

The Continuing Medical Education Coalition

CME Coalition Prospectus

2019



CME Coalition
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INTRODUCTION

Founded in 2011, The Continuing Medical Education (CME) Coalition (cmecoalition.org) is a Washington-based organization comprised of nearly 50 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 2019, 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, stakeholder engagement, 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 of 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 2018 we conducted numerous calls and hosted programs with stakeholders to review the current guidance 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 the Merit-based Incentive Payment System (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 practices.

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

From 2017 to 2018, 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.

IV. Driving Congressional Support for CME as an Antidote to the Opioid Crisis

While there is considerable political dysfunction and partisan disagreement in the nation's capital these days, one healthcare issue that attracts bipartisan support is the opioid epidemic. Last year, Congress considered and passed legislation to address this issue and looks to take up follow-up legislation in 2019. During this process, both Democratic and Republican Members of Congress have offered bills to expand the role of CME in opioid prescriber education, and the CME Coalition has been supportive. Indeed, last year, Congress introduced nearly 30 pieces of legislation aimed at increasing incentives, mandates, or funding for continuing education in a broad variety of contexts, demonstrating the increasing appreciation of the importance of CME on Capitol Hill.

PRIORITY ISSUES FOR 2019

As much as ever, the need for an organization to represent and promote the interests of CME among the nation's policymakers is crucial. While there are new opportunities to explain the importance of continuing medical education to our healthcare system to the 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 2019:

QI- CME and the MIPS Program

1. **Building a Market for QI-CME** — Over the course of 2019, starting with a strategy session at the January ACEHP Convention at National Harbor, MD, and over the course of numerous in-person presentations at CBI conferences and Alliance webinars, the CME Coalition will be convening thought leaders and promoting greater understanding around the importance of developing a robust industry commitment to QI-CME activity development and support. CMS has provided a huge opening to the CME community in the forms of increased Medicare reimbursement for healthcare providers who take qualified courses. It is now incumbent upon all of us to create a vibrant market for these activities, meaning both a supply of them, and a demand for them. The CME Coalition will be spending considerable resources in 2019 to drive greater awareness and utilization of the MIPS program for QI-CME.

Open Payments

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 21st Century Cures Act, but it was removed in conference with the Senate before being presented to the President. We believe that 2019 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 2019, 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

ACCME Standards for Commercial Support

5. **Driving Stakeholder Involvement in the ACCME's Review of its Standards for Commercial Support** — With the decision of the ACCME to open up its Standards for Commercial Support (SCS) to revision, the CME Coalition will spend a good portion of 2019 polling its membership, developing comments, and driving a conversation with the ACCME aimed at ensuring its continued role as the preeminent authority on accredited CME and the rules to ensure its independence from commercial bias.

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.

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) or Senior Advisor Andy Rosenberg (arosenberg@thornrun.com), who can provide additional information on the next steps to secure your membership.