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BECOMING AN ENTREPRENEURIAL CME ENTERPRISE

1: WHY CME?

Medical and healthcare professionals (HCPs) depend upon quality continuing education like few other professionals do.

"The calculus that engineers use to design a suspension bridge hasn't changed much since Newton and Leibniz invented it," writes freelance medical journalist Frank Celia.[1] "And the wheels lawyers grind to transform the law move at a notoriously cautious pace.... Only health-care employees face this challenge: the possibility that what was exemplary job performance just a few years ago could today draw charges of gross negligence."[2]

But keeping up with the pace of changing medical research and technology in order to guard against malpractice suits is, of course, far from the only reason continuing medical education (CME) matters. And it's more than accumulating a mandated number of CE units in order to keep one's professional credentials (as important as accreditation is).

CME matters because, when designed and delivered properly, it is lifelong learning that equips physicians, physician assistants, nurses, and other practitioners for the lifelong pursuit of better patient health. It is, by necessity, the third, final, and longest-lasting phase of a healthcare professional's education. Organized CME courses and learning activities are vital in helping HCPs help others.

"So much of how medicine is practiced is learned in the years beyond residency," former U.S. Surgeon General C. Everett Koop observed in his foreword to Continuing Medical Education (ed. Dennis K. Wentz, 2011).[3] "My most important educational experiences occurred in practice, and they happened every single day... In these times of rapid change, we need effective continuing education to bring discoveries to the bedside, to the community, and to the fostering of health in general."[4]

In 2013, Global Education Group and Medical Meetings asked over 1400 U.S. HCPs whether they found CME valuable.[5] Respondents judged CME as more helpful to improving their practice and their patients' outcomes than journal articles and speakers bureaus, and 89% reported doing more CME than their state boards require. "You can never know enough," said one physician, "or everything."

2: TRADITIONAL CME: UNDER NEW ECONOMIC PRESSURE

Today's HCPs face no shortage of CME opportunities. According to the ACCME, total CME has grown at an annual average rate of 3% since 2010, with providers offering over 148,000 educational activities—more than a million hours of instruction—in 2015 alone.[6]

Traditional CME, however, is facing economic stress.

Concerns about possible conflicts of interest have driven a decline in the amount of CME the pharmaceutical industry sponsors. ACCME accreditation standards insist that CME providers must disclose "all relevant financial relationships"

[1] https://www.linkedin.com/in/frank-celia-5420981/
[2] https://www.reviewofophthalmology.com/article/can-continuing-medical-education-be-saved
[3] https://muse.jhu.edu/book/10542
[4] https://muse.jhu.edu/chapter/260517
[5] http://www.meetingsnet.com/cme-design/does-cme-work-learners-perspective
[6] http://www.policymed.com/2016/07/accme-2015-annual-report-released.html
[7] http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support

and forbids "a commercial interest" from being the "non-accredited partner in a joint [CME] provider relationship."[7]

In addition, the Affordable Care Act initially required that all CME paid for by the pharmaceutical industry be reported as payments to physicians. Although clarifications and exemptions followed, these understandable attempts at transparency, coupled with the ACA's emphasis on primary caregivers at specialists' expense, discouraged industry-funded CME. In late 2016, the Global Alliance for Medical Education's Lewis Miller wrote, "What was once more than $1 billion in [industry] support has declined to less than $700 million (out of $2.4 billion total)." [8]

CME providers have been forced to try and make up the difference from other sources, among them government grants, private donations, and participants' registration fees.[9] Their parent organizations or other internal departments have also been called upon to give much-needed money—but in an era of tight budgets, the money is not always there.

3: ONE CME DIRECTOR'S CHALLENGE: CHITRA SUBRAMANIAM

Chitra Subramaniam, MS, PhD, knows the economic pressures on traditional CME firsthand. As the past Assistant Director for the Center for Educational Excellence and the Assistant Dean of the Office of CME at the Duke Clinical Research Institute (DCRI), Chitra oversaw the world's largest academic clinical research organization.[10] According to Dr. Subramaniam, CME at academic institutions is frequently a lower priority than patient care, research, undergraduate and graduate medical education. "Finances are very vulnerable within these institutions," she says.

For her, the issue is not theoretical. Her responsibility for providing HCPs with quality opportunities for lifelong learning grew substantially more challenging when, in 2011, Duke's School of Medicine stopped providing $100,000 in support her office had been receiving. "A year later," she recalls, "the School of Medicine decided that they were not going to pay for anything."

These severe budget cuts might have caused some CME directors and administrators to throw up their hands and throw in the towel. Given such constraints, how do clinicians and practitioners continue to get the education they need?

But Dr. Subramaniam saw an urgent opportunity. She found wisdom in these words from organizational behavior and HR expert Robert E. Quinn: "We must continually choose between deep change or slow death."

"Traditional CME was not going to work anymore," she acknowledged—and set about beginning transforming her CME program into an entrepreneurial one.

4: HOW ENTREPRENEURIAL CME THINKS DIFFERENTLY

Entrepreneurial CME differs from traditional CME in its business-minded approach. It strives for, in Dr. Subramaniam's words, "custom educational learning solutions and products that now can 'live' by themselves because we sell and market them."

[8] http://www.mmm-online.com/roundup/five-things-for-pharma-marketers-to-know-tuesday-june-20-2017/article/669725/
[9] https://knowledgeplus.nejm.org/blog/perfect-storm-drives-big-slide-in-commercially-funded-cme-for-physicians/
[10] https://www.ctsi.duke.edu/what-we-do/duke-clinical-research-institute-dcri

Since her CME program was being forced to define and defend the value it brought to its institution, Dr. Subramaniam adopted the mindset of business entrepreneurs, who must always focus on what brings demonstrable value to their business's bottom lines.

Successful entrepreneurs clearly identify their business' needs, because business needs drive job and performance needs. In other words, entrepreneurs begin with the end in mind.

Looking at the American healthcare ecosystem as a business, Dr. Subramaniam saw her opportunity to articulate CME's value in a new way. In order for physicians and healthcare providers to survive in the current ecosystem, they must meet specific job and performance needs. Those performance needs drive their learning needs—new competencies in technology and business practices, for example, or "soft skills" in communications, teamwork, and professionalism.

CME addresses these needs. And entrepreneurial CME talks about the IOL (impact of learning) as ROI (return on investment). "How can that value be defined?" asks Dr. Subramaniam. By being aligned with the business and market needs of the moment. "You can't approach CME as an isolated entity," she says.

Dr. Subramaniam's CME program is now "a self-sustaining entity within Duke, and all of the revenue that we generate supports all of my staff and everything that we do. That is definitely a motivation to think differently."

5: EFFECTIVE STRATEGIES FOR CHANGING ORGANIZATIONAL CULTURE AROUND CME

Dr. Subramaniam recognized the inevitability of change within CME, but said, "If we're going to change, let's change in the right way."

Here are some strategies she and her CME program used in order to effect a paradigm shift regarding CME's place within their organization. They are strategies CME teams in other organizations, facing similar pressures to change, can pursue too:

1. ASK KEY BUSINESS PLAN QUESTIONS

Dr. Subramaniam identified several critical questions that helped her CME department define its value and shape its message as it developed a business plan. She calls them the "WWWW&H" questions:

- **Who are we?**
- **What do we do?**
- **Which areas are we going to focus on?**
- **When are we going to do what?**
- **How are we going to accomplish our goals?**

The answers to these questions form the spine of a business plan that the entrepreneurial CME team can use to "take its product to market," as any business does. The team's definition of its mission and goals, for instance, translates to a clear vision of what makes its product (its CME offerings) attractive to buyers, while its evaluation

of its ability to execute and deliver that product leads to differentiation from competitors in the CME domain. The answers to these key questions can guide the transformation to entrepreneurial CME in highly concrete and specific ways.

2. IDENTIFY NEW OPPORTUNITIES FOR MAKING A DIFFERENCE

In entrepreneurial CME, Dr. Subramaniam states, "the core is patient care, but there are new opportunities around that."

For example, when she and her nine-member staff (at the time) began brainstorming all the ways they could help translate academic research into other areas—research into patient-reported outcomes, public health, comparative effectiveness, and more—they realized the value of their work in a new way. She says, "This exercise helped us realize, 'Wow, we thought we were this small little group, but look at all the areas we can be a part of.' It opened our mind to think big picture: What are the different ways in which we could create impact? Even if we could create difference in one or two areas, it would be great."

Highlighting these areas led the CME department to think of specific and practical ways it could add new dimensions to its services. This kind of thinking—expanding existing services rather than reining them in when faced with scarce resources—fosters CME's growth toward self-sufficiency.

3. DEFINE YOUR CME PROGRAM AS A PROBLEM-SOLVING DIFFERENTIATOR

Once a CME department has defined the problems it can help solve in unique ways, it must not only articulate its identity as a "differentiator" for itself but also teach others within the organization to view the department similarly. The process of changing others' perception once the CME team has changed its own is ongoing but having the proverbial "elevator speech" at the ready when someone asks, "What are you doing in your CE enterprise?" is a practical way to ensure the shift takes place.

4. FOCUS ON SPECIFIC PATHWAYS TO ORGANIZATIONAL TRANSFORMATION

Having the CME department begin to think and act like a business is key, but not enough in itself. Dr. Subramaniam found the following specific "pathways," identified in collaboration with Dr. Joe Green, important for changing the organizational culture around CME:

- **Accreditation with commendation** - As of 2012, about 21% of ACCME-accredited CME providers had achieved this level of distinction.[11] Compliance with this higher level of accreditation indicates a commitment to excellence and clearly signals value.
- **Strategic planning process** - "How many family offices have a strategic plan?" Dr. Subramaniam asks rhetorically. "I'm not sure, but we have one, and we have an implementation plan. That is key." The plan indicates the CME department's competency and professionalism.

[11] http://www.accme.org/news-publications/highlights/accme-makes-available-accreditation-commendation-emblem

- **Assessment and evaluation strategy** - To work like a business, the CME department must have a way of showing it has accomplished its goal. A formal assessment and evaluation strategy provides the tools for making that case.

- **Competency-based curriculum** - Rather than being content with a series of one-off courses and learning activities, the entrepreneurial CME department offers a system of competency-based learning: instruction that results in the acquisition of knowledge and skills necessary for practical success in the healthcare professions.[12] Practical results matter.

- **Faculty development** - "The more we develop faculty awareness" about the nature and role of entrepreneurial CME, says Dr. Subramaniam, "the more they support us… The more I'm passionate about it, as a leader, the more my peers are."

- **Integration of technology** - Entrepreneurial CME makes a commitment to and significant investments in technology solutions—not for their own sake, but because they will make the CME mission more effective.

- **Organizational efficiency and effectiveness** - When the CME department views itself as an integral part of the larger organization, aligned with the organization's goals, mapping out the "cause and effect" relationship of CME to the organization becomes easier.

- **Publishing outcomes and contributing to the profession** - Publications become practical, tangible proof that the CME department's offerings are resulting in improved HCP practice and better patient outcomes. "Knowledge gaps are important foundationally," Dr. Subramaniam points out, "but healthcare gaps are more important, and this is where [CME] providers need to move." Verifiable patient-level outcomes become the non-negotiable standard for all new CME initiatives.

5. EQUIP LEARNERS TO GUIDE THEIR OWN EDUCATION

Entrepreneurial CME offices see themselves as learners' coaches and partners. They curate information and encourage learners to direct themselves as they use it to create their own knowledge. They help HCPs reclaim what is really the historic view of CME as an expression of an internal commitment to professional excellence, not merely a too-often burdensome regulatory requirement imposed from the outside.

The right LMS (learning management system) will encourage learners to assume greater responsibility for the course of their lifelong learning. Through a personalized electronic portal, learners can gain access to an entire library of relevant CME resources—an archive of radiology case studies, say—on a subscription model. They can consult the material at their own pace and, through mobile technology, on their own schedule, wherever they may be. A quality LMS can also help develop new educational content, have features that facilitate collaboration with specialty societies to provide CME.

Entrepreneurial CME departments become catalysts for creating "learning healthcare systems" in which the overall organizational philosophy, operational methodology and technological infrastructure all support the sharing and exchange of data, information, and knowledge.

[12] http://edglossary.org/competency-based-learning/

6: CONCLUSION

Scarce resources require new strategies. More CME departments face the same urgent choice Dr. Subramaniam's did: Find a way to generate revenue and become self-supporting, or wither away into irrelevance. The good news is: Just as individuals can reinvent themselves around their strengths, so can CME departments.

And they must. "Providers have a social obligation to develop and implement education that is integrated," argues Dr. Subramaniam. "Stand-alone, autonomous education wastes time and money."

The CME for which she advocates is summed up in what Professor John Bligh and others, in a 2001 *Medical Education editorial*[13], called the PRISMS model:

- **Product-focused** (emphasizing clinical practice and professional behaviors)
- **Relevant** (linking clinical knowledge to local health services' and populations' actual needs)
- **Interprofessional** (placing a high premium on interdisciplinary teamwork and collaboration)
- **Shorter in length and smaller in number** (and moving toward a "continuous curriculum")
- **Multisite** (away from the "narrow patient mix" found in teaching hospitals)
- **Symbiotic** (mutually beneficial to the whole organization)

CME that aligns itself with this model, and with the strategies for achieving it—addressing healthcare gaps to support verifiably better patient outcomes with scarce resources—will receive the majority of support in the future.

Looking at how far Duke's CME has come under her leadership, Dr. Subramaniam was able to point to a vibrant entrepreneurial CME program with revenues of $1.2 million that educates between 10,000 and 12,000 learners annually, and that offers several of its own educational products in the wider CME marketplace. "If you ask me if we've done everything," she says, "no, we haven't—but I know for sure that we're on the right path."

7: READY TO FIND OUT MORE?

You can hear Dr. Subramaniam discuss her journey toward entrepreneurial CME and its implications for other CME providers in more detail in a recorded webinar, "Becoming an Entrepreneurial Continuing Medical Education (CME) Enterprise", presented by EthosCE.

EthosCE is the industry-leading, SCORM-compliant learning management system designed to automate and modernize the delivery of continuing education in the health professions. We work closely with leading medical associations, academic centers, and health systems to optimize their technology infrastructure and create an easy-to-use and intuitive environment for learners and CME administrators alike.

[13] http://www.academia.edu/12915962/PRISMS_new_educational_strategies_for_medical_education

To discover how the EthosCE LMS can support your organization in the transition to a sustainable, effective, entrepreneurial CME model, please call us at **(267) 234-7401** or visit our website, **www.ethosce.com**.