



January 21, 2012

To the Editor:

Your Editorial of January 20, entitled “Who Else is Paying Your Doctor,” fails to mention several key points regarding the Obama Administration’s new reporting requirements on payments from manufacturers to physicians, and the impact it could have on the value of Continuing Medical Education (CME).

All physicians are required to routinely participate in CME as part of ongoing licensure and board certification with the goal of improving their ability to diagnose, treat and care for patients. Today, approximately one-third of the costs for providing this continuing education are borne by private industry supporters of CME. The Administration’s proposed rule, which expands considerably upon the scope of reporting contemplated in the Affordable Care Act (ACA), could have the effect of eliminating or curtailing private industry’s role in supporting CME, which would be devastating to the practice of medicine.

The Administration’s rule reaches far beyond the intent of ACA and requires not only the reporting of *direct* payments from manufacturers to physicians, but also the reporting of so-called *indirect* payments that underwrite certified continuing education programs for doctors and other practitioners.

As a practical matter, this proposal is virtually unworkable in a world where many CME programs are underwritten by a myriad of industry supporters who may purchase booths at educational conferences or support symposia, but have no control or influence over the curriculum or speakers. Accurately calculating the fractional support provided by a supporting organization for a given CME presenter could well be impossible, and with significant fines assigned for failure to report, we are likely to see an exodus of industry support for this vital pillar of our health care system. Additionally, given the stigma attached to any private industry relationship with physicians, we are likely to see a significant reduction in the willingness of top academics and practitioners to serve as presenters at CME programs, who, despite having no direct relationship with the industry sponsors of their honoraria or travel expenses, will be perceived as tainted.

Further, it is important to note that certified CME today possesses some of the most stringent conflict-of-interest rules imaginable, thus preventing private supporters from influencing the selection of program speakers or curriculum.

The practice of medicine is constantly changing. Many treatments, therapies and procedures that are routine by today's standards were not even contemplated a decade ago when many of today's doctors were still in medical school. Collaboration between physicians and private industry leads to new drug discoveries and cures. Through CME, physicians learn how to integrate new treatment options into their practices and understand more effective approaches to diagnosing their patients' conditions. We should all be able to agree that protecting access to continuing education for medical professionals regarding the latest science and treatments is absolutely vital to improving patient outcomes and encouraging innovation in our health care system.

Since 2007, commercial support of CME has declined \$297 million or 31.4%. In 2010, total commercial support for CME was \$856 million, which made up 37% of total CME revenue. With commercial funding of CME dropping by hundreds of millions of dollars in the past four years, the number of providers has fallen and there are fewer hours of instruction being produced.

Rather than encouraging a greater commitment to continuing medical education, the proposed rule will severely and negatively impact our health care system and the patients it serves. It is our fervent hope that the Administration will recognize the importance of this concern and promulgate a Final Rule that excludes indirect support for CME from the Act's purview.

Sincerely,

Chris Lamond, Executive Director  
CME Coalition