



Choosing a Cost-effective E-Learning Suite

A Continuing Education Solution for the
American Heart Association

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Overview

Although e-learning technologies have proliferated into most facets of commercial training and development, the choices for potential buyers are anything but clear as more tools and strategies emerge. This array of options presents particular challenges for smaller companies and those with limited budgets.

The cost to acquire the necessary components—learning management system (LMS), learning content management system (LCMS), virtual classroom, and authoring tools—can run into the hundreds of thousands of dollars. Receiving training and having the staff to use the tools can then triple the investment.

How do organizations without large budgets take advantage of e-learning?

The American Heart Association (AHA) found itself in this situation. They needed a low-cost, integrated training platform for their Continuing Medical Education (CME) program.

The CME program enables healthcare professionals to keep current with new research and treatment on related topics. The program employs different training modalities, including satellite broadcasts, online courses, and conferences (over 200 workshops per year).

This case study discusses the integrated e-learning solution chosen by the AHA. Their solution provides both content (LCMS) and administrative (LMS) capabilities to automate the CME program, which has a target population of approximately 100,000 professionals.

Business Profile

The AHA, a non-profit organization, provides training and community awareness to reduce the incidence of cardiovascular disease. The association has 2,000 employees, and a membership of 30,000 professionals, comprised mostly of healthcare providers and research scientists. The AHA's current mission is a 25% reduction in the incidence of heart disease and stroke by 2010. The association's \$500 million annual budget and 12 regional offices provide a variety of services to accomplish this goal.

The Training Challenge

Their CME program provides training to over 30,000 medical professionals every year.

Prior to installing an integrated learning platform, the program was difficult to manage. Although the use of e-learning enhanced the AHA's capability and reach, each e-learning program was developed and hosted by a different vendor. The programs were successful but not integrated. Other training activities were tracked in, yet, another system, making it difficult to determine when someone completed the program and if a certificate of completion should be granted. Issuing certificates was a time consuming process due to the large volume—over 10,000 certificates per year were being manually processed.

From the customer's point of view, there are many options available to fulfill certification requirements: local workshops, conferences, CD-ROMs, e-learning, and other self-directed tools. However, researching and identifying the best option was a time-consuming process. The resources were not located on a single website, which would have facilitated a quick search of the available options.

Additionally, in order to manage the issuance of certificates, the AHA needed an integrated platform to manage a variety of training offerings and track program completions.

Researching Potential Solutions

The AHA determined they needed a system that would support a variety of training modes. It also had to provide self-service access for medical professionals to view the available options for continuing education. What type of system would do this and what would it cost? Did they need an LMS? an LCMS? both? Could they acquire one system that would support existing courseware and the development of new programs?

The Senior Manager for Continuing Education began researching potential solutions from a variety of sources—mostly LMS vendors. As a non-profit, the AHA did not have a significant budget for the project. To make things trickier, most systems were priced by the number of users. For the AHA, this option was cost prohibitive because the number of potential users was high (more than 100,000) but the frequency of usage was low. So, paying by the number of users did not make sense for them.

Initially, the AHA reviewed over 15 potential vendors, including THINQ, Plateau, and Click2Learn (now SumTotal). Knowledge Management Solutions, Inc. (KMSI) was selected based on their ability to meet the requirements at an affordable price. KMSI

(<http://www.kmsi.us>) provided all the modules they needed in a single product (including LCMS, LMS, and a virtual classroom system).

The AHA paid a fixed price for the system, called KMx, and was not constrained by the number of users they could support. The Continuing Education group decided to host the system externally in KMSI's datacenter because they did not have the IT resources to support it.

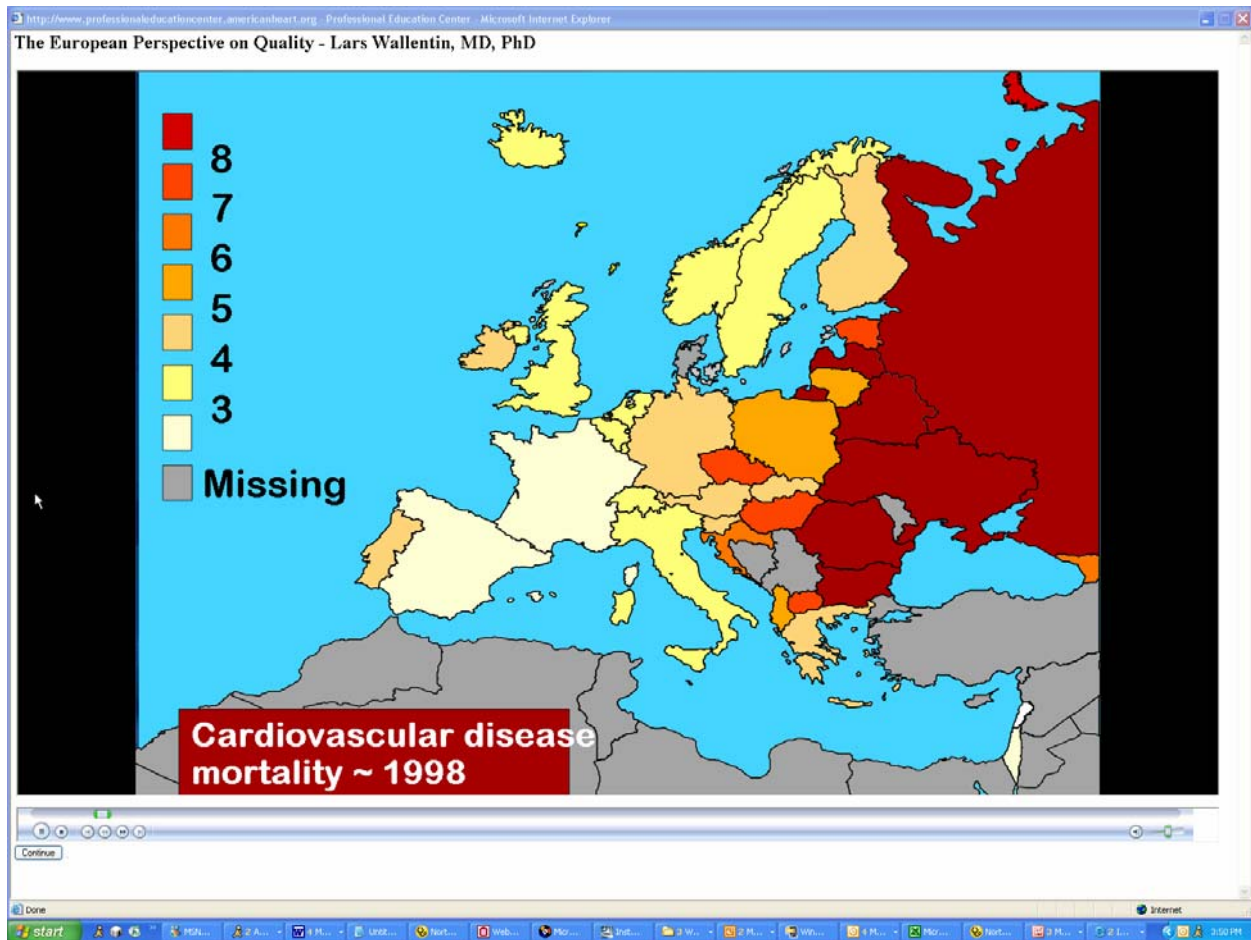


Figure 1 - KMx includes a PowerPoint conversion and playback system for rapid content conversion

while also supporting any SCORM-compliant content objects. Using simple content creation tools, combined with the KMSI suite, provided the AHA with a complete, yet cost-effective, e-learning solution.

In addition to structured learning, KMx also provides an integrated environment for developing, managing, and delivering performance support, best practices, and documentation. These features were also useful to the AHA in supporting the various instructional media used by the CME program.

Solution: An Integrated Platform

After a 6-month development cycle, the AHA is launching their new training platform that allows members to search and register for a variety of courses. Healthcare professionals can take courses in many different formats then return to the training system to take a certification exam. The system automatically prints a certificate upon satisfactory completion.

Previously, the AHA relied on external contractors for all of their course development. Now, they are able to place a variety of materials online for rapid access. Using this new open platform, workshop sessions can be recorded online and played back for later access. Courses from other vendors are also included in the course catalog and can be launched from KMx.

2nd International Quality Improvement Summit on Acute Coronary Syndromes

Chris Howard

Note: This page contains the current status for each element of the offering. If applicable, individual test/exam results and the weight of each test/exam are displayed below.

| Status | Activity / Element | Score | Weight |
|--------------------|---|-------|--------|
| | <input type="checkbox"/> Instructions and Helpful Information | | |
| | <input type="checkbox"/> Course Information | | |
| | <input type="checkbox"/> Faculty Disclosure Information | | |
| not attempted | <input type="checkbox"/> Faculty Biographies with Photographs | | |
| | <input type="checkbox"/> Introduction - Matthew T. Roe, MD | | |
| not attempted | <input type="checkbox"/> The ACC/AHA Practice Guidelines as a Living Document - Sidney C. Smith, Jr. MD, FAHA, FAAC, FEESC | | |
| completed | <input type="checkbox"/> What's New in ACR? - E. Magnus Ohman, MD | | |
| completed | <input type="checkbox"/> The European Perspective on Quality - Lars Wallentin, MD, PhD | | |
| | <input type="checkbox"/> Who Decides Quality? - Harlan M. Krumboltz, MD, SM | | |
| | <input type="checkbox"/> How to Achieve Quality During Hospitalization AND Beyond - Gray Elliott, MD | | |
| | <input type="checkbox"/> Debate—Payment for Quality: Pros and Cons - Eric D. Peterson, MD, MPH (with video for high bandwidth users) | | |
| completed | <input type="checkbox"/> Debate—Payment for Quality: Pros and Cons - Eric D. Peterson, MD, MPH | | |
| completed | <input type="checkbox"/> Debate—Pay for Play: the Way to Go! - Robert M. Califf, MD (with video for high bandwidth users) | | |
| | <input type="checkbox"/> Debate—Pay for Play: the Way to Go! - Robert M. Califf, MD | | |
| | <input type="checkbox"/> Take the Quiz | | 100 |
| | <input type="checkbox"/> Evaluation Questions - QI Summit | | |
| | <input type="checkbox"/> Claim CME/CE Credit | | |
| Part | Supplemental References | | |
| | <input type="checkbox"/> ACC/AHA Clinical Practice Guidelines: Part I Where Do They Come From? | | |
| | <input type="checkbox"/> ACC/AHA Clinical Practice Guidelines: Part II Evolutionary Changes in a Continuous Quality Improvement Project | | |
| | <input type="checkbox"/> Get With the Guidelines Quality Improvement Program Information | | |
| Total Score | | 0 | 100.0 |

| Reference Material Available for Download | Type | Download |
|---|------|----------|
| CRUSADE Program Summary | | 483 kb |

The minimum score to successfully complete this offering is: 70%

Figure 2 - KMx includes a curriculum outline that can automatically sequence and score training modules

Next Steps

The Senior Manager for Continuing Education indicated they are building courseware with the intent of reusing content in other contexts. For example, an initial, patient case-based course is composed of SCORM content objects that will be repurposed into other courses. The courses are being designed in a modular fashion, without references that may be out of context, so that can easily be used elsewhere.

Lessons Learned

Rapid Availability vs. Instructional Format

The AHA Continuing Education program now has more options for deploying educational material. Prior to the installation of their own training platform, new electronic education took time to create. The organization contracted with outside development firms to produce courseware—sometimes resulting in a delay of weeks or perhaps months to get courses online.

Now, training materials in many formats (including recorded live sessions, PowerPoint presentations, and videos) can be placed online quickly and without the need for a lengthy development process. The first iteration of a new "course" may be a recorded archive of a symposium instead of a professionally produced online course.

While instruction is now easier and more economical to make available online, the Senior Manager of Continuing Education discovered that their audience needed to adapt to this new, more rapid approach for accessing online materials. Courses are now available quicker but do not have the polished look of a single integrated e-learning course. The AHA discovered that, ultimately, their constituents wanted access to educational materials that are timely and useful, not esthetically perfect.

Selecting the Right Solution

AHA reviewed many different systems each with their own unique capability to manage data and content. Some had powerful features for administration while others had extensive capabilities for content management. Ultimately, AHA discovered that the key to their success would be a system that could leverage content in easily accessible formats and provide some basic administration. This decision was reached with the help of carefully documented requirements that focused on their own needs and training processes.

About Us

Bersin & Associates is the only research and consulting firm solely focused on What Works® e-learning research. With more than 20 years of experience in e-learning, training, and enterprise technology, Bersin & Associates provides a wide range of services including market research, best practices, vendor and product analysis, corporate workshops, corporate implementation plans, and sales and marketing programs. Some of Bersin & Associates innovations include a complete methodology for LMS selection and application usage, an end-to-end architecture and solution for training analytics, and one of the industry's largest research studies on blended learning implementations.

Bersin & Associates offers the industry's first e-learning research subscription, "The E-Learning Research Center" (<http://www.e-learningresearch.com>), which offers up-to-date research, product selection guides, white papers, and access to other experts online. This service enables corporate training managers, vendors, and consultants to make faster, better decisions about e-learning strategy, programs and technology.

Bersin & Associates can be reached at <http://www.berstin.com> or at (510) 654-8500.

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