



Connecticut State Medical Society Testimony on
Senate Bill 466 An Act Concerning Continuing Education Courses for Physicians
Public Health Committee
February 20, 2013

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of the almost 7,000 physicians and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to provide this testimony to you today in opposition to Senate Bill 466 An Act Concerning Continuing Education Courses for Physicians

First, in order to be open and transparent, CSMS is the recognized state accreditor for continuing medical education (CME) [in Connecticut] under the guidance and stringent standards of the Accreditation Council for Continuing Medical Education (ACCME). Prior to the ACCME's foundation in the 1970s, CSMS was the accreditor tied to the American Medical Association's CME standards in Connecticut for decades. Prior to national standardization through the AMA, CSMS was the state-based accrediting organization of CME. Today, CSMS monitors, reviews, evaluates, and recognizes close to three dozen medical institutions, quality review organizations and insurers to determine maintenance of standards of CME as outlined and approved by the ACCME as the national standard-setting organization for maintenance of certification for medical specialty boards for physicians. These recognized providers, called CME sponsors, provide the majority of ACCME-accredited and medical specialty board-recognized CME in Connecticut.

CSMS requires CME-accredited entities to meet six essential elements with 15 total criteria and an additional seven criteria for special commendation. These criteria are essential in making sure that the CME programs support physicians with their recertification tied to their medical specialty. The standards also include steps and policies to ensure any commercial bias is disclosed.

There seems to be a great chasm between the reality of clinical practice and what is proposed tied to physician licensure and continuing medical education (CME). Connecticut has one of the oldest physician populations in the country, with close to 50% of physicians over the age of 55. A large number of these older physicians who have either greatly or completely reduced their active practice, make up the clinical patchwork that covers most of the volunteer care sites in

Connecticut. These are physicians in their 60s and 70s who volunteer weekly or monthly, one or two days at a time, to see patients in rural and urban areas where there is little general access to primary care and specialty services. These physicians, at least in Connecticut, must maintain their licensure through one of the highest fees in the nation, along with stringent standards for CME. In fact, simply to maintain a license here, every two years a physician must demonstrate that he has obtained education in five key mandated areas of medical education and that he has received at least 50 hours of CME.

In Connecticut, licensure requirements allow physicians to receive credit hours of clinical education that does not meet the highly-regarded and stringent ACCME standards that have been in place for more than four decades. This creates a dichotomy between the CSMS and therefore ACCME recognized CME programs and approved medical specialty board credit hours -- and the local non-ACCME recognized medical education that does not meet national standards of peer review, conflicts of interest, quality review and presentation. CSMS supports and maintains ACCME standards in Connecticut, but the laws in Connecticut have always afforded physicians the opportunity to receive other forms of education that would qualify for state licensure, even if this education is not recognized or allowed to satisfy national medical specialty boards and may not have any consistency with existing standards of medical education.

In fact, today, as much as 20 to 25% of the physician education that is provided across the state does not meet the ACCME standards and is not accredited by CSMS, nor is it provided by a recognized provider of CME. CSMS would like to see more standardization of these courses that comport to the CSMS CME requirements.

CSMS believes that education and evidence-based medicine are essentials of professional medical practice, but the proposed legislation is too broad and needs some more specificity as to what substitution would be allowed to satisfy state requirements. Unfortunately, this proposal has much broader implications than just maintaining standards of medical education and licensure: it could unravel decades of CME-based education as a core component of physician licensure and ongoing learning in Connecticut. Though we believe that the individual state boards should continue to determine, maintain and establish licensure requirements, we also believe that certain standardization of medical education is necessary.

CSMS has always been opposed to mandated topics for CME associated with state licensure, but recognized that those mandated subject areas are of great importance to patients and to physicians and we continue to support the CSMS-accredited and recognized sponsors in developing and providing these mandated topical/focus areas for CME. CSMS itself has also developed a number of CME programs tied to the mandated topic areas designed to further the learning initiatives and education of our members. In fact, CSMS has many training modules for CME credit tied to at least one of the mandated topics. However, it is often difficult to encourage physicians to participate in CME in the same mandated topics year after year when there may not be much variety or divergence of educational experience within those topical areas. As a result,

CSMS supports a variety of CME offerings that are consistent with national accreditation standards.

However, at least in its current construction, this bill needs to provide greater specificity as to what constitutes appropriate replacements for mandated CME topical areas in Connecticut law, because we have a real fear that our state could be going backward if replacement CMEs are not true CMEs that come with the highest level of accreditation standards. CME programming is planned to specifically address identified gaps in physician knowledge, performance or practice, and designed to have a measureable impact on physician performances and/or patient outcomes. ACCME accreditation requires an integrated approach of using quality-of-care data, patient outcome data, physician self-assessments and/or published professional resources to identify gaps and translate those gaps into learning outcomes. The accreditation process requires a thoughtful planning and documentation process that demonstrates how CME activities have improved the delivery of health care.

CSMS does not think it wise to go from a national standardized approach to CME to one that would diminish the level of the educational experience and the veracity of the monitoring, evaluation and peer review nature of CME as outlined by the ACCME and enforced by CSMS in Connecticut.

Thank you for the opportunity to provide these comments to you today. CSMS welcomes the opportunity to work with this committee to create legislation that appropriately strengthens the quality of health care delivered in Connecticut.