



Recognizing the Value of CME

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Over the past few decades, continuing medical education (CME) has served as the backbone of physician education in the United States. In just the past five years, CME has grown at a rate of 64%, reaching 10 million physician participants in 2008. Technological advances have moved CME from its humble roots as a tool for institutions to educate their house staff to its present role as the primary method of education for hundreds of thousands of physicians across the country. With the primary driver in CME's growth being the rapid growth of online CME, supporters have gained an extremely efficient vehicle to meet physicians' needs for educational programs that are well aligned with their own educational goals.

We've moved so far so fast - it's time to consider the implications of this rapid pace of innovation. What has this shift taught us about the value of CME? What does all of this tell us about how to approach new program innovations in the future? Or, in CME parlance, what can we learn from what has been accomplished, and how can we apply it to future practice?

Innovating by Leaps and Bounds

In the early days, CME activity development and dissemination was fairly straightforward, but there were limitations in the ability to build physician competency and impact clinical practice across disciplines. Activities were delivered to pre-selected audiences through printed materials or through regional symposia and local live events, and post-tests evaluated physician knowledge after activity completion.

The advent of online CME proved a seismic shift in activity development, delivery and measurement, and, ultimately, in improving clinical practice. For the first time, there were no geographic boundaries to education: symposia were now open to all physicians with Internet access. CME providers began to realize that they could take advantage of the immediacy of Internet-based learning and the time lag between conception and dissemination was shortened significantly. At the same time, regulatory and accrediting agencies and industry groups moved rapidly to put into place guidelines and standards that would help physicians appreciate the rigor by which the activities were being developed.

This flurry of activity resulted in a vast array of easily accessible, high-quality educational programs replete with real-time knowledge assessments, peer-to-peer discussion forums, and a host of traditional and non-traditional learning opportunities purposefully designed to build physician competence and improve clinical practice.

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Driving all of this activity is the one element that is rarely discussed but which underlies the continual growth and improvement of the system of life-long learning for clinicians: the unique value of CME.

The value of CME to practicing physicians seems obvious. Precisely as the practice of medicine has become more complex, today's physicians have diminished time to devote to learning about new disease management strategies. The broad accessibility of high-quality, interactive CME activities offers them unparalleled access to insights from key opinion leaders and myriad learning opportunities. More than ever before, physicians are reaping the benefits of advances in technology and education and, consequently, are increasingly recognizing the value that CME affords them in their daily practices. This is evidenced by the 385% growth rate observed in online CME over the last five years.

Accredited providers have taken advantage of the same technological advances to implement safeguards and strategies ensuring the development of independent, evidence-based, and balanced educational activities. Concurrently, the accessibility of effective, high-quality, interactive activities that are unrestricted by the geographic and temporal constraints that once hampered CME in the past has provided commercial supporters with new opportunities to reach ever broader audiences and build physician competence. With numerous outcomes studies demonstrating that CME positively impacts physician decision-making and patient outcomes, the value of CME to the supporter is clear.

Each of the entities involved in CME has staked its claim in this new world of CME innovation, increasing the value of CME not only for its own sake but raising the value level of CME for all constituents.

And herein lies the true value of CME. No one involved in CME activity development and dissemination is content with the status quo. The bar has been consciously and continually raised over the past few decades, with new goals being set and achieved on a regular basis. By focusing their efforts on improving the educational benefits of CME, all of the constituents have, in the process, improved the value of CME.

As CME continues to evolve in the future, its goals of building physician competence and improving patient outcomes will no doubt remain the same. Taken together, the rapid growth in CME participants, advances in CME delivery, and outcomes measurement all serve as evidence of the benefits of CME as a tool to effectively and efficiently improve physician practice and patient care. The goals and the value of CME are intrinsically linked; as such, CME will continue to evolve with innovation and rigor, and will always deliver significant value to providers, supporters, and physicians. ■

References: Accreditation Council for Continuing Medical Education. ACCME Annual Report Data 2004-2008. Available at http://www.accme.org/dir_docs/doc_upload/207fa8e2-bdbe-47f8-9b65-524779faade_uploaddocument.pdf. Accessed August 4, 2009.