USE OF THE QUICK TOOL

Part of the

Toolkit for the Standards for Integrity and Independence in Accredited Continuing Education

With the implementation of ACCME’s new Standards came the release of their **QUICK TOOL** for Planning Accredited CE intended to help simplify planning when identification, mitigation and disclosure are not required.
WHAT? .... WHEN IS DISCLOSURE NOT REQUIRED?

NEW EXCEPTIONS TO DISCLOSURE

Accredited providers do not need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

• Education that is **non-clinical in nature**, and

• Education where the learner group is in control of content, such as **spontaneous case conversations among peers** (also referred to as Peer-to-Peer or At-the-Elbow CME).
WHAT CONSTITUTES A NON-CLINICAL TOPIC?

Education is considered **non-clinical in nature** when it does not provide any type of clinical recommendations in caring for patients but is directly related to physicians’ professional work.

When education is **not** directly related to their professional work, it does not fall within ACCME’s definition of CME content.
EXAMPLES OF NON-CLINICAL TOPICS

• Advocacy and Legislation
• Employment Contracts
• Billing, Coding and Reimbursement
• Telehealth Fraud
• Electronic Medical Records (EMR)
• Improving Physician Communication with Patients
• Practice Management
• Starting Your Own Medical Practice
• Connecting Practice to Research
• Physician Burnout and Well-Being
• Physician Leadership
IN DOUBT WHETHER A TOPIC IS CLINICAL VS. NON-CLINICAL IN NATURE?

I would err on the side of caution and collect disclosure.

FOR EXAMPLE:

The field of Medical Ethics encompasses both practical application in clinical settings and scholarly work in philosophy, history, and sociology. Ethics consultants offer clinical and non-clinical recommendations.

Thus, if an Ethics topic is being presented to you as a non-clinical topic, but you have not yet seen any content or outline for content, you have every right as the accredited provider to question and make the final decision.

The fields of Social Determinants of Health (SDOH) and Diversity, Equity and Inclusion (DEI) would similarly apply.
WHAT CONSTITUTES SPONTANEOUS CASE CONVERSATIONS?

**Spontaneous learning opportunities** that might not have been previously considered CME, like:

– Team huddles
– Impromptu case discussions
– Impromptu leadership-learning discussions

In these instances, with the guidance of the CME Department, learners can describe the learning opportunity (problem-in-practice and change) that resulted.
WHAT SPONTANEOUS CASE CONVERSATIONS ARE NOT!

• Regularly scheduled series
• Case conferences
• Tumor boards

These are not considered “spontaneous case conversations among peers,” as the exception does not apply to conferences or grand rounds that have set times and dates and have traditionally been planned as accredited CME.
The new Quick Tool provides a good framework for planning both of these types of learning opportunities.

You may consider making the tool available electronically.

However, I would recommend you only allow medical staff to complete the tool themselves (at their discretion) for **Spontaneous Case Conversations**, as described below.

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**Review the two statements to the right.**

If you can check *any* of these boxes, you do not need to identify, mitigate, and disclose relevant financial relationships.

If you unable to check any boxes, please contact your CE program administrator to implement processes for ensuring the integrity and independence of this education.

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**The education will... (check all that apply)**

- only address a non-clinical topic (e.g., stress management or communication skills training).
- be for a learner group that is in control of the content (e.g., spontaneous case conversation among peers such as team huddles or impromptu leadership discussions).
Additionally, I would ensure you provide clear instruction for what is required with electronic submission – such as described below.

If clinicians don’t include what is needed, the CME Dept. would have every right to reject awarding credit.

After the activity, please collect attendance and learner change information for the activity and send it to the continuing education department in order for credit to be awarded. You can also list the attendees on the back of this form.

If you implement the Quick Tool for planning **Non-Clinical Topics**
I recommend only CME staff complete it for this purpose, as you will still need to be directly involved in the planning, implementation and evaluation of the activity.

While non-clinical topics do not require collection of disclosure, they must still be planned according to the Standards/Criteria.
NON-CLINICAL DISCLOSURE STATEMENT?

Is there a financial disclosure statement that should be provided to learners for non-clinical program topics?

- No, accredited providers do not need to identify, mitigate, or disclose financial relationships for non-clinical topics.

With that said, I will note ISMA does include the following statement for all-intensive purposes:

“There are no relevant financial relationships with an ineligible company to identify, mitigate or disclose because the content of this activity is non-clinical in nature.”
HOW ARE THESE ACTIVITIES REPORTED IN PARS?

You would enter these activities the same as you do your other live CME courses. PARS does not differentiate. Your activity file is where you’ll see the difference.

In the “description” section within PARS, I would insert that the activity was a Spontaneous Case Conversation.
FOR EXAMPLE:

Activity Format: Live Course  *(Would not be considered an RSS)*
Activity Name: Impromptu Case Discussion
Activity Description: Spontaneous Case Conversation
   - *(followed by a list of the separate dates they occurred)*
Credit Hours: 4.0  *(i.e., Spontaneous conversations were 1 hour each)*
Total Learners: 4
# MORE PARS DETAILS

## Activity Details

**Impromptu Case Discussion**

**Activity ID:** 202794245

**Basics**

- **Title:** Impromptu Case Discussion
- **Activity Format:** Live Course
- **Date:** 01/01/24 - 12/31/24
- **Location:** Indianapolis, IN 46202 - United States of America

## Information for Learners

**Credit Types**

AMA PRA Category 1 Credit™ - 4 Credits

**Include on CME Passport**

No

**Activity Description**

Spontaneous Case Conversations, held: 3/15/24, 4/25/24, 5/9/24, 6/2/24

**Registration**

Limited to certain participants

## Accreditation Details

**Internal ID**

None

**Providership**

Directly provided

**Outcomes**

- Learner Competence - Subjective measurement (e.g., self-reported)

**Commercial Support**

No

## Which of the following outcomes will be measured? Select at least one.

- **Learner Competence**
  - Learner shows how to do
    - Objective measurement (e.g., observed, tested)
    - Subjective measurement (e.g., self-reported)

- **Learner Performance**
  - Learner demonstrates in practice

## Total Learners Reported

**Physician:**

Other Learners:
HOW MANY OF YOU HAVE BEGUN AWARDING CREDIT FOR SPONTANEOUS CASE CONVERSATIONS?

Can you tell us how it’s going?

• Successes
• Pain Points
ANY FINAL QUESTIONS?