

Activity Planning and Preparing for Audits: Use of the PIP Abstract & More

October, 2020

Program vs. Activity Requirements

Let's hear about the difference from ACCME.....



ACCME™



Today we're going to focus on **ACTIVITY Requirements.....**

those that inform our day-to-day planning
in the development of activities



Why Do We Do CME?

Important and commonly cited reasons:

- Required for licensure
- Maintain privileges
- Maintain board certification

The main reason:

CME is provided to maintain or improve competence and performance, and ultimately result in better patient care/outcomes

ACCME Requirements for Planning a CME Activity

- Use a planning process that links educational needs with desired results (C2)
- Use needs assessment data to plan
 - Generate activities that are designed to change competence, performance and/or patient outcomes (C3)

ACCME Requirements for Planning a CME Activity

- Choose educational formats that are appropriate for the setting, objectives and desired results of the activity (C5)
- Develop activity/educational interventions in the context of desirable physician attributes - IOM, ACGME, ABMS (C6)

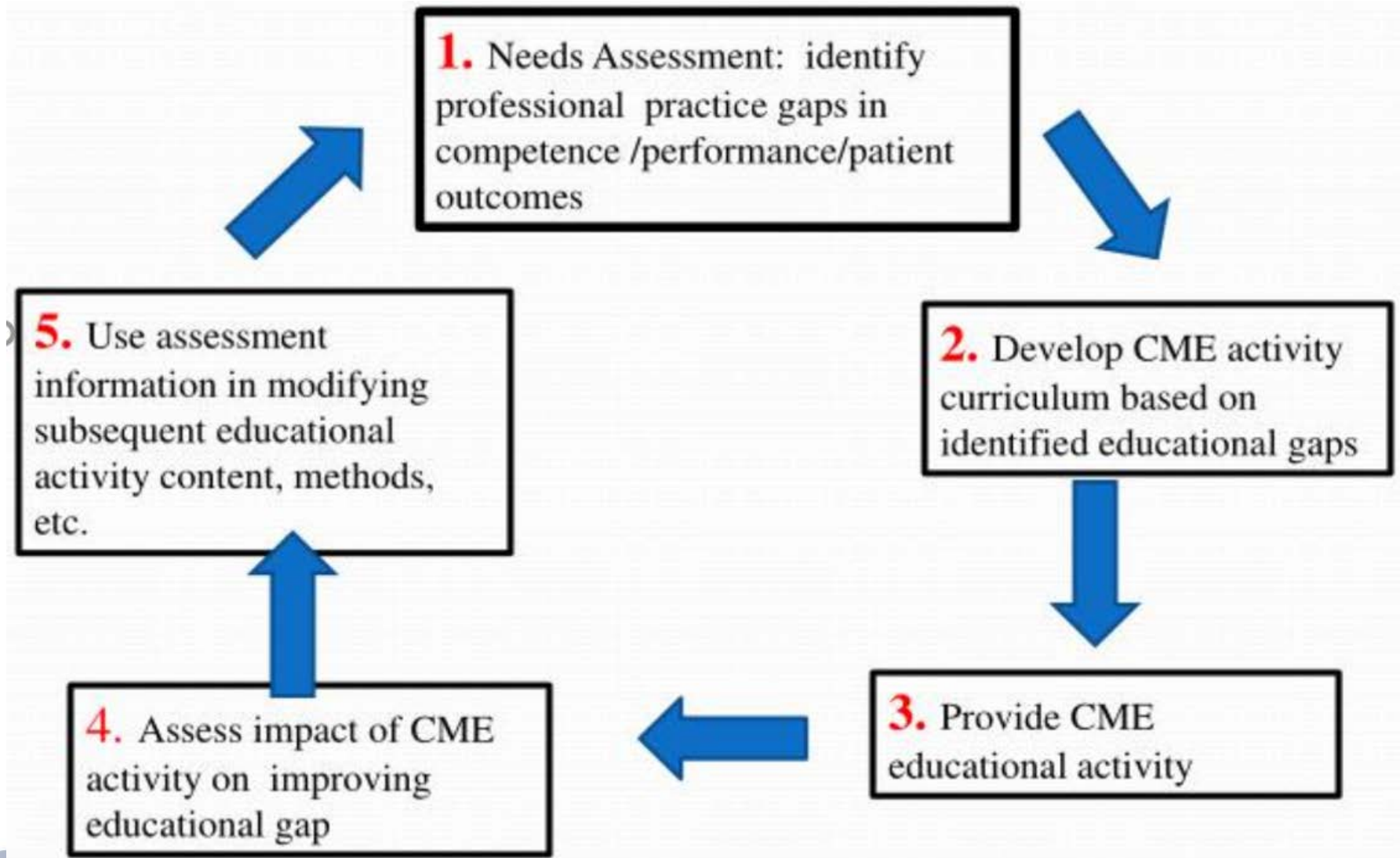
ACCME Requirements for Planning a CME Activity

- Develop activities/educational interventions independent of commercial interests (C7)
- Appropriately manage commercial support (C8)
- Maintain a separation of promotion from education (C9)

ACCME Requirements for Planning a CME Activity

- Promote improvements in health care and not proprietary interests of a commercial interest (C10)
- Evaluate effectiveness of activity in meeting identified educational needs
 - Analyze change in learners' competence, performance and/or patient outcomes (C11)

CME Activity Planning Cycle



Documenting Your Activity Planning Along the Way is Crucial

- It is best practice to have some type of **Planning Worksheet** in place to help ensure you are taking steps to meet requirements.
- When it comes time to submit an activity to ISMA for audit/review, you will find having all activity details in one planning document is extremely helpful.

Consider Using the Performance-in-Practice Abstract as Your Planning Document

When a provider goes through the reaccreditation process, the Abstract **must** accompany each activity file submitted for performance-in-practice review.

ISMA Performance-in-Practice Structured Abstract

A tool for preparing and demonstrating compliance through performance-in-practice

Instructions: Complete this form for each activity selected for the ISMA's performance-in-practice review. Complete all sections applicable for the activity, and assemble attachments, marking each attachment with the appropriate number. If submitting material electronically, assemble a single PDF file that includes this form and the required attachments with each attachment bookmarked. Submit the abstract/attachments to the ISMA as instructed.

ACCME Provider ID:		Provider Name:	
Activity Title:			
Activity Date (mm/dd/yyyy):		Activity Type: (Course, RSS, Enduring, etc.):	
		Providership: (Direct/Joint):	
		Commercial Support Received: (Yes/No)	



State the **professional practice gap(s)** of your learners on which the activity was based (maximum 100 words). (C2)



State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each). (C2)

Knowledge need and/or

Competence need and/or

Performance need



State what this CME activity was designed to change in terms of learners' competence or performance or patient outcomes (maximum 50 words). (C3)



Explain why this educational format is appropriate for this activity (maximum 25 words). (C5)



Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses. (C6)

ACGME/ABMS Competencies

- ☐ Patient Care and Procedural Skills
- ☐ Medical Knowledge
- ☐ Practice-based Learning and Improvement
- ☐ Interpersonal and Communication Skills
- ☐ Professionalism
- ☐ Systems-based Practice

Institute of Medicine Competencies

- ☐ Provide patient-centered care
- ☐ Work in interdisciplinary teams
- ☐ Employ evidence-based practice
- ☐ Apply quality improvement
- ☐ Utilize informatics

Interprofessional Education

Collaborative Competencies

- ☐ Values/Ethics for Interprofessional Practice
- ☐ Roles/Responsibilities
- ☐ Interprofessional Communication
- ☐ Teams and Teamwork

Other Competency(ies) (specify):

For all INDIVIDUALS IN CONTROL OF CONTENT for the activity ...



Complete the table below. If you have this information already available electronically, then simply include it as part of Attachment 2. For each individual in control of content, list the name of the individual, the individual's role (e.g., planner, editor, content reviewer, faculty) in the activity, the name of the **ACCME-defined commercial interest** with which the individual has a **relevant financial relationship** (or if the individual has no relevant financial relationships), and the nature of that relationship.

(Note: please ensure that when you are collecting this information from individuals, that you are using the most current definitions of what constitutes a relevant financial relationship and ACCME-defined commercial interest.) (C7 SCS 2.1, 2.2, 2.3)

Name of individual	Individual's role in activity	Name of commercial interest	Nature of relationship
Example: Jane Smythe, MD	Course Director	None	---
Example: Thomas Jones	Faculty	Pharma Co. US	Research grant

(If there are additional individuals in control of content for the activity, please attach a separate page using the same column headings.)

If the activity was **COMMERCIALLY SUPPORTED** ...



Complete the table below. If you have this information already available electronically, then simply include it as part of Attachment 8. List the names of the commercial supporters of this activity and the \$ value of any monetary commercial support and/or indicate in-kind support (C8 SCS 3.4-3.6).

Name of commercial supporter	Amount of monetary commercial support	In-kind
Example: XYZ Pharma Company	\$5,000	<input checked="" type="checkbox"/>
Example: ABC Medical Device Company		<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>



(If there are additional commercial supporters, please attach a separate page using the same column headings.)



ATTACHMENTS/DEMONSTRATION OF EVIDENCE

Attachment 1	The activity topics/content, e.g., agenda, brochure, program book, or announcement. (ACCME Definition of CME)
Attachment 2	The form, tool, or mechanism used to identify relevant financial relationships of all individuals in control of content. (C7 SCS 2.1). e.g., signed disclosure form or conflict of interest form. Include all planning committee members, presenters, authors, moderators; anyone writing/approving objectives.
Attachment 3	Evidence that you implemented your mechanism(s) to resolve conflicts of interest for all individuals in control of content prior to the start of the activity. (C7 SCS 2.3) If anyone in control of content revealed a relevant financial relationship, what action did you take to resolve the perceived conflict of interest? Include documentation of provider's review, and the individual's agreement to promote only quality or improvements in healthcare and not to promote the specific business of the commercial interest, e.g. signed form, written communication, and/or any additional actions taken.
Attachment 4	The disclosure information as provided to learners about the relevant financial relationships (or absence of relevant financial relationships) that each individual in a position to control the content of CME disclosed to the provider. (C7 SCS 6.1-6.2, 6.5) <i>Proof that disclosure was made to learner prior to the start of the activity, e.g. on slide, syllabus, grid, tabletop sign, or handout. If verbal disclosure was made, provide documentation or attestation from participant.</i>
Attachment 5	The data or information generated from this activity about changes achieved in learners' competence or performance or patient outcomes. (C11) <i>Documentation verifying the activity was evaluated for change, e.g. the summarized evaluations of the overall activity (post evaluation), or the summarized follow-up evaluations, or quality assurance data showing changes in patient outcomes.</i>
Attachment 6	The ACCME accreditation statement for this activity, as provided to learners . (Appropriate Accreditation Statement) <i>The accreditation statement must appear on CME activity materials and brochures distributed by the accredited provider to the learners when specific information, such as presenters and objectives, is included.</i>

If the activity was **COMMERCIALLY SUPPORTED** ...

Attachment 7	The income and expense statement for this activity that details the receipt and expenditure of all of the commercial support. (C8 SCS 3.13) <i>Include copies of payments from commercial supporter(s) made directly to your organization. Also, provide a copy of the budget sheet showing expenditures and a copy of check sent to speaker.</i>
Attachment 8	Each executed commercial support agreement for the activity. (C8 SCS 3.4-3.6)
Attachment 9	The commercial support disclosure information as provided to learners . (C7 SCS 6.3-6.5) <i>Proof that commercial support disclosure was made to learner prior to the start of the activity, e.g. on flyer, slide, syllabus, grid, tabletop sign, or handout. If verbal disclosure was made, provide documentation or attestation from participant.</i>

If this activity is an **enduring material, internet CME, or journal-based CME**...

Attachment 10	The CME product (or a URL and access code – if applicable) with your performance-in-practice.
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**Let's look at
each section of the
Performance-in-Practice
Abstract and how it
helps you gather
documentation to
assure you are meeting
activity requirements**



Basic Activity Details

ISMA Performance-in-Practice Structured Abstract

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ACCME Provider ID:	<input type="text"/>	Provider Name:	<input type="text"/>				
Activity Title:	<input type="text"/>						
Activity Date (mm/dd/yyyy):	<input type="text"/>	Activity Type: (Course, RSS, Enduring, etc.)	<input type="text"/>	Providership: (Direct/Joint)	<input type="text"/>	Commercial Support Received: (Yes/No)	<input type="text"/>

Provider ID # can be found in your PARS
(Program & Activity Reporting System) profile

Identified Practice Gaps and Needs (C2)



State the **professional practice gap(s)** of your learners on which the activity was based (maximum 100 words). (C2)



State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each). (C2)

Knowledge need *and/or*

Competence need *and/or*

Performance need

GAP: A gap analysis can be defined as the determination of the difference between current knowledge/practices (what physicians are doing) and current evidence-based practices (what physicians should be doing).

Gaps can occur in knowledge, skills or practice.

Identified Practice Gaps and Needs (C2)



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State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each). (C2)

Knowledge need *and/or*



Competence need *and/or*



Performance need



Gap Example

Before (NOT a practice gap): LGBTQ students continue to face discrimination in their everyday lives. Creating Safe Spaces can help these students thrive in a safe and healthy learning environment.

After (A well-articulated practice gap): A learner practice gap exists because healthcare providers currently lack the skills necessary to create a safe and healthy learning environment for LGBTQ students.

Identified Practice Gaps and Needs (C2)



State the **professional practice gap(s)** of your learners on which the activity was based (maximum 100 words). (C2)



State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each). (C2)

Knowledge need *and/or*

Competence need *and/or*

Performance need

NEED: Educational needs that underlie the professional practice gaps of your own learners.

Educational needs fall into 3 categories:

- 1) Knowledge needs (knowing what to do)
- 2) Competence needs (knowing how to do something; a strategy for applying knowledge to practice)
- 3) Performance need (having the ability to implement a strategy into practice)

Identified Practice Gaps and Needs (C2)



State the **professional practice gap(s)** of your learners on which the activity was based (maximum 100 words). (C2)



State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each). (C2)

Knowledge need *and/or*

Competence need *and/or*

Performance need

Need Example:

A new antibiotic was recently approved for treating community acquired pneumonia.

Knowledge need: understanding that a new antibiotic is available for community acquired pneumonia

Competence need: knowing how to prescribe the antibiotic to patients with community acquired pneumonia

Performance need: the ability to integrate an evidence-based approach to using the new antibiotic into clinical practice

What is the Activity Designed to Change? (C3)



State what this CME activity was designed to change in terms of learners' competence or performance or patient outcomes (maximum 50 words). (C3)

This is where your learning objectives come into play.

What are your performance expectations?

What is the expected change in competence, performance or patient outcomes expected of learning involved in this educational activity?

Educational Format (C5)



Explain why this educational format is appropriate for this activity (maximum 25 words). (C5)

Why did you find the educational format chosen for this activity to be appropriate for the setting, objectives and desired results of the activity?

- Live, face-to-face
- Internet live
- Enduring
- Journal-based CME

Desirable Physician Attributes (C6)



Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses. (C6)

ACGME/ABMS Competencies

- ☐ Patient Care and Procedural Skills
- ☐ Medical Knowledge
- ☐ Practice-based Learning and Improvement
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- ☐ Interprofessional Communication
- ☐ Teams and Teamwork

Let the Abstract help drive your process of identifying which of the desirable physician attributes the learning from your activity should have an impact on.

Individuals in Control of Content (C7)

For all INDIVIDUALS IN CONTROL OF CONTENT for the activity ...



Complete the table below. If you have this information already available electronically, then simply include it as part of Attachment 2. For each individual in control of content, list the name of the individual, the individual's role (e.g., planner, editor, content reviewer, faculty) in the activity, the name of the [ACCME-defined commercial interest](#) with which the individual has a [relevant financial relationship](#) (or if the individual has no relevant financial relationships), and the nature of that relationship.

(Note: please ensure that when you are collecting this information from individuals, that you are using the most current definitions of what constitutes a relevant financial relationship and ACCME-defined commercial interest.) (C7 SCS 2.1, 2.2, 2.3)

Name of individual	Individual's role in activity	Name of commercial interest	Nature of relationship
<i>Example: Jane Smythe, MD</i>	<i>Course Director</i>	<i>None</i>	<i>---</i>
<i>Example: Thomas Jones</i>	<i>Faculty</i>	<i>Pharma Co. US</i>	<i>Research grant</i>

NOTE: Ensure that when collecting disclosure from individuals, you are using the most current definition of a **commercial interest** and what constitutes a **relevant financial relationship**.

Individuals in Control of Content (C7)

It is critical in this section to list ALL involved in planning and implementation of the activity.

- Educational Staff
- Planners
- Planning Committee
- Content Reviewers
- Authors/Faculty Presenters

Commercial Support (C8)

If the activity was COMMERCIALLY SUPPORTED ...



Complete the table below. If you have this information already available electronically, then simply include it as part of Attachment 8. List the names of the commercial supporters of this activity and the \$ value of any monetary commercial support and/or indicate in-kind support (C8 SCS 3.4-3.6).

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<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

(If there are additional commercial supporters, please attach a separate page using the same column headings.)

Commercial Support is any financial or in-kind contributions given by a commercial interest which is used to pay for all or part of the costs of a CME activity.

Commercial Support (C8)

Common types of Commercial Support:

- Educational Grant from a pharmaceutical company
- Provision of equipment or supplies
- Funding of social events related to CME activity

The following is not considered Commercial Support:

- Exhibit fees
- Educational grant from a non-profit company (i.e., educational/philanthropic foundation, law firm, insurance company)

Demonstration of Evidence

(Key attachments that you will be asked to provide, along with completed PIP Abstract during reaccreditation)

Attachment 1:

The activity topics/content

- *Agenda, or*
- *Brochure, or*
- *Announcement, or*
- *Program Book (Syllabus)*

Demonstration of Evidence

(Key attachments that you will be asked to provide, along with completed PIP Abstract during reaccreditation)

Attachment 2 (C7-SCS 2):

The form, tool or mechanism used to **identify relevant financial relationships** of all individuals in control of content.

- *Signed disclosure (or conflict of interest) form*
- *As long as you list everyone in control of content within the table, you need only provide 1 copy of a signed disclosure form.*

Demonstration of Evidence

(Key attachments that you will be asked to provide, along with completed PIP Abstract during reaccreditation)

Attachment 3 (C7-SCS 2):

Evidence that you implemented your mechanism(s) to **resolve conflicts of interest** for all individuals in control of content prior to the start of the activity.

- If anyone in control of content revealed a relevant financial relationship, **what action did you take to resolve the perceived conflict of interest?**
- Include documentation of your review and individual's agreement to promote only quality/improvements in healthcare and avoid commercial bias/influence.
 - *COI Resolution Form*
 - *Written communication*
 - *Any additional actions taken*

Demonstration of Evidence

(Key attachments that you will be asked to provide, along with completed PIP Abstract during reaccreditation)

Attachment 4 (C7-SCS 6):

The **disclosure information as provided to learners** about the relevant financial relationships (or absence thereof) that each individual in a position to control the content of CME disclosed to the provider.

- Proof that disclosure was made to learners prior the start of the activity
 - *Flyer*
 - *Slide*
 - *Grid*
 - *Tabletop sign*
 - *Handout*
 - *Syllabus*

Demonstration of Evidence

(Key attachments that you will be asked to provide, along with completed PIP Abstract during reaccreditation)

Attachment 5 (C11):

The data or **information generated from this activity about changes** achieved in learner's competence or performance or patient outcomes.

- Documentation verifying the activity was evaluated for change.
 - *Summarization of evaluations for the activity*
 - *Summarized follow-up evaluations (60 or 90 day post evaluation)*
 - *Quality assurance data showing changes in patient outcomes as a result of the activity*

Demonstration of Evidence

(Key attachments that you will be asked to provide, along with completed PIP Abstract during reaccreditation)

Attachment 6:

The **ACCME accreditation statement** for this activity, as provided to learners.

- The accreditation statement must appear on CME activity materials and brochures distributed to learners when specific information, such as presenters and objectives, is included.
 - *Brochure*
 - *Poster*
 - *Announcement*
 - *Program Book (Syllabus)*

Demonstration of Evidence

(Key attachments that you will be asked to provide, along with completed PIP Abstract during reaccreditation)

If the activity was **COMMERCIALLY SUPPORTED**:

Attachment 7 (C8):

The **income and expense statement** for the activity that details the receipt and expenditure of all commercial support

- *Income (registration fees, exhibit fees, commercial support)*
- *Expenses (speaker honoraria & travel expenses, venue rental, equipt. rental, meals, advertising, etc.)*

Demonstration of Evidence

(Key attachments that you will be asked to provide, along with completed PIP Abstract during reaccreditation)

If the activity was **COMMERCIALY SUPPORTED**:

Attachment 8 (C8):

Each executed **commercial support agreement** for the activity.

Demonstration of Evidence

(Key attachments that you will be asked to provide, along with completed PIP Abstract during reaccreditation)

If the activity was **COMMERCIALY SUPPORTED**:

Attachment 9 (C7-SCS 6):

The **commercial support disclosure information** as provided to learners.

- Proof that commercial support disclosure was made to learners prior to the start of the activity.
 - *Flyer*
 - *Slide*
 - *Grid*
 - *Tabletop sign*
 - *Handout*
 - *Syllabus*

Demonstration of Evidence

(Key attachments that you will be asked to provide, along with completed PIP Abstract during reaccreditation)

If the activity is an enduring material (recorded CME):

Attachment 10

The CME product (or a URL and access code) with your performance in practice.

The product may consist of:

- *Video recording*
- *Handouts*
- *Activity landing page information as it appears to learner(s)*

Preparing for an ISMA Audit

- Save your promotional materials/advertisements
- Save those important emails
- Save those background searches when researching/resolving potential conflicts of interest (COI)
- Save your notes

These items will all help when you are reviewing your activity files 4-6 years down the road, as you may not recall activity specifics.

Preparing for an ISMA Audit during Reaccreditation

ISMA will ask CME providers to select and submit 15 activities from their current accreditation term to show evidence of performance-in-practice.

- At least 1 activity from each year of current term
- Examples of each type of activity held (live, enduring, jointly-provided, RSS, journal-based, etc.)
- If applicable, at least 1 activity example for which commercial support was received.

Preparing for an ISMA Audit during Reaccreditation

Let's examine what a completed file looks like with use of the Abstract



The *Guide to Process for Reaccreditation* will provide you with direction on what to submit.

Affix a label on the front cover of the activity file folder

Organization:	Indiana State Medical Association	Activity Type:	Course
Activity Title:	Attorney General's Annual Prescription Drug Abuse Symposium	<u>Providership:</u> Direct or Joint	Joint
Activity Date:	10/29/2018	Commercial Support:	None

(Use 8 ½ X 11 file or pocket folder)

“Cover Sheet” Abstract – Page 1

NOTE:
Entire list of *Individuals in Control of Content* included as Attachment #3 (too many to include here)



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ACCME Provider ID:	3002120	Provider Name:	Indiana State Medical Association				
Activity Title:	Attorney General's Annual Prescription Drug Abuse Symposium						
Activity Date (mm/dd/yyyy):	10/29/2018	Activity Type: (Course, RSS, Enduring, etc.):	Course	Providership: (Direct/Joint)	Joint	Commercial Support Received: (Yes/No)	No



State the **professional practice gap(s)** of your learners on which the activity was based (maximum 100 words). (C2)

Prescription drug abuse continues to grow in Indiana. Physicians and other health care professionals have a need for continuous knowledge updates to stay current in best practices for prevention and treatment of Opioid Use Disorder (OUD), as well as the efforts being instituted by the State of Indiana to fight the epidemic. It is a priority for the Indiana Attorney General and his office.



State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each). (C2)

Knowledge need *and/or*

Practices continue to develop and change rapidly as the epidemic escalates. Providers must do everything within their power to mitigate the drug abuse crisis engulfing our state and help break the cycle of addiction. They must learn tools needed to reverse discouraging trends and put our state on a positive path to a brighter future. The symposium will focus on strategies of prevention, treatment and enforcement.

Competence need *and/or*

Providers will be able to implement effective treatment and harm reduction strategies and make appropriate referrals to SUD recovery centers/programs.

Performance need



State what this CME activity was designed to change in terms of learners' competence or performance or patient outcomes (maximum 50 words). (C3)

The activity is designed to change practitioners knowledge and competence in treating patients with pain and OUD, with an ultimate effect of bettering patient outcomes, including a decrease in overdose deaths.



Explain why this educational format is appropriate for this activity (maximum 25 words). (C5)

A live symposium with lectures, breakout sessions and panel discussions is preferred for educating a large group of health care professionals. This allows for open dialogue during Q&A.



Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses. (C6)

ACGME/ABMS Competencies

- ☐ Patient Care and Procedural Skills
- ☒ Medical Knowledge
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Interprofessional Education Collaborative Competencies

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Name of individual	Individual's role in activity	Name of commercial interest	Nature of relationship
Example: Jane Smythe, MD	Course Director	None	---
Example: Thomas Jones	Faculty	Pharma Co. US	Research grant
(SEE ATTACHED)			

Abstract – Page 2



NOTE:

If no Commercial Support received, indicate “Not Applicable”

(If there are additional individuals in control of content for the activity, please attach a separate page using the same column headings.)

If the activity was **COMMERCIALY SUPPORTED** ...



Complete the table below. If you have this information already available electronically, then simply include it as part of Attachment 8. List the names of the commercial supporters of this activity and the \$ value of any monetary commercial support and/or indicate in-kind support (C8 SCS 3.4-3.6).



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Example: XYZ Pharma Company	\$5,000	<input type="checkbox"/>
Example: ABC Medical Device Company		<input checked="" type="checkbox"/>
NOT APPLICABLE		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

(If there are additional commercial supporters, please attach a separate page using the same column headings.)



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If the activity was **COMMERCIALY SUPPORTED** ...

Attachment 7	The income and expense statement for this activity that details the receipt and expenditure of all of the commercial support. (C8 SCS 3.13) Include copies of payments from commercial supporter(s) made directly to your organization. Also, provide a copy of the budget sheet showing expenditures and a copy of check sent to speaker.
Attachment 8	Each executed commercial support agreement for the activity. (C8 SCS 3.4-3.6)
Attachment 9	The commercial support disclosure information as provided to learners . (C7 SCS 6.3-6.5) Proof that commercial support disclosure was made to learner prior to the start of the activity, e.g. on flyer, slide, syllabus, grid, tabletop sign, or handout. If verbal disclosure was made, provide documentation or attestation from participant.

If this activity is an **enduring material, internet CME, or journal-based CME**...

Attachment 10	The CME product (or a URL and access code – if applicable) with your performance-in-practice..
---------------	------------------------------------------------------------------------------------------------

Attachment 1

Activity Topic/Content: 2-Day Agenda

Day One: October 29th, 2018 - Agenda



Agenda

7:30 a.m. - 8:30 a.m.
8:30 a.m. - 9:45 a.m.
9:45 a.m. - 10:00 a.m.
10:00 a.m. - 10:15 a.m.
10:15 a.m. - 10:30 a.m.

Registration and Exhibits
Announcements and Housekeeping
Opening Remarks - Indiana Attorney General Curtis Hill
Keynote Address: Addiction Medicine: The Good, The Bad and The Ugly
Speaker: Darin Mangione - *Justus*

Break

Breakout Sessions

1. Drug Testing in Clinical Practice (Urine/Blood/Saliva/Hair)
Speaker: Dmitry Artyuk - *Indiana Highway*

2. A New Approach to Serving Justice-Involvement Substance Abusers and Addicted in Allen County
Speakers: Wendy Davis - *Allen County Superior Court*, Marcia Huff - *Lafayette Foundation*, Beth Lock - *Allen County Jail*, Wilson - *Park Center*

3. Addressing the Opioid Public Health Crisis - Effective Resources for Communities
Speakers: Justin Phillips - *Overlook Life Inc.*, Kaitlyn Sturgeon - *Overlook Life Inc.*

4. Recovery is Possible
Speakers: Robert Bernard - *Switzerland County Nurse Managed Clinic*

5. You Know This When You Hire Me: Cultivating a Recovery Positive Work Environment
Speaker: Natasha Chonka - *Drug Free Marion County*

Break

Breakout Sessions

1. Clinical Benefits and Controversies with Medication-Assisted Treatment
Speakers: John Nichols - *Strategic Recovery Services*

2. Criminal Interdiction
Speakers: Jason Carmina - *Strategic Recovery Services*

3. Show Me Yours, I'll Show You Mine: Opioid Task Force Promoting Transparency and Data Sharing
Speakers: Ann Vermilion - *Marion General Hospital*, Josh Ziglar - *Marion Police Department*

4. Peer Recovery Coaches: Hope, Support, & Recovery Found in Parkview Health's Emergency Dept.
Speakers: Corinne Kerrigan - *Parkview Behavioral Health*, Abigail Howard - *Parkview Behavioral Health*

5. Youth Awareness and Education - A Digital Approach to Prescription Drug Abuse Prevention
Speakers: Mackley Murphy - *JV2021*, Kevin Thompson - *Waters, Stephanie Long - North Central Health Services*, Mary Beth Benveniste - *Advisory General's Office*

Break / Lunch Service

Keynote Address: Federal Law Enforcement's Response to Opioids
Speakers: Josh Minkler - *US District Attorney*, Greg Kendall - *DEA Indianapolis*

Break

1:30 p.m. - 2:30 p.m.
2:30 p.m. - 2:45 p.m.

7

Day One: October 29th, 2018 - Agenda



Agenda

2:45 p.m. - 3:45 p.m.

Breakout Sessions

1. Finding Rigor: Integrative Approach to the Person in Pain
Speaker: Palmer MacKie - *St. Vincent's School of Medicine & Eastern Health*

2. From the Cartel to a First-Time User: Challenges of Drug Prosecution in an Opioid Epidemic
Speakers: Rick Frank - *Marion County Prosecutor's Office*, Rob Benson - *Marion County Prosecutor's Office*

3. Community Collaboration - Helping to Decrease the Drug Crisis
Speakers: Ron Stevens - *Wayne County Coroner*, Stacy Steele - *Drug Free Wayne County Partnership*

4. Project ECHO: Tele-mentoring Program for the Treatment of Opioid Use Disorder
Speaker: Kristen Kiley - *St. Vincent's School of Medicine*, Kaitlyn Rebo - *Indiana Prevention Resource Center*

Break

Breakout Sessions

1. Opioid Substance Use Disorder: A Patient Safety Approach
Speakers: Jim Fuller - *Indianapolis Coalition for Patient Safety*, Marty Gargano - *Princeton Health*

2. Counterfeit Medicine in America 2018
Speakers: Shabir Salari - *The Partnership for Safe Medicines*, Sven Bergmann - *The Partnership for Safe Medicines*

3. Turning Point Recovery Center: A Successful Alternative to Incarceration
Speakers: Rachel Hallock - *Volunteers of America Indiana*, Allison Pugh - *Volunteers of America Indiana*

4. Stay Sharp, Think About It - Drug and Alcohol Prevention Program for Teens
Speakers: Missy Bowman - *Teen Challenge Indiana*, Andrew Bowman - *Teen Challenge Indiana*, and Teen Challenge Students

5:00 p.m.

End of Day One

 View the symposium agenda, announcements and more on your device.

Use SOCIO to view the agenda announcements and more on your device.

- Download the Socio Event App for iPhone or Android
- After the app is installed, please Sign Up and setup your Profile!
- Go to the Events Tab and select Search for an Event
- Search for and find AG Drug Abuse Symposium
- Select Join Now

Day Two: October 30th, 2018 - Agenda



Agenda

7:30 a.m. - 8:30 a.m.
8:30 a.m. - 8:45 a.m.
8:45 a.m. - 9:45 a.m.
9:45 a.m. - 10:00 a.m.
10:00 a.m. - 11:00 a.m.

Breakfast and Exhibits
Opening Remarks - Indiana Attorney General Curtis Hill
Keynote Address: Is Not an Option - Collaboration Matters
Speaker: Justice Steven David - *Indiana Supreme Court*

Break

Breakout Sessions

1. Rural Innovations in Addictions Care
Speaker: Katrina Norris - *Aspen Regional Health System*

2. Indiana HHTAs Heroin Response Strategy: Investing in Partnerships to Build Safe & Healthy Communities
Speakers: Chuck Poraczk - *Indiana State Police*, Meredith Canada - *Social Worker Therapist*, Bob Ghyen - *Former DEA*

3. Transforming Policies and Partnerships Between Schools, Public Safety, Treatment Providers and Community Leaders
Speakers: Mary Scott Fadden - *City of Fishers*, Indiana, Suzanne Clifford, Inspiring Transformation LLC, Steve Orsini - *Fishers HS*, Brooke Lunsford - *Hamilton Southeastern Schools*, Ashley Elrod - *City of Fishers*

4. The Peer Led Recovery Movement in Indiana
Speakers: Amy Beckley - *PSA*, Brandon George - *Indiana Addictions Issues Coalition*

5. What is Happening in the Adolescent Brain During Risk Taking?
Speaker: Leslie Halpern - *Indiana School of Health*

Break

Breakout Sessions

1. The Intersection of Trauma and Substance Use Disorders
Speaker: Meta P. Hanzlik - *Meta P. Hanzlik LLC*

2. Jail Chemical Addiction Program (UCAP) Presentation
Speakers: Aaron Nagegaard - *Indiana Attorney General's Office*, Representatives of Dearborn County Courts

3. Preventing Substance Use in Youth by Strengthening Families
Speaker: Barbara Beaulieu - *Princeton University*, Amanda Galloway - *Purdue University*

4. The Overlooked Risks of Benzodiazepine Use
Speaker: Catherine Pittman - *St. Mary's College*

5. Neonatal Abstinence Syndrome: The Opioid Epidemic Explained and Treated Through Attachment
Speaker: Joana Chambers - *Indiana University School of Medicine*

Break / Lunch Service

Keynote Address: Opioid Use, Trafficking and Abuse in Mexico: The Importance of Binational Collaboration
Speaker: Oscar Santiago Quintana, *Federal Attorney General's Office of Mexico*

Break

Large Bonus Educational Breakout Sessions

Safe Drug Handling Class for Law Enforcement
Speakers: Brock Hensley - *Boonville Township*, Jeff Dr. Rick Fox - *Aaron Nagegaard - Indiana Attorney General's Office*


Safe Opioid Prescribing in the Mist of an Epidemic - *celebrates the new Indiana 28 Opioid CME requirement*
Speakers: Amy LaRoc - *St. Vincent Medical Group*, Palmer MacKie - *Eastern Health*

Program Concludes

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Attachment 2

Completed Disclosure Form



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CONTINUING MEDICAL EDUCATION

DISCLOSURE OF FINANCIAL RELATIONSHIP FORM

Name/Credentials	Joshua Marsh		
Telephone Number:	317-233-3970	E-Mail Address:	joshua.marsh@atg.in.gov
Activity Name:	Indiana Attorney General's 9 th Annual Prescription Drug Abuse Symposium	Date:	Oct. 29 – 30, 2018

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.



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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 cstearley@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 unscientific 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: Joshua Marsh

Date: 2/19/2018

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.



CONTINUING MEDICAL EDUCATION

Thank you for providing us with this information.
RETURN TO: Cheryl Stearley, CME Coordinator at cstearley@ismanet.org.

Glossary of Terms as Defined by the American Council on Continuing Medical Education (ACCME)

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

Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant Financial Relationships

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. The ACCME considers "content of CME about the products or services of that commercial interest" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.



CONTINUING MEDICAL EDUCATION

FOR CME OFFICE USE ONLY

RESOLUTION OF CONFLICT OF INTEREST

Step 1	Owners/Employees of Commercial Interest (CI)
<input checked="" type="checkbox"/>	Not an employee/owner of CI (go to Step 2)
<input type="checkbox"/>	Planning Committee employee/owner of CI (choose from below):
	<input type="checkbox"/> No planning has occurred – individual is fully recused from committee
	<input type="checkbox"/> Planning has occurred – activity will not be accredited
<input type="checkbox"/>	Faculty/speaker employee/owner of CI (choose from below):
	<input type="checkbox"/> Faculty/speaker is not allowed to present
	<input type="checkbox"/> Activity will not be accredited

Step 2	Conflict of Interest (COI)
<input checked="" type="checkbox"/>	No relevant financial relationship (no COI)
<input type="checkbox"/>	Potential COI – presenter (choose from below):
	<input type="checkbox"/> Presentation materials reviewed to ensure fair balance, scientific objectivity and no commercial bias
	<input type="checkbox"/> Presenter will refrain from making recommendations on topics of COI
	<input type="checkbox"/> All recommendations for patient care are based on peer review data
	<input type="checkbox"/> Role is limited so financial relationship no longer relevant
	<input type="checkbox"/> Discontinue contracted services that create financial relationship – must disclose such relationship to audience for 12 months
	<input type="checkbox"/> Individual excluded from content creation and delivery, was replaced with another presenter
	<input type="checkbox"/> Activity will not be accredited
<input type="checkbox"/>	Potential COI – planner
	<input type="checkbox"/> Planner recused from planning content relevant to reported COI
	<input type="checkbox"/> Another non-conflicted planner will participate in planning to ensure fair balance; non-conflicted planner will review proposed content to ensure it is free from potential bias; non-conflicted planner will oversee selection of faculty

Attachment 3

Evidence of Mechanisms to Resolve COI

Name of Individual	Individual's Role(s) in Activity	Name of Commercial Interest(s)	Nature of Relationship(s)	Mechanism(s) implemented to resolve conflict of interest appropriate to role(s) in the activity
Allen, Mary	Planner	n/a	n/a	n/a
Arbuck, Dmitry, MD	Speaker	Quest Laboratories	Consultant	Quest is a diagnostic laboratory; speaker covered drug testing in clinical practice; slide review conducted
Beatson, Robert	Speaker	n/a	n/a	n/a
Beaulieu, Barbara	Speaker	n/a	n/a	n/a
Bergmann, Sven	Speaker	n/a	n/a	n/a
Brilliant, Jeremy	Planner	n/a	n/a	n/a
Brinkley, Amy	Speaker	n/a	n/a	n/a
Bonaventura, Mary Beth	Speaker/Planner	n/a	n/a	n/a
Bovard, Kelsey	Speaker	n/a	n/a	n/a
Bowman, Andrew	Speaker	n/a	n/a	n/a
Bowman, Missy	Speaker	n/a	n/a	n/a
Canada, Meredith, LCSW	Speaker	n/a	n/a	n/a
Cangany, Marty	Speaker	n/a	n/a	n/a
Carmin, Jason	Speaker	n/a	n/a	n/a
Chambers, Joanna	Speaker	n/a	n/a	n/a
Cheatham, Natasha	Speaker	n/a	n/a	n/a
Clifford, Suzanne	Speaker	n/a	n/a	n/a
David, Justice Steven	Speaker	n/a	n/a	n/a
Davis, Judge Wendy	Speaker	n/a	n/a	n/a
Elrod, Ashley	Speaker	n/a	n/a	n/a
Esselborn, Kaley	Speaker	n/a	n/a	n/a

Attachment 3

Evidence of Mechanisms to Resolve COI

Fadness, Mayor Scott	Speaker	n/a	n/a	n/a
Frank, Rick	Speaker	n/a	n/a	n/a
Fuller, Jim, PharmD	Speaker	n/a	n/a	n/a
Galloway, Amanda	Speaker	n/a	n/a	n/a
Glynn, Robert	Speaker	n/a	n/a	n/a
George, Brandon	Speaker/Planner	n/a	n/a	n/a
Gustafson, Melissa	Planner	n/a	n/a	n/a
Haaff, Marcia	Speaker	n/a	n/a	n/a
Hanzlik, Maria	Speaker	Butler University; Four County Counseling Center	Consultant; Speakers Bureau	Not found to be a CI; not relevant
Hensley, Brock	Speaker	n/a	n/a	n/a
Hill, Chris L.	Planner	n/a	n/a	n/a
Howard, Abigail, PhD	Speaker	n/a	n/a	n/a
Hulvershorn, Leslie, MD	Speaker	n/a	n/a	n/a
Johnson-Goff, Kristina	Speaker	n/a	n/a	n/a
Kelley, Kristen	Speaker	n/a	n/a	n/a
Kerrigan, Connie, RN	Speaker	n/a	n/a	n/a
Krug, Jessica	Planner	n/a	n/a	n/a
LaHood, Amy, MD	Speaker/Planner	n/a	n/a	n/a
Lawson, Brooke, MSW	Speaker	n/a	n/a	n/a
Lock, Beth	Speaker	n/a	n/a	n/a

Attachment 3

Evidence of Mechanisms to Resolve COI

Long, Stephanie, MBA, BSN	Speaker	n/a	n/a	n/a
MacKie, Palmer, MD	Speaker/Planner	n/a	n/a	n/a
Mangiacarne, Darrin	Speaker	n/a	n/a	n/a
Marsh, Joshua	Planner	n/a	n/a	n/a
Mathis, Julia	Planner	n/a	n/a	n/a
McCaffrey, Stephen	Planner	The Third House, LLC	Consultant	Third House specializes in health policy, improving access to care; not found to be a CI;
Minkler, Josh	Speaker	n/a	n/a	n/a
Murphy, Madelyn	Speaker	n/a	n/a	n/a
Negangard, Frank Aaron	Speaker	n/a	n/a	n/a
Nichols, Jake, PharmD	Speaker	Pear Therapeutics	Consultant	Pear Therapeutics develops software technology/tracking tools for clinicians (digital care plans); speaker discussed software technology available to aid in tracking patient care/progress; slide review conducted
Norris, Katrina	Speaker	n/a	n/a	n/a
Orusa, Steve	Speaker	n/a	n/a	n/a
Phillips, Justin	Speaker	n/a	n/a	n/a
Pittman, Catherine, PhD	Speaker	n/a	n/a	n/a
Porucznik, Chuck	Speaker	n/a	n/a	n/a
Pugh, Allison	Speaker	n/a	n/a	n/a
Quintos, Oscar Aaron	Speaker	n/a	n/a	n/a
Santiago	Speaker	n/a	n/a	n/a
Reho, Kaitlyn	Speaker	n/a	n/a	n/a
Thompson, Kevin	Speaker	n/a	n/a	n/a
Safdar, Shabbir	Speaker	n/a	n/a	n/a
Spitzer, Honorable Mark	Speaker	n/a	n/a	n/a
Stearley, Cheryl	Planner	n/a	n/a	n/a
Steele, Stacey, MBA	Speaker	n/a	n/a	n/a
Director	Speaker	n/a	n/a	n/a
Stevens, Ron	Speaker	n/a	n/a	n/a
Sturgeon, Kourtney	Speaker	n/a	n/a	n/a
Suttle, Lisa, MBA, RN	Speaker	n/a	n/a	n/a
Vermillion, Ann	Speaker	n/a	n/a	n/a
Vinard, Wendy	Planner	n/a	n/a	n/a

Attachment 4

Disclosure Information as Provided to Learners

FINANCIAL DISCLOSURE CONFLICT OF INTEREST GRID

Office of the Indiana Attorney General

"9th Annual Prescription Drug Abuse Symposium "

Embassy Suites – Noblesville Conference Center • Noblesville, IN • October 29 & 30, 2018



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

Name	Speaker	Planner	Commercial Interest	Role/Nature of Financial Relationship	What I Received	Conflict/Resolved
Allen, Mary Director of Strategic Planning & Resources Office of the Indiana Attorney General		X	No relevant financial relationships with any commercial interests	N/A	N/A	None
Arbuck, Dmitry, MD President and Medical Director Indiana Polyclinic	X		Quest Laboratories	Consultant	Consultant Fee	Resolved/ Not Relevant
Beatson, Robert Strategic Prosecution Division Supervisor Marion County Prosecutor's Office	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Beaulieu, Barbara Dept. of Human Development & Family Studies Purdue University	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Bergmann, Sven Senior Advisor Partnership for Safe Medicines	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Brilliant, Jeremy Director of Communications Office of the Indiana Attorney General		X	No relevant financial relationships with any commercial interests	N/A	N/A	None
Brinkley, Amy Bureau Chief, Office of Family & Consumer Affairs Div. of Mental Health and Addictions Family Social Services Administration	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Bonaventura, Mary Beth Special Counsel Office of the Indiana Attorney General	X	X	No relevant financial relationships with any commercial interests	N/A	N/A	None
Bovard, Kelsey Switzerland County Nurse Managed Clinic (SCNMC)	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Bowman, Andrew Academic Coordinator North Central Indiana Teen Challenge	X		No relevant financial relationships with any commercial interests	N/A	N/A	None

Attachment 4

Disclosure Information as Provided to Learners

FINANCIAL DISCLOSURE CONFLICT OF INTEREST GRID

Office of the Indiana Attorney General

"9th Annual Prescription Drug Abuse Symposium "

Embassy Suites – Noblesville Conference Center • Noblesville, IN • October 29 & 30, 2018



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

Name	Speaker	Planner	Commercial Interest	Role/Nature of Financial Relationship	What I Received	Conflict/Resolved
Bowman, Missy Stay Sharp Program Manager Central Indiana Teen Challenge	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Canada, Meredith, LCSW Public Health Analyst, HIDTA Adjunct Faculty, IUPUI School of Social Work	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Cangan, Marty Clinical Nurse Specialist, Franciscan Health Chair, Indianapolis Coalition for Patient Safety	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Carmichael, Jason Drug Interdiction Officer Indiana State Police Drug Enforcement Section	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Chambers, Joanna Director, Integrated Perinatal Clinic IU School of Medicine	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Cheatham, Natasha Drug Free Marion County	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Clifford, Suzanne CEO, Inspiring Transformations	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
David, Justice Steven Supreme Court of Indiana	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Davis, Judge Wendy Allen County Superior Court – Criminal Division	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Elrod, Ashley PR Director City of Fishers, IN	X		No relevant financial relationships with any commercial interests	N/A	N/A	None

Attachment 4

Disclosure Information as Provided to Learners

FINANCIAL DISCLOSURE CONFLICT OF INTEREST GRID

Office of the Indiana Attorney General

"9th Annual Prescription Drug Abuse Symposium "

Embassy Suites – Noblesville Conference Center • Noblesville, IN • October 29 & 30, 2018



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Name	Speaker	Planner	Commercial Interest	Role/Nature of Financial Relationship	What I Received	Conflict/Resolved
Essehorn, Kaley Schools Manager EVERFI, Inc.	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Fadness, Mayor Scott Mayor, City of Fishers, IN	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Frank, Rick Narcotics/Firearms Division Supervisor Marion County Prosecutor's Office	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Fuller, Jim, PharmD President Indianapolis Coalition for Patient Safety (ICPS)	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Galloway, Amanda Trainer/Facilitator Strengthening Families Program	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Glynn, Robert Retired Special Agent Drug Enforcement Administration	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
George, Brandon Director Indiana Addiction Issues Coalition (IAIC)	X	X	No relevant financial relationships with any commercial interests	N/A	N/A	None
Gustafson, Melissa Public Information Officer Office of the Indiana Attorney General		X	No relevant financial relationships with any commercial interests	N/A	N/A	None
Haaff, Marcia CEO The Lutheran Foundation	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Hanzlik, Maria Licensed Clinical Psychologist President-Elect, Indiana Psychological Association	X		Butler University – Predoctoral Internship Program Four County Counseling Center – Predoctoral Internship Program	Consultant Speakers Bureau	Consultant Fee Honorarium	Resolved/ Not Relevant Resolved/ Not Relevant

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Name	Speaker	Planner	Commercial Interest	Role/Nature of Financial Relationship	What I Received	Conflict/Resolved
Hensley, Brock Detective, Evansville Vanderburgh Joint Drug Task Force; Instructor, Indiana Law Enforcement Academy	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Hill, Chris L. Indiana State Police Department		X	No relevant financial relationships with any commercial interests	N/A	N/A	None
Howard, Abigail, PhD Parkview Behavioral Health	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Hulvershorn, Leslie, MD Associate Professor of Psychiatry IU School of Medicine	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Johnson-Goff, Kristina Director of Community Initiatives The Lutheran Foundation	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Kelley, Kristen Project Coordinator, Indiana OUD Tele-mentoring ECHO Clinic; IU School of Medicine	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Kerrigan, Connie, RN Parkview Behavioral Health	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Krug, Jessica Deputy Attorney General Office of the Indiana Attorney General		X	No relevant financial relationships with any commercial interests	N/A	N/A	None
LaHood, Amy, MD St. Vincent Family Medicine	X	X	No relevant financial relationships with any commercial interests	N/A	N/A	None
Lawson, Brooke, MSW Mental Health and School Counseling Coordinator Hamilton Southeastern Schools	X		No relevant financial relationships with any commercial interests	N/A	N/A	None

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Name	Speaker	Planner	Commercial Interest	Role/Nature of Financial Relationship	What I Received	Conflict/Resolved
Lock, Beth Director of Government Affairs Allen County Commissioners Office	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Long, Stephanie, MBA, BSN President and CEO North Central Health Services	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
MacKie , Palmer, MD IU School of Medicine and Eskenazi Hospital	X	X	No relevant financial relationships with any commercial interests	N/A	N/A	None
Mangiacarne , Darrin Medical Director Fairbanks Recovery Center	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Marsh, Joshua Communications and Outreach Office of the Indiana Attorney General		X	No relevant financial relationships with any commercial interests	N/A	N/A	None
Mathis, Julia Graphic Designer Office of the Indiana Attorney General		X	No relevant financial relationships with any commercial interests	N/A	N/A	None
McCaffrey, Stephen Mental Health of America		X	The Third House, LLC	Consultant	Consultant Fee	Resolved/ Not Relevant
Minkler , Josh United States District Attorney	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Murphy, Madelyn Director of Global Partnerships; K-12 Health & Wellness Initiatives; EVERFI, Inc.	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Negangard , Frank Aaron Chief Deputy Indiana Attorney General's Office	X		No relevant financial relationships with any commercial interests	N/A	N/A	None

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Name	Speaker	Planner	Commercial Interest	Role/Nature of Financial Relationship	What I Received	Conflict/Resolved
Nichols, Jake, PharmD Owner and CEO Strategic Recovery Resources	X		Pear Therapeutics	Consultant	Consultant Fee	Resolved/ Not Relevant
Norris, Katrina Director of Behavioral Health & Addiction Services Fayette Regional Health System	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Orusa, Steve Fire Chief Fishers Department of Fire & Emergency Services	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Phillips, Justin Founder and Executive Director Overdose Lifeline, Inc.	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Pittman, Catherine, PhD Licensed Clinical Psychologist Saint Mary's College	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Porucznik, Chuck Executive Director of the Indiana HIDTA (High Intensity Drug Trafficking Area)	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Pugh, Allison Director, Turning Point Recovery Center Volunteers of America	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Quintos, Oscar Aaron Santiago Director, National Office of Drug Policy Criminal Investigation Agency Mexico Federal Attorney General's Office	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Rebo, Kaitlyn Project Coordinator Indiana Opioid Use Disorder Telementoring ECHO Clinic	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Thompson, Kevin Director; Walmart Public Affairs and Government Relations (IN/IL/KY)	X		No relevant financial relationships with any commercial interests	N/A	N/A	None

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Name	Speaker	Planner	Commercial Interest	Role/Nature of Financial Relationship	What I Received	Conflict/Resolved
Safdar, Shabbir Executive Director Partnership for Safe Medicines	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Spitzer, Honorable Mark Judge; Local Drug Court Leader Grant County Superior Court	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Cheryl Stearley CME Accreditation & Recognition Coordinator Indiana State Medical Association		X	No relevant financial relationships with any commercial interests	N/A	N/A	None
Steele, Stacey, MBA Director Drug Fee Wayne County Partnership	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Stevens, Ron Wayne County Coroner	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Sturgeon, Courtney Director of Education Overdose Lifeline, Inc.	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Suttle, Lisa, MBA, RN Director of Strategic Initiatives, Community & Psychiatric Services; Reid Health	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Vermillion, Ann Administrative Director, Medical Staff Services Marion General Hospital	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Vinard, Wendy Training & Development Manager Office of the Indiana Attorney General		X	No relevant financial relationships with any commercial interests	N/A	N/A	None
Westfall, Greg Assistant Special Agent in Charge Drug Enforcement Administration	X		No relevant financial relationships with any commercial interests	N/A	N/A	None

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Name	Speaker	Planner	Commercial Interest	Role/Nature of Financial Relationship	What I Received	Conflict/Resolved
Williams, Kristen Digital Director, Communications Department Office of the Indiana Attorney General		X	No relevant financial relationships with any commercial interests	N/A	N/A	None
Wilson, Paul CEO Park Center, Inc.	X		No relevant financial relationships with any commercial interests	N/A	N/A	None
Ziglar, Josh; Sergeant Director, JEAN Team (Joint Effort Against Narcotics) Marion Police Department	X		No relevant financial relationships with any commercial interests	N/A	N/A	None

Attachment 5

Information from activity generated about changes achieved in learners

549 Survey Responses

As a result of participating in the program, I am better able to discuss how Medication Assisted Treatment can be a course of treatment for addiction and the importance of support and counseling.

Fair	16	2.91%
Good	251	45.72%
Outstanding	163	29.69%
Poor	20	3.64%
Satisfactory	70	12.75%
N/A	29	5.28%

549

As a result of participating in this program, I am better able to recognize the responsibility to check INSPECT and how the new acute pain guidelines effect pharmacy dispensing.

Fair	12	2.19%
Good	225	40.98%
Outstanding	196	35.70%
Poor	9	1.64%
Satisfactory	76	13.84%
N/A	31	5.65%

549

As a result of participating in this program, I am better able to describe risk factors that predict substance abuse and factors that reduce the likelihood of abuse and how weaning patients can assist with this.

Fair	6	1.09%
Good	247	44.99%
Outstanding	205	37.34%
Poor	8	1.46%
Satisfactory	55	10.02%
N/A	28	5.10%

549

Overall program content fulfilled the goals/objectives.

Agree	270	49.18%
Disagree	4	0.73%
N/A	32	5.83%
Strongly Agree	241	43.90%
Strongly Disagree	2	0.36%

549

Speaker and Planning Committee financial conflicts of interest & resolutions were disclosed before the program began (slide, handout and/or verbal disclosure).

Agree	144	26.23%
Disagree	4	0.73%
N/A	36	6.56%
Strongly Agree	364	66.30%
Strongly Disagree	1	0.18%

549

The program was presented objectively and was free of commercial bias.

Agree	186	33.88%
Disagree	8	1.46%
N/A	32	5.83%

Attachment 5

Information from activity generated about changes achieved in learners

Strongly Agree	321	58.47%
Strongly Disagree	2	0.36%
549		

The program format was conducive to learning.

Agree	251	45.72%
Disagree	3	0.55%
N/A	34	6.19%
Strongly Agree	259	47.18%
Strongly Disagree	2	0.36%
549		

There was sufficient time for questions and answers.

Agree	288	52.46%
Disagree	21	3.83%
N/A	35	6.38%
Strongly Agree	205	37.34%
Strongly Disagree	0	0.00%
549		

The speakers were knowledgeable of the subject matter and adequately prepared for their presentations.

Agree	215	39.16%
Disagree	4	0.73%
N/A	31	5.65%
Strongly Agree	298	54.28%
Strongly Disagree	1	0.18%
549		

This program has assisted in the improvement of my (select all that apply):

Competence	359	65.39%
Patient Outcome	35	6.38%
Performance	110	20.04%
N/A	45	8.20%
549		

Which ONE of the following best describes the impact of this program on your job performance?

I need more informat	20	3.64%
I will immediately imp	134	24.41%
This education affirms	355	64.66%
This program will not	4	0.73%
N/A	36	6.56%
549		

Which of the following actions will you take as a result of participating in this educational program (select all that apply):

Broaden my outlook	110	11.71%
Change my practice	113	12.03%
Discuss new informat	425	45.26%
Participate in another	238	25.35%
None	48	5.11%

Attachment 5

Information from activity generated about changes achieved in learners

Other	5	0.53%
939		

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

Cost	87	13.00%
Lack of experience	31	4.63%
Lack of opportunity	28	4.19%
Lack of Resources	135	20.18%
Lack of Time	49	7.32%
Patient adherence/co	42	6.28%
No barriers	238	35.58%
Other	6	0.90%
Reimbursement/insur	53	7.92%
669		

How would you rate the overall quality of the program?

Excellent	270	49.18%
Fair	20	3.64%
Good	218	39.71%
Poor	5	0.91%
N/A	36	6.56%
549		

Attachment 6

ACCME Accreditation Statement, as provided to learners

Continuing Education Units

CLE ACCREDITATION - Pending

The Indiana CLE Commission is pending approval on specific sessions for CLE accreditation. You may receive up to 11 credit hours for the full program by attending the approved sessions. *Please note the maximum Non-Legal Subject (NLS) credits per three-year education period that can be claimed by the corresponding category of individuals is: Attorney - 12; State Level Judicial Officer - 18.*

ACPE PHARMACIST ACCREDITATION - Pending

Purdue University College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This is a knowledge based, continuing education activity of Purdue University, an equal access/equal opportunity institution. Universal Activity Number (0018-9999-18-115-L04-P): Day 1 (10/29/2018): **6.0** contact hours - Day 2 (10/30/2018): (0018-9999-18-116-L04-P), **5.0** contact hours. Each date must be attended and verified to receive credit which will be uploaded to CPE Monitor within **60** days of the event.

CME ACCREDITATION

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 the ISMA and the Office of the Indiana Attorney General. The ISMA is accredited by the ACCME to provide continuing medical education for physicians. The Indiana State Medical Association (ISMA) designates this live activity for a maximum of 12 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CEU ACCREDITATION- Pending

The Indiana Family Social Services Administration has approved this program for 11 credit hours for Social Workers, Addiction Counselors, Marriage & Family Therapists & Mental Health Counselors.

LETB ACCREDITATION

Law Enforcement Training Board (LETB) Credit - Participation in this program may partially satisfy law enforcement in-service training requirements per the Indiana Law Enforcement Training Academy.

Special Thank You To



PURDUE Office of
COLLEGE OF PHARMACY Continuing Education

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ISMA
INDIANA
STATE
MEDICAL
ASSOCIATION

So now you've seen at-a-glance
an example of a complete activity file
as it should be assembled and
submitted to ISMA for review.



ISMA utilizes a more detailed Planning Worksheet for Joint-Providerships and requests from Association partners

We call it our
“CME Application and Planning Worksheet”

(Revised/Condensed in January 2020)

Sections within this detailed Application/Worksheet tell us:

- Proposed hrs of instruction
- Estimated # of attendees
- Proposed activity type
- Proposed activity format
- Targeted competencies
- Target audience



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	C5
<input type="checkbox"/> Live Activity - Course, Symposium, Workshop, Conference, Live Webcast	
<input type="checkbox"/> 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)	C5
<input type="checkbox"/> Lecture <input type="checkbox"/> Case-Based Presentation/Discussion	
<input type="checkbox"/> Q&A Session(s) <input type="checkbox"/> Other (Describe): Click here to enter text.	
<input type="checkbox"/> Panel Discussion	

Step 3 - Desirable Physician Attributes/Core Competencies			C6
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:		Location:
<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 <input type="checkbox"/> Other: (specify) Click here to enter text.	<input type="checkbox"/> Local/Regional <input type="checkbox"/> National

Sections within this detailed Application/Worksheet tell us:

- Planning team
- Proposed faculty/presenters
- Identified gap/need
- Proposed learning objectives

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. <i>(Insert rows as needed)</i>			C7
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.	
Step 6 – Faculty / Presenter Selection			
Please list name/credentials of proposed presenter(s) <i>(Insert rows as needed)</i> 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:			
<pre> graph LR A[Question in Practice] --> B[Current Practice] B --> C[Best Practice] C --> D[Gaps] D --> E[Type of Gap] E --> F[Needs] F --> G[Objectives] G --> H[Expected Results] </pre>			
Step 7 – State the professional practice gap(s) of your learners on which the activity is based and how this problem was discovered or identified. Describe the professional, practice or system-based problem(s) for your learners that will be addressed through this educational intervention.			C2
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?			C2
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)			C3
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	

Sections within this detailed Application/Worksheet tell us:

- Proposed activity budget
- Proposed commercial support
- Proposed evaluation methods
- Intended methods for program advertisement

Step 10 - Activity Budget and Financial Support <i>Commercial support is financial or in-kind (e.g. products) contributions given by a commercial interest (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) which is used to pay all or part of the costs of a CME activity.</i> <i>This does not include fees paid by vendors for an exhibit booth or companies which pay corporate sponsorships in exchange for ads, booth space or other tangible benefits.</i> <i>All financial support must be given with the full knowledge and approval of the ISMA CME office.</i>		C7, C8, C9, C10
Are there expenses related to this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Will presenters be paid an honorarium? <input type="checkbox"/> Yes <input type="checkbox"/> No Will a registration fee be charged? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? Click here to enter text. Will this activity receive "in-kind" support (goods/services instead of cash as part of a support agreement)? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this activity receive commercial support from a pharmaceutical or medical device manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you invite vendors/exhibitors to set up displays onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes <input type="checkbox"/> Attach a copy of the Exhibitor Application Form and fee structure Please indicate other sources of funding being applied toward this activity (Check all that apply) <input type="checkbox"/> Internal dept. funds <input type="checkbox"/> Professional society fees <input type="checkbox"/> State or Federal Government grant/contract <input type="checkbox"/> Foundation/Private monetary donations <input type="checkbox"/> Other grants or funding sources: Click here to enter text.		

STEP 11 - Evaluation Methods and CME Activity Outcomes Report <i>ISMA/ACCME guidelines require that educational activities are evaluated for change. The ISMA CME Office will require the activity planning team to provide a summary of the program evaluation data. Please indicate the tools that will be used to measure the impact of this activity.</i>		C11
Knowledge and Competence <i>Do learners have a strategy to apply what was learned?</i>	<input type="checkbox"/> Post-activity questionnaire asking learners what strategy they will apply at the end of the CME activity, including Commitment to Change Statement (measures intent to change)	
	<input type="checkbox"/> Customized pre & post-test	
	<input type="checkbox"/> Focus Group Discussion immediately following the CME event	
	<input type="checkbox"/> Delayed Physician Survey / post-activity follow-up (4 – 6 weeks post activity)	
	<input type="checkbox"/> Other: Click here to enter text.	

Step 12 – Program Advertisement and Handouts		C7, C10
Please indicate the method(s) you will use to publicize this activity to prospective participants. (Check all that apply) <input type="checkbox"/> Brochure/flyer <input type="checkbox"/> Letter Invitation <input type="checkbox"/> Announcement (print) <input type="checkbox"/> Announcement (email) <input type="checkbox"/> Monthly or weekly newsletter <input type="checkbox"/> Fax <input type="checkbox"/> Website <input type="checkbox"/> Save-the-Date Will participants be asked to register for this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, will participants be asked to register via an online registration page? <input type="checkbox"/> Yes <input type="checkbox"/> No List the handouts that will be available for participants at the time of the activity (e.g., syllabus, slides) Click here to enter text.		

Attestation:

☐ I will ensure the announcement(s) to learners include proper ISMA accreditation statement (direct or joint sponsorship)

☐ I will submit a draft of the proposed brochure/advertisement/handouts for review by the CME office prior to printing or distribution

☐ I will ensure that all learners receive disclosure information for all planners and presenters associated with the activity

By signing, I agree to develop this activity in line with ACCME criteria as outlined by the Indiana State Medical Association. I further agree that the required documentation for this activity will be completed and submitted in a timely manner, as outlined in the ISMA's Activity Guide & Checklist.

[Click here to enter text.](#)

[Click here to enter text.](#)

CME Activity Chair

Date



We are now going to breakout into 4 work groups.

In this exercise we will be focusing on:

- C2 – Determining educational **gaps** and **needs** that link to desired results.
- C3 – Developing **learning objectives** from your needs assessment **geared toward change in physician competence, performance and/or patient outcomes**

BREAKOUT

- Select a group leader who will serve as scribe and present your work to the rest of us when we come back together.
- You will have 15 minutes.
- Your answers will not be critiqued.
- This is a thought-provoking exercise.



Topics for each work group:

1. Human Trafficking
2. Opioid Prescribing & Abuse
3. Teen Vaping
4. Infant Mortality