



Accreditation Council for Continuing Medical Education

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June 16, 2016

Mr. Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

REFERENCE: File code CMS-5517-P; RIN 0938-AS69 Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models

Dear Mr. Slavitt:

The Accreditation Council for Continuing Medical Education (ACCME®) appreciates the opportunity to provide comment regarding the Merit-Based Incentive Payment System (MIPS) approaches detailed in the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. The profession of medicine created the ACCME in 1981 to create safe spaces where clinicians can learn, and where promotion and marketing are prohibited.

ACCME is requesting that:

- **CMS recognize relevant performance and quality improvement accredited continuing medical education (CME) as a clinical practice improvement activity within MIPS.**
- **CMS designate ACCME's Program and Activity Reporting System (PARS) as a reporting mechanism for clinical practice improvement activities.**

ACCME and its national CME system are able to support the implementation of MIPS in the following ways:

- 1. The ACCME's mission, values, and accreditation requirements are aligned with the CMS Triple Aim.**
- 2. The ACCME System is a national enterprise of diverse, geographically distributed healthcare organizations; these distributed educators engage clinicians in relevant, local and national performance improvement activities.**
- 3. Many accredited CME activities already meet the expectations for quality and performance improvement as outlined in MIPS; even more are likely to follow.**
- 4. The ACCME has a technical solution to track and report clinicians' engagement in MIPS-compliant performance improvement activities to CMS.**
- 5. Alignment between the ACCME and CMS would simplify the implementation and reporting of MIPS-compliant activities without increasing the burden on clinicians.**

The ACCME's mission, values, and accreditation requirements are aligned with the CMS Triple Aim.

The ACCME sets the national standard for high-quality accredited CME that improves practice for physicians and other health professionals in support of safe, effective care and better health. The ACCME's accreditation requirements ensure that CME is focused on closing gaps in practice, is independent of commercial interests, and promotes engagement in quality, collaborative practice, and public health. For the nearly 1,900 organizations accredited within the ACCME System—we call them *CME providers*—accredited CME is an institutional strategy for improving health and healthcare delivery.

The ACCME System is a national enterprise of diverse, geographically distributed healthcare organizations; these distributed educators engage clinicians in relevant local and national performance improvement activities.

Accredited CME providers across the country represent a range of institutions that include hospitals and healthcare delivery systems; nonprofit physician membership organizations, such as specialty societies; publishing and education companies; schools of medicine; insurance and managed-care companies; and government and military organizations.

Accredited CME providers offer nearly 150,000 educational activities annually, comprising more than one million hours of instruction offered in a wide range of online and face-to-face formats. This education includes nearly 26 million interactions with physicians and other healthcare professionals each year. Accredited CME providers meet high standards, with a third of the CME enterprise meeting ACCME's additional requirements for Accreditation with Commendation. Accredited providers are geographically distributed throughout the US and its territories (see **Figure 1**) and accredited CME activities are delivered to physician and other health professional learners throughout the US. This network of CME professionals understands healthcare needs on the local community, regional, and national levels, has expertise addressing public/population health challenges, and has demonstrated success in overcoming implementation challenges. This network has the capacity and expertise to engage clinicians in meaningful work to improve performance, practice, and quality improvement.

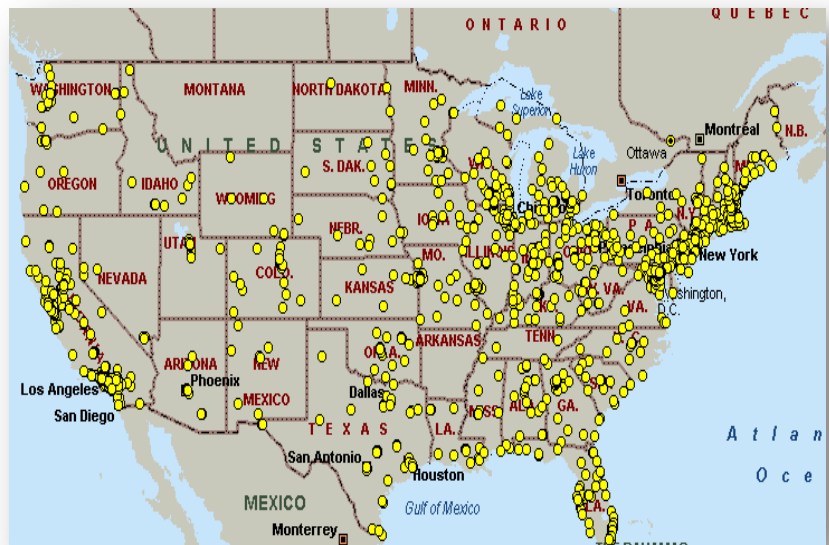


Figure 1. US geographic distribution of CME providers accredited within the ACCME System

Many accredited CME activities already meet the expectations for quality and performance improvement as outlined in MIPS; even more are likely to follow.

In fulfillment of ACCME's requirements, all accredited CME providers design and evaluate the impact of activities that promote new practice strategies, performance change for individuals and teams, and patient outcomes. (See **Figure 2**.) In their diversity, accredited CME activities address each of the

ACGME/ABIM competencies and engage learners in closing professional practice gaps inclusive of each of the domains described in the MIPS pathway.

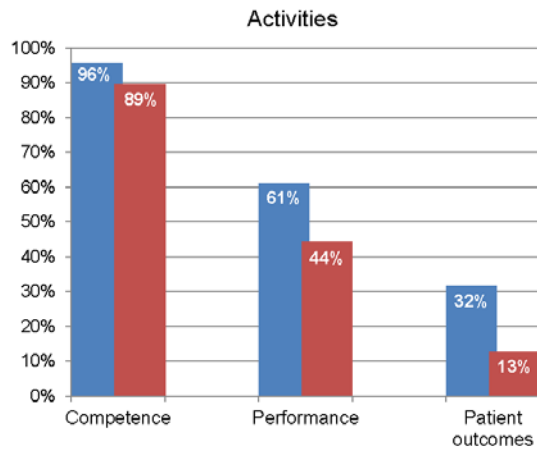


Figure 2. CME presented by providers accredited in the ACCME System: Blue bars are percentage of 150,000 CME activities designed to change learners' competence, performance, or their patients' outcomes. Red bars are percentage of activities analyzed for changes in learners' competence, performance, or their patients' outcomes.

Two-thirds of the providers accredited within the ACCME System utilize accredited CME as an institutional approach for practice and performance improvement, quality improvement, and strategic collaboration in service of their healthcare mission.

The ACCME has a technical solution to track and report clinicians' engagement with MIPS-compliant performance improvement activities to CMS.

Accredited CME providers are already required to submit data on a regular basis about the methodology of and participation in CME activities into ACCME's Program and Activity Reporting System (PARS). Our existing data collection system has been leveraged to address regulatory expectations. Beginning in 2013, ACCME modified PARS to collect information for more than 168,000 physicians and other health professionals participating in continuing education activities to meet FDA requirements. In 2015, the ACCME modified PARS to enable the CME enterprise to register activities for the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Our data shows that CME providers delivered more than 2.8 million MOC points for 45,000 diplomates in the first 6 months of the collaborative initiative. The ACCME is collaborating with other medical specialty boards to expand this process. PARS is a secure database and was created in compliance with the MedBiquitous MEMS 2.0 Standard to ensure interchangeability and accuracy.

Alignment between the ACCME and CMS would simplify the implementation and reporting of MIPS-compliant activities without increasing the burden on clinicians.

ACCME is striving to provide solutions that leverage the value of the national CME enterprise while reducing the complexity and burden of professional requirements for physicians and other health professionals. In its collaborations with both the FDA and medical specialty boards, the ACCME has sought to ensure that accredited CME providers can meet the expectations for high standards for practice-based learning and improvement, while capitalizing on the well-established local and national relationships between CME educators and their learners. As demonstrated by the nearly 26 million interactions between US health practitioners and educators, the accredited CME community offers an educational home that can support and nurture participation in CMS initiatives to improve quality and further promote safe, cost-effective care.

The accredited CME system is here to help.

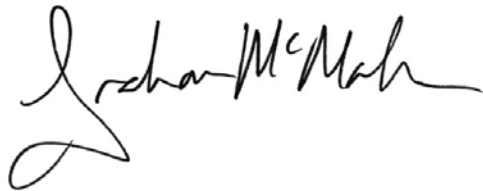
The ACCME System is the national educational enterprise that supports physicians and other health professionals' engagement in continuous learning and improvement. Accredited CME providers,

supported by evidence-based standards, are a local and national resource for supporting engagement in performance improvement and quality. The ACCME's educational system and technological framework can be readily leveraged to support the implementation of MIPS, and help our clinician community maintain and advance the quality, safety, and efficiency of care for the patients we all serve.

We appreciate the opportunity to offer our views and I hope our perspective and information is useful to you. We look forward to continuing to work together with our community of accredited CME providers and healthcare professionals, the CMS, and other stakeholders to make a positive difference in the health and safety of patients, families, and communities across the nation.

We would be happy to provide more feedback to support your deliberations.

Sincerely,

A handwritten signature in black ink, appearing to read "Graham McMahon". The signature is fluid and cursive, with a large initial "G" and a long, sweeping underline.

Graham McMahon, MD, MMSc
President and Chief Executive Officer