

GUIDE TO THE PROCESS FOR KMA REACCREDITATION: AN OVERVIEW AND SUBMISSION REQUIREMENTS

Overview and Background Information

Conducting Your Self-Study for Reaccreditation

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. The KMA has specific requirements for the *Self-Study Report* content outline, 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.

Data Sources Used in the Reaccreditation Process

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

Self-Study Report

Organizations are expected to provide descriptions, attachments, and examples of their CME practice(s) related to KMA/ACCME Criteria and Policies. **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, you are providing specific documents. Examples are demonstrations of the implementation of the practices described that may include narrative and/or attachments. **Unless otherwise noted, KMA expects to see actual materials not blank forms.**

Performance-in-Practice Review

Organizations are asked to verify that their CME activities are in compliance with KMA/ACCME Criteria and Policies through the documentation review process. **The KMA will select up to 15 activities from the current accreditation term for which the organization will be expected to present evidence of performance-in-practice to the KMA for documentation review.** This review is facilitated through the use of performance-in-practice labels on activity materials or through the use of the KMA Structured Abstract. Initial applications must have an activity review prior to Accreditation. The CME activity will entail surveyor observation.

Accreditation Interview

Organizations are presented with the opportunity to further describe the practices presented in the Self-Study Report and activity files, and provide clarification as needed, in conversation with a team of volunteer surveyors who are colleagues from the CME community, trained by the KMA. KMA encourages attendance by the organization's CME Committee and organizational leadership.

Expectations about Materials

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).

Missing or Incomplete Information

Providers that meet all of the deadlines and submission requirements of the reaccreditation review process will receive an accreditation decision from the KMA. Please note, if the KMA is unable to render a decision due to missing or incomplete information, the KMA reserves the right to request additional information, the expenses for which will be borne by the provider.

Accreditation Interview

The accreditation interview offers the provider the opportunity to discuss its CME program with the KMA survey team. KMA surveyors will be assigned to review the self-study materials you submit to the KMA. They will meet with representatives of your CME program to engage in a dialogue about your organization's policies and practices that ensure compliance with the Accreditation Criteria, including the Standards for Commercial Support and Accreditation Policies.

At the interview, the surveyors will seek clarification about any questions they may have regarding the self-study materials you submitted to the KMA. You can expect KMA surveyors to: 1) conduct their interactions with providers in a professional manner, 2) be familiar with your materials and the KMA/ACCME's Accreditation Criteria and Policies, and 3) communicate clearly and effectively with providers.

Surveyors will not provide feedback regarding compliance or the expected outcome of the accreditation review.

The format for interviews involves a meeting between representatives of the provider and the KMA survey team. KMA utilizes on-site meetings as its standard accreditation interview format; however, KMA can also accommodate a face-to-face meeting at the KMA offices. Interviews typically average 120 minutes in length.

To ensure the validity of the process and based on circumstances and available resources, the KMA reserves the right to make all final decisions regarding the interview format, date, time, and/or composition of the survey team.

The KMA will work with the provider in the scheduling of the accreditation interview. The KMA will confirm your assigned surveyor(s) and the interview date and time in advance via email.

-Interview Fees:

In addition to initial and annual accreditation fees, providers will incur a \$750.00 survey fee.

Decision-Making Process

Your organization's compliance findings are analyzed by the KMA's surveyors. The KMA Surveyors then make 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. Accreditation decision letters are sent to providers via mail following the full meeting of the KMA CME Committee.

The timeline for a provider seeking reaccreditation 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 three times per year.

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

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

1. 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 in Option A (option will remain available through November 2019): Compliance with Criteria 1 – 22. A more focused Annual Report and program review will be conducted at the 3 year point to ensure compliance.

Or, the provider may choose Accreditation with Commendation in Option B (option will BECOME available beginning in NOVEMBER 2017): Compliance with Criteria 1 –13 and utilizing the new menu of criteria for commendation, Criteria 23-38. 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 KMA/ACCME Requirements within two years 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.

Requirements for Organizing and Formatting Your Self-Study Report

The Self-Study Report must be formatted as indicated to facilitate the review of your CME program:

1. Prepare four copies of the self-study report binders for submission to KMA. The cover of each binder should clearly identify your organization by name.
2. Each page in the binder, including the attachments, **must be consecutively numbered**. The name (or abbreviation) of your organization must appear with the page number on each page.
3. The Self-Study Report must be organized using divider tabs as specified by the KMA.
4. Behind each tab, include a copy of the appropriate self study questions/information you will be addressing.
5. **Put attachments at the end of the appropriate section of the report.** Do not put them all at the back of the entire report space them throughout the narrative.
6. **Behind the "prologue" tab**, include the Demographic Form and CME Activity List (updated, if necessary).
7. Narrative, attachments, and examples must be provided as indicated in the KMA Self-Study Report Outline.
8. The Self-Study Report must be typed with at least 1" margins (top, bottom and sides), using 11 point type or larger; double-sided printing is acceptable.
9. Pertinent excerpts must be photocopied on standard paper for inclusion in the binder. Do not use plastic sleeves for single pages or for multi-page documents (i.e. brochures, handouts, etc.).
10. The Self-Study Report must be submitted in a three-ring binder. The rings may not be more than 1½ inches in diameter, and the materials may not be more than 1 ½ inches in thickness.
11. Four hard copies of the Self-Study Report must be submitted 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.

Regarding Self-Study Report Divider Tabs

The Self-Study Report must be organized using divider tabs to separate the content of the report in the seven sections of the KMA Self-Study Report Outline. For the purpose of printing tabs, the titles of the sections have been abbreviated as follows:

- I) Prologue**
- II) Purpose And Mission (C1)**
- III) Educational Activities (C2-7 and Policies)**
- IV) CME Program and Educational Activities (C8-9)**
- V) Content of Educational Activities (C10 and Content Validation)**
- VI) Evaluation and Improvement (C11-13)**
- VII) Engagement with the Environment (C16-22) OPTION A**
Engagement with the Environment (C23-38) OPTION B

The KMA's Review of Performance-in-Practice

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 the KMA's expectations may result from work done for individual activities or as part of the overall CME program. In this process, you will present materials that you developed and utilized for the activity to help your organization demonstrate compliance. Blank forms, blank checklists, and policy documents alone do not verify performance-in-practice.

The KMA's review of a provider's performance-in-practice entails the following process:

- 1) The provider's submission of CME activity data
- 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

Submitting your CME Activity Data

Beginning in 2015, providers began using the ACCME's Program and Activity Reporting System, or "PARS," (pars.accme.org), you will submit known information about the CME activities that your organization has provided, or will provide, under the umbrella of your KMA accreditation statement, from the beginning of your current accreditation term to the expiration. For more information about PARS, visit <http://www.accme.org/cme-providers/maintaining-your-accreditation/about-pars>

Selecting Activities for Performance-in-Practice Review

Based on the CME activity data you provide to the PARS site, the KMA will select up to 15 activities for review. The KMA notifies providers via email of the activities selected for review. Your organization will be asked to confirm receipt of this communication. Providers are accountable for demonstrating performance-in-practice for all activities selected. It is important that you carefully review the list of activities selected by the KMA. If you note an error, such as an incorrect activity date or format, or if an activity was cancelled or otherwise did not occur, contact KMA immediately to make any necessary corrections or adjustments to the sample of activities selected for performance-in-practice review.

Requirements for Assembling and Submitting Performance-in-Practice Materials

Submitting Evidence for Performance-in-Practice Review

The KMA utilizes the review of a provider's performance-in-practice, as seen in materials from CME activities, to verify that the provider meets the KMA's expectations.

The requirements for assembling and submitting performance-in-practice materials to the KMA for the accreditation process are outlined in this section.

Submit Labeled Evidence of Performance-in-Practice

The KMA Performance-in-Practice Labels will be sent to providers electronically. The label template is pre-formatted to print onto *Avery Standard File Folder Labels #5266*. Affix the labels to evidence that verifies the activity meets the KMA's requirements. If the evidence applicable to a label is several pages in length, you may apply the corresponding label to the first page or on a coversheet. Use labels, arrows, highlighting, or other methods to make explicit where the evidence is located.

Submit Evidence of Performance-in-Practice Utilizing the KMA Structured Abstract

The KMA Performance in Practice Structured Abstract may be obtained by contacting the KMA Education Department. Following the structured abstract, you will be asked to provide the information requested with narrative explanations and statements; in tables and through attaching documents and evidence to verify that the activity meets the KMA requirements. When using this option, you **MUST** submit the evidence via flashdrive or email. **NO PRINTED MATERIALS WILL BE ACCEPTED.**

Instructions for submission of LABELED PERFORMANCE IN PRACTICE:

1. Submit labeled evidence for each activity selected in an 8 ½" by 11" file folder; do NOT submit evidence in binders.
2. Affix a label on the front cover of each file folder that specifies:
 - Full name of your organization (no acronyms or abbreviations)
 - Activity title, as submitted in PARS.
 - Activity date, as submitted in PARS.

Instructions for submission of PERFORMANCE IN PRACTICE UTILIZING THE STRUCTURED ABSTRACT:

1. Submit structured abstract form and accompanying documentation via flashdrive or email. Please utilize bookmarks and clearly labeled attachments.

Submitting Materials to the KMA

The following materials must be shipped, using a method that has a reliable electronic, web-enabled delivery tracking system, for the KMA's receipt by the published due date:

- Four copies of the Self-Study Report in binders formatted and organized as specified
- One set of your evidence of performance-in-practice for selected activities, if submitting in hard copy format,
- One copy of the CME product(s) for any enduring materials, Internet, or journal-based CME activities selected for performance-in-practice review

Do not ship original documents. Activity files will not be returned. Retain a duplicate set of materials including the Self-Study Report and 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, the KMA may ask for additional copies of a file or set of files.

SHIP TO:

Kentucky Medical Association
C/O Miranda Mosley
9300 Shelbyville Road, Ste 850
Louisville, KY 40222