Use of E-learning for health care education

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3rd. Annual MIT LINC International Symposium
October 28th, 2005
Why e-learning for health education?

- Explosive use of internet all over the world
- Globalization of CME
- Development & Growth of eCME
  - Physician Use
  - Non-Physician HealthCare Worker Use
  - Trend toward Exponential Growth
  - Current Barriers to Greater Expansion are Surmountable
- HST/CBI/Pfizer experiences and plans with CME/CPD
- Consumers are Reshaping the Healthcare Landscape
  - Translation Gaps are Addressable
  - Move from Vertical CME to Horizontal, Community-Based CME
Globalization of Continued Medical Education: Why & How?

Why?
- Globally, CME and CPD is Moving toward Legally Mandatory Models
- Renewal of Medical Knowledge
- Means to Address Leading Causes of Morbidity & Mortality
- Need to Continually Improve PCP Competence
- Development of Non-Traditional Competencies
  - Clinical Research
  - Pharmaceutical Science
  - Administration
  - Leadership
  - Patient Communication

How?
- Elimination of Geographic Boundaries (Internet)
- Development of Leadership: GAME & GLOBE
- Reduction in Cost, Organization, Planning & Execution (Internet)
- Growth of eCME Content
Development & Growth of eCME

Physicians: Access to eCME is Growing Rapidly

■ From 1998 to 2003:
  ▶ The number of ACCME accredited Internet-based CME activities increased by a factor of 8, from 1,035 to 8,376.
  ▶ The number of internet-based CME hours increased 10-fold.
  ▶ Since 2004, eCME has gained acceptance outside the US as a formally recognized, official, CME activity – e.g. Germany & Italy

*Online CME, Datamonitor (published 3/2005), page 19
Non-physician Healthcare Providers Utilize eCME

Demonstrates Narrow Translation Gap & that eCME Promotes Development of Team-Based Education

- Non-physician participants accounted for 42% of ACCME’s accredited online events.
- Non-physician participation in eCME is growing rapidly and tracks with that of physician based use.
Trends in Online CME

Evidence Suggests that eCME will Continue its Exponential Growth

- The evolution of formalized CME requirements and increased accessibility to CME are key factors driving the growth of e-CME
- Convenience, cost and message retention are key advantages of e-CME
- Outcomes of e-CME are comparable to conventional live interactive CME workshops*
- Needs for standards, quality and affordable educational e-educational initiatives
- Emerging Options:
  - Real-time CME Merges with Clinical Care: I-POC
  - On-line graduate programs

*Fordis M., JAMA, 2005; Piche J. GAME, 2005
Consumers are Reshaping the Healthcare Landscape

Current

- Patient-Physician Relationship: Paternalism to Partnership
- Internet: Supports Partnership through Direct Information Flow
- CME is Advocacy: Demands Choice, Access & Promotes Prevention over Intervention
- CME Driven Advocacy Reinforces Patient-Physician Relationship through Early Diagnosis & Treatment
- Consumers will Drive Continuing Consumer Education (CCE) toward an in Parallel with Developments in CME
- Fueled by Information: Demand for Real-Time Transparency of Discovery & Scientific Data Will Increase

Future
Move from Vertical CME to Horizontal, Community-Based CME

Community-Based CME Models will Fuel Content & Virtual Demand

VERTICAL

- Accrediting Agencies
- Academic Institutions
  - Experts
  - Meeting Organizers
  - Sponsors

HORIZONTAL

- Content Experts

CME Gap Narrows Over Time

CCE

Physician - Patient Team
Agenda for Today

- Integrating e-learning into the e-health environment through standards
- Project GLOBE: excellence in education for primary care physicians
- Graduate Programs and e-Medicine
- Distance learning and CME: the Harvard-MIT HST experience
- Blended learning to strengthen management and leadership