



June 27, 2016

Andrew M. Slavitt,  
Acting Administrator  
Centers for Medicare & Medicaid Services  
200 Independence Ave SW  
Washington, D.C. 20201

**RE: 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**

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Dear Acting Administrator Slavitt:

It is our pleasure to submit these comments on behalf of the CME Coalition ([www.cmecoalition.org](http://www.cmecoalition.org)), an advocacy organization comprised of and representing continuing medical education (CME) providers, supporters and beneficiaries, regarding the proposed regulations to implement the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

### **I. Introductory Summary**

We request that the Centers for Medicare & Medicaid Services (CMS) explicitly recognize qualifying continuing medical education (CME) as a clinical practice improvement activity within the Merit-Based Incentive Payment System (MIPS) because CME has long been recognized as an effective means by which physicians demonstrate engagement in continued professional development. Consistent with the intent of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), and with focus on the “three aims”, the National Quality Strategy (NQS) and the CMS Quality Strategy, CME encourages physicians to develop and maintain the knowledge, skills, and practice performance that leads to improved performance with optimal patient outcomes.

Simply put, without translating the new payment system into meaningful actions for physicians, the promise of MACRA will never be fully achieved. Because they have the ability to make a measurable difference in the way physicians practice their trade, accredited CME activities that are designed to further the objectives of MACRA, the “three aims,” and the NQS should result in credit as clinical practice improvement activities within the MIPS.

## **II. Background on the Role of CME in Driving Quality and its Relevance to MIPS**

Lifelong learning, assessment, and improvement are integrally related. Practice improvement multi-dimensional interventions, including participation in professional development activities, like CME 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. Patients will continue to need health care professionals that engage in lifelong learning, assessment, and improvement in practice, so it is important these activities be recognized and rewarded in value-based payment programs promulgated by CMS and private payers.

CMS and private payers can also reduce burdens on physicians by counting CME and continuing education as progress toward program goals. Eligible professionals should be credited for their effort to stay current with clinical practice and quality measures by utilizing CME. The inclusion of CME as a clinical practice improvement activity, with integration of CME into the planning and implementation of improvement activities, will help these professionals obtain credit for the time they invest in learning about practice improvement and implementing these learning into their practices.

Additionally, the sources of information on quality improvement requirements for professionals are limited and participation can only be increased with education. Failure to learn about the major changes in healthcare reform place health care professionals at risk financially, operationally, and clinically. Fortunately, accredited education is an understandable and predefined measure to help avoid these concerns.

Physicians have a professional responsibility to keep up-to-date through CME and there is a preexisting infrastructure to record participation in CME activities. Currently 45 states plus the District of Columbia require participation in CME to maintain licensure. CME is a familiar activity for physicians and giving CPE credit for participation in CME will help to align the interests of physicians with the value being driven by alternative payment models.

The 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.

## **III. CME's PARS Reporting can be Easily Integrated into the MIPS Reporting Platform**

The Accreditation Council for Continuing Medical Education's (ACCME's) Program and Activity Reporting System (PARS) is a web-based portal designed to streamline and support the collection of ACCME program and activity data from accredited continuing medical education (CME) providers. The ACCME uses the information collected in PARS to support the performance-in-practice reviews that are part of the process for initial accreditation, reaccreditation, and progress

report reviews. In addition, the ACCME uses data from PARS to produce annual reports as a service to accredited CME providers and other stakeholders.

As CMS looks to develop ways to track and confirm physician participation in approved clinical practice improvement activities, we believe that the ACCME's PARS system provides an important tool. Having already been developed for the purpose of tracking learner participation at accredited CME activities, PARS can be fairly easily enhanced and integrated into the CMS MIPS reporting system so as to ensure true, consistent reporting.

#### **IV. Proposed Guidance on CME**

We recommend that CMS explicitly acknowledge and provide credit for certain CME activities, provided by a nationally-recognized accreditor, as clinical practice improvement activities within the Merit-Based Incentive Payment System. In specific, we seek explicit credit for certain defined CME activities in two of the CMS designated clinical practice improvement activities, namely:

- Accredited CME activities that involve assessment and improvement of patient outcomes or care quality, as demonstrated by clinical data or patient experience of care data, such as Performance Improvement CME, Quality Improvement CME.
- Accredited CME that teaches the principles of quality improvement and the basic tenets of MACRA implementation, including application of the “three aims,” the NQS, and the CMS Quality Strategy, with these goals being incorporated into practice.

#### **V. Addressing the 90 Day Threshold Requirement for CPIA Activities**

Pursuant to the Proposed Rule at Fed Reg 28211, MIPS eligible clinicians or groups must perform CPIAs for at least 90 days during the performance period to earn CPIA credit.

We suggest that approved CME activities that incorporate a 90-day survey or evaluation period into the program should be considered to have met the proposed rule's 90-day activity threshold.

**VI. CME should be explicitly listed in Table H of the Proposed Rule as follows:**

<b>Subcategory</b>	<b>Activity</b>	<b>Weight</b>
Patient Safety and Practice Assessment	Accredited CME activities that involve assessment and improvement of patient outcomes or care quality, as demonstrated by clinical data or patient experience of care data, such as Performance Improvement CME, Quality Improvement CME	
Patient Safety and Practice Assessment	Accredited CME activities that teaches the principles of quality improvement, explains MACRA or count towards MOC Part IV requirements such as MOC Part IV CME.	