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**CME COALITION**  
**THOUGHTS ON**  
**IMPLEMENTATION OF THE**  
**PHYSICIAN PAYMENT SUNSHINE**  
**ACT**  
**PRESENTED TO CMS**  
*MAY 21, 2013*

# Introductions



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- Tina B. Stacy, PharmD, BCOP, CCMEP, President, Educational Concepts Group, LLC
- Cassandra McCullough, MBA, Chief Operating Officer, Association of Black Cardiologists
- Thomas Sullivan, President, Rockpointe
- Jamie DeMaria, PhD., Vice President, Medscape Education
- Dr. David Pieper, Past President, Association for Hospital Medical Education, Assistant Dean for CME, Wayne State University School of Medicine
- Andrew Rosenberg, Senior Advisor, CME Coalition

# An Introduction to CME



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- The CME Coalition represents a collection of continuing medical education provider companies, in addition to other supporters of CME and the vital role it plays in our health care system.
- Our member organizations manage and support development of healthcare continuing education programs that impact more than 500,000 physicians, nurses and pharmacists annually.
- The Accreditation Council for Continuing Medical Education (ACCME) is the principal CME accrediting authority in the United States.
- Only accredited CME satisfies licensure and hospital privileging requirements.
- ACCME has 694 nationally accredited CME providers.

# Thoughts on the Sunshine Act



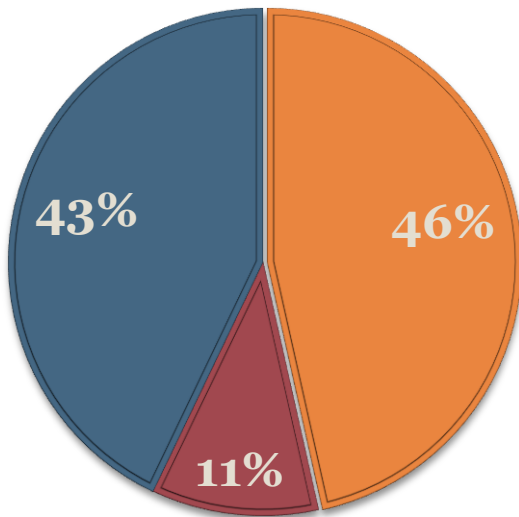
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- We support the public reporting of direct payments from manufacturers of medical products to the medical professionals who use them.
- We believe, however, that it was not the intent of Congress to expand the public reporting requirements to include indirect commercial support for accredited continuing medical education.

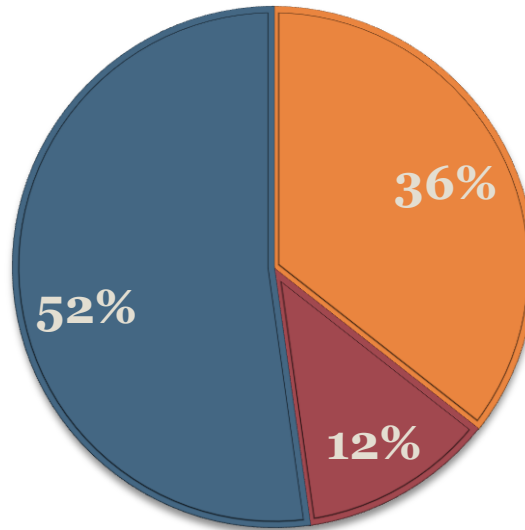
# Commercial Support is Indispensable: CME Income Breakout

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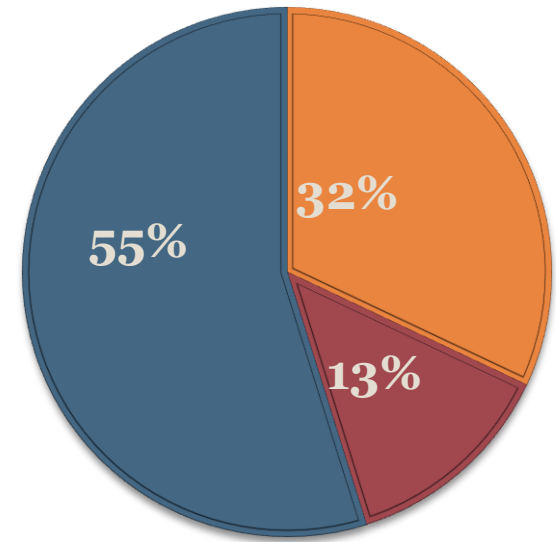
**2007**



**2010**



**2011**



 **Commercial Support**

 **Advertising/Exhibits**

 **Other Income**

# Physicians Recognize the Value of CME



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- 515 physicians testified to their reliance on CME to improve patient outcomes in 2012
  - 95 % said that CME was at least ‘moderately important’ in effecting their ability to improve patient outcomes.
  - 89 % agreed that health care companies should be at least ‘somewhat’ encouraged to provide financial support to underwrite accredited CME activities.

# Improving Patient Outcomes



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- Physicians who attended an industry-supported educational activity were 50% more likely to provide evidence-based care for COPD.
- Patients of physicians who attended an industry supported educational activity were 52% more likely to receive evidence-based hypertension care.
- Heart disease patients whose general practitioners participated in an interactive, case-based CME program had a significantly reduced risk of death over 10 years compared with those whose doctors didn't receive the education.

# Existing Accredited CME Standards



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- CME's standards of commercial support create a principled firewall that prevents undue industry influence.
- CME providers must strictly follow all of the rules, standards and regulations cited above to eliminate any kind of potential bias or "conflict of interest."
- The Coalition recently published a CME Code of Conduct to bring clarity to the rules governing CME.



# Review of Existing Accredited CME Standards



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- ACCME
- AMA
  - Gifts to physicians
  - CME
- ADVAMED
- PhRMA
- HHS OIG
- FDA

# Real World Case Studies



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- **Hospitals and Grand Rounds**
  - Role of Grand Rounds
  - Special characteristics
- **Professional Society sponsored programs**
  - Importance with regard to health care specialties
  - Importance vis-à-vis health disparities
- **Online CME**
  - Increasing role in educating practitioners
  - Unique issues with regard to Sunshine compliance

# Question #1 – Accrediting Bodies

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Q: Are there additional accreditation or certification bodies other than those enumerated in the final rule that may qualify for the exclusion related to compensation for serving as faculty or as a speaker for an accredited or certified continuing education event?

Suggested Response: Yes.

- Other entities provide accreditation or certification
  - E.g. ACPE, ANCC, EACCME

# Question #2 – Meals at certified events

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Q: Are meals for physician-attendees and non-covered recipients, provided at accredited or certified CME programs that meet all three conditions, included in the “industry support of CME programs ... that will not be considered [reportable] indirect payments”?

Suggested Response: Yes

- Meals for attendees should only have to be reported if the applicable manufacturer *specifies identifiable attendees to receive meals*

# Question #3 –Meals at Combined Event

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Q: If an applicable manufacturer supports an unaccredited educational program at a large annual conference and serves buffet meals, but also provides payment for general sponsorship or has an exhibit booth, will the awareness standards be applicable to the buffet meals provided at the unaccredited program?

Suggested Response: No

- it would be impracticable for an agent of the manufacturer serving in a booth to determine whether a physician partook such meal.

# Question #4 - Travel, Lodging for Speakers

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Q: Are payments for travel, lodging and meals to speakers and faculty of accredited or certified CME events that meet all three conditions, included in the speaker's total compensation and exempt from reporting?

Suggested Response: Yes

- Attributing such payments to speakers or faculty at accredited or certified CME events would violate accreditation standards

# Question #5 – Treatment of Educational Material

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Q: Are educational materials or items associated with an accredited or certified CME program that meets all three conditions, such as slides or handouts, included in the tuition fees for continuing education events that are excluded from reporting?

Suggested Response: Yes

- We propose that CMS adopt certain factors to determine if educational materials fall within the exclusion.

# Question #6 – Status of Fellows

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Q: Are “fellows” within the definition of “resident,” which would exempt them from the reporting?

Suggested Response: Yes

- Like residents, “fellows” are in a phase of medical training in which they sub-specialize and focus on a specific area within the larger scope of the field in which residents are training.



## Question #7 – Unrestricted Donation Example

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Q: Is the CMS example of an “unrestricted” donation applicable to accredited or certified CME that meets all three conditions?

Suggested Response: No

- The final rule explicitly recognizes that support for Sunshine-exempt CME programs “will not be considered indirect payments... for the purposes of reporting.”

# Conclusions



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- **The Need for CME has Never Been Greater**
  - More than 400,000 medical journal articles are published each year, making the practice of medicine very dynamic.
  - The nature of medicine involves constant advancement, testing, and application. Patients and society demand that our physicians receive information instantaneously, and that updates in treatment, diagnosis, and prevention are disseminated to physicians as soon as practically possible.
- **Rigorous protections already exist to protect the scientific validity of accredited CME and prevent supporter bias**