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## The marketing value of CME

*By Steven R. Renard*

Three-T MR, 64-slice CT, PET, and PACS -- each represents a marked advance in clinical capability, just as each has widened the gap between what can and what might be done. A major factor in the size of this gap is continuing medical education.

Understanding and knowledge are essential to the proper and safe utilization of these modalities. Here vendors can not only help referring physicians understand the products and services the vendors offer, but they can also help physicians meet annual CME requirements, which seem to be increasing year by year.

Surgical instrument and pharmaceutical companies have perfected the use of CME and training. For example, if a new lumbar prosthetic disc is developed, it doesn't just get dropped off at the orthopedist's office with a set of instructions. Vendors provide CME to physicians so they can properly use the vendors' products. They also offer training and videoconferencing. Some vendors even provide onsite surgical technicians to assist a surgeon during the procedure, until he or she becomes accustomed to using the device.

But outpatient imaging is a different world. With new applications, more images, thinner slices, greater image quality, and advanced PACS, surgeons are relying more on imaging tools than ever for their treatment plans. Yet the only resources vendors typically offer are Web sites and pamphlets -- tools that are ineffective for the majority of the referring community.

What good is a Web viewer or a CD full of images to a surgeon if he or she can't run the program or use the data? Many tasks that seem simple to us in the imaging arena are challenges for most surgeons and referring physicians. Not because they are computer-illiterate, but because they don't have the time to review manuals and learn the technology on their

own. This is precisely why many physicians still require films and resist the migration to digital.

Film is easy and comprehensible. Many referring offices that work with my firm have an elementary understanding of computer informatics. But as centers add new hardware, upgrade PACS, and train themselves, referring physicians remain in the dark. Advances in applications and hardware can be important to physicians' surgical preplanning, if surgeons can take advantage of them. Vendor CME cooperation that can be seen in university settings is lacking in the outpatient arena.

From both clinical excellence and patient care perspectives, CME courses not only add value to the treatment planning process but positively affect outpatient centers' marketability. Such courses afford referring doctors the chance to see the facility, meet the radiologists and staff, and extend the relationship beyond telephone conversations and delivering cookies.

Outpatient centers need help to set up these CME courses, and vendors can provide that help.

Most centers are not experienced in setting up large group meetings. Identifying meeting places, coordinating catering, and organizing other details are value-added tasks with which vendors can assist customers. A professional presentation does a lot to improve the image of both the center and the products the vendors are selling. The vendor's expertise in organizing helps ensure such a presentation.

Developing presentations, even using tools such as Microsoft's PowerPoint, takes time, knowledge, and expertise. Vendors can bring this knowledge to the table. For example, LPMI recently presented a 1.5 CME credit on cardiac CT angiography to local cardiologists and internists. It was a huge success, but

pulling it together took a lot of work. Radiologists, along with marketing and technical staff, had to spend hours gathering information from three different vendors to plan and present the course.

Most centers lack the financial resources necessary to develop an effective CME program and to meet the requirements and restrictions of putting on a CME course. First, there is an \$8000 application fee and the required completion of an extensive, tedious submission booklet. After the paperwork is filled out and the fees paid, the program content must be reviewed. This entails a significant amount of work, which can be difficult for small imaging centers and radiology groups with limited staff.

Another way to offer these credits is to go through companies known as CME providers or brokers. These firms will do most of the application filing and course review work. But they charge \$1000 to \$2000 per course to certify the curriculum and assure that doctors receive CME credit. This is the least expen-

sive way to offer CME, if you are only planning for one or two each year.

Some medical imaging vendors can offer CME courses to their customers because they have already established appropriate programs that can be coordinated with the outpatient centers. Vendors that do not have an established CME program in place, however, should work to develop one for both new applications and hardware upgrades pending release. It could prove to be a value-added benefit or a purchased option for those customers acquiring new equipment, hardware, software, or applications upgrade.

In short, the right CME program benefits all parties: vendors, imaging centers, and the medical community.

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