

# Use of E-learning for health care education

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# 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?

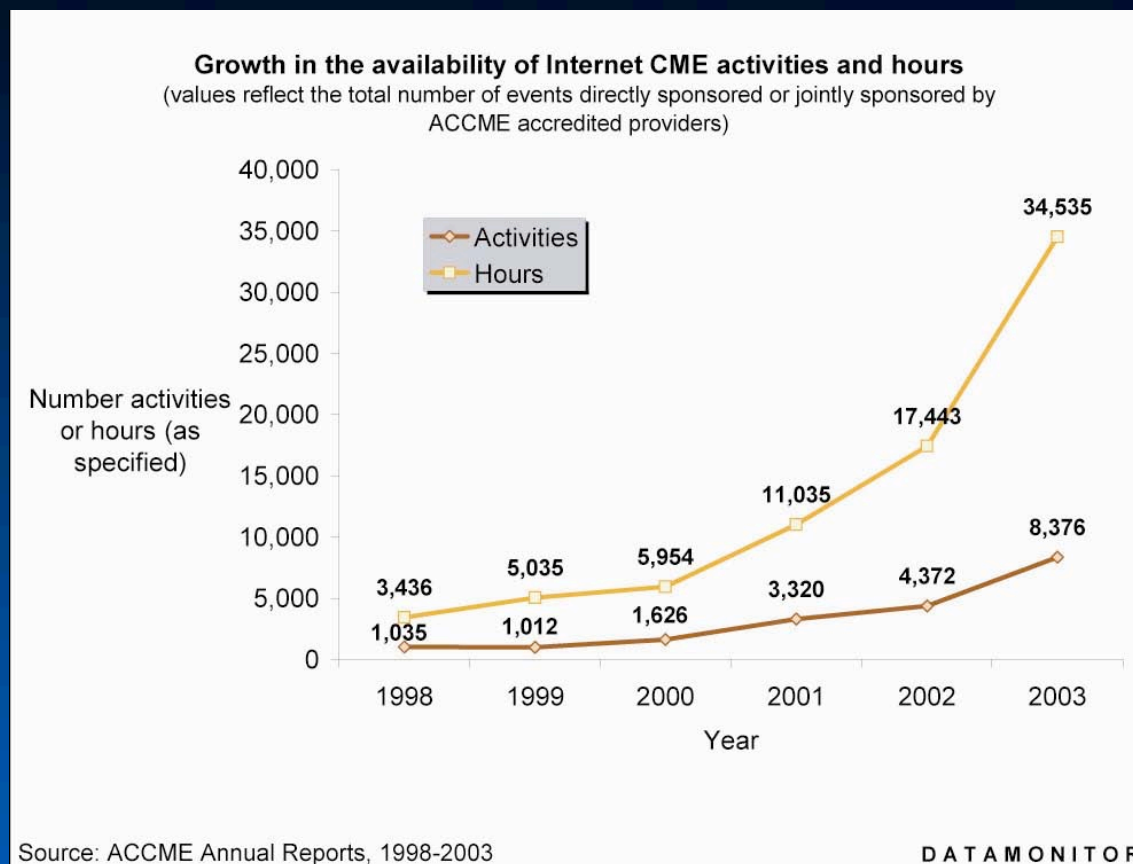
- ◆ Elimination of Geographic Boundaries (Internet)
- ◆ Development of Leadership: GAME & GLOBE
- ◆ Reduction in Cost, Organization, Planning & Execution (Internet)
- ◆ Growth of eCME Content



# 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

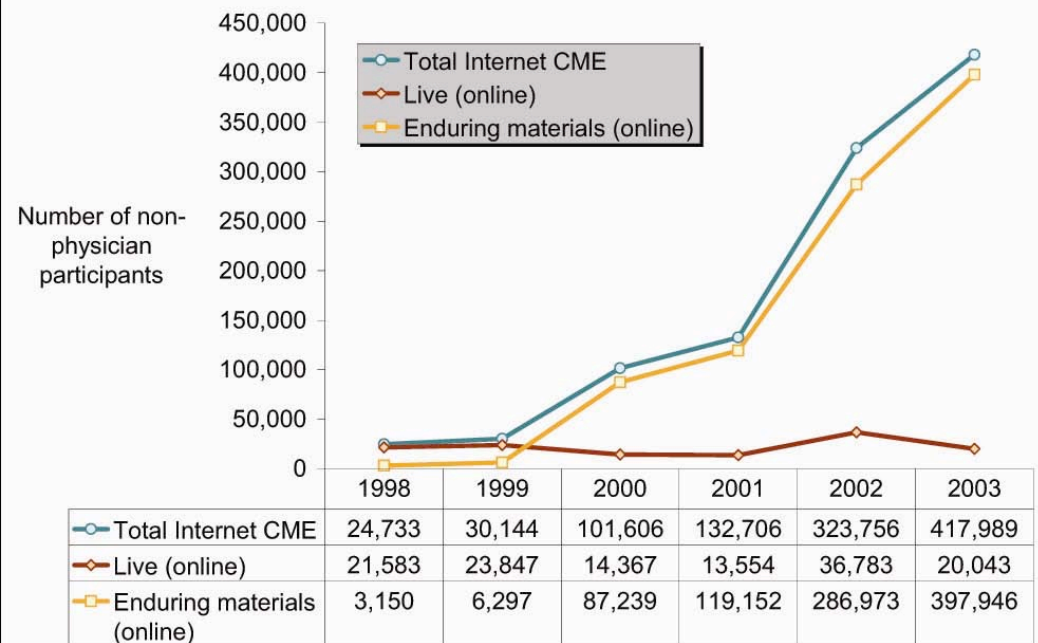


# Non-physician Healthcare Providers Utilize eCME

**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.

**Growth in the number of non-physician participants in Internet CME (1998 to 2003)**



Source: ACCME Annual Reports, 1998-2003

DATAMONITOR



# 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

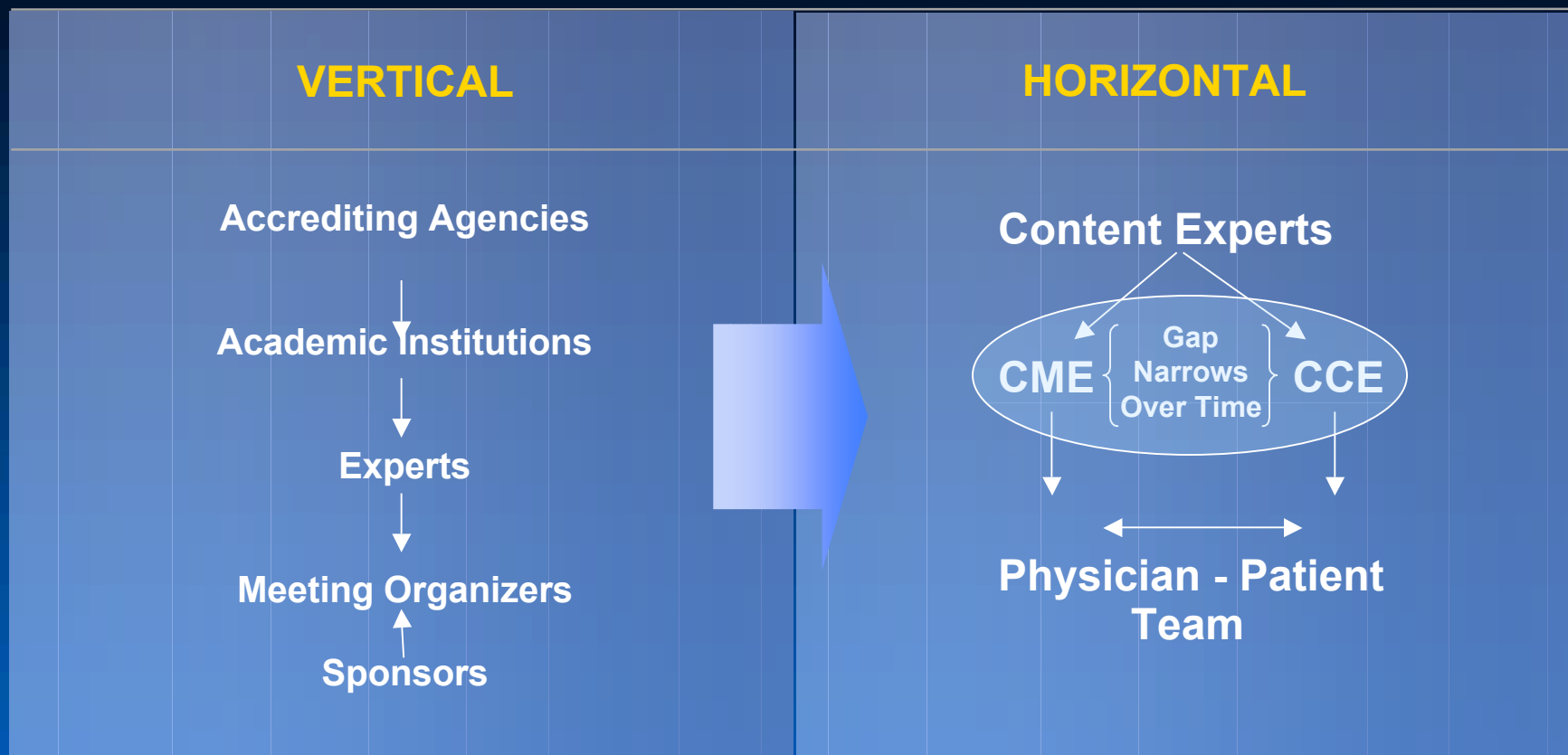
- Patient-Physician Relationship: Paternalism to Partnership
- Internet: Supports Partnership through Direct Information Flow
- CME is Advocacy: Demands Choice, Access & Promotes Prevention over Intervention
- CME Driven Advocacy Reinforces Patient-Physician Relationship through Early Diagnosis & Treatment
- 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





## 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

