IOM Calls for Continuing Health Education Body

BY JOYCE FRIEDEN

The best way to raise standards and quality for continuing health education would be for the Department of Health and Human Services to launch a public-private institution, according to a report issued by the Institute of Medicine.

There are serious flaws in the way in which continuing education for physicians and other health professionals is "conducted, financed, regulated, and evaluated," concluded the authors of the report. "The science underpinning continuing education for health professionals is fragmented and underdeveloped," they added.

Because of that, "establishing a national interprofessional continuing education institute is a promising way to foster improvements in how health professionals carry out their responsibilities," they said. The 200-page report, "Redesigning Continuing Education in the Health Professions," was sponsored by the Josiah Macy, Jr. Foundation.

The 14-member Institute of Medicine committee that produced the report proposed the creation of a public-private entity that would involve the full spectrum of stakeholders in health care delivery and continuing education.

That new entity, which would be called the Continuing Professional Development Institute (CPDI), would look at new financing mechanisms to help avoid potential conflicts of interest. It also would develop priorities for research in continuing health education and recognize effective education models.

The medical community must move from a culture of continuing education to one of "continuing professional development …stretching from the classroom to the point of care, shifting control of learning to individual practitioners, and [adapting] to the individual's learning needs," said committee chair, Dr. Gail Warden, president emeritus of the Henry Ford Health System, Detroit, said during a teleconference.

"We believe academic institutions need to be much more engaged than they have been in continuing education. The system should engender coordination and collaboration among professions that should provide higher quality for a given amount of resources and lead to improvements in patient health and safety," she noted.

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DR. KENNISON

Old CME Model?

Continuing medical education (CME) vendors had mixed reactions to the committee's report.

Rick Kennison, D.P.M., president and general manager of PeerPoint Medical Education Institute, said that he agreed with the committee's recommendations in the area of traditional CME. Those types of programs, such as live meetings and society annual meetings, "are didactic in nature [and] don't meet the needs of participants as learners, and there is conflict and bias associated with them."

But a large problem with the report is that the committee reviewed continuing medical education as it used to be, Dr. Kennison said. "They wanted to evaluate a model of a car, but instead of using a 2010 model, they used a 2006 model. There have been a lot of changes in CME in the course of the last few years that were completely overlooked by the committee."

For example, Dr. Kennison said that his organization has already moved to performance-improvement CME, which is a goal outlined in the report. Performance-improvement CME, he explained, involves "direct learning by the participant—self-directed learning—in which the participant uses metrics and supplies data to help determine change and improvement in patient care.

"We've been doing this for more than 2 years now," he noted. "Because the group didn't evaluate performance-improvement CME, I think they missed a major stepping stone associated with the current status of CME."

Dr. Kennison said his company's CME programs are sponsored by the pharmaceutical industry. But the funding is in the form of general grants related to diseases and conditions, he noted, and does not involve sponsoring education initiatives that highlight specific drugs or classes of drugs.

Dr. Edmond Cleeman, a New York orthopedic surgeon and founder of TRIARQ, a medical education organization for orthopedists, physical therapists, and other health professionals in the orthopedic field, agreed with the committee's recommendation that continuing health education needs to be team based and multidisciplinary. In the TRIARQ program, which is still being developed, students taking the courses will pay the costs themselves.

"For us as orthopedic surgeons, we deal with physical therapists all the time," he said. "We felt strongly about developing a community that is really across disciplines. Doctors have things that we can learn from physical therapists, too."

Leery of a Government Committee

Several of the recommendations gave Dr. Cleeman pause.

"To form another government committee and force a single type of a mold, and add additional regulations on all medical subspecialties and on CME—that's not the right approach," he said. "Each discipline is very different, and the needs for each should be determined by its own governing body … I think you're going to scare away innovation." Instead, "it's a good idea to have a private organization, maybe like the American Medical Association," said Dr. Cleeman. "Their goal would be to assist in developing goals for continuing education." ■

The Institute of Medicine report, "Redesigning Continuing Education in the Health Professions," is available online at www.iom.edu/continuinged.

MY TAKE

Examine Effectiveness and Cost

Through the establishment of a professionally inclusive public-private institute, research on the effectiveness of continuing education models could inform the health professional community about how best to develop educational programs and continuing professional competencies.

Although interdisciplinary health team education might improve outcomes for patients, it's difficult to assess the value of single interventions on outcomes. Also, each profession, such as medicine, nursing, and pharmacy, will continue to have specific needs for professional education.

Several institutions have embraced the newest standards of the Accreditation Council for Continuing Medical Education. Their modified programs involve outcomes evaluation and active learning, and avoid potential conflicts of interest associated with financial support by the pharmaceutical and device industries. But in an era of economic constraints, particularly for primary care providers, new standards developed by any organization must consider not only educational efficacy but also efficiency and cost.

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Biomedical Research Funding in Steep Decline Since 2003

BY MARY ANN MOON

Funding of U.S. biomedical research, which enjoyed a "boom" in 1994-2003, has since declined substantially, according to investigators who tracked funding from four major sponsors of such research.

The current compounded annualized growth rate is 3.4%, compared with nearly 8% in the late 1990s and early 2000s, said Dr. E. Ray Dorsey of the University of Rochester (N.Y.) Medical Center and his associates.

The investigators had published a study in 2005 showing that public and private inflation-adjusted spending for biomedical research in the United States, had doubled over 1994-2003 (JAMA 2010;303:137-43).

They have extended that study to include data through 2008. They tracked funding from four major sponsors of biomedical research: the federal government; state and local governments; private, nonprofit groups such as foundations, charities, medical research organizations, and voluntary health organizations; and industry, including pharmaceutical, biotechnology, and medical device firms

Total funding for biomedical research increased from $75.5 billion in 2003 to $101.1 billion in 2007. Adjusted for inflation, this represents an increase of 14%. By comparison, the U.S. gross domestic product increased by 12% during the same time.

However, funding increased at a compound annual growth rate of only 3.4% in 2003-2007, compared with a nearly 8% rate in 1994-2003.

Industry spending on biomedical research also has decreased, from a compound annual growth rate of 8.1% in 1994-2003 to 5.8% in 2003-2007.

Federal funding increased by 0.7% in the more recent time period, compared with a nearly 100% increase during the previous time period. National Institutes of Health funding decreased nearly 9% in 2003-2007.

State and local government spending on biomedical research rose just 6% in recent years, compared with a 45% increase in 1994-2003. Funding by foundations and charities also slowed, especially during the recent recession, the investigators said.

Data on 2008 funding were available for only NIH and industry. Data adjusted for inflation show that funding from these two sources decreased from $90.2 billion in 2007 to $88.8 billion in 2008.

The study was supported by grants from the NIH. Dr. Dorsey and another colleague reported receiving research support from industry, NIH, and foundations. Dr. Dorsey also received research support from the American Academy of Neurology. ■