

The Continuing Medical Education Coalition

CME Coalition Prospectus

2020



CME Coalition
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INTRODUCTION

Founded in 2011, The Continuing Medical Education (CME) Coalition (cmecoalition.org) is a Washington-based organization comprised of the nation's leading CME providers, beneficiaries (including both educational institutions and professional societies) and supporters of CME (such as pharmaceutical manufacturers and device makers) that exists to advocate for the importance of a robust commitment to continuing medical education. Additional partnerships and affiliations have also been extended to health policy thought leaders and other interested parties who share an appreciation for the mission of the organization.

THE MISSION

In 2020, the CME Coalition will further build upon its legacy and execute on its mission to: (1) educate federal, state and third-party policy makers on issues related to the provision of CME; (2) advocate for sensible federal, state, and non-governmental actors' policies to advance the practice of CME; and (3) provide thought leadership and convene the CME stakeholder community to chart the future of CME in the evolving world of quality measures, value based contracting, and health system reform. The CME Coalition fulfills this objective by developing, managing, and implementing a comprehensive government affairs, stakeholder engagement, and public affairs strategy to promote the value of accredited CME to a broad audience of practitioners, supporters and policy makers.

The Coalition additionally serves as a vital informational, analytical and legal resource for member organizations seeking assistance with understanding and implementing the myriad, and ever changing, rules and regulations that guide the CME enterprise. It is a recognized policy thought leader and participates in numerous activities, programs and venues to better inform all CME stakeholders of the policy landscape and real-world trends impacting the enterprise.

2019 SUCCESSES

I. Medicare Physician Fee Schedule Rule

In November, the Centers for Medicare and Medicaid Services (CMS) released its final Medicare Physician Fee Schedule (MPFS) for calendar year (CY) 2020 ([regulation](#); [press release](#); [MPFS fact sheet](#); [QPP fact sheet](#)) which included two unqualified wins for the CME Coalition: namely, an alignment of FDA's REMS program with the Merit-Based Incentive Payment System (MIPS) Quality Improvement Program and a recalibration of the Open Payments Program that helped clarify the exclusion of most accredited CME related payments from reporting.

- **FDA REMS and MIPS** — The CME Coalition has long championed the role of medical education in addressing the nation’s opioid epidemic. Last year’s final rule adopted a recommendation of the CME Coalition to align its Improvement Activity on CME (IA_PSPA_28) with the Food and Drug Administration’s (FDA) risk and evaluation strategies (REMS) program for opioid analgesics. Specifically, for the first time, the rule cites CME related to opioid analgesic REMS as a primary example of the type of activity that meets the requirements for physicians to satisfy this Improvement Activity under the Merit-Based Incentive Payment System (MIPS). The Coalition, with the support of the Accreditation Council for Continuing Medical Education (ACCME), actively engaged on this issue with FDA and CMS, including delivering [public remarks](#) at an FDA workshop in support of this decision. Additional background on the current Improvement Activity for CME is available on the Coalition’s [Quality Improvement CME landing page](#).
- **Open Payments** — In 2019, CMS finalized some minor simplifications for Open Payments reporting regarding to CME. The Coalition immediately determined that nothing in the rule impacted the existing guidance ([FAQ #8165](#)) that effectively exempts accredited CME from reporting in the Open Payments database, and was quick to develop and circulate analysis to the stakeholder community to drive community consensus around this interpretation. In its rule, CMS finalized their proposal to consolidate two separate categories for CME programs: while previous regulations had distinguished between accredited/certified and unaccredited/non-certified continuing education programs, the new proposal would consolidate these categories. Additional background on Open Payments reporting for CME is available on the Coalition’s [Open Payments landing page](#).

II. Advancement of MIPS-creditable CME

In 2019, the CME Coalition expanded its effort to drive greater stakeholder awareness of, and support for, the Medicare reimbursement incentives under the Merit-Based Incentive Payment System (MIPS) for physicians to participate in QI CME, as defined by CMS. As the policy’s lead proponent, the CME Coalition has championed the development and uptake MIPS-creditable CME, including the design of a [MIPS logo and boilerplate language](#) with the ACCME, an industry survey, and the promotion of greater awareness and support for CME via numerous webinars, conferences and a website resource.

III. State Laws

In 2019, the CME Coalition kept a close eye on state efforts that would negatively impact CME, including in New Jersey and Maine.

After considerable advocacy from the CME Coalition and its allies, on May 6, the New Jersey Attorney General, Gurbir S. Grewal, [finalized and made effective amendments to the rules governing physician interactions with pharmaceutical companies](#) (“Limitations on and Obligations Associated

with Prescriber Acceptance of Compensation from Pharmaceutical Manufacturers”) to the great relief of CME providers in the state. Originally proposed in August 2018, the finalized amendments reflected the 69 comments the Attorney General received on the proposal for meal limits, a \$10,000 bona fide services cap, and changes to definitions such as “education event,” “prescriber,” and “research.” This regulation, if it had been allowed to stand, could have easily served as a nationwide model.

In Maine, the Coalition drove comments aimed at prohibiting physicians from receiving more than \$250 in any given year from industry. We are still awaiting a resolution of this misguided proposal.

IV. Shared Decision Making

Patients who actively engage with their providers and “own” their health do better. Shared Decision-Making, or SDM, is an engagement model that places patients at the forefront of their healthcare decisions and improves outcomes, and CME has an important role play.

Continuing medical education is instrumental in helping doctors develop and maintain their skills, and as SDM tools continue to be developed CME providers play a leading role in ensuring that providers have access to them. This is why, in 2019, the CME Coalition has made it a priority to raise awareness in activities that drive a greater interest and competence in shared decision making, including an informational [hub](#) on its website.

PRIORITY ISSUES FOR 2020

As much as ever, the need for an organization to represent and promote the interests of CME among the nation’s policymakers is crucial. And while there are new opportunities to explain the importance of continuing medical education to our healthcare system to the Administration, Congress, and in the states, skeptics of commercially supported CME remain active. At the core, most criticism of private sector support for CME has erroneously presumed that such funding constitutes an inherent conflict of interest and inappropriately influences the decisions of healthcare providers. Therefore, we must remain vigilant and continue to champion CME, promote its responsible use, and create opportunities to enhance policy maker support for CME.

The CME Coalition has identified the following priority issues that it will be working on in 2020:

Congressional Briefing

- The CME Coalition will execute a Congressional Briefing highlighting the benefits of CME in 2020 that will serve as a mechanism for identifying and securing congressional champions for our agenda.

Best Practices Guidance

- At the suggestion of several current members, the Coalition will develop a written manual and instructional video, in cooperation with our legal counsel, on best practices for CME supporters and practitioners.

ACCME Standards for Commercial Support

- The Coalition will support the ACCME Standards for Commercial Support review process through the collection and submission of comments, engagement, and guidance

MIPS-creditable CME Info Hub

- The Coalition will support the creation of an online repository for a compendium of MIPS-creditable CME activities

State Activity

- The Coalition will continue to actively monitor and fight state legislative attempts to curb CME activities/events

Stakeholder Engagement / Thought Leadership

- We will continue to represent the CME “enterprise” and to educate the broader stakeholder community at national conferences and through webinars

BENEFITS OF MEMBERSHIP

Membership on the Steering Committee offers a seat at the table in determining all Coalition policy and significant decisions (which are determined by consensus). Steering Committee Members are invited to participate in regular monthly calls and populate our task force work groups.

As part of the Coalition, Steering Committee members are often invited to participate in policy meetings and briefing with Administration officials and Members of Congress as issues warrant. Further, Steering Committee Members receive frequent email updates regarding Coalition activities, CME policy developments and news reports related to CME. Members also have direct access to Coalition staff, which is housed at the Washington-based health policy firm of Thorn Run Partners, who are at their disposal for individualized regulatory and compliance counsel.

The CME Coalition also produces a continuous stream of useful materials for CME practitioners for use by its members, such as regularly updated Sunshine Act Compliance Guides, legal memoranda, FAQs, comments to CMS and ACCME, voluntary industry codes of conduct and press statements on CME related issues. As part of its role as the voice of CME, the CME Coalition is an oft-cited resource in both the trade and “Beltway” media on pressing issues of the day. All of this material may be found at the Coalition’s website, www.cmecoalition.org.

In addition to supporting the Coalition's extensive advocacy efforts with Washington policymakers and the broader health care provider community, many members also find considerable value in receiving Thorn Run Partners’ regularized health policy updates and analysis, which is provided as an additional benefit.

COST OF MEMBERSHIP

With a reasonable rate structure that strives to attract both corporate and non-profit members to our Steering Committee, we are confident that our members enjoy significant benefits of membership and see a real return on their commitment. Annual dues among Steering Committee members range from \$2,000 to \$15,000 depending upon a member's annual revenue or nonprofit status. The annual membership dues structure is as follows:

- ___ Annual revenue is under \$2.5M/per year — annual dues are set at \$2,000.
- ___ Annual revenue is above \$2.5M but under \$10M/per year — annual dues are set at \$7,500.
- ___ Annual revenue is above \$10M/year — annual dues are \$15,000.

If you are interested in learning more about membership, please contact the Coalition's Executive Director Chris Lamond (clamond@thornrun.com) or Senior Advisor Andy Rosenberg (arosenberg@thornrun.com), who can provide additional information on the next steps to secure your membership.