Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

September 23, 2019

RE: Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2020 (CMS-1715-P)

To Whom it May Concern:

The Continuing Medical Education (CME) Coalition is pleased to submit comments on *Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2020 (CMS-1715-P)*. The CME Coalition is an advocacy organization composed of, and representing, continuing medical education providers, supporters, and beneficiaries. Our member organizations manage and support development of healthcare continuing education programs that impact more than 500,000 physicians, nurse and pharmacists annually.

The CME Coalition encourages the Centers for Medicare and Medicaid Services (CMS) to consider the role of CME for quality improvement in the final rule and in future rulemakings on the Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs). We applaud CMS including policies in the proposed rule that will streamline Open Payments reporting and hold up the CME component of the Food and Drug Administration (FDA) Risk Evaluation and Mitigation Strategy (REMS) as an example of a MIPS Improvement Activity. CME is crucial for quality improvement and we appreciate CMS making physicians' lifelong learning a priority.

About the CME Coalition

The CME Coalition represents a collection of continuing medical education provider companies throughout the United States, in addition to other supporters of CME and the vital role it plays in our healthcare 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 careerlong 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.

More than 400,000 medical journal articles are published each year, making the practice of medicine very dynamic. The sheer volume of new scientific data and changes in medicine requires as many appropriate avenues for funding certified CME as possible. In addition, the changes to practice in medicine occur rapidly. The nature of medicine involves constant advancement, testing,

and application; it also features landmark breakthroughs, such as the discovery and testing of novel therapeutic agents.

Changes in medicine often are revolutionary. 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. Without CME, health care practitioners cannot get the most recent and up-to-date advances.

MVP Framework

As CMS develops the MVP framework, we stress the importance of considering qualified CME in the final rule and future rulemaking on MVPs. It is currently considered an Improvement Activity under MIPS but could play a larger role in the more cohesive MVP framework envisioned by CMS.

Qualified CME is especially important because it can improve beneficiary outcomes, lead to practice improvement, can be performed by providers of all types, is feasible to implement, can be validated by CMS, and is evidence-based. Additionally, many believe legacy CMS programs such as the Physician Quality Reporting System (PQRS), Meaningful Use, and Value Modifier would have achieved significantly greater success had physicians received the education and training on these topics that certified CME provides.

CME has long been recognized as a means by which physicians demonstrate engagement in continued professional development. This encourages physicians to develop and maintain the knowledge, skills, and practice performance that leads to optimal patient outcomes. Lifelong learning, assessment, and improvement are integrally related. Learning is a necessary component of the change process that results in meaningful, sustained clinical performance improvement. Without this professional development, the measurement of adherence to quality metrics and use of health information technology are insufficient to produce clinical performance improvement.

Additionally, physicians have a professional responsibility to keep up to date through CME and there is a preexisting infrastructure to record participation in CME activities. CME is a familiar activity for physicians and giving credit for participation in CME related to quality improvement will reduce the regulatory burden on physicians as they can receive CME credit and QPP-related points at the same time. Furthermore, mechanisms already in place ensure that accredited/certified CME activities are designed to address clinicians' practice-relevant learning needs and practice gaps. The programs are also measured to evaluate the educational and clinical impact of the activity and they are planned and provided independent from commercial influence or other biases.

For these reasons, qualified CME can play an important role in the improvement of value and reduction of burden within MIPS. Qualified CME can be centered around any set of conditions and is available to all providers, allowing it to be applied across the entirety of the Medicare population. CMS has asked in the proposed rule how best to engage stakeholders in the development of MVPs. We believe this proposed rule is a start, but strongly urge the agency to engage the CME community as it moves forward with MVPs.

REMS as an Example of MIPS-Qualified Activity

CME Coalition applauds the acknowledgment of education as part of FDA's REMS for opioid analgesics as a strong example of the "Completion of an Accredited Safety or Quality Improvement Program" MIPS Improvement Activity. This recognition within the rule aligns the CME

requirements of FDA's REMS for opioid analgesics and the MIPS Quality Program. As provider education is a centerpiece of FDA's opioid analgesic REMS, it is important that providers be incentivized to participate in CME that fulfills the REMS. By specifying that REMS-related CME fulfills the MIPS Improvement Activity, this rule will bolster participation in programs to inform providers about the risks associated with opioids. Allowing physicians to utilize CME related to the opioid analgesic REMS to satisfy this Improvement Activity will encourage them to embrace a greater understanding of proper prescribing of opioid analgesics and in turn better outcomes for patients.

Combination of Categories Under Open Payments Reporting

CME Coalition applauds the consolidation of the "accredited/certified" and "unaccredited/non-certified" CME program categories in Open Payments to match the statutory language of "medical education programs." This combination streamlines reporting and relieves potential provider confusion, while ensuring that support for those CME activities which do not meet the statute's definition of "payment" remains exempt from reporting.

Conclusion

We are passionate about continuing medical education because we see the direct beneficial impact it has on physician excellence and patient outcomes. We appreciate the opportunity to comment on these provisions in the 2020 Medicare Physician Fee Schedule. Promoting lifelong physician education through CMS's MVP framework will keep practitioners up to date with developments in medicine and improve outcomes for patients. CME Coalition also applauds CMS' simplification of Open Payments reporting regarding CME and the use of CME relating to FDA's REMS for opioid analgesics as an example of an activity that can fulfill a MIPS Improvement Activity. Thank you for your attention to our comments.

Sincerely,

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