

September 2010



*“Education,  
Collaboration,  
Fellowship,  
Networking.”*

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## MESSAGE FROM THE PRESIDENT

October is going to be a big month for IACME (and not just because my birthday is on the 21<sup>st</sup>). In addition to our joint conference with ISMS next week, we will be launching our new IACME web-site! I am really excited about the new site which will be more attractive and user-friendly in so many ways: easier to navigate, easier to read and dedicated sections to upcoming events, job listings and resources for members. All of our newsletters will be archived, and we will be continuing to add new resources – templates, forms, links, referrals, and more. This new site will provide us with a platform for helping you to meet your professional goals and navigate the ever-growing world of CME.

Are there specific resources that you would find most useful? Do you have resources that you think should be included on this site? As always, we welcome your feedback – send your thoughts to [ilalliance@aol.com](mailto:ilalliance@aol.com) or email me directly at [rdevivo@asge.org](mailto:rdevivo@asge.org).

On a personal note, I did want to mention that I will not be in attendance next week. I'm sure you all understand the sometimes insurmountable conflicts that our jobs present, but I'm very sorry I won't be there. Not only because it's an amazing program, but because of the valuable networking with all of you. I hope that you all will be able to take advantage of the opportunity on my behalf. I look forward to hearing your feedback and I'll be checking in again next month!

### **IACME and ISMS Collaborative Fall Educational Conference Register On-Site!!!**

Friday, October 1, 2010  
Oak Brook Marriott

We hope you'll join the IACME and the Illinois State Medical Society for our joint educational activity *“Continuing Medical Education: From Accreditation to Education”* on Friday, October 1, 2010. This interactive conference will be held at the Oakbrook Marriott from 8:00 a.m. – 3:00 p.m.

Something-for-everyone is on the agenda – from updates from the ACCME and AMA to debunking the myths that plague CME to CME literature and grant applications! Sessions will be interactive and planned to involve CME professionals from all provider types and at all levels of experience.

Visit <http://www.iacmeonline.org/node/140> for a full agenda, registration form/link, and additional information. Registration can be purchased onsite. We hope to see you there!

### **GOING GREEN**

Do you have ideas on how to **“Go Green CME!”** Please e-mail [ilalliance@aol.com](mailto:ilalliance@aol.com) or join the discussion on LinkedIn. Go to: [http://www.linkedin.com/groups?gid=1903150&trk=myg\\_ugrp\\_ovr](http://www.linkedin.com/groups?gid=1903150&trk=myg_ugrp_ovr)

## The Illinois Perspective on the Updated Criteria: an IACME Forum to Provide Ideas and Practice Examples to Meet the New Criteria

We are continuing our series of articles addressing the updated criteria. These articles focus on the first 15 criteria, as a similar series addressing 16-22, published in the Alliance for CME Almanac. This month, a case relevant to articles featured in the last two e-Newsletter issues addresses criteria 7, 8, 9 & 10 and reflects a society's perspective.

Please join the discussion on LinkedIn if you have any feedback you want to share with your colleagues! See the IACME LinkedIn Discussion Group box at the bottom of this issue.

The following is a perspective of the society on compliance with Criteria 7, 8, 9 and 10. It is not meant to represent the opinion of the IACME or the ACCME, only the writer.

**Background:** As an accredited provider, the Society works with various non-accredited healthcare providers that seek CME credit for some of their educational meetings as a benefit for their members. The Society has a CME Committee, made up of physician members set up as the reviewing body for CME activities which meets on a monthly basis to review all joint sponsorship applications submitted for CME credit approval.

**Type of Activity:** Live, jointly-sponsored, 2-hour CME activity based on improving the CME learner's competence with a clinical focus on an update on adults and children with diabetes.

**Target Audience:** Primary care physicians involved in the following scope of professional practice: family practice, internal medicine, and pediatrics.

**Elements of Activity:** This activity has an assigned Course Director (physician planner), two faculty members, six committee members (physician planners), two staff members (planning members from the Society and from the Joint Sponsor); and has secured an educational grant of \$2,000 from Company "X."

### Implementation of the ACCME's Standards for Commercial Support (SCS):

#### Faculty & Planning Members' Disclosures (C7-SCS 2.1-2.2 & SCS 6.4 & C10-SCS 5):

The Society has a *Faculty and Planning Member Policy*, which requires that all faculty and planning members disclose and includes the following stipulation:

*The course director (physician planner), activity planners, and all faculty members tied to the CME activity are required to complete and return a signed disclosure form (whether or not they have any significant financial interests to disclose and specify their relationships with these interests) prior to the activity. Any individual who refuses or fails to submit an appropriate disclosure form will not be permitted to participate in the CME activity. Disclosures from all planners and faculty members are mandatory, there are no exceptions.*

Only one of the two speakers had anything to disclose which was that he was a

member of the speakers' bureau for Company "X." The other speaker signed off on the faculty disclosure form by checking off "No, I have no significant financial relationships to disclose." Both speakers agreed to the following terms (which are listed on the disclosure form) that all faculty members must sign and submit to the Society:

**SCS: 5.1:** The content or format of a CME activity or its related materials must promote improvements or quality *in healthcare* and not a specific proprietary business interest of a commercial interest.

**SCS: 5.2:** Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available, trade names from several companies should be used, not just trade names from a single company.

None of the planning members had anything to disclose except one committee member who was tied to a few other commercial companies, none of which included Company "X." All planning members for the activity turned in a COI form which was signed and dated and will be kept on file for a year.

**Implementation of C7-SCS 1.1-1.2; C8-SCS 3.1-3.6 & SCS 3.8:**

As part of the joint sponsorship application process that serves to ensure appropriate management of commercial support, the Society requires that a letter of agreement (LOA) be signed as per the Society's policy:

*A letter of agreement (LOA) must be signed for a CME activity when entering into an agreement with a commercial entity on securing educational support or an in-kind donation. The terms on the agreement must be adhered to by all parties involved including: faculty members or authors, planning committee/staff members, and joint sponsors. No type of advice and/or services with regards to faculty members and authors, planning committee or staff members, joint sponsors, including content, will be accepted or permitted by CMS or a joint sponsor and **will not** be a condition of the commercial support.*

It is also the Society's policy and practice not to enter into any joint sponsorship with a non-accredited provider that has any commercial interests.

An LOA was signed by Company "X," the joint sponsor, and by the Society agreeing to the terms and conditions (as stipulated by the Society) which ensures that the commercial supporter has no control over the activity:

**Control of Content & Selection of Presenters, Authors & Moderators:**

*Sponsor (the accredited provider) is entirely responsible for control of content and selection of presenters, authors and/or moderators. The Company agrees not to direct the content of the program and to refrain from providing any type of direction, assistance, or services that would influence decisions regarding the following: a) identification of CME needs; b) determination of educational objectives; c) selection and presentation of content; d) selection of all persons and organizations that will be in a position to control the content of the CME; e) selection of educational methods; and f) evaluation of the activity.*

**The following outlines the Society's mechanism for the identification and resolution of COI (C7-SCS 2.3, SCS 6.1-6.3 & 6.5 and C10-SCS 5):**

- As per Society policy and practice, the assigned *Course Director* reviewed the CME content of the faculty members' slides and confirmed that there

was no commercial bias identified by signing the *Course Director's Content Validation and COI* form.

- The CME committee reviewed the activity for CME credit approval, based on the ACCME's Updated Criteria and policies, to ensure compliance with the ACCME's SCS, and for the identification and resolution of COI. Based on commercial support having been secured from Company "X" and disclosure made by one of the faculty members with ties to Company "X," the CME Committee requested the slides of the faculty member from the joint sponsor.
- The form of resolution arrived at by the CME Committee was to send the slides to an expert on endocrinology (member of the Society) with no ties to any part of the CME activity for his review and consideration of any commercial bias. The Society secured the endocrinologists review and confirmation, via email, that there was no commercial bias with the faculty member's content. The Society documented this finding and communicated it to the joint sponsor via e-mail.
- Disclosures for all of the CME activity planners, faculty members, and commercial support (per Company "X") were made in writing on the activity's agenda which was handed out to the CME participants **prior to the start of the activity.**
- As another measure, the Society implements an additional step to ensure that the activity is free of commercial bias by asking the CME participants, on the evaluation form (post-activity), whether the *CME activity actively promoted improvements in health care that were free of commercial bias and/or promotion* (Yes or No)?

**Management of Commercial Funding (C8 – SCS 3.7-3.9 & SCS 3.11-3.13):**

A budget is requested by the Society as part of the CME application process which provides the CME committee an overview of the revenue/expenses allotted for the activity and assists the committee in determining whether any social events are taking precedence over the CME activity. The joint sponsor indicated that \$1,000 would be paid to each faculty member. As part of the post-activity financial wrap-up process, the Society requires that the joint sponsor provide copies of the all commercial support checks (as per Company "X") as well as copies of the checks paid out for honoraria (\$1,000 each). Also the Society's *Faculty and Planner Policy* states the following with regards to faculty honoraria and out-of-pocket expenses:

**Honoraria:** *Only faculty members and/or authors are to receive an honorarium. Upon receipt of a check for an educational grant, payment to the speakers is to be made by the Society within thirty (30) days based on the agreed amount listed on the letter of agreement or as deemed appropriate by the assigned course director. The Society is responsible for issuing payment for all directly-sponsored CME activities and the joint sponsor (education partner) is responsible for issuing payment for a jointly-sponsored CME activity. Following the activity, and if commercial support has been secured, joint sponsors must be prepared to provide the Society with documentation of any teacher/author payments.*

**Out-of-Pocket Expenses):** *These types of expenses will be reimbursed, if previously agreed upon with the course director and the Society **and** found to be*

*reasonable and deemed necessary functions of the role that a faculty member, planning committee/staff member or author serves with the CME activity. Reasonable expenses include but are not limited to: ground transportation, mileage expense (based on the current rate), daily meals (if applicable), up to \$500.00 for round trip air fare (with exceptions and if applicable), and lodging accommodations (if applicable) which must be pre-approved by the Society. Original receipts must be provided to the Society or to the joint sponsor, within 30 days of the completion of an activity for any out-of-pocket expenses that are over twenty-five dollars (\$25.00). The Society will issue appropriate reimbursement to faculty members, authors or planning committee members within 45 days upon receipt, review and verification of all original receipts.*

**C 9: The provider maintains separation of promotion from education (SCS 4)**

Although this activity had no exhibits, exhibitor agreements are used to confirm the details of the purchase of **promotional** space. A separate meeting space, apart from the CME meeting space, is always secured as the designated exhibit area.

As per the Society's policy, the CME Committee reviews all CME promotional material for any product message or promotion and the promotional materials. In addition, the faculty slides are reviewed by the Course Director to further manage associated commercial promotion and to maintain a separation of promotion from education.

The assigned Course Director is also present at the CME activity to ensure that no promotional materials are on display or distributed in the educational space and that no sales representatives are allowed to engage or solicit any type of promotional behavior.

**Challenges:**

- The majority of grants are applied for online; some may not accept the Society's LOA. Therefore, the accredited provider must take extra time to review the terms and conditions, as posted online by the commercial company, to ensure that there is no control of content or the activity on their part and/or any commercial bias. The joint sponsor obviously needs the support of this commercial entity to be able to offer a quality and successful program.
- The extra steps being taken to identify and resolve any COI and to ensure the separation of promotion from education is time consuming and cumbersome for planning staff, committee members, and joint sponsors alike. A few of the Society's joint sponsors have dropped out of developing CME activities due to these challenges and limited resources.

**Conclusions:**

- Additional planning and review time has been built into the Society's CME planning process to allow the committee and planning members sufficient time to secure all disclosures relevant to potential of any commercial bias, to identify and resolve any personal COI, *and* to ensure appropriate management of commercial support for the overall CME Program.
- In comparison to the Society's LOA, it is evident, when reviewing the

terms and conditions of other LOA's, that many of the commercial companies have gone through a rigorous CME training process and it is in their best interest to comply with the ACCME's SCS.

- All of the faculty members that the Society has worked with have also presented with various other accredited providers and are well versed about the disclosure requirements as well as providing a balanced view of therapeutic options and strictly promoting healthcare improvements as opposed to any commercial interests. In addition, there has never been an incident where anyone (faculty and/or planning member) involved with the CME activity has refused to disclose with the Society.

#### **Lessons Learned:**

- Educating and eliciting the support of the joint sponsors and of the CME planning and committee members serves to ensure the appropriate management of commercial support and functions to uphold the SCS.
- Even if there is no commercial support secured, many established and seasoned faculty members have multiple disclosures to make. Therefore, the identification and resolution of COI needs to focus on the area of CME content being presented, the faculty and planning members' ties to commercial entities with drugs, devices, services, and/or products linked to the CME content and the overall potential to influence the CME audience.
- The Society's mechanism and process and for managing and complying with the SCS can always be improved and/or streamlined which is why the CME Committee reviews the overall CME Program, including the Society's adherence to the SCS and its management of commercial support, on an annual basis to identify areas for improvement.

#### **How is your organization addressing Criteria 9 and 10?**

What you are doing may help your colleagues, or spark questions that will help you! **Add to the conversation on the IACME LinkedIn Discussion Group!**

**Go to: [http://www.linkedin.com/groups?gid=1903150&trk=myg\\_ugrp\\_ovr](http://www.linkedin.com/groups?gid=1903150&trk=myg_ugrp_ovr)**

**You must be a member of the IACME to join.**

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#### **Call for CME Case Studies**

Have you encountered a situation in your practice of CME that was a learning experience that you are willing to share? The IACME is asking members to help contribute to the shared expertise of our group by publishing cases from real life experience. Please write them up in a brief paragraph and send to Nikki Berry at [ilalliance@aol.com](mailto:ilalliance@aol.com). Please let us know if you would like to be acknowledged or remain anonymous.

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