Accreditation Council for Continuing Medical Education
learn well

December 10, 2018

Robert Hay, Jr., CAE
Executive Vice President
Medical Society of the District of Columbia

Dear Mr. Hay:

Thank you for your letter of November 27, 2018, describing your concern for the sustainability of the state-based accreditation system and the $100 fee increase in 2019 for state-accredited CME providers. I appreciate your forthright explanation of the stressors facing the state accreditation CME system and your desire to work collaboratively to address these pressing issues. Please know that we at ACCME—the executive leadership, Board of Directors, and Committee for Review and Recognition (CRR) —hear your concerns and share your commitment to sustaining a robust community of state-accredited providers.

Since our founding in 1981, the ACCME has been dedicated to supporting local CME through the Recognition system. Representation of the state system is embedded in our leadership structure: The CRR, made up of volunteers from the state CME system, oversees the Recognition process; the CRR chair and vice chair serve on the ACCME Board of Directors. This representation ensures that the needs and concerns of the state system are incorporated into the ACCME's strategic planning and decision-making.

Most of the providers in the ACCME System are state-based; yet their fees are substantially lower than ACCME-accredited providers. There are approximately 1,100 state-accredited providers, representing 65% of all of the CME providers in the United States; these organizations deliver 37,000 activities each year (23% of the total activities in our shared system) and account for some 3 million interactions with healthcare professionals (11% of the total learner interactions in our shared system).

Forty state medical societies are currently Recognized Accreditors; each set their own charges for their accreditation services. For our part, the ACCME operates on a closely balanced budget and does not accumulate substantial reserves. We administer the national accreditation and state recognition systems with a lean staff. At ACCME, we subsidize the state system at a financial loss: 16 percent of our revenue comes from the state system; while we expend 34 percent of our budget on supporting the state system. The fee increases for state providers do **not** offset this loss. Not only do we at ACCME provide ongoing education, auditing, feedback, support, and information technology solutions to Recognized Accreditors at ***no cost***, but as evidence of our commitment to state-based accreditation and CME, we have ***not*** charged any fee to state medical societies for the Recognition status since 2004. The fees we charge to state-accredited educational providers are pass-throughs for the Recognized Accreditors. We have a plan in place to provide additional notice for any fee changes, and we can readily assume direct billing of those educational providers of our fee if desired.

We are committed to continuing to subsidize the state system because we believe strongly that Recognition supports the mission of state medical societies to improve health in their states and because we view CME as an essential service to local clinicians and communities. We work to ensure we maintain an equivalent system, so that educational standards are identical across the

country. We provide intensive, focused support for low-performing Recognized Accreditors and smaller states in need of additional assistance.

Together with Recognized Accreditors, we are driving the transformation of CME to ensure that CME providers are equipped to demonstrate value in the evolving healthcare environment and to meet the dramatically changing needs of learners. This transformation requires evolution in our data systems and infrastructure. Fee increases support services for Recognized Accreditors and state-accredited providers, such as the ACCME Academy, a learning management system; the transition to an online accreditation management system; and the expansion of our data reporting system, used by all of our accredited providers, to enable our collaboration with accreditors, and with certifying and licensing boards. These services improve quality, drive efficiencies, and reduce burdens for accreditors, CME providers, and the clinician-learners they serve.

We believe that the value the ACCME offers to Recognized Accreditors and state-accredited providers far outweighs the cost. To cite a few examples:

- We convene stakeholders to set and evolve the national standards for accredited CME to assure educational quality and to manage the complicated issues that surround independence from commercial interests, conflicts of interest, and the separation of CME from promotion and marketing. Through these efforts, we have safeguarded the integrity of accredited CME across the country.
- We protect — and will continue to protect — the reputation of accredited CME. We defend accredited CME through our interactions with government and other regulatory authorities, including testifying before US Senate Committees and federal agencies. The ACCME serves as the voice for accredited CME in the media and national forums.
- We have successfully worked with government agencies to incorporate accredited CME into initiatives such as the Center for Medicare and Medicaid Services' Merit-Based Incentive Payment System (MIPS). This allows accredited providers to offer activities that count for additional incentive payments.
- By collaborating with certifying boards, we have created opportunities for accredited providers to offer CME that counts for Maintenance of Certification (MOC), enabling providers to increase the value of their CME for their physician-learners who seek this credit, creating alignment and reducing burden for all in the process.
- Over the years, we have augmented our data systems to compile and publish important data metrics about accredited CME, and to make the information available for research.

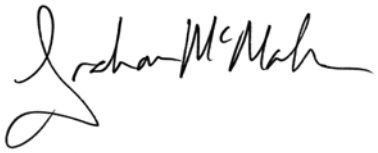
We are cognizant of the tremendous challenges, delineated clearly in your letter, that are faced by state medical societies and state-accredited providers. Toward that end, we are offering to co-create, with state medical society CEOs, a Task Force for the Future of the State Accreditation CME System. This task force could be charged with identifying short- and long-term strategies for sustaining a healthy and vibrant system. Questions for the task force to consider might include:

- What are the dynamics of state CME accreditation in the US? What are the factors driving those changes?
- What are the biggest challenges facing Recognized Accreditors?
- What are best practices that enable Recognized Accreditors to thrive?
- What mechanisms would serve to maintain quality accreditation in the state accreditation CME system?
- How should the state accreditation CME system be paid for?

Working together, we have the capacity to proactively address the challenges we face and implement practical, effective strategies that will support the continued survival and future growth of our shared CME system. I invite you to join us in these efforts. I will liaise with Gene Ransom, CEO of MedChi, The Maryland State Medical Society, and determine next steps to engage a representative group of CEOs who are interested in participating.

Accredited CME has the proven capacity to address many of the challenges in our healthcare environment, from community health issues to clinician well-being. The providers in our shared system measurably improve clinician competence, performance, and patient care. State-based CME providers have an increasingly important role in utilizing CME to reduce burnout, build clinician resilience, improve competency and performance, help health systems achieve their strategic goals, and strengthen clinician communities. With a thriving state CME accreditation system, we can further leverage the power of education to optimize the health and well-being of clinicians, and the patients and communities they serve.

Sincerely,



Graham McMahon, MD, MMSc
President and CEO

Enclosure: November 27, 2018 letter from state medical society CEOs

November 27, 2018

Graham McMahon, MD, MMSc
President and Chief Executive Officer
ACCME
401 N. Michigan Ave.
Suite 1850
Chicago, IL - 60611
Sent via email to GMcMahon@accme.org

Dear Dr. McMahon:

We, the undersigned State Medical Societies, are writing regarding the ACCME's Finance Committee recommendation to the Board of Directors to increase the 2019 annual fee for state-accredited providers. We are writing to oppose this increase.

Organized medicine is the underpinning of the profession's governance structure and self-regulation. To quote WilliamOsler, MD, *More clearly than any other, the physician should illustrate the truth of Plato's saying that education is a lifelong process*. The process of lifelong learning that Dr. Osler refers to is the foundation of continuing medical education (CME). It is how physicians improve their knowledge, competence and performance, thereby improving their patients' health outcomes. It is the essence of professionalism.

The State Medical Societies have a history of participating in the CME process which stems from our involvement and relationships with our state licensing boards. However, the system is under stress for the following reasons:

1. Hospital and health system consolidations continue to reduce the number of state-based CME providers impacting State Medical Societies budgets.
2. Smaller community hospital CME programs are also being absorbed by the larger academic medical center CME programs; following suit are the state/regional specialty societies that have become accredited by their national specialty organizations.
3. Hospital-based CME departments are experiencing cuts in staffing impacting the management of learning activities. Existing hospital staff are required to take on multiple administrative roles within their departments and CME is a small part of their responsibilities. This has resulted in more State Medical Society staff time that

needs to be devoted to provider education and program monitoring to meet the Markers of Equivalency.

While the ACCME sent an email on the possibility of an increase in fees in September 2018, the economics of the health care environment and accreditation process do not allow for another fee increase at this time. Furthermore, many state medical societies and accredited providers have already submitted budgets for 2019 that do not include the proposed fee increase. It would be helpful if representatives from the State Medical Societies could be included as part of the decision-making process prior to making any major changes to the ACCME's fee structure in the future and to ensure that adequate time is built in to allow accredited providers to make changes to their budgets.

We respectfully request a meeting with representative State Medical Societies and the ACCME be held prior to the Board voting on a fee increase to discuss justification for a 15% increase, the viability of continuing education, and how we can maintain the tradition of state society involvement in the process. We look forward to working with you collaboratively on these issues.

Sincerely,

Medical Association of Alabama
Arizona Medical Association
Colorado Medical Society
Connecticut State Medical Society
Medical Society of Delaware
Medical Society of the District of Columbia
Florida Medical Association
Medical Association of Georgia
Indiana State Medical Association
Iowa Medical Society
Kansas Medical Society
Kentucky Medical Association
Louisiana State Medical Society
MedChi, The Maryland State Medical Society
Massachusetts Medical Society
Minnesota Medical Association
Mississippi State Medical Association
Missouri Medical Association

Montana Medical Association
New Hampshire Medical Society
New Mexico Medical Society
Medical Society, State of New York
North Carolina Medical Society
Ohio State Medical Association
Oklahoma State Medical Association
Oregon Medical Association
Pennsylvania Medical Society
Rhode Island Medical Society
Tennessee Medical Association
Texas Medical Association
Vermont Medical Society
Medical Society of Virginia
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society
Wyoming Medical Society