



June 11, 2012

Marilyn Tavenner  
Acting Administrator/COO  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Ms. Tavenner:

**Comments re: Independence of LTC Consultant Pharmacists**

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

REFERENCE: File code CMS-4157-FC; RIN 0938-AQ86 Final Rule: Medicare Program; Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs for Contract Year 2013 and Other Changes

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It is our pleasure to submit these comments on behalf of the CME Coalition ([www.cmecoalition.org](http://www.cmecoalition.org)), an advocacy organization comprised of and representing continuing medical education (CME) providers, supporters and beneficiaries, regarding provisions of the final rule pertaining to independence of long term care consultant pharmacists. We appreciate the opportunity to express our views concerning our opinion that CME should play a robust role in the improvement of the quality of patient care in long term care facilities.

## **Background on CME Coalition**

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.

Graduation from medical school and completion of residency training are the first steps in a career-long educational process for physicians. To take advantage of the growing array of diagnostic and treatment options, physicians must continually update their technical knowledge and practice skills. CME is a mainstay for such learning. Most State licensing authorities require physicians to complete a certain number of hours of accredited CME within prescribed timeframes to maintain their medical licenses. Hospitals and other institutions may impose additional CME requirements upon physicians who practice at their facilities.

## **Independence of LTC Consultant Pharmacists**

The CME Coalition appreciates the Department's decision to solicit additional comments to determine a comprehensive approach to improving the quality of patient care in long term care facilities. We recognize that the over-prescription of psychotropic drugs and the use of chemical restraints in nursing homes presents direct health risks to patients in these settings, and believe there is an important role that CME can play in better educating health care providers as to the risks involved with these drugs. Accordingly, we urge you to consider a role for CME as you finalize rules in this area. As health care and educational professionals who value the importance of enhancing the continuing education of the country's health care providers, we consider it vital that the Department recognize the potential to improve patient outcomes through an enhanced commitment to CME.

Recent data suggests that health care providers who participate in additional educational programs are significantly more likely to provide appropriate diagnoses and prescriptions than those who do not attend such programs. In a recent survey of physicians, 94% said CME was very useful or somewhat useful to stay informed about medications to treat particular conditions. With respect to the educational value of industry supported programs:

- 59% of attendees always or usually gain improved clinical knowledge
- 63% of attendees always or usually learn about potential side effects of medicines
- 54% of attendees always or usually gain knowledge of new uses for medicines
- 58% of attendees always or usually improve knowledge of the range of treatment options

- 54% of attendees always or usually add knowledge about emerging drug risks
- 50% of attendees always or usually strengthen ability to care for patients

Today, it would seem impossible for a consultant pharmacist to be competent in their review without the information, tools, data, and other resources provided through continuing education. Additionally, greater educational requirements for physicians could be instrumental in reducing unnecessary prescriptions. As a practical matter, CME serves an irreplaceable role in disseminating this information to health care professionals and should be a focus of the Department's response to these concerns.

We thank you very much for this opportunity to share our comments.

Chris Lamond  
Executive Director