New Pfizer CME Grant Criteria:
Frequently Asked Questions

Q. What prompted this action?

A. Pfizer is adopting a different approach to our support for CME for several reasons, but primarily to address our belief that the best way to support the highest standards of quality recognized by the medical profession today is to only provide direct grant support to those organizations that take care of patients or represent medical professionals. The new ACCME criteria have set a clear direction to integrate education with quality in the context of improving performance gaps in professional practice. This decision reflects our strong support of where ACCME is headed with these new standards. Our resources are limited. We can not fund all of the available opportunities by all provider types, so we have made a strategic policy decision that will place our funding where it is likely to make the greatest impact on patient care. That does not mean other providers’ programs are not appropriate or ineligible for certification. It does mean that we can not fund everything so we have exercised our right to choose what to fund. We believe this clarity will avoid having organizations consume their valuable time applying for grants that will be denied.

Q. When did these changes take effect?

A. July 2nd, 2008

Q. Will this change apply to grant requests that have already been submitted to Pfizer and are currently under review?

A. Yes if no action has already been taken. There are some grants that have already received preliminary but not final approval. We will complete their review using the original standard.

Q. What does this mean for hospitals?

A. As an accredited provider of healthcare, hospitals are unaffected by this decision, and thus remain eligible to receive funding for independent medical education programs.
Q. Based on the new criteria, what types of organizations are eligible for funding following the July 2 announcement?

An organization is likely eligible if it is an accredited healthcare delivery organization or democratically represents those who deliver patient care.

Hospitals
Academic medical centers
Medical schools
Accredited group practices
Professional medical associations
State medical societies
Voluntary health associations

Q. Does excluding MECCs mean that individual healthcare professionals will have to pay more for CME?

A. It depends on the circumstance of the individual practitioner and how they get their CME. Since more support will likely go to the hospitals or associations that they are affiliated with, practitioner fees might be reduced in that setting. If a healthcare professional receives the majority of their CME from a MECC, then it is possible the MECCs may ask them to pay more.

Q. If the registration for my organization has already been approved in the Pfizer grant request system what happens now?

A. Individual communications will be sent to all organizations currently registered in the system that are now no longer eligible due to this announcement. These communications will be sent out by August 15, 2008.

Q. Does Pfizer allow an accredited non-commercial provider to submit a grant request with a Medical Education Communication Company as a joint sponsor?

A. Yes. However, the organization submitting the request must be the accredited provider approved in the system. If a grant is funded, payment
will be issued to the accredited provider approved in the system. Pfizer will not execute any third party letters of agreement.

Q. Your recent announcement advised that in support of balanced funding, you would establish financial caps on grant support. Does that mean that there will be a limit on the $$ amount of grants approved?

A. The financial caps relate to the call throughout the CME community for balanced sources of funding for CME. This includes multi-company supported activities, costs being off-set by participant and registration fees, new sources of grants such as from foundations and the public sector. By September 1, 2008, we will no longer provide grants to organizations that receive 90% or more of their income from commercial support. We are committed to supporting the move to balanced funding and agree with the view that commercial support should enhance an organization’s CME mission but not be the cornerstone. In the future, working with the CME community, we anticipate continuously lowering the funding threshold to a level to be determined in the future.

Q. Will providers have to meet the ACCME ‘Level Three’ Standard of Accreditation to receive grant support from Pfizer? And, for now, are approved providers required to have ACCME accreditation with commendation?

A. No. We do not have a requirement that providers be ACCME “level 3” or exemplary or accredited with commendation etc. Pfizer supports initiatives that mirror the highest standards accepted by the medical profession (collaboration, QI, practice based etc). By raising the bar on the quality and effectiveness of education we support, we encourage providers to embrace those values in their educational planning and programming. We support initiatives that are likely to improve patient health and reflect the literature on effective change strategies.

Q. Does this set of expectations described in the July 2 announcement apply to education that is not certified for CME credit?

A. Yes
Q. Does this set of expectations described in the July 2 announcement apply to education for healthcare professionals other than physicians, such as nurses and pharmacists?

A. Yes

Q. Will Pfizer reduce its available funding for CME as a result of the exclusion of MECCs from direct funding?

A. This question comes up frequently and it shows a misunderstanding of our intent. Funding has been reduced but not as a result of the July 2 announcement. With the advent of a heightened focus on performance/quality improvement based education, practice based learning, and our interest in supporting education that addresses barriers to change we are now less interested in funding traditional dinner programs, satellite symposia, and lectures. Thus, the need for the budget allocated early on in the year was not as great, so we reduced budgets based upon our decision to raise the bar on quality and effective education. In our retrospective review of grants funded, we determined that we could cut funding in 2008 by 25% from $80mm to $60MM while simultaneously increasing the quality of the grants we funded by making these changes. Our analysis demonstrated that higher quality grants would increase the percent of funding that directly benefited learning while reducing expenditures on non-educational expenses like meals.

Q. How can I get more information about the competitive grant review periods?

A. Additional information about the new grant application windows will be posted on the website www.pfizermedgrants.com by Sept 1, 2008 and will be implemented by December 1, 2008.

Q. Can organizations meet with Pfizer personnel to describe their “capabilities”?

A. No. We will not schedule these types of “capabilities” sessions with eligible or ineligible organizations since we believe this approach perpetuates a view that we are interested in previewing “vendors” who can provide services. We do meet with independent eligible organizations and will meet with their education partners at their direction if it improves understanding around an organization’s educational needs.
Q. **What has been the response so far?**

A. From academic and organized medicine, it has been universally positive. From the media, it has been primarily positive with some skeptical reviews. From MECCs, there has been a loud chorus of concern with multiple public statements. A few MECCs have proactively indicated to us that this does not affect their business model since they already operate by partnering and collaborating with other organizations.

Q. **Who do I talk to if I have any more questions?**

A. Medical Education Group: 1-866-MEG-4647
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