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Marilyn Tavenner

Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Proposal to eliminate the Continuing Medical Education (CME) exemption

Dear Administrator Tavenner:

The SACME community would like to thank you for the opportunity to comment on the proposal to remove the “accredited Continuing Medical Education (CME) exclusion” from the Physician Payment Sunshine Act Final Rule language of February, 2013, as described in the Federal Registry publication of July 11, 2014.

SACME, the Society for Academic Continuing Medical Education, is an organization that promotes the enhancement of physician knowledge through educational activities such as accredited and certified continuing medical education (CME) and other methods of continuous professional development. Members of SACME are committed to advancing accredited and certified CME and continuous professional development for physicians and other health care professionals, toward the ultimate goal of improving patient care.

As a community, SACME members were disheartened to see the proposed changes to the Physician Payment Sunshine Act language that might remove the accredited and certified CME exemption. As you are aware, physicians are requisite lifelong learners, and accredited and certified CME is one opportunity by which physicians can continue to learn about the optimal ways

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to care for patients. Because the medical profession shares the concern that industry bias has a potential to influence physicians' prescribing habits and other aspects of clinical practice, safeguards have already been put in place. Specifically, the accrediting body for accredited and certified CME, the Accreditation Council for Continuing Medical Education (ACCME,) promulgates very explicit standards that must be followed related to commercial financial support, known as the Standards for Commercial Support.

Members of our society understand these ACCME rules, and must adhere to them consistently when aiding CME course directors and planners in designing, creating and conducting their educational activities. SACME members strongly believe that course directors and planners must determine the content of their accredited and certified CME programs, and industry MUST NOT influence how that content is determined or decided. Regardless of whether an accredited and certified CME event has industry support, the content for all such events MUST be controlled by the course directors/planners, with no input from industry as to what the content is, nor how, nor by whom that content is delivered.

Regarding the "indirect payment" rule, while we understand the rationale that payments related to accredited and certified CME could still be addressed under the "indirect payment" rule, it is likely that individual group purchasing organizations (GPOs) would interpret this rule differently, and some would feel an obligation to report names of physicians who are **attending** accredited and certified CME conferences, in order to learn and improve the health of their patients, as well as reporting those who are **speaking** at such events for the purpose of educating their peers. Such physicians would be dismayed to find later that they are on a list displaying names of physicians who have received money from industry. Attending an accredited and certified CME event does not establish a reportable relationship with any supporting industry. The SACME community believes strongly that the safeguards to distinguish independent accredited and certified CME from promotional educational events should be retained.

It is SACME's position that removing the accredited and certified CME exclusion would be a detriment to the processes already put in place to safeguard potential industry/commercial bias. We recommend that CMS maintain the exclusion detailed at 403.904(g)(1), the reporting of payments associated with certain continuing education events. Academic accredited and certified CME providers must retain the ability to educate physicians for

the betterment of patient care. We strongly urge CMS to retain the exception for payments for accredited and certified CME under the Open Payments program.

The language in the original rule as outlined in the February 2013 Physician Payment Sunshine Act reflected the intent of the law. Our profession, as an obligatory responsibility to the society at large, does an outstanding job with self-regulation of its continuing education, and has demonstrated this effectively. We hope that you will consider our recommendations in the final decision about this important topic.

Sincerely,



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President
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