

Guide to the Progress Report Process: Demonstrating Improvements and Compliance

Overview of the Progress Report Process

The ISMA expects organizations found to be in noncompliance with Criteria 1-13 or with relevant accreditation policies to demonstrate compliance through the progress report process. Descriptions of the specific performance issues that must be addressed in the progress report are provided in the decision report recently received from the ISMA. Noncompliance findings in Criteria 16-22 should NOT be addressed in the progress report.

Contents of a Progress Report

For the specific performance issues described for noncompliance findings, providers must:

- describe improvements and their implementation; and,
- provide evidence of performance-in-practice to demonstrate compliance.

The *Reporting Requirements for ISMA Accreditation Criteria/Policies* are presented on pages 2-5 of the *Guide to the Progress Report Process*. This information should be considered in the context of, and limited to, the specific performance issue(s) identified in the recent ISMA decision letter. [**NOTE:** *If a noncompliance finding is based on a specific type of activity, evidence must be presented that demonstrates improvements in that activity type (e.g., enduring materials, RSS, Internet CME, etc.).*]

Expectations of Materials Submitted

All the materials submitted to the ISMA in any format must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the organization, and must be the property of the organization. Materials submitted for accreditation (progress report, evidence of performance-in-practice, other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Decision Making

Providers will receive a decision from the ISMA based on a review of all of the information and materials submitted as part of the progress report. A progress report review will result in the following feedback from the ACCME:

- **All Criteria in Compliance:** The provider demonstrated that it has corrected the criteria or policies that were found to be in noncompliance.
- **All Criteria Not Yet in Compliance:** The provider has not yet demonstrated that it has corrected all of the criteria or policies that were found to be in noncompliance.

If all criteria or policies that were found to be in noncompliance are not corrected, the ISMA may require another progress report, a focused interview, and/or a change of status may result.

There may be circumstances when the ISMA requires clarification at the time of the provider's next review to be certain the provider is in compliance, or when a progress report is deferred to a future cohort, because, for example, a provider has not had sufficient time within the context of its CME program to implement improvements or to produce evidence to support compliance.

Reporting Requirements for ISMA Accreditation Criteria/Policies

<p>The information below provides a guide for determining the structure and content of the progress report in addressing noncompliance findings in Criteria 1-13 or the accreditation policies. Responses should be developed in the context of, and limited to, the specific performance issue(s) identified in the decision report recently received from the ISMA.</p>	
C1	<p>Attach your CME mission statement.</p> <p>Highlight the expected results of the program articulated in terms of changes in competence, performance, or patient outcomes.</p>
C2	<p>Provide a description and evidence from the selected activities to demonstrate:</p> <ol style="list-style-type: none"> 1. That you identify the professional practice gap(s) of your own learners; 2. That you identify the educational needs of your learners that underlie the professional practice gap(s) that you have identified; and,
C3	<p>Provide a description and evidence from the selected activities to demonstrate that you generate activities designed to change physician competence, performance, or patient outcomes.</p>
C4	<p>This criterion has been eliminated effective February 2014.</p>
C5	<p>Provide a description and evidence from the selected activities to demonstrate that you choose educational format(s) that are appropriate for the setting, objectives, and desired results of the activity.</p>
C6	<p>Provide a description and evidence from the selected activities to demonstrate that you develop activities in the context of desirable physician attributes (e.g., IOM Competencies, ACGME Competencies).</p>
C7 (SCS1)	<p>Provide a description of your planning process that is independent of the control of any ISMA/ACCME defined commercial interest and the mechanisms implemented to ensure that you, as provider, retain complete control of the CME content. Relate your description to each element of SCS 1: a) identification of needs; b) the determination of educational objectives; c) the selection and presentation of content; d) the selection of all persons and organizations in a position to control the content; e) the selection of educational methods, and f) the evaluation of the activity.</p> <p>If your organization chooses to develop activities that include the presentation of discovery, research or new knowledge by employees of ISMA/ACCME-defined commercial interests, you must demonstrate that there are rigorous mechanisms in place that provide appropriate safeguards to the independence of the activity. (See http://accme.org/ask-accme/can-provider-allow-oral-or-writtenreporting-scientific-research-employee-commercial for more information on this topic.)</p>

<p style="text-align: center;">C7 (SCS1) Cont.</p>	<p>If your organization has included employees of ISMA/ACCME-defined commercial interests in the planning, development or presentation of CME activities, please:</p> <ol style="list-style-type: none"> 1. Provide a description and evidence from the selected activities of the factors you consider in determining an appropriate role for an ISMA/ACCME-defined commercial interest employee in planning and/or presenting accredited CME; and 2. Provide a description and evidence, from the selected activities <u>or other activities</u>, of the mechanisms implemented to ensure that you, as provider, retain complete control of the CME content.
<p style="text-align: center;">C7 (SCS2)</p>	<p>Provide a description and evidence from the selected activities to demonstrate:</p> <ol style="list-style-type: none"> 1. That everyone in a position to control educational content (e.g., faculty, planners, reviewers, and others who controlled content) has disclosed to your organization relevant financial relationships with commercial interests. (C7 SCS 2.1) 2. That your organization identifies all conflicts of interest prior to an activity. (C7 SCS 2.3) 3. That your organization implements mechanism(s) to resolve all conflicts of interest prior to an activity. (C7 SCS 2.3) <p>For each activity selected, attach a list of all individuals in control of content, specifying their role(s), for example, planner, faculty, reviewer, etc.</p>
<p style="text-align: center;">C7 (SCS6)</p>	<p>Provide a description and evidence from the selected activities to demonstrate:</p> <ol style="list-style-type: none"> 1. That disclosure of all relevant (or no) financial relationships was made to learners prior to the beginning of the activity; (C7 SCS 6.1, 6.2, 6.5) 2. That disclosure of all sources of commercial support, including “in-kind” support, was made to learners prior to the activity, if applicable; attach a list of all commercial supporters. (C7 SCS 6.3-6.5) 3. For each activity selected, attach a list of all individuals in control of content specifying their role(s), for example, planner, faculty, reviewer, etc. [NOTE: If you are addressing noncompliance findings for both C7 (SCS 2 and SCS 6), attach just one list of individuals in control of content for each activity selected.]
<p style="text-align: center;">C8 (SCS3)</p>	<p>Describe your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). For each activity selected – if applicable – attach 1) a list of all commercial supporters and evidence to demonstrate that the terms, conditions, and purposes of all commercial support are documented in a signed written agreement with the commercial supporter that includes the provider and its educational partner(s) and 2) an income and expense statement, including the receipt and expenditure of commercial support, or indicate, “We did not accept commercial support for this activity.” (SCS 3.13)</p>
<p style="text-align: center;">C8 (SCS 3.7-3.8)</p>	<p>Attach your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors.</p>

<p>C9 (SCS4)</p>	<ol style="list-style-type: none"> 1. Do you organize commercial exhibits in association with any of your CME activities? If yes, describe how your organization ensures that arrangements for commercial exhibits do not 1) influence planning or interfere with the presentation and 2) are not a condition of the provision of commercial support for CME activities. (SCS 4.1) 2. Do you arrange for advertisements in association with any of your CME activities? If yes, describe how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: 1) print materials, 2) computer-based materials, 3) audio and video recordings, and 4) face-to-face. (SCS 4.2, 4.4)
<p>C10 (SCS5)</p>	<p>Describe the planning and monitoring your organization uses to ensure that:</p> <ol style="list-style-type: none"> 1. The content of CME activities does not promote the proprietary interests of any commercial interests. (C10 SCS 5.1) (i.e., there is not commercial bias) 2. CME activities give a balanced view of therapeutic options. (C10 SCS 5.2) 3. The content of CME activities is in compliance with the ISMA/ACCME’s content validity value statements.* (Policy on Content Validation) <p>----- --- *</p> <p>ISMA/ACCME’s Policy on Content Validation: All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for ISMA accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.</p>
<p>C11</p>	<ol style="list-style-type: none"> 1. From the selected CME activities: Provide the data or information generated about changes in learners’ competence <u>or</u> performance <u>or</u> patient outcomes upon which you based your program-level analysis of changes in learners. 2. Provide your analysis of changes in learners’ competence, performance, or patient outcomes achieved as a result of your <u>overall</u> program’s activities/educational interventions.
<p>C12</p>	<p>Based on your organization’s review of information and data gathered, provide your program-based analysis explaining the degree to which you have achieved your CME mission through the conduct of your CME activities/interventions.</p>
<p>C13</p>	<p>Describe the needed or desired changes you identified, planned, and implemented, as a result of your program-based analysis, that are required to improve on the ability to meet your CME mission.</p>
<p>C14</p>	<p>This criterion has been eliminated effective February 2014.</p>
<p>C15</p>	<p>This criterion has been eliminated effective February 2014.</p>
<p>Accreditation Statement</p>	<p>For each activity selected, attach evidence from the selected activities to demonstrate that the appropriate accreditation statement was used.</p>

Enduring Materials	This policy has been eliminated effective February 2014.
Journal CME	This policy has been eliminated effective February 2014.
Internet CME	This policy has been eliminated effective February 2014.
Physician Participation	Describe the mechanism your organization uses to record and verify physician participation for six years from the date of your CME activities. Include one example that demonstrates your practice to record and verify physician participation.
Activity Documentation	Describe the mechanism(s) your organization uses to ensure the retention of activity records/files for the current accreditation term or for the last twelve months, whichever is longer.

Format Requirements and Submission Instructions

Make all required submissions according to the ISMA's specifications and by established deadlines. Failure to do so may result in a delay in consideration of your progress report and/or a change of your organization's accreditation status. **Your submission must include:**

- a) a narrative cover document describing improvements made in specific areas of noncompliance; and,
- b) evidence of performance-in-practice for each activity selected, if applicable.
 - Address only those criteria or policies found to be in noncompliance at the time of your last review and only the specific performance issues cited for those criteria or policies in your last decision report. [**NOTE: Do NOT address noncompliance findings in Criteria 16-22**]
 - If the activity sample does not offer your organization an opportunity to present evidence that reflects the improvements you have implemented to ensure and demonstrate compliance, please contact the ISMA to discuss possible options in the sampling process.
 - Do NOT use original documents, because the materials will not be returned.

Instructions for submitting in hard copy

- a) Include narrative cover document and evidence of performance-in-practice. Evidence for each activity selected should be submitted in an 8 ½" x 11" file folder. Do not submit evidence in binders. Separate the evidence within each activity and identify it by the criterion or policy to which it pertains. Separation can be achieved with cover pages, for example.
- b) Affix a label to the front of each file folder that specifies:

• Full name of your organization	• Activity type, as submitted in PARS
• Activity title, as submitted in PARS	• Directly or jointly provided
• Activity date and location, as submitted in PARS	• Commercial support was/was not accepted

- c) Submit a duplicate set of all materials, including cover letter/narrative and performance-in-practice file folders by the specified deadline to: **ISMA, 322 Canal Walk, Indianapolis, IN 46202**

Instructions for submitting in electronic format (requires Adobe Acrobat version 8.0 or more recent)

- a) Save narrative cover document and evidence of performance-in-practice as a single, paginated, and bookmarked PDF file. The file you create should appear as a single document when opened. Do not use the Acrobat option to make a PDF "portfolio" style file.
- b) Include, in your PDF file, a cover page for each activity selected that specifies:

• Full name of your organization	• Activity type, as submitted in PARS
• Activity title, as submitted in PARS	• Directly or jointly provided
• Activity date and location, as submitted in PARS	• Commercial support was/was not accepted

- c) Create a bookmark for the narrative cover document, for each activity selected for performance-in-practice review, if applicable, and create a bookmark to separate the evidence within each activity and identify it by the criterion or policy to which it pertains.
- d) Email the PDF file as an attachment to: ssymmes@ismanet.org

Please contact Shelly Symmes by phone at 317-261-2060 or by email at ssymmes@ismanet.org if you have any questions about the progress report review process.