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The Internet and CME

By **Caren Spinner**

Despite the fact physician usage of the internet has increased over the past few years, solid evidence for the reasons they access the internet or, more importantly, if the knowledge they gained from online CME presentations has any impact on their practice is still largely unknown.

At a two-day Barnett International conference entitled, "Defining the Value of Continuing Medical Education" held on March 15th and 16th 2004 in Philadelphia, two presentations specifically addressed these ques-tions.

The first of these, "Outcomes Measure-ment: An Essential Component of CME" was presented by Robert E. Kristofco, Director of Continuing Medical Edu-cation, University of Ala-bama School of Medi-cine and Co-Founder of Outcomes, Inc. reported measuring the effective-ness of CME as well as on physicians use of online CME.

The second presentation was entitled "Is the Internet an Effective Medical Education Medi-um" was presented by Cynthia Phillips, Promo-tional Regulatory Affairs Field Director, Astra-Zeneca. Both of these presentations discussed the development and utilization of specific metrics to evaluate the effectiveness of CME programs.

Outcome Evaluation is an Essential Element of CME

Kristofco discussed the necessity of program and "outcome evaluation" for all CME programs. In this instance, "outcome" evaluation referred to what, if any impact the program had on physician behavior. According to Kristofco, program evaluations should compare "delivery formats" (medium used to deliver education) and if possible, should include a post-educational activity measure of any changes reported that could be directly attributed to a specific educational activity or result in changes in practice.

Kristofco suggested that outcome evaluation of a CME program should be specific to the actual educational endeavor. Citing the "Essential Areas and Elements" of the ACCME (see BOX), Kristofco said that the ACCME expects the idea of outcome and suggested that the cost of evaluating the effective-ness of a CME program should be built into the cost of the program itself. He referenced the fact that the ACCME stated that an educational grant can be used for evaluation (in addition to needs assessment, develop-ment, publicity and production of the educa-tional activity).

ACCME's Essential Areas, Elements, and Decision-Making Criteria

The Essential Areas and policies are designed to encourage providers to consider the needs and interests of potential physician participants in planning their CME activities and to encourage the physicians to assume active roles in the planning process.

In the Essential Areas and policies, the ACCME has identified certain elements of structure, method, and organization that contribute to the development of effective continuing medical education. The Essential Areas and policies are the practices that a provider must implement for accreditation.

The ACCME's requirement for compliance with Element 2.4 ("Essential Areas and Elements") calls for the provider to "measure the effectiveness of the CME activity in meeting the identified educational need in terms of satisfaction, knowledge, or skills." Exemplary compliance with Element 2.4 calls for the provider to measure the effectiveness of the CME activity in meeting the identified educational need in terms of practice application and/or health status improvement.

ROE – Return on Education

As support for "out-comes", Kristofco pre-sented the results of a study which was the recipient of the 2004 William Campbell Felch/ Wyeth Award for Re-search. The study, entitled, "Standardizing Evaluation of Online CME: Physician Know-ledge, Attitudes, and

Reflections on Practices" measured data collected from 1,873 US physicians.

Over half (55.5%) of the physicians in this study reported the reason they selected a specific "online" course was a need to update knowledge in a specific area. Other reasons were a recent patient problem (13.9%), a general interest in a specific topic (12.3%) and a need for CME Category 1 credit (13.5).

According to the findings of this study, for those physicians using the Internet, the most important characteristics of CME programs were content quality, online accessibility, ease of use, and ease of obtaining CME credit(s). Least preferred was any requirement for additional software downloads or too little opportunity to "interact".

This study also reported that physician participants indicated there were significant differences in knowledge gains as a result of the online CME activity. Even more impressive was the fact that this knowledge gain was sustained for a period of at least 30 days and that the knowledge increases correlated to self-reported changes in practice.

According to Kristofco, program evaluations are an important component of any CME program and where possible, should address specifics. Using the example of a live event, he suggested that what was important to measure was not just the number of participants or attendees, but the "quality" of those participants who are currently engaged in patient care—e.g. how many were actively treating patients.

He also emphasized that the commercial sponsor should ask for a measurement or documentation of "ROE" (return on education) and that companies should demand more from the CME provider than just basic participation and satisfaction reports.

Is Online CME as Effective as Live CME?

Cynthia Phillips, Promotional Regulatory Affairs Field Director at AstraZeneca said that according to according to 2002 data from the American Medical Association (www.ama-assn.org), 78% of MDs reported general usage of the internet and 64% of physicians reported using the internet for CME. More recent data suggest that Internet use among physicians is nearly ubiquitous (see article “Intelligent Online Sampling Strategies” in this issue).

Though increased usage of the physicians is generally accepted, there is scant “hard evidence" to support the effectiveness of using the Internet for CME. To address this question, Phillips presented data from a study entitled, "Randomized Controlled Trial Comparing the Instructional Efficacy of Internet-based CME to Live Interactive CME Workshops" that was conducted by the Baylor College of Medicine.

The study, supported by an unrestricted educational grant from AstraZeneca addressed the instructional effectiveness (knowledge attainment, retention and behavioral change) of CME delivered in "live" versus interactive formats. The trial represents one of the first CME studies of its kind to use a randomized controlled trial to examine ECME in comparison with live CME strategies which are known to be effective.

Participants in the study were primary care physicians practicing in urban and suburban clinical practices in the Houston area. They were randomized into two groups: "live" CME participants and eCME (electronic CME) participants. There were 49 physicians in the live group and 44 physicians in the eCME group. Both groups received the same instructional content, interactive cases, guidelines and other enabling tools and all participants completed the same questionnaires (profiling, pre-test and post-test) and the length of time (about 2 hours) for both programs were similar.

Although both groups reported significant knowledge gains, the eCME group scored slightly higher than the Live CME group across all three testing periods. Based on these findings, it could be concluded that the internet may offer a viable learning alternative to "live" instruction.

According to Ms. Phillips, “'e' is equally effective to 'live' and that's the critical piece of information" provided by this study.”

Both presentations supported the idea that the Internet was a viable and measurable method for delivering CME programs and use of this medium will likely continue and be refined in the future.

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