



Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-5522-P
P.O. Box 8013
Baltimore, MD 21244-8013

Dear Administrator Verma:

It is our pleasure to submit these comments on behalf of the CME Coalition (www.cmecoalition.org), an advocacy organization comprised of nearly three-dozen organizations of continuing medical education (CME) providers, commercial supporters and medical specialists, regarding the proposed rule you recently issued entitled *Medicare Program: CY 2018 Updates to the Quality Payment Program*.

INTRODUCTION

We are writing to express our enthusiastic support for the inclusion of critical language in the 2018 proposed physician fee schedule to explicitly recognize CME as a clinical practice improvement activity within the Merit-Based Incentive Payment System (MIPS). In the rule, CMS recommends that "completion of an accredited performance improving medical education program" be included under the list of CPIAs under MIPS.

Specifically, the proposed rule includes the following

TABLE F: Proposed New Improvement Activities for the Quality Payment Program Year 2 and Future Years

Title: Completion of an Accredited Safety or Quality Improvement Program Activity

Description: Completion of an accredited performance improvement continuing medical education program addresses performance or quality improvement according to the following criteria:

- The activity must address a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity;
- The activity must have specific, measurable aim(s) for improvement;
- The activity must include interventions intended to result in improvement;

- The activity must include data collection and analysis of performance data to assess the impact of the interventions; and
- The accredited program must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information.

The decision by CMS to include this measure is welcomed news to the hundreds of public commenters and thousands of educators across the country, who view CME as an invaluable tool in maintaining the skill set and knowledge base necessary for healthcare professionals to excel. Including CME as an “improvement activity” fulfills the intent of MACRA and bolsters CMS’ commitment to the goals enshrined in the “three aims”, the National Quality Strategy (NQS) and the CMS Quality Strategy. We urge CMS to finalize its proposed rule including CME as a key element of its value-based program to secure better outcomes for patients.

BACKGROUND

The prospect of including CME under MIPS has been championed by over 300 stakeholders including leading physician groups, CME providers, pharmaceutical companies, medical device manufacturers and other prominent stakeholders. Supporters included the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), the American Medical Association (AMA), the American Academy of Family Physicians (AAFP), the Council for Medical Specialty Societies (CMSS) and AdvaMed, among many others.

CMS’ stated goals in its most recent proposed physician fee schedule — to reduce the burdens on patient and doctor while improving health outcomes — mirror the priorities of the CME Coalition and these other stakeholders and provide compelling justification for CME’s inclusion as an improvement activity. CME is a necessary component of the change process that results in meaningful, sustained clinical performance improvement.

As CMS has now recognized, CME activities — as defined and accredited by the Accreditation Council for Continuing Medical Education (ACCME) — encourage the professional development of healthcare professionals and meet the quality and performance improvement criteria outlined in MIPS. Eligible professionals should be credited for their effort to stay current with clinical practice and quality measures by utilizing CME, and the professional development and training that physicians gain through CME curriculum will only bolster CMS’ efforts in measuring adherence to quality metrics and improving the uptake of health information technology.

OUR PROPOSAL

As we suggested in earlier comments to CMS, we encourage MIPS to reward physicians for participating in accredited CME activities that involve assessment and improvement of patient outcomes or care quality, as demonstrated by clinical data or patient experience, such as Performance Improvement CME, Quality Improvement CME that meets the ACCME AAI A or similar

accredited criteria, so long as that activity meets the criteria that you accurately outlined in your proposed quality improvement activity.

These standards are founded on adult learning and continuous quality improvement principles and ensure that compliant improvement activities address practice-based issues, use effective educational methods, and QI components are evaluated for their impact, and are independent of commercial influence. We believe that the proposed CMS measure meets these objectives.

THE PROMISE

Moving forward, the approval of CME activities as an improvement practice will facilitate better health outcomes while providing vital flexibility to health professionals. The ACCME's expansive program base across the country offers nearly 150,000 activities annually, totaling more than one million hours of instruction, in convenient online or local settings. With a wide-ranging set of relevant materials, CME activities represent a critical opportunity to encourage further development in line with CMS' goals for MIPS and MACRA.

As noted in our previous comments regarding the proposed rule to implement MACRA, a thorough review of the scholarship on CME demonstrates its appropriateness and effectiveness in generating meaningful, sustained clinical performance improvement. The research shows the beneficial effects of physicians' sustained engagement in educational activities on performance and patient outcomes, particularly performance improvement CME (PI-CME).

Indeed, participation in CME has been shown to result in meaningful, sustained clinical performance improvement and we applaud CMS for recognizing that including CME in these new value-based assessments will further incentivize physicians to participate in CME activities that improve their practice of medicine.

CONCLUSION

CMS' decision to include CME as "improvement activity" in its 2018 proposed physician fee schedule marks a promising step in the implementation of MACRA and provides critical flexibility for providers wishing to participate in MIPS. The mechanisms already in place ensure that accredited/certified CME activities will be accurately reported and maintained, while the content of those activities will contribute to positive health outcomes as outlined in CMS' own strategic documents. We appreciate CMS' significant progress in this area and urge CMS to maintain its commitment to helping clinicians treat patients safely and efficiently.

We appreciate this opportunity to offer our thoughts and suggestions on this important topic and hope our perspective is helpful to you as CMS executes on the promise of MACRA. We look forward to continuing to work together with CMS and other stakeholders in furtherance of these efforts.