

## Feature Article

# Highlights of the AMA Study on Physicians' Use of the World Wide Web

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Accreditation and Certification Activities  
American Medical Association**

*In 1997, the American Medical Association (AMA) conducted a large-scale benchmark survey of physicians in the United States to determine how they use the Internet. The AMA Study on Physicians' Use of the World Wide Web sought to identify physicians' habits in using the Web. In 1999, 2000 and 2001, the AMA conducted follow-up surveys of physicians to note any changes in their use of the Web. We thought the CME community would be interested in the latest results of the survey. Here are some highlights:*

### Computer Use by Physicians

Computer use by physicians continues to increase, although at a more moderate rate than previously reported. In 2001, 82 percent of physicians reported personally using a computer, an increase of seven percent from 2000. The survey conducted in 1997 reported that less than half of physicians (42 percent) used a personal computer.

Computer use among physicians decreases with increasing age. Ninety-one percent of physicians 40 years of age or younger use a computer, while 70 percent of physicians 60 years and older use a computer.

Computer use also differs by specialty. For example, radiologists are more likely than obstetricians/gynecologists and family practitioners to use a computer (90 percent compared with 72 percent).

### Internet Use by Physicians

Increased computer usage among physicians is accompanied by a corresponding increase in Web usage. Use of the Internet almost quadrupled between 1997 and 2001—from 20 percent to 78 percent.

Internet use is greatest among physicians 40 years of age or younger (89 percent). Although younger physicians continue to use the Web more than older physicians both at home and at work, the percentage of older physicians who use the Web is increasing. In 2001, 65 percent of physicians 60 years of age and older used the Web compared with 43 percent in 2000, an increase of 22 percent. Internet use also varies by specialty. For example, 85 percent of pediatricians use the Internet compared with 78 percent of internists.

Physicians consider the Web to be most useful as a communication resource (74 percent) and a source of news and general information (71 percent), and medical information (67 percent). Approximately half of physicians find the Web useful as a business resource and as a source of information about drugs.

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## Educational Opportunities

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2000 course now available  
ONLINE at the Alliance web site  
([www.acme-assn.org](http://www.acme-assn.org))

### 2003 Alliance for CME Annual Conference

January 29-February 1, 2003  
Hyatt Regency Dallas at Reunion  
Dallas, Texas

### Evaluating Educational Outcomes:

**Electronic Workbook**  
([www.acme-assn.org](http://www.acme-assn.org))

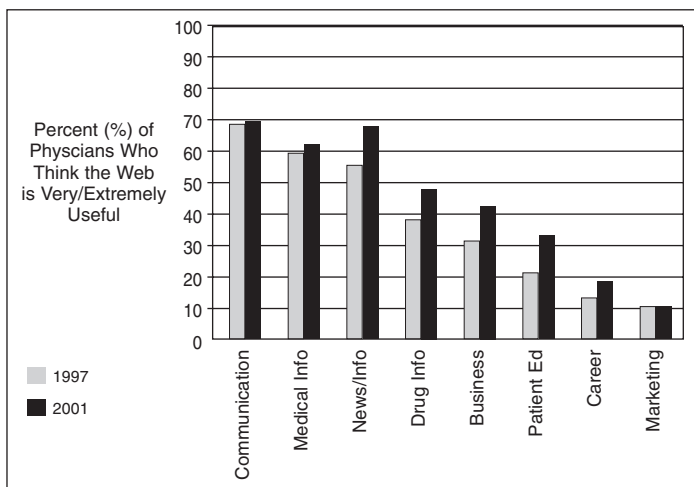
### CME: The Basics

July 25-26, 2003  
Doubletree Hotel  
O'Hare Airport-Rosemont  
Rosemont, Illinois

Physicians consider the Web to be least useful for patient education (37 percent), career development (22 percent), and practice marketing (14 percent). Use of the Web for CME has increased from 52 percent in 1997 to 64 percent in 2001. Use of the Web for CME also differs by specialty.


The number of physicians who said that the Web had a major impact on the way they practiced medicine increased steadily from 1997 to 2001—from 28 percent to 47 percent.

**Figure 1. Usefulness of the Web as a Resource**



### Use of the Internet for CME

The AMA Division of Continuing Physician Professional Development (CPPD) has a pilot project underway to study use of the Internet by physicians for CME. The results of this project on the Internet, which will be available in 2004, may change the way in which providers deliver Web-based CME. Specifically, the pilot project will determine the appropriate way to award AMA PRA Category 1 credit for self-directed, self-initiated physician learning using the Internet. It will define where learning occurs and how the AMA PRA credit system should be adapted to this mode of learning.

The *AMA Study on Physicians' Use of the World Wide Web* can be purchased by contacting AMA Press at (800) 621-8335. 

## NEXT MONTH IN THE ALMANAC

Alliance for CME Annual Progress Report

# ACCME's New Internet Policies: A Provider's Viewpoint

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Policies that have the greatest chance of being honored with acceptance (rather than in the breach) are those drafted by a group of knowledgeable people, posted for review and comment by another group who will be affected by the policies, and published far in advance of their effective date so that those affected will have adequate time to comply.

The Accreditation Council for Continuing Medical Education's (ACCME) Policies on the Internet have followed this route laudably and, in doing so, have begun to level the playing field for providers of online CME.

In early 2001, the ACCME appointed a Task Force on Adapting the ACCME to the Internet and charged the group with developing a set of policies that would address any gaps in current ACCME guidelines—gaps that might derive from differences between CME delivered over the Internet, compared with more traditional methods of CME delivery such as live events and enduring materials. A list of *Draft Policy Statements* was published on the ACCME web site in August 2001, with a call for comments. On May 1 the ACCME web site published the official policies, with an effective date of October 1, 2002.<sup>1</sup>

Previously, Internet CME, also called online CME, was considered to be just another method of delivering continuing education for physicians. Providers puzzled by a dazzling array of opportunities and challenges were advised to refer to the ACCME Essential Areas, Elements, Standards and Policies for guidance in program development. Over the past fifty years, CME has evolved from consisting mainly of live events to offering a myriad of *enduring materials* that often include multimedia learning experiences (self-assessment programs, audiotapes, videotapes, print journals, CD-ROMs). Now fast-forward to the posting of present-day Internet programming, with post tests and evaluations online (allowing providers to collect 100% of evaluations)

**Table 1. ACCME Policies for Internet CME: A Compliance Matrix**

ACCME Requirement	Compliance Plan
1. CME activities delivered via the Internet are expected to be in compliance with ACCME Essential Areas, Elements, Standards and Policies.	1. CME Department documents compliance by requiring CME applications for each activity; keeps hardcopy files and archives electronic files for 6 years. <i>CME Information</i> box above the fold displays all required information and instructions.
2. There will be no CME activities of an ACCME accredited provider on a pharmaceutical or device manufacturers' product web site.	2. Policies prohibit posting any certified CME activities on web sites of FDA-regulated products.
3. With clear notification that the learner is leaving the educational web site, links from the web site of an ACCME accredited provider to pharmaceutical and device manufacturers' product web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.	3. Add a pop-up screen or jump page that will appear when the user leaves the educational site (content pages) to go to regulated product sites. <i>You are now leaving an XYZ educational site. Continue/Return to XYZ.</i>
4. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads and pop-up window ads.	4. CME Department distributes internal policies to Sales/Marketing, holds training sessions and continually monitors online CME activities.
5. The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.	5. On the TOC page, add a link from <i>ACCME Policy Requirements</i> to information contained in <i>Hardware/Software Requirements</i> ; include recommended bandwidth, browsers and any required plug-ins.
6. The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.	6. On the TOC page, add a link from <i>ACCME Policy Requirements</i> to <i>Provider Contact</i> ; also add provider's email address below accreditation statement. Add web site customer service email address also.
7. The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.	7. On the TOC page, add a link from <i>ACCME Policy Requirements</i> to policies contained in <i>CME Privacy and Confidentiality</i> ; include references to how metrics are distributed.
8. The accredited provider must be able to document that it owns the copyright for, or has received permissions for the use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.	8. CME Department collects and files permission sheets in Activity Files prior to certifying CME activity.

and certificates that can be printed out instantly. It's hardly surprising that some elements that make online CME unique were addressed inadequately and providers were left to their own Procrustean devices when attempting to adapt existing policies and procedures to the brave new world of the Internet.

### Recommendations for Compliance

ACCME's new Internet Policies have identified eight categories where gray areas were present within the existing policies. Guidance was needed, and the new policies have clarified acceptable procedures for ensuring that online CME maintains the high standards enforced by accredited providers in the provision of more traditional forms of CME. At first glance, a provider might think nothing major needs to be added to an existing web site that has been in place for several years. However, on closer scrutiny a great deal of tweaking may need to be done, and engineers and programmers will want explicit descriptions of required changes and ample time for implementation. Table 1 describes some of the new policies with recommendations for ensuring compliance.

### The Importance of Online Metrics

Posting a CME activity online opens up a host of new opportunities related to the gathering of data about participants and how they view the activity. Because every demographic item collected during registration is available for statistical analysis, and every evaluation question can be cross-tabulated with the demographics, a staggering amount of data is available to providers. Online activities routinely collect evaluation forms from 100% of participants; and while data entry is instantaneous and requires no staff time, data reporting must be carefully considered or it can get out of hand. So much data is available that extraction of useful information and the long-term storage space required to retain records for six years can be challenging and expensive.

Meaningful data is in great demand, and providers as well as commercial supporters need accurate measures of the effectiveness of this new medium. Requiring providers to report the number of credits issued across the board for each category of CME activity would supply information vital to the allocation of educational grants, and would also give supporters the ability to compare results among providers. While page views and traffic reports are commonly used at present, a more precise measure of physician participation signifying completion of CME activities would be useful.


The ACCME first included data on Internet CME in the 1998 Annual Report. Accredited providers are now asked to report Physician and Non-Physician Participants, Activities and Hours of Instruction in two categories: *Internet (Live)* and *Internet (Enduring Materials)*. *Live* refers to online CME activities viewed in real time, as they are taking place, by synchronous participants who watch/listen to faculty presenting at a site physically remote from the online audience. *Enduring Materials* refers to online CME activities viewed asynchronously by participants either sitting at their computers or reading from printouts of screen captures. Table 2 lists the physician participants reported by accredited providers in ACCME Annual Reports from 1998 to 2001.

In 1999 the participation numbers doubled, and in 2000 they more than doubled again. During 2001, online participation increased 41%. As each class of medical students that grew up using computers graduates and completes residency training, it stands to reason that the proportion of physicians in need of CME, who are comfortable with online learning, can be expected to increase.

But in order to grow the online CME market, viable business models will be required. In the best-case scenario, increased support will be driven by reliable metrics that provide evidence of positive outcomes in physician participation, changes in clinical practice, and eventually even documentation of improvements in patient care. From this provider's viewpoint, the

**Table 2. Physician Participants in Internet CME Activities<sup>2</sup>**

Internet CME	1998	1999	2000	2001	Total
Live	14,667	12,825	9,062	12,236	48,790
Enduring Materials	23,212	66,731	172,860	217,819	480,622
<b>Total</b>	<b>37,879</b>	<b>79,556</b>	<b>181,922</b>	<b>230,055</b>	<b>529,412</b>

ACCME Internet Policies are a positive step toward creating the fair, objective and balanced platform that will enable these goals to be achieved. 

#### References

<sup>1</sup> ACCME web site, [http://www.accme.org/incoming/pol\\_12\\_internet.pdf](http://www.accme.org/incoming/pol_12_internet.pdf)

<sup>2</sup> ACCME web site, [http://www.accme.org/sec\\_docs\\_f.asp](http://www.accme.org/sec_docs_f.asp)

## BEST PRACTICES IN CME ACCREDITATION (2<sup>ND</sup> EDITION)

The *2<sup>nd</sup> Edition of Best Practices in CME Accreditation* is now available. This 800+ page user-friendly handbook features exemplary practices of providers accredited by the Accreditation Council for Continuing Medical Education (ACCME). It covers areas that are fundamental to the delivery of successful CME in accordance with the Essential Areas, Elements, Standards and Policies of ACCME. Each section identifies the areas of performance, the language describing the exemplary findings for performance, and then provides examples of the CME practices. Examples represent commendable practices from the ACCME 2001 self studies. References (in the areas of needs assessment, educational objectives, educational design and other aspects of CME programs, as well as ACCME accreditation standards and policies) are provided in the resource section of this handbook.

The costs of the *2<sup>nd</sup> Edition* are:  
\$70 + \$15 (S/H, U.S.) for Alliance members and  
\$85 + \$15 (S/H, U.S.) for non-members.  
To order the *2<sup>nd</sup> Edition*, go to:  
<http://www.acme-assn.org/best.pdf>.

## BEST PRACTICES IN CME ACCREDITATION (1<sup>ST</sup> EDITION)

The *1<sup>st</sup> Edition of Best Practices in CME Accreditation* also is available. 550+ page handy reference guide features commendable practices from the ACCME 2000 self studies.

The costs of the *1<sup>st</sup> Edition* are:  
\$45 + \$15 (S/H, U.S.) for Alliance members and  
\$60 + \$15 (S/H, U.S.) for non-members.  
To order the *1<sup>st</sup> Edition*, go to:  
[http://www.acme-assn.org/best\\_1st.pdf](http://www.acme-assn.org/best_1st.pdf).

## JOB OPPORTUNITIES

### Director of Continuing Education I

Position reports to the Assistant Dean of Continuing Medical Education. Responsible for the general management of the Continuing Education (CE) Department of the College of Medicine in Hershey, including fiscal planning, budgets, programs, personnel and resource management. Work with the Assistant Dean to spearhead strategic planning for the department, in concert with the strategic plan of the College of Medicine and Penn State University. Implements strategic plan, and collaborates effectively within the University and with educational partners to advance successful, innovative educational programs and maintain financial self-sufficiency. Provide personnel and budget management, including recruiting, developing and training staff and negotiating and implementing programmatic and vendor contracts. Maintain academic and accreditation requirements and standards. Develop, direct and evaluate CE courses for physicians, nurses, allied health professionals and, on occasion, the community. The position has a dual reporting line to the Associate Vice President and is expected to participate in the statewide CE Council. Requires Master's degree or equivalent, plus three years of work-related experience. Explore this unique opportunity to demonstrate your talent in a dynamic, challenging, yet supportive academic health system/university environment, in a beautiful, rural location with rich cultural offerings. As a member of the Penn State community, you will be able to take advantage of all the excellent benefits: Low cost and competitive Health Insurance/Benefits, choice of defined benefit or defined contribution retirement programs, educational benefits, and many others. Send cover letter, resume and salary requirements to: Employment & Compensation Division, Pos #: A-13987, 120 S. Burrowes St., University Park, PA 16801, or FAX to (814) 865-3750. Resumes will be accepted until position filled. Penn State is committed to affirmative action, equal opportunity and the diversity of its workforce.

## Calendar of Events

### November 1, 2002

IACME 2002 Workshop II: Preparing for Your ACCME Inspection  
 Lodge at McDonald's  
 Oak Brook, Illinois  
 Contact: Nancy Bashook, 847-733-1750

### January 29–February 1, 2003

Alliance for CME Annual Conference  
 Hyatt Regency Dallas at Reunion  
 Dallas, Texas

### July 25–26, 2003

CME: The Basics  
 Doubletree Hotel, O'Hare Airport-Rosemont  
 Rosemont, Illinois

### May 16–19, 2004

Congress 2004  
 Alliance for CME, SACME, AHME  
 The Fairmont Royal York Hotel  
 Toronto, Ontario, Canada

## Resources

### Compendium of Bioterrorism Agents Preparedness

Electronic Library **Updated July 2002** [www.acme-assn.org](http://www.acme-assn.org) **CLICKABLE PDF FORMAT**

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