

Illinois State Medical Society



MEMORANDUM

DATE: November 1, 2004
TO: ISMS Accredited Providers
FROM: Susan L. Polk, M.D., M.S.Ed. Chair,
Committee on CME Accreditation
SUBJECT: Accreditation update

ANNUAL FEE INVOICE AND REPORT

Enclosed with this memo is a copy of the invoice for the 2005 annual accreditation fee and the annual report. As part of its recognition as a state accreditor, ISMS is required by ACCME to submit a report by May of each year for its accredited providers. That is why it is critical for you to complete and submit the annual report to ISMS by January 31, 2005. If you have any questions, please contact either Marcella Hollinger or Evelyn Calhoun at 312-782-1654.

UPDATED STANDARDS FOR COMMERCIAL SUPPORT

At the end of September, 2004, the Accreditation Council for Continuing Medical Education (ACCME) approved the updated Standards for Commercial Support (SCS). These updated Standards go into effect **immediately**. This means that by May, 2005, accredited providers must have implemented the updated SCS and will be implementing CME activities in compliance with all aspects of the updated SCS. Providers due for re-accreditation site visits after June, 2006 will be expected to make available for review almost a full year of activities that demonstrate compliance with the updated Standards.

The Committee on CME Accreditation will be looking at changing accreditation forms and making resource material available to providers in the first half of 2005 in order to assist providers with compliance. In the meantime, both interstate and intrastate accredited providers can visit the ACCME web site at www.accme.org and click on the What's New link. Information about the updated Standards is at this site, along with questions about their interpretation and implementation which will be updated on a regular basis.

PARTIAL COMPLIANCE AND ITS EFFECT ON REACCREDITATION

Last year, we told you about the implementation of a new policy developed by ACCME and adopted by ISMS regarding partial compliance. The following is accreditation policy: *ISMS considers a finding of 'Partial Compliance' to be less than an acceptable standard for the continuing practice of CME by ISMS-accredited providers. Subsequent to initial accreditation, providers must be able to demonstrate that they are improving their practice of*

CME in any areas found to be in less than 'Compliance'. Subsequent to initial accreditation, failure to improve in areas found to be in less than 'Compliance' would be cause for a 'Noncompliance' finding in ISMS Element 2.5. A finding of 'Noncompliance' in Element 2.5 could be cause for a change in accreditation status. For those providers who have already been accredited under the new accreditation requirements, this policy will apply to site surveys conducted starting in 2005. It is important that you fully explain the actions taken to address the recommendations, deficiencies and/or weakness noted by the survey team and the committee during your last reaccreditation. It is also important that you provide the necessary documentation to support the claims made in your application.

COMMERCIAL SUPPORT LETTERS OF AGREEMENT

About a year ago, we told you that ISMS was submitting a resolution to the AMA House of Delegates asking the AMA to work with the ACCME to develop a standardized letter of agreement to be used with all commercial supporters. At the June AMA meeting, this resolution was passed. We look forward to the development of a standardized letter of agreement and will keep you apprised of any developments on this issue.

2004 ISMS CME INTRASTATE SERVICE AWARD RECIPIENT

Congratulations to Alejandro Aparicio, M.D. for being named the ISMS CME Intrastate Accreditation Service Award recipient for 2004. Dr. Aparicio served as chair of the Committee on CME Accreditation from 1998 to 2003. He chaired the special subcommittee on accreditation that recommended to the ISMS Board of Trustees that ISMS continue both the accreditation program and serve as an accredited provider of CME programs at ISMS, but on a self-funding basis. He was responsible for putting in place the new accreditation program and worked to devise appropriate forms and procedures. He oversaw the re-recognition with commendation (six years) of ISMS as an intrastate CME accreditor. He was chair when ISMS received the ACCME Rutledge W. Howard award for outstanding collaboration between accreditors and providers. As of September, Dr. Aparicio has assumed the position of Director of the Division of Continuing Physician Professional Development at the AMA.

REVISION OF SURVEYORS HANDBOOK

Earlier this year, the Committee on CME Accreditation decided to update the *Surveyors' Handbook*. This document had been originally developed and updated for the old accreditation system and was used by surveyors. As a resource on what to look for during a site survey. The update of the *Surveyors' Handbook* had been delayed until the current accreditation system had been operational for a few years, which has now occurred. Donald F. Pochly, M.D., was asked to serve again as editor for this update. Because of his guidance, the revised *Handbook* was completed and distributed to surveyors who attended the Site

Surveyors Workshop at the annual planners' conference on October 8, 2004. We wish to extend our gratitude to Dr. Pochyly and all the surveyors who contributed to the development of this update—it could not have happened without their willingness to give of their time and expertise to this project. With this memo, we are providing one copy of the *Surveyors' Handbook* to each of our accredited providers. Please note that the section addressing Essential Element 3.3 on Commercial Support and Faculty Disclosure will need to be revised to address the requirements of the updated Standards for Commercial Support.

2005 CME PLANNERS CONFERENCE

Mark your calendars for the next CME Planners/Site Surveyors Workshop. Once again, it will be held at the Stonegate Conference Center, Hoffman Estates on Friday, October 7, 2005. Complete information will be mailed in August, 2005.

SLP:ec

Attachments

cc: ISMS Site Surveyors



Illinois State Medical Society



MEMORANDUM

DATE: November 1, 2003
TO: ISMS Accredited Providers/Site Surveyors
FROM: Susan L. Polk, M.D., M.S.Ed., Chair,
Committee on CME Accreditation
SUBJECT: Accreditation update

NEW COMMITTEE CHAIR

This past July, Susan L. Polk, M.D., M.S.Ed., was appointed the new chair for the Committee on CME Accreditation. Dr. Polk replaces Alejandro Aparicio, M.D. who completed his five-year term as chair. Dr. Polk is a practicing anesthesiologist at the University of Chicago Medical Center. She has been very active in CME in both the Illinois Society of Anesthesiologists and the Illinois Alliance for CME. She also served a five-year appointment as a member of the ISMS Accreditation Committee. You can reach Dr. Polk through the ISMS Division of Education and Accreditation at 312-580-6442 or 312-853-4746.

ANNUAL FEE INVOICE AND REPORT

Enclosed with this memo is a copy of the invoice for the 2004 annual accreditation fee and the annual report. As part of its recognition as a state accreditor, ISMS is required by ACCME to submit a report by May of each year for its accredited providers. That is why it is critical for you to complete and submit the annual report to ISMS by January 31, 2004. If you have any questions, please contact either Marcella Hollinger or Evelyn Calhoun at 312-782-1654.

ACCREDITATION POLICIES

The Accreditation Council for Continuing Medical Education (ACCME) has recently approved several new policies that affect intrastate as well as interstate accredited providers. The attached pages include information about three of the policies, "**Clarifying Policy Regarding Verification of Verbal Disclosure**," "**ACCME Provides Clarification on Element 3.2 (Business Management Policies and Procedures)**," and "**Validation of the Clinical Content of CME**" and the rationale for these policies (attachment 1). The actual policy statements have been added to the enclosed yellow-covered document entitled, "Accreditation Program: Essential Areas, Glossary of Terms, Accreditation Policies, Decision-Making Criteria." See the following pages of this document for the new policies and/or changes:

Written Verification of Verbal Disclosure, page 17

Partial Compliance, page 20

CME Delivered Via Internet, page 21

Validation of the Clinical Content of CME, page 21

Revision of Essential Element 3.2, page 25

COMMERCIAL SUPPORT LETTERS OF AGREEMENT

In recent months, staff has been contacted by a number of ISMS-accredited providers who have been told by pharmaceutical companies that the accredited provider must use the grantor's letter of agreement (LOA) or the accredited provider could not receive the educational grant. In order to address this issue, a survey was sent to ISMS accredited providers asking them to indicate if they have been told by a commercial supporter that must use its letter of agreement in order to receive an educational grant for a CME activity, and if so, by what companies. Twenty-one providers (40%) responded. On these, 18 providers (86%) indicated that were told they must use the commercial supporter's letter of agreement. Eleven companies were named as those requiring this practice.

The ISMS Committee on CME Accreditation decided that this was an undue shift in risk and cost to the provider. In those instances where a CME coordinator or CME chair/director were unsure of the compatibility of the language in the commercial supporter's letter of agreement with the Standards for Commercial Support, they would have to contact the organization's corporate attorney for review which adds to the cost, and possible delay, of providing CME. The committee further believed that it is not ISMS' role to review and approve all letters of agreement. The committee decided that the most appropriate course of action would be for the Accreditation Council for Continuing Medical Education (ACCME) to develop a standardized letter of agreement the use of which would be an accreditation requirement. In order to best accomplish this, the Committee decided to ask the ISMS Board of Trustees to submit a resolution to the American Medical Association (AMA) at its next House of Delegates meeting requesting that AMA work with ACCME to develop a standardized letter of agreement to be used with commercial supporters and incorporated into the accreditation essentials.

Once the resolution is submitted, and assuming it is approved by the AMA House, it will be some time before such a letter could be developed. In the meantime, ISMS accredited providers are reminded that currently, **there is no standardized letter of agreement that is required to be used**, and that any letters of agreement provided by commercial supporters should be reviewed by providers to insure that they are in compliance with the Standards for Commercial Support.

2003 ISMS CME INTRASTATE SERVICE AWARD RECIPIENT

Congratulations to Donald F. Pochyly, M.D for being named the ISMS CME Intrastate Accreditation Service Award recipient for 2003. Dr. Pochyly served as chair of the Committee on CME Accreditation from 1983 to 1988. During that time, he was instrumental in developing the first policy and procedures manual used in the accreditation program, for

incorporating a site surveyors workshop into the annual CME planners conference, for developing and field-testing the accreditation forms used from 1988 to 2001, and for instituting the submission of interim reports by accredited providers at the mid-point of their accreditation term. He edited the first *A Surveyors Handbook*, and co-edited the second edition. He has been a site surveyor for the ISMS accreditation program from 1974 to 1983, and has continued to act as a site surveyor from 1988 to the present. Dr. Pochyly has acted as faculty for several annual CME planners conferences, and served on the special subcommittee charged with the critical task of determining if the ISMS accreditation and CME programs could exist as self-funded programs. Currently, Dr. Pochyly also serves on the Committee for Review and Recognition of the ACCME. This committee has oversight for the intrastate accreditation system.

2004 CME PLANNERS CONFERENCE

Mark your calendars for the next CME Planners/Site Surveyors Workshop. Once again, it will be held on Friday, October 8, 2004 at the Stonegate Conference Center, Hoffman Estates. Complete information will be mailed in August, 2004.



**Explanation About and Rationale for ACCME Policy Changes
Adopted by ISMS**

(This is provided for information only and is not part of ISMS policies)

1. Clarifying Policy Regarding Verification of Verbal Disclosure

ACCME policy allows for information about faculty/provider relationships to be disclosed to participants verbally. ACCME has always required verification that this disclosure to the learners actually occurred. Written documentation has been the standard tool used by ACCME and Providers. ACCME is now offering additional guidance to providers about what constitutes appropriate verification when disclosure information is transmitted to the learners verbally.

New ACCME policy 2003-B-12: Providers must be able to supply ACCME with written verification that appropriate verbal disclosure occurred at a CME activity. With respect to the documentation of verbal disclosure at CME activities:

A representative of the provider who was in attendance at the time of the verbal disclosure must attest, **in writing**:

- a. that verbal disclosure did occur; and
- b. itemize the content of the disclosed information (2000-B-14); or that there was nothing to disclose (1999-A-17); or that the faculty member had refused to disclose (1999-A-17).
- c. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

No new requirements are specified within this policy with respect to the content or expectations of the disclosure information. What is explicitly stated in this clarifying policy is the expectation that the evidence or documentation that verbal disclosure took place be detailed enough to demonstrate that all pieces of disclosure were actually made to the learner. To assist providers in understanding the intent of the policy, the following two strategies demonstrate compliance with policy 2003-B-12:

STRATEGY #1

A written attestation by the activity moderator, observer or provider staff member, that is signed and dated within a week of the activity, states that all relevant disclosure information was made known to the participants. Stapled to the attestation is the full detail of the information that was disclosed. In this case, that detail can be found in the faculty disclosure forms required by the provider.

STRATEGY #2

A written attestation by the provider's CME Director, that is signed and dated on the date of the activity, that attests and delineates all the disclosure information that was verbally made known to the participants, including faculty members' names, the nature of their relationships, the entities with which they have relationships, if any of the faculty had nothing to disclose or refused to disclose.

ACCME Policy 2003-B-12 is effective immediately. Providers who choose to make disclosure to their learners verbally must demonstrate compliance with policy 2003-B-12 for activities that occur after November 1, 2003

2. ACCME Provides Clarification on Element 3.2 (Business Management Policies and Procedures)

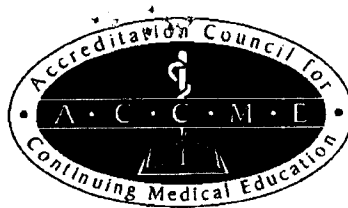
When the ACCME adopted its new system of accreditation in 1998, it included a requirement that providers meet their obligations and commitments with sound business and management policies and procedures (See Element 3.2 Box). When discussing this requirement at ACCME educational sessions, the ACCME staff describes the kind of human resources, legal, or financial policies that fit the intent of this requirement.

Since the July 2000 implementation of the new system, the ACCME has asked providers to demonstrate they meet this requirement by including a copy of their organization's policy/procedure manual and an attestation that the policies/procedures are used in their normal conduct of business (*ISMS does not require this attestation*). The ACCME does not make a determination of the effectiveness of the policies/procedures themselves. Compliance in Element 3.2, as determined by the ACCME through the accreditation process, should not be construed as a statement from the ACCME that the provider has met all its obligations under the law or applicable regulations of government.

To further simplify and clarify Element 3.2 and its criteria for compliance, the ACCME:

1. Removed "Partial Compliance" as an option for this element;
2. Adopted clarifying language to the "Compliance" criteria; and
3. Modified the "Exemplary Compliance" criteria to place the emphasis on the presence of the business and management policies/procedures.

Element 3.2		The provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs and legal obligations), so that its obligations and commitments are met.
Criteria	Non-Comp	Business and management policies and procedures (as they relate to human resources, financial affairs and legal obligations) are not in place or the provider does not meet its obligations and commitments under these policies and procedures.
	Partial	Not Available Option ¹
	Comp	Business and management policies and procedures... are in place and are used by CME administration to meet its obligations and commitments. ²
	Exemplary Compliance	Innovative and creative business and management policies and procedures (as they relate to human resources, financial affairs and legal obligations) are in place to assist the CME administration in meeting its obligations and commitments. ¹
¹ Per Council Action, 2001-A-19 ² The ACCME accreditation process shall not attempt, or attest, to measuring or determining compliance with or actual performance in practice of the management policies or procedures. (Council Action, 2001-A-19)		



Validation of the Clinical Content of CME

The ACCME Expectations of Providers and of the Accreditation Process

Background and Introduction

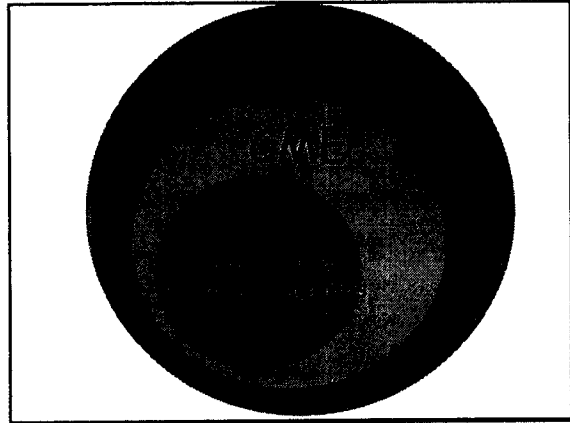
The ACCME accreditation system and its requirements have been challenged by a number of forces to demonstrate that it values and requires that the clinical content of certified CME activities is valid. It is the expectation of the ACCME member organizations, and others, that ACCME requirements assure the accuracy and reliability of the information disseminated in continuing medical education that is used to maintain licensure, credentials and competence in the United States.

Following a period of discussion and information-gathering, the ACCME, at the recommendation of its Task Force on Content Validation and Eligibility for Accreditation, approved the dissemination of a draft framework on content validation for the review and input of accredited CME providers, recognized state medical societies, and other interested parties. That feedback period ended in March 2002, with over 100 responses being submitted to the ACCME for consideration.

'..implications behind the proposal insulting..'	'We commend the ACCME..'
'..bothered by the ever increasing documentation'	'In full support of the general proposal..'
'defeats the purpose of CME..to learn about new before in print'	'We applaud the intention ...to ensure that CME activities are evidence-based or meet legal, legislative, licensure or certification requirements'
'proposal prevents discussion about CAM'	

Reaction on the part of accredited providers was mixed. Half of the respondents believed the proposal to be insulting and/or overly burdensome. The other half of the respondents believed their CME programs were already set up to review and ensure the clinical content of their CME activities was valid.

The ACCME's Task Force carefully reviewed the responses and took the approach of stepping back to examine the intent of a proposal on content validation. The Task Force identified a subset within a physician's continuing professional development that is CME, and within CME, another subset that deals with patient care recommendations. It is the validity of those patient care recommendations that is the concern of the accreditation system.



How CME is used....

<p>CME supports learning and improvement that contributes to maintenance of,</p> <ul style="list-style-type: none"> ▪ Competence ▪ Licensure ▪ Certification and ▪ Privileges 	<p>In the context of competency in,</p> <ul style="list-style-type: none"> ▪ Professionalism ▪ Patient care ▪ Systems based practice ▪ Interpersonal skills ▪ Medical knowledge
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CME supports learning and improvement by the physician that can be directly tied to maintenance of competence, licensure, board certification, credentialing by hospitals.

In 2002, there are high expectations of CME on the part of those who expect it to explicitly support and perhaps contribute to assuring the physician's continuing ability.

ACCME's Actions: July 2002

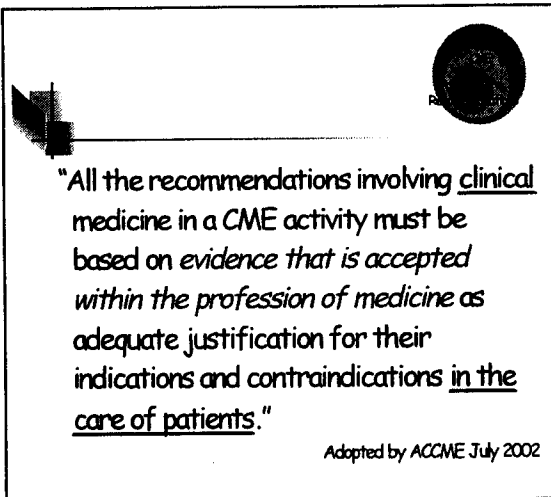
In keeping with the highly effective public health model of using education to improve practice, the ACCME Task Force recommended and the Council agreed, at its July 2002 Meeting, that the ACCME should incorporate into its education projects and collaborations strategies, examples, and information about content validity and to begin to move toward a situation where the principles adopted become 'shared values' within the CME community.

The ACCME will incorporate into its education projects and collaborations

- Strategies to enhance provider capabilities with the process of reminding faculty of the need to incorporate levels of evidence into clinical presentations
- Examples for and collaboration with providers to develop methods of disclosure to audiences
- Information to raise the general awareness among providers, physicians, and faculty about the principles of EBM and clinical practice.

ACCME Action July 2002

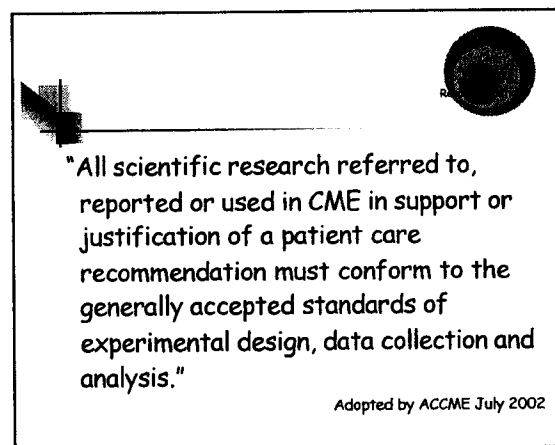
To assist the ACCME and providers with this educational process, the Task Force also recommended, and the Council adopted as policy, three value statements to express the expectations of the accreditation system with respect to content validity and eligibility for accreditation.



Statement 1

The statement says that a recommendation on clinical care must be more than firmly held beliefs or hopes for efficacy. There must be data or information available "that is accepted within the profession of medicine" that backs-up the recommendation (this statement does not say that the recommendations need to be generally accepted by the profession!) The conclusions drawn from the data must be those that would be reasonably drawn from those data. This does not mean that every clinician in the country accepts the recommendation. It does not mean that the recommendation is part of FDA-labeling. However, it does mean that our teachers and authors, of CME that counts for maintenance of licensure, need to assure us all, implicitly or explicitly, that what they are recommending is valid for use in the care of patients.

The first statement concentrates on that subset of CME that deals with recommendations involving the clinical care of patients. It says that such clinical recommendations must be based on evidence that is accepted within the profession of medicine as adequate justification for their use. This value, the ACCME believes, is one that all CME providers will agree upon with respect to the integrity and scientific validity of the clinical content of their CME activities.



Statement 2

An important part of validity is the scientific integrity of the data from which the conclusions are drawn and the clinical recommendations crafted.

The last statement adopted by ACCME in July 2002 outlines those providers that are NOT eligible for ACCME accreditation. Ultimately, it was necessary to explicitly state that we already know some content cannot meet the expectation of the ACCME member organizations, and others, and that ACCME requirements assure the accuracy and reliability of the information disseminated in continuing medical education that is used to maintain licensure, credentials and competence in the United States.

Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote

1. Recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or are
2. Known to have risks or dangers that outweigh the benefits or are
3. Known to be ineffective in the treatment of patients.

Statement 3

End Result: Our Outcome

The end result, the ACCME hopes and intends, is for the accreditation system and its providers to be reflective of these values and accountable - with respect to clinical content -- so that the CME presented meets the definition of CME, any clinical suggestions for patient care are valid, recommendations known to be ineffective or that are associated with dangers that outweigh any benefits, are not part of certified CME by an accredited provider, and there is a foundation for the integrity of the recommendations for patient care.

With the assistance and concurrence of accredited providers, CME will be seen as facilitating life-long learning, thereby contributing to physicians' maintenance of competence.

Illinois State Medical Society



Memorandum

Date: August 21, 2002

To: ISMS Accredited Sponsors
ISMS Site Surveyors

From: Alejandro Aparicio, M.D., Chair, Committee on CME Accreditation

Subject: Accreditation Update

NEW ACCREDITATION POLICY: Use of ISMS Logo with Accreditation Statement

In an effort to more clearly identify to physicians the role ISMS plays in facilitating the provision of local CME opportunities, the Committee on CME Accreditation recommended to the ISMS Board of Trustees that the ISMS logo be used as an official part of the accreditation designation statement that must appear on every CME activity an accredited provider conducts. The Board approved the following policy at its April, 2002 meeting. ***“All CME providers accredited by the Illinois State Medical Society shall use the appropriate accreditation statement, which includes the ISMS logo, for those CME activities conducted as part of the provider’s accredited CME program.”***

In order to help providers implement the new requirement, a camera-ready copy of the logo is enclosed with this memo. However, the logo is also available electronically from the Division of Education. Please e-mail us at calhoun@isms.org. We will send back complete instructions on how to download the logo which will be transmitted in True Type font so that it can be used with most word processing software. Surveyors will begin looking for the use of the logo during site surveys conducted beginning in 2003.

Attached with this memo are two new pages to be inserted in the document, *Accreditation Program: Essential Areas, Glossary of terms, Accreditation Policies, Decision-Making Criteria*. These pages contain the updated accreditation statements with the ISMS logo and the actual policy on using the ISMS logo with accreditation statements.

ISMS RECEIVES 2002 RUTLEDGE W. HOWARD AWARD FROM ACCME

We are pleased to announce that the Illinois State Medical Society was selected by the ACCME Committee on Review and Recognition (CRR) to receive the 2002 Rutledge W. Howard award for Collaboration Between Accreditors and Providers. The award was presented at the 2002 ACCME State Medical Society Conference held on June 14-15 in Chicago. ISMS submitted a letter detailing its efforts to foster collaboration, as well as five letters of support from accredited providers. The letter from ACCME informing ISMS of its selection said, “It is apparent from the letters from ISMS providers that supported ISMS’ nomination that they value ISMS staff and committee leadership.”

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ANNUAL CME PLANNERS/SITE SURVEYORS CONFERENCE (ISMS CME SERVICE AWARD)

Please mark your calendars for October 4, 2002, the date of the 15th Annual CME Planners/Site Surveyors Conference which will be held at the Stonegate Conference Center in Hoffman Estates, just east of the intersection of Higgins and Barrington Roads, off Interstate 90 (Northwest Tollway). A special feature of this year's conference is the inaugural presentation of the ISMS CME Accreditation Service Award to be presented to a physician for outstanding individual service to the ISMS intrastate accreditation system. The recipient of the 2002 award is Dean R. Bordeaux, MD from Peoria. The presentation of the award will be made during lunch. Brochures were mailed at the beginning of August. If you have not received a copy contact Evelyn Calhoun at 312-853-4746 or calhoun@isms.org.

IMPORTANCE OF DOCUMENTATION; SPECIFYING NEED

With the implementation of the new accreditation system, two areas seem to be problems for providers.

documentation and specifying learning needs. Both are related to Essential Element 2.1 which states that sponsors must use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.

Regarding documentation, site surveyors look at a sponsor's activity files for verification of information and processes described by the sponsor in the accreditation application. In a number of cases, documentation in activity files is not complete. Sponsors can use the following tips for ensuring that activity file documentation is complete:

- Use the *Documentation Review Form* as a checklist of the items that should be included in activity files.
- Put information in the same order in each activity file. That way, it will be easier to check if something is missing or out of order.
- Use the document *Accreditation Resource: Documenting Compliance with the Essential Elements* for ideas about what constitutes appropriate documentation for each activity file. This resource was sent to all accredited providers in April, 2002. If you did not receive a copy, please contact Evelyn Calhoun at 312-853-4746 or e-mail her at calhoun@isms.org.

The second problem area is that sponsors are not specifying a learning need for each CME activity. While it is important to identify the source of the need (literature search, audience survey, quality improvement data) and the majority of sponsors do, it is not enough. In many cases, sponsors do not state a specific learning need or they state the learning need very broadly-- "...our physician survey indicated that bioterrorism was one of the top 10 issues to be addressed..." Bioterrorism may be an issue, but this statement does not specifically identify what physicians want to know about bioterrorism--is it the symptoms of infectious conditions that could represent a bioterrorism act; is it a review of the organization's disaster preparedness plan, etc.? Without that level of specificity, not only are you gambling that you

have correctly identified what physicians want to know (a costly and resource consuming proposition), but it makes it difficult to write precise learning objectives (Essential Element 2.3) or to evaluate whether your CME activity was effective (Essential Element 2.4) in meeting the need. Specifying learning needs is the most critical step in the planning process and the foundation for successfully planning CME activities your physicians will want to attend.

AMA NEWSLETTER AVAILABLE ON THE INTERNET

The American Medical Association's Division of Continuing Physician Professional Development puts out a newsletter, *CPPD Report*, related to accreditation issues and the AMA Physician Recognition Award (PRA). To receive a copy of the newsletter, go to the AMA website at www.ama-assn.org. Click on "Physicians", click on "CME Select", click on "CPPD Report".

Are you using the correct credit designation statement? Do you have the correct wording for credit designation on certificates? These are requirements contained in the AMA PRA Information Booklet which also can be downloaded from the AMA website. Go to "CME Select" as above and click on "AMA's Physician Recognition Award".

AA:ec

Attachments

Illinois State Medical Society



Memorandum

To: All Accredited Providers
All ISMS Site Surveyors

From: Alejandro Aparicio, MD
Chair, Committee on CME Accreditation

Date: July 26, 2001

Subject: Accreditation Update

The Committee on CME Accreditation has several items which it would like to bring to the attention of all accredited sponsors.

Recognition of ISMS as an Intrastate Accrerator

Just like our accredited providers, ISMS must periodically undergo resurvey to determine how well it meets the criteria for being a state accreditor of CME. This process is call recognition by the Accreditation Council for Continuing Medical Education (ACCME). Two surveyors from the Accreditation Council on Continuing Medical Education (ACCME) met with members of the Committee on CME Accreditation and staff to discuss the application which was submitted in September and to review provider files to ensure proper documentation was maintained. We are pleased to announce that ISMS has been awarded 6 years recognition with commendation.

The ability of state accreditors to receive 6 years is a recent change made by ACCME. The meeting in April where ISMS's application was reviewed by the ACCME Committee on Review and Recognition (CRR) was only the second meeting in which the CRR was able to award recognition with commendation. In the two meetings since the adoption of this policy, 12 state medical societies have been reviewed and ISMS is one of two state medical societies that have been awarded 6 years.

In a letter to all site surveyors, Janis M. Orlowski, MD, chair of the ISMS Board of Trustees, stated that the leaders of ISMS are proud of the standard of excellence that ISMS has set and that six years hence, we will once again be able to showcase the quality of the ISMS state accreditation program.

Problem Areas Related to Compliance with Standards for Commercial Support

With the implementation of the new accreditation system, the Committee on CME Accreditation decided to remind accredited providers of the "all or nothing" compliance criterion for Essential Element 3.3 which states that providers must present CME activities in compliance with the ISMS's policies for disclosure and commercial support. The issue of disclosure of significant faculty relationships has consistently been a problem area for providers. Providers should think of disclosure as a three-step process.

Step 1: The provider must obtain disclosure from all faculty.

Faculty disclosure does not have to made using a pre-printed form, although the majority of accredited providers in Illinois do use such a form. Disclosure can be gotten verbally on the telephone, using e-mail, etc.

Step 2: The provider must provide disclosure information to the audience.

This can be done verbally or in writing. It is important to note that disclosure must be made whether the faculty has or does not have any significant relationships, or whether or not commercial support is provided for the CME activity, or whether the faculty is from outside your organization or "inside" your organization. As indicated in the new accreditation system document, *Accreditation Program: Essential Areas, Glossary of Terms, Accreditation Policies, and Decision Making Criteria*, which was sent to all accredited sponsors at the beginning of March, 2001, it is the policy of ISMS that CME providers with ISMS accreditation are required to disclose the following information to learners in order to fulfill ISMS' faculty disclosure requirements:

1. Faculty name
2. Name of commercial supporter or entity with which the faculty member has the relationship or affiliation; and
3. Type(s) of relationships.

Step 3: The provider must document that disclosure has been made to the audience.

When faculty disclosure is made to the audience in writing, the document on which the disclosure is made becomes the record of documentation for the CME activity file. When accredited providers have trouble with documentation it is usually because verbal faculty disclosure has not been documented. There is no prescribed manner to document that verbal disclosure has been made. Providers should put into place a mechanism for documentation of faculty disclosure that works best with their CME program. Some examples are a note to file, a scripted introduction that is initialed by the moderator, a copy of a 35mm slide on which the faculty's disclosure is indicated, a checklist, etc.

As a corollary, it should be remembered that accredited providers are required to inform faculty that the faculty must disclose to the audience when the faculty will discuss an unlabeled use of a commercial product, or an investigational use not yet approved for any purpose.

The other Standards for Commercial Support element which often is a trouble spot for accredited providers is that the accredited sponsor must assure that CME activities are free of commercial bias for or against any product. Again, there is no prescribed way in which accredited providers must provide this assurance. Two ways that seem to work is to include a question related to bias for or against a product on the immediate post-activity evaluation questionnaire that many accredited providers use. The other way is to have someone from the CME committee or CME administrative unit monitor each activity for bias. The report of the monitor should be documented in CME activity files or CME committee minutes.

October 5th Planner Workshop

Mark your calendars for the October 5, 2001 CME Planners/Site Surveyors Workshop to be held at the Wyndham Drake Hotel in Oak Brook. This workshop will once again have separate tracks for CME planners/coordinators and for site surveyors. Brochures will be mailed in early August.

As a reminder to site surveyors, if you did not attend the February 16, 2001 workshop or have not attended an ACCME workshop, you must attend the October 5th activity in order to maintain your site surveyor status.

If you have any questions, please contact Marcella Hollinger or Evelyn Calhoun in the Division of Education and Accreditation at 1-800-782-4767.

AA:efc

Illinois State Medical Society



MEMO

To: ISMS Accredited Sponsors
From: Alejandro Aparicio, MD
Chairman, Committee on CME Accreditation
Subject: New Accreditation System
Date: February 28, 2001

On March 1, 2001, the new ISMS accreditation system goes into effect. Enclosed with this memo are the new accreditation documents that must be used in conjunction with this new accreditation system. These documents are:

- Accreditation Program: Essential Areas, Glossary of Terms, Accreditation Policies, Decision-Making Criteria
- Accreditation Application
- Surveyors Report
- Committee Decision
- Documentation Review
- CME Activity Review

These documents are provided for your information. Please take the time to review them because after March 1, 2001, your accredited CME program will need to follow the requirements of the new Essential Areas and Policies.

Your attention is called to the two documents, "*Documentation Review*" and "*CME Activity Review*." In the past, site surveyors have reviewed selected files and viewed a CME activity held during the site visit. These site survey activities will continue, but now, these forms will be used by the site surveyors in order to better standardize those components of the site survey. Sponsors are encouraged to use these documents as a check to ensure that all CME activity files and the CME activity to be observed meet the Essential Areas and Policies.

Please note that the process for reaccreditation remains the same. The only difference is that all sponsors who receive their eight-month reaccreditation notification after March 1, 2001 will receive the new accreditation application and must use this form when submitting the application for reaccreditation. For most sponsors, this means that part of their overall CME program will have been planned in accordance with the old Essentials and Standards and part under the new accreditation system. Site surveyors and the Committee on CME Accreditation will take this transition into consideration during the reaccreditation process.

ISMS Accredited Sponsors

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February 28, 2001

Based on the March 1st start date, the first applications to be submitted under the new accreditation system will be received at ISMS by October 31, 2001. The first site surveys will be scheduled between November 1, 2001 and April 30, 2002. The first decisions likely will be made by the Committee on CME Accreditation at their first meeting in 2002 which usually occurs in March.

As sponsors review the new accreditation documents or as you begin to prepare for reaccreditation, if you have any questions please call Marcella Hollinger, ISMS Director of Education and Accreditation at 312-580-6442. In the near future, we will be providing an accreditation Frequently Asked Questions (FAQ) mailing based on questions asked at the CME Planners Conference, held February 16, 2001, as an aid to help sponsors with the new accreditation system. You also may want to mark your calendars for October 5, 2001 for the Fourteenth Annual CME Planners/Site Surveyors Conference to be held at the Wyndam Drake Hotel in Oak Brook, Illinois.

Finally, the American Medical Association has made several changes to the Physicians Recognition Award (PRA) program. A copy of the AMA CME/CPD Report is attached for your information. Special attention should be given to the following PRA changes. First, the AMA has discontinued the rule allowing accredited organizations to designate AMA PRA Category 2 for CME activities. The Committee on CME Accreditation will be discussing this issue at its March 14 meeting because many ISMS accredited sponsors designate activities for AMA PRA Category 2 credit. This does not mean that physicians cannot claim AMA PRA Category 2 credit for activities they believe are educationally worthwhile.

Secondly, the AMA has rescinded the limit of 50 credit hours for a single CME activity. This change was reported by Dennis Wentz, MD, director of the AMA Division of Continuing Physician Professional Development, at the Alliance for CME Annual Meeting held January 24-27, 2001. Finally, the AMA has discontinued the PRA certificate for "Commendation for Self-Directed Learning."

Accredited sponsors should either visit the AMA website at www.ama-assn.org/cme or call the AMA Division of Continuing Physician Professional Development at 312-464-4669 to get a copy of the most current AMA PRA Information Booklet.

AA: efc

Illinois State Medical Society

PHYSICIANS CARING FOR YOU



To: ISMS Accredited Sponsors/Site Surveyors
From: Alejandro Aparicio, MD
Chairman, ISMS Committee on CME Accreditation
Subject: Accreditation Update
Date: June 30, 2000



There are several items of note that we wish to bring to the attention of all ISMS accredited sponsors and site surveyors.

New Director of Education and Accreditation Named

As of June 1, 2000, **Marcella Hollinger has rejoined ISMS as the Director of Education and Accreditation.** Many of you may know Mrs. Hollinger from her previous service in this capacity. She held this position at ISMS from 1991-1996. Marcella brings over 25 years of experience in adult education to her position. She has served as a site surveyor for ACCME, is a past president of the Illinois Alliance for CME, is currently the chair of the Alliance for CME (ACME) Newcomers Subcommittee and on the faculty for the ACME Basics Institute. Recently, she has consulted on accreditation or educational design with such organizations as the Annenberg Center for Health Sciences, Advocate Health Care, American Academy of Pediatrics, the American Burn Association, and the American Cancer Society. She holds a Master Degree in Education from Loyola University of Chicago. You may reach her at 1-(800) 782-4767, ext. 6442 or email her at hollinger@isms.org.

New Dates for CME Planners/Site Surveyors Workshop

Please note that **the annual CME Planners/Site Surveyors Workshop will not be held in October, 2000.** With the implementation of the new accreditation system and the need to complete work on the policies, procedures, forms and logistics of implementing a new system, **the workshop has been moved to February 16, 2001 at the Wyndam Drake Hotel in Oak Brook.**

Sponsors who are scheduled to submit their reaccreditation materials **after November 1, 2001** will be expected to submit reaccreditation materials using the new ISMS accreditation *Essential Elements*. ISMS will begin sending 8-month reaccreditation notification packets after March 1, 2001 using the new accreditation system materials. The first accreditation decisions under the new system will be made beginning in 2002.

On **October 5, 2001** we will return to the routine schedule for the CME Planners/Site Surveyors Workshop; thus, there will be two accreditation workshops in 2001. Look for detailed announcements about the February workshop in November, 2000.

(OVER)

Changes to AMA PRA Award

For the first time, physicians may claim Category 1 CME credit for self-directed learning. In October 1999, the American Medical Association CME Advisory Committee (CMEAC) approved several recommendations that were then reviewed and approved by the AMA Council on Medical Education. AMA PRA Category 1 credit is now authorized for the following activities:

- Authoring an article published in peer reviewed journals: 10 credits for each article, 1 article per year.
- Presenting a poster designated for AMA PRA Category 1 credit: 5 credits per presentation, 1 presentation per year.
- Presenting a lecture designated for AMA PRA Category 1 credit: 2 credits for each hour of lecture, a maximum of 10 credits per year.
- Achieving and maintaining a specialty board certification: 25 credits.
- Earning a medically-related degree, such as a master's in public health: 25 credits.

The description of credit for a lecture presentation will read as follows: "Two AMA PRA category 1 credit hours for preparation and presentation of unique lecture material designated for category 1 credit by an accredited sponsor, to a maximum of 10 credits per year. A program or announcement of an activity will be acceptable as proof of lecture."

For additional information on the credit changes, call Marcella Hollinger at 1-(800) 782-4767, ext. 6442.

ISMS Accreditation Consulting Services

"Where can I find someone to advise me and our CME Committee about our accreditation program....or about needs assessment...or about setting up CME activity files?" This is just a reminder that ISMS offers CME consulting services to our accredited sponsors on accreditation issues. Many have used our services to provide mock site surveys in preparation for the accreditation site visit. But if you want assistance in reviewing your program for compliance, for identifying strategies for implementing recommendations or for addressing concerns or deficiencies, or for other accreditation issues, contact the Division of Education and Accreditation at 1 (800)-782-4767, ext. 6442.

AA:efc



MEMORANDUM

DATE: March 16, 2005
TO: ISMS Accredited Providers
FROM: Susan L. Polk, M.D., M.S.Ed. Chair, Committee on CME Accreditation
SUBJECT: Accreditation Update

UPDATED STANDARDS FOR COMMERCIAL SUPPORT

At the end of September, 2004, the Accreditation Council for Continuing Medical Education (ACCME) approved the updated Standards for Commercial Support (SCS). The Standards were reviewed and approved by the Committee on CME Accreditation which has recommended to the ISMS Board of Trustees that it approves incorporating the Standards into the ISMS accreditation program. The Board does not meet until April 14, 2005. The Committee on CME Accreditation has directed that resource materials be developed to help ISMS-accredited providers with interpreting the Standards and making changes to their CME programs. Should the ISMS Board of Trustees approve the Standards for Commercial Support, these materials will be made available. In the meantime, intrastate accredited providers can learn more about the updated Standards and see ACCME developed resource material by visiting the ACCME website at: http://www.accme.org/index.cfm/fa/news.detail/News/.cfm/news_id/49baa5bc-b31b-469e-ad3b-507298de1a4e.cfm. Look for reference at the bottom of the page for “Complete Tool Kit.” In addition to the above reference, the ACCME web site has questions about the interpretation and implementation of the updated SCS which will be updated on a regular basis.

REGULARLY SCHEDULED CONFERENCES

Last year, ACCME approved a change in the way regularly scheduled conferences are addressed as part of the accreditation process. In essence, the approach taken by ACCME is to move from a focus on documentation for regularly scheduled conferences to a focus on self-monitoring. The committee discussed the fact that ACCME’s definition of regularly scheduled conferences for nationally accredited providers is somewhat different than the definition used at the state level. While many accredited providers in Illinois conduct regularly scheduled conferences such as grand rounds, these are really individually developed CME activities. Such CME activities as Tumor Boards and Morbidity and Mortality Conferences are considered to be what ACCME would call regularly scheduled conferences which use one set of needs assessment and “global objectives.” The Committee on CME Accreditation decided that it would NOT adopt the

ACCME approach, and instead, would continue to use its current practice of reviewing documentation for such regularly scheduled conferences as Tumor Boards. The committee already asks providers to show needs assessment and the global objectives written for such series; it decided to add a question to Essential Element 2.5 – Overall Program Evaluation that specifically addresses how these series are evaluated over time and any improvements that come from this assessment.

PARTIAL COMPLIANCE AND ITS EFFECT ON REACCREDITATION

Last year, we told you about the implementation of a new policy developed by ACCME and adopted by ISMS regarding partial compliance. The following is accreditation policy: *ISMS considers a finding of 'Partial Compliance' to be less than an acceptable standard for the continuing practice of CME by ISMS-accredited providers. Subsequent to initial accreditation, providers must be able to demonstrate that they are improving their practice of CME in any areas found to be in less than 'Compliance'. Subsequent to initial accreditation, failure to improve in areas found to be in less than 'Compliance' would be cause for a 'Noncompliance' finding in ISMS Element 2.5. A finding of 'Noncompliance' in Element 2.5 could be cause for a change in accreditation status.* For those providers who have already been accredited under the new accreditation requirements, this policy will apply to site surveys conducted in 2005. It is important that you fully explain the actions taken to address the recommendations, deficiencies and/or weakness noted by the survey team and the committee during your last reaccreditation. It is also important that you provide the necessary documentation to support the claims made in your application.

COMMERCIAL SUPPORT LETTERS OF AGREEMENT

About a year ago, we told you that ISMS was submitting a resolution to the AMA House of Delegates asking the AMA to work with the ACCME to develop a standardized letter of agreement to be used with all commercial supporters. At the June AMA meeting, this resolution was passed. We look forward to the development of a standardized letter of agreement and will keep you apprised of any developments on this issue.

2004 ISMS CME INTRASTATE SERVICE AWARD RECIPIENT

Congratulations to Alejandro Aparicio, MD for being named the ISMS CME Intrastate Accreditation Service Award recipient for 2004. Dr. Aparicio served as chair of the Committee on CME Accreditation from 1998 to 2003. He chaired the special subcommittee on accreditation that recommended to the ISMS Board of Trustees that ISMS continue both the accreditation program and serve as an accredited provider of CME programs at ISMS, but on a self-funding basis. He was responsible for putting in place the new accreditation program and worked to devise appropriate forms and procedures. He oversaw the re-recognition with commendation (six years) of ISMS as an intrastate CME accreditor. He was chair when ISMS received the ACCME Rutledge W. Howard award for outstanding collaboration between accreditors and providers. As of September, Dr. Aparicio has assumed the position of Director of the Division of Continuing Physician Professional Development at the AMA.

REVISION OF SURVEYORS HANDBOOK

Early in 2004, the Committee on CME Accreditation decided to update the *Surveyors' Handbook*. This document had been originally developed and updated for the old accreditation system and was used by surveyors as a resource on what to look for during a site survey. The update of the *Surveyors' Handbook* had been delayed until the current accreditation system had been operational for a few years, which has now occurred. Donald F. Pochyly, M.D., was asked to serve again as editor for this update. Because of his guidance, the revised *Handbook* was completed and distributed to surveyors who attended the Site Surveyors Workshop at the annual planners conference on October 8, 2004. We wish to extend our gratitude to Dr. Pochyly and all the surveyors who contributed to the development of this update—it could not have happened without their willingness to give of their time and expertise to this project. You should have received the Handbook last November when we send out invoices and annual report forms. Please note that the section addressing Essential Element 3.3 on Commercial Support and Faculty Disclosure will need to be revised to address the requirements of the updated Standards for Commercial Support.

2005 CME PLANNERS CONFERENCE

Mark your calendars for the next CME Planners/Site Surveyors Workshop. Once again, it will be held at the Stonegate Conference Center, Hoffman Estates on Friday, October 7, 2005. Complete information will be mailed in August, 2005.

PAST ACCREDITATION MEMOS ON WEBSITE

We have arranged to have memos like this one available on the ISMS web site. Go to WWW.ISMS.ORG, click on Professional Advocacy at the top of the page. On the “Professional Advocacy” web page you will find two columns of headings. Under “Accreditation Program” you will see the “Past Accreditation Memos” listed.



MEMORANDUM

DATE: May 1, 2006
TO: ISMS Accredited Providers
FROM: Susan L. Polk, M.D., M.S.Ed. Chair, Committee on CME Accreditation
SUBJECT: Accreditation Update

NEW ISMS ACCREDITATION STAFF

Some changes are taking place in the Division of Education and Accreditation. ISMS welcomes Laura Peterson, R.N., as an education specialist in the division. Marcella Hollinger has been promoted to Director of Program Development in the ISMIE Mutual Risk Management Division. Marcella will continue to be the director of Education and Accreditation but will turn over the day-to-day operations of the division to Laura. By way of background, Laura Peterson is a registered nurse who has been involved with CME for the last 9 years. She worked with the CME program at Oak Forest Hospital and most recently has been consulting with the Cook County Department of Health on CME programming. You can reach Laura at 312-580-2463 and by e-mail at laurapeterson@isms.org.

CHANGES TO THE AMA PRA CATEGORY 1 CREDIT™ AWARD.

The American Medical Association has recently announced several major changes to the AMA PRA credit system. These changes are listed below and **become effective immediately:**

- PRA policies/guidelines in one publication
- *AMA PRA Category 1 Credit™* -Trademark asserted
- New Credit Designation Statement
- Limits for provider awarded credit removed
- Application process for awarding credit to international physicians eliminated
- Providers may now award credit for teaching in Category 1 activities
- Shift from time metric
- Option for residents to apply for *AMA PRA Category 1 credits™*

In addition, the AMA is providing expanded opportunities for providers to designate *AMA PRA Category 1 Credit™*. In addition to certifying live activities, enduring materials, journal-based CME and new procedures for AMA PRA Category 1 credits, accredited providers will also be able to certify the following for credit:

- Teaching at AMA PRA Category 1 Live Activities
- Test item writing
- Manuscript review
- Performance improvement
- Internet point of care learning
- Other activities

Details on all the changes are available in the new AMA PRA information booklet which is available online at www.ama-assn.org/go/pr or call the AMA at 312-464-4672. You can also contact the ISMS Division of Education and Accreditation at 312-853-4746 with questions about the AMA PRA updated credit system; we also have available an AMA Power Point presentation on the updates to the AMA PRA credit system. Please contact Evelyn Calhoun at calhoun@isms.org for a copy of the slides.

In addition, the AMA has developed some forms and procedures to assist it with conflict of interest identification and resolution for its own CME activities. To view AMA forms, particularly the attestation form (and questions about its use) go to www.ama-assn.org//ama/pub/category/2572.html and look for the Fall, 2005 and Winter, 2006 issues of the CPPD Report.

UPDATED STANDARDS FOR COMMERCIAL SUPPORT

This is a reminder that providers will be assessed on the updated Standards for Commercial Support at site surveys beginning June 1, 2006. Please review the Standards to determine if there are any requirements that you have not yet incorporated into your CME program. For a copy of the Resource on Updated Standards for Commercial Support, please see the ISMS web page www.isms.org/professional/professional.html.

It should be noted that providers continue to have trouble with faculty disclosure for regularly scheduled conferences like Tumor Boards. If you offer *AMA PRA Category 1 credit*TM for these types of series, then they are considered CME activities and each session of the series must provide faculty disclosure.

MANDATORY ATTENDANCE AT CME PLANNERS CONFERENCE

It has been noted that several CME staff coordinators would like to attend the CME Planners Conference but their organizations question the need for their attendance. The Committee on CME Accreditation has decided that every provider should send at least one representative to the planners' conference at least once during the provider's accreditation period. It is an excellent way to keep up-to-date on accreditation requirements. As an added incentive, the committee decided that it would award exemplary compliance for Essential 3.1 for any provider who sends a representative each year of the accreditation cycle, although this cannot be the only exemplary compliance that the provider is awarded in order to receive four-year accreditation with commendation. This change becomes effective with the 2006 conference.

STARK II UPDATE

Many of you in hospital CME have expressed concern over a possible interpretation in the physician self-referral law (also known as Stark II) that looks at CME solely as a physician benefit. The AMA has been addressing this issue with the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) over the past year. A copy of this letter from CMS regarding CME is an attachment to this e-mail.

2006 CME PLANNERS CONFERENCE

Mark your calendars for the next CME Planners/Site Surveyors Workshop. Once again, it will be held at the Stonegate Conference Center, Hoffman Estates on Friday, October 6, 2006. Complete information will be mailed in August, 2006.

LOOKING FOR PARTICIPANTS FOR GLOBAL OBJECTIVES STUDY

We have been looking at global objectives for Tumor Boards and it seems that some are written from the perspective of the learner while others are written from the perspective of the teacher. We are asking for all providers who prepare global objectives for Tumor Board Conferences to please send us a copy of your most current objectives so that we can review them. It is our intention to prepare a resource guide for all providers on global objectives once we complete our review. Please e-mail your objectives to laurapeterson@isms.org or fax them to her attention at 312-580-2463 by May 15th, 2006.

PAST ACCREDITATION MEMOS ON WEBSITE

We have arranged to have memos like this one available on the ISMS web site. Go to www.isms.org, click on Professional Advocacy at the top of the page. On the "Professional Advocacy" web page you will find two columns of headings. Under "Accreditation Program" you will see the "Past Accreditation Memos" listed.