

**ACC NEWS**

# President's Page: ACC's Continuing Education Programs: Setting Up Systems to Meet Members' Changing Needs

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"The times, they are a-changin'"—a familiar vocal refrain—is a sentiment that applies to the field of continuing medical education (CME). The provision of high quality CME to improve the care of patients with cardiovascular disease remains the core mission of the American College of Cardiology (ACC). Fundamental changes across the landscape of CME, however, have created both challenges and opportunities for the College to maintain and expand its portfolio of educational programs and products. These changes include the evolving expectations for patient-centered care and professional education, the need to assess member learning needs, and the regulations governing the relationship of non-profit CME providers (such as the ACC) to industry. By adapting to such changes and demonstrating continued leadership in cardiovascular education, the College will successfully fulfill its core mission.

## ENVIRONMENTAL CHANGES

Recently, the Institute of Medicine (IOM) of the National Academies of Science issued a series of reports that brought national attention to medical errors and called for review of and changes in the patient-care system and the health-profession education system. The most recent of these IOM reports, "Health Professions Education: A Bridge to Quality," from the Committee on the Health Professions Education Summit (1), stated that reforms in the education of health professionals are crucial for the enhancement of quality health care in the U.S. The Committee offered the following vision: "All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics." The Committee felt that organizations engaged in the clinical education of health professionals should develop

operating principles that will enable achievement of this vision, and recommended that accrediting bodies revise their standards so that educational programs demonstrate, through process and outcome measures, that they educate their students/attendees in the delivery of patient care using a core set of competencies.

The Accreditation Council for Continuing Medical Education (ACCME), an accrediting agency for CME providers such as the American College of Cardiology Foundation (ACCF), responded by changing its policies. The ACCME has stipulated that CME providers will gain *exemplary recognition* only if they demonstrate that their planning processes are based on the learning needs of their target audiences linked to specific outcomes. In addition, these outcomes must reflect appropriate and necessary changes in physician behavior to enhance patient care and status. The ACCF views attainment of *exemplary recognition* status as an appropriate goal for its educational programs and products.

The pharmaceutical industry, which now funds more than 50% of the nation's CME activities, has responded to its own "call for action." In 2002, the Pharmaceutical Research and Manufacturers of America (PhRMA), which represents research-based pharmaceutical and biotechnology companies, issued a voluntary code of ethics to ensure that interactions with health care professionals by PhRMA organizations clearly benefit patients and enhance the practice of medicine. The "PhRMA Code on Interaction With Healthcare Professionals" is consonant with both the American Medical Association's "Ethical Opinion on Gifts to Physicians" and the ACCME's "Standards for Commercial Support" (2–4). The Advanced Medical Technology Association (AdvaMed) followed suit with its own "Code of Ethics on Interactions with Health Care Professionals," which mirrors the PhRMA code closely (5). Underscoring the importance of such standards—and certainly gaining the attention of all companies comprising both the PhRMA

\*Throughout his Presidential year, Dr. Wolk will present ideas important to College members, in collaboration with key ACC leaders and staff.

and AdvaMed—is the more than \$2 billion of fines that have been collected from pharmaceutical companies not in compliance with the Department of Health and Human Services Office of Inspector General's "Compliance Program Guidance for Pharmaceutical Manufacturers" (6,7). Many of the companies have reorganized their corporate structures to separate marketing from their scientific and educational staff. Also, adhering carefully to the PhRMA or AdvaMed codes, pharmaceutical companies provide grants targeted to specific educational purposes, requesting a budget in advance and a full accounting of all monies spent.

### **THE COLLEGE'S INTERNAL REVIEWS**

The College has engaged in several internal reviews of our educational programs over the past six years. A Task Force on Strategic Directions in Continuing Medical Education, launched in 1998, was charged with defining the role and strategic direction of the ACCF in providing CME for cardiovascular professionals with emphasis on individual member access to updated information to be applied in practice. *Cardiosource*, the College's ever-expanding and evolving professional website, exemplifies the recommendations offered by this task force.

In conjunction with our recent re-accreditations by the ACCME, the College conducted a self-study of its CME activities. The study, conducted by the Education Strategic Directions Committee, resulted in 11 formal recommendations for CME, including suggestions that the College: 1) use a comprehensive member needs assessment process to define educational offerings; 2) create a junior faculty development program; 3) expand target audiences for ACCF educational programming; and 4) incorporate a program design that promotes learning and behavior change among physicians and other health care professionals.

In addition to the self-study, the Board of Trustees approved a business process review of the traditional live programs area in order to improve business operations and support the enhanced quality of these programs. The results of the review, which provided recommendations that will allow for more innovation in program development and delivery, were recently reported to the Board and shared with the directors of the College's exemplary existing live programs.

### **CHANGES AND NEW DIRECTIONS AT THE ACC**

So where are we now and where are we headed? I am pleased to report that many changes are underway to improve, enhance, and expand the College's already superior portfolio of CME. Any planning for CME activities must account for individual physician learning needs, reflecting both clinical practice and the rapidly changing evidence base of medicine. The College's growing array of self-assessment products (SAPs), which are readily available in print and electronically through *Cardiosource*, can assist members in evaluating their individual learning needs. Additionally, we

have initiated a continuous, comprehensive process for assessing, documenting, and reporting learning needs and for determining the potential market interest of target audiences for specific ACCF programming. In the future, information from these multiple sources will be provided to the various member committees that guide the College's education to help develop and facilitate future ACCF programming.

Planning for future CME activities must also account for our expanding membership. The College is currently working to secure accreditation as a provider of nursing education so that we can offer credit to and programming for the more than 1,000 cardiac-care associates in our new member category.

On another front, collaboration with other partners in education allows the ACCF to reach even more audiences and to meet our mission of improving care for all persons with cardiovascular disease. Some of our recent collaborations include joining a national program for interventional cardiologists, working on an initiative to bring education on diabetes and cardiovascular disease through ACC chapters to the local level, and working with a national network of heart-failure specialists.

The future of ACCF education depends on today's young, talented faculty. We need to ensure that we identify these persons and nurture them in their path to become tomorrow's future, stellar educators. I am pleased to say that with funds from the Woll Foundation, an Early Career Teaching Workshop will be held in January 2005 for these rising stars. Development of the next generation of ACCF teachers is fundamental to our professional future.

We all know that findings of great clinical importance sometimes emerge quickly and need to be brought to members' attention through "rapid deployment" educational programming. Responding to this need, the Live Programs Work Group is instituting new methods of soliciting and selecting programs. As part of their efforts, they have developed semi-quantitative methods for proposal assessment that will facilitate peer review and allow for more objective decision-making. These steps will enable the College to update its active roster of live programs across the country.

The ultimate goal of the College's educational activities is to influence the practice of medicine—to give health professionals the knowledge and tools necessary to provide the very best care to patients with cardiovascular disease. We intend to institute measures by which we can more objectively assess whether we can meet this lofty goal. I know that I have benefited greatly through the years by my attendance at and participation in the College's CME activities. What I have learned has influenced and improved my clinical practice. I expect that each of you can make a similar statement. Just as we need to assess continually our own clinical practices, so, too, does the College. The ACCF is committed to ongoing examination and revision of its many educational offerings in response to members' changing needs. It is our goal to remain the education provider of first

choice for cardiologists and members of the cardiovascular care team, as we work together to improve the care of patients.

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