KENTUCKY MEDICAL ASSOCIATION

Physicians Caring for Kentucky

KMA GUIDE TO THE ACCREDITATION PROCESS

REVISED 01/01/2011

TABLE OF CONTENTS

1

OVERVIEW AND BACKGROUND INFORMATION

CONTENTS OF THESE MATERIALS

These materials were developed for the KMA's **2011** Decisions. The timelines and required materials are specific to accredited providers receiving decisions in **2011.** These materials are divided into areas, as outlined on the table of contents:

1. Overview & Background Information
2. The Role of Verification in the Accreditation Process
3. Contents of the Self Study Report for KMA Accreditation
4. Structure and Format Requirements for the Self Study Report
5. KMA's Review of a Provider's Performance in Practice
6. KMA's Interview
7. KMA's Decision Making Process
8. KMA's Accreditation Timelines

CONDUCTING YOUR SELF STUDY

The Self Study process provides an opportunity for the accredited provider to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing continuing medical education and determine its future direction.

An outline of the content of the *Self Study Report* is specified by KMA, but the process of conducting a *Self Study* is unique to your organization. Depending on the size and scope of your CME program, you may involve many or just a few individuals in the process. KMA encourages the provider to seek information from stakeholders (administration, faculty, attendees and other appropriate constituents) to:

- Collect and analyze data collected about what, why and how the CME program and its products and services are utilized,
- Assess how well they are performing, and
- Identify changes made and improvements planned to enhance its work

Regardless of the size or nature of your program, the Self Study is intended to address:

- The extent to which your organization has met its CME Mission (C1, C12).
- An analysis of factors that supported or detracted from the CME mission being met (C11, C12).
- The extent to which, in the context of meeting your CME mission, your organization produces CME that:
    - Incorporates the educational needs that underlie the professional practice gaps of your own learners (C2),
    - Is designed to change competence, performance, or patient outcomes (C3),
    - Includes content matched to your learners' current or potential scopes of practice (C4),
    - Includes formats appropriate for the setting, objectives, and desired results (C5),
    - Is in the context of desirable physician attributes (C6),

    - Is independent, maintains education separate from promotion, ensures appropriate management of commercial support, and does not promote the propriety interests of a commercial interest (C7-10).
- How implemented improvements helped your organization better meet its mission (C13 – C15).
- The extent to which your organization is engaged with its environment (C16-C22).
- Areas for improvement
- Future direction of the CME program

ADMINISTRATION OF THE SELF STUDY

The organization and planning for a Self Study requires time and effort from many constituents involved in the provider's continuing medical education program. Appropriate leadership and broad involvement of constituents are two important factors to a successfully planned and implemented Self Study.

Leadership – The Provider should identify an individual who is responsible for the organization and completion of the Self Study. That individual should have a formal connection with the CME Program and be able to facilitate the collection of needed data and support for the effort. The individual would be responsible for the preparation of the final Report about the program to the KMA.

Constituent Involvement – Every constituency that has a connection with the CME Program should be involved in the Self Study, possibly through a Self Study Task Force or Team. The constituencies include, but are not limited to, the CME staff, faculty, administration, participants, and others such as librarians, quality improvement staff, or other partners that are relevant to the venue of the program.

RESOURCES TO SUPPORT THE KMA'S ACCREDITATION PROCESS

The KMA's accreditation process is facilitated by your use of documents and completion of forms available on www.kyma.org. Please refer to the "Physician Resources" page of the KMA's website for the section "Documents and Forms." You will find the following documents and forms in that section:

1. KMA Guide to the Accreditation Process
2. Demographic Information Form
3. Summary of CME Activities
4. Instructions for Submitting CME Activity Lists
5. CME Activity List
6. Performance in Practice Review Requirements and Instructions
7. Performance in Practice Review Labels

THE ROLE OF VERIFICATION IN THE ACCREDITATION PROCESS

The KMA's accreditation process is **an opportunity** for each provider to demonstrate that its practice of CME is in compliance with the KMA's accreditation requirements through three primary sources of data about the provider's CME program:

1. **Self Study Report:** Providers are expected to *describe* and provide *examples* of their CME practices. **When describing a practice**, you are offering a narrative to give the reader an understanding of the CME practice(s) related to a Criterion or Policy. **When asked for an example** of a CME practice, the *KMA* expects to *see* documentation/documents/materials that demonstrate the *implementation* of the practice that was described. **Unless otherwise noted, the KMA expects to see actual materials or complete <u>not</u> blank, forms.**

2. **Performance-in-Practice Review:** Providers are asked to verify that their CME activities meet the ACCME's 2006 Accreditation Criteria through the documentation review process. This review is based on the ACCME's Updated Criteria and is facilitated by the provider's use of labels (template provided by KMA) on activity materials. Information on this process is provided in this guide and instructions can be found on www.kyma.org. In addition to documentation review, initial applicants must have an activity review prior to Accreditation. The CME activity may be of any format and will entail surveyor observation.

   The KMA will select up to 15 activities for which the provider will be expected to present evidence of performance-in-practice to the KMA for documentation review.

3. **Survey Interview:** The interview presents an opportunity to describe and provide clarification, as needed, on aspects of practice described and verified in the self study report or activity files. Through dialogue with the KMA survey team, an organization may illuminate its practices in a more explicit manner. The survey team may request that a provider submit additional materials based on this dialogue to verify a provider's practice.

EXPECTATIONS ABOUT MATERIALS

The materials submitted to the KMA in any format, must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the organization, and are the property of the organization.

Materials submitted for accreditation (self study report, activity files, other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

The self study report, performance in practice review, and interview comprise the three sources of data used to make decisions in the accreditation process regarding the extent to which providers meet Criteria 1-22. Effective January 2011, KMA requires providers to complete Criteria 16-22. This information will help the KMA evaluate if your organization should receive Accreditation with Commendation.

EXPECTATIONS FOR REGULARLY SCHEDULED SERIES (RSS)

A provider that produces Regularly Scheduled Series (RSS) must ensure that its program of RSSs contributes to fulfilling the provider's mission, fulfills the KMA/ACCME requirements, and potentially demonstrates the provider's engagement with the system in which it operates – just like any other activity type.

The KMA defines RSS as an educational activity that is presented as a **SERIES** of meetings which occur on an ongoing basis (e.g., weekly, monthly, or quarterly) and is primarily planned by and presented to the accredited organization's own professional staff. Examples of RSS are Grand Rounds, Tumor Boards, and M&M Conferences. Each RSS is made up of multiple sessions, or individual meetings, that occur on regular intervals.

RSS will be included as part of the performance-in-practice review process. To demonstrate compliance with RSS selected for performance-in-practice review, providers must present:

1) A description of the monitoring system (including, for example, sources of data and sampling strategies) used to collect and analyze data regarding the compliance of the selected RSS and a summary of the RSS monitoring data collected, along with your analysis and compliance conclusions and any needed improvements identified and implemented;

   OR

   Documentation from the planning, implementation, and evaluation of the selected series

CONTENTS OF THE SELF-STUDY REPORT FOR KMA ACCREDITATION

I. INTRODUCTION

A. Demographic Information Form (form to complete can be found in "Documents and Forms" on www.kyma.org)

B. Summary of CME Activities (form to complete can be found in "Documents and Forms" on www.kyma.org)

CME Activity List (a list of your CME activities for the current term of accreditation as submitted electronically to the KMA and updated, if necessary).

C. Provider Background Questions

1. Provide answers to all questions.

D. Self Study Report Prologue

1. Describe a brief history of your CME Program
2. Describe the leadership and structure of your CME Program.

E. Describe your organization's change process for incorporating the ACCME's Updated Accreditation Criteria.

II. ESSENTIAL AREA 1: PURPOSE AND MISSION (CRITERION 1)

A. Attach your CME mission statement. Identify and highlight each required component: (1) purpose, (2) content areas, (3) target audience, (4) types of activities, and (5) expected results of the program, articulated in terms of changes in competence, performance, or patient outcomes.(C1)

III. ESSENTIAL AREA 2: EDUCATIONAL PLANNING (CRITERIA 2-7 SCS 1) AND KMA POLICIES

The next set of items is designed to gather information on your educational planning process. Describe the following components of your planning process:

A. **How** you identify the professional practice gap(s) of your own learners. (C2)

B. **How** you identify the educational needs of your learners that underlie the professional practice gap(s) that you have identified. (C2)

C. **That** you incorporate these needs into CME activities.(C2)

D. **What** your activities are designed to change: competence, and/or performance, and/or patient outcomes? (C3)

E. **How** your organization matches the content of your activities to what your learners currently or may do? (i.e., their current or potential scope of practice). (C4)

F. **What** educational formats (i.e., activity type and methodology) you use and why you use them. (C5)

G. **How** the formats are appropriate to the setting, objectives, and desired results of an activity. (C5)

H. **That** your activities are planned within the context of desirable physician attributes (e.g., ABMS/ACGME Competencies, IOM Competencies). (C6)

I. **How** your organization ensures independence from commercial interests in the above planning steps, and others, as listed here: (a. identification of needs; b. the determination of educational objectives; c. the selection and presentation of content; d. the selection of all persons and organizations in a position to control the content; e. the selection of educational methods, and f. the evaluation of the activity. (C7 SCS1)

J. **Include two activity examples** that illustrate all of the steps of the planning process you have described. For both of the activity examples, explicitly identify and/or describe:

(1) The problem, or professional practice gap, the activity was addressing (C2)
(2) The educational need that was underlying this gap for your learners (C2)
(3) What the activity was designed to change (competence, performance, or patient outcomes) (C3)
(4) That the activity matched the current or potential scope of practice of your learners (C4)
(5) The format of the activity (C5)
(6) The desirable physician attribute associated with the activity. (C6)
(7) That the activity was designed to ensure independence from commercial interests (C7 SCS1.1)

K. **Describe** the mechanism your organization uses to **record and verify physician participation** for six years from the date of your CME activities.

L. Include **one example** that demonstrates your practice to **record and verify physician participation**.

IV. ESSENTIAL AREA 2: EDUCATIONAL PLANNING: ACCME STANDARDS FOR COMMERCIAL SUPPORT— Identification and Resolution of Conflicts of Interest and Disclosure (Criterion 7 SCS2 and SCS6)

A. **Describe** the mechanism(s) your organization uses to ensure that everyone in a position to control educational content (e.g., faculty, planners, reviewers, and others who controlled content) has disclosed to your organization relevant financial relationships with commercial interests. Include in your description your organization's mechanism(s) for disqualifying individuals who refuse to disclose. *(C7 SCS 2.1, 2.2)*

B. **Describe** the mechanism(s) your organization uses to identify conflicts of interest prior to an activity. *(C7 SCS 2.3)*

C. **Describe** the mechanism(s) your organization uses to resolve conflicts of interest prior to an activity. *(C7 SCS 2.3)*

D. **Describe** your organization's process(es) and mechanism(s) for disclosure to the learners prior to the activity of (1) relevant financial relationships of all persons in a position to control educational content and (2) the source of support from commercial interests, including "in-kind" support, if applicable. *(C7 SCS 6.1-6.5)*

E. Include two activity examples that illustrate your descriptions above. For each activity example, explicitly show and/or describe:

(1) Who was in a position to control educational content, specifying their role (e.g., planner, faculty, reviewer, staff) *(C7 SCS 2.1)*

(2) That all individuals in control of content disclosed to your organization relevant financial relationships with commercial interests, including verification that individuals who refuse to disclose are disqualified; *(C7 SCS 2.1)*

(3) The mechanisms you implemented to identify and resolve conflicts of interests prior to the activity; *(C7 SCS 2.3)*

(4) Disclosure to learners, prior to the beginning of the activity, of the presence or absence of relevant financial relationships of all who controlled content. *(C7 SCS 6.1, 6.2, 6.5)*

(5) If applicable, disclosure to learners, prior to the beginning of the activity, of the source(s) of support, including "in-kind" support, from commercial interests. *(C7 SCS 6.3-6.5)*

V. ESSENTIAL AREA 2: EDUCATIONAL PLANNING: ACCME'S STANDARDS FOR COMMERCIAL SUPPORT— Management of Funds (Criterion 8)

NOTE: ALL ORGANIZATIONS must respond to items A-B, regardless of whether or not your organization accepts commercial support.

A. **Attach** your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. *(C8 SCS 3.7-3.8)*

B. **Describe** how you ensure that social events do not compete with or take precedence over educational activities. *(C8 SCS 3.11)*

NOTE: If your organization accepts commercial support, respond to C - E; if not, go to Section VI.

C. **Describe** your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). *(C8 SCS 3.1)*

D. **Describe** how you ensure that all commercial support is given with your organization's full knowledge and approval. Include in your response your policies and processes to ensure that no other payment is given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved in the activity. *(C8 SCS 3.3; 3.9)*

E. **Attach an example** of a written agreement documenting terms, conditions, and purposes of commercial support used to fulfill relevant elements of the SCS. *(C8 SCS 3.4-3.6)*

VI. ESSENTIAL AREA 2: EDUCATIONAL PLANNING : ACCME STANDARDS FOR COMMERCIAL SUPPORT— Separation of Education from Promotion; Promotion of Improvements in Healthcare (Criterion 9-10 SCS 4; SCS 5)

NOTE: ALL PROVIDERS must respond to this section.

A. Do you organize ***commercial exhibits*** in association with any of your CME activities? If yes, **describe** how your organization ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. *(C9 SCS 4.1)*

B. Do you arrange for ***advertisements*** in association with any of your CME activities? If yes, **describe** how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. *(C9 SCS 4.2, 4.4)*

C. **Describe** the planning and monitoring your organization uses to ensure that:

(1) The content of CME activities does not promote the proprietary interests of any commercial interests. *(C10 SCS 5.1) (i.e., there is not commercial bias)*
(2) CME activities give a balanced view of therapeutic options. *(C10 SCS 5.2)*
(3) The content of CME activities is in compliance with the ACCME's content validity value statements[1]. *(Policy on Content Validation)*

[1] ACCME's Policy on Content Validation: All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that 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.

VII. ESSENTIAL AREA 3: EVALUATION AND IMPROVEMENT (CRITERIA 11-15)

A. What were the conclusions you drew from your analysis of changes in learners compentence, performance, or patient outcomes achieved as a result of your overall program's activities/educational interventions. (C11)

B. Provide a summary of the data upon which you based your analysis of changes in learners. (C11)

C. Based on your review of the data and information provided in the responses to questions A-B, describe your conclusions regarding **your organization's success at meeting its CME mission**, including the degree to which your organization has: (C12)

(1) fulfilled its purpose
(2) provided CME on the content areas outlined in the mission
(3) reached its target audience
(4) produced the types of activities stated in the mission
(5) achieved its expected results, in terms of competence, performance, or patient outcomes.

D. As a result of your program-based analysis, what changes did you **identify** that could help you better meet your CME mission? (C13)

E. Based on the changes you identified that could be made, describe the changes to your program that you have **implemented** (C14)?

F. How have you **measured** the impact of these implemented changes on your organization's ability to meet its CME mission? (C15)

VIII. ESSENTIAL AREA 3: ENGAGEMENT WITH THE ENVIRONMENT (CRITERIA 16-22)

The information gathered through your organization's responses to the following questions will be used to determine eligibility for Accreditation with Commendation.

A. If your organization integrates CME into the process for improving professional practice, **describe** how this integration occurs. Include **examples** of explicit organizational practices that have been implemented. (C16)

B. If your organization utilizes non-education strategies to enhance change as an adjunct to its educational activities, **describe** the strategies that your organization has used as adjuncts to CME activities and how these strategies were designed to enhance change. Include in your description an explanation of how the non-education strategies were connected to either an individual activity or group of activities. Include **examples** of non-education strategies that have been implemented. (C17)

C. If your organization identifies factors outside of its control that will have an impact on patient outcomes, **describe** those factors. Include **examples** of identifying factors outside of your organization's control that will have an impact on patient outcomes. (C18)

D. If your organization implements educational strategies to remove, overcome, or address barriers to physician change, **describe** these strategies. Include **examples** of educational strategies that have been implemented to remove, overcome, or address barriers to physician change. (C19)

E. If your organization is engaged in collaborative or cooperative relationships with other stakeholders, **describe** these relationships. Include **examples** of collaboration and cooperation with other stakeholders. (C20)

F. If your CME unit participates within an institutional or system framework for quality improvement, **describe** this framework. Include **examples** of your CME unit participating within an institutional or system framework for quality improvement. (C21)

G. If your organization has positioned itself to influence the scope and content of activities/educational interventions, **describe** organizational procedures and practices that support this. Include **examples** of how your organization is positioned to influence the scope and content of activities/educational interventions. (C22)

IX. PHYSICIAN PARTICIPATION POLICY

A. Describe the mechanism your organization uses to retain activity records/files for the current accreditation period.

X. ACCREDITATION POLICY

A. Provide documentation of utilitzation of appropriate accreditation statements.

XI. PROGRAM SUMMARY (Self Assessment and Improvement Plans)

A. Describe your CME Program's Areas for Improvements and Specific Plans for Addressing Improvements.
B. Describe your CME Program's Future Direction.

FORMATTING YOUR SELF-STUDY REPORT

4

1. **Behind each tab, include a copy of the appropriate self study questions/information you will be addressing.**
2. **Provide required narrative and attachments** for each item indicated on the KMA self study report outline.
3. **Put attachments at the end of the appropriate section of the report.** Do not put them all at the back of the entire report or intersperse them throughout the narrative.
4. **Behind the "Introduction" tab**, include the Demographic Form, Summary of CME Activities, KMA Background Questions and CME Activity List (a list of your CME activities for the current term of accreditation as submitted electronically to the KMA and updated, if necessary).
5. **Include a table of contents** that follows the self study report outline as published in this document, listing the page numbers of each narrative item and attachment of the report.
6. **Consecutively number each page** in the binder including the attachments. The name (or abbreviation) of your organization must appear with the **page number on each page**.
7. **Type with at least 1" margins** (top, bottom and sides), using **11 point type or larger**.
8. **Do not use plastic sleeves** for single pages or multi-page documents (i.e. brochures, handouts, etc). Copy pertinent excerpts to standard paper for inclusion in the binder.
9. **Use a three-ring binder no wider than two inches** to hold the self study report. The rings may not be more than two inches in diameter, and the materials may not be more than two inches in thickness.
10. **Prepare four copies** of the self study report for submission to the KMA. Keep a separate duplicate copy for your reference at any time during the accreditation process but especially at the time of the accreditation interview.

Materials not submitted according to required specifications will be returned at the organization's expense. This may result in a delay in the accreditation review process, additional fees, and may impact your organization's accreditation status. Particularly important format considerations are size and pagination.

ORGANIZING YOUR SELF-STUDY REPORT

The self-study report must be organized using divider tabs to separate the content of the report in the eight sections outlined below. This outline must also be used as the basis for a required Table of Contents. Include on the Table of Contents the page numbers of the narrative and attachments for each section. An example is provided below:

I. Introduction

II. Essential Area 1: Purpose and Mission (C1)

III. Essential Area 2: Educational Planning and ACCME Standards for Commercial Support – Independence (C2-C7 SCS 1) and ACCME Policies

IV. Essential Area 2: Educational Planning: ACCME Standards for Commercial Support – Identification and Resolution of Conflicts of Interest and Disclosure (C7 SCS 2 and SCS 6)

V. Essential Area 2: Educational Planning: ACCME Standards for Commercial Support – Management of Funds (C8)

VI. Essential Area 2: Educational Planning: ACCME Standards for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare (C9-C10)

VII. Essential Area 3: Evaluation and Improvement (C11-C15)

VIII. Essential Area 3: Engagement with the Environment: Level 3 / Accreditation with Commendation (C16-C22)

IX. Physician Participation Policy

X. Accreditation Policy

XI. Program Summary

EXAMPLE TABLE OF CONTENTS

KMA'S REVIEW OF A PROVIDER'S PERFORMANCE IN PRACTICE

CONTENT OF YOUR PERFORMANCE-IN-PRACTICE REVIEW MATERIALS

The KMA's performance-in-practice review allows providers to demonstrate compliance with the KMA's expectations and offers providers an opportunity to reflect on their CME practices. Materials that demonstrate compliance with KMA's expectations may result from work done for individual activities or as part of the overall CME program. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets KMA's expectations with evidence not directly related to a specific CME activity. Providers must include such materials in labeled evidence to verify compliance.

Facilitation of KMA's review of a provider's performance-in-practice in its activity files involves three stages:

(1) The provider's submission of its CME activity list
(2) The KMA's selection of activities for performance-in-practice review
(3) The provider's submission of evidence of performance-in-practice for activities selected

STAGE 1: SUBMITTING YOUR CME ACTIVITY LIST FOR PERFORMANCE-IN-PRACTICE REVIEW

1. The list of activities must be submitted using the KMA's template, which is provided at www.kyma.org (see CME Activities List Form).

2. This list must include all activities that your organization has offered, or plans to offer, under the umbrella of your KMA accreditation statement during the current accreditation term. Your list of activities needs to be comprehensive and must include all activities **beginning with the month after your last accreditation decision** and **through the expiration of your current accreditation term**. For example, if you received a four-year Accreditation decision in July 2007, your list should include all accredited CME activities offered, or scheduled to be offered, from August 1, 2007 through July 31, 2011.

3. **For activities that have not yet occurred**, please use the best available information, year-to-date figures, or estimates to complete all required fields. You will have the opportunity to update this information for inclusion with the self study report.

4. Activities offered on multiple dates at various locations to different audiences, even if they have the same title and content, **must be listed for each date and location at which they were offered**. Responses such as "multiple," "various," or "ongoing" are not acceptable for activity date or location.

5. **Organizations that produce Regularly Scheduled Series (RSS) must list these activities by YEAR and SERIES (e.g. department).** Do not list each daily, weekly, or monthly session.
   - The KMA defines RSS as daily, weekly or monthly CME activities that are primarily planned by and presented to the provider's own professional staff, and are offered under the umbrella of your KMA accreditation statement, as one activity. RSS are most commonly offered by hospitals and medical schools and typically include such activities as Grand Rounds, Noon Conferences, and Tumor Boards.
   - By contrast, annual meetings are scheduled regularly, on a yearly basis, but they do not fit the ACCME definition of RSS. Similarly, conferences offering the same content at various times and locations may be scheduled on a regular basis, but they do not fit the ACCME's definition of RSS.

- When counting RSS for the activity list, include each series as one activity. Use the date of the first session to fill in the date field. The total hours of instruction for the series is the sum of hours available through the activity during the year, and the total participants is the sum of the number of physicians/ non-physicians attending each individual session.
- **If you are not certain whether an activity should be categorized as an RSS, contact KMA for assistance.**

6. Providers must submit data for all activities in **columns A-I**. The spreadsheet has columns that must be filled in according to the specifications below.

Column A: List the title of the activity.

Column B: List the date the activity occurred in "MM/DD/YYYY" format. If the activity is multi-day, provide the beginning date of the activity only. If the activity is an enduring material, provide the release date or date of most recent review.

Column C: List the activity's location in "City, ST" format. For enduring materials and Internet activities, please list your organization's home city and state or indicate not applicable.

Column D: Use the drop down menu to indicate if the activity was directly or jointly sponsored (Co-sponsorship is not a menu option). List only those co-sponsored activities for which your organization took responsibility.

Column E: Use the drop down menu to indicate the type of activity. Your **only** choices are: Course, RSS, Internet Activity Live, Enduring Material, Internet Activity Enduring Material, Journal-based CME, Manuscript Review, Test Item Writing, Committee Learning, Performance Improvement, Internet Searching and Learning, and Learning from Teaching.

Column F: List the number of maximum number of hours available for the activity.

Column G: List the number of physicians who participated. If attendance figures are incomplete at the time of submission, please include preliminary or year-to-date figures. You may update this information for inclusion with your self study report.

Column H: List the number of non-physicians who participated. If attendance figures are incomplete at the time of submission, please include preliminary or year-to-date figures. You may update this information for inclusion with your self study report.

Column I: Use the drop down menu to indicate whether the activity received commercial support. Your **only** choices are Yes and No.

7. Columns (J-Q) in KMA's CME Activity List spreadsheet are highlighted in yellow. **Submit data in these columns for activities presented after July 1, 2008:**

Column J: List the amount of commercial support received. Commercial support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. The total figure should include an *estimated* dollar value for in-kind contributions. If activity has not been presented, estimate the support you expect to receive. Advertising and exhibit income is not considered commercial support.

Column K: List the number of commercial supporters of the activity. (If the activity has not occurred, estimate the number of commercial supporters expected).

Column L: Use the drop down menu to indicate if the activity was designed to change physicians' competence. Your **only** choices are Yes and No.

Column M: Use the drop down menu to indicate if change in physicians' competence was measured. Your **only** choices are Yes and No.

Column N: Use the drop down menu to indicate if the activity was designed to change physicians' performance. Your **only** choices are Yes and No.

Column O: Use the drop down menu to indicate if change in physicians' performance was measured. Your **only** choices are Yes and No.

Column P: Use the drop down menu to indicate if the activity was designed to change patient outcomes. Your **only** choices are Yes and No.

Column Q: Use the drop down menu to indicate if change in patient outcomes was measured. Your **only** choices are Yes and No.

8. Please observe the following instructions:

Do not alter the format of the KMA template in any way, such as shading cells, changing column names, or adding blank rows or columns. You may, however, temporarily resize column width to view cell contents;

Do not leave blank cells in the spreadsheet for columns A-I;

Do not send the spreadsheet to KMA as a "zip file"; and

Do not include multiple worksheets, files, or attachments. Your submission should be **one** worksheet attached as **one** file.

STAGE 2: SELECTING ACTIVITIES FOR PERFORMANCE-IN-PRACTICE REVIEW

Based on the completed CME Activity List you provide to KMA, KMA will select up to 15 activities for review. KMA notifies providers via email of the activities selected for review.

Keep in mind:

- Providers are accountable for demonstrating performance-in-practice for all activities selected for documentation review.
- If, after reviewing the list of selected activities, an error such as an incorrect activity date or format is noted, please notify KMA via email or fax and the selection will be updated.

STAGE 3: SUBMITTING EVIDENCE OF PERFORMANCE-IN-PRACTICE FOR REVIEW

KMA utilizes the review of a provider's performance-in-practice, as seen in materials from CME activities, to verify that the provider meets KMA's expectations. The requirements for assembling and submitting performance-in-practice materials to KMA for the accreditation process are outlined in this section.

INSTRUCTIONS FOR PREPARING MATERIALS FOR KMA PERFORMANCE-IN-PRACTICE REVIEW

Step A – Downloading the Labels

Download the KMA Documentation Review Labels. Labels can be found at www.kyma.org or by contacting KMA at 502.426.6200. This label template is pre-formatted to print onto *Avery Standard File Folder Labels* #5266. White or color labels are acceptable.

Step B – Labeling Your Evidence to Support Compliance

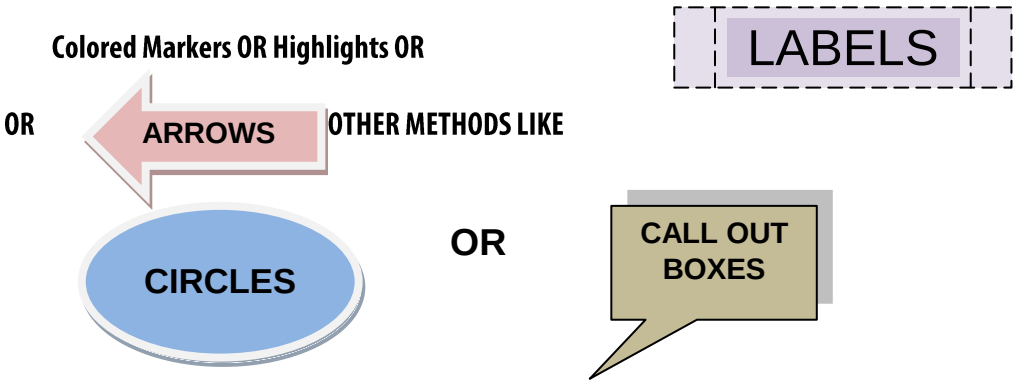
- Insert the corresponding label on the **first page** of the evidence, or on a **coversheet** (when there are multiple pages), that supports each Criterion or Policy identified on the label.
- Present materials that you developed and utilized for the activity to help your organization demonstrate compliance. A review of your organization's performance-in-practice is not intended to cause you to generate new or additional documentation.
- Use discretion in selecting only evidence that relates specifically to compliance criteria. KMA does not need to see the entire working file, every sign-in sheet, every completed activity evaluation form, faculty CVs, slide packets or other handouts in their entirety in order to verify compliance.
- Please note, however, that signed written agreements for all commercial support received must be presented, along with a list of the commercial supporters, if commercial support was received. Also, evidence of disclosing the presence or absence of relevant financial relationships to learners for all persons in control of content must be provided, along with a list identifying all persons in control of content with their names and their roles e.g., planners, faculty, reviewers, staff.
- If multiple criteria and/or policies are addressed on one document (such as a course brochure or syllabus page), you may place more than one label on the document.
- *Blank forms and checklists alone do not verify performance-in-practice.*
- Evidence supporting compliance for Regularly Scheduled Series may be in the form of

    1) A description of the monitoring system (including, for example, sources of data and sampling strategies) used to collect and analyze data regarding the compliance of the selected RSS and a summary of the RSS monitoring data collected, along with your analysis and compliance conclusions and any needed improvements identified and implemented;

    OR

    2) Documentation from the planning, implementation, and evaluation of the selected series.

Once you have inserted the label to the evidence or coversheet, HIGHLIGHT with …



… to pinpoint in the materials your demonstration of compliance. One sentence or paragraph within a five-page document may be your demonstration of compliance. It is important that you use your evidence to demonstrate how and where you are in compliance.

EXPECTATIONS OF PERFORMANCE-IN-PRACTICE WITH REGARD TO THE 2006 ACCREDITATION CRITERIA

KMA expects that your organization has been transitioning to the 2006 Accreditation Criteria. KMA's accreditation process is sensitive to this transition and will seek information regarding the status of your organization's implementation process and timeline.

Your organization may not have evidence to demonstrate that a Criterion was met in an activity because:

1. the date of the activity precedes your organization's implementation of the Criterion listed on the label; or
2. the Criterion is not applicable to the activity.
3. If you do not have evidence to demonstrate that the activity meets the Criterion, place the label for the criterion on a sheet of paper and explain why there is no evidence. For example, "No evidence because the date of the activity preceded our organization's implementation of the 2006 Accreditation Criteria," or "No commercial support accepted for this activity."

Step C – Assembling an Activity File

1. Labeled evidence for each activity selected must be submitted in an 8 ½" by 11" file folder; do NOT submit evidence in binders.
2. Affix a label on the front cover of the file folder that specifies:
    - Full name of organization (no acronym)
    - Activity title as it appears on the CME Activity List
    - Activity date and location as it appears on the CME Activity List; any variation must be explained
    - Type of activity (Your only choices are Course, Internet Activity Live, Internet Activity Enduring Material, Enduring Material, Journal CME, Journal-based Manuscript Review, Test Item Writing, Committee Learning, Performance Improvement, Learning from Teaching, Internet Searching and Learning, or RSS)

- Directly or jointly sponsored activity
- If commercial support was accepted

Step D – Enclose the CME Product

Please submit the **CME product** in its entirety for each **Internet, journal-based and/or enduring material CME activity** selected, **in addition to** the labeled evidence for these activities. CME products are being requested to assess compliance with the KMA/ACCME policy requirements relative to the activity type.

Please make clear where the information supporting compliance with the policy requirements can be found by highlighting, flagging, noting, describing, or otherwise providing written directions to ensure that you are showing where in the product you are meeting the policy requirements.

For Internet activities provide a direct link to the online activities or the URL, and a username and password, when necessary. If an Internet activity selected is no longer available online, you may submit the activity saved to CD-ROM or provide access on an archived web site. If KMA surveyors have difficulty accessing the activities or finding the required information, you will be expected to clarify this evidence at the time of the interview. Active URLs, login IDs and passwords must be made available for the duration of your organization's current accreditation review.

Please do not ship original documents; activity files will not be returned to you

SUBMITTING MATERIALS TO KMA

- Organizations must ship the following materials to the KMA:
    - (1) four self study report binders
    - (2) one set of your evidence of performance-in-practice for the identified activities
    - (3) one copy of the CME product(s) for any enduring materials, Internet, or journal-based CME activities selected

- Do not ship original documents. Activity files will **not** be returned.

- ***Retain a duplicate set of materials including the self study report and labeled evidence of performance-in-practice for your own reference at any time during the accreditation process, but especially at the time of the accreditation interview. If the need arises, KMA may ask for a second copy of a file or set of files.***

Materials must be shipped via a method that has a reliable electronic, Web-enabled delivery tracking system to the following address**:**

Miranda Mosley
Education Manager
Kentucky Medical Association
4965 US Highway 42, Ste 2000
Louisville, KY 40222

KMA'S INTERVIEW

The KMA's interview offers opportunities to the provider and the KMA. The interview allows the provider to: (1) discuss its CME program, overall CME program evaluation, and self study report and (2) clarify information described and shared in the self study report and performance in practice materials. The interview offers opportunities for the KMA to: (1) ensure that any questions regarding the provider's procedures or practices are answered and (2) ensure that the survey team has complete information about the provider's organization with which to formulate a report to the KMA.

KMA surveyors will not provide feedback on your compliance nor will they provide a summary of their findings or an assessment of the expected outcome of the accreditation process. Your organization's compliance, your findings, and the outcome of the accreditation process are determined by the KMA CME Committee based on the recommendations of the KMA's Surveyors.

INTERVIEW FORMATS

The format for all interviews involves a meeting between the representatives of the accredited provider and the KMA survey team. The KMA offers the following interview formats:

Face-to-Face Interviews	Representatives from your organization come to KMA Headquarters in Louisville, KY Your organization may bring up to five representatives to Louisville for the face-to-face interview.
On-site Interviews	On-site interviews are intended to occur at the provider's administrative offices or at the site of one of the provider's CME activities. While the interview time is designed to take approximately 2 hours, the survey team typically spends one-half day at the provider's administrative offices. In addition to interview time, the survey team spends time meeting together and completing reports. On-site interviews may be longer than one-half day if a live CME activity is reviewed during the visit. The KMA may require a provider to have a CME activity reviewed, in accordance with KMA Policy. KMA Policy requires that new providers (initial applicants or provisionally accredited providers) must have a CME activity reviewed prior to receiving a status of "accreditation". In addition, CME activity reviews can be requested as part of an accreditation decision or monitoring issue. Providers required to have an activity reviewed as part of their accreditation process will be prompted by the KMA to submit information to facilitate this process. A provider may choose the activity type and activity to be reviewed, unless otherwise specified by the KMA.

Regardless of the format, all interviews are designed to last approximately 2-3 hours. Each provider is notified what format will be used in the KMA's official notification letter. Based on a provider's available interview dates, the KMA will then set a date and inform the provider.

Interview Fees

In addition to initial accreditation fees, providers incur expenses related to the interview. Effective 2010, a $750 survey fee will be assessed.

KMA'S DECISION MAKING PROCESS

Data and information collected in the accreditation process is analyzed and synthesized by the KMA's Surveyors. The KMA Surveyors then makes recommendations to the KMA's CME Committee. All accreditation decisions are ratified by the full KMA CME Committee. This multi-tiered system of review provides the checks and balances necessary to ensure fair and accurate decisions.

The decision making process assesses providers' compliance with the Accreditation Requirements based on information collected during the accreditation process. The KMA will also consider data from Monitoring issues, if such data are applicable to the provider.

The timeline for an initial applicant to complete the accreditation process is dependent upon the dates that materials are submitted to the KMA. Once a preapplication is approved by the KMA, an organization has six months to submit a Self Study Report for initial accreditation. The KMA's accreditation process requires a three-month window between the submission of a Self Study Report for initial accreditation and the date of the interview. Based on the date of the survey, the initial application will receive a decision from the KMA at the next scheduled KMA Committee Meeting. The applicant will be informed as to the decision of the committee within four weeks of the meeting. The committee normally meets quarterly.

The timeline for a provider seeking re-accreditation is dependent on when the survey is held. Once a provider has been surveyed, the surveyors will make a recommendation to the full committee. The provider will be informed as to the decision of the committee within four weeks of the meeting. The committee normally meets quarterly.

ACCREDITATION OUTCOMES

Based on compliance findings for each individual Accreditation Requirement, the KMA makes a decision regarding the provider's accreditation status. This decision could be one of five options:

1. Provisional Accreditation,
2. Accreditation,
3. Accreditation with Commendation,
4. Probation, or
5. Non-Accreditation.

1. Provisional Accreditation: Provisional Accreditation is the standard status for initial, or first-time, applicants, and is associated with a two year term. To achieve Provisional Accreditation, the applicant must be found in Compliance in all Level 1 Requirements. KMA may grant "Extended Provisional" accreditation to an already Provisionally accredited provider one time, for up to two years. Provisional Accreditation may also be granted when an accredited organization's CME program is so altered that it is essentially a new program.

2. Accreditation: Accreditation is the standard status for reaccreditation applicants, and is associated with a four year term. For accredited providers seeking Accreditation, Non-Compliance with any Accreditation Requirement will necessitate a Progress Report and/or focused or full survey. Failure to demonstrate compliance in the Progress Report and/or focused or full survey may result in Probation.

3. Accreditation with Commendation: Accreditation with Commendation is associated with a six year term, and is available only to reaccreditation applicants. A reaccreditation applicant is considered for Accreditation with Commendation if the applicant meets the criteria for Accreditation with Commendation: Compliance with Criteria 1 – 22. A more focused Annual Report and program review will be conducted at the 3 year point to ensure compliance.

4. Probation: An accredited program that seriously deviates from Compliance with the Accreditation Requirements may be placed on Probation. Probation may also result from a provider's failure to demonstrate Compliance in a Progress Report.

Providers who receive probation at reaccreditation receive the standard four-year term of accreditation. Failure to demonstrate compliance in all elements within two years will result in Non-Accreditation. Accreditation status, and the ability for a provider to complete its four-year term, will resume when a Progress Report is received, validated, and accepted by KMA.

Probation may not be extended. Therefore, providers on Probation that fail to demonstrate Compliance with all ACCME Requirements within two years will receive Non-Accreditation.

Note that Provisionally accredited providers cannot be put on Probation. Rather, Provisionally accredited providers that seriously deviate from Compliance will receive Non-Accreditation.

5. Non-Accreditation: Although decisions of Non-Accreditation are rare, KMA reserves the right to deliver such decisions under any of the following circumstances:

- After the initial survey. To achieve Provisional Accreditation, first-time applicants must be found in Compliance in all Level 1 Accreditation Requirements. Initial applicants who receive Non-Accreditation may not be reviewed again by the KMA until one year from the date of the KMA meeting at which the decision was made
- After Provisional Accreditation. Provisionally accredited providers that seriously deviate from Compliance will receive Non-Accreditation. These providers are not eligible for Probation.
- After a Progress Report. For accredited providers on Probation, Non-Compliance with any one of the Criteria will be cause for Non-Accreditation.

The effective date for Non-Accreditation is usually one year from the KMA decision. KMA will confirm in writing the specific date on which the provider's accreditation will end. A provider who receives Non-Accreditation is responsible for payment of all fees and submission of all required reports until the effective date of Non-Accreditation. Failure to do so will result in immediate Non-Accreditation. The KMA waives the requirement of a Pre-application for the provider that chooses to submit an Initial Self Study Report during the one-year time period prior to the effective date of Non-Accreditation. The process and standards for review of newly Non-Accredited applicants are the same as for all other applicants.

PROGRESS REPORT DECISIONS

Non-Compliance with any of the accreditation requirements will necessitate the completion of a Progress Report by the provider. Failure to complete a progress report may result in Probation. Progress reports will include narrative and appropriate documentation of performance in practice or change in procedures/policies to determine if the provider has improved.

Decisions regarding progress reports can be one of three options:

1. *Accept:* KMA accepts a progress Report when the provider has furnished evidence of Compliance with the Requirements that were in Non-Compliance. A provider's demonstration of Compliance in all Elements will result in its ability to complete its four-year term with a status of Accreditation.

2. *Clarification Required:* If the Progress Report requires clarification, the provider has corrected most of the Criteria that were in Non-Compliance, but some additional information is required to be certain the provider is in Compliance. An additional Progress Report may be required.

3. *Reject:* The KMA rejects a Progress Report if it does not provide evidence that the areas of Non-Compliance have been corrected. Either a second Progress Report or a focused accreditation survey may be required. The KMA can place a provider on Probation or Non-Accreditation as the result of findings on a Progress Report.

KMA will notify providers whether they are required to submit a Progress Report via their decision report. The usual due date for a Progress Report is one year from the date of the original finding.

KMA CME TERMS, DEFINITIONS AND DESCRIPTIONS

CME Activity:

Educational offering that is planned, implemented and evaluated in accordance with the ACCME® Essential Areas and their Elements, and Accreditation Policies.

Commercial Interest:

Any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies. The KMA does not consider providers of clinical service directly to patients to be commercial interests.

Commercial Support:

Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. Advertising and exhibit income **is not** considered commercial support.

Committee Learning:

A CME activity that involves a physician learner's participation in a committee process where the subject of which, if taught/learned in another format would be considered within the definition of CME.

Course:

A live CME activity where the learner participates in person and which is planned on a one-by one basis and designated for credit as a single activity. (Examples: annual meeting, conference, seminar)

Directly Sponsored:

An activity that is planned, implemented and evaluated by the accredited provider. Include cosponsored activities (provided by two accredited providers) in this category if you are the accredited provider awarding the credit.

Enduring Material:

Printed, recorded, or computer-presented CME activity that may be used over time at various locations and which, in itself, constitutes a planned activity. In an enduring material the provider creates the content.

Expenses:

Total cost of goods, services and facilities purchased to support your program of CME. (Examples: amounts spent for CME staff salaries, faculty honoraria, and meeting space.)

Hours of Instruction:

The total hours of educational instruction provided. For example, if a one-day *course* lasts 8 hours, then total hours of instruction for that *course* is 8. See *Regularly Scheduled Conference* for additional example. 'Hours of instruction' and AMA PRA Category 1 Credit ™ awarded may be the same or may be different. KMA is looking for 'Hours of instruction' as part of our data that will describe the scope of the CME program.

Income:

Income received from any source, other than commercial support or advertising and exhibitor income, including government grants, registration fees, and internal allocations.

Internet Activity, Enduring Material:

An Enduring Material Internet Activity is available when the physician participant chooses to complete it. It is "enduring," meaning that there is not just one time on one day to participate in it. Rather, the participant determines when he/she participates. (Examples: online interactive educational module, recorded presentation, podcast)

Internet Activity,Live:

A live Internet activity is an online course available at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity. (Example: webcast)

Internet Searching and Learning:

A CME activity in which a learner accesses the content of the activity directly from the internet. This is differentiated from a 'course' and an 'enduring material' because the provider does not create the content but rather the learner chooses content based on what (s)he feels meets their needs or answers their questions.

Jointly Sponsored:

An activity that is planned, implemented and evaluated by the accredited provider and a non-accredited entity.

Journal-based CME:

A journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

Learning from Teaching:

A CME activity based on the physician learner's preparation to teach in a live CME activity.

Manuscript Review:

A CME activity based on a learner's participation in the pre-publication review process of a journal article.

Non-Physician Participants:

Attendees other than MDs and DOs, such as nurses, physician assistants, and other health professionals. Include residents in this category.

Performance Improvement:

It is a CME activity in which a provider has established a process by which a physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates learning into patient care and then reevaluates his/her performance.

Physician Participants:

MD and DO activity-participants

Regularly Scheduled Series:

A course is identified as an RSS when it is planned to have **1)** a series with multiple sessions that **2)** occur on an ongoing basis (offered weekly, monthly, or quarterly) and **3)** are primarily planned by and presented to the accredited organization's professional staff. Examples of activities that are planned and presented as a regularly scheduled conference are Grand Rounds, Tumor Boards, and M&M Conferences.

When reporting on RSS activities, each series equals one activity. The cumulative number of hours for all sessions within a series equals the number of hours for that activity. Each physician is counted as a learner for each session he/she attends in the series. (Example: Internal Medicine Grand Rounds is one activity that meets for one hour each week. That series is counted as one activity with 52 hours of instruction; if 20 physicians participated in each session, total physician participants would be 1,040 for that activity.

These activities have been previously described as "Regularly Scheduled Conferences", or "RSCs".

Test Item Writing:

A CME activity based on a learner's participation in the pre-publication development and review of any type of test-item (ex: multiple choice questions).