

CME May Slip Without Commercial Funding

BY ALICIA AULT

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WASHINGTON — Without pharmaceutical industry funding, continuing medical education is in danger of faltering, said a group of CME providers, several physicians, and a medical journal editor at a forum held this fall.

The forum—designed to educate Capitol Hill staffers—was sponsored by the Center for Medicine in the Public Interest, a New York-based nonprofit organiza-

tion, 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 by senators, House members, and accrediting organizations to promote 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 Continuing Medical Education proposed a tightening of restrictions on commercial support of CME, and possibly even banning industry funding of CME programs.

Panelists at the CMPI forum warned that withdrawing such funding would undermine a well-run and much-liked enterprise.

“CME in the U.S. is a great success story,” said Dr. George Lundberg, a former editor of JAMA and currently editor-in-chief at Medscape.

CME can produce changes knowledge, skills, and patient outcomes, Dr. Lundberg 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 pharmaceu-

Drugmakers to Disclose 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.

The company 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, by the Pharmaceutical Research and Manufacturers of America, the Advanced Medical Technology Association, and by 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 disclose grants to patient organizations, professional societies, and others for “independent professional education initiatives,” which would include CME. 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. Beginning in 2009, the company will also start disclosing payments to physicians on its speakers bureau.



1. Wortmann RI, Kelley WN. Gout and hyperuricemia. In: Harris ED Jr, Budd RC, Genovese MC, et al, eds. *Kelley's Textbook of Rheumatology*. 7th ed. Philadelphia, Pa: Elsevier Saunders; 2005:1402-1429. 2. Roberts LJ, Morrow JD. Analgesic-antipyretic and antiinflammatory agents and drugs employed in the treatment of gout. In: Goodman

tical company funding of CME as a mandate, “not a luxury.”

The manufacturers have a responsibility to educate clinicians on how to use their products, he said.

The pressure for greater transparency is leading to what Dr. Weber called censorship.

He said that he has had to alter presentations at the request of meeting leaders in this country, whereas a recent appearance at the European Society of Cardiology was completely within his control.

Another cardiologist speaking at the forum, Dr. Jack Lewin, said that he had “se-

rious, serious concerns about the recent attacks” on CME. Dr. Lewin, CEO of the American College of Cardiology, said that without industry funding, it would cost the ACC an additional \$2,000 to \$3,000 per attendee at its annual meeting, for instance. The ACC has multiple steps to remove conflicts of interest from its professional and educational programs, he said.

And, Dr. Lewin said, the ACC discloses

its 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.

Dr. Lewin said there had been abuses in the CME arena, but that the move to

clamp down on those bad actors had professional societies and pharmaceutical companies running for cover.

Panelists at the forum warned that withdrawing industry funding from CME would undermine a well-run and much-liked enterprise.

There is evidence to support Dr. Lewin’s claim. Public Citizen’s Health Research Group, in comments sent to the ACCME on its proposal to limit or ban industry support of CME, said that “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. Because CME is a condition of licensure, demand will remain, according to the group.

“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,” the organization said. ■

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