



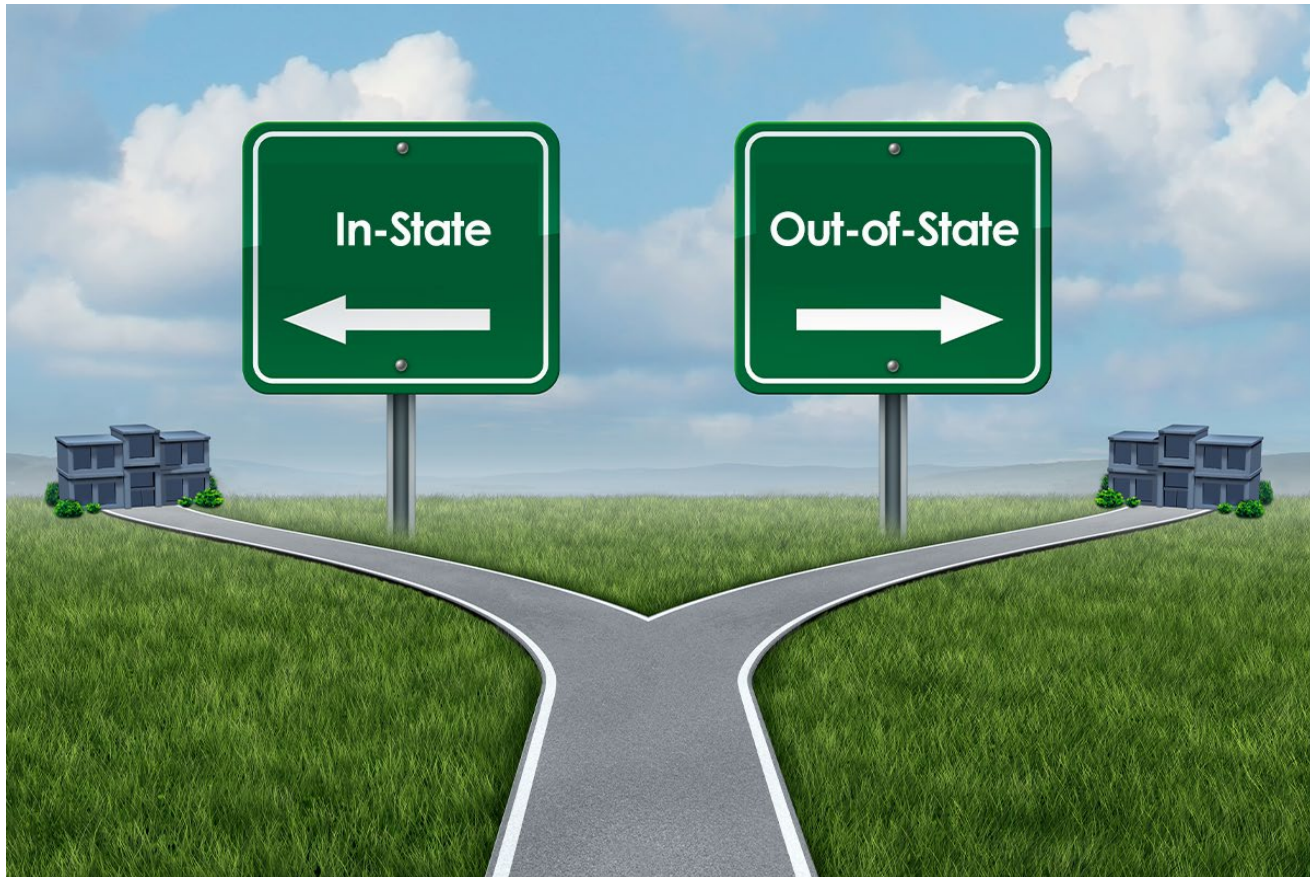
# POTPOURRI

April 21, 2023

# POTPOURRI TOPICS

- Out-of-State Learners
- Learning formats most commonly used in CME
- Use of ACCME/ISMA accredited provider marks
- AMA PRA Change in credit calculation for Original Presentation
- Signing onto Existing Grant Agreements

# Out-of-State Learners



# How many of you have out-of-state learners who participate in your local CME Program?



# How many of you hold CME activities outside of your region or state?



# Did You All Know You Can Do So?

There are no restrictions on:

- WHERE an accredited provider offers its CME activities, or
- WHERE the learners are located/come from



# What should an Accredited Provider be concerned about?

Just don't do so often enough that more than 30% of your learners represent a national audience.

**(Stay within your state or contiguous states the majority of the time).**

Otherwise, ACCME would consider transitioning you from an SMS to an ACCME-accredited provider





**Learning Formats**  
**.... It's Simple, Right?!?**





# Former Criterion 5 - Now Called “Appropriate Formats”

This Criterion States:

“The provider chooses **educational formats** for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.”

# At Reaccreditation time, providers are asked the following around former Criterion 5:

Describe how your organization **chooses** educational formats that are appropriate for the setting, objectives, and desired results of your activities, and **what type** of learning formats you use.

# TERMINOLOGY:

## Learning Format can also be referred to as Delivery Format

### Delivery Format

#### The Educational Design

##### Examples:

- Didactic lecture
- Panel discussion
- Case-based presentation

VS

### Delivery Venue

#### The Setting

##### Examples:

- Virtual
- Live in-person

# **You'll Find a Comprehensive List of Learning Formats included in your Handout Packet**



**Let's Take a Look at it!**

# Learning Formats

## Most Commonly Used in CME

Learning Format	Definition	Most appropriate for
Small-group discussion	An exchange (oral or written) of opinions, observations, ideas, or experiences in a small group (12 or fewer participants), usually to analyze, clarify, or reach conclusions about issues, questions, or problems. Typically includes a debrief where small groups report to the larger group and the facilitator provides feedback.	Transfer of factual and conceptual information to change knowledge and change competence in the application of that knowledge.
Case-based learning	Use of patient cases (actual or theoretical) to stimulate discussion, questioning, problem solving, and reasoning on issues pertaining to the basic sciences and clinical disciplines. <i>Synonym:</i> case study.	Applying knowledge to change competence.
Panel	A live or virtual discussion about a specific topic amongst a selected group of panelists who share differing perspectives in front of a large audience; panelists may field questions provided by audience members.	Transfer of factual and conceptual information to change knowledge.

Learning Format	Definition	Most appropriate for
Demonstration	A performance, observable action, display of specimens, etc., along with an explanation.	Transfer of factual and conceptual information to change knowledge and, potentially (albeit uncommonly), competence in the application of that knowledge.
Role play/ dramatization	A learning approach where learners adopt or perform the role or activities of another individual. <i>Synonym</i> : skills practice.	Practicing skills in a safe, low-stakes learning space to develop competence.
Lecture	An instruction or verbal discourse by a speaker before a group of learners. <i>Synonyms</i> : didactic; recorded lecture.	Transfer of factual and conceptual information to change knowledge and potentially (albeit uncommonly), competence in the application of that knowledge.
Virtual learning - synchronous	Online learning in real time with concurrent exchanges between participants. Interaction is simultaneous without a meaningful time delay between sending a message and receiving or responding to it.	Transfer of factual and conceptual information to change knowledge, and potentially competence in the application of that knowledge.
Virtual learning - asynchronous	Online learning <u>not</u> in real time with delayed exchanges between participants. Interaction is asynchronous with a time delay between sending a message and receiving or responding to it.	Transfer of factual and conceptual information to change knowledge and potentially competence in the application of that knowledge.
Simulation	A learning approach used to replace or amplify real patient encounters with scenarios designed to replicate real healthcare situations, using lifelike mannequins, physical models, standardized patients, or computers; must include feedback from instructor(s) to individual learners. <i>Synonym</i> : skill-based training.	Applying knowledge to change competence.



Learning Format	Definition	Most appropriate for
Independent learning	Learning activities guided by an instructor or mentor to be performed by the learner outside of formal educational settings (classroom, lab, clinic) and may include preparation for classroom or synchronous online learning. <i>Synonyms:</i> independent study; homework; prework.	Transfer of factual and conceptual information to change knowledge; preparation for other formats where knowledge is applied with the intention to change competence or performance.
Reflection	Examination by the learner of his/her personal experiences of an event (possibly the present learning event), including the cognitive, emotional, and affective aspects; the use of these experiences in combination with objective information to inform present clinical and/or educational decision-making and problem-solving. <i>Synonyms:</i> journaling; narrative; story-telling.	Transfer of factual and conceptual information to change knowledge; can be used as a form of assessment when including commitment to changes in practice.
Self-directed learning	Learners taking the initiative for their own learning: diagnosing needs, formulating goals, identifying resources, implementing appropriate activities, and evaluating outcomes; mentors or coaches are commonly provided or made available.	Noneducational intervention in parallel with educational activity to change competence or performance.
Audit and feedback	An individual's professional practice or performance is measured and then compared to professional standards or targets with accompanying expert feedback for improvement.	Improving performance outside of formal educational settings.
Peer observation	Individuals observe each other's teaching or clinical practice and debrief to learn from one another. Usually done in parallel with a supporting educational activity. <i>Synonym:</i> peer coaching.	Improving performance in conjunction with a formal educational activity.

# ACCME/ISMA Accredited Provider Marks



Did you know  
**Accredited Provider  
Marks**  
are available  
for CME providers  
to communicate their  
accreditation status?



<http://www.accme.org/publications/accredited-provider-mark>

# Use of Accredited Provider Mark

Providers accredited within the ACCME System  
**(those directly accredited by the ACCME  
and those accredited by ACCME Recognized State  
Accreditors such as ISMA)** are welcome to use the  
ACCME Accredited mark for educational and identification  
purposes, and in announcements related to their  
attainment of ACCME accreditation.



# Use of Accreditation with Commendation Provider Mark

In addition to using the Accredited Provider Mark, **ACCME-accredited and state-accredited providers** that have achieved Accreditation with Commendation may also use the ACCME Accreditation with Commendation mark.



# Publicizing ACCME Accreditation

The ACCME encourages CME providers to celebrate their success in achieving accreditation and communicate the value of their accreditation and accreditation-related accomplishments by informing their community, stakeholders, and the public.

**This can be done through press releases, announcements, advertisements, brochures, and other online and print materials.**





# Suggested Language

Providers in the ACCME System are welcome to use the following language in a news release or other public announcement of their success in obtaining either initial or continued accreditation.

**"The [*provider name*] has been reviewed by the Accreditation Council for Continuing Medical Education (ACCME®) [*or insert name of Recognized Accreditor*] and awarded [*accreditation status*] for [*number*] years as a provider of continuing medical education (CME) for physicians. Accreditation in the ACCME System seeks to assure the medical community and the public that [*Provider name*] delivers education that is relevant to clinicians' needs, evidence-based, evaluated for its effectiveness, and independent of commercial influence."**



# Tout Why Accredited CME Matters

- It addresses every medical specialty, covering the full range of topics important to healthcare improvement.
- It is designed to be relevant to their needs, evidence-based, and effective.
- Participation in accredited CME helps physicians meet requirements for maintenance of licensure, maintenance of certification, credentialing, membership in professional societies, and other professional privileges.
- Clinicians are expected to deliver safe, effective, cost-effective, compassionate care, based on best practice and evidence.

**Accredited CME helps make all this happen.**

# AMA PRA

## CHANGE IN CREDIT CALCULATION FOR ORIGINAL PRESENTATIONS AT LIVE CME ACTIVITIES



# What's all the HUB-BUB?



# The AMA House of Delegates Adopted a New Policy

to allow physicians to claim  
an amount of  
*AMA PRA Category 1 Credit™*  
that more accurately reflects the  
learning associated with  
preparing and presenting an original  
presentation at a live  
AMA PRA Category 1 Credited activity.

# Calculation Going From 2:1 to 4:1

While the credit reflects the learning involved in the preparation, the amount of credit is based on presentation time.

Physician presenters may now claim up to 4 credits of CME for each hour of presentation time at eligible activities taking place **on or after January 1, 2023.**

**The previous ratio was 2:1.**



# **This change is only for faculty at the CME provider's live activities.**

- Credit may only be claimed once for an original presentation; credit may not be claimed for subsequent presentations of the same material.
- Physician faculty may not claim credit as a participant for their own presentations.

**Credit calculation for participants and for other types of faculty credit has not changed.**

# Per the American Medical Association

For CME providers to award  
*AMA PRA Category 1 Credit™* to physicians  
for learning associated with planning and presenting an  
original presentation at their live activities,  
the ACCME requires that it be  
certified as a **separate activity** than that  
at which the physician is presenting.

**(AMA format is a live activity, but it would be  
reported as “Learning from Teaching” in PARS).**

# Learning From Teaching

“Learning from Teaching” allows an accredited provider to create **individualized learning projects** around the learning that takes place in the process of preparing to teach.

It represents a range of activities in which an accredited provider can facilitate practice-based learning and improvement – where the “practice” could be the person’s professional **“teaching practice” or “clinical practice” or “research practice.”**

# ACCME - FAQ

The “Learning from Teaching” activity format is defined on the Accreditation Council for Continuing Medical Education (ACCME) website FAQ ([How is a learning from teaching activity defined](https://www.accme.org/faq/how-learning-teaching-activity-defined)), along with some examples.

<https://www.accme.org/faq/how-learning-teaching-activity-defined>

# ACCME - Worksheet

ACCME has also provided  
the worksheet called  
**Simplifying Faculty Development in Accredited CME**,  
which is designed to help CME providers  
partner with faculty to develop  
“Learning from Teaching” projects that support  
faculty needs and meet ACCME expectations.

<https://www.accme.org/publications/simplifying-faculty-development-accredited-cme>

# If the CME Provider chooses not to certify this type of activity.....

Physicians can claim this credit directly from the AMA.

In doing so they must submit:

- A flyer identifying the program title, them as presenter, and the length of the presentation;
- A processing fee of \$30 for AMA members and \$75 for non-members



# Revisiting Signing Onto Existing Grant Agreements



# Standard 4: Manage Commercial Support Appropriately

## 4.2 - Agreements:

The terms, conditions, and purposes of commercial support must be documented in an agreement between the ineligible company and the accredited provider.

The agreement must be executed prior to the start of the accredited education.

An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.

# The Key Here is:

An accredited provider can only sign onto an existing agreement between another accredited provider and a commercial supporter.

Because non-accredited organizations are not subject to the Standards for Integrity and Independence in Accredited CE, the ACCME advises it is not appropriate for an accredited provider to enter into agreements previously signed by non-accredited organizations and ineligible companies (commercial supporters).

# Provider Example #1

ISMA was approached by Indiana Hemophilia & Thrombosis Center (IHTC) to joint-provide on a project for educating ED providers on Sickle Cell Disease.

IHTC had already applied for an educational grant with **Global Blood Therapeutics** and been granted approval. Further investigation revealed funds had already been awarded to them.

- The organization approached ISMA too late in the process
- ISMA would need to have applied on behalf of IHTC
- IHTC could have then signed on as a third party
- Ultimately ISMA had to turn the provider down

# Provider Example #2

**Accredited National Provider-A** has received a grant from GSK to develop CME content and offer that content to learners affiliated with local hospitals.

They are offering to allow other individual hospitals, such as **Accredited State Provider-B**, to serve as the accredited provider for individual occurrences of the content.

If **Accredited State Provider-B** agrees to serve as the accredited provider for an occurrence of the activity, they would likely receive a portion of the GSK grant.

And if they move forward in partnership, in order to meet the expectations of Standard 4 around Commercial Support, **Accredited State Provider-B** would want to sign onto the existing grant agreement and report the amount of the grant that they receive in PARS in association with the entry of the activity. They would also want to disclose the source of the commercial support (GSK) to their learners.

**The ACCME advises this is an acceptable scenario.**

# Further Clarification

It remains acceptable for a joint provider who is a non-accredited educational partner to receive and disseminate commercial support funds, as long as the accredited CME provider obtains a record of how the funds are used.

## **4.3. - Accountability:**

The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.

# Budget Template



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

## Indiana State Medical Association (ISMA)

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

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

#### Title of CME Activity

#### Activity Date

#### Activity Location

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

# Letter of Agreement Template



## Commercial Support Agreement Attestation

### Activity Title

### Activity Date

The Ineligible Company, SHO, and [redacted] attests they have carefully read and agree to abide by all requirements of the [ACCME Standards for Integrity and Independence in Accredited Continuing Education available at https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce).

### Name of Accredited Provider

### Suburban Health Organization

Contact Person: Terri Neaderhiser  
Phone Number: 317-295-5283  
Email Address: terrin@suburbanhealth.com  
Fax Number: 317-692-5233

### Joint Provider

Tax ID Number: [redacted]  
Contact Person: [redacted]  
Phone Number: [redacted]  
Email Address: [redacted]  
Fax Number: [redacted]

### Name of Ineligible Company

### (aka Commercial Interest)

Tax ID Number: [redacted]  
Contact Person: [redacted]  
Address: [redacted]  
City, State, Zip: [redacted]  
Phone Number: [redacted]  
Email Address: [redacted]  
Fax Number: [redacted]

## Agreed by Authorized Representatives

### Ineligible Company (aka Commercial Interest)

### Joint Provider, if Applicable

Signature and Date

Signature and Date

Printed Name

Printed Name

Title

Title

### SHO Member Hospital

### Accredited Provider

Signature and Date

Signature and Date

Printed Name

Terri Neaderhiser, LSW, CCM  
Printed Name

Organization/Title

Suburban Health Organization,  
CE Program Administrator  
Organization/Title





**ISMA**  
INDIANA  
STATE  
MEDICAL  
ASSOCIATION