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Return on CME: Are Pharma Companies Getting Desired Outcomes?

By **Lisa S. Berger**

Measuring the outcomes of medical education is increasingly important in Continuing Medical Education (CME) and cannot be ignored by the CME provider or industry sponsor.

The Accreditation Council for Continuing Medical Education (ACCME), which develops standards for CME through voluntary self-regulated system, requires the provider to evaluate the effectiveness of its CME activities in meeting identified educational needs. In addition, measuring the effectiveness of a particular program is crucial to matching the right program to participant needs and to future program design for the provider, and evaluating the money spent for the sponsor.

Sharyn Lee, CEO and cofounder of Medical Educational Broadcast Network (MEBN), a division of CEU-Online, a leading medical education communications and publishing company, spoke on outcomes-based CME and the importance of selecting the best assessment tool at the recent Medical Education Congress, hosted by the Institute for International Research in Philadelphia, PA.

Adult Learning

Adults do not learn as efficiently as children or adolescents do, in standard classroom teaching formats. According to Ms. Lee, current educational research indicates adult learners are self-directed, bring a reservoir of experience to learning, prefer immediate application of learned principles, and prefer a performance-centered, rather than subject-centered orientation to learning. These principles are essential in designing effective educational activities for continuing professional education.

Outcomes-based CME

In a model described by the American Medical Association, there are six levels of outcomes-based measurements that can be used to evaluate the effectiveness of a continuing professional development program, including CME: the higher the level, the broader the impact of change on a physician.

These measurement levels are:

1. **Participation** – the number of participants?
2. **Satisfaction** – how satisfied were the participants?
3. **Learning** – changes in knowledge, skills, and or/attitudes of participants; increased competency
4. **Performance** – changes in practice performance as result of activity
5. **Patient health** – changes in health status of patients due to changes in practice behavior
6. **Population health** – changes in health status of population due to changes in practice behavior

Traditionally, CME providers have used measurements that fall into the first three categories, such as number of participants, how satisfied they were with the program, and what specific content, attitudes, and skills have been acquired from the program content. Sharyn Lee suggests that the outcome measurement tools of performance, patient health, and population health may better assess the value of the educational program intended for continuing professional medical education.

Outcomes Based on Needs

All good CME begins with needs assessment, which generally comes from thought leaders and learners in a particular therapeutic field. The most effective outcomes measurements come from the need itself.

According to Irene Durham, a colleague of Sharyn Lee's at MEBN, an example of this tight relationship would be if primary care docs miss depression in 20% of their patients, they need education on diagnosing depression. So an effective outcome measurement might be: Are you better able to diagnosis depression in your patients based on the program you just attended?

This kind of metric would be of interest to a sponsor that markets a drug to treat depression—obviously, the better a physician can properly diagnose depression, the more scripts will be written for the *appropriate* patients.

Selecting an Appropriate Assessment Measure

Other questions to consider in selecting an appropriate assessment measure are the objectives of the CME program. Specifically, is the measure appropriate to the design of the program? Will the outcome measure validate your hypothesis? What motivations for learning are in play during your event? Will your evaluation measurement support or disrupt learning? What are the skills of your faculty?

Commitment to Change (CTC)

Clinician's intent and commitment to change behavior comprise a powerful vehicle to measure the impact of a particular educational intervention or CME program. According to Ms. Lee, assessing CTC is a measure by which we determine what you think you will do. …and then measure it.

The purpose of measuring commitment to change is to assess and document actual change in physician behavior provoked by a CME program or other type of educational intervention. Upon completion of a CME event, participants are asked to "write in" their intent to change behavior as a result of the content of the course. At specified intervals, a select number of attendees are contacted by email and asked if they have made the changes they indicated. If they hadn't already done so, they were asked if they intended to make changes in the future, and if so, for permission to contact them again.

As an example, Lee described an MEBN diabetes program that presented evidence of the importance to encourage patients to self-monitor blood sugar levels. After the program, and using a "free-text" approach, attendees were asked what behavioral changes they would implement in their medical practice to encourage their patients to self-test their blood glucose levels. At the conclusion of the program, 44% of attendees listed specific behavioral changes they intended to make in the management of their diabetic patients, and listed their intended specific changes. In this case, measurement of CTC was used to evaluate how effective a CME program had been in changing physician behavior.

CTC and Effective Learning Methods

CTC data can also be used to assess the effectiveness of various CME formats—or combinations of formats on the same topic—on specific physician behavior. The resulting information can then be used to design, or re-design, the most effective CME program for accomplishing a specific goal.

Sharyn Lee's Top Ten List for Redesigning CME to Improve Desired Outcomes!

Utilize principles of adult learning:

1. Mix it up – use a variety of CME formats. For example, add internet Q&As with remote thought leaders during live sessions.
2. Employ laptop problem-solving.
3. Promote peer-to peer learning at the office.
4. Use interactive techniques such as audio, gaming, and video technology to engage learners.
5. Employ a post-program internet event with faculty discussion to reinforce learning.
6. Design handouts that have workbook study and self-testing questions

Entertain to sustain behavioral change:

7. Design curriculum with small intimate discussions rather than text based
8. Use color, graphics, animation, and illustrations to pique interest.
9. Provide complex and multifaceted, problem-oriented, and case–based programs.
10. Assimilate context-based education to promote behavior change.

Follow-up email surveys can be used to assess the impact of a single CME or series of CME programs, to determine the instructional format that best effects a change in the clinician's behavior. MEBN offered a series on treating diabetes for MDs, NPs, and PAs in a variety of formats, including interactive CD, print journal, audio CD, and live web event. An email survey was sent to 650 people who completed at least 1 credit hour of the possible 6 credits of CME/CE. Sixty-six percent and 33%, respectively, of the participants indicated definite or some intentions to change their behavior based on the CME material, reported Lee. The survey revealed that although the CD format was the most used by the participants, the CD format alone did not change behavior. The greatest change in behavior, as measured by CTC, was a using a combination of multimedia format, i.e., an interactive CD, journal, or live web event. Audio programs were also effective in changing physician behavior but were chosen by a smaller percentage of participants. This information can then be used for future program design.

Thinking Differently about the Future

Key to achieving desired outcomes of continuing professional medical education is the incorporation of principles of adult learning, choosing outcome assessment tools that measure effectiveness at more meaningful levels, and redesigning your programs based on your results. This continuous cycle of assessment, measurement and redesign leads to competency on the part of the participant as well as of the CME provider.

The selection/design of the best assessment tool is critical. The better the tool, the better the results will answer the question: Was this program effective in meeting the needs of the learner? The better you are able to answer that question, the better you will be able to answer the ultimate question: Were my educational dollars spent on an effective program?

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Publisher & Executive Editor

John Mack
VirSci Corporation (www.virsci.com)
215-504-4164, 215-504-5739 FAX
mailto:editor@pharmamarketingnews.com

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