

univadis®

A Journey Towards Higher Quality in CME

Thomas Kellner Manager univadis EMEAC







AGENDA



- > About univadis
- > CME in univadis
- > Challenges of International CME
- > MSD's future approach to assure quality in CME

Medical Information & Value for the Customer a long tradition within MSD



1899 - Merck's Manual of Materia Medica

Today: 18th edition of Merck Manual & Manual home edition

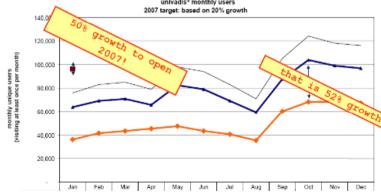


source: amazon.com

univadis®







HISTORY

- Launched as an own brand in 2004
- Available in 33 countries
- univadis® has become one of the leading portals for healthcare professionals*

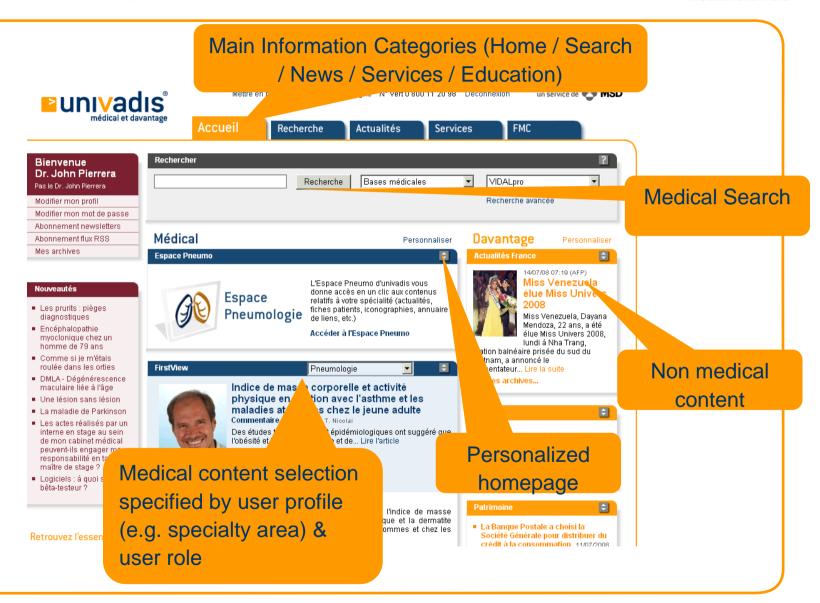
FACTS & FIGURES

- 140 000 unique users access the portal on average per week
- > > 600 000 registered physicians
- > > 5 000 000 visits per year
- Most trusted web initiative sponsored by a Pharma company*, recommended by physicians

*Manhattan Research, Taking the Pulse Europe 7.0; NPS from internal Strategic Tracker

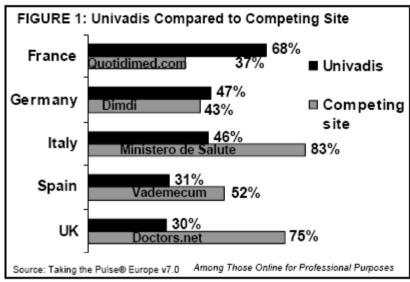
The Portal: Fully Personalized

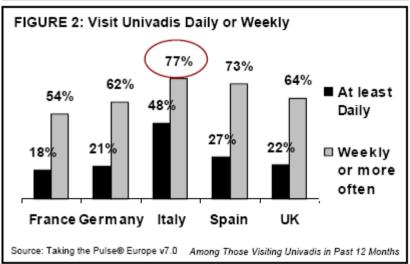


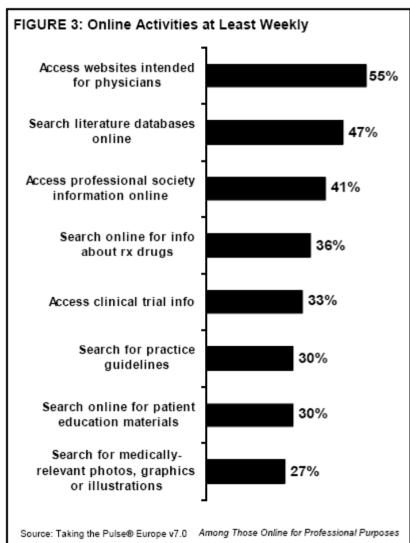


Reported Usage & Online Activities









What Makes univadis® Successful?



Customer Centricity

- Brand and brand value definition based on customers input
- Portal built in collaboration with customers
- Annual assessment of customer needs
- Personalization of portal
- Local language support

Trusted Content Sources

- Content from independent and trusted partners
- > Balanced scope of content, 25 therapeutic areas supported
- > Clear differentiation between promotion and medical content & services.
 - Limited space for promotion.
 - Any content from MSD is categorized as promotion.
 - CME is kept promotion free.



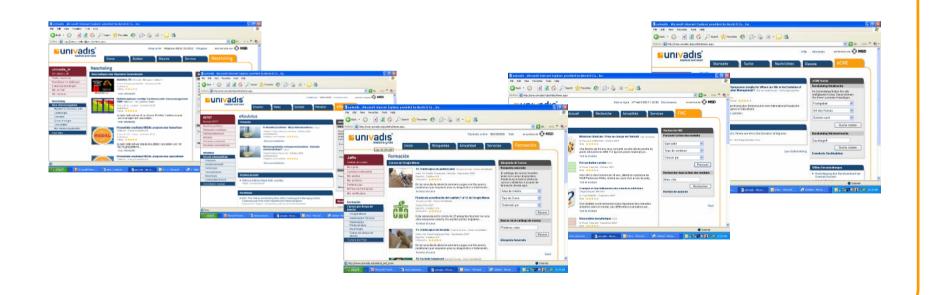
CME in univadis®

e-Learning Platform



One standardized platform with country specific localization

- > Available in 20 countries end of 2008
- > Scorm compliant
- > Allows to define personal learning curriculum
- > Supports multiple course formats
- Includes CME certificates





Content



Continuing medical education consists of educational activities which serve to maintain, develop or increase the knowledge, skills and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. (ACCME)

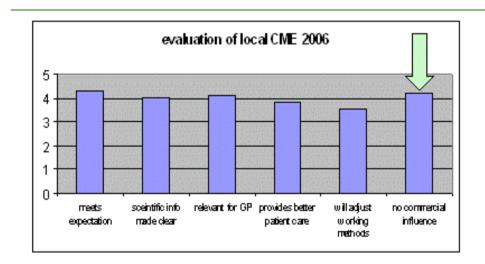
This includes:

- > Medical Information (medical news, books, journal access, commentaries online offers such as search engine, image bank, slidekits on univadis)
- Accredited & non-accredited medical education in the form of events and courses (meetings, symposia, online courses, lectures, webcasts...)

Do Customers Want Pharma Sponsored CME?



High level of satisfaction local accredited CME



Confidential Of some and

GPs and Specialists

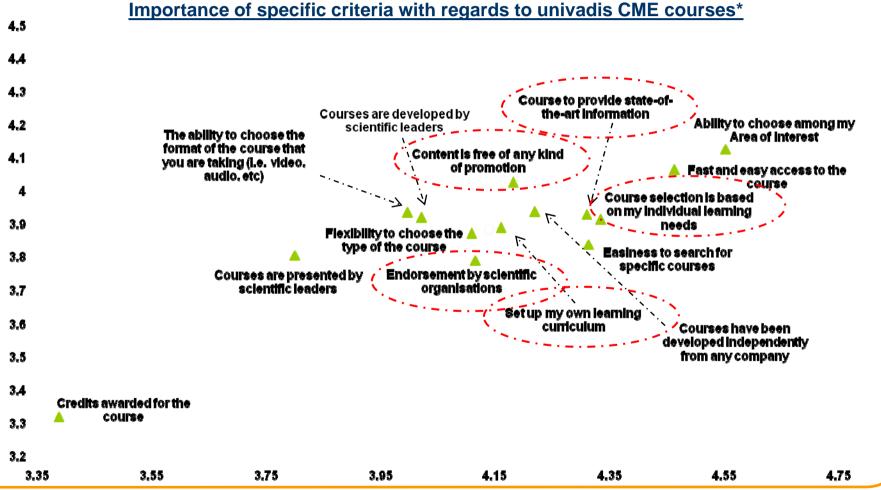
- •Even if a CME activity involves a therapeutic category of interest to the commercial supporter it can still be fairbalanced_{1,2}
- •Commercial activity has very little impact on attendance₁
- •Live outside meetings are still the gold standard1
- •Customers are very grateful for high-quality unbiased education₃
- •"I am annoyed when commercial bias is obvious" 4

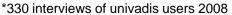
1 MSD market research data 2007, Holland, 2 ACHS study, funded by P&G, 3 The changing face of CME in Europe 2007 4 Customer Focus Study, Spectra, Austria, 2007

Demand for Quality & Learning Impact



CME credits awarded for the courses are not key. Quality of course, ability to build own learning curriculum based on individual learning needs & style is important.





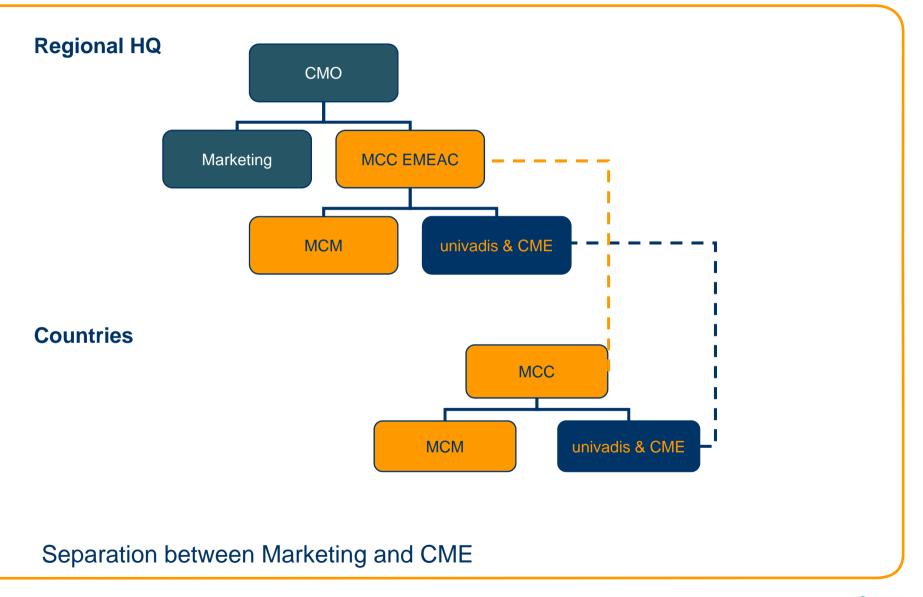
*Average satisfaction : 5 = totally satisfied 1= not at all satisfied

**Average importance : 5 = really important 1= not at all important



(e)CME in the MSD Organization







Challenges for International CME

Challenges of International (e)CME





Accreditation

- Representative selection of countries for needs assessment partially in conflict with local accreditation standards
- Suidelines, treatment- and reimbursement standards vary between countries
- eCME not yet accepted in all markets

Content

CME providers need guidance to comply with CME standards

Translation

- Effort often underestimated
- Requires additional review and local "compliancy" check

Evaluation & Impact Measurement

Some evaluation criteria to measure impact on skills can not be applied as of a high risk of political "misinterpretation" in the sense of hidden measurement of commercial impact



MSD's Future Approach

Assuring Quality in CME

MSD's Future Approach to Assure Quality



Criteria for International CME Programs

Needs assessment

- Representative selection of countries, required for all programs
- Scientific faculty involved

Content Standards

- Learning objectives based on needs assessment
- Program developed/provided by independent 3rd party/faculty/society
- All parties contributing to content need to disclose conflict of interest within the last 3 years
- Content is evidence based or based on international guidelines or localization in reference of national guidelines
- Content is peer reviewed by independent 3rd party (external review SOP in development)
- Free of bias, balanced (not only with focus on MSD areas of commercial interest)
- Without influence from MSD

Quality & Impact Measurement

- Training of MSD CME managers (starting Q1/09)*
- Outcome measurement in controlled setting to improve learning formats
- Pilot to build assessment tools for learning curricula

*provided by independent non commercial organization: World Forum of CPD in Medicine, Zug/Switzerland





Closing Words

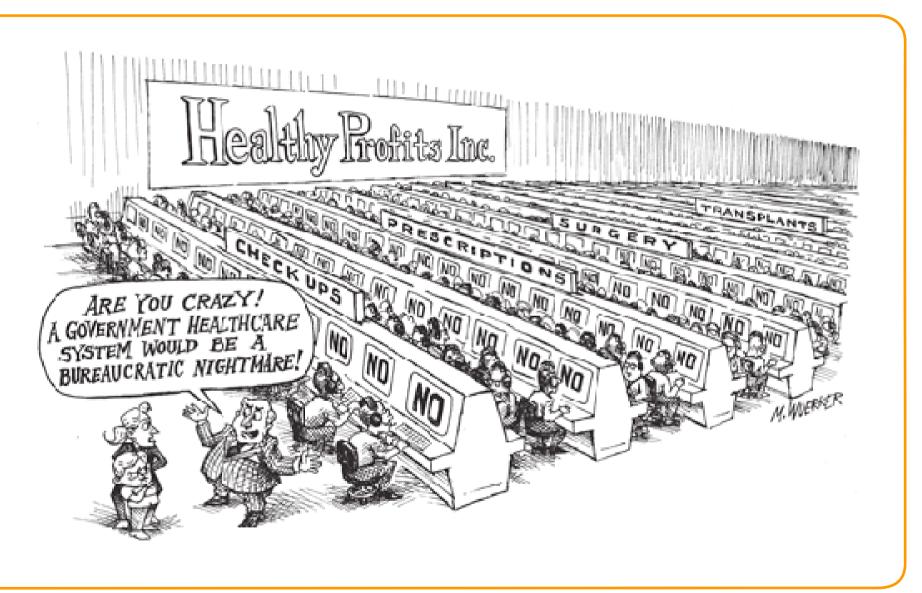
What you have learnt



- Medical Information Services have a long tradition within MSD
- > Customer centricity is a "Receipt for Success"
- > Acceptance for Pharma sponsored CME is high
- > The need for more harmonization of CME standards
- > MSD's commitment to provide high quality in CME

The Future of CME in Europe?





A Personal Perspective



Focus on quality & trust

- Setting ambitious CME standards focused on quality
- Pharma will continue playing an important role in funding CME, but with better controlled quality standards
- Focus on improving clinical skills and patient outcomes instead of CME credits based on learning hours
- > Qualified (=trained) CME managers
- > Transparency



