

June 27, 2016



Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Dear Mr. Slavitt:

Comments re: The Medicare Access and CHIP Reauthorization Act

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

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

It is our pleasure to submit these comments on behalf of The Texas Alliance for Continuing Medical Education, Inc. (TACME). We are a non-profit Texas corporation whose mission is to promote quality continuing medical education (CME) in the state of Texas and provide opportunities for professional growth and development to all individual professionals and representatives of institutions and commercial companies involved with planning, implementing, and/or supporting CME in Texas.

I. Introduction

We request that the Centers for Medicare & Medicaid Services (CMS) explicitly recognize qualifying continuing medical education 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.

II. The Role of CME in Driving Quality and its Relevance to MIPS

Without 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. 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 CMA credit for participation in CME will help to align the interests of physicians with the value being driven by alternative payment models.

III. Integrating CME's PARS Reporting 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 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.

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 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.

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

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