novel, independent grant review program last year awarded \$100,000 each to 4 independent organizations with complementary missions to reduce these disparities. Following is a brief update on the progress these organizations have made so far:

Foundation for Care Management (FCM), a nonprofit, accredited provider, and its 54 educational partners (mostly small hospitals in Washington, Oregon, and Alaska) have developed a curriculum and a live program aimed at improving diagnosis and treatment of depression in the region's population. FCM has held 19 presentations so far for physicians and other professionals involved in the care of patients with depression, with 1,000 attendees. The content will later be made available online.

American Psychiatric Association-National Alliance on Mental Illness (APA-NAMI) Collaborative is designing a curriculum intended to help primary care physicians better recognize and treat depression in racial and ethnic minorities, and to improve physician-patient communication about depression. The 3-part curriculum consists of: 1) *Setting the Stage*, a discussion of depression, cultural influences in mental illness, principles of and barriers to quality care and recovery; 2) *Recognition and Diagnosis*, an examination of comorbidities and depression assessment tools; and 3) *Treatment and Referral*, which looks at effective treatment techniques and educational resources. The curriculum will be pilot tested this summer in Los Angeles, New Orleans, and an as-yet undetermined city in the Midwest. Facilitators are being trained to lead the programs.

University of Southern California (USC) is developing an innovative series of patient vignettes on video for primary care physicians that uses an audience response system to stimulate discussion and allow participants to compare their own responses with those of their peers, and subsequently, with those of expert psychiatrists (gathered during the development phase of the activity). The curriculum will use the vignettes to illustrate diagnosis and treatment issues, as well as provide learners with recommendations for resources and learning activities to meet individual needs for improving cultural competence.

National Center for Cultural Competence (NCCC) of Georgetown University is developing a CME program that will utilize physician self-assessment as a learning tool to heighten awareness, influence attitudes toward practice, and incorporate cultural and linguistic competence into the diagnosis and treatment of patients with depression. NCCC will apply lessons already learned from extensive experience with its existing Web-based self-assessment instrument, the *Cultural Competence Health Practitioner Assessment*. The program, which will also allow learners to measure their own performance improvement, may later be made available as a Webcast or a Web-based self-study activity.

For more information on the progress of this ongoing collaboration, or for I3D's Compendium of Cultural Competence and Health Disparities Resources, visit <http://www.i-3d.org/>.

Questions or Comments?

Please send information, comments, or questions for future issues of *Inside Medical Education* to Karen Overstreet at karen.overstreet@indiciaed.com.

Please visit our Web site at
www.indiciaed.com to learn more about
these and other important CME topics.

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