

Joint Providerships: Your Organizations Role and Responsibilities

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May, 2021



What is the Difference Between Direct Providership and Joint Providership of CME Activities?

Directly Provided Activity: One that is planned, implemented and evaluated by the accredited provider. Include co-provided activities (provided by two accredited providers) in this category if you are the accredited provider awarding the credit.

Jointly Provided Activity: One that is planned, implemented and evaluated by the accredited provider and a non-accredited entity.

What is the Difference Between Direct Providership and Joint Providership of CME Activities?

Direct Providership:

If you are working with another accredited provider in co-sponsorship, the decision regarding how you acknowledge their involvement is up to you.

Joint Providership:

Joint providership affords accredited organizations the opportunity to collaborate with non-accredited organizations to enhance the diversity and value of their educational offerings. **Accredited providers are explicitly prohibited from collaborating with ineligible companies on jointly provided CME activities.**

Who is Eligible to Engage in Joint Providership?

Accredited providers with an accreditation status of:

“Provisional Accreditation” – 2 years

“Accreditation” – 4 years, or

“Accreditation with Commendation” – 6 years

If an ACCME-accredited provider receives an accreditation status of “Probation,” it may not jointly provide CME activities with non-accredited providers, with the exception of those activities that were contracted prior to the probation decision.

A provider that is placed on Probation must inform the ISMA of all existing joint providership relationships, and must notify its current contracted joint providers of its probationary status.

Fees

The ACCME maintains no policy that requires or precludes accredited providers from charging a joint providership fee. ISMA Joint Providership Fee Schedule is as follows:



ACTIVITY TYPES

Detailed explanations follow on next page

In-Person Course	\$250/credit hour	If yes, add 25% to base fee	N/A	\$200 for each additional offering	\$100 for each additional media
Regularly Scheduled Series (RSS)⁶	\$250/credit hour	If yes, add 25% to base fee	\$250/year	N/A	\$100 for each additional media
Internet Live⁷	\$250/credit hour	If yes, add 25% to base fee	N/A	\$200 for each additional offering	\$100 for each additional media
Internet Enduring⁸	\$250/credit hour	If yes, add 25% to base fee	\$100/year	N/A	\$100 for each additional media
Other Enduring Materials⁹	\$250/credit hour	If yes, add 25% to base fee	\$100/year	N/A	\$100 for each additional media



Accountability of the Accredited Provider

The ACCME expects all CME activities to be in compliance with the ACCME Criteria, the Standards for Integrity and Independence in Accredited Continuing Education, and policies.

The accredited provider is responsible for ensuring that jointly provided activities comply with all rules and are accountable for demonstrating compliance during the reaccreditation process.

Thus, it is YOUR accreditation that is at risk. Your organization holds complete liability for the accreditation process and should be aware of the due diligence required.

The importance of your continued accreditation and joint provider cooperation cannot be over-emphasized.

With that Said.....

Please do not be afraid of Joint Providerships.

They are a great opportunity to bring in additional income for your CME program.

If your program is well established, you might even consider partnering with an organization going through the process of becoming newly accredited (Provisional Accreditation).

First-time, or initial applicants, must plan, implement and evaluate at least 2 (two) CME activities when going through the application process.

Planning & Implementation

The ACCME allows accredited providers and non-accredited organizations to collaborate in both the planning and implementation of CME activities.

In joint providership, either the accredited provider or its non-accredited joint provider may control:

- the identification of CME needs
- the determination of educational objectives
- the selection and presentation of content
- the selection of all persons and organizations that will be in a position to control CME content
- the selection of educational methods, and
- the evaluation of the activity

Informing Learners

The accredited provider must inform learners of the joint providership relationship through the use of the appropriate accreditation statement.

All printed materials for jointly provided activities must carry the appropriate accreditation statement.

“This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of (*name of accredited provider*) and (*name of non-accredited provider*). The (*name of accredited provider*) is accredited by the ISMA to provide continuing medical education for physicians.”

Prior to Planning of the Activity

When approached for a Joint Providership, first and foremost, you as the Accredited Provider will want to furnish the organization with:

- **Joint-Provider Activity Guide & Checklist**, outlining your entire application and planning process so that they are aware of what's involved
- Initial **CME Intake Form**
- Planning Committee **Disclosure of Financial Relationship Form**

JP Activity Guide & Checklist



JOINT PROVIDERSHIP PROGRAM DIVISION OF CONTINUING MEDICAL EDUCATION

CME JOINT-PROVIDER (JP) ACTIVITY GUIDE & CHECKLIST

PRIOR TO THE ACTIVITY

- ☐ **INTAKE FORM: (JP)** Complete and return Intake Form to the ISMA **prior** to the planning of the activity.

- ☐ **PLANNING COMMITTEE DISCLOSURES: (JP)** The activity Planning Committee must complete & return to the ISMA their Disclosure of Financial Relationship Forms, along with Intake Form, **prior to the first planning meeting.**

- ☐ **PRE-APPROVAL EMAIL:** If approved, **ISMA** will send you via email a Preliminary Approval, the Joint Providership Fee Schedule, an extensive CME Application and Planning Worksheet, and a Joint Providership Agreement for signature by an authorized company representative.

NOTE: To be in compliance with ISMA's policy, the Planning Committee meeting minutes **MUST** reflect the Chair of the Committee *directing all members who have indicated a potential conflict of interest will be recused from any discussion where there is a potential for the stated conflict to influence the content of the program.*

- ☐ **ISMA JOINT PROVIDERSHIP AGREEMENT: (JP)** Sign and return to ISMA the Joint Providership Agreement. A fully executed copy must be on file before proceeding.
- ☐ **SUBMIT CME APPLICATION & PLANNING WORKSHEET: (JP)** Complete and submit the ISMA CME Application & Planning Worksheet no less than **3 months prior** to the activity.
Supporting documentation **required** at time of submission:
 - ☐ Documentation that supports the practice gaps identified
 - ☐ Global program learning objectives
 - ☐ Initial planning meeting minutes
 - ☐ Projected budget for the activity
 - ☐ Preliminary program agenda listing all educational sessions, breaks and meals (including purported faculty, if known)
 - ☐ Submit all application documentation via email to Jessica Davis, CME Coordinator, at jdavis@ismanet.org
- ☐ **APPLICATION REVIEW BY ISMA:** ISMA reviews the final CME Application & Planning Worksheet and provides feedback. **Upon ISMA approval, current forms and templates will be emailed to you.** ISMA forms and templates sent in the approval email **MUST** be used; there may have been updates made to the forms since a previous activity.

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- ☐ **DISCLOSURE FORMS: (JP)** Send Disclosure of Financial Relationship Forms to all speakers and moderators for completion. For all potential Conflicts of Interest (COI) identified, a designated ISMA official must manage the disclosure and complete the ISMA COI Mitigation Form.
- ☐ **APPROVAL OF MARKETING MATERIALS: (JP)** Furnish ISMA with a copy of all print and electronic marketing materials for review & approval **2 weeks prior** to publishing/distributing.
 - ☐ All materials, including save-the-dates, brochures, flyers, website announcements, etc., must meet ISMA Marketing Guidelines and Requirements.
 - ☐ Materials should include the following elements:
 - ☐ Program/session learning objectives
 - ☐ CME accreditation, designation and disclosure statements and ISMA logo use in format provided in Marketing Guidelines
 - ☐ Acknowledgement of Educational Grants/Commercial Support (both financial & in-kind contributions)
- ☐ **EDUCATIONAL GRANTS:**
 - ☐ Any commercial support/educational grants sought must be done so with the full knowledge of ISMA. Formal Letters of Agreement (LOA) must be signed by **ALL 3 entities**:
 - ☐ Joint Provider
 - ☐ ISMA as Accredited Provider
 - ☐ Commercial Supporter/Industry Partner
- ☐ **MEETING MATERIALS:**
 - Due 30 days prior to meeting**
 - ☐ **(JP)** Submit completed Disclosure of Financial Relationship Forms to ISMA for all speakers & moderators who are participating in the activity.
NOTE: All potential Conflicts of Interest (COI) disclosed **MUST** be mitigated by ISMA before speakers/moderators are allowed to present.
 - ☐ **(JP)** Submit program Syllabus to ISMA for review/approval.
 - ☐ **(JP)** Submit all speaker **powerpoint** presentations to ISMA for review/approval.
 - Due 2 weeks prior to meeting**
 - ☐ **(JP)** Submit handouts to ISMA for review/approval.
 - ☐ **(JP)** Submit adapted Evaluation Form & CME Certificate to ISMA for final approval.
 - ☐ **(JP)** Submit Pre & Post-Test Forms to ISMA for final approval (if applicable).
 - ☐ **ISMA** will generate a Disclosure Grid/Table and send to JP for inclusion in program materials

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If your Intake Form is approved, you will receive a Preliminary Pre-Approval Email that will contain instructions and a corresponding CME Application & Planning Worksheet.

CME Application & Planning Worksheet.				
TODAY'S DATE		Click here to enter text.		
SOCIETY/ORGANIZATION NAME		Click here to enter text.		
PRIMARY CONTACT INFORMATION		NAME & TITLE/ROLE	Click here to enter text.	
		MAILING ADDRESS	Click here to enter text.	
		PHONE NUMBER(S)	Click here to enter text.	
		EMAIL ADDRESS	Click here to enter text.	
PROGRAM/ACTIVITY TITLE		Click here to enter text.		
PROGRAM DATE		Click here to enter text.	# HOURS OF INSTRUCTION	Click here to enter text.
PROGRAM TIME		Click here to enter text.	LOCATION	Click here to enter text.
PROGRAM FORMAT		<input type="checkbox"/> LIVE COURSE <input type="checkbox"/> LIVE REGULARLY SCHEDULED SERIES (RSS) <input type="checkbox"/> INTERNET LIVE COURSE <input type="checkbox"/> INTERNET ENDURING MATERIAL <input type="checkbox"/> PRINT ENDURING MATERIAL		
EXPECTED # OF ATTENDEES		Click here to enter	TARGET AUDIENCE	Click here to enter text.
PROGRAM DESCRIPTION/AGENDA		Click here to enter text.		
WHY DO PHYSICIANS NEED THIS PROGRAM?		Click here to enter text.		
HAS PROGRAM BEEN PROMOTED OR ANNOUNCED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE OR ATTACH THE PROMOTION OR ANNOUNCEMENT	Click here to enter text.
WILL THIS PROGRAM HAVE EXHIBITORS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THIS PROGRAM RECEIVE COMMERCIAL SUPPORT/GRANT FUNDING	
IF YES, LIST ALL PROSPECTIVE SUPPORTERS/GRANTORS		Click here to enter text.		

[illegible]

Ineligible Company:

The ACCME defines an “ineligible company” as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be an ineligible company.

For more information visit <https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>

INTERNAL CME STAFF NOTES:

[Click here to enter text.](#)

Disclosures

Planning Committee:

Planning Committee members should complete and return their Disclosure of Financial Relationship Forms **PRIOR** to the first planning meeting so that any potential conflicts of interest may be mitigated.

Speakers:

Proposed speaker disclosures can come later.

Mitigation:

The accredited provider is responsible for review and mitigation, especially now that they must collect disclosure information about ALL financial relationships with ineligible companies. **It is the accredited provider's responsibility to determine which relationships are relevant. You may do this in conjunction with your Joint Provider, but don't let them decide on their own.**

The ISMA currently prohibits employees & owners of commercial interests from participating on any CME planning committee and from serving as presenters, despite the exceptions.

Exceptions for Use of Employees of ACCME-Defined Commercial Interests

The use of employees of an ACCME-defined commercial interest as planners and faculty or in other roles (ie, authors & reviewers) where they are in a position to control the content of accredited CME is **prohibited** by the ACCME, except in 3 specific situations.

In each scenario—as in every accredited CME activity—the expectations of ACCME's Accreditation Requirements, including the Standards for Commercial Support, must be met.

EXCEPTION #1

Employees of ACCME-defined commercial interests can control the content of accredited CME activities when the content of the activity is not related to the business lines or products of their employer/company.

EXCEPTION #2

Employees of ACCME-defined commercial interests can control the content of accredited activities when the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.

EXCEPTION #3

Employees of ACCME-defined commercial interests can contribute when they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

Activity Approval

Once initial intake materials are returned, reviewed and approved, it is ideal that the Accredited Provider send:

- **Preliminary approval notification/email**
- **Full CME Application & Planning Worksheet**
- **Joint Providership Agreement** for signature by the Joint Provider

CME Application & Planning Worksheet

The ISMA requires this document be completed a minimum of 3 months prior to the activity to ensure compliance with ACCME/ISMA requirements.

- Provides extensive program details
- Affords documentation supporting practice gaps/needs, learning objectives, activity budget, preliminary agenda and initial planning meeting minutes.



CME APPLICATION & PLANNING WORKSHEET

INSTRUCTIONS: This Application/Planning Worksheet is to be submitted a **minimum of 3 months prior** to the activity to ensure compliance with ACCME and ISMA requirements. This application is an essential step that will guide you through the planning process. The application should be typed and legible, not handwritten.

TO SUBMIT: Email to Jessica Davis, ISMA CME Coordinator at jdavis@ismanet.org

REQUIRED SUPPORTING DOCUMENTS:

- ☐ Initial Planning Committee Meeting minutes ☐ Preliminary Program Agenda ☐ Activity Budget (including projected revenue/expenses)

Contact and Activity Information

Date Submitted: Click here to enter text.	Primary Contact Name: Click here to enter text.	Email: Click here to enter text.	Phone #: Click here to enter text.
Hospital/Society/Organization: Click here to enter text.			
Proposed Activity Title: Click here to enter text.			
Proposed # Hours of Instruction: Click here to enter text. Hours (Agenda required for approval of activities with multiple presentations)		Estimated number of participants: <input type="checkbox"/> 25 or less <input type="checkbox"/> 26 – 50 <input type="checkbox"/> 51 – 150 <input type="checkbox"/> 150+	
Proposed Activity Date(s): Click here to enter text.		Start/End Time (if live event): Click here to enter text.	Location (if live event): Click here to enter text.

Step 1 – Proposed Activity Type

- ☐ **Live Activity** - Course, Symposium, Workshop, Conference, Live Webcast
- ☐ **Enduring Activity** - An enduring material is a certified CME activity that endures over a specified time. These include print, audio, video and Internet materials, such as monographs, podcasts, CD-ROMs, DVDs, archived webinars, as well as other web-based activities

Step 2 – Activity Format: What educational approaches will you be utilizing? (Select all that apply)

- ☐ Lecture ☐ Case-Based Presentation/Discussion
- ☐ Q&A Session(s) ☐ Other (Describe): [Click here to enter text.](#)
- ☐ Panel Discussion

Step 3 – Desirable Physician Attributes/Core Competencies

CME activities should be developed in the context of desirable physician attributes. Please select all competencies that will be addressed.

ACGME/ABMS Competencies	Institute of Medicine Competencies	Interprofessional Education Collaborative Competencies
<input type="checkbox"/> Patient care and procedural skills <input type="checkbox"/> Medical knowledge <input type="checkbox"/> Practice-based learning & improvement <input type="checkbox"/> System-based practice <input type="checkbox"/> Professionalism <input type="checkbox"/> Interpersonal & communication skills	<input type="checkbox"/> Provide patient-centered care <input type="checkbox"/> Work in interdisciplinary teams <input type="checkbox"/> Employ evidence-based practice <input type="checkbox"/> Apply quality improvement <input type="checkbox"/> Utilize informatics	<input type="checkbox"/> Values/ethics for interprofessional practice <input type="checkbox"/> Roles/responsibilities <input type="checkbox"/> Interprofessional communication <input type="checkbox"/> Teams and teamwork

Step 4 – Target Audience - (Select all that apply)

Audience: <input type="checkbox"/> Primary Care Physicians <input type="checkbox"/> Specialty Physicians (specify) Click here to enter text. <input type="checkbox"/> Residents/Medical Students <input type="checkbox"/> Pharmacists	<input type="checkbox"/> Physician Assistants <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Social Workers Other: (specify) Click here to enter text.	Location: <input type="checkbox"/> Local/Regional <input type="checkbox"/> National
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Step 5 – Planning Team – Those responsible for planning/development of the activity and have control over the content of the activity. These individuals are required to complete a Disclosure of Financial Relationship Form. (Insert rows as needed)

Name (Activity Chair): Click here to enter text. Affiliation: Click here to enter text. Title: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. Fax: Click here to enter text. Role (planner): Click here to enter text.	Name: Click here to enter text. Affiliation: Click here to enter text. Title: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. Fax: Click here to enter text. Role (planner): Click here to enter text.
Name: Click here to enter text. Affiliation: Click here to enter text. Title: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. Fax: Click here to enter text. Role (planner): Click here to enter text.	Name: Click here to enter text. Affiliation: Click here to enter text. Title: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. Fax: Click here to enter text. Role (planner): Click here to enter text.

Step 6 – Faculty / Presenter Selection

Please list name/credentials of proposed presenter(s). (Insert rows as needed)

Note: These individuals are required to complete a Disclosure of Financial Relationship Form.

Name	Credentials	Affiliation
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Planning Process

The CME planning process is based on a foundation of needs assessment which serves to identify professional practice gaps of the intended audience, articulate the needs, and outline the objectives and expectations necessary to design learning activities that will change competence, performance, and/or patient outcomes. This process can be visually depicted as follows:



Step 7 – State the professional practice gap(s) of your learners on which the activity is based and how this problem was discovered/identified.

Describe the professional, practice or system-based problem(s) for your learners that will be addressed through this educational intervention.

[Click here to enter text.](#)

Step 8 – State the educational need(s) that you've determined to be the cause of the professional practice gap.

What will help solve the problem?

Knowledge need (i.e., is there new technology or new information that physicians need to know more about)

[Click here to enter text.](#)

Competence need (i.e., are there tools or strategies available that might help learners apply what they should already know)

[Click here to enter text.](#)

Performance need (i.e., is there new technology or clinical information that necessitate learners assimilating new skills)

[Click here to enter text.](#)

Step 9 – State what the CME activity is designed to change in terms of learners' competence, performance or patient outcomes. What are the objectives? Objectives are the take-home messages following the activity and describe what the learner should be able to do after completing the CME activity. They must be specific, measurable and bridge gaps between identified problem and desired outcomes. (Insert rows as needed)

Learning Objectives – Finish the statement: At the completion of this activity participants should be able to:	How will you know if your learner's competence, or performance, or patient outcomes were impacted by these objectives?
1. Click here to enter text.	<input type="checkbox"/> Subjective data - participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data
2. Click here to enter text.	<input type="checkbox"/> Subjective data - participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data
3. Click here to enter text.	<input type="checkbox"/> Subjective data - participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data

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Joint Providership Agreement

It is recommended that a "Joint Providership Agreement" be executed to:

- Clearly define the parameters of the cooperative relationship by outlining the roles, responsibilities and expectations of each party
- Outline the Joint Provider fee and payment terms

JOINT PROVIDERSHIP AGREEMENT

WHEREAS, **ORGANIZATION NAME, ORGANIZATION ADDRESS**, ("the Joint Provider") wishes to enter into a contract for joint providership of an educational activity in the form of a Live Seminar, entitled, **CME ACTIVITY NAME**, to take place on **ACTIVITY DATE(S)**, located at **ACTIVITY LOCATION**; and

WHEREAS, **ORGANIZATION NAME** has submitted an initial application to the ISMA to jointly provide **hours** of CME for said Educational Activity; and

WHEREAS, the Indiana State Medical Association ("ISMA"), located at 322 Canal Walk, Indianapolis, Indiana, 46202, is approved by the Accreditation Council for Continuing Medical Education as a CME accrediting entity and is familiar with the continuing medical education requirements; and

WHEREAS, the ISMA wishes to enter into a contract ("the Agreement") to jointly provide the afore-mentioned Educational Activity with **ORGANIZATION NAME**;

NOW, THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES CONTAINED HEREIN, THE PARTIES AGREE AS FOLLOWS:

1. **Duties of Joint Provider.** In order for the Educational Activity to be eligible for CME credit, the Joint Provider will assist the ISMA by performing the following activities in accordance with any timelines provided by the ISMA:

- a. **Budget** - The Joint Provider will prepare an itemized budget for the Educational Activity, including all revenue and expenses.
- b. **Expenses** - The Joint Provider will pay all Educational Activity expenses.
- c. **Facility, Schedule and Food** - The Joint Provider will negotiate and enter into an agreement with the facility where the Educational Activity will be held. The Joint Provider will also plan the schedule (including breaks), food and beverages.
- d. **Insurance** - The Joint Provider will obtain the necessary insurance coverage for the Educational Activity, including insurance as required by the facility where the Educational Activity will be held.
- e. **Worksheet** - The Joint Provider will identify the CME need, determine the learning objectives, the content of the program, and the delivery method.

- f. **Brochure** - The Joint Provider will provide copy of the Educational Activity brochure to the ISMA for final approval prior to distribution. If the brochure is unacceptable to ISMA, the Joint Provider shall reprint the brochure, where applicable. The ISMA will not unreasonably withhold approval. After approval, the Joint Provider will distribute the brochure to potential registrants.
- g. **Presenters and Planning Committee Members** - The Joint Provider will select and contract with the planning committee members and presenters and will provide the ISMA with the completed Disclosure of Financial Relationship Forms for all planners and presenters by the deadlines required by the ISMA. The Joint Provider understands that no employees or owners (including spouses/partners) of ACCME-defined commercial interest can serve on the planning committee or as a presenter and will provide the ISMA with the completed Disclosure of Financial Relationship forms for all planning committee members prior to any activity planning. The ISMA will not accredit the Educational Activity if a member of the planning committee or presenter is an employee or owner (including spouses/partners) of ACCME-defined commercial interest. If the ISMA determines a potential conflict of interest exists with a presenter or planner, the Joint Provider will be instructed to take certain action to resolve the conflict, up to and including recusal of the individual from the program.
- h. **Commercial Support** - The Joint Provider will provide the ISMA with the completed and signed Commercial Support agreements and abide by all CME commercial support guidelines and policies.
- i. **Syllabus** - The Joint Provider will coordinate and print the Educational Activity syllabus.
- j. **Agenda** - The Joint Provider will prepare and provide the ISMA with a program agenda for the Educational Activity.
- k. **Presenter Materials** - The Joint Provider will provide the ISMA with the presenters' presentation materials by the deadline required by the ISMA. The Joint Provider is solely responsible for ensuring that no "protected health information" as that term is defined by the Health Insurance Portability and Accountability Act is included in such materials.
- l. **Attendance Sheet** - The Joint Provider will prepare an attendance sheet for the Educational Activity and provide it to the ISMA for initial review. After conclusion of the Educational Activity, the Joint Provider will provide the ISMA with a complete listing of all attendees.
- m. **Registration** - The Joint Provider will receive and process all attendee registrations, collect the registration fees, send confirmations of registration, and provide sufficient staffing for on-site check-in during the Educational Activity. The Joint Provider will ensure that attendees provide email addresses at registration and check-in.

Income Associated with Jointly Provided Activities

If your organization is the accredited provider for a jointly provided activity, **ACCME requires you to report the same financial data that you do for directly provided activities, even if the joint provider was the recipient of the funds.**

The ACCME expects that written agreements for commercial support will:

- Be between the accredited provider and commercial supporter. (This means that the accredited provider's name and commercial supporter's name must be included in the written agreement as the parties entering into the agreement for commercial support.)
- Include the name of the joint provider or third party that would be receiving and disbursing the funds (when applicable).
- Be signed by both the accredited provider and the commercial interest providing the commercial support. Third parties and/or joint providers may also sign the written agreement but may not sign it **instead** of the accredited provider.
- Be signed prior to the activity taking place.

Approval of Marketing Materials

The Accredited Provider should supply the Joint Provider with established **Marketing Guidelines** and obtain a copy of all print and electronic marketing materials for review & approval prior to publishing/distributing to ensure the Joint Provider has included all required elements.


- Program/session learning objectives
- CME accreditation statement
- CME designation statement
- Disclosure statement
- Acknowledgement of educational grants/commercial support



322 Canal Walk • Indianapolis, IN 46202-3268
(317) 261-2060 • Toll free: (800) 257-4762 • www.ismanet.org

CME JOINT PROVIDER MARKETING GUIDELINES AND REQUIREMENTS

All marketing of your activity (both print & electronic format) must be approved by the ISMA prior to distributing or posting online. If any materials are found to be unacceptable, we will advise you of required edits and request an additional proof. If unapproved materials have already been printed or distributed, you will be asked to reprint and/or redistribute these items where applicable. Additionally, no statements of credit may be included on marketing materials without notification from the ISMA that credit has been awarded. **DO NOT STATE "ISMA credit applied for" or similar wording.**

 **All marketing must include the Designation Statement, Accreditation Statement, Note and Disclosure. See required text and notes below:**

- **Designation Statement** – The Indiana State Medical Association (ISMA) designates this live activity for a maximum of ____ (# of assigned credit hours here) *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Note: Per ACCME/AMA requirements, “AMA PRA Category 1 Credits” must be italicized; the # of credits or the “TM” should not be italicized.
- **CME Accreditation Statement** – This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint ~~providersh~~^{providership} of the ISMA and _____ (your organization name here). The ISMA is accredited by the ACCME to provide continuing medical education for physicians.
- **Disclosure** – In accordance with the ACCME Standards for Integrity and Independence in Accredited Continuing Education, educational programs sponsored by the ISMA must demonstrate balance, independence, objectivity and scientific rigor. Prior to the activity, all faculty, authors, editors and planning committee members participating in an ISMA-sponsored activity are required to disclose to attendees any relevant financial relationships with an “ineligible company” whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
- **Note** – While offering the CME credit hours listed in these pages, these activities are not intended to provide extensive training in a field.

You are not required to use the ISMA logo on your marketing, but if you choose to do so, you must abide by the usage requirements below. Upon request, we will email you an electronic copy of our logo. In your request, please specify the file type you'd like and if you will be using it in black/white or color.

- The ISMA logo must be printed in one of two color formats:
 - The state, “ISMA” and line underneath “ISMA” in solid PANTONE 647 Coated/ PANTONE 2945 Uncoated. “INDIANA STATE MEDICAL ASSOCIATION” in solid black.
 - The entire logo in solid black.
- The logo must be resized proportionally as is.



Submit your marketing materials to:

Jessica Davis, ISMA CME Coordinator, via one of these methods:

- Email: jdavis@ismanet.org
- Snail Mail: 322 Canal Walk, Indianapolis, IN 46202
- Fax: (317) 261-2076

You will notice the guidelines state

“If any materials are found to be unacceptable, we will advise you of the required edits and request an additional proof. If unapproved materials have already been printed or distributed, you will be asked to reprint and/or redistribute these items where applicable.”

This includes websites.

Meeting Materials

The Accredited Provider should supply the Joint Provider with templates for all documents to be utilized.

- Speaker Disclosure & Content Validity Forms
- Disclosure Grid, statements and/or script
- Evaluation Form
- CME Certificate Template
- Activity Budget Template



CONTINUING MEDICAL EDUCATION

DISCLOSURE OF FINANCIAL RELATIONSHIP FORM

Name/Credentials	Click here to enter text.		
Telephone Number:	Click here to enter text.	E-Mail Address:	Click here to enter text.
Activity Name:	Click here to enter text.	Date:	Click here to enter text.
Please indicate your role in this CME activity: <input type="checkbox"/> Presenter/Faculty <input type="checkbox"/> Course Director <input type="checkbox"/> Moderator <input type="checkbox"/> Planning Committee (Please check all that apply)			

Purpose: It is the policy of the Indiana State Medical Association (ISMA) to ensure balance, independence, objectivity, and scientific rigor in all of its sponsored educational activities. All participating faculty, course directors, and planning committee members are required to disclose to the program audience any financial relationships related to the subject matter of continuing medical education (CME) activities/programs. Disclosure information is reviewed in advance in order to manage and resolve any possible conflicts of interest. This information is necessary in order for us to be able to move to the next steps in planning this CME activity.

Persons who fail to provide this information in advance of the course (allowing for adequate time for review) are not eligible to be involved in this CME activity.

Participation: We are pleased that you are willing and able to participate in this CME activity, which is accredited by the ISMA. The ISMA is accredited by the Accreditation Council for Continuing Medical Education (ACCME). As such, we are required to meet the ACCME's expectations for our practice of continuing medical education.

Step 1: Disclosure of All Financial Relationships

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition in Glossary of Terms). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, in any amount, with ineligible companies. You should disclose relationships regardless of the potential relevance of each relationship to the education.

Regarding your role in this CME activity (check one):

- ☐ **No**, in the past 24 months, I have not had any financial relationships with an ineligible company.
☐ **Yes**, I do have a personal financial relationship with an ineligible company (Provide information below)

Nature of Financial Relationship	Name of Ineligible Company(s)	Has the relationship ended?
<input type="checkbox"/> Consultant	Click here to enter text.	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau	Click here to enter text.	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support <input type="checkbox"/> Principal Investigator	Click here to enter text.	<input type="checkbox"/>
<input type="checkbox"/> Board Member	Click here to enter text.	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)	Click here to enter text.	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee/Owner*	Click here to enter text.	<input type="checkbox"/>
<input type="checkbox"/> Other (Describe):	Click here to enter text.	<input type="checkbox"/>

*** The ISMA PROHIBITS employees and owners of Ineligible Companies from participating on any CME PLANNING COMMITTEE and serving as presenters.**

Additional information may be requested to address any perceived conflict of interest. All identified conflicts of interest must be mitigated in advance of the activity and disclosure information will be shared with activity participants.



CONTINUING MEDICAL EDUCATION

Step 2: Speaker Disclosure of Off-Label and/or Investigational Uses

If at any time during my educational activity, I discuss an off-label/investigative use of a commercial product/device, I understand that I must provide disclosure of that intent.

- ☐ **No**, I do not intend to discuss an off-label/investigative use of a commercial product/device.
☐ **Yes**, I do intend to discuss off-label/investigative use(s) of the following commercial product(s)/device(s).

Click here to enter text.

Step 3: ISMA Statements & Rules to Ensure Content Validation

We would like to enlist your help to ensure that educational content is fair and balanced and that any clinical content presented supports safe, effective patient care. This includes the expectations that:

- All recommendations for patient care in accredited continuing education must be based on current science, evidence and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
- All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation. Citations of the work are recommended.
- The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific business interest of a commercial interest.
- Recommendations involving diagnosis and treatment discussed in the presentation are based on evidence which is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patient.
- Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of the accredited provider to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence and clinical reasoning.
- Content cannot be included in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners or practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
- I understand that ISMA CME staff will need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance, as requested.
- I understand that commercial entity corporate names or logos should not appear on my slides or handouts.
- I understand that ISMA CME staff may be attending the event to ensure that my presentation is educational, and not promotional, in nature.
- If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any individual company.
- If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau for any ineligible company, the promotional aspects of the presentation will not be included in any way with this activity).
- If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods and will not promote the commercial interest of the funding company.
- If I am presenting research studies, I will include weaknesses and strengths of each study, in addition to harms and benefits of specific products. I will also discuss studies presenting different conclusions about the product, if available.

If you have any questions regarding your ability to comply, please contact Jessica Davis, CME Coordinator, at 317-261-2060, or by e-mail at jdavis@ismanet.org.

Step 4: Declaration

I will uphold the ISMA CME standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this continuing education activity. I understand that CME accreditation guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the accredited CME provider or its educational partner (or fiscal agent).

Signature/Printed Name: Click here to enter text.

Date: Click here to enter text.

- If sending this completed document electronically, please type your name above and check this box:
☐ By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

Thank you for providing us with this information.
RETURN TO: Jessica Davis, CME Coordinator, at jdavis@ismanet.org



FINANCIAL DISCLOSURE & CONFLICT OF INTEREST GRID**"Program Title"****Venue • City, State • Date**

The Indiana State Medical Association (ISMA) has implemented a process whereby everyone who is in a position to control the content of an educational activity has disclosed to us all relevant financial relationships with any ineligible company (formerly known as "commercial interest"). In addition, should it be determined that a conflict of interest exists as a result of a financial relationship, it must be mitigated prior to the activity.



Please note all of the relevant financial relationships listed for these individuals have been mitigated.

Name	Speaker	Planner	Ineligible Company	Role/Nature of Financial Relationship
Jessica Davis, ISMA CME Coordinator		X	No relevant financial relationships with ineligible companies	N/A

J:/Office/CME/Forms/Disclosure Grid

Updated: Jan 2021





REQUIRED CME PROGRAM EVALUATION QUESTIONS

SA=Strongly Agree, A=Agree, D=Disagree, SD=Strongly Disagree, N/A

	SA	A	D	SD	N/A
1. Activity content fulfilled the goals/objectives					
2. Speaker and Planning Committee financial conflicts of interest and mitigation were disclosed before the program began (slide, handout and/or verbal disclosure).					
3. The activity was presented objectively and was free of commercial bias.					

For questions 4 – 11, please mark your response(s):

4. Today's program format was conducive to learning. ☐ Yes ☐ No

If no, please provide alternative format suggestions: _____

5. This activity will assist in the improvement of my (mark all that apply):

- ☐ Competence (will turn the knowledge I gained into a strategy; I have a plan to implement what I learned)
- ☐ Performance (will take what I learned and put it into practice) (i.e. _____)
- ☐ Patient outcomes (what I learned will positively affect my patient outcomes) (i.e. _____)

6. Which ONE of the following best describes the impact of this activity on your performance?

- ☐ This education affirms what I am already doing.
- ☐ This activity will not change my behavior because I do not agree with the information presented.
- ☐ I need more information before I can change my practice behavior.
- ☐ I will immediately implement the information into my practice.

7. Which of the following actions will you take as a result of participating in this educational activity (mark all that apply):

- ☐ Discuss new information with other professionals.
- ☐ Participate in another activity on this topic
- ☐ Broaden my outlook
- ☐ Change my practice/approach
- ☐ Other, please specify _____
- ☐ None

8. Indicate any barriers that might prevent you from applying this knowledge (mark all that apply):

- ☐ Cost
- ☐ Lack of experience
- ☐ Lack of opportunity
- ☐ Lack of time
- ☐ Lack of resources
- ☐ Reimbursement/insurance issues
- ☐ Patient adherence/compliance
- ☐ No barriers
- ☐ Other, please specify _____

9. What additional information could you use to better implement what you've learned?

10. Additional suggestions or comments about this activity: _____

11. Suggestions for future educational topics: _____

Name _____ Title/Discipline _____ Date _____

MD/DO/NP/PA/Other

Organization/Address: _____ Email _____

Updated: Jan 2021



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Indiana State Medical Association (ISMA)

CME JOINT PROVIDER ACTIVITY BUDGET AND DOCUMENTATION OF COMMERCIAL SUPPORT/GRANTS TEMPLATE

The Joint Provider will, at the conclusion of the activity, fill out and submit an Activity Budget, detailing all revenue and expenses associated with the activity, including all commercial support and grants. This information is kept on file by the ISMA. While a template is included below, you may choose to use your own.

Title of CME Activity _____

Activity Date _____

Activity Location _____

Income Category	Budget	Actual	Expense Category	Budget	Actual
Registration Fees			Marketing		
Participants @ \$			Save-the-date cards		
Participants @ \$			Brochure		
Participants @ \$			Advertisements		
Subtotal—Registration Fees			Mailing Labels		
Commercial Support (List Sources)			Postage		
			Other (Specify)		
			Other (Specify)		
			Subtotal—Marketing		
			Meeting Space and Logistics		
Subtotal—Commercial Support			Audiovisuals		
Exhibitors (List Sources)			Audience response system		
			Meeting room rental		
			Hotel Lodging (faculty/staff only)		
			Meals		
			Syllabus and other handouts		
			Supplies		
			Other (Specify)		
			Subtotal—Meeting Space/Logistics		
			Honoraria and Travel Expenses (list faculty)		
Subtotal—Exhibitors					
In-kind Contributions					
Subtotal—In-kind Contributions			Subtotal—Honoraria/Travel Expenses		
Other (Specify—e.g., government)			Other Expenses		
			Administrative fee		
			Operational expenses		
			Other certification fee		
Subtotal—Other			Subtotal—Other Expense		
TOTAL INCOME			TOTAL EXPENSES		
NET GAIN OR (LOSS)					

Presentation Materials

The **Accredited Provider** should review the following in advance of the activity to ensure content is free of promotion and commercial bias, is fair and balanced:

- Program Syllabus/Agenda
- All handouts
- All presentation slides

This step might involve peer review.

REMINDER: All financial relationships disclosed must be reviewed for relevancy and mitigated before speakers/moderators are allowed to present.

Post Conference

The Accredited Provider should collect the following documents from the Joint Provider:

- Program Evaluation Summary
- Pre/Post Test Summary (if applicable)
- Attendance List
- Final Activity Budget - listing all expenses and revenue, including registration fees, exhibitor fees and commercial support/educational grants

(remember, you'll need to report this information in PARS, just as you do for Directly Provided activities)

CME Certificates

The American Medical Association (AMA) **does not** require that an Accredited Provider issue CME certificates. However, the AMA does provide certificate language that serves as an example.

"The (name of accredited CME provider) certifies that (name of physician) (degree) has participated in the (learning format) titled (title of activity) (at location, when applicable) on (date) and is awarded (number of credits) AMA PRA Category 1 Credit(s)™.

The AMA **does** require that an Accredited Provider supply documentation to participating physicians of the credit awarded, at the request of the physician.

CME Certificates (con't.)

Required elements on documentation provided to participating physicians includes:

- Physician's name and degree
- Name of Accredited Provider
- Title of activity
- Learning format
- Location of activity
- Date(s) of activity (or date physician completed the activity)
- Number of *AMA PRA Category 1 Credits™* awarded

The AMA credit designation statement is not required on certificates or transcripts.



**The Indiana State Medical Association
certifies that**

<Participant Name>

has participated in the live activity entitled
<Activity Name>

Location: <Activity Venue> • <Activity City, State>

Date of Attendance: <Activity Date(s)>

Total Credits Earned: Awarded<#Credits Earned> *AMA PRA Category 1 Credits™*



Wrap-up

- You, the Accredited Provider, are in control
- Be keenly aware of the due diligence required for Joint Providerships.
- Don't permit employees/owners of an Ineligible Company to be involved, or you will find yourself open to scrutiny by the ACCME
- Document your mitigation strategies/steps
- You must fully understand:
 - What is and isn't a Conflict of Interest
 - What is and isn't a Relevant Financial Relationship
 - What is and isn't an Ineligible Company (Commercial Interest)

GROUP DISCUSSION & QUESTIONS



Please feel free to reach out to ISMA Staff whenever necessary. We are here for you! Here's our contact information

Janette Helm, Director of Education & Professional Development
jhelm@ismanet.org

Cheryl Stearley, CME Accreditation & Recognition Administrator
cstearley@ismanet.org

Jessica Davis, CME Coordinator
jdavis@ismanet.org

