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Purpose

A brief 8-question web-based survey was developed and implemented in June 2001 to assess the level of financial investment/financial return academic centers and universities provide to or expect from the CME enterprise at the respondent institution.

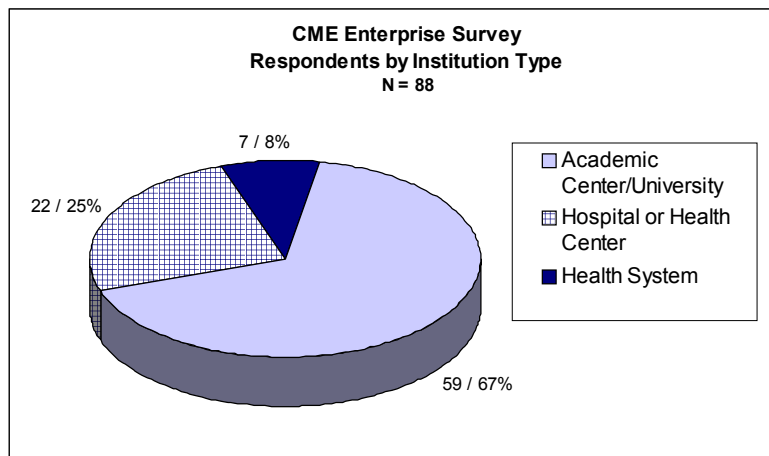
Methods

The survey instrument asked respondents to classify the CME enterprise's institutional setting, number of CME staff members, general scope of responsibilities, and financial practices and expectations. Survey participants were solicited via an e-mail that contained an electronic link to the survey instrument's web-based URL. Responses were requested within a 6-day window. Identities of respondents were not requested to encourage feedback, however the web-based program recorded the first two strings of the respondent's IP address to filter duplicate responses from the same institution. Responses were downloaded to an Access file and analyzed using a combination of Access and Excel.

Results

Ninety-eight survey responses were received in the allotted time. Of those responses two were excluded because the first two strings of the respondents' IP addresses were identical. Four responses were excluded because the respondents provided conflicting responses to questions 7 and 8. Four other responses were excluded because the participants did not answer questions 7 and 8, which were the focus of the survey. Eighty-eight responses form the source data for the charts that follow. While the purpose of the survey was specific to academic centers and universities, the data received from respondents in hospitals, health centers, and health systems may provide a basis for comparison to other professional settings.

Question 1

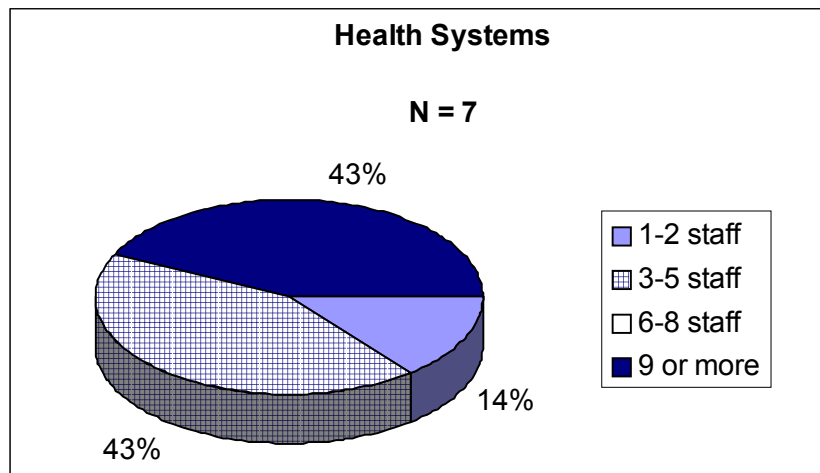
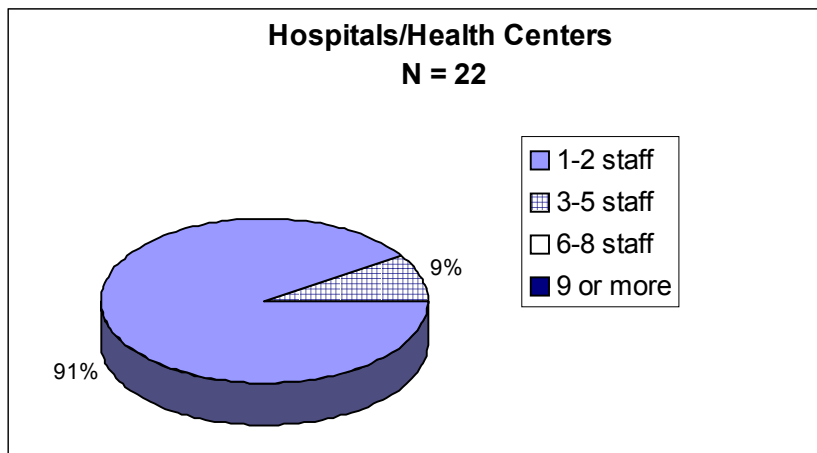
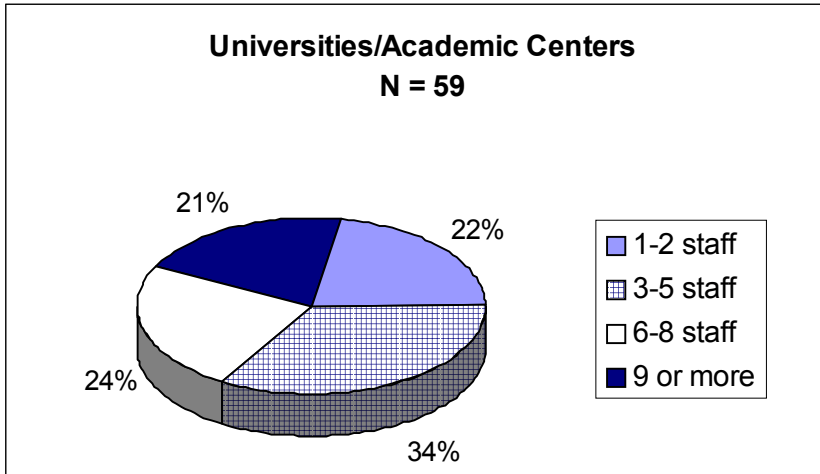


CME Enterprise Survey Summary

July 11, 2001

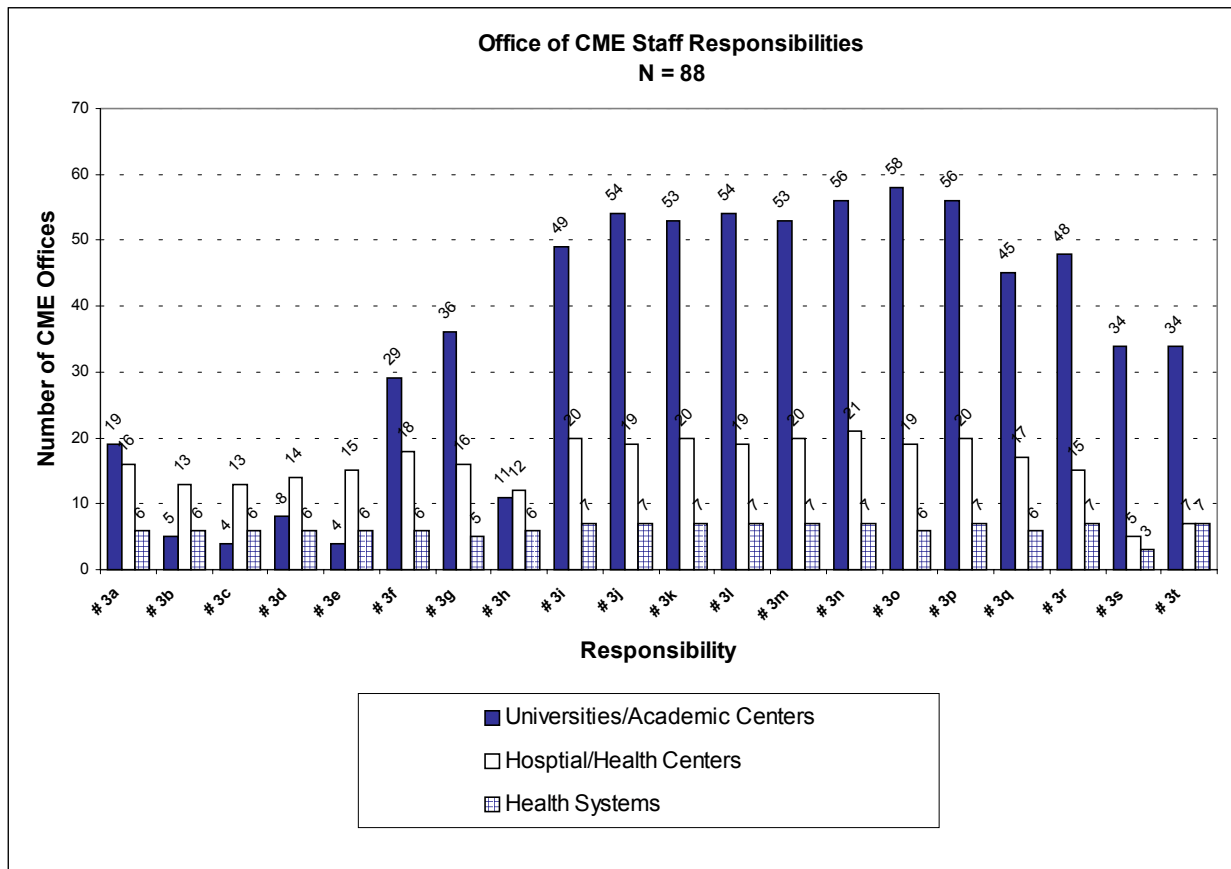
Hospital-based CME offices tend to have the smallest staffs while health systems tend to have the largest (at least among the very few health systems that participated in the survey). Academic centers are fairly evenly spread across the spectrum of staff sizes offered in the survey.

Question 2



The vast majority of respondents in all three groups of respondents perform rather comprehensive services with regard to non-grand rounds types of CME activities. The number CME activities of this type, however, was not determined. Regarding grand rounds specifically, CME offices in health systems and individual hospitals tend to perform more comprehensive services than do universities.

Question 3a through 3t



- 3a. Grand rounds needs assessment
- 3b. Grand rounds budgeting
- 3c. Grand rounds marketing
- 3d. Grand rounds logistics planning
- 3e. Grand rounds onsite management
- 3f. Grand rounds evaluation
- 3g. Grand rounds participant data entry
- 3h. Grand rounds budget reconciliation
- 3i. CME activity needs assessment (other than grand rounds)
- 3j. CME activity budgeting (other than grand rounds)
- 3k. CME activity marketing (other than grand rounds)
- 3l. CME activity logistics planning (other than grand rounds)
- 3m. CME activity onsite management (other than grand rounds)
- 3n. CME activity evaluation (other than grand rounds)
- 3o. CME Activity participant data entry (other than grand rounds)
- 3p. CME activity budget reconciliation (other than grand rounds)
- 3q. Educational grant solicitation
- 3r. Vendor contract negotiation and execution
- 3s. Online web services
- 3t. CE accreditation(s) other than physician CME

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Nearly two thirds of all respondents indicated the CME activities they sponsor must break even. Again, nearly two thirds indicated they returned CME activity net revenue to the sponsoring department or other stakeholder involved in the activity. Slightly more than one third of all respondents, however, indicated the CME enterprise is required to break even or better annually after distributing CME activity net revenue.

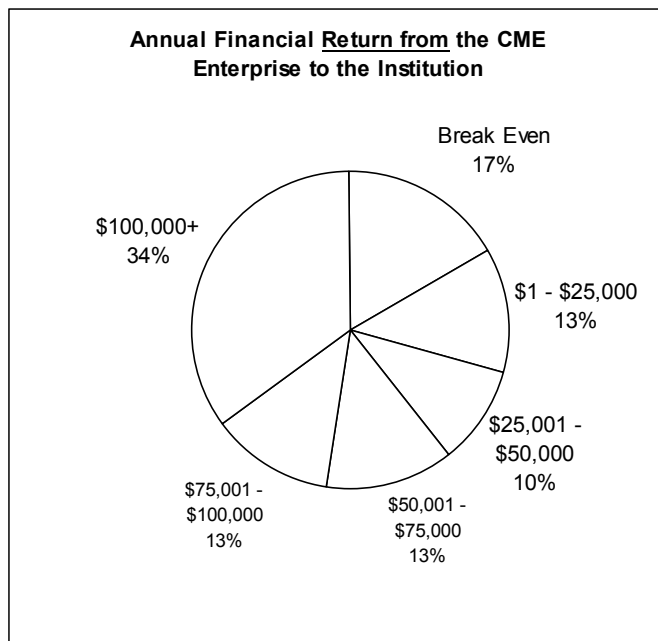
Question 4

Question 5

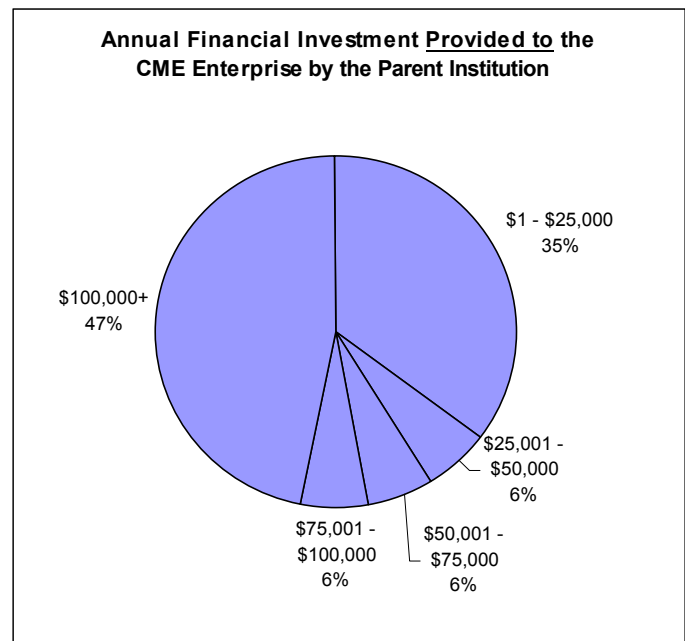
Question 6

	All Respondent CME Offices					
	CME Activities Required to Break Even? (# respondents / % respondents)		Return CME Activity Net Revenue to Stakeholders? (# respondents / % respondents)		CME Enterprise Required to Break Even or Better? (# respondents / % respondents)	
	Yes	No	Yes	No	Yes	No
Universities/ Academic Centers	47 / 80%	12 / 20%	48 / 81%	11 / 19%	27 / 46%	32 / 54%
Hospitals/Health Centers	7 / 32%	15 / 68%	6 / 27%	16 / 73%	5 / 23%	17 / 77%
Health Systems	2 / 29%	5 / 71%	2 / 29%	5 / 71%	1 / 14%	6 / 86%
All	56 / 64%	32 / 36%	56 / 64%	32 / 36%	33 / 38%	55 / 63%

Question 7*



Question 8**



* Data includes only respondents who answered "yes" to question 6.

** Data includes only respondents who answered "no" to question 6.

CME Enterprise Survey Summary

July 11, 2001

Data from respondents who indicated the CME Office staff size includes 6 or more staff members (or full time employee equivalents) was then filtered out and the remaining data was reanalyzed. Overall, the "yes/no" response distribution to questions 4 and 5 remain relatively consistent using the data for only smaller CME offices, except for Health System respondents. However, the "yes/no" response distribution to question 6 shifts significantly toward a "no" response when data for only smaller CME offices is analyzed.

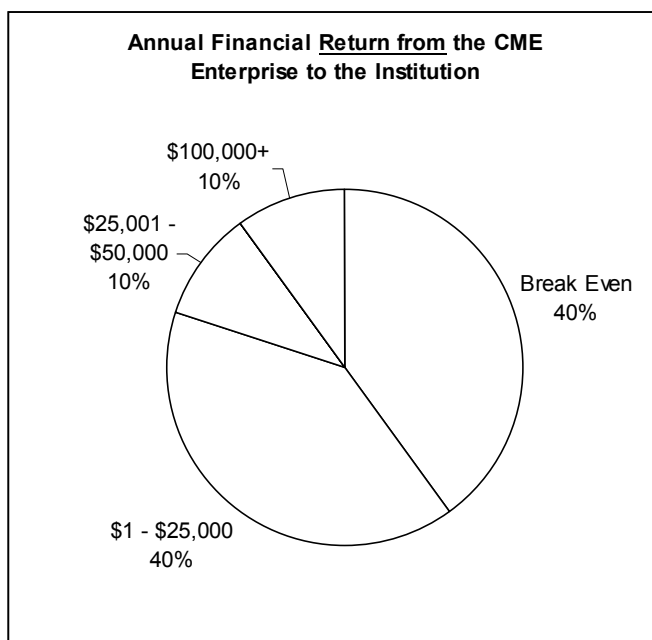
Question 4

Question 5

Question 6

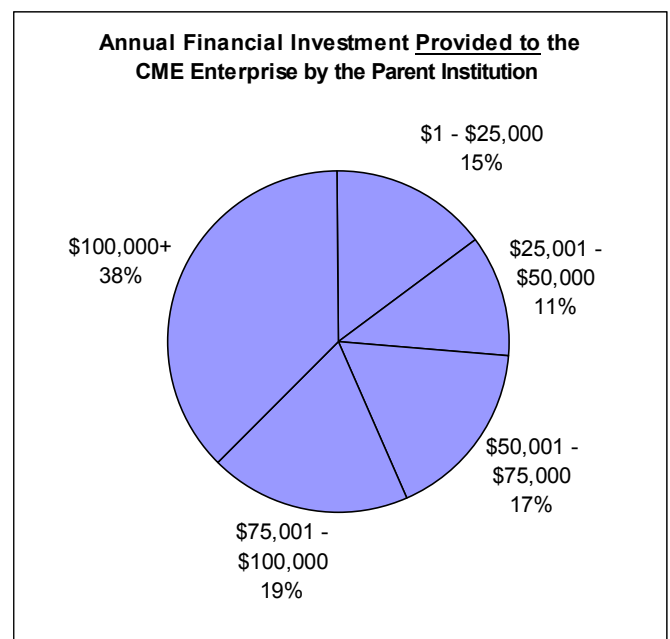
Respondent CME Offices with 5 or Fewer Staff Members (or FTE Equivalents)						
	CME Activities Required to Break Even? (# respondents / % respondents)		Return CME Activity Net Revenue to Stakeholders? (# respondents / % respondents)		CME Enterprise Required to Break Even or Better? (# respondents / % respondents)	
	Yes	No	Yes	No	Yes	No
Universities/ Academic Centers	26 / 79%	7 / 21%	26 / 79%	7 / 21%	6 / 18%	27 / 82%
Hospitals/Health Centers	7 / 32%	15 / 68%	6 / 27%	16 / 73%	5 / 23%	17 / 77%
Health Systems	0 / 0%	4 / 100%	0 / 0%	4 / 100%	0 / 0%	4 / 100%
All	36 / 57%	27 / 43%	34 / 54%	29 / 46%	11 / 17%	52 / 83%

Question 7*



* Data includes only respondents who answered "yes" to question 6.

Question 8**



** Data includes only respondents who answered "no" to question 6.

Conclusion

Based on this survey it is clear a majority of CME enterprises are not required to break even annually or to provide a financial return to the parent institution. Approximately 38% of CME enterprises that responded to the survey, however, are breaking even or achieving profitability. Approximately 66% of those CME enterprises that are breaking even or better annually are characterized by a relatively large CME staff of 6+ staff member (or FTE equivalents). Further research is needed to determine if the current environment is a shift toward an expectation for CME enterprise profitability, or is the CME enterprise perceived as a "cost of doing business" in the health care industry.