Accreditation Council for Continuing Medical Education
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December 16, 2016

Andrew Slavitt, MBA; Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Reference: CMS-5517-FC

Dear Mr. Slavitt:

The Accreditation Council for Continuing Medical Education (ACCME) appreciates the opportunity to provide comment regarding the Merit-Based Incentive Payment System (MIPS) approaches detailed in the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. These comments build upon the themes reflected in our June 16, 2016 letter responding to CMS-5517-P (attached), and the ACCME commends the Centers for Medicare & Medicaid Services for the evolution reflected in the final rule.

The ACCME is uniquely positioned to facilitate the evolution of the Quality Payment Program towards the CMS goal of an innovative, outcome-focused, patient-centered, resource-effective health system by:

- leveraging the accredited continuing medical education (CME) system to simplify clinician participation in the Quality Payment Program;
- supporting accredited CME providers; and
- utilizing the ACCME's Program and Activity Reporting System (PARS) as a reporting mechanism for clinical practice improvement activities.

Leveraging the accredited CME system to simplify clinician participation in the Quality Payment Program: The accredited CME system is the national educational enterprise that supports the engagement of physicians and other health professionals in evidence-based lifelong learning and improvement. Employing the existing CME framework routinely utilized by clinicians to meet their individual educational needs will simplify their ability to meet the requirements of the Quality Payment Program and would facilitate their participation.

There are many benefits to clinicians and their communities if CMS designates accredited CME as a mechanism to meet the expectations of the Quality Payment Program:

- Accredited CME providers can deliver education for physicians about how to implement quality measures into their practice and support them in implementing these performance improvement programs.
- CMS should require that activities planned and delivered to achieve the expectations of MIPS be independent of commercial influence. The medical profession created accredited CME to give reassurance to clinicians that educational and performance improvement programs were indeed independent of these influences. CMS could utilize the experience of accredited CME providers

to ensure that clinical practice improvement activities are independent, evidence-based, and balanced.

- CMS can engage a community of educators that is already actively creating and managing a range of superb quality and performance improvement activities.
- CMS can leverage the existing distributed national network of approximately 2000 accredited CME providers if it designates accredited CME as a mechanism to offer clinical practice improvement activities. Accredited CME providers are in almost every community, city, and region, and can disseminate the CPIA program to urban and rural clinicians, meeting the needs of clinicians across a diverse range of practice types and settings.
- CMS can trust that accredited CME providers offer only high-quality and meaningful performance improvement programs. ACCME has maintained a robust monitoring and audit system to ensure compliance with expectations.
- CMS can benefit from the experience of accredited CME providers in aligning systems and managing learner data. Accredited CME providers have been developing and managing Maintenance of Certification (MOC) programs for several American Board of Medical Specialties (ABMS) member boards, including the American Boards of Internal Medicine, Anesthesiology, and Pediatrics – including activities for medical knowledge and self-assessment (part II), and activities for improvement in medical practice (part IV). Alignment between the expectations of these systems and CMS expectations would increase the engagement of educators and clinicians in the performance improvement programs that count for multiple systems and credits.
- Aligning CPIA with other systems would likely increase engagement of clinicians. The Federation of State Medical Boards reports that 51 medical licensing jurisdictions require continuing medical education for licensure, so alignment with accredited CME providers helps clinicians meet these state licensing and local credentialing requirements.
- The ACCME has an educational program for accredited CME providers that would support the roll out of CPIA-eligible activities to increase the engagement by clinicians across the country.

We suggest that CMS designate accredited performance improvement activities that meet the following criteria as suitable to meet the expectations of the Quality Payment Program:

- The activity should address a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity.
- The activity should have specific, measurable aim(s) for improvement.
- The activity should include interventions intended to result in improvement.
- The activity should include data collection and analysis of performance data to assess the impact of the interventions.
- The accredited CME provider must define meaningful physician participation in their activity, describe how they will identify physicians who meet their requirements, and provide completion information.

Our review of the 92 activities listed under the 9 subcategories for MIPS performance improvement activities on your website (https://qpp.cms.gov/measures/ia) as well as the 271 quality measures listed (https://qpp.cms.gov/measures/quality) has led us to conclude that the accredited CME community is well-positioned to identify and develop education to support clinician compliance with the majority of your program requirements.

Many of our accredited CME providers are actively engaged in performance and quality improvement activities in their medical centers and at their societies. Following are a small number of examples of accredited CME activities that appear to meet the expectations for quality and performance improvement outlined in MIPS:

MIPS Quality Measure	Measure Number	Accredited CME Activities That Meet MIPS Expectations
Chlamydia Screening for Women	• eMeasure ID: CMS153v5 • eMeasure NQF: N/A • NQF: 0033 • Quality ID: 310	University of Michigan Medical School Improving Chlamydia Screening Rates for Women
Depression Screening	IA-BMH-4	American Academy of Pediatrics Adolescent Depression Screening Performance Improvement Module
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	• eMeasure ID: CMS122v5 • eMeasure NQF: N/A • NQF: 0059 • Quality ID: 001	The Institute for Medical Studies: Diabetes Management
Implementation of Antibiotic Stewardship Program	IA_PSPA_15	Texas Children's Hospital: Antibiotic Stewardship
Implementation of Fall Screening and Assessment Programs	IA_PSPA_21	Salem Hospital No F.R.I.D.S. – No Falls!
Medication Management for People with Asthma	• eMeasure ID: N/A • eMeasure NQF: N/A • NQF: 1799 • Quality ID: 444	American Academy of Family Physicians Metric Module: A Performance Improvement Activities Solution
Measurement and Improvement at the Practice and Panel Level	IA_PSPA_18	American Academy of Pediatrics: Medical Home
Melanoma: Coordination of Care	• eMeasure ID: N/A • eMeasure NQF: N/A • NQF: N/A • Quality ID: 138	American Academy of Dermatology Performance Improvement CME for Dermatology – Melanoma

In addition, to expand the opportunities for participation, we suggest that accredited CME providers be empowered to choose topics and outcomes that are not on the existing CMS lists, if they use the outlined quality assurance process above, and the activity is based on identified needs. For instance, the American Society of Anesthesiologists has created a Simulation Education Network to deliver training designed to realistically recreate challenging clinical cases, enabling participants to problem-solve in a manner that is similar to actual clinical experience. This Simulation Education Network provides training to satisfy the American Board of Anesthesiology's Maintenance of Certification in Anesthesiology requirements and could be designated as MIPS-compliant. Such demonstrated skill improvements result in greater patient safety and would be worthy of being counted for CPIA.

ACCME would support accredited CME providers: If CMS were to recognize accredited CME as a mechanism to achieve clinical practice improvement, the ACCME would use its education and

communication vehicles to engage the CME community to build programs that comply with MIPS requirements. The ACCME would describe how delivering MIPS-compliant CME within the already existing framework of a clinician's educational home(s) could streamline and demystify the process for clinician participation.

CMS could utilize ACCME's Program and Activity Reporting System (PARS) as a reporting mechanism for clinical practice improvement activities: The ACCME has a technical solution—PARS—to track and report clinician engagement in MIPS-compliant performance improvement activities. PARS is a secure database created in compliance with the MedBiquitous MEMS 2.0 Standard to ensure interchangeability and accuracy. Our accredited providers already list the approximately 150,000 CME activities that are managed each year in the system and have become accustomed to reporting learner data into the system; accredited CME providers are already required to regularly submit data in PARS about the methodology of and participation in CME activities.

The ACCME, through PARS, could establish and manage the process through which accredited CME providers identify and develop MIPS-compliant activities. That reporting could be expanded to reflect clinician engagement in MIPS-compliant activities by having accredited CME providers:

- identify activities compliant with CMS requirements;
- attest to the compliance of those activities;
- upload agreed-upon data elements about compliant activities; and
- upload agreed-upon elements of learner data.

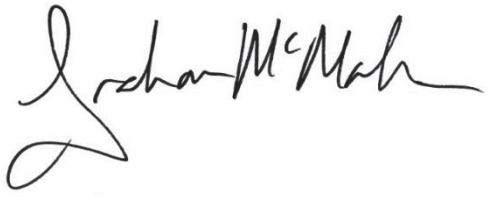
PARS could then generate reports that could be accessed by or sent to CMS.

The ACCME has implemented similar processes for registering and collecting data about CME activities that meet FDA requirements and that count for Maintenance of Certification. The systems have been in effect for several years and have proven successful. We would adapt these already established models to create a system for reporting MIPS-compliant performance improvement activities.

Summary: The ACCME's mission, values, and accreditation requirements are aligned with the CMS Triple Aim. Accredited CME providers, supported by evidence-based standards, are a local and national resource for supporting clinician engagement in performance improvement and quality activities. The ACCME's educational system and technological framework can be engaged to support the implementation of MIPS and to help our clinician community maintain and advance the quality, safety, and efficiency of care for the patients we all serve.

We appreciate the opportunity to offer our views and look forward to continuing to work to make a positive difference in the health of our nation.

Sincerely,



Graham McMahon, MD, MMSc
President and Chief Executive Officer

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June 16, 2016

Mr. Andrew Slavitt
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Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

REFERENCE: 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

Dear Mr. Slavitt:

The Accreditation Council for Continuing Medical Education (ACCME®) appreciates the opportunity to provide comment regarding the Merit-Based Incentive Payment System (MIPS) approaches detailed in the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. The profession of medicine created the ACCME in 1981 to create safe spaces where clinicians can learn, and where promotion and marketing are prohibited.

ACCME is requesting that:

- **CMS recognize relevant performance and quality improvement accredited continuing medical education (CME) as a clinical practice improvement activity within MIPS.**
- **CMS designate ACCME's Program and Activity Reporting System (PARS) as a reporting mechanism for clinical practice improvement activities.**

ACCME and its national CME system are able to support the implementation of MIPS in the following ways:

1. **The ACCME's mission, values, and accreditation requirements are aligned with the CMS Triple Aim.**
2. **The ACCME System is a national enterprise of diverse, geographically distributed healthcare organizations; these distributed educators engage clinicians in relevant, local and national performance improvement activities.**
3. **Many accredited CME activities already meet the expectations for quality and performance improvement as outlined in MIPS; even more are likely to follow.**
4. **The ACCME has a technical solution to track and report clinicians' engagement in MIPS-compliant performance improvement activities to CMS.**
5. **Alignment between the ACCME and CMS would simplify the implementation and reporting of MIPS-compliant activities without increasing the burden on clinicians.**

The ACCME's mission, values, and accreditation requirements are aligned with the CMS Triple Aim.
The ACCME sets the national standard for high-quality accredited CME that improves practice for physicians and other health professionals in support of safe, effective care and better health. The ACCME's accreditation requirements ensure that CME is focused on closing gaps in practice, is independent of commercial interests, and promotes engagement in quality, collaborative practice, and public health. For the nearly 1,900 organizations accredited within the ACCME System—we call them *CME providers*— accredited CME is an institutional strategy for improving health and healthcare delivery.

The ACCME System is a national enterprise of diverse, geographically distributed healthcare organizations; these distributed educators engage clinicians in relevant local and national performance improvement activities.
Accredited CME providers across the country represent a range of institutions that include hospitals and healthcare delivery systems; nonprofit physician membership organizations, such as specialty societies; publishing and education companies; schools of medicine; insurance and managed-care companies; and government and military organizations.

Accredited CME providers offer nearly 150,000 educational activities annually, comprising more than one million hours of instruction offered in a wide range of online and face-to-face formats. This education includes nearly 26 million interactions with physicians and other healthcare professionals each year. Accredited CME providers meet high standards, with a third of the CME enterprise meeting ACCME's additional requirements for Accreditation with Commendation. Accredited providers are geographically distributed throughout the US and its territories (see **Figure 1)** and accredited CME activities are delivered to physician and other health professional learners throughout the US. This network of CME professionals understands healthcare needs on the local community, regional, and national levels, has expertise addressing public/population health challenges, and has demonstrated success in overcoming implementation challenges. This network has the capacity and expertise to engage clinicians in meaningful work to improve performance, practice, and quality improvement.

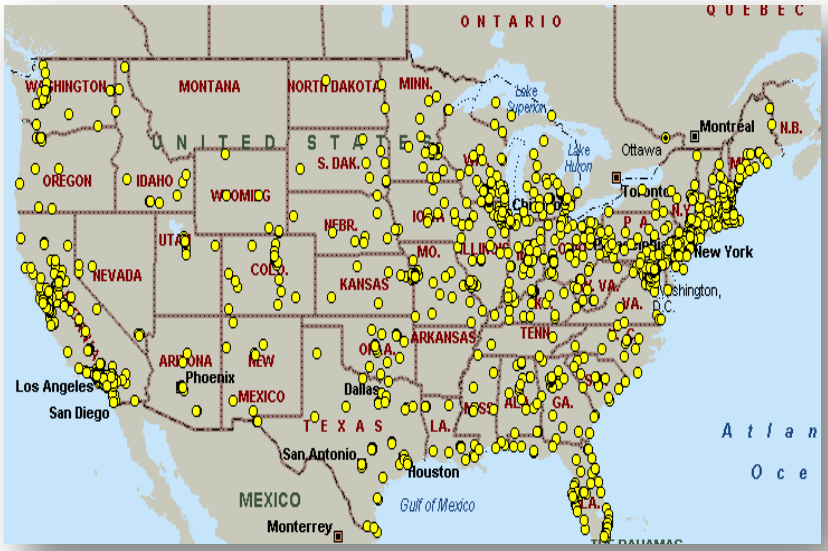


Figure 1. US geographic distribution of CME providers accredited within the ACCME System

Many accredited CME activities already meet the expectations for quality and performance improvement as outlined in MIPS; even more are likely to follow.
In fulfillment of ACCME's requirements, all accredited CME providers design and evaluate the impact of activities that promote new practice strategies, performance change for individuals and teams, and patient outcomes. (See **Figure 2.**) In their diversity, accredited CME activities address each of the

ACGME/ABIM competencies and engage learners in closing professional practice gaps inclusive of each of the domains described in the MIPS pathway.

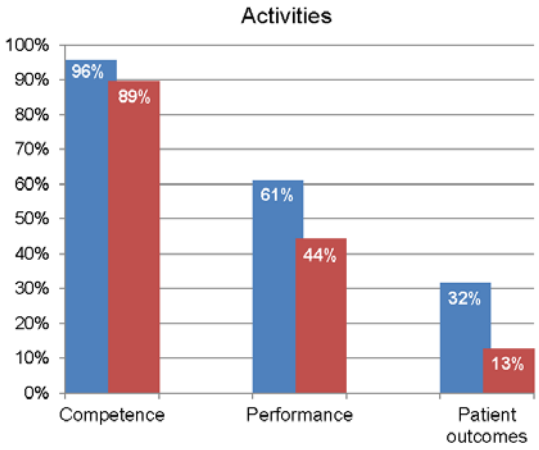


Figure 2. CME presented by providers accredited in the ACCME System: Blue bars are percentage of 150,000 CME activities designed to change learners' competence, performance, or their patients' outcomes. Red bars are percentage of activities analyzed for changes in learners' competence, performance, or their patients' outcomes.

Two-thirds of the providers accredited within the ACCME System utilize accredited CME as an institutional approach for practice and performance improvement, quality improvement, and strategic collaboration in service of their healthcare mission.

The ACCME has a technical solution to track and report clinicians' engagement with MIPS-compliant performance improvement activities to CMS.

Accredited CME providers are already required to submit data on a regular basis about the methodology of and participation in CME activities into ACCME's Program and Activity Reporting System (PARS). Our existing data collection system has been leveraged to address regulatory expectations. Beginning in 2013, ACCME modified PARS to collect information for more than 168,000 physicians and other health professionals participating in continuing education activities to meet FDA requirements. In 2015, the ACCME modified PARS to enable the CME enterprise to register activities for the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Our data shows that CME providers delivered more than 2.8 million MOC points for 45,000 diplomates in the first 6 months of the collaborative initiative. The ACCME is collaborating with other medical specialty boards to expand this process. PARS is a secure database and was created in compliance with the MedBiquitous MEMS 2.0 Standard to ensure interchangeability and accuracy.

Alignment between the ACCME and CMS would simplify the implementation and reporting of MIPS-compliant activities without increasing the burden on clinicians.

ACCME is striving to provide solutions that leverage the value of the national CME enterprise while reducing the complexity and burden of professional requirements for physicians and other health professionals. In its collaborations with both the FDA and medical specialty boards, the ACCME has sought to ensure that accredited CME providers can meet the expectations for high standards for practice-based learning and improvement, while capitalizing on the well-established local and national relationships between CME educators and their learners. As demonstrated by the nearly 26 million interactions between US health practitioners and educators, the accredited CME community offers an educational home that can support and nurture participation in CMS initiatives to improve quality and further promote safe, cost-effective care.

The accredited CME system is here to help.

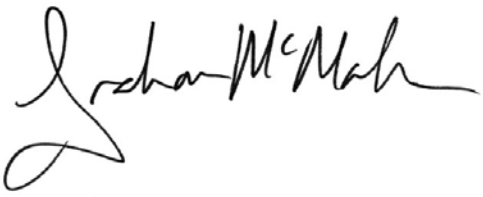
The ACCME System is the national educational enterprise that supports physicians and other health professionals' engagement in continuous learning and improvement. Accredited CME providers,

supported by evidence-based standards, are a local and national resource for supporting engagement in performance improvement and quality. The ACCME's educational system and technological framework can be readily leveraged to support the implementation of MIPS, and help our clinician community maintain and advance the quality, safety, and efficiency of care for the patients we all serve.

We appreciate the opportunity to offer our views and I hope our perspective and information is useful to you. We look forward to continuing to work together with our community of accredited CME providers and healthcare professionals, the CMS, and other stakeholders to make a positive difference in the health and safety of patients, families, and communities across the nation.

We would be happy to provide more feedback to support your deliberations.

Sincerely,



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