

# Joint Providerships

**ISMA CME Training  
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Indiana State Medical Association**



# 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.

# 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 ACCME 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:



**ACTIVITY TYPES**  
Detailed explanations follow on next page

Activity Type	1 Base Fee <sup>1</sup>	2 Commercial support <sup>2</sup> received?	3 Additional monitoring fees <sup>3</sup>	4 Multiple offerings <sup>4</sup>	5 Multimedia offerings <sup>5</sup>
<b>In-Person Course</b>	\$250/credit hour	If yes, add 25% to base fee	N/A	\$200 for each additional offering	\$100 for each additional media
<b>Regularly Scheduled Series (RSS)<sup>6</sup></b>	\$250/credit hour	If yes, add 25% to base fee	\$250/year	N/A	\$100 for each additional media
<b>Internet Live<sup>7</sup></b>	\$250/credit hour	If yes, add 25% to base fee	N/A	\$200 for each additional offering	\$100 for each additional media
<b>Internet Enduring<sup>8</sup></b>	\$250/credit hour	If yes, add 25% to base fee	\$100/year	N/A	\$100 for each additional media
<b>Other Enduring Materials<sup>9</sup></b>	\$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 Commercial Support, and policies (accreditation requirements).

In cases of joint providership, it is the accredited provider's responsibility to be able to demonstrate this compliance to the ACCME.

Thus, it is YOUR accreditation that's at risk.

Your organization holds complete liability for the accreditation process. The importance of your continued accreditation and joint provider cooperation cannot be over-emphasized.

# Planning & Implementation

The ACCME allows accredited providers and non-accredited organizations - if they are not ACCME-defined commercial interests - to collaborate in 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 take responsibility for a CME activity when it is presented in cooperation with a non-accredited organization and must inform learners of the joint providership relationship through the use of 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 the Accredited Provider should furnish the organization with:

- **Joint-Provider Activity Guide & Checklist**, outlining the entire application and planning process
- **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 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 [cstearley@ismanet.org](mailto:cstearley@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.

- DISCLOSURE FORMS: (JP)** Send Disclosure of Financial Relationship Forms and Content Validity 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 Resolution 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 and Content Validity Forms to ISMA for all speakers & moderators who are participating in the activity.

**NOTE:** All potential Conflicts of Interest (COI) disclosed **MUST** be vetted and resolved 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

# Intake Form



## CONTINUING MEDICAL EDUCATION (CME) – INTAKE FORM

**This form must be submitted to the ISMA prior to the start of any planning for an educational activity.** Our initial Intake Form is mandatory in order to be in compliance with Accreditation Council for Continuing Medical Education (ACCME) Accreditation Criteria, which requires that anyone in a position to control the content of an educational activity has disclosed to us all relevant financial relationships with any commercial interest. Therefore, all Planning Committee members must complete a Financial Relationship Disclosure Form prior to the planning of the activity.

Once your Intake Form is approved, you will receive a Preliminary Pre-Approval Email that will contain instructions and a corresponding 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 text.	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	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, LIST ALL PROSPECTIVE SUPPORTERS/GRANTORS	Click here to enter text.		

PLANNING COMMITTEE MEMBERS	NAME/DEGREE	FINANCIAL DISCLOSURE COLLECTED/ATTACHED
	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO

♦ The Joint Provider will appoint all planning committee members ensuring that no employees and/or owners (including spouse/partner) of an ACCME-defined commercial interest serve on the committee, and will provide the ISMA with the completed Financial Relationship Disclosure 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 is an employee and/or owner of an ACCME-defined commercial interest.

**Commercial Interest:**  
 The ACCME defines a "commercial interest" as any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients. The ACCME does not consider providers of clinical service directly to patients to be a commercial interest.

For more information visit <http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support>

**INTERNAL CME STAFF NOTES:**

Click here to enter text.

# 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 resolved.

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

# 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 CME activity is not related to the business lines or products of their employer.

## EXCEPTION #2

Employees of ACCME-defined commercial interests can control the content of accredited CME activities when the content of the accredited CME activity is limited to basic science research (ie, pre-clinical research, drug discovery) or the *processes/methodologies* of research, themselves unrelated to a specific disease or compound/drug.

In these circumstances, the accredited provider must be able to demonstrate that it has implemented processes to ensure employees of ACCME-defined commercial interests have no control of CME activity content that is related to clinical applications of the research/discovery or clinical recommendations concerning the business lines or products of their employer.

## EXCEPTION #3

Employees of ACCME-defined commercial interests can participate as technicians in accredited CME activities that teach the safe and proper use of medical devices.

In this circumstance, the accredited provider must demonstrate that it implements processes to ensure that employees of ACCME-defined commercial interests have no control of CME activity content that is related to clinical recommendations concerning the business lines or products of their employer.

# Activity Approval

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

- **Preliminary approval notification/email**
- **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. Each section references a letter/number (i.e., C5) which refers to the relevant ACCME Criterion. For more information on the ACCME criteria, refer to the [ACCME Essential Areas and their Elements](#).

If you require additional space for any section of this application, please attach a separate sheet, denoting the corresponding section. The application should be typed and legible, not handwritten.

### TO SUBMIT

Email to Cheryl Stearley, ISMA CME Coordinator at [cstearley@ismanet.org](mailto:cstearley@ismanet.org)

### REQUIRED SUPPORTING DOCUMENTS:

- Initial Planning Committee Meeting minutes
- Needs Assessment supportive documentation
- Preliminary Program Agenda
- Activity Budget (including projected revenue/expenses)

Contact and Activity Information			
Date Submitted: <a href="#">Click here to enter text.</a>	Primary Contact Name: <a href="#">Click here to enter text.</a>	Email: <a href="#">Click here to enter text.</a>	Phone #: <a href="#">Click here to enter text.</a>
Hospital / Society / Organization: <a href="#">Click here to enter text.</a>			
Proposed Activity Title: <a href="#">Click here to enter text.</a>			
Proposed # Hours of Instruction: (Agenda required for approval of activities with multiple presentations): <a href="#">Click here to enter text.</a> Hours		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): <a href="#">Click here to enter text.</a>		Start/End Time (if live event): <a href="#">Click here to enter text.</a>	Location (if live event): <a href="#">Click here to enter text.</a>

Step 1 - Proposed AMA Activity Type - The educational format chosen should be appropriate for the setting, objectives, and desired results of the activity (Select by placing an X in the appropriate box)	C5
<input type="checkbox"/> <b>Live Activity</b> - Course, Symposium, Workshop, Conference, Live Webcast	
<input type="checkbox"/> <b>Enduring Activity</b> - 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.	
<input type="checkbox"/> <b>Performance Improvement Activity</b> - PI CME is a certified CME activity in which an accredited CME provider structures a long-term three-stage process by which a physician or group of physicians learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures.	

Step 2 - Planning Team - Individuals with responsibility for the planning and development of the activity, and have control over the content of the activity. Specify their role. These individuals are required to complete a Disclosure of Financial Relationships COI Form. (Insert rows as needed)	C7		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;">           Name (Activity Chair): <a href="#">Click here to enter text.</a>            Affiliation: <a href="#">Click here to enter text.</a>            Title: <a href="#">Click here to enter text.</a>            Email: <a href="#">Click here to enter text.</a>            Phone: <a href="#">Click here to enter text.</a>      Fax: <a href="#">Click here to enter text.</a>            Role (planner, presenter): <a href="#">Click here to enter text.</a> </td> <td style="width: 50%; border: none; vertical-align: top;">           Name: <a href="#">Click here to enter text.</a>            Affiliation: <a href="#">Click here to enter text.</a>            Title: <a href="#">Click here to enter text.</a>            Email: <a href="#">Click here to enter text.</a>            Phone: <a href="#">Click here to enter text.</a>      Fax: <a href="#">Click here to enter text.</a>            Role (planner, presenter): <a href="#">Click here to enter text.</a> </td> </tr> </table>	Name (Activity Chair): <a href="#">Click here to enter text.</a> Affiliation: <a href="#">Click here to enter text.</a> Title: <a href="#">Click here to enter text.</a> Email: <a href="#">Click here to enter text.</a> Phone: <a href="#">Click here to enter text.</a> Fax: <a href="#">Click here to enter text.</a> Role (planner, presenter): <a href="#">Click here to enter text.</a>	Name: <a href="#">Click here to enter text.</a> Affiliation: <a href="#">Click here to enter text.</a> Title: <a href="#">Click here to enter text.</a> Email: <a href="#">Click here to enter text.</a> Phone: <a href="#">Click here to enter text.</a> Fax: <a href="#">Click here to enter text.</a> Role (planner, presenter): <a href="#">Click here to enter text.</a>	
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Step 3 - Target Audience - Activities are generated around content that matches the learners' current or potential scope of practice. (Select all that apply - at least one from each category)		
<b>Audience:</b> <input type="checkbox"/> Primary Care Physicians <input type="checkbox"/> Specialty Physicians <input type="checkbox"/> Pharmacists <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Rehabilitation Therapists <input type="checkbox"/> Social Worker <input type="checkbox"/> Residents and Fellows <input type="checkbox"/> Medical Students <input type="checkbox"/> Other: (specify, <a href="#">Click here to enter text.</a> )	<b>Location:</b> <input type="checkbox"/> Local/Regional <input type="checkbox"/> National <input type="checkbox"/> International	<b>Specialty:</b> <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Pediatrics <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Psychiatry <input type="checkbox"/> Family Medicine <input type="checkbox"/> Radiology <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Rheumatology <input type="checkbox"/> Neurology <input type="checkbox"/> Surgical Specialties: Trauma, General, Orthopedic, Thoracic <input type="checkbox"/> Oncology <input type="checkbox"/> Other:

### 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 4 - What problem will be addressed with this activity? Describe the professional, practice or system-based problem(s) for your learners that will be addressed through this educational intervention; i.e., the professional practice gap of your physicians on which the activity is based	C2		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none; vertical-align: top;"> <b>What is the problem?</b>  <a href="#">Click here to enter text.</a> </td> <td style="width: 40%; border: none; vertical-align: top;"> <b>Why does this problem exist?</b>  <a href="#">Click here to enter text.</a> </td> </tr> </table>	<b>What is the problem?</b> <a href="#">Click here to enter text.</a>	<b>Why does this problem exist?</b> <a href="#">Click here to enter text.</a>	
<b>What is the problem?</b> <a href="#">Click here to enter text.</a>	<b>Why does this problem exist?</b> <a href="#">Click here to enter text.</a>		

Step 5 - What is the physicians' education need that will help solve the problem? State the educational need that you determined to be the cause of the professional practice gap. Consider: What should learners be doing? What should learners not be doing? What should learners understand? Competence is the ability to apply knowledge, skills, and judgment in practice; knowing how to do something. Performance is competence put into practice; the degree to which participants do what the activity intended them to do.	C2
State physicians' <b>knowledge</b> <a href="#">goal, Click here to enter text.</a>	
and/or, state physicians' <b>competence</b> <a href="#">goal, Click here to enter text.</a>	
and/or, physicians' need for improved <b>performance</b> <a href="#">Click here to enter text.</a>	



# Joint Providership Agreement

A "Joint Providership Agreement" should be executed:

- Clearly defining the parameters of the cooperative relationship by outlining the roles, responsibilities and expectations of each party
- Outlining 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

## 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 2 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 ~~providership~~ **providership** of the ISMA and \_\_\_\_\_ (your organization name here). The ISMA is accredited by the ACCME to provide continuing medical education for physicians.
- **Note** – While offering the CME credit hours listed in these pages, these activities are not intended to provide extensive training in a field.
- **Disclosure** – In accordance with the ACCME Standards for Commercial Support, 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 interest or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services that are discussed in an educational activity.

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*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.



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**Submit your marketing materials to:**

Cheryl Stearley, ISMA CME Coordinator, via one of these methods:

- Email: [cstearley@ismanet.org](mailto:cstearley@ismanet.org)
- Snail Mail: 322 Canal Walk, Indianapolis, IN 46202
- Fax: (317) 261-2237

# 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





DISCLOSURE OF FINANCIAL RELATIONSHIP FORM

<b>Name/Credentials:</b>	Click here to enter text.		
<b>Telephone Number:</b>	Click here to enter text.	<b>E-Mail Address:</b>	Click here to enter text.
<b>Activity Name:</b>	Click here to enter text.	<b>Date:</b>	Click here to enter text.

Please indicate your role in this CME activity:  **Presenter/Faculty**  **Course Director**  **Moderator**  **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. Relationships of spouse/partner with proprietary entities producing health care goods or services should be disclosed if they are of a nature that may influence the objectivity of the individual in a position to control the content of the CME activity. 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 Relevant Financial Relationships

Relevant financial relationships are those in which an individual (including their spouse/partner) in the last 12 months:

- has had a personal financial relationship (any amount) with a commercial interest, which is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients; and who
- has control over educational content related to the products and/or services of the commercial interest(s).

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

- No**, I/we have no relevant personal financial relationship. (If you checked this box, skip to Step 2)
- Yes**, I/we do have a personal financial relationship with a commercial interest and control over educational content related to the products and/or services of the commercial interest(s). (Provide information below)

Nature of Financial Relationship	Name of Commercial Interest(s) and Relationship	Self	Spouse/Partner
<input type="checkbox"/> Consultant	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support <input type="checkbox"/> (Principal Investigator or working directly for company/company's agent)	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee/Owner*	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Describe):	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>

\*The ISMA PROHIBITS employees and owners of Commercial Interests 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 managed and resolved in advance of the activity and disclosure information will be shared with the activity participants.



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: Statements & Rules of ISMA/ACCME Accreditation / Content Validation

Please read the statements/rules of ISMA/ACCME accreditation below, sign, and return to the ISMA Continuing Medical Education Office. If you have any questions regarding your ability to comply, please contact Cheryl Stearley, CME Coordinator, at 317-261-2060, or by e-mail at [stearley@ismanet.org](mailto:stearley@ismanet.org).

- 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. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based, and unbiased, and has adequate justification for their indications and contraindications in the care of a patient.
- 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 contraindication in the care of patient.
- All scientific research referred to, reported or used in CME in support of justification of patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis. Citations of the work are recommended.
- The content will not 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. The content will not advocate for unsound modalities of diagnosis or therapy.
- Objectives of my presentation are consistent with overall objectives of the course, and the content is relevant to participants needs.
- I have disclosed (via Disclosure Form to ISMA) all relevant financial relationships. I understand these will be disclosed to the audience, if they are relevant/potentially relevant to the educational content.
- I have not and will not accept any honoraria, additional payment or reimbursements beyond that which has been agreed upon directly with the ISMA.
- 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 am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
- If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau for any commercial interest), the promotional aspects of the presentation will not be included in any way with this activity.
- If I am a speaker for any commercial interest, the promotional aspects of this relationship 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.

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 CME 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.





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 resolutions 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.  Change my practice/approach  
 Participate in another activity on this topic  Other, please specify \_\_\_\_\_  
 Broaden my outlook  None
8. Indicate any barriers that might prevent you from applying this knowledge (mark all that apply):  
 Cost  Reimbursement/insurance issues  
 Lack of experience  Patient adherence/compliance  
 Lack of opportunity  No barriers  
 Lack of time  Other, please specify \_\_\_\_\_  
 Lack of resources \_\_\_\_\_
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 \_\_\_\_\_





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



# 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 presentations

All potential conflicts of interest disclosed must be vetted and resolved 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 Credits(s)<sup>TM</sup>.”*

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
- 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<sup>TM</sup>* 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™*





# Conclusion

- You, the Accredited Provider, are in control
- Be aware of the due diligence required for Joint Providerships. It's your accreditation on the line if protocol is not followed by the Joint Provider
- Don't permit employees/owners of a Commercial Interest to be involved, or you will find yourself open to scrutiny by the ACCME
- You must fully understand:
  - What is and isn't a Conflict of Interest
  - What is and isn't a Financial Relationship
  - What is and isn't a Commercial Interest
- When in doubt about working with a Joint Provider, err on the side of caution and say "No"

# Questions ??

You may always reach out to us at the ISMA.

Ranae Obregon, CME Director

[robregon@ismanet.org](mailto:robregon@ismanet.org)

Shelly Symmes, CME Recognition Administrator

[ssymmes@ismanet.org](mailto:ssymmes@ismanet.org)

Cheryl Stearley, CME Coordinator

[cstearley@ismanet.org](mailto:cstearley@ismanet.org)

