22nd Annual Conference of the National Task Force on CME Provider/Industry Collaboration

10 Myths about "CEJA 1"

COLLABORATING TO IMPROVE PROFESSIONAL EDUCATION AND HEALTH OUTCOMES

22nd Annual Conference of the National Task Force on CME Provider/Industry Collaboration

Myth 1: *"CEJA 1" prohibits all industry support for CME*

- Goal: independence from industry support
- Industry support ethically is acceptable when:
  - Demonstrated need
  - Activity requires high-cost resources
  - Decision to seek/accept funding is independent, prospective
  - Decision-making process is transparent

COLLABORATING TO IMPROVE PROFESSIONAL EDUCATION AND HEALTH OUTCOMES

22nd Annual Conference of the National Task Force on CME Provider/Industry Collaboration

Myth 2: *"CEJA 1" prohibits participation by anyone who has financial relationships with industry*

- Goal: no reliance on "conflicted experts"
- Participation by conflicted expert is ethically acceptable when:
  - Dissemination of device/technique/technology will benefit patients, public, professional community
  - Activity meets a demonstrated need

COLLABORATING TO IMPROVE PROFESSIONAL EDUCATION AND HEALTH OUTCOMES

22nd Annual Conference of the National Task Force on CME Provider/Industry Collaboration

- Participation is central to success of activity
- Individual is uniquely qualified
- Steps are taken to mitigate potential influence
  - commensurate with financial interest at stake
  - including disclosure – source, nature, magnitude of interest
- Decision-making process is transparent

COLLABORATING TO IMPROVE PROFESSIONAL EDUCATION AND HEALTH OUTCOMES

22nd Annual Conference of the National Task Force on CME Provider/Industry Collaboration

Myth 3: *"CEJA 1" disregards physicians' ability to be critical "consumers" of CME*

- Goal: support well-informed exercise of judgment
- Provide key information
  - Source, nature, magnitude of financial interests at stake
  - Steps taken to mitigate potential influence

COLLABORATING TO IMPROVE PROFESSIONAL EDUCATION AND HEALTH OUTCOMES

22nd Annual Conference of the National Task Force on CME Provider/Industry Collaboration

- Be able to answer key questions:
  - Why industry support is crucial to success of the activity
  - Why participation by a "conflicted expert" is crucial to success of the activity
  - Decisions rest on systematic process

COLLABORATING TO IMPROVE PROFESSIONAL EDUCATION AND HEALTH OUTCOMES

22nd Annual Conference of the National Task Force on CME Provider/Industry Collaboration

Myth 4: *"CEJA 1" requires CME providers to collect and disclose new kinds of information*

- Goal: set robust standards for disclosure
  - Magnitude, as well as source, nature of financial interests at stake
  - Range, not specific $ amount

COLLABORATING TO IMPROVE PROFESSIONAL EDUCATION AND HEALTH OUTCOMES

22nd Annual Conference of the National Task Force on CME Provider/Industry Collaboration

- Consistent with emerging strong practice:
  - ACCME PARS requirements
    - whether commercial support received
    - how many commercial interests provided support
    - total amount of commercial support received
    - *Optional:* nature of in-kind support (if any)
  - Specialty society policies, e.g., NASS

COLLABORATING TO IMPROVE PROFESSIONAL EDUCATION AND HEALTH OUTCOMES

22nd Annual Conference of the National Task Force on CME Provider/Industry Collaboration

Myth 5: *"CEJA 1" doesn't define key terms, so guidance is limited and vague*

- Goal: articulate broad ethical principles and guidance relevant across contexts
- Implementation necessarily involves judgment

COLLABORATING TO IMPROVE PROFESSIONAL EDUCATION AND HEALTH OUTCOMES

- Background report offers examples to guide interpretation
  - Recommendation (b)(ii): disclose "nature" of financial relationships at stake
    - Consulting arrangements, service on advisory bodies, participation in speakers bureau (report, p. 6)
  - Recommendation (b)(iii): disclose "steps taken to mitigate" potential influence
    - Individual to refrain from accepting compensation for a defined period
    - Independent review of proposed content (report, p. 7)

Myth 6: *"CEJA 1" just duplicates ACCME SCS™*

- Common commitment to transparency, independence, accountability
- Complementary guidance
- Important differences
  - Nature & type of guidance
  - Conceptual foundation

Nature & type of guidance

ACCME SCS™	*"CEJA 1"*
Focus on CME providers	Guidance for the medical profession
Operational expectations	Foundational principles Exercise of critical judgment
Appropriate use of commercial support	Industry support as exception

22nd Annual Conference of the National Task Force on CME Provider/Industry Collaboration

Conceptual foundation

ACCME SCS™	*"CEJA 1"*
Focus on conflicts of interest in "personal financial relationships"	Wider scope of concern -- potential influence on overall CME agenda
Single global definition -- any amount within prior 12 months	Not all equally problematic Key features to assess
Conflicts can be "resolved"	Conflicts can only be "eliminated" Potential influence must be mitigated

COLLABORATING TO IMPROVE PROFESSIONAL EDUCATION AND HEALTH OUTCOMES

22nd Annual Conference of the National Task Force on CME Provider/Industry Collaboration

***Myth 7**: "CEJA 1" overrides the policies of state & specialty societies, even when they are more stringent*

- Sets threshold for sound ethical practice across the profession
- Does not preclude more stringent "local" policies

COLLABORATING TO IMPROVE PROFESSIONAL EDUCATION AND HEALTH OUTCOMES

22nd Annual Conference of the National Task Force on CME Provider/Industry Collaboration

***Myth 8:** "CEJA 1" disproportionately burdens CME providers who have limited resources*

- Recognizes challenges to providing high quality CME
- Provides guidance for exceptional situations
- Supports thoughtful, critical decision making

COLLABORATING TO IMPROVE PROFESSIONAL EDUCATION AND HEALTH OUTCOMES

22nd Annual Conference of the National Task Force on CME Provider/Industry Collaboration

***Myth 9:** "CEJA 1" will make it too difficult to provide high quality CME*

- Only one of many factors in play
- Difficult to demonstrate that these recommendations are uniquely challenging
- Difficult to predict specific effect in a rapidly changing environment

COLLABORATING TO IMPROVE PROFESSIONAL EDUCATION AND HEALTH OUTCOMES

22nd Annual Conference of the National Task Force on CME Provider/Industry Collaboration

***Myth 10:** "CEJA 1" will drive physicians to promotional educational activities that don't have oversight*

- Attributing a specific future outcome calls for evidence we don't have
- ACCME SCS™ don't appear to have had this undesired consequence
- Challenge to predict specific outcomes in complex, dynamic environment

COLLABORATING TO IMPROVE PROFESSIONAL EDUCATION AND HEALTH OUTCOMES