

# The Continuing Medical Education Coalition

CME Coalition Prospectus

# 2018



+



**CME Coalition**  
100 M Street, SE - Suite 750  
Washington, DC 20003  
202.688.0225



## **INTRODUCTION**

Founded in 2011, The Continuing Medical Education (CME) Coalition ([cmecoalition.org](http://cmecoalition.org)) is a Washington-based organization comprised of nearly fifty CME providers, beneficiaries (including both educational institutions and professional societies) and supporters of CME (such as pharmaceutical manufacturers and device makers) that exists to advocate for the merits of continuing medical education. Additional partnerships and affiliations have also been extended to health policy thought leaders and other interested parties who share an appreciation for the mission of the organization.

## **THE MISSION**

For 2018, the mission of the CME Coalition will be to: (1) educate federal, state and third-party policy makers on issues related to the provision of CME; (2) advocate for sensible federal, state, and non-governmental actors' policies to advance the practice of CME; and (3) provide and convene CME stakeholder thought leadership to chart the future of CME in the evolving world of quality measures, value based contracting, and health system reform. The CME Coalition fulfills this mission by developing, managing, and implementing a comprehensive government affairs and public affairs strategy to promote the value of accredited CME to a broad audience of practitioners, supporters and policy makers.

The Coalition additionally serves as a vital informational, analytical and legal resource for member organizations seeking assistance with understanding and implementing the myriad, and ever changing, rules and regulations that guide the CME enterprise. It is a recognized policy thought leader and participates in numerous activities, programs and venues to better inform all CME stakeholders of the policy landscape and real-world trends impacting the enterprise.

## **RECENT SUCCESSES**

### **I. Open Payments Reporting**

While we can count many victories since our founding, none was bigger than securing a clarification from the Centers for Medicare & Medicaid Services (CMS) regarding the limitation of Open Payments reporting rules to only those activities where a commercial supporter "instructs, directs or otherwise causes" payment to be made to a specified physician. In September 2016, in response to its engagement with the CME Coalition, CMS posted sub-regulatory guidance on its Open

Payments website regarding the reporting of CME-related payments. This outcome could not have been accomplished without the active support and cooperation of many other allies, including the Alliance for Continuing Education in the Health Professions (ACEhp), the American Medical Association (AMA), the Council of Medical Specialty Societies (CMSS), the Accreditation Council for Continuing Medical Education (ACCME), and key members of Congress.

The revised “FAQ 8165” replaces an earlier “Frequently Asked Question” on the same subject by providing greater specificity with regard to the exclusion of certain CME-related payments from Sunshine Act reporting that meet the standards outlined by CMS. This clarity has provided the CME community with a renewed confidence in CMS’ interpretation of the issue and has led to a broadening consensus among commercial supporters concerning their collection and reporting of CME related data.

However, there is still considerable work ahead in this regard if we are to succeed in driving complete consensus among CME stakeholders regarding the Open Payments rules. We must continue to explain, convince and advocate. Towards that end, and along with the Coalition’s legal counsel, in 2016 we conducted numerous calls and hosted programs with stakeholders to review the new FAQ and what it means for the CME community.

## **II. QI-CME Improvement Activity under MACRA**

In November 2017, the CME Coalition registered another major policy success when CMS promulgated final regulations that include quality improvement continuing medical education (QI-CME) as an Improvement Activity under the Quality Payment Program (QPP) Program. This represented the culmination of a two-year effort by the Coalition, which led a Working Group initiative comprised of many other CME stakeholders including ACCME, AAFP, AMA, AOA, CMSS, ACEHP, and others.

Signed into law in 2015 by President Obama, the Medicare Access and CHIP Reauthorization Act (MACRA), which authorized the MIPS Program, required CMS to implement a new payment system for doctors under Medicare with the aim of moving payment away from fee-for-service reimbursement in favor of paying for quality patient outcomes. Doctors have the choice of either participating in MIPS, which incorporates both bonuses and penalties for physician adoption of approved performance measures, or advanced alternative payment models (A-APMs), such as accountable care organizations (ACOs). Today, the overwhelming number of Medicare physicians are reimbursed under MIPS.

As detailed in the final rule, CMS determined that “completion of an accredited performance improving medical education program” be included under the list of Improvement Activities under QPP — one of the key policy changes proposed for the Quality Payment Program Year 2. According to CMS, CME *should* be included in the Improvement Activity measurement category, as these courses are among the most important ways in which doctors seek to improve their understanding of new treatments and therapies, improve beneficiary outcomes, and ultimately, improve their

practice as a whole.

### **III. Leading a Stakeholder Campaign for Recognition of FDA Opioid REMS as Improvement Activities under MACRA**

In 2017, the CME Coalition initiated a stakeholder campaign to urge CMS to certify FDA opioid REMS activities as Improvement Activities under the QPP. Mirroring the Coalition's successful effort to gain acceptance of QI-CME as a QPP Improvement Activity, the Coalition has been meeting with policymakers at the Food and Drug Administration (FDA), Capitol Hill, and elsewhere.

Under CMS' current QPP rule promulgated in 2017, educational activities designed to drive greater physician awareness of CDC's opioid guidelines are included among the list of accepted Improvement Activities under MIPS. The CME Coalition's effort seeks parity in MIPS for FDA REMS activities.

### **PRIORITY ISSUES FOR 2018**

As much as ever, the need for an organization to represent and promote the interests of CME among the nation's policymakers is crucial. And while there are new opportunities to explain the importance of continuing medical education to our healthcare system to the new Administration and Congress, skeptics of commercially supported CME remain active. At both the federal and state levels, efforts continue to proscribe the traditional role of private industry in funding the ongoing education medical professionals. At the core, most criticism of private sector support for CME has erroneously presumed that such funding constitutes an inherent conflict of interest and inappropriately influences the decisions of healthcare providers. Therefore, we must remain vigilant and continue to champion CME, promote its responsible use, and create opportunities to enhance policy maker support for CME.

We have identified the following priority issues that we will be working on in 2018:

#### **Open Payments**

1. **Cementing the Policy Outlined in FAQ 8165 by Driving a CMS Rulemaking** — In order to promote greater certainty around the Open Payment reporting rules, the Coalition will pursue a formal rulemaking through the Department of Health and Human Services to adopt, and supersede, the current FAQ's (#8165) stated policy to exclude most independent CME support payments. A formal rulemaking, unlike an FAQ, requires an extensive public vetting and commenting process. As such, a determination cannot be easily undone without going through a similar process. As a practical matter, it would bring even greater clarity and certainty to the Open Payment rules, and would help to eliminate any doubt as to the law's (Physician Payment Sunshine Act) actual requirements.

2. **Exempting Medical Textbooks and Medical Journal Reprints from Open Payments Reporting** — The CME Coalition was a leading force behind bipartisan legislation introduced during the last Congress (in both the House and the Senate) that would have exempted the provision of medical textbooks and peer-reviewed medical journal reprints from Open Payments reporting. We were successful in having this legislation included as part of the House-passed 21<sup>st</sup> Century Cures Act, but it was removed in conference with the Senate before being presented to the President. We believe that 2017 presents a ripe opportunity to revisit this issue, through both legislative and regulatory means, in order to encourage — rather than penalize — the sharing of medical science findings with healthcare providers as part of their continuing medical education.
3. **Educating the Broader CME Community on the Current Open Payments Guidance** — Confusion within the broader CME community around the rules for Open Payments reporting remains. While we have worked to educate all parties about the rules for reporting, and specifically about FAQ 8165, some companies are still not interpreting the rules in accordance with the current guidance. Through individualized outreach when necessary, we will continue to advocate for an industry consensus recognition and interpretation of the Open Payment guidance.

#### **FDA REMS**

4. **Continuing the Campaign to Include FDA REMS Activities in the MACRA QPP** — Although seemingly arcane and only tangentially related to CME, the development of the QPP/MACRA system for physician reimbursement under Medicare presents an important growth opportunity for FDA REMS activities. If CMS explicitly recognizes FDA REMS as an “improvement activity” within the QPP, it will create an entirely new incentive for physicians to participate in these educational activities. In 2018, the CME Coalition will continue to serve as the lead convener of a broad range of CME stakeholders that will drive an effort to incentivize FDA REMS under MIPS

#### **CME of the Future**

5. **Leading a Stakeholder Conversation about the Future of CME** — Over the course of 2018, starting with a panel at the January ACEHP Convention in Orlando, Florida, the CME Coalition will be convening thought leaders to discuss the future of CME and help chart its path. As health systems (such as Medicare) and health trends (such as value-based contracting) place greater and greater reliance upon outcomes measures as a means of determining value, the CME enterprise will need to adjust. In order to meet the needs of tomorrow’s health care system, CME providers will need to adjust their product to meet the needs of supporters to demonstrate value — value to doctors, value to patients, and value to the system at large. The CME Coalition will take to the streets, the Internet, and the airwaves in 2018 to begin a conversation, and hopefully help drive some consensus, around the form and function of “CME of the Future.”

## **BENEFITS OF MEMBERSHIP**

Membership on the Steering Committee offers a seat at the table in determining all Coalition policy and significant decisions (which are determined by consensus). Steering Committee Members are invited to participate in regular monthly calls and populate our task force work groups.

As part of the Coalition, Steering Committee members are often invited to participate in policy meetings and briefing with Administration officials and Members of Congress as issues warrant. Further, Steering Committee Members receive frequent email updates regarding Coalition activities, CME policy developments and news reports related to CME. Members also have direct access to Coalition staff, which is housed at the Washington-based health policy firm of Thorn Run Partners, who are at their disposal for individualized regulatory and compliance counsel.

The CME Coalition also produces a continuous stream of useful materials for CME practitioners for use by its members, such as regularly updated Sunshine Act Compliance Guides, legal memoranda, FAQs, comments to CMS and ACCME, voluntary industry codes of conduct and press statements on CME related issues. As part of its role as the voice of CME, the CME Coalition is an oft-cited resource in both the trade and “Beltway” media on pressing issues of the day. All of this material may be found at the Coalition’s website, [www.cmecoalition.org](http://www.cmecoalition.org).

In addition to supporting the Coalition's extensive advocacy efforts with Washington policymakers and the broader health care provider community, many members also find considerable value in receiving Thorn Run Partners’ regularized health policy updates and analysis, which is provided as an additional benefit.

## **COST OF MEMBERSHIP**

With a reasonable rate structure that strives to attract both corporate and non-profit members to our Steering Committee, we are confident that our members enjoy significant benefits of membership and see a real return on their commitment. Annual dues among Steering Committee members range from \$2,000 to \$15,000 depending upon a member’s annual revenue or nonprofit status. The annual membership dues structure is as follows:

- \_\_\_ Annual revenue is under \$2.5M/per year — annual dues are set at \$2,000.
- \_\_\_ Annual revenue is above \$2.5M but under \$10M/per year — annual dues are set at \$7,500.
- \_\_\_ Annual revenue is above \$10M/year — annual dues are \$15,000.

If you are interested in learning more about membership, please contact the Coalition’s Executive Director Chris Lamond ([clamond@thornrun.com](mailto:clamond@thornrun.com)) or Senior Advisor Andy Rosenberg ([arosenberg@thornrun.com](mailto:arosenberg@thornrun.com)), who can provide additional information on the next steps to secure your membership.