

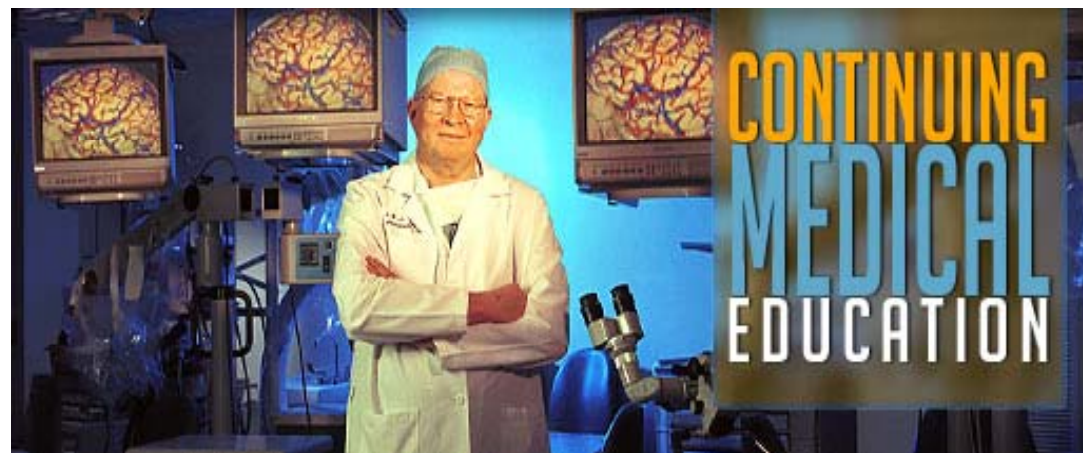
# University of Florida Continuing Medical Education

- University of Florida CME coordinates continuing medical educational activities for the University of Florida College of Medicine
- Office is completely self funded and serves both the Gainesville and Jacksonville campuses
- UF CME initiates a number of activities with UF faculty as well as with external clients each year



# Majority of time spent on internally-focused activities

- Internal activities 2007/2008
  - Regularly scheduled series (60 rounds and conferences, 1706 hours, 34,000 credits)
  - Grand Rounds On Line
  - Clinical Quality Awards
  - Mandatory CME (Board-required for licensure)
  - Meetings (89 meetings, 408 hours, 2453 credits)
  - Performance Improvement CME (new)



# Majority of funding comes from externally-focused activities

- External activities
  - Usually with an educational partner
  - Faculty can be UF or non-UF
  - Internet programs (134 programs, 130 hours, 14,100 credits)
  - CD-ROMs and brochures (14 programs, 54 hours, 872 credits)
  - Meetings for external audiences



# Who is UF CME?

Marvin Dewar, MD, JD  
Associate Dean, CME

Kathy Murphey  
Director, CME

- Directs and manages CME Office
- Oversees fiscal affairs

Laura Gruber  
Associate Director,  
CME

- Liaison with faculty and staff to coordinate CME programs
- Clinical quality awards
- PI CME

Patricia Butterfield  
Coordinator

- Coordinates activities with major educational partners
  - PeerView
  - Ethis/Candeo
- Liaison for program and event development

Kai Woods  
Program Assistant,  
Jacksonville

- Oversees regularly scheduled series

Barbara Jones  
Coordinator

- Coordinates activities with major educational partners
  - Joint sponsors
  - Liaison for program and event development

Rasa Simkus  
Program Assistant

- Oversees regularly scheduled series
- CME Advisory Committee liaison

Kim Mitchelson-Chircop  
Program Assistant

- Financial paperwork and information
  - Speakers
  - Payment of program expenses

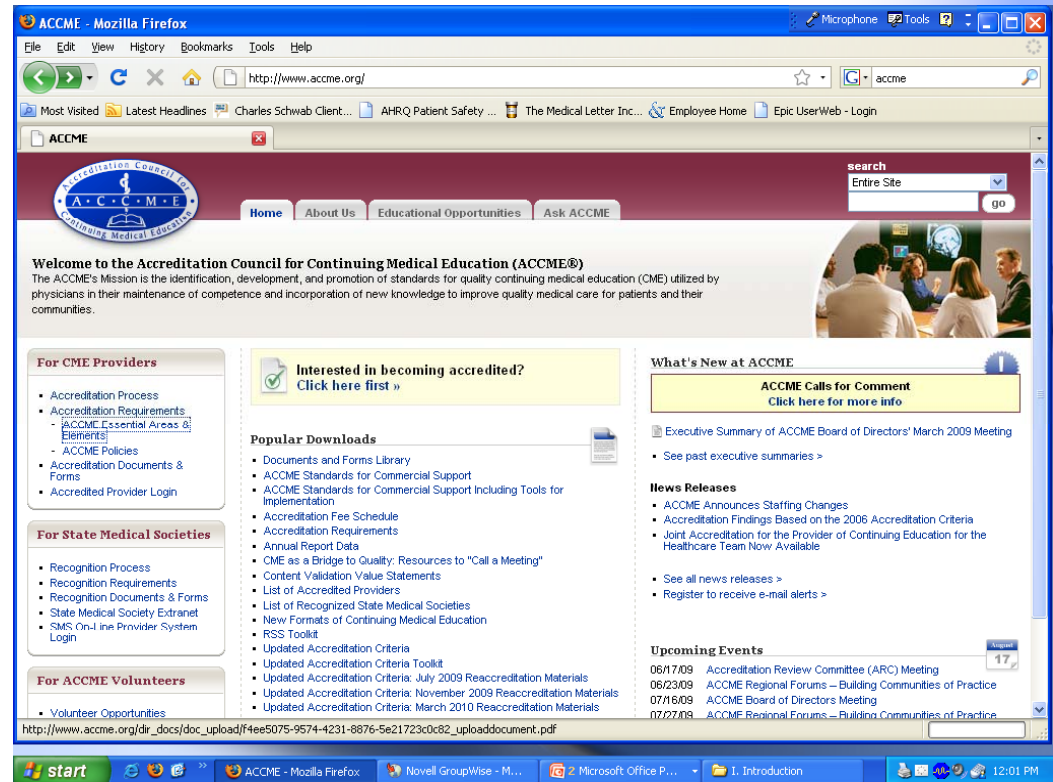
Joyce Crawford  
Program Assistant

- Receptionist
- Program registrar



# UF CME accredited by ACCME

- AMA Category 1 CME equivalent credit can be provided by
  - AMA subdivisions
  - ACCME Accredited organizations
  - AAFP
- UF CME is fully accredited by the Accreditation Council for Continuing Medical Education (ACCME)
- Re-accredited every four years
- Accreditation requirements drive most of our CME policies and regulations



# Regularly Scheduled Series are a major UF CME focus

- Much involved in coordinating regularly scheduled series
  - Regular communication with Departmental contacts
  - Coordination of Letter of Agreement for external support
  - Contact with speakers
  - Securing disclosure forms
  - Review of marketing material such as flyers
  - Evaluations



# External relationships are a necessary part of our work portfolio

- Major external partnerships focus on physicians nationwide
  - Partner secures funding, develops activity in conjunction with our faculty
  - Activities include live events and enduring materials
- UF CME primary partners
  - PeerView
  - Vascular Biology Working Group
  - Candeo (specific to ophthalmology)

# Outcomes data and Performance Improvement CME

- New area of emphasis in CME
- Required for future accreditation
- Gather data prior to and following educational intervention to assess improvement and integration of knowledge into practice
- Focuses on before and after performance on managing a hypothetical case or measurement of actual practice data
- UF CME implemented first outcomes analysis at recent primary care conference
- PI CME
  - Includes clinical practice audits over time
  - “Bonus CME” available

## UF CME is educating our faculty directors on several important industry and UF issues

- Companies cannot make direct payments to speakers for CME. All financial support must come directly through the CME provider.
- Companies cannot be approached to recommend speakers. Speakers, topics, and all other elements of a CME activity must be under the complete control of the CME provider.
- UF requires all registration fees for credit or non-credit continuing education activities to be deposited into the DCE auxiliary fund\*
- National Faculty Education Initiative launched – module developed to teach medical education faculty the differences between certified CME and promotional activities

# A study with our partner: Practicing Physicians' Points of View on Modern CME

### STUDY BACKGROUND

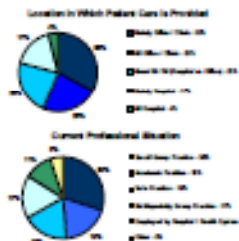
Practicing physicians, as the primary end-users of CME, have been largely unheard during the recent debates around CME, which have instead been largely driven by lawmakers, attorneys, major medical centers, and commercial entities. Therefore, PVI, PeerView Institute for Medical Education and the University of Florida collaborated to learn about their current perspectives on key issues in education. We sought to learn physicians' impressions about four key topics:

- Bias
- Performance Improvement
- Effectiveness and Impact of Educational Formats
- Payment Issues and Motivation

### SAMPLE INFORMATION

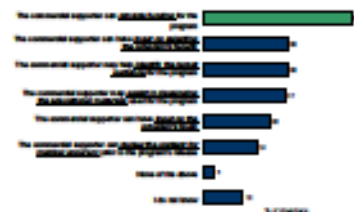
Specialties	Sample Size
TOTAL	592
Primary Care Physicians	113
General Surgeons	107
Oncologists	69
Cardiologists	64
Psychiatrists	62
Infectious Disease Specialists	56
Rheumatologists	42
Neurologists	40
Gastroenterologists	39

- Average number of years in practice: 17.3
- Average number of patients seen per week: 108
- Percentage who are board certified: 90%
- Percentage of physicians who spend >41 hours seeing patients weekly: 54%
- Average CME credits obtained in past 12 months: 66



### CURRENT BELIEFS

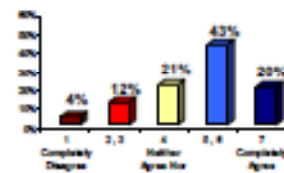
In order to assess beliefs and attitudes about bias, we first needed to know whether physicians were aware of the recent regulatory changes surrounding independence. We provided a list of 6 factors and asked physicians to check all that apply.



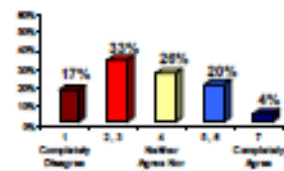
- 105 (17.7%) got the question entirely correct (i.e., they knew that commercial supporters could provide funding but nothing else).
- 209 (48.0%) knew that commercial supporters could provide funding, but they also thought they could provide input into at least one of the other areas.
- 106 (17.9%) physicians simply said, "I don't know".

### PERCEPTIONS of BIAS

Commercial support of continuing education by pharmaceutical or device companies is appropriate.



I think that bias in continuing education precludes physicians from having a meaningful educational experience.



### FACULTY DISCLOSURES

Do you review faculty disclosure information before participating?



If so (N=325), how much bearing, if any, does it have on your perception of the activity?

- 80% take it under advisement but still participate
- 9% may not participate
- 6% say it has no bearing at all

### FINANCIAL DISCLOSURES

Do you look to see who provided financial support before participating?



If so (N=332), what impact, if any, does it have on your approach?



### MANAGING BIAS

Do you feel that any continuing education you've participated in during the past year was biased because a pharmaceutical or device company financially supported the activity?

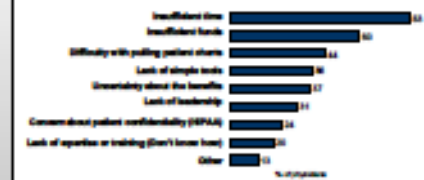


If so (N=101), which of the following best describes how you managed this bias?



### PERFORMANCE IMPROVEMENT

27% (162) of physicians stated there were barriers preventing them from implementing PI programs in their practice.



### TRADITIONAL CME vs. PI CME

Traditional CME leads to better patient care



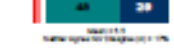
Performance Improvement (PI) CME leads to better patient care



PI CME is superior; eliminates need for traditional CME



There are merits to both PI CME & traditional CME



### PAYMENT ISSUES

- 90% - Stated that continuing education that is free to physicians is **preference**.
- 58% - Stated they would do **less** continuing education if it were no longer free.

### FOR MORE INFORMATION

This poster provides a very brief snapshot of the data gathered during this ongoing research endeavor. To receive the full presentation, to review the data by individual specialty, or for updates on future research projects, please contact [cmef@peerview-institute.org](mailto:cmef@peerview-institute.org) or 212.302.8563.