

Benchmarking Insights 2017

Report of the Industry Alliance for Continuing Education Benchmarking Working Group

PARTIES INVOLVED & RESPONSIBILITIES



DEVELOPERS:
INDUSTRY ALLIANCE FOR CONTINUING EDUCATION BENCHMARKING WORKING GROUP



RESPONDENTS:
COMMERCIAL SUPPORTERS (PHARMACEUTICAL, MEDICAL DEVICE, BIOTECHNOLOGY, OTHER)



AUDIENCE:
INDEPENDENT MEDICAL EDUCATION NETWORK

WHAT YOU WILL FIND IN THIS REPORT

Methods

Respondents

Budget

Rare Diseases

Quality Improvement

Grant Details

Collaboration

Monitoring

Outcomes Data

Value of Benchmarking Data

Patient Education

INTRODUCTION

Benchmarking Insights is an annual report that is developed from surveying the medical education professionals of the pharmaceutical, biotechnology and medical device industries in order to gain insights to trends and standards applied in commercial support of Independent Medical Education (IME). Having started in 2009, this year's survey (2017) is the 8th Annual Survey (figure 1), developed, fielded and reported by the Benchmarking Working Group (BWG) from the Industry Alliance for Continuing Education (IACE), which has been a long-standing Member Section of the Alliance for Continuing Education in the Health Professions (Alliance).

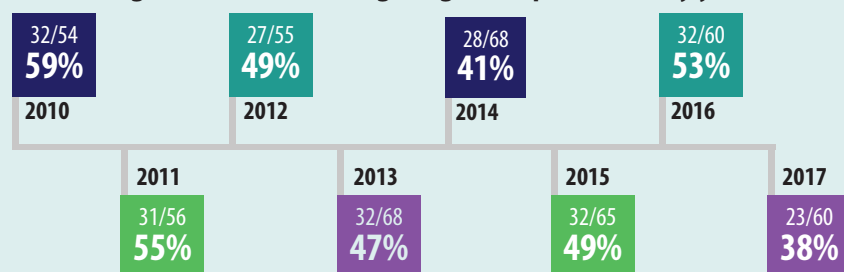
Since initiation, the survey has been used as a way to learn about commercial supporters' best practices related to support of IME, advocacy efforts and ongoing evaluation of supported educational programs. Year on year, the scope of the survey has expanded not only to include the biotechnology and medical device industries, reflecting the growing base

of IACE members, but also to address key issues emerging in the IME environment. Alliance continues to provide guidance and administrative support for the survey and annual reports to maintain independence and anonymity of individualized data.

Surveys for the annual reports have historically focused on benchmark practices and processes related to industry funding of education grants, intended primarily for dissemination within supporter organizations to facilitate benchmarking. However, the value of the data gathered from this annual survey are recognized by all stakeholder groups in IME. The data are now more actively and widely shared through various presentations at conferences, online webinars, and via the Alliance website and print media.

In addition to standard benchmarking on budget, grants volumes and monitoring, this year the survey assessed the following new topics: role of industry in distributing invitations, what has improved, what remain as areas for improvement, and supporting repeat series activities.

Figure 1. Benchmarking insights response rate by year



"N" identifies full set of responders; "n" identifies a subset of responders

METHODS

Sixty organizations with US IME offices were identified through the Alliance, the IACE Member Section and PhRMA memberships. A survey with 60 questions on key IME areas of interest was developed, pilot tested and distributed to one key individual per organization (n=60) from April - May 2017. Anonymity was maintained through use of the Survey Monkey platform.

RESPONDENTS

Twenty-three organizations responded to the survey (a 38% response rate).

The distribution of the respondents by US business revenue and industry type is presented in figure 2. The data are comprised of 15 (65%) Pharmaceutical, 6 (26%) Biotechnology and 2 (9%) Device companies. As we have seen in the previous years, the respondents of this survey represent a broad cross-section of the industry. The varying regulations identify differing processes and responsibilities.

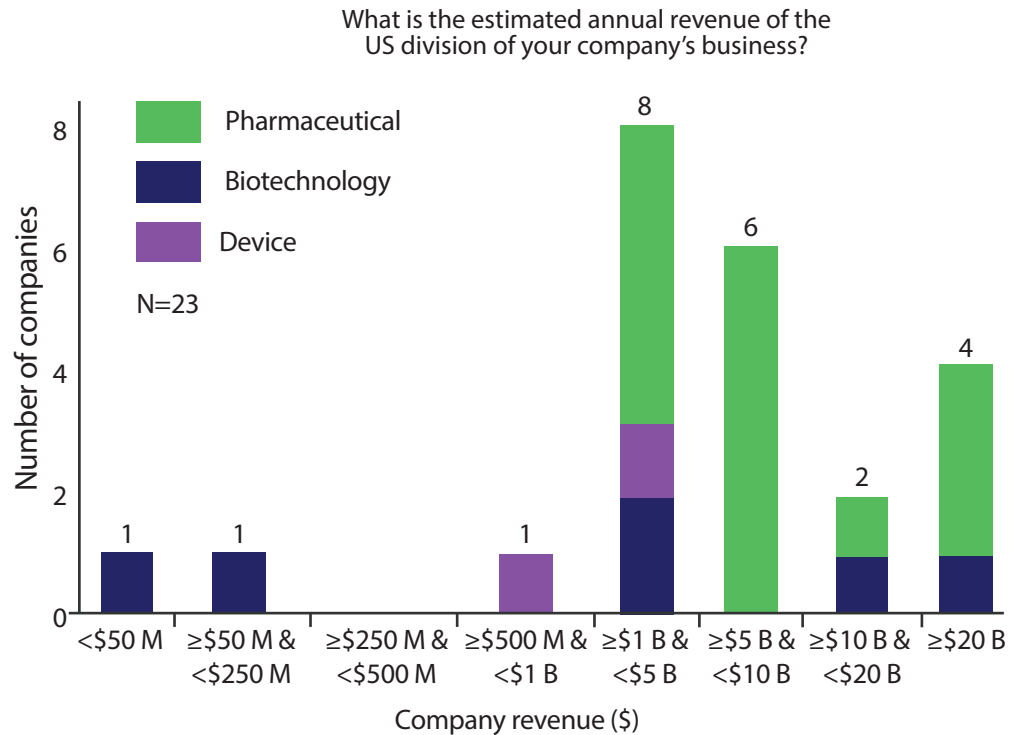


Figure 2. A Cross Section of Companies Were Represented

The responsibilities of the US IME offices responding to the survey were varied, with the 5 most common activities reported as shown in figure 3.

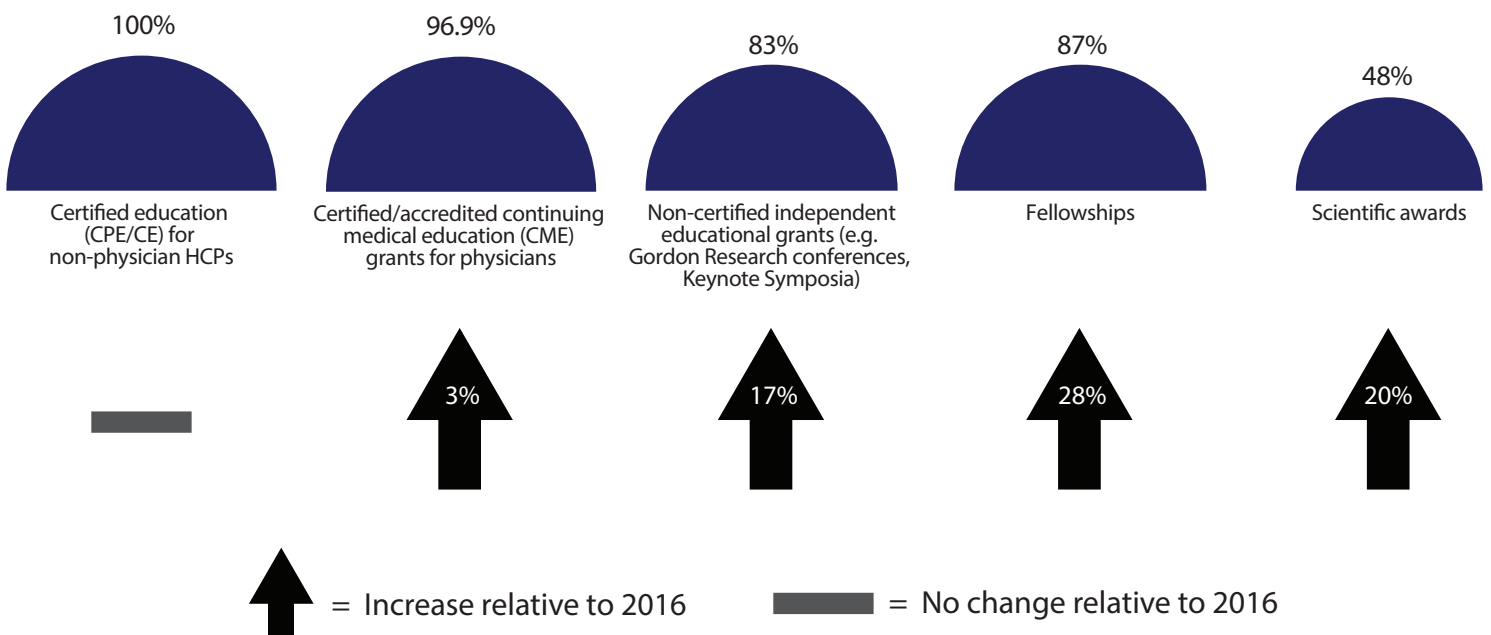


Figure 3. Top 5 common activities of US IME office responders

BUDGETS

In the past, data were reported based on IME budget ranges, which did not show a correlation with company annual revenue. In the past two years we have moved to seeking a more specific number rather than a range. This data gives more details.

Two-thirds of the respondents indicated that budgets were similar or increased compared to 2016 budgets. One-third of companies anticipate an increase in budget for 2017, while one-third of companies reported a decrease in budget. Half of the respondents predict that budgets will remain stable or increase for 2018. As seen in Figure 4, self-reported IME budgets tended to increase as the company revenue increased.

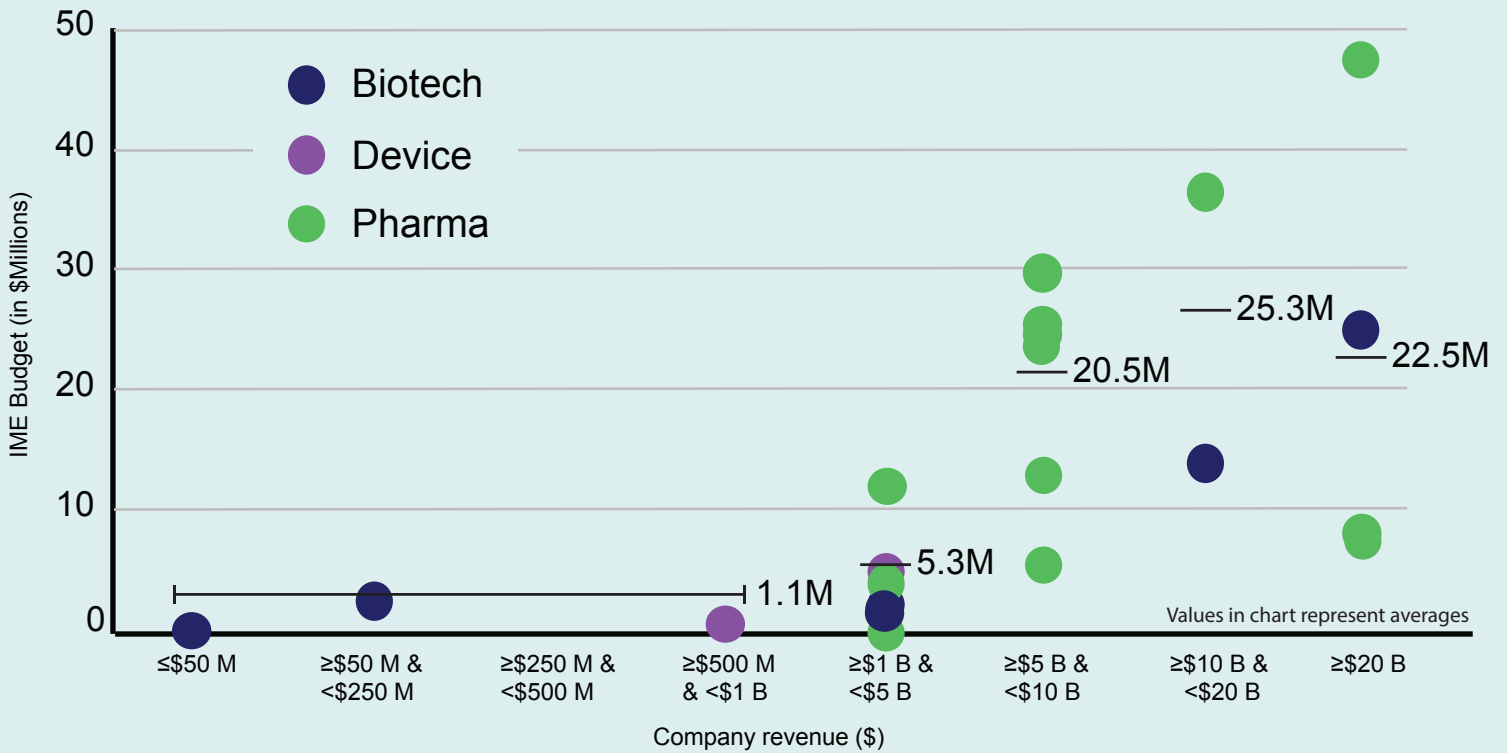


Figure 4. IME Budget is related to annual revenue

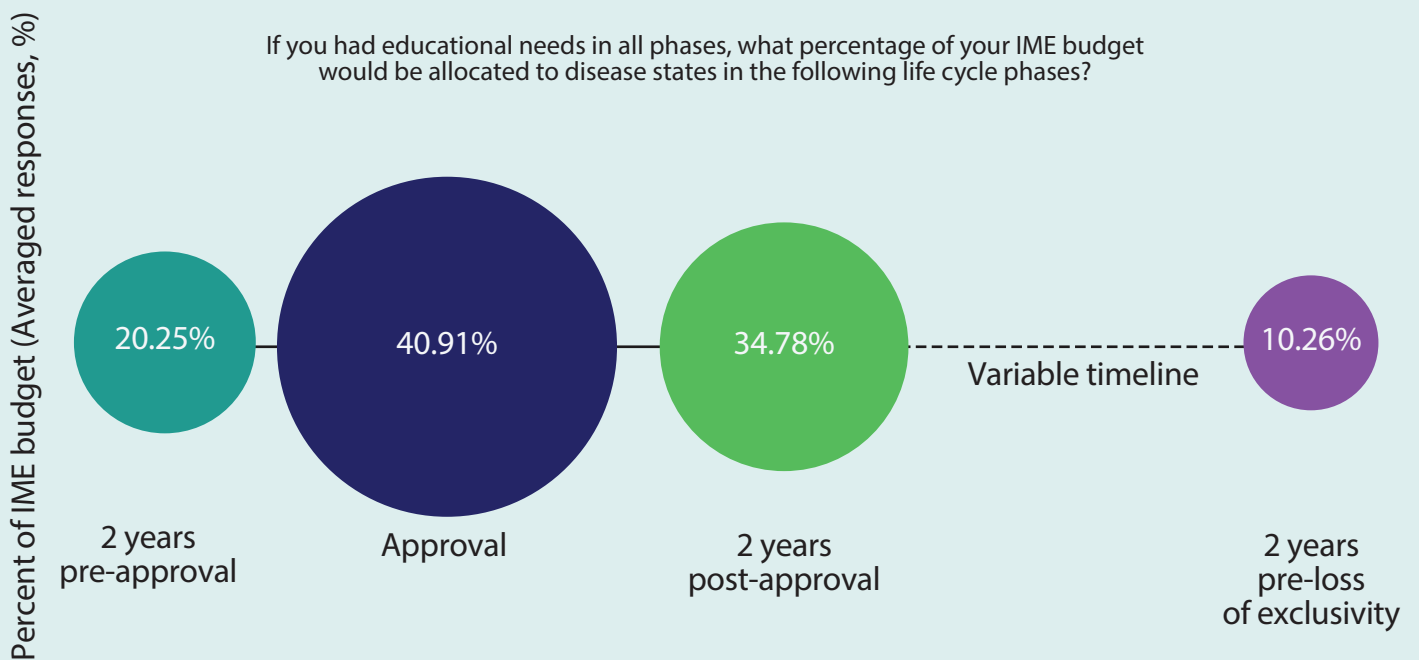


Figure 5. IME Departments Demonstrate Strategic Allocation of Funding

N=23

RESPONSIBILITY FOR RARE DISEASES

Responsibility for multiple therapeutic areas including rare diseases.

How many therapeutic areas does your U.S. IME team have responsibility over? (i.e. Oncology, Cardiology, Immunology, etc...)

How many rare disease (affects fewer than 200,000 Americans at one time) therapeutic areas does your U.S. IME team have responsibility for?

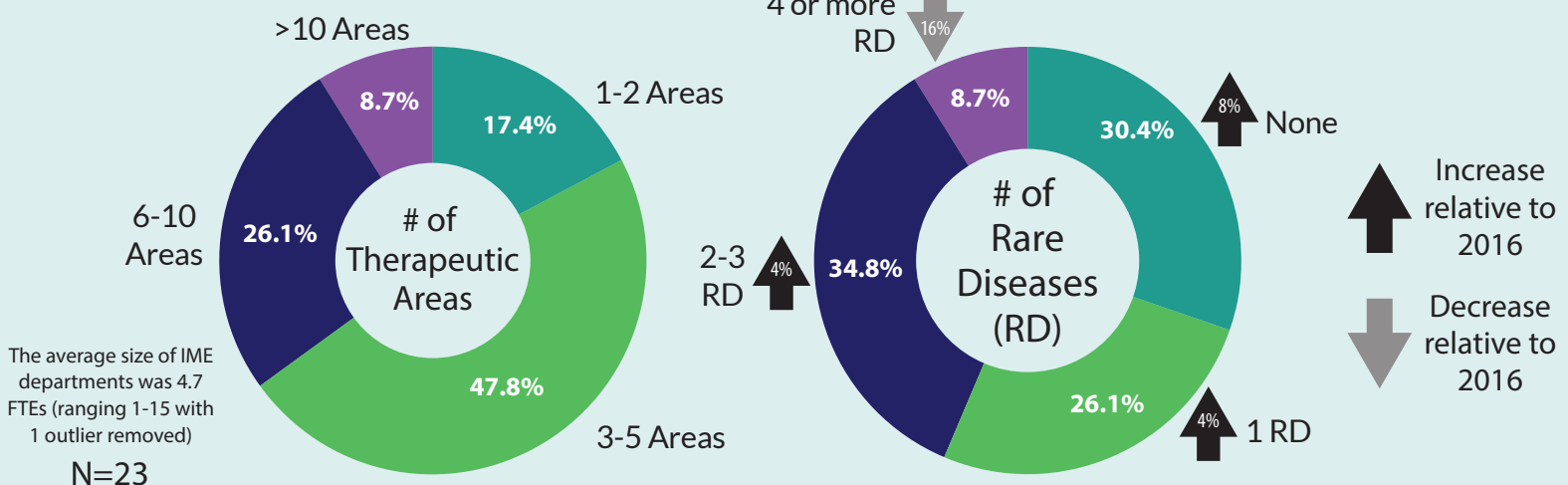


Figure 6. IME departments have responsibility for multiple therapeutic areas including rare diseases

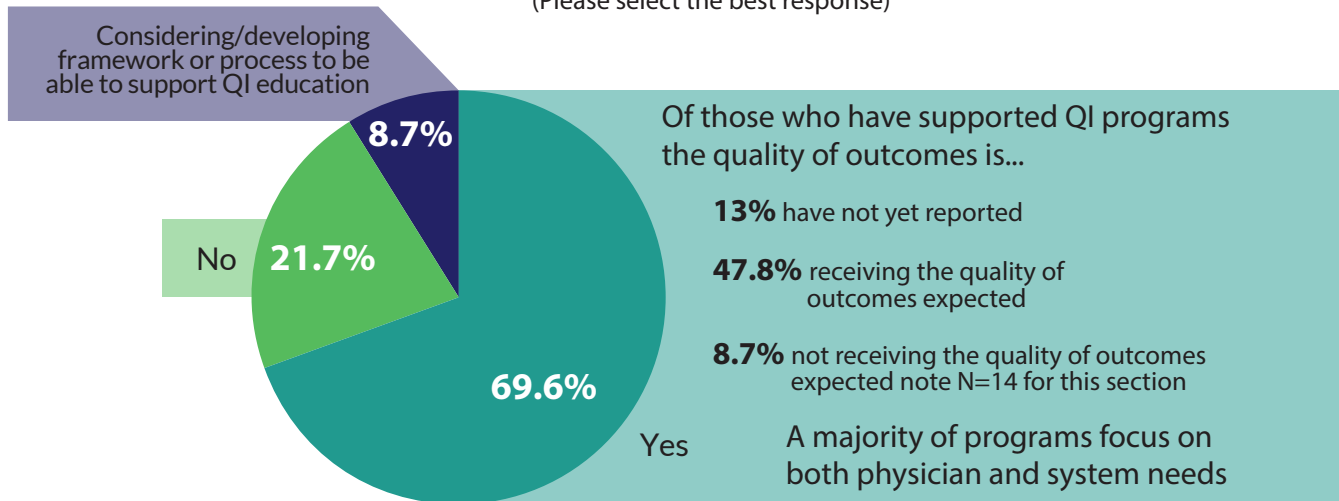
QUALITY IMPROVEMENT

The ACEhp has invested significant resources addressing the importance of Quality Improvement as a means to integrate IME more centrally into the healthcare system. A number of questions were posed to supporters on their level of support for Quality Improvement grants.

Over two-thirds of respondents have supported Quality Improvement education to date, with three-quarters having received Quality Improvement proposals.

48% of those who have supported these programs reported that they are receiving the level of outcomes expected, while an additional 13% are awaiting outcomes yet to be reported.

Does your IME department support Quality Improvement education?
(Please select the best response)



N=23

Figure 7. Most IME Departments Support Quality Improvement Education

GRANT DETAILS

The number of grants submitted has, on the whole, remained similar over recent years. In 2017, a quarter of supporters reported having received less than 250 grant requests per year. On the opposite end of the spectrum, only one company reported receiving greater than 2,500 grant applications per year. The volume of grants received is independent of the number of therapeutic areas supported.

Approximately half of respondents reported that less than 25% of grant requests received were approved in 2016, and of those, the majority were supported by more than one company. The majority of companies supported between 10% and 50% of grants submitted.

In the previous year what was the approximate total number of educational grant applications that were submitted to your company? (Please select best response)

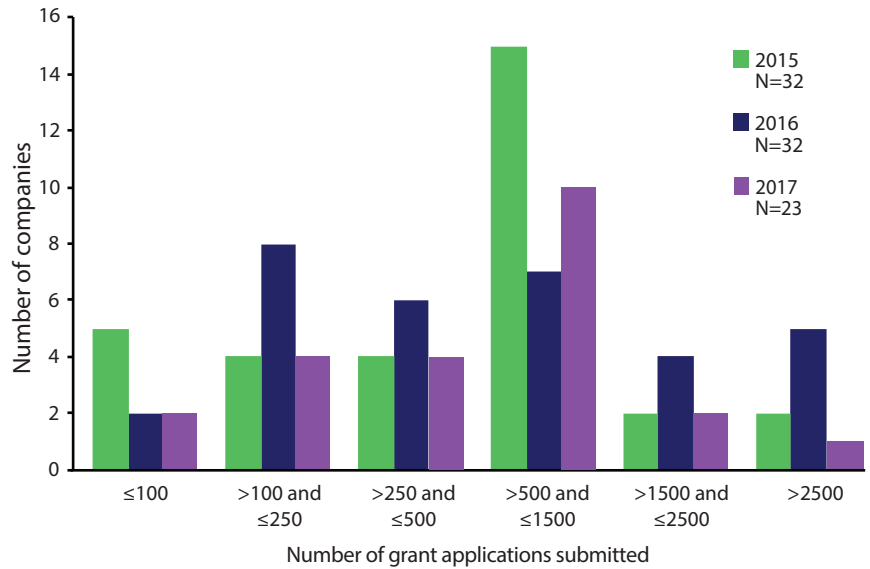
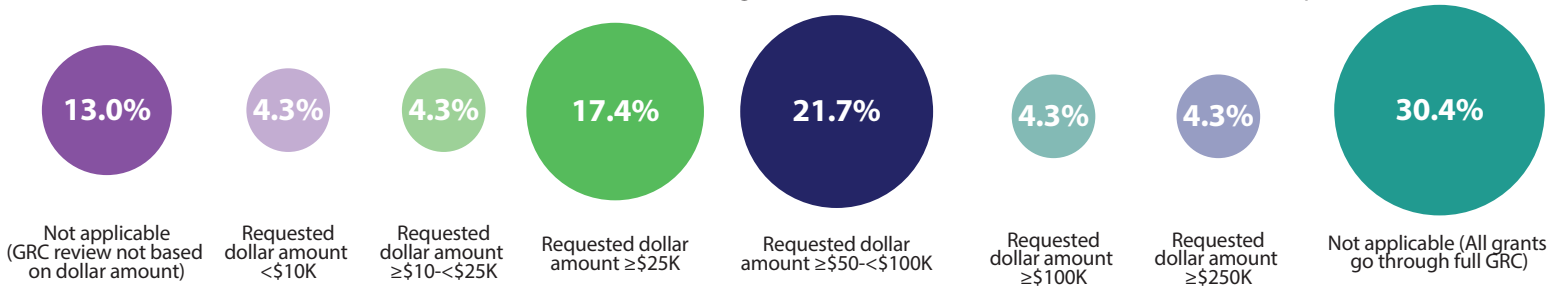


Figure 8. Number of grant applications submitted in the previous year

There is no clear delineation on what goes to GRC. Each company may assess the degree of risk at each level and complexity of grants. In the majority of companies, the IME personnel has some autonomy and decision-making responsibility based on the level of training and expertise in the departments. For 25% of companies all grants must go to GRC.

Which lowest dollar amount threshold warrants grant committee review? (Please select the best response)



52.2% responders said that GRC approval had to be unanimous.

34.8% responders required a simple majority

N=23

Figure 9. Grant review committees responsibilities vary

In the last 12 months, what percent of approved grants had scope change requests submitted? (Please select best response)



Number of change of scope requests remains stable for 78.3% of companies from 2016

Figure 10. Change of scope requests persist

N=23

A Central Theme: Collaboration

Upon analysis of the data, a central theme of collaboration emerged. This collaboration occurs between supporters, with internal colleagues, with global colleagues and even between providers.

COLLABORATION BETWEEN SUPPORTERS

Sixty-one percent of respondents to the survey indicated that they are open to communicating in some way with their industry peers in the same disease state. Of those 39% who indicated no, about half were open to considering the idea.

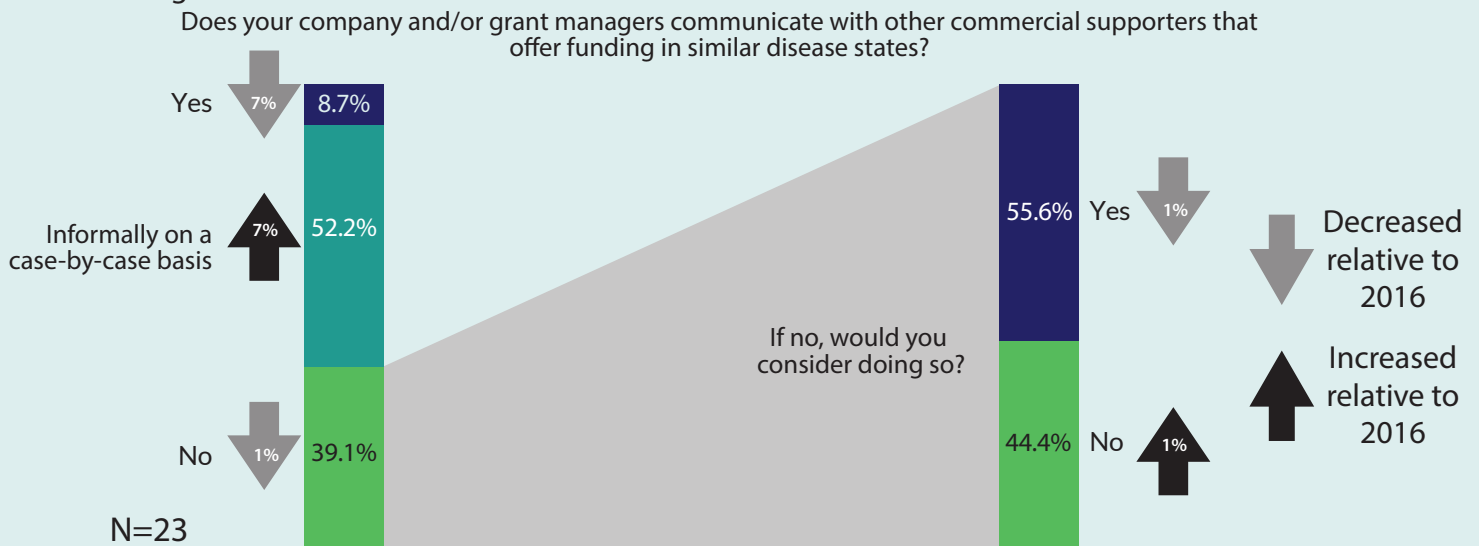


Figure 11. Majority of supporters are open to communicating with industry peers in the same disease state

This year's survey examined how many companies are implementing or considering joint RFP/CGAs. Currently, only 17% have plans to implement; the majority are not currently considering this process.

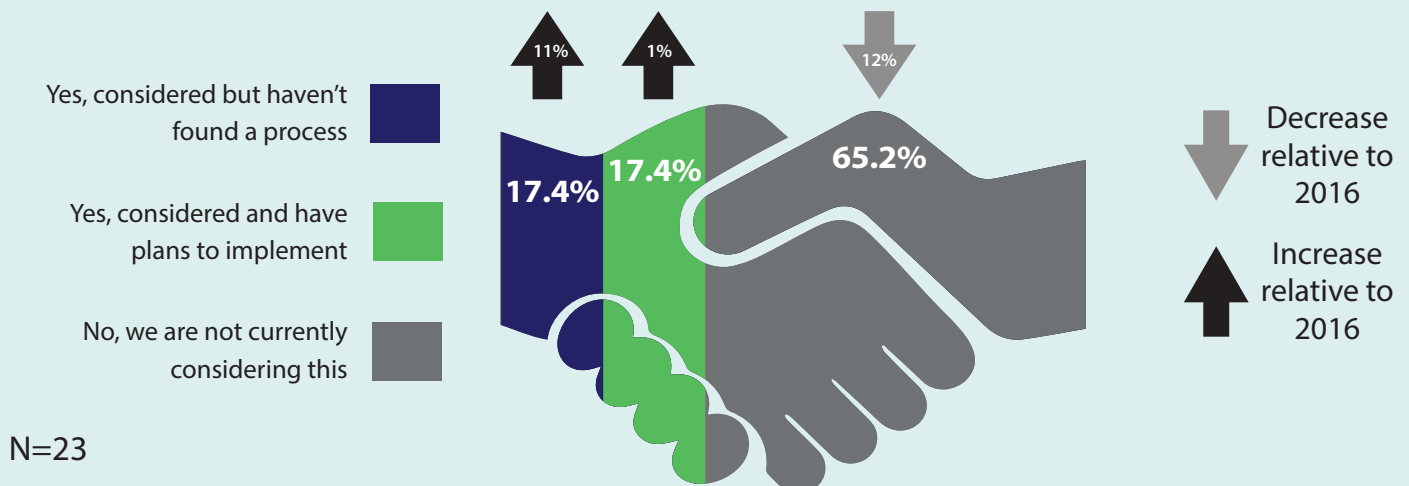


Figure 12. Most supporters are not currently considering partnering with industry peers for joint RFPs/CGAs

GLOBAL GRANTS

In 2015, the topic of global education was first addressed in detail in the BWG annual survey, as it was recognized that there may be an increasing role for US-based IME teams in reviewing and approving global education grants. Although 25% of the respondents (n=2) indicated that their US IME office may have plans to process global education activities in the coming 6 months to 2 years, 62% of the US IME teams currently support their global educational activities with their current US IME teams. Figure 13 shows the subsection of 8 companies not utilizing their US teams to process global grants.

Does your US IME office plan to process global educational activities in the future?
(Please select the best response)

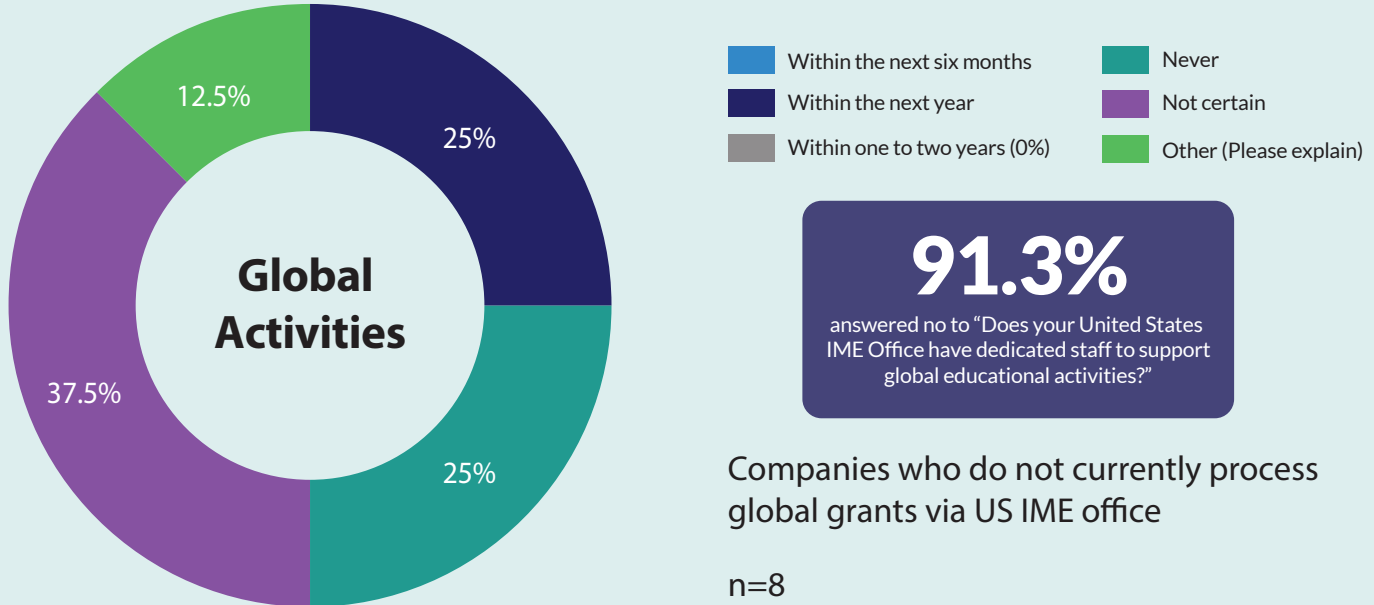


Figure 13. US IME functions plan to increase collaboration with global colleagues

What is your definition of a global grant for your department to review/process.
What are the criteria for consideration for your IME group to be involved in the review of Global Grants?

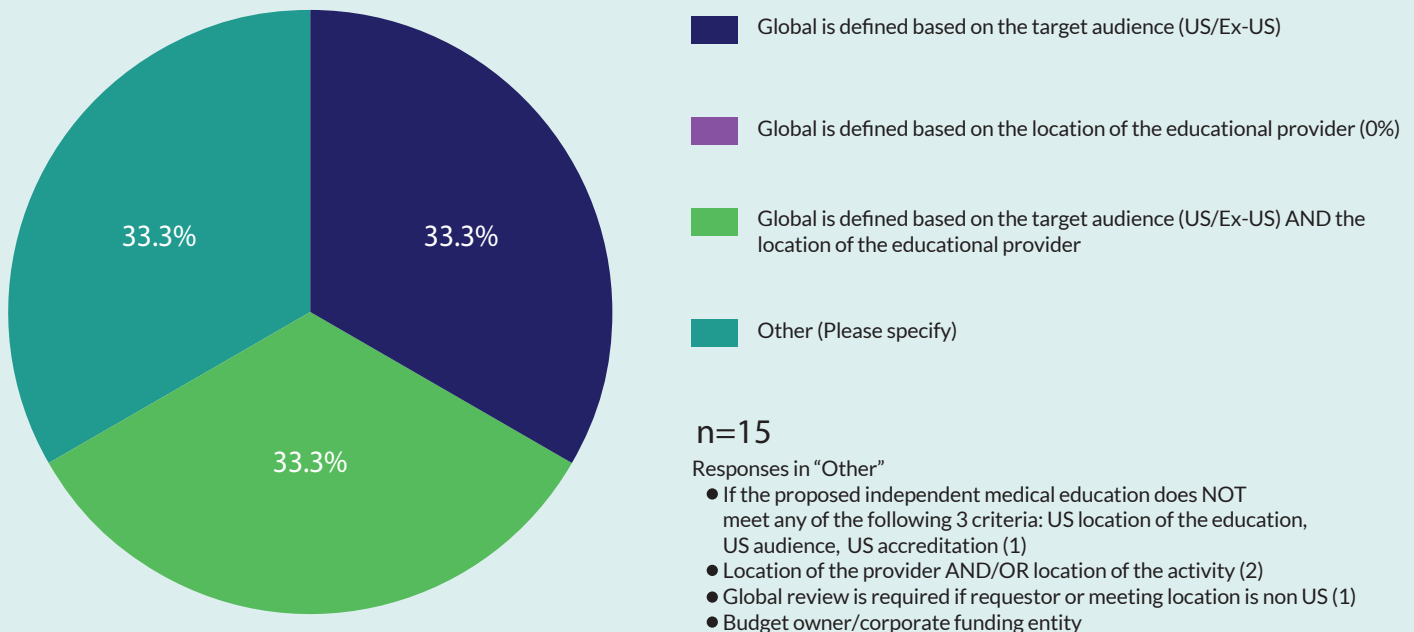
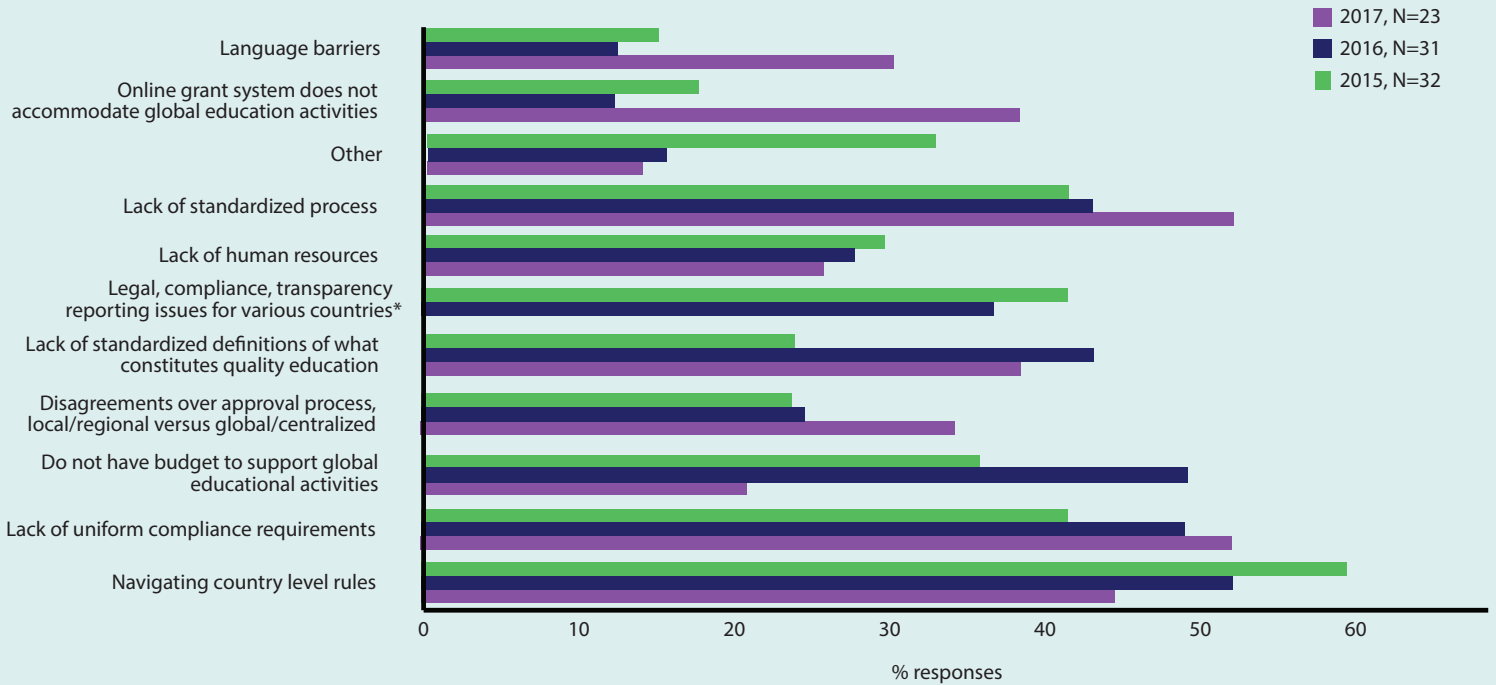


Figure 14. Definition of global grants varies.

TOP BARRIERS TO PROCESSING GLOBAL GRANTS

What are the barriers/issues that your organization has encountered in processing global educational activities?
(Select all that apply)



*This option not included in 2017 survey

Figure 15. IME teams face multiple barriers managing global grants

COLLABORATION WITH MEDICAL/PROFESSIONAL SOCIETIES

As providers seek to reach the appropriate clinical audiences, increasing collaboration between provider groups has been observed. In particular, collaborations with medical/professional societies. Many companies indicated that having a society partner positively impacts the grant review decision process.

What level of impact does having a society partner place on the grant review decision process?
(Select best response)

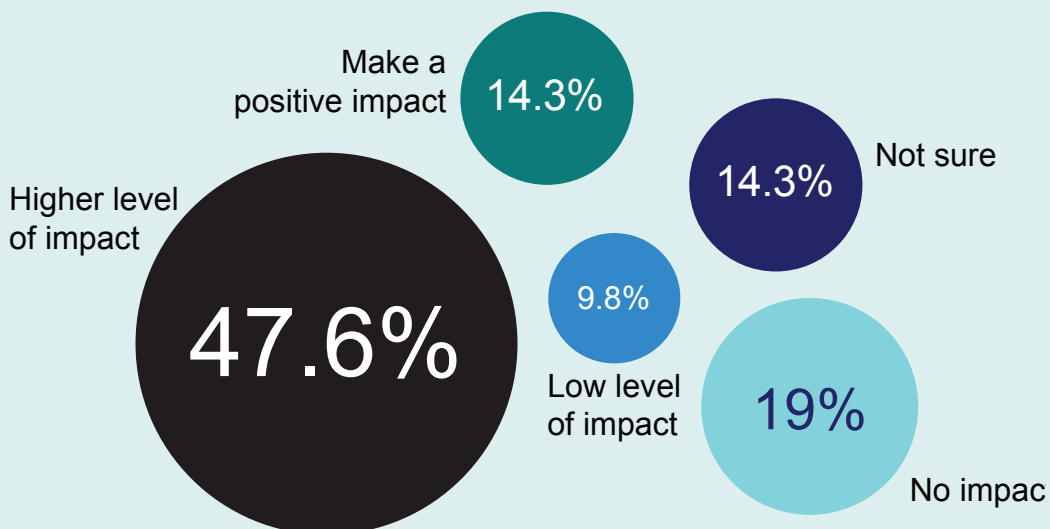
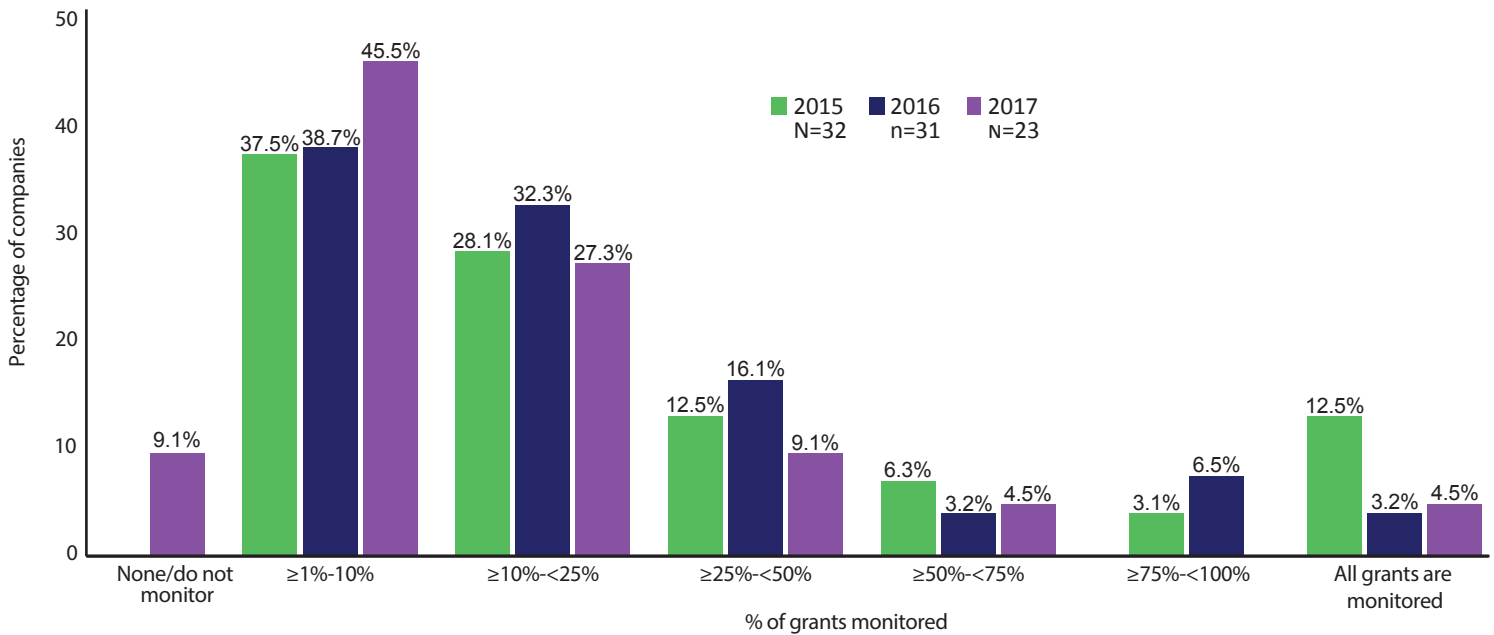


Figure 16. Collaboration with a society partner is valued

MONITORING

Monitoring is defined as the process of company medical or scientific personnel attending live activities or completing enduring activities to assess them for accuracy, balance, evidence base and alignment with the approved grant application. Although it continues to be raised as an important issue for US IME functions, as in prior years, the majority of respondents indicate that less than 25% of their activities are monitored.

Currently, what percentage of your company's supported IME activities are monitored?
(i.e., IME/medical/scientific company personnel assess activity's adherence to approved grant and LOA)

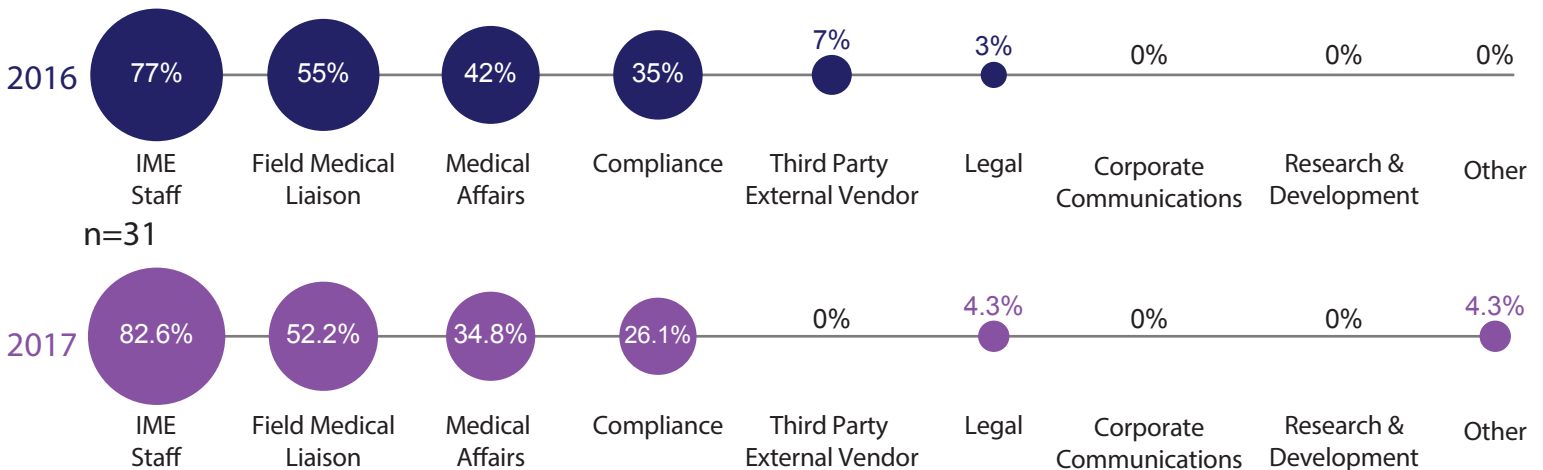


N=23

Figure 17. Companies consistently monitor a subset of supported activities

In general, the approach to monitoring has not changed in the last 2 years. As in past years, individuals in Medical Affairs and Compliance roles are also used to monitor IME activities; only a small portion of respondents indicated that they use a third-party external vendor or someone from their Legal Department.

Who formally from your organization is assigned to monitor supported IME activities?
(Please select all that apply)

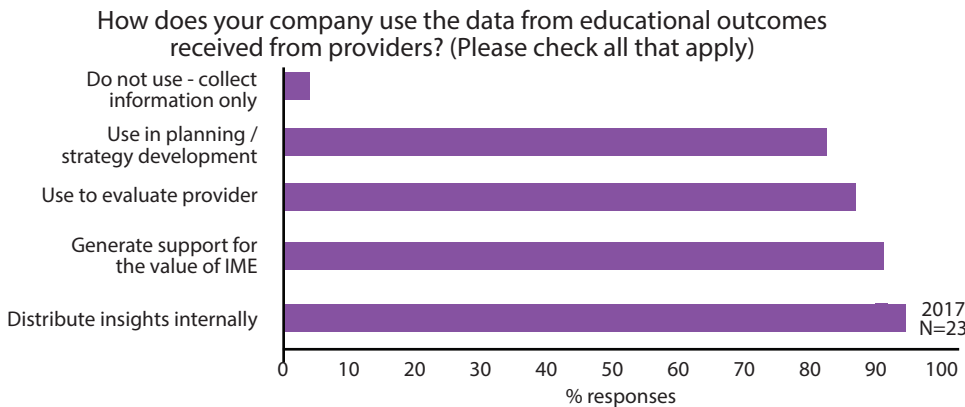


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Figure 18. Monitoring engages different functions

DISTRIBUTION & USE OF OUTCOMES DATA

A key responsibility of all US IME departments is demonstrating the value of supported IME to healthcare professionals and patients. In recent years, ACEhp has increased their efforts to support the publication and presentation of educational outcomes data, critical components in the generation of evidence that commercial supporters need as a part of IME advocacy.



As we have seen for the past few years, figure 19 shows the different ways companies indicated that they use the data internally, with the vast majority utilizing outcomes data to generate support for the value of IME (91%) and sharing insights (96%).

Figure 19. Majority of supporters distribute and use outcomes data

Most companies (64%) either did not aggregate outcomes across multiple grants or did it manually.

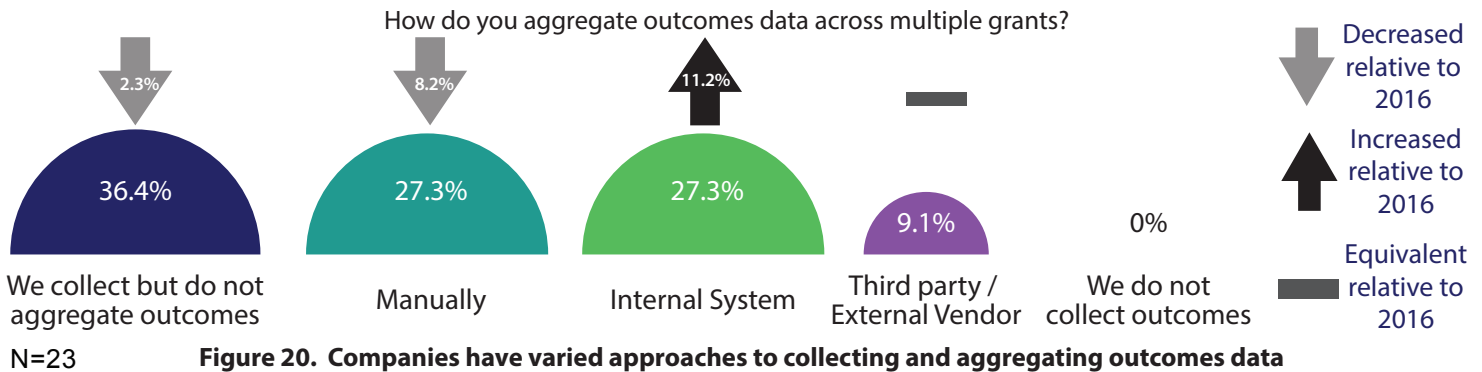


Figure 20. Companies have varied approaches to collecting and aggregating outcomes data

Outcomes is a strong area of improvement for providers (see figure 21). With regards to the planning, execution, and reporting of IME activities, companies were asked for their opinion on the most important area that has demonstrated positive growth over the last few years, and the top area still in need of improvement. According to this year's survey, the most frequently mentioned improvements have been in the quality of grant proposals and in innovation of education design. More than half of commercial supporters reported that the top area still in need of improvement is outcomes design, analysis, and reporting (n=13), including linking the stated learning objectives and gaps to outcomes.

In your opinion, over the last five years, what has been the most important area or quality of positive growth among education providers?

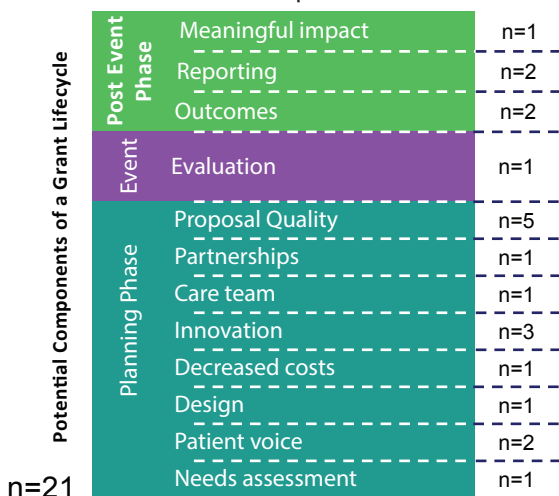


Figure 22. Providers Have demonstrated improvement in proposal quality, innovation and outcomes analysis

What is the most consistent area for improvement among educational providers?

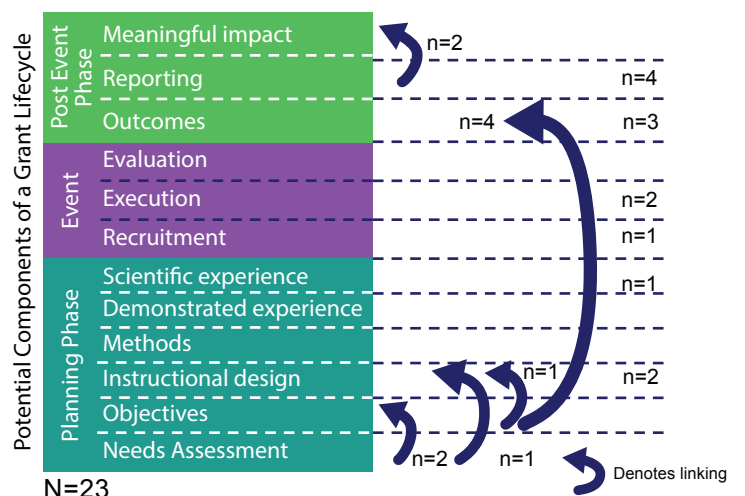


Figure 21. Providers need improvement in making links between grant elements

PATIENT EDUCATION

Nearly half (43.5%) of companies report that they have some responsibility for patient education requests. The survey asked commercial supporters what kinds of IME have been supported that are likely to have an impact on patients, including education intended for patients as well as education intended for HCP that integrate tools or concepts to improve patient engagement.

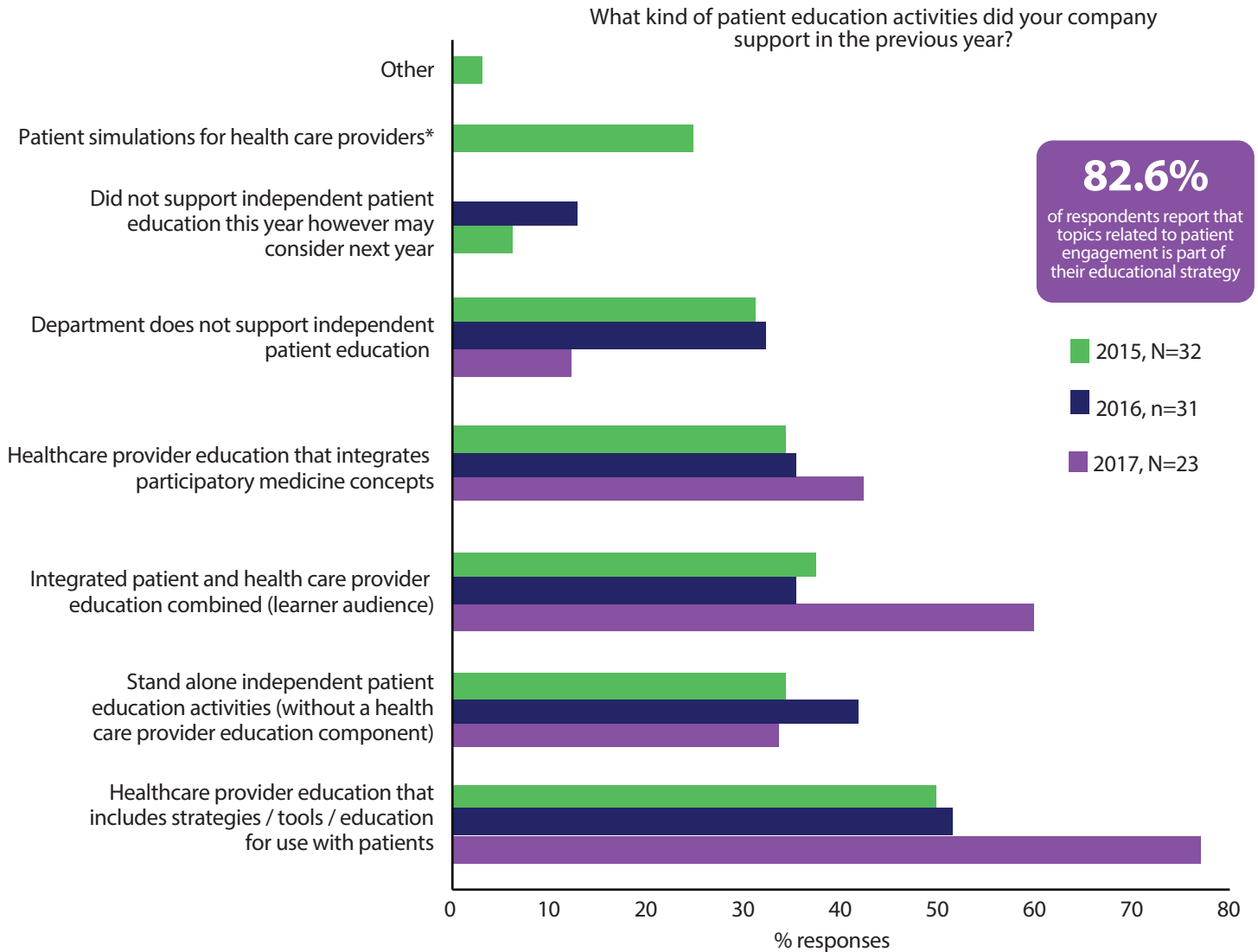


Figure 24. Support of patient education activities

*Note: patient simulation for HCPs was not included as an option in responses in 2016 or 2017.

2017 BENCHMARK WORKING GROUP

Benchmarking Working Group Chairs

Riaz Baxamusa (Co-Chair) Astellas
 Suzette Miller (Co-Chair) Celgene Corporation

IACE and Alliance Leadership

Susan Connelly (IACE Lead) – Pfizer
 Laurie Kendall-Ellis (Alliance Executive Director and CEO)

Benchmarking Working Group Members

Kristan Cline – Insmad
 Rachel Every – Jazz Pharmaceuticals, Inc.
 Kurt Gery – Genentech
 Patty Jassak – Astellas
 Pamela Mason – AstraZeneca
 Beth Page – Eli Lilly & Co.
 Julia Shklovskaya - Takeda



Alliance for Continuing Education in the Health Professions

VALUE OF BENCHMARKING DATA

Each year, a key question in the survey has been to inquire how the data from the report are used.

Eighty-four percent who use it are using it for requesting resources, budget, process, alignment of processes and other purposes.

Do you share IME information, findings and/or insights from this survey with your internal stakeholders?

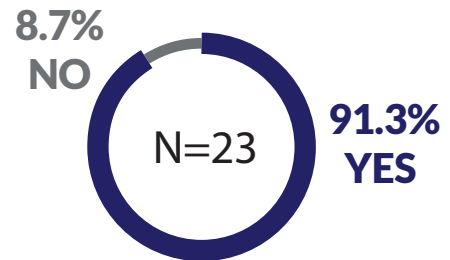











Figure 23. IACE benchmarking survey data continue to be used internally

Do you share IME information, findings, and/or insights from this survey with internal stakeholders?

The following comments were provided on how this information was shared.

-  Informative comparative data for Medical teams as well as legal and compliance in some cases
-  Grant review meetings, medical meetings, informally, via corporate communications, newsletters, monthly highlights, Yammer (internal social media platform)
-  Via internal presentations
-  GRC members, MA leadership team and Medical Excellence Global Grant colleagues
-  Typically share with Legal and Compliance to support recommendations for modifications of processes or policy
-  Email
-  We share with the Medical Affairs team and others as requested
-  SU IME budget total (per US company revenue) generates the most interest from my internal stakeholders. I look for this slide every year to share with them...thank you for that important benchmarking information (and more)
-  We report IME information via monthly eBlasts, newsletters, and outcomes reports
-  Share insights into gaps in physician knowledge/competence and impact of education
-  Share with grant review committee members
-  Presentation, distribution email to leadership and various medical teams, intranet

If your department has used the data from any of the IACE Benchmarking Surveys, please provide an example(s) of how benchmarking data was applied to help guide decision-making, support changes, or confirm processes within your organization. (Please provide your response in the text box.)

-  Review data
-  We provide a comparison between our organization's answers and the total responses - identify where we practice in consensus with our colleagues and which processes might be outliers
-  Tracking budgets across industry
-  Was able to provide support for field medical to be able to share information on programs we are supporting
-  Yes, this has helped our IME department advocate for a larger budget based on industry benchmarking. We have not but it's a good idea to incorporate
-  Benchmarked % of programs monitored to ensure we were within range for the size of our company , also looked at size of company relative to IME budget for budget planning meetings
-  CGAs, focus of IME department, FTEs, budget amounts
-  Used in business plan
-  I believe it has helped us make the case for a larger US IME budget in the past 2 years
-  Support changes to grant processing procedures
-  To support new processes like RFP and monitoring
-  Adoption of new process requirements
-  Presented results to leadership to use as a benchmark for where we believe we should be when it comes to budget and process