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Oral Testimony of
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Chief Executive
Accreditation Council for Continuing Medical Education (ACCME)
On
"Medical Research and Education: Higher Learning or Higher Earning?"
Before the
Special Committee on Aging
United States Senate
July 29, 2009

Good afternoon, Chairman Kohl, Ranking Member Martinez, and Members of the Committee.

I am Murray Kopelow, Chief Executive of the Accreditation Council for Continuing Medical Education.

I also serve as a special advisor to the White House Office of National Drug Control Policy.

Mr. Chairman, my colleagues and I have prepared written testimony that I request be included in this hearing record.

ACCME administers a voluntary self-regulated system for accrediting providers of continuing medical education.

We are committed to ensuring **that accredited CME**,

- **Contributes** to the quality and safety of health care;
- **Contains** valid content; **and**
- **Is developed without** the influence of commercial interests.

At your request, my testimony will focus on:

(1) Commercial support;

(2) Our enforcement of our standards; and

(3) How the ACCME is becoming more transparent and responsive to its external constituencies.

The total annual revenues of CME providers are about $2 billion dollars. About ½ comes from the learners – the rest comes from commercial interests.

During 2008, commercial support fell by $200 million (or approximately 20 percent of 2007 revenues).

80% of providers accept commercial support in amounts that range from **thousands of $$** to **tens of millions of $$.**

ACCME has taken steps to enhance its requirements concerning independence from commercial interests, and enhance its enforcement of these requirements.

Next month new policy becomes effective that excludes from accreditation any entity that markets, re-sells, or distributes health care products or services.

In 2008 and 2009, we offered several policy proposals regarding the funding structure of CME - and restricting CME providers' interactions with commercial interests.

These included,

- Possibly restricting commercial support to when:

  (1) Educational need is verified by an organization free of commercial support; **AND**

  (2) The CME addresses a gap in professional practice; **AND**

  (3) When CME content is from a specified curriculum **AND**

  (4) When the CME is verified as free from commercial bias.

- We proposed excluding persons who have been paid to create, or present, promotional materials from controlling the content of accredited CME.

- We proposed the use of designations like "Promotional Teacher and Author Free"™ and "Commercial Support-Free"™ to help learners and the public.

- We proposed the creation of a new entity to pool unrestricted educational donations from commercial interests.

We have not **yet** acted on these proposals and they "**remain on the table"** while a nation-wide discussion about the impact of industry relationships continues within many other organizations - including the ACCME's member organizations.

In the meantime, ACCME has enhanced its enforcement of policy.

Since 2008, our Complaints and Inquires process closed **17** inquiries. **Twelve** inquiries remain open.

We began a process to more closely scrutinize providers that receive a large amount of commercial support.

We now have a web-based system for collecting educational activity information ready to be deployed. We will now implement a surveillance and monitoring system that will include our direct observation of activities in the field.

We now r**equire** the providers found **not in compliance** with the ACCME Standards for Commercial Support to submit an Improvement Plan **within weeks** of the findings **and to submit a demonstration of compliance in practice within 6 or 12 months**.

This process is effective in bringing about change within 18 months.

The number of Providers being put on **PROBATION** has increased – to about 10% of accreditation decisions.

Now, when a provider that corrected a finding of non-compliance is again found in non-compliance – it is immediately put on **PROBATION** – which is the step before **NON-ACCREDITATION.**

We have 725 providers that we accredit directly **and about 1,600 providers** that are accredited by 47 ACCME approved state-based medical societies.

Because of new ACCME policy, now all these accreditors will be enforcing the same ACCME standards the same way - creating equivalency of enforcement.

This enforcement is carrying over to Pharmacy, Nursing and Optometry – each of which intends to enforce the same ACCME standards.

We continue to require disclosure of relevant financial relationships of teachers, authors and planners and to require disclosure of all commercial support to learners.

We have **enhanced** our **disclosure of ACCME information**.

This month we begin making public:

- The accreditation status of providers;
- If a provider takes commercial support; **AND**
- The accreditation findings on which we base our accreditation decisions.

Much of what I have reported to you today is new.

To provide the resources to meet these expectations, the CME system is paying new fees to support a 50% increase in ACCME staff and a 60% increase in ACCME expenditures over 2007 levels.

I welcome your questions on these or any other issues of importance to the Committee.