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ACPE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION



**The Current and Future State of U.S. Pharmacy Education**

**Peter H. Vlasses, PharmD, DSc (Hon.), BCPS, FCCP**  
**Executive Director, ACPE**

The speaker has no conflict to disclose.

ICHP Annual Meeting  
August 26, 2010

ASSURING AND ADVANCING QUALITY IN PHARMACY EDUCATION

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**Learning Objectives**

- Discuss the history and purpose of the Accreditation Council for Pharmacy Education
- Describe the relationship between the Joint Commission of Pharmacy Practitioners (JCPP) *Future Vision of Pharmacy Practice 2015* and the ACPE accreditation standards for PharmD programs and CE providers
- Summarize the nature of the expansion of the number of the U.S. pharmacy colleges and schools over the last decade, including the process used by ACPE when evaluating a new school



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### Learning Objectives (cont.)

- Identify the relationship between the number of current and projected PharmD graduates in the U.S. and the number of current and projected PGY1 residency positions
- List several areas of the ACPE standards that current and new PharmD programs have had trouble achieving
- Express an opinion on the future of pharmacy education in the U.S.



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### Assessment Question #1

- How many different degrees to enter pharmacy practice existed across the United States prior to ACPE's founding in 1932?
  - a) 3
  - b) 1
  - c) 5
  - d) 11
  - e) None of the above



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### ACPE

- National agency for accreditation of pharmacy education
- ACPE accredits:
  - Professional degree programs (i.e., Doctor of Pharmacy degree, Pharm D)
- Recognized by:
  - U.S. Department of Education
  - Council on Higher Education Accreditation (CHEA)
- Providers of continuing pharmacy education



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## ACPE

- Founded in 1932 for accreditation of professional programs, by:
  - National Association of Boards of Pharmacy (NABP) (regulators)
  - American Association of Colleges of Pharmacy (AAP) (educators), and
  - American Pharmacists Association (APhA) (practitioners)
- Accreditation of CE Providers added in 1975; accreditation of Certificate Programs (1999-2008)
- ACPE is an autonomous, independent, not-for-profit agency with headquarters in Chicago, IL




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## ACPE: Basic Premises

- How do you know a good Pharm D program or CPE provider when you see one?

(Quality assurance)

- The perfect Pharm D program or CPE provider doesn't exist.

(Quality advancement)




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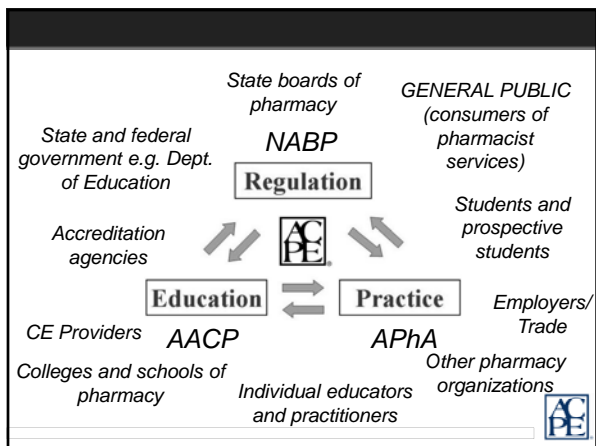
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**Assessment Question #2**

- I have heard of the Joint Commission of Pharmacy Practitioners (JCPP) *Vision for Pharmacy Practice 2015*?
  - a) Yes, it applies to the accreditation standards for pharmacy degree program graduates
  - b) Yes, it applies to the accreditation standards for continuing pharmacy education participants
  - c) Yes, it applies to the accreditation standards for both new graduates and pharmacist CE
  - d) No



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**Assessment Question #3**

- Which one of the following answers is CORRECT regarding pharmacist competencies are part of the Joint Commission of Pharmacy Practitioners (JCPP) *Vision for Pharmacy Practice 2015*?
  - a) Promote disease prevention
  - b) Provide patient-centered care
  - c) Manage health system resources
  - d) Provide population-based patient care
  - e) All of the above



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**JCPP Future Vision of Pharmacy Practice 2015**

“Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.”



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### Joint Commission of Pharmacy Practitioners (JCPP) Vision

Pharmacy education and continuing education will prepare pharmacists to:

1. *provide patient-centered and population-based care that optimizes medication therapy*
2. *manage health care system resources to improve therapeutic outcomes*
3. *promote health improvement, wellness, and disease prevention*

JCPP Vision forms basis of ACPE standards for degree programs and CPE providers



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### Assessment Question #4

- I believe that the expansion of the number of pharmacy colleges/schools and graduates (pick the ONE answer that you most believe in):
  - a) Has been beneficial to address the pharmacist workforce shortage
  - b) Has or will overshoot the workforce demand for pharmacists
  - c) Should have been better managed by ACPE, including calling for a moratorium
  - d) Has diminished the quality of graduates



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### Professional Degree Program Accreditation: Possible Stages

- **Pre-Accreditation**
  - Pre-candidate (before students enrolled)
  - Candidate (students enrolled, but no graduates yet)
- **Accreditation (only possible after program has graduates)**



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### Accredited PharmD Programs\*

Programs with accreditation status ( $n = 120$ ):

- **Full Accreditation Status: 99**  
(programs that have graduated students)
- **Candidate Accreditation Status: 16**  
(programs with students enrolled but have not yet produced graduates or have graduates and have not addressed all the accreditation standards)
- **Pre-Candidate Accreditation Status: 5**  
(programs that have not yet enrolled students)

\* Inclusive of June 2010 Board Actions




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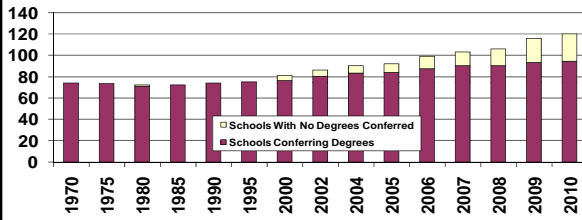
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### Colleges and Schools of Pharmacy with ACPE-Accredited Degree Programs\*



Year	Schools Conferring Degrees	Schools With No Degrees Conferred	Total
1970	75	0	75
1975	75	0	75
1980	75	0	75
1985	75	0	75
1990	75	0	75
1995	75	0	75
2000	75	0	75
2002	75	0	75
2004	75	0	75
2005	75	0	75
2006	75	0	75
2007	75	0	75
2008	75	0	75
2009	75	0	75
2010	75	0	75

\* Inclusive of January 2010 Board Actions




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### Expansion in Public & Private Sectors

The following figures are for the 119 US-based programs:

- **62 public schools (52%); 57 private schools (48%)**
  - One of the private schools is "for profit"
- **44 schools have opened after 1995 (37% of all schools)**
  - 10 are public (23%)
  - 34 are private (77%); one is "for profit" (as above)
- **26 schools (22%) have distance campuses\***
  - 19 are public (73%) and 7 are private (27%)
- **19 of 62 public schools have distance campuses (31%)**
  - A total of 35 distance campuses
- **7 of 57 private schools have distance campuses (12%)**
  - A total of 8 distance campuses (only Nova Southeastern has >1)
- **At least four public institutions have firm plans to establish distance campuses; for some, plans have had to be postponed**

(\* Distance campus = delivery of didactic curriculum to/from site)




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### Assessment Question #5

- The relationship between the number of pharmacy graduates seeking residencies and the number of PGY1 residency positions available (**ONE** answer):
  - a) More PGY1 residencies are available than students applying, due to high starting salaries for pharmacists
  - b) The number of students seeking PGY1 residencies is relatively stable
  - c) The number of students applying for PGY1 residencies will greatly exceed supply in the next few years
  - d) Community pharmacy PGY1 residencies are close to matching the number of health-system based residencies




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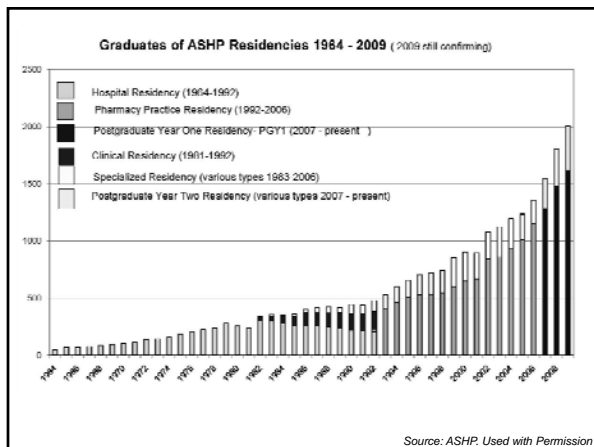
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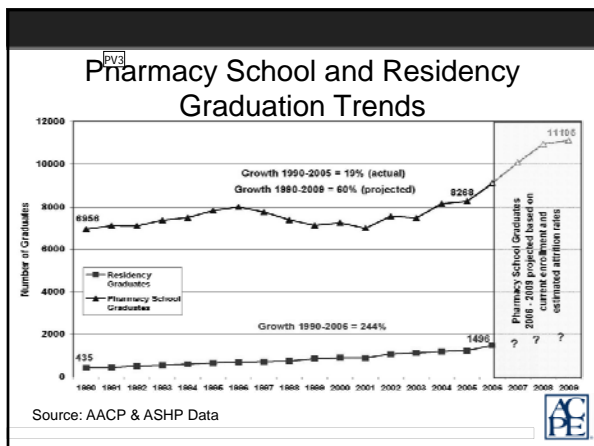
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## Slide 21

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**PV3** Need to update this slide and project out to 2013  
Peter Vlasses, 3/4/2010



### Assessment Question #6

- Which ONE of the following groupings of ACPE-accreditation standards 2007 have pharmacy colleges/schools had the most difficulty achieving:
  - a) Qualifications of the dean, transfer of academic credit, financial resources, physical facilities
  - b) Quantitative strength of the faculty, student professionalism, physical facilities, transfer of credits
  - c) Quantitative strength of the faculty, financial resources, evaluation of mission and goals, curriculum evaluation
  - d) All of the above




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Standards	Miss	Faculty Short	Cost Not Met
<b>MISSION, PLANNING, AND EVALUATION</b>			
1. College or School Mission and Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Strategic Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Evaluation of Achievement of Mission and Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ORGANIZATION AND ADMINISTRATION</b>			
4. Institutional Accreditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. College or School and University Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. College or School and Other Administrative Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. College or School Organization and Governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Qualification and Responsibilities of Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CURRICULUM</b>			
9. The Nature of the Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Curricular Development, Delivery, and Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Learning and Learning Methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Assessment of Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Educational Program(s) and Program Expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Transfer Credit: Recognition, Policy, Admission, and Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Academic Achievement Program Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Assessment and Evaluation of Student Learning and Learning Methodology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STUDENT</b>			
17. Organization of Student Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Admission: Criteria, Policy, and Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Transfer of Credit and Return of Records in Relation with Admitted Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Progression of Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Student Complaints Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Program Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Student Preparation and Perspectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Professional Behavior and Harmonious Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FACULTY AND STAFF</b>			
25. Faculty and Staff—Quantitative Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Faculty and Staff—Qualitative Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Faculty and Staff Continuing Professional Development and Academic Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FACILITIES AND RESOURCES</b>			
28. Physical Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Practice Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Library and Educational Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Financial Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




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### Comprehensive Site Visits for PharmD Programs with Graduates Spring 2007 to Fall 2009 (n = 35)

	PARTIAL	NON		
1: Mission			17: Admissions	3 (9%) 1 (3%)
2: Strategic Plan	2 (6%)		18: Transfer	1 (3%)
3: Evaluation Plan	10 (29%)		19: Progression	3 (9%) 1 (3%)
4: Inst. Accred.			20: Complaints	
5: C/S and Univ	3 (9%)		21: Program Info	
6: C/S and Other			22: Student Rep.	2 (6%) 1 (3%)
7: C/S Org & Gov	5 (14%)		23: Prof. Behavior	1 (3%)
8: Dean			24: Faculty Quant.	4 (11%) 2 (6%)
9: Goal of Curr.	1 (3%)		25: Faculty Qual.	
10: Curr. Design	4 (11%)		26: Faculty CPD	2 (6%)
11: Methods	3 (9%)		27: Facilities	1 (3%) 1 (3%)
12: Outcomes			28: Pract. Sites	1 (3%) 1 (3%)
13: Core-KSAV			29: Library	
14: Core-Exp.	7 (20%) 1 (3%)		30: Finance	4 (11%) 1 (3%)
15: Curr. Eval.	5 (14%) 1 (3%)			
16: Student Serv.	1 (3%)			

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Comprehensive Site Visits for PharmD Programs with Graduates Spring 2007 to Fall 2009  
Comparison as a function of when site visits were conducted

	TOTAL (n=35)		S2007-S2008 (n=14)		F2008-F2009 (n=21)	
	PARTIAL	NON	PARTIAL	NON	PARTIAL	NON
Total % PARTIAL or NON based on 30 standards for each visit	6.0%	1.0%	9.8%	1.0%	3.5%	1.3%

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Standards Showing Improvement in Compliance Over Time

	S2007-S2008 (n=14)		F2008-F2009 (n=21)	
	PARTIAL	NON	PARTIAL	NON
3: Evaluation of Mission & Goals	7 (50%)		3 (14%)	
5: C/S and University Relations	2 (14%)		1 (5%)	
7: C/S Organization & Govern	3 (21%)		2 (10%)	
10: Curric Devel, Deliv & Improve	4 (29%)			
11: Teaching & Learning Methods	2 (14%)		1 (5%)	
14: Curriculum – Pharm Pract Exp	3 (21%)	1 (7%)	4 (19%)	
15: Curriculum Evaluation	5 (36%)	1 (7%)		
19: Progression of Students	3 (21%)			1 (5%)

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Standards Not Showing Improvement in Compliance Over Time

	S2007-S2008 (n=14)		F2008-F2009 (n=21)	
	PARTIAL	NON	PARTIAL	NON
24: Faculty Quantitative	2 (14%)		2 (10%)	2 (10%)
30: Financial Resources	2 (14%)		2 (10%)	1 (5%)

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### Assessment Question #7

- I believe the education provided today by accredited colleges/schools of pharmacy in the U.S. is:
  - a) Preparing graduates appropriately for the JCPP Vision 2015
  - b) Over-preparing graduates for the JCPP Vision 2015
  - c) Under-preparing graduates for the JCPP Vision 2015



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### 2009 National Pharmacist Workforce Survey (NPWS)

Presented at Joint Commission of Pharmacy Practitioners Meeting  
Alexandria, Virginia, February 4, 2010

Presented by: Midwest Pharmacist Workforce Research Consortium

- Jon C. Schommer, Ph.D.<sup>a</sup>
- William R. Doucette, Ph.D.
- Caroline A. Gaither, Ph.D.
- David H. Kreling, Ph.D.
- David A. Mott, Ph.D.

<sup>a</sup> schom010@umn.edu

*Used with permission*

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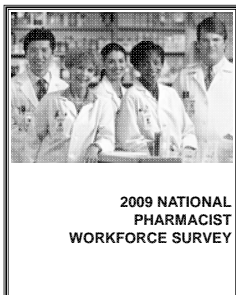
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### 2009 NPWS: Methods



- National random sample of pharmacists
- Mailed Survey Design
- 1,391 out of 2,667 deliverable surveys were returned before deadline of August 15, 2009
- 52% response rate

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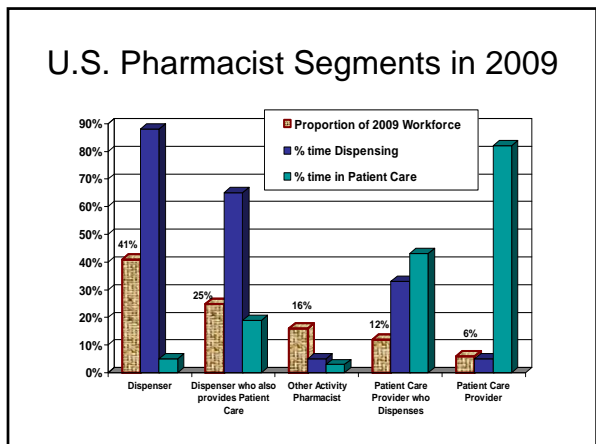
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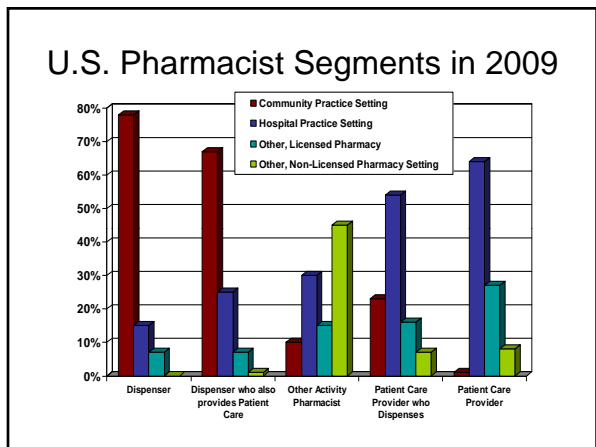
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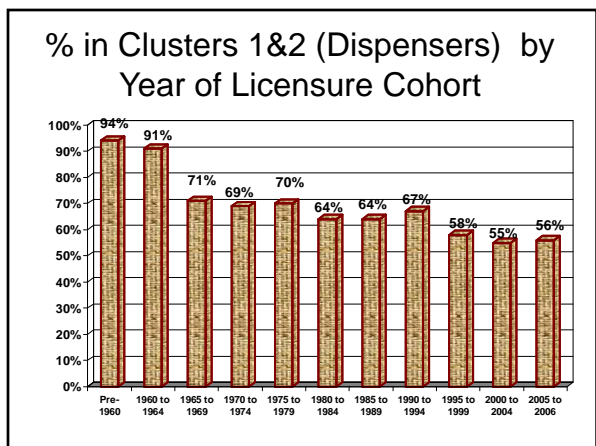
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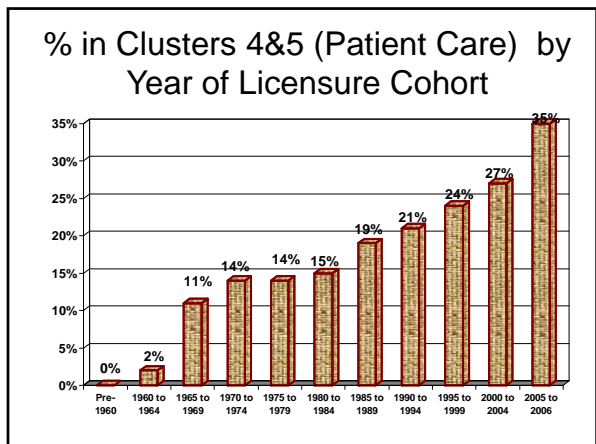
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**Learning Objective: Express an opinion on the future of pharmacy education in the US**

“If I were the premier”... of U.S. pharmacy education and planning for the future, I would do the following....



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### Questions

Please contact us:

- By phone: 312-664-3575
- By Internet e-mail (e.g., [pvlases@acpe-accredit.org](mailto:pvlases@acpe-accredit.org))
- Through web site: [www.acpe-accredit.org](http://www.acpe-accredit.org)
- By fax: 312-664-7008, 312-664-4652
- By mail: 20 North Clark St, Suite 2500  
Chicago, Illinois 60602-5109



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## The Future of Pharmacist Education

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# What's the Return on Investment?

David G. Miller, R.Ph., CEO  
International Academy of  
Compounding Pharmacists  
Missouri City, Texas



## Remember the Date!

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# JUNE 9, 2005



## Full Disclosure

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- Pharmacist
  - (I have to take CE, too)
- Association Manager
  - (I try to get grants for my organization)
- Industry Background
  - (I gave out the grants I'm now trying to get)



## Learning Objectives

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- Compare the present environment for CE funding with historical trends
- Describe three external factors influencing the cost and availability of continuing education programs for pharmacists.
- Identify two tools to use in self-assessment of personal education needs.



## Let's Be Honest...

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- How often have you, me, us...
  - Scrambled at the last minute to find CE credits for relicensure?
  - Expected our CE programs to be free?
  - Attended a program because of the restaurant?... the food?... the event?
  - Knew a program was biased but didn't say anything?
  - Thought "they" should sponsor or fund a program?



## Where Are We?

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- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Before...           <ul style="list-style-type: none"> <li>– CE was "free"</li> <li>– Programs plentiful</li> <li>– Programs fully sponsored</li> <li>– A "quick call"</li> <li>– Food, food, food!</li> <li>– Stuff, stuff, stuff!</li> <li>– "Casual"</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Today...           <ul style="list-style-type: none"> <li>– Gotta pay</li> <li>– Fewer "easy access" programs</li> <li>– Grant funding harder to obtain</li> <li>– Complex program planning</li> <li>– Less "edu-tainment"</li> <li>– Bans on giveaways</li> <li>– Disclosures, learner involvement</li> </ul> </li> </ul> |
|---|---|



## Industry Impact

• **\$1 billion/year spent on CE funding**

- “Lunch and Learn” Grand Rounds
- Seminars, Symposiums, Conferences
- Journal articles, supplements
- Institutes and Organizations
  - National Osteoporosis Foundation
  - National Menopause Society
  - National Lipid Association
  - American Heart Association (*oh, we gotta talk*)



Campbell EG, Gruen RL, Mountford J, Miller LG, Cleary PD, et al. (2007) A national survey of physician-industry relationships. *New Eng J Med* 356: 1742.1750.



MERCK  
3RD QTR 2009 GRANTS

Payment Name	Payment City	Payment State	Grant or Payment Type	Description of Educational Activity	Individual Payment Amount	Payment Date
... Life Sciences	... City	... State	... Grant	... Conference	\$1,000	...
... University of ...	... City	... State	... Grant	... Conference	\$1,000	...
... Pharmacy Continuing Education	... City	... State	... Grant	... Conference	\$1,000	...
... Academy of Pediatrics	... City	... State	... Grant	... Conference	\$1,000	...
... National Cancer Center and Center of Excellence	... City	... State	... Grant	... Conference	\$1,000	...
... National Osteoporosis Foundation	... City	... State	... Grant	... Conference	\$1,000	...
... National Menopause Society	... City	... State	... Grant	... Conference	\$1,000	...
... American Heart Association	... City	... State	... Grant	... Conference	\$1,000	...

MedScape  
\$135,000  
Web program on rotavirus



US Medical, Scientific, Patient and Civic Organization Funding Report: Fourth Quarter 2009

Pfizer

Recipient Name	Program / Project Description	Payment Amount (USD)
INTERNATIONAL SOCIETY FOR QUALITY OF LIFE RESEARCH	General Operating Support	\$3,000
INTERNETATE POSTGRADUATE MEDICAL ASSOCIATION	Learning to the Values of Physicians and Best Diagnostic Studies Patients	\$20,000
INTERNETATE POSTGRADUATE MEDICAL ASSOCIATION	Measuring the Effectiveness of Collaborative Initiatives: Testing the AICED Collaboration Partnership Assessment Instrument	\$75,000
JTS THE JOURNAL INC	Support of Breast Cancer Support Group	\$800
JOHNS HOPKINS UNIVERSITY	Improving Stroke Center Health Outcomes through Integrated Care	\$160,000
JOHNS HOPKINS UNIVERSITY	Teaching Pediatric Cancer to Pediatric Oncologists	\$75,000
JUVENILE DIABETES RESEARCH FOUNDATION	2010 Walk to Cure Diabetes	\$10,000
KERN ADREN LIPID CONFERENCE	Role of Nuclear Receptors and Coactivators in Insulin Resistance, Energy and Lipid Metabolism, Inflammation and Aging	\$5,000
LAKE HOSPITAL SYSTEM	Stroke and Peripheral Neuropathy	\$1,000
LAKELAND REGIONAL HEALTH SYSTEMS	Immunogenetic Approach to the Treatment of Autoimmune Disease	\$2,000
LATINA BREAST CANCER AGENCY	Reaching Outgoing Change	\$3,500
LATINO COMMUNITY ORGANIZING INC	Community Organizing	\$10,000
LATINO DIABETES ASSOCIATION	Advocacy Project	\$3,500
LEUKEMIA AND LYMPHOMA SOCIETY, INDIANA CHAPTER	General Operating Support	\$300
LEUKEMIA AND LYMPHOMA SOCIETY, NEBRASKA CHAPTER	5th Annual General Meeting	\$1,000
LIFE QUALITY INSTITUTE, INC	Share the	\$5,000
LIGHT HOUSE MEDICAL	General Operating Support	\$700
LONG SHORE THEATRE	Special Mission	\$20,000
LOS ANGELES COUNTY MEDICAL ASSOCIATION	Assessment Project	\$15,000
LUNG CANCER ALLIANCE	November Advocacy Event	\$18,000
LUNG CANCER FOUNDATION OF AMERICA	Pharmaceutical Funding Event	\$5,000
LUNG FOUNDATION OF AMERICA	2010 Annual Awards Fundraising Event	\$50,000
LUNG FOUNDATION OF AMERICA	Biology Fundraising Event	\$25,000

Johns Hopkins  
\$150,000  
Bipolar Disorder

ESK  
Grants & Charitable Contributions to 501(c)(3) Based Healthcare Organizations  
4th Quarter 2009

Organization Name	Project Description	Amount
New Jersey Dental Hygienists Association	2009 Garden State Conference	\$750
North Carolina Association for Biomedical Research	...	\$27,000
North Carolina State University	...	\$59,744
North Carolina State University	...	\$3,333
North Carolina State University	...	\$3,333
North Carolina State University	...	\$3,333
North Carolina State University	...	\$101,745
Oxyma Education, Incorporated	...	\$60,000
Oxyma Education, Incorporated	...	\$5,000
Pennsylvania Society for Biomedical Research	...	\$57,000
Pennsylvania Veterinary Medical Association	...	\$4,750
Postgraduate Institute for Medicine	19th Annual Clinical Care Human Immunodeficiency Virus Symposium	\$25,000
Postgraduate Institute for Medicine	Application of Novel Approaches to Treatment of Chronic Immune Thrombocytopenia	\$87,135
Prevent Cancer Foundation	Annual Spring Gala	\$25,000
Pr-Med Institute	Cardiovascular Disease Risk Reduction in Type 2 Diabetes: A Call to Action for the Primary Care Practitioner	\$138,748
Pr-Med Institute	Differentiating Asthma and Chronic Obstructive Pulmonary Disease in Primary Care	\$31,787
Pr-Med Institute	Hypertension: An Independent Risk Factor for Coronary Disease	\$63,947
Pr-Med Institute	Management of Dyslipidemia in Diabetic Patients	\$49,700
Pr-Med Institute	The Pharmacist's Role in Epilepsy Management: Current Treatment Issues and Future Trends	\$20,000
RDH Health Services, Incorporated	Fall Perinatal Disease Seminar	\$1,000
Recovery of Biological Products XIV	Sponsorship donation for Recovery of Biological Products XVII Conference	\$7,000
Regents of the University of Michigan	Restless Legs Syndrome: Diagnosis, Treatment, and Associated Psychological and Cardiovascular Risk Factors	\$100,000
Restless Legs Syndrome Foundation	Sponsorship - Annual meeting during 2009 World Association of Sleep Medicine	\$15,200

Pri-Med Institute  
\$303,000  
Conference Workshops (asthma, CV, trigs, diabetes, epilepsy)



## So... What Happened?

- **1997 - 2000**
  - FDA issues **Guidance for Industry, Industry-Supported Scientific and Educational Activities**
    - 12 factors used to determine “independence”
    - **Why?**
  - OIG (Office of the Inspector General) issues a series of recommendations and clarifications
    - Separate grant-making from sales/marketing
    - Objective Criteria
    - **Why?**



## So... What Happened?

- **July 2002 (effective January 2003)**
  - PhRMA issues its first **voluntary** document – *The Code on Interactions with Healthcare Professionals*
    - First effort to incorporate self-policing rather than government mandates
    - Recommendations on gifts, involvement of sales reps in providing grants and research funds, entertainment, venues, “perception”
    - “Support... should be given to a conference’s sponsor who should maintain control of...”



## Remember that Date?

- **June 9, 2005**
  - US Senate Finance Committee issues “letter of inquiry” to 23 PhRMA companies
  - Details on all CE grants issued for the previous three years
  - **Why?**
- 2006/2007
  - Senate Finance Committee Hearings
    - ACCME, PhRMA, Specific companies



## Senate Finance Committee

- **Intensive Scrutiny of Grants**
  - Senator Chuck Grassley (R-IA)
  - Formal Senate Finance Report Issued 25 April 2007
  - <http://finance.senate.gov/>

*“Our inquiry revealed that the pharmaceutical industry spends more than a billion dollars a year to fund CME programs that are accredited by the Accreditation Council for Continuing Medical Education (ACCME). Funding of ACCME-accredited programs represent a substantial portion of drug company spending on educational grants. Our inquiry also revealed that drug companies typically fund CME as part of a broader **business strategy to support the company’s brands**”*



## Senate Finance Committee

- **Hearings/Investigations Continue**
  - Emory University
    - Chairman of Psychiatry has NIH grant
    - Fails to report \$300,000 in payments from industry to study the same drugs at the same time
  - University of Wisconsin
    - Chairman of orthopedic surgery discloses \$20,000/year in grants
    - Actual amount was closer to **\$19 million**
  - Harvard University
    - Three professors fail to report almost a **million** dollars each in support and grants
  - National Public Radio
    - Syndicated health new program
    - Host received >\$1 million to give promotional drug company talks



## The Fallout Continues

- **PhRMA Revises Its Guidelines... again in late 2008**
  - Educational support and independence are addressed... again
  - Limitations on honorariums (suggested)
  - Only items of “educational value” will be provided
- **Hearings Uncover “Pervasive Influence”**
  - “Hired guns” – Advisory Groups, Speakers Bureaus, Expert Panels
  - Call for total transparency and disclosure
- **Senate Finance Committee**
  - December 9, 2009 “letter of request”
  - Targets professional societies and associations
  - ASCP and ASHP included



## Meanwhile... Back at Home

- **State Regulations and Requirements**
  - Mandatory Disclosure by PhRMA
    - **Why?/How?**
  - Mandatory Disclosure by Licensees
    - Maine, Minnesota, Vermont, West Virginia, Dc
    - Public disclosure in only two states
    - 2009/2010 – bills in 11 states
    - Freedom of Information Lawsuits

Ross JS, Lackner JE, Lurie P, Gross CP, Wolfe S, Krumholz HM. Pharmaceutical company payments to physicians: early experiences with disclosure laws in Vermont and Minnesota. JAMA Mar 21, 2007; 297: 1216-1223.

Congressional Testimony on State Laws Requiring Disclosure of Pharmaceutical Company Payments to Physicians, June 27, 2007, Testimony before the Senate Special Committee on Aging.



## The Fallout Keeps Falling

- **Some** members of PhRMA begin disclosure
  - Voluntary publication of grant information
  - Voluntary publication of payments to HCPs
- **Accrediting Bodies Issue New Standards**
  - ACPE clarifies and emphasizes “independence”
  - Disclosure requirements to provider and to audience
  - “Shine the light” and let learners’ make informed decisions
  - Proposals to have a central “clearing house” of funds
- **Continued Government Scrutiny**
  - Enactment of mandatory payment and grant disclosure laws
  - Impact on Medicare Part D, “ObamaCare”
  - Increasing attention at state level (Medicaid)





## The Fallout Keeps Falling

- **Professional Associations**
  - Phase out acceptance of grants for educational programs
  - American College of Clinical Pharmacy (ACCP)
  - But... then there's AHA
- **Academic Institutions**
  - Medical centers/teaching hospitals ban drug reps and grants
  - Universities establish disclosure processes
- **Pharmaceutical companies**
  - Outsource grant acceptance and review process
  - Depersonalization (from our perspective)
  - Switching from CE to "little E" marketing activities



## So... Where Are We Now?

### Quick Recap

#### Learning Objective One

- The **amount** of funds available for CE is going down
- Grants for CE programs are still available (for now)
- CE is rapidly being replaced by "educational" programs
- CE providers are struggling/working quickly to adapt
- HCPs are still uninformed as to **why and how**



## So... Where Are We Now?

### Quick Recap



#### Learning Objective Two

- Why? Regulatory scrutiny over off-label promotion disguised as continuing education (the perceived "safe harbor")
- Why? Legislative scrutiny over the influence of industry funding on product use, clinical guidelines, and increased fiscal spending
- Why? Recognition by accrediting bodies and providers of their responsibility to maintain full and total independence



## What Does this Mean to Me?



## Well, Not That Bad But...

- **Expect CE programs to become:**
  - More rigorous and "serious" education
  - Geared to topics of interest **specific** to the audience and not a sponsor
  - More expensive
    - Fewer grants to offset costs
    - A "pay for what you want/pay for what you need" approach



## Well, Not That Bad But...

- **Expect To Step Up to the Plate**
  - Our professional associations are threatened
  - Less "non dues revenue" from sponsorship
  - Greater reliance on individual pharmacists to contribute and share the cost
  - Critical to become active participants to protect the profession's mission



## Yeah... What Else?

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- **Expect to Take a More Active Role**
  - In your own education and development
    - Personal learning assessments
    - CPD (continuous professional development)
    - **YOUR** Return on Investment of time and money
  - Educating your colleagues and students
    - The “What/Why/How?”
    - Awareness of influence and the accompanying risks
    - Strong separation between formulary decisions and “who supports whom?”



## Resources

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- [www.PharmEdOut.org](http://www.PharmEdOut.org)
  - Links to grant and HCP payment disclosure
  - Managed by group of Georgetown University physicians (MD centric)
- [www.nofreelunch.org](http://www.nofreelunch.org)
  - Take “the pledge”
  - Elevate awareness
- <http://finance.senate.gov>
  - Formal reports
  - Ongoing hearings and investigations



## Close Out

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- Questions?
- Frustrations?
- Uncertainties?
- Words of wisdom?

