

CME Needs Industry Funding, Says Physician Panel

BY ALICIA AULT

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WASHINGTON — Without pharmaceutical funding, continuing medical education could falter, judging from comments at a forum of CME providers and physicians. The forum was sponsored by the Center for Medicine in the Public Interest, a New York-based nonprofit organization, and the Coalition for Healthcare Communication, an umbrella group for advertising agencies and medical journal publishers.

The meeting was called in response to numerous efforts from legislators and accrediting organizations for greater accountability for CME funding. In July, a task force of the Association of American Medical Colleges said that academic medical centers should discourage faculty participation in industry-sponsored speakers bureaus. A month earlier, the Accreditation Council for CME proposed tightening restrictions on commercial support of CME, and possibly banning industry funding.

"CME in the U.S. is a great success story," said Dr. George Lundberg, a former editor of JAMA and current editor-in-chief at Medscape. CME changes knowledge, skills, and patient outcomes, he said, adding that surveys have shown that physicians are in favor of industry support.

Dr. Michael Weber, a professor of medicine at the State University of New York, Brooklyn, said that he views pharmaceutical funding of CME as a mandate, "not a luxury." Manufacturers must educate clinicians on how to use their products, he said.

Dr. Jack Lewin, CEO of the American College of Cardiology, said that without industry funding, it would cost the ACC \$2,000-\$3,000 more per attendee at its annual meeting. The ACC already removes conflicts of interest from its professional and educational programs, and discloses industry funding on its Web site.

About a third of that organization's \$97 million annual budget comes from outside sources (\$35 million), and 21% of that is from charitable contributions, he said.

Public Citizen's Health Research Group, in comments sent to the ACCME on its proposal to limit or ban industry support of CME, said, "Despite a quadrupling of commercial support for CME over the past 10 years, in 2007, the percentage of CME income provided by commercial interests actually decreased to 2002 levels."

Public Citizen advocates an end to commercially funded CME. "Shifting the burden of funding toward physicians (not exactly a group occupying the lower rungs of the earning ladder) would attenuate the effect of lost revenue." ■

Drugmakers to Disclose Doctor Payments

Two pharmaceutical companies will begin publicly disclosing how much each pays physicians.

Eli Lilly & Co. was the first company to step forward, followed a day later by Merck & Co.

Lilly is starting a registry that will compile payments to physicians who have served as speakers or advisers for the company. It will be available to the public on the company's Web site as early as the second half of 2009, Lilly officials said in a statement. The registry will be updated each year to reflect the previous year's payments.

Lilly said that by 2011, it aims to report whatever is required under the proposed Physician Payments Sunshine Act. That bill (S. 2029) was introduced by Sen. Chuck Grassley (R-Iowa) and Sen. Herb Kohl (D-Wis.) in November 2007. As currently written, it would require manufacturers of pharmaceuticals, medical devices, and biologics to disclose the amount of money they give to doctors through payments, gifts, honoraria, and travel. Product samples for patients would be excluded.

The bill was endorsed by several major drug companies, including Lilly and Merck; the Pharmaceutical Research and Manufacturers of America; the Advanced Medical Technology Association; and the Association of American Medical Colleges, among others. But it has not had any movement since its introduction.

In a statement, Sen. Kohl congratulated Lilly, saying the company was "fulfilling the obligations of the Physician Payments Sunshine Act before it has been enacted."

Merck said that it will start disclosing the grants to patient organizations, professional societies, and others for "independent professional education initiatives," which would include continuing medical education. Next year, it will include other grants made by the Merck Company Foundation and the Merck Office of Corporate Contributions. The information will be posted on its Web site.

In 2009, Merck will also start disclosing payments to physicians on its speakers bureau.

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