

August 22, 2022

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8016  
Baltimore, MD 21244-8016

*Reference: CMS-1770-P; RIN 0938-AU81: Request for Information on the Value of Adding CME Accreditation Organizations as Third-Party Intermediaries*  
<https://www.regulations.gov/document/CMS-2022-0113-0001>

Dear Ms. Brooks-LaSure,

Thank you for the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) Request for Information on the Value of Adding CME Accreditation Organizations as Third Party Intermediaries in CMS-1770-P.

The Accreditation Council for Continuing Medical Education (ACCME<sup>®</sup>) was founded in 1981 to oversee the accreditation of institutions that provide continuing medical education (CME). We are responsible for setting standards to ensure that accredited CME is effective, relevant, responsive to the changing healthcare environment, independent, free from commercial bias, and designed to promote healthcare improvement. To that end, since 2016 we have been working with CMS to support the implementation of the Merit-Based Incentive Payment System (MIPS), as reflected in our comments to CMS from June 16, 2016, and December 16, 2016 (attached). We have been working closely with our accredited providers to expand the availability of accredited education that addresses performance improvement and quality improvement. We are well positioned to serve as a third-party intermediary to submit data on improvement activities based on completion of CME or MOC for the improvement activities performance category. ACCME is a 501(c)(3) nonprofit charitable organization that operates in the public interest.

As is evident from our [annual report of data](#) ACCME accredits over 1600 organizations and healthcare institutions including over 840 hospital systems across every U.S. state and region. All state licensing authorities, all of the medical certifying boards, and all credentialing systems in the country accept and recognize ACCME-accredited activities. Our system of accreditation has continuously evolved to ensure it meets the changing needs of physicians and healthcare to drive continuous quality improvement and achieve the quadruple aim.

Fundamentally, as outlined in more detail below, ACCME

- ✓ Is mission aligned with CMS to drive quality improvement in the public interest;
- ✓ Has deep connections with hundreds of active educational organizations and healthcare facilities;
- ✓ Can use our communication and education vehicles to incentivize and engage accredited educational providers and their learners to improve activities;

- ✓ Has a unique existing and well-established data infrastructure that can readily match physicians to their NPI and convey data to CMS securely and with appropriate permission from the physician; and
- ✓ Is willing to take on this work and work with CMS to achieve our common goals.

## DATA COLLECTION

ACCME's Program and Activity Reporting System (PARS) is the primary tool used to collect and store data from accredited CME providers. Accredited CME providers are required to submit data in PARS for every CME activity that is offered, over 180,000 each year. Accredited CME providers may designate an activity as an Improvement Activity, attesting that the activity fulfills all program requirements. In support of these efforts, the ACCME developed an identifying mark that accredited CME providers use to identify the Improvement Activities for their learners. As well, we have published the criteria approved by CMS so that accredited CME providers ensure those Improvement Activities fulfill CMS' expectations (Figure 1). Intentionally, the Improvement Activity criteria also fulfill the expectations of many of the American Board of Medical Specialties' Specialty Certifying Boards that require their board-certified physicians to engage in practice improvement activities (previously known as "Part 4 MOC").

If ACCME were designated as a third-party intermediary, accredited CME providers would be empowered to report physician completion records into PARS, without charge, which would then be reported to CMS by ACCME on their behalf. The ACCME publishes information about which Improvement Activities are available to learners in the publicly available list of CME activities at [www.CMEPassport.org](http://www.CMEPassport.org). We would expect the range and diversity of such activities to dramatically increase following an agreement to work together.

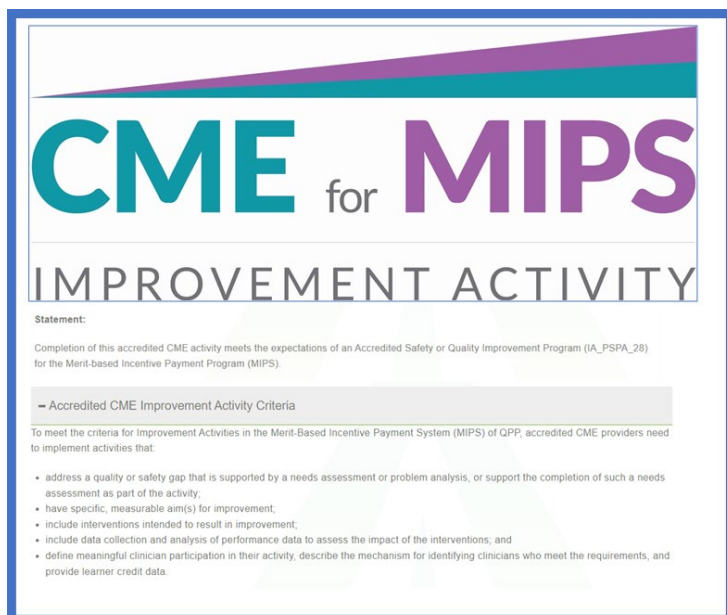


Figure 1. Improvement Activity identifier and Improvement Activity Criteria. Accessed from <https://www.accme.org/cme-for-mips> Aug. 8, 2022.

## **LEARNER DATA REPORTING**

Accredited CME providers currently report learners who complete activities for both board certification and licensure. When a learner fulfills the requirements established for learner completion, the accredited CME provider reports the learner to PARS, and linked to a broad array of information about the activity (including competency level attained, and a variety of other flags, such as ‘improvement activity’), including:

1. Learner’s first name
2. Learner’s last name
3. MM/DD (birthdate, not including year)
4. Date of completion
5. Number of credits earned

Accredited providers can provide additional validation information about the physician such as state of licensure, a certifying board identification number, or the National Provider Identifier (NPI). PARS validates the submitted records and rejects any that contain missing or invalid data, such as an unrecognized NPI, or matches the submitted information to an individual. This approach to simplified data matching makes it easy for organizations who do not traditionally retrieve or have missing identifiers to link their learners to get credit for activities they are already doing. This data can be made available to the CMS via API submission or periodic file upload.

## **REDUCED CLINICIAN BURDEN AND CONFUSION**

National CME accrediting bodies, such as the ACCME, are uniquely positioned to reduce clinician reporting burdens. Clinicians already seek ACCME-accredited CME to meet their requirements for licensure credentialing, and certification. ACCME reports learner credit data to a growing number of state licensing boards and certifying boards. Furthermore, the ACCME collects and reports learner participation in Risk Evaluation and Mitigation Strategy (REMS)-compliant CME activities to the Food and Drug Administration.

ACCME is prepared to extend reporting of clinician CME activities that meet MIPS requirements and has the capacity to submit additional improvement activities that address CMS priority issues, such as closing the health equity gap, inclusion of the patient voice in quality improvement, shared decision-making, and care coordination. ACCME would also be able to support MIPS Value Pathways (MVPs) (submission of measures and activities for quality, Promoting Interoperability and improvement activities performance categories) to further reduce clinician reporting burdens. This streamlined approach to record-keeping and reporting keeps regulatory, licensing and certifying bodies informed of clinician continuing education activities while allowing clinicians to focus on improving patient care. Because ACCME is an established and trusted source of verifiable accredited CME completion data, clinicians need not spend additional time reporting their CME activities to multiple oversight bodies.

ACCME can and will provide this service at no cost to clinicians or CMS.

## **ADDITIONAL THIRD-PARTY INTERMEDIARIES**

Our colleagues in Joint Accreditation include the accreditors for dentistry, nursing, psychology, nutrition, and social work among others, and already use the PARS infrastructure outlined above.

## **SELECTION CRITERIA**

ACCME suggests that each of the following should be criteria to recognize a national accreditor as being suitable to participate in the collaboration with CMS:

- ✓ Be an accreditor of continuing education in the health professions
- ✓ Have an established mechanism to accredit providers of continuing education
- ✓ Have a mechanism to recognize and accredit improvement activities
- ✓ Have a search engine so that upcoming activities can be identified and selected by physicians
- ✓ Provide transparency and accountability into their decision-making
- ✓ Have a system for matching and tracking individual learners
- ✓ Have a system for reporting learners to external entities using MedBiquitous data standards

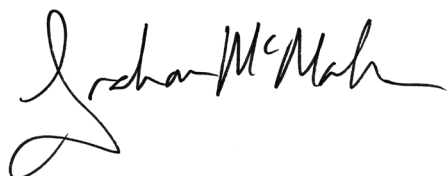
## **VENDOR APPROVAL POLICIES**

ACCME agrees that, to the extent possible, new third-party intermediaries should be required to meet current policies used for CMS-approved vendors, including completion of a vendor application form, yearly vendor training and additional training as required, submission of a Quality Assurance Plan (QAP), and the ability of CMS to publicly post submitted data.

## **SUMMARY**

The ACCME strongly supports the addition of national CME accreditation organizations to serve CMS as third-party intermediaries to submit data for clinicians who complete accredited CME activities that meet the CMS expectations of Improvement Activities. As an independent, nonprofit regulator, the ACCME can provide verifiable information on clinicians who engage in accredited CME, thereby reducing reporting burdens on clinicians and allowing them to focus on improving patient care.

Sincerely,

A handwritten signature in black ink, appearing to read "Graham McMahon". The signature is fluid and cursive, with a large, sweeping initial "G" and a long, horizontal tail.

Graham McMahon, MD, MMSc  
President and Chief Executive Officer