

Meeting Summary

ACCME Senior Executives & Representatives of NAAMECC and Coalition for Healthcare Communication

December 17, 2007

This memo summarizes the most important topics covered in a meeting with ACCME staff executives on Monday, December 17, 2007. NAAMECC was represented by Karen Overstreet, Michael Lemon, Rich Tischler and Stephen Lewis; the Coalition for Healthcare Communication was represented by John Kamp (“Representatives”); Murray Kopelow presided on behalf of ACCME (“ACCME”).

1. **Increased Transparency:** Significant discussion focused on the need for a more open “due process” for ACCME policy updates and changes to guidelines and standards. Representatives noted that federal rulemaking procedures would be a possible model, in which a proposed change is distributed for public comment, allowing all stakeholders to obtain information from the ACCME on its rationale for changes and comment on the costs, benefits, and impact of any potential changes. ACCME noted that as a private institution, it was not required to follow the due process requirements of government or quasi-government organizations, but had moved to open its decision-making processes to stakeholders and the public. ACCME noted that the Board and staff will consider increased transparency, including the possibility of public forums for discussion, but that such decisions were entirely internal to the organization. ACCME also said that CME stakeholders may well see a manifestation of the idea of increased transparency following the March 2008 ACCME Board meeting.
2. **Level Playing Field:** Representatives reiterated points in recent communications to ACCME leadership concerning the unequal treatment of different provider types, particularly the “two-tiered” approach reiterated in recent policy changes manifested in the new definition of “commercial interest.” Representatives made it clear that this unequal treatment was unacceptable and reiterated that law enforcers and other public policymakers recognize that organizational conflicts of interest are present in all institutions, including CME providers exempted by the ACCME. ACCME noted that although there are no data that demonstrate an actual link between corporate structure and possible bias of CME content, ACCME supports the promotion of “content validity” through standards and guidelines and “face validity” of CME through the definition of commercial interest and resulting relationship to corporate structure. ACCME acknowledged that commercial conflicts occur at medical education companies, medical schools, hospitals, specialty societies and other organizations, but asserted that its current mandate only includes consideration of content and conflict issues related to

companies regulated by FDA. ACCME noted that any change to that might be considered “mission creep,” and a significant change in policy. Regardless, ACCME agreed that the issues presented were important and committed to putting the recent NAAMECC/Coalition letter and its proposal on the agenda for the March 2008 ACCME Board meeting. Dr. Kopelow said that related issues at the meeting would be “analyzed and synthesized” by him for possible discussion at the same meeting.

3. **Board Representation:** Representatives reiterated earlier communications about the need for representation of all providers on the Board of ACCME. ACCME said that board members and member organizations represent organized medicine, not providers, and expressed no interest in possible change.
4. **Enforcement Issues:** Representatives noted that public enforcement would be necessary for providers, public policy makers, federal and state law enforcement and many others to have full faith in ACCME oversight. ACCME recognized the importance of the issue, pointed to new efforts within ACCME to study possible development of surveillance mechanisms, but noted that the Board has made no decision to date to adopt new enforcement mechanisms or policies.
5. **Working Collectively:** Dr. Kopelow welcomed the opportunity to work with NAAMECC and other organizations to solicit ideas regarding how the ACCME can make policies that will improve the future for the CME enterprise. ACCME also agreed to provide additional guidance for accredited providers on the new “fire-wall” issues that would provide certainty and clarity on the development of acceptable corporate structures and policies. Moreover, he committed to writing a letter to Representatives recapping the discussion that occurred in the ACCME offices and seeking additional input from stakeholders. His letter is attached to this summary and will be widely shared with appropriate stakeholders and others, including discussion as part of the NAAMECC educational session held at the Alliance for CME meeting in January 2008.

Overall, Representatives were pleased that the meeting was entirely cordial and frank, as well as with the promise by ACCME staff to insure that the Board would have a serious discussion on the issues raised in the NAAMECC/Coalition joint memo sent to the ACCME Board. Representatives remain committed to ensuring that the NAAMECC and Coalition member companies have a voice on critical decisions affecting them and all of medical education. In particular, we look forward to continuing our discussions with the ACCME related to its new definition of a commercial interest.

Respectfully,

Michael R. Lemon, MBA
President
NAAMECC

John Kamp, PhD, JD
Executive Director
Coalition for Healthcare Communication