



CME JOINT PROVIDERSHIP GUIDE

Dear Provider,

This CME Joint Providership Guide is designed to provide guidance and resources to ensure your program is in accordance with the Michigan State Medical Society (MSMS) requirements and standards.

There is an inventory of steps and potential timelines to follow along with itemization of responsibilities of the accredited provider, Practice Transformation Institute (PTI), and your organization (joint provider). While PTI staff will guide you in this process, it is your organization's responsibility to ensure that all information is compliant with the MSMS and submitted to PTI as outlined in this guide.

We look forward to working with you. Please contact me with any questions at hkinkle@transformcoach.org.

Best regards,



Harmony Kinkle
Director of Operations
Practice Transformation Institute

Practice Transformation Institute's (PTI) Mission Statement



Our Mission

Practice Transformation Institute's mission is to excel in providing learning programs that empower physicians and health care professionals to transform the delivery of care.

Our Vision

Prepare, Transform, Improve

Our Goals

- Exceptional learning experiences
- Nation-leading curriculum and tools
- Strategic growth
- Collaborative relationships
- Measureable results

Our Strategies

- Collaborating with physicians, medical practice teams, health care and quality improvement organizations and community leaders to improve patient health outcomes and the individual care delivery experience
- Providing experiential learning using nation-leading curriculum and tools focused on driving sustainable, transformative improvement
- Assessing organization, team and individual learning needs and creating customized programs for improvement initiatives
- Measuring the level of learner knowledge transfer beyond fact retention to the actual demonstration of competency

Who We Are

Founded in 2007 and located in southeast Michigan, Practice Transformation Institute (PTI) is a leading not-for-profit provider of CME and IACET- accredited experiential learning programs for implementing the principles of the Patient Centered Medical Home (PCMH) and other primary care transformation initiatives. Using proven learning methods and business strategies, PTI empowers physicians, their medical office teams and the greater healthcare community through multiple training and education initiatives that are customized to fit each client's needs.

What We Do

PTI is focused on learning experiences that support meaningful change and improvement in medical practices. We provide the practice operations and coordination of care component of training that is critically important, yet typically missing, from a physician's continuing education. Further, we motivate the physician's practice team to use ongoing education as a tool for individual and collective growth for the entire practice to sustain transformation.

PTI offers training and education services that cover a variety of operational and leadership topics, including population-based medicine and establishing population registries, quality improvement and using data to drive decisions, medical practice coaching, and foundation workshops for transforming a primary care practice into a PCMH. From the development of policies and procedures to physician leadership and team building strategies, PTI brings a new level of training and education to the medical community.

Why We Do It

We believe we can improve health care delivery one practice at a time. Practice Transformation Institute is passionately committed to the use of experiential learning at all levels of an organization to realize meaningful, sustainable change and positive, measurable movement towards established goals and objectives. Unlike other training organizations, PTI believes that transformation can only be accomplished when participants are actively engaged in the learning process, testing the tools and techniques, and *not merely trained to follow the leader*.

Where We Serve

Services are provided throughout Michigan and to other states as requested. If a need is identified, PTI would provide services to organizations in other countries.

Our Legal Structure

PTI is a 501(c)(3) charitable, tax-exempt organization that is recognized as a private foundation licensed by the State of Michigan to solicit funds.

Practice Transformation Institute's (PTI) Role in the CME Joint Providership



PTI is accredited by the Michigan State Medical Society to provide continuing medical education (CME) for physicians. On a periodic basis, PTI begins the very long process of reaccreditation, part of which includes verification that the activities we provide CME for have met all MSMS requirements. This includes all jointly provided meetings. In short, PTI's accreditation is on the line with every meeting that we jointly provide and that accreditation may be withdrawn if the requirements are not met.

The following is a brief summary of PTI's responsibilities:

- Processing and reviewing of the Continuing Education Planning Document, including determining if the gaps, data sources and needs are appropriate for the activity
- Review and approval of any and all promotional material related to the activity
- Review and approval of the learning objectives; the activity agenda to include calculation and granting of CME credits; the evaluation form; the attendance verification form; the activity budget; and the final program
- Cross-referencing the speaker and educational content planners' names with the names on the disclosure list in the final program and ensuring a properly completed Resolution of Conflict of Interest form is on file for all of those with a disclosure
- For those receiving educational grants, cross-referencing the Letters of Agreement with what is listed in the final program and ensuring the amounts on the Letters of Agreement match with the final budget amount for grants/sponsorship
- Ongoing correspondence regarding the joint providership process and requests for further clarification/information
- After the completion of the meeting, collecting and reviewing the completed participant sign in/out forms; attendance roster (submitted in Excel); all on-site materials (program book, handouts); verbal disclosures made onsite during the activity; final financial accounting of the activity and the participant evaluation summary report
- PTI reserves the right to send PTI staff (at joint provider's expense) during any point of the planning process if there are concerns that the Joint Providership Guidelines are not being met

In addition, an important role of PTI throughout the process is to ensure that there is no commercial bias. Even when a group accepts no commercial support for their meeting, attendees can sometimes detect bias in individual presentations as indicated on the evaluations. We review those and determine if the bias was significant enough to warrant a follow-up communication to either the individual speaker(s) and/or the group contact.

While working with your PTI staff contact, it is your organization's responsibility to ensure that all information is compliant with the Michigan State Medical Society (MSMS) and submitted to PTI as outlined in this guide.

While PTI staff is available to guide you along in the process, it is the sole responsibility of your organization to collect and submit all required materials to PTI.

Management of an activity (such as coordinating hotel logistics, registration and tabulating evaluations) is also the responsibility of your organization. PTI can provide a tabulating service for your evaluations and possibly other management services at an additional fee(s).

The following is a **brief summary** of your responsibilities:

- Continuing Education Planning Document
- Data sources
- Preliminary budget (see appendices)
- All educational program planning materials and correspondence
 - (e.g. meetings minutes, emails, invitation letters to speakers/faculty, etc.)
- Preliminary agenda
- Learning objectives
- List of all individuals who are educational content planners and/or abstract reviewers
- All advance promotional materials
 - (e.g. brochures, invitations and flyers)
- Disclosure forms
 - Needed from all speakers, abstract reviewers, educational content planner(s) and any others involved in the planning of the program
- Resolution of Conflict of Interest forms
 - This must be completed by someone other than the individual with the disclosure.
- Letters of Agreement from commercial supporters
 - Inform PTI if you have or don't have commercial support.
- Final program brochure
- Draft evaluation form (see PTI evaluation form for guidance)
- Draft CME attendance sign in/out sheets
- Collect and forward copies of the following to PTI:
 - Printed hard-copy of the final program brochure distributed at your meeting
 - Materials distributed on-site other than the program brochure (if any)
- Send only the evaluation tabulations to PTI
 - Completed CME attendance sign in/out sheets
- Send the original forms to PTI
 - Copy of information read for addressing disclosures made on site (if any)
 - Copy of disclosures provided at event
 - Final attendance roster sent via email in Microsoft Excel
 - Final budget document

CME Joint Providership Agreement

(forms will be provided electronically)



JOINT PROVIDERSHIP AGREEMENT

The Practice Transformation Institute will joint provide with:

Title:

Date:

Location:

	PTI will:	Joint Providership will:
1. Be directly involved in the educational activity from initial planning through implementation and evaluation.	<input type="checkbox"/>	<input type="checkbox"/>
2. Administer the budget of the activity by participation in the following fiscal agreement:		
A. Equal sharing of costs and benefits/losses.	<input type="checkbox"/>	<input type="checkbox"/>
B. PTI assumes all financial costs and benefits/losses.	<input type="checkbox"/>	<input type="checkbox"/>
C. Joint-provider assumes all financial costs and benefits/losses.	<input type="checkbox"/>	<input type="checkbox"/>
D. PTI will provide up to \$1500 dollars for net actual, reasonable cost (after accounting for other revenues) attributable to modest honorarium(a), food and venue cost	<input type="checkbox"/>	<input type="checkbox"/>
3. Determine objectives and content through joint planning.	<input type="checkbox"/>	<input type="checkbox"/>
4. Select presenter/content specialist through joint planning.	<input type="checkbox"/>	<input type="checkbox"/>
5. Design the evaluation form. (Sample will be provided with required fields.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Insure that MSMS criteria for educational activities are met and provide certificates indicating contact hours earned by participants who meet attendance criteria.	<input type="checkbox"/>	<input type="checkbox"/>
7. Keep records as required by MSMS.	<input type="checkbox"/>	<input type="checkbox"/>
8. Participate in identification of learner needs	<input type="checkbox"/>	<input type="checkbox"/>
9. Assist in selection of the site.	<input type="checkbox"/>	<input type="checkbox"/>
10. Participate in designing the format/agenda.	<input type="checkbox"/>	<input type="checkbox"/>
11. Participate in identification of teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>
12. Screen marketing literature before it is mailed	<input type="checkbox"/>	<input type="checkbox"/>
13. Assist with summarizing participant evaluation forms.	<input type="checkbox"/>	<input type="checkbox"/>
14. Assist with publicity.	<input type="checkbox"/>	<input type="checkbox"/>

Electronic Signature (e-Signature): You consent and agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action while using any electronic service we offer; or in accessing or making any transactions regarding any agreement, acknowledgement, consent, terms, disclosures or conditions constitutes your signature, acceptance and agreement as if actually signed by you in writing. Further, you agree that no certification authority or other third party verification is necessary to validate your electronic signature; and that the lack of such certification or third party verification will not in any way affect the enforceability of your signature or resulting contract between you and PTI.

PTI Representative (Signature):

Joint Providership Representative (Signature):

PTI Representative (Print):

Joint Providership Representative (Print):

Date:

Date:

The cost of this program will be:

CME Joint Providership Fee Information



Fee are determined on an individual basis. Contact hkinkle@transformcoach.org for more information.

Below is the format we will use to customize your specific deadlines based on your meeting dates. *This is only a sample, your specific program may have different deadlines.*

- **The following is due 4-12 months prior to the date of your meeting:**
 - Completed Practice Transformation Institute (PTI) Continuing Education Planning Document & application fee. The completed Continuing Education Planning Document includes your preliminary budget.

- **The following is due 3-6 months prior to the date of your meeting:**
 - Advance Promotional Materials – brochures/flyers, etc.

- **The following is due 2-4 months prior to the date of your meeting:**
 - Signed disclosure forms
 - Completed resolution of conflict of interest forms – *only applies for individuals who report a relationship with an ineligible company on their disclosure form.* Samples of both forms are provided by PTI.

- **The following is due 1-2 months prior to the date of your meeting:**
 - Signed Letters of Agreement for Commercial Support. Sample agreement forms are provided by PTI. If you do not have any commercial support please let PTI know.
 - Evaluation form

- **The following is due within 30 days after your meeting date:**
 - Final printed copy of the program brochure that was distributed at your meeting.
 - Material distributed on-site other than the program book (if any)
 - Final attendance roster with credentials sent via email - please include how many physicians and non-physicians there were in attendance.
 - CME attendance sign in/out sheets
 - Final financial accounting - please include revenue, expenses, commercial support, exhibitor fees, total net revenue/loss, along with the detailed accounting of the final budget.
 - Evaluation Summary

The above MSMS requirements are in order for PTI to provide CME for each jointly provided meeting. Failure to meet the MSMS requirements will result in loss of accreditation for your meeting.

Your organization must send their activity's preliminary program and all advance promotional materials to PTI. Advance promotional materials are any kind of invitation, brochure, flyer, etc. PTI staff must review and approve all activity promotional material prior to printing/distributing.

Promotional materials **must** include:

- Joint Providership Accreditation Statement (**THIS LANGUAGE CANNOT BE CHANGED OR REWORDED IN ANY WAY.:**)
 - "This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Michigan State Medical Society (MSMS) through the joint providership of the Practice Transformation Institute and (name of non-accredited provider). PTI is accredited by the MSMS to provide continuing medical education for physicians."
- Designation Statement (**THIS LANGUAGE CANNOT BE CHANGED OR REWORDED IN ANY WAY.:**)
 - "PTI designates this live activity for a maximum of XX AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity."
 - If you do not have a complete agenda yet, please use the following statement in lieu of the above statement: "This activity has been approved for XX AMA PRA Category 1 Credit(s)™."
- PTI logo with joint providership statement.
 - This should be placed on the front of your promotional piece.
 - Contact PTI for a downloadable logo to use
- Intended audience
- Meeting agenda and methods of instruction
- Learning objectives
- Faculty listing (including their credentials)
- Disclosure statement:
 - "Before the program, anyone in control of the educational content of this activity will disclose the existence of any financial interest and/or the relationship they or their significant other have with the manufacturer(s) of any commercial product(s) to be discussed during their presentation. Disclosures will be included in the final program."

All activity materials must be reviewed and approved by PTI staff. Your organization must send PTI a copy of your final program before printing and distributing it. PTI reserves the right to deny meeting accreditation if any criteria are not met prior to publication.

The final program **must** include:

- Joint Providership Accreditation Statement (**THIS LANGUAGE CANNOT BE CHANGED OR REWORDED IN ANY WAY.:**)
 - "This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Michigan State Medical Society (MSMS) through the joint providership of Practice Transformation Institute and (name of non-accredited provider). The Practice Transformation Institute is accredited by the MSMS to provide continuing medical education for physicians."
- Designation Statement (**THIS LANGUAGE CANNOT BE CHANGED OR REWORDED IN ANY WAY.:**)
 - "Practice Transformation Institute designates this live activity for a maximum of XX *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity."
- PTI logo with joint providership statement
 - This should be placed on the front of your promotional piece.
 - Contact PTI for a downloadable logo to use
- Meeting agenda and methods of instruction
- Learning objectives
- Faculty listing (including their credentials)
- Disclosure listing and information
- Joint Providership disclaimer:
 - "The material presented at the (insert meeting name) has been made available by the (insert meeting organization) and PTI for educational purposes only. The material is not intended to represent the only, nor necessarily the best, method or procedure appropriate for the medical situations discussed, but rather it is intended to present an approach, view, statement or opinion of the faculty, which may be helpful to others who face similar situations."
 - "Neither the content (whether written or oral) of any course, seminar or other presentation in the program, nor the use of a specific product in conjunction therewith, nor the exhibition of any materials by any parties coincident with the program, should be construed as indicating endorsement or approval of the views presented, the products used, or the materials exhibited by the (insert meeting organization) and jointly provided by PTI, or its Committees, Commissions or Affiliates."
 - "Neither PTI nor the (insert name of meeting organization) makes any statements, representations or warranties (whether written or oral) regarding the Food and Drug Administration (FDA) status of any product used or referred to in conjunction with any course, seminar or other presentation being made available as part of (insert meeting name). Faculty members shall have sole responsibility to inform attendees of the FDA status of each product that is used in conjunction with any course, seminar or presentation and whether such use of the product is in compliance with FDA regulations."
- Commercial support acknowledgement (if applicable)
 - Need to differentiate between supporters and exhibitors
- Listing of the names of the planners (includes staff and abstract reviewers)
 - They must be listed by name. For example: "The following persons planned or contributed to the planning of this CME activity:" (then list the names)
 - If listed on disclosure list, need to put "planner" next to the person's name

Post-Meeting Requirements



These requirements must be met **during and after** your meeting. Collect and forward copies of the following to PTI:

- Electronic-copy of the final program brochure distributed at your meeting
- Materials distributed on-site other than the program brochure (if any)
- Completed evaluation forms (send only the tabulated results and narrative information to PTI)
- Completed **original** CME attendance sign in/out sheets
- Verbal disclosures made on-site (if any)
- Final sign in/out forms sent via email
 - Include how many physicians and non-physicians there were in attendance
 - **Must** include the participant's email as a follow-up survey may be sent to them
- Final budget

CME Joint Providership Guide Appendices

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Appendix A: Glossary of Terms & Abbreviations



ACCME: The ACCME's mission is the identification, development, and promotion of standards for quality continuing medical education (CME) utilized by physicians in their maintenance of competence and incorporation of new knowledge to improve quality medical care for patients and their communities.

CME Activity: An educational offering that is planned, implemented and evaluated in accordance with the MSMS Accreditation Criteria, Standards for Commercial Support and policies.

Commercial Bias: A personal judgment in favor of a specific proprietary business interest of an ineligible company.

Ineligible Company: A ineligible company is any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be an ineligible companies. An ineligible company is not eligible for ACCME accreditation.

Commercial Support: Financial, or in-kind, contributions given by an ineligible company that is used to pay all or part of the costs of a CME activity. The definition of roles and requirements when commercial support is received are outlined in the ACCME Standards for Commercial Support. Advertising and exhibit income is *not* considered commercial support.

Competence: Competence is a standardized requirement for an individual to properly perform a specific job. Competence is the ability to apply knowledge, skills or judgment in practice if called upon to do so.

Conflict of Interest (COI): When an individual's interests are aligned with those of an ineligible company the interests of the individual are in "conflict" with the interests of the public. The MSMS considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a an ineligible company **and** the opportunity to affect the content of CME about the products or services of that an ineligible company. The potential for maintaining or increasing the value of the financial relationship with an ineligible company creates an incentive to influence the content of the CME – an incentive to insert commercial bias.

Continuing Medical Education (CME): Continuing medical education consists of educational activities which serve to maintain, develop or increase the knowledge, skills and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public.

Credit: The "currency" assigned to CME activities. Requirements for the designation of credit are determined by the organization responsible for the credit system, e.g., *AMA PRA* (Category 1 and 2 Credit). Credit is based on 15 minute increments (.25 credits) of medical education.

Data Sources: Data sources indicate how an organization determines the professional practice gap. Examples of data sources: expert opinion; measures required by government; national guidelines; specialty guidelines; hospital QI information; research findings; previous activity evaluations; etc.

Educational Grants: Educational grants are used to support the educational components of a CME activity. It can be in the form of a monetary grant or an “in-kind” donation.

Exhibit: Exhibit income is not considered commercial support because the exhibitor is given something (booth space) in exchange for their payment. It is often used to help offset general costs related to an activity.

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

[Relevant] Financial Relationships: The ACCME and MSMS define "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. ACCME focuses on financial relationships with an ineligible company in the 12-month period proceeding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship.

"In-Kind" Commercial Support: "In-kind" refers to the loan or donation of equipment or supplies as well as services from an ineligible company. Letters of Agreement must be completed for in-kind support. Examples of in-kind support include equipment, supplies and facilities.

Joint Providership: Joint Providership is the providership of a CME activity by two institutions or organizations when only one of the institutions or organizations is accredited. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited institution or organization and must use the appropriate accreditation statement. An ineligible company cannot take the role of non-accredited entity in a joint providership relationship.

Letter of Agreement (LOA) or Educational Grant: The terms, conditions and purposes of the commercial support must be documented in a written agreement between the commercial supporter and the CME provider. Both the commercial supporter and the CME provider must date and sign the written agreement prior to the activity. The agreement must include the CME provider, even if the support is given directly to the provider's jointly provided organization. The written agreement must specify an ineligible company that is the source of commercial support and the monetary amount or type of in-kind support.

MSMS: The mission of the Michigan State Medical Society is to promote a health care environment that supports physicians in caring for and enhancing the health of Michigan citizens through science, quality, and ethics in the practice of medicine. MSMS is accredited by ACCME.

Professional Practice Gap: The difference between actual and ideal performance and/or patient outcomes. When there is a difference between what the professional is doing or accomplishing compared to what is "achievable on the basis of current knowledge" there is a professional practice gap.

Practice Transformation Institute: The acronym PTI refers to the Practice Transformation Institute. PTI's mission is to excel in providing learning programs that empower physicians and health care professionals to transform the delivery of care.

Scope of Practice: The range or breadth of a physician's actions, procedures and processes.

Standards for Commercial Support: The ACCME's standards to ensure independence in planning and implementing CME activities.

Appendix B: Joint Providership Honoraria/Travel Reimbursement Policy



Commercial support may be used to pay for travel, lodging, honoraria or personal expenses only for bona fide faculty, directors, speakers, employees and volunteers of the provider, joint provider or educational partner.

An honorarium is a payment usually made to a speaker or lecturer as a "thank you" and gesture of good will and appreciation. An honorarium is not based on an agreed amount between the individual providing services and the individual seeking services. **If payment is agreed upon, this constitutes a contractual agreement.**

The amount of the honoraria must be determined by and paid directly from the joint provided organization and cannot be transferred directly from the commercial supporter to the individual. No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider or any others involved with the supported activity.

The joint provider must comply with the following in regards to honoraria:

- The amount of the honoraria is at the discretion of the joint provided organization and should be a reasonable amount.
- Honoraria should be a separate line item in your budget.
- Industry representatives or other financial contributors of the activity must not have any influence over the amount of honoraria.
- Letters of Agreement (LOAs) for educational grants regarding those funds must be reviewed, approved and signed by PTI.
- The joint provided organization is to comply with any and all Internal Revenue Service (IRS) guidelines.
- The joint provided organization is to comply with any and all ACCME guidelines, specifically the Standards for Commercial Support.

The full requirements for commercial support can be found by following the link below:

<http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support>

General Commercial Support Information

PTI CME activities are strictly educational and NOT promotional.

- MSMS requires the separation of education from all promotional activities, materials, and messages.
- Payment and arrangements for advertising and exhibits must be separate business transactions and cannot be conditions for commercial support.
- Promotional materials are not allowed to be displayed or distributed within the CME program meeting room before, during or after the educational activity.
- If equipment is supplied for an educational activity, it must be for demonstration and educational purposes only.

Appendix D: Income vs. Exhibit Income



Educational Grant

An educational grant is used to support the educational components of a CME activity. It can be in the form of a monetary grant or an "in-kind" donation.

- Educational grants support expenses for developing and presenting a CME activity.
 - They can be used to pay for the expenses of faculty as well others who are working on the activity.
 - They can also be used to pay for meals, audio/visual, honoraria and other meeting related expenses.
- Educational grants must go directly to the joint provider organization.
- A Letter of Agreement is required documentation for the commercial support that the company is providing.
 - All Letters of Agreement must be signed and dated by the commercial supporter prior to the start of the activity.
 - All Letters of Agreement must be approved, countersigned and dated by your PTI staff representative prior to the start of your CME activity.
 - Commercial funds contributed in support of a specific activity are to be used for that activity per the Letter of Agreement.
- There can be levels of designation with different categories and amounts for commercial support.
 - You CANNOT offer commercial support levels combined with exhibit space or other marketing and/or advertising opportunities as part of these levels of commercial support.
- A complete listing of all the commercial supporters must be included in your final program brochure.
 - Commercial support must be listed separate from exhibits both in the final program and in the budget.
 - Advertisements and promotional material CANNOT be interleaved within the pages of your program book, because it contains CME content.
 - You CANNOT put corporate logos on the final program
- A commercial supporter can ask for an accounting of how their commercial support has been spent and/or ask that unused funds be returned.
- If funds are received after the completion of the program without acknowledgement to learners before the activity occurs, or prior knowledge by PTI, then the funds will need to be returned to the commercial supporter.

Exhibit Income

Exhibit income is not considered commercial support because the exhibitor is given something (booth space) in exchange for their payment. It is often used to help offset general costs related to an activity.

- Exhibit income does not require a Letter of Agreement.
- Payment and arrangements for exhibits must be separate business transactions and cannot be conditions for commercial support.
 - The company can pay for the grant and exhibit with one check, however, the actual Letter of Agreement for the educational grant must not include the exhibit funds.
- Exhibits must be kept physically separate from the CME meeting space and exhibit social events must not take place during the CME activity.
 - If they must be in the same room as the CME activity, then a curtain or air wall must separate them.
- Revenue received from exhibits must be recorded separately from revenue received from commercial support in the activity budget.

Sample 1: Income and Expense Statement



INCOME AND EXPENSE STATEMENT

Name of the program:

Date:

		Projected	Actual	Comments
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Income: Registration

# Participants @ \$				
Total Registration Income		0.00	0.00	

Income: Commercial Support

Total Commercial Support Income		0.00	0.00	

Income: Exhibitor Fees

Total Exhibitor Fee Income		0.00	0.00	

Income: Government, Foundations & Schools

Total Government, Foundations & Schools Income				

GROSS TOTAL INCOME		0.00	0.00	
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Marketing

Mailing Labels				
Save the Date Card Printing				
Brochures				
Advertisements				
Promotional Items				
Other				
Total Marketing Expenses		0.00	0.00	

Shipping and Postage

Mailing Services				
Postage				
Courier Services				
Shipping				
Other				
Total Shipping and Postage Expenses		0.00	0.00	

Course Materials

Syllabus Cover/Course Handouts				
Printing				
CD's/Other Media				
Other				
Total Course Material Expenses		0.00	0.00	

Food and Beverage

Catering				
Other				

Total Food and Drink Expenses	0.00	0.00	
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INCOME AND EXPENSE STATEMENT			
<i>Name of the program:</i>			
Date:			

	Projected	Actual	Comments
Facility			
Room Rental			
Parking			
Audiovisual			
Other			
Total Facility Expenses	0.00	0.00	

Honorarium			
Speaker's name			
Speaker's name			
Speaker's name			
Total Honorarium Expenses	0.00	0.00	

Travel			
Faculty Travel			
Total Travel Expenses	0.00	0.00	

CME Fees			
Joint Providership Fee			
Meeting Management Fee			
Registration Fee			
Certificate Fees			
Other			
Total CME Fees	0.00	0.00	

GROSS TOTAL EXPENSES	0.00	0.00	
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TOTAL GROSS INCOME			
TOTAL GROSS EXPENSES			
NET PROFIT/LOSS	0.00	0.00	

Invoices Issued			
Invoice Payments Received			
INVOICE BALANCE	0.00	0.00	

Net Profit Disbursement			
Net Loss Reconciliation			
BALANCE	0.00	0.00	

Appendix E: Disclosures and Conflicts of Interest



Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support require anyone in a position to control the content of an educational activity or involved in the planning of the educational content including faculty, abstract reviewers, paper presenters/authors, planning committee members and the significant others of those mentioned to disclose all relevant financial relationships with an ineligible companies to the program participants prior to the start of the activity. A copy of Conflict of Interest Disclosure can be found with Continuing Education Planning Document and at the end of this document.

Managing Disclosures

- The disclosure forms must be collected by your organization and returned to PTI prior to the activity.
- Verbal Disclosures:
 - For last-minute replacement speakers, you must get a disclosure from the replacement speaker. In addition, if that person has something to disclose, you must resolve any conflict of interest by completing PTI Resolution of Conflict of Interest form. Lastly, the speaker must verbally disclose to the audience even if he/she has nothing to disclose.
 - If the replacement speaker refuses to disclose or if you cannot resolve the conflict of interest, then that person cannot be faculty.
- Disclosures can be indicated on:
 - PowerPoint
 - Tables
 - Sign in/out form
 - Handouts

Policy for an Employee of An ineligible company

If someone in a position to control content of an educational activity or involved in the planning of the educational content discloses that they are an employee of an ineligible company, please contact PTI staff immediately.

As resolving this type of conflict of interest is very difficult to do, PTI reserves the right to decide whether to provide CME credit for presentations given by someone who is an employee of an ineligible company. PTI prohibits an employee of an ineligible company to participate in joint provided meeting planning process.

Managing Conflicts of Interest

- Complete a Resolution of Conflict of Interest form for all individuals who reported a relationship with an ineligible company on their disclosure form. This must be completed by someone other than the individual with the disclosure.
- Send these completed forms to PTI prior to the activity.

Failure or refusal to disclose or the inability to satisfactorily resolve the identified conflict will result in the withdrawal of the invitation to participate.

Disclosure information is divided into two categories: those with financial or other relationships to disclose and those with no significant relationships to disclose.

Sample 2: Disclosure Listing

(Sample agenda with an ineligible companies can be requested)



PTI and (name of non-accredited provider) control the content and production of this CME activity and attempt to ensure the presentation of balanced, objective information. In accordance with the Standards for Commercial Support established by the ACCME, faculty, abstract reviewers, paper presenters/authors, planning committee members, staff and any others involved in planning the educational content and the significant others of those mentioned must disclose any relationship they or their co-authors have with an ineligible companies which may be related to their content. The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Those who have disclosed a relationship* with an ineligible companies are listed below:

<u>Name</u>	<u>Disclosure</u>	<u>Type of Relationship*</u>
John Smith, MD	ABC Instrumentation	Consultants
Jane Smith, MD	123 Drug Company	Royalty

**Relationship refers to receipt of royalties, consultantship, funding by research grant, receiving honoraria for educational services elsewhere or any other relationship to a an ineligible company that provides sufficient reason for disclosure.*

Those who have reported they do not have any relationships with an ineligible companies:

Examples - Name, Credentials (if applicable) and Role in Activity

First Name, Last Name (Planning Committee and Speaker)
No Commercial Relationships

First Name, Last Name (Planning Committee and Speaker)
No Commercial Relationships

First Name, Last Name (Speaker)
No Commercial Relationships

Sample 3: Written Agreement for Commercial Support (electronic form will be provided)



(FINANCIAL OR IN-KIND SUPPORT FROM INELIGIBLE COMPANIES)

Practice Transformation Institute (the "Accredited Provider") is committed to presenting continuing medical education (CME) activities that promote improvements or quality in healthcare and are independent of the control of ineligible companies. As part of this commitment, we have outlined in this written letter of agreement the terms, conditions and purposes of commercial support for the CME activity delineated below. Commercial Support is defined as financial, or in-kind (non-financial), contributions given by an ineligible company*, which is used to support all or part of the costs of a CME activity. *ACCME defines an ineligible company are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Ineligible Company:	
Educational Partner(s):	
Activity Title:	
Location:	Date of Activity:
Amount of Educational Grant:	\$

- In-Kind Support – Specify what will be provided:** _____
 (In the context of the ACCME's Standards for Commercial Support, non-monetary resources provided by an ineligible company in support of a CME activity. Examples of in-kind support include equipment, supplies, and facilities.)
- Financial Support**
- None**

TERMS, CONDITIONS AND PURPOSES

- Statement of Purpose:** this activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the ineligible company.
- Control of Content:** Accredited Provider is responsible for all decisions regarding the identification of educational needs, determination, selection and presentation of needs, objectives, content, faculty, educational methods, evaluation, and audience of the activity; accredited provider will ensure that all decisions are made free of the control of the ineligible company. The ineligible company will not require the Accredited Provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
- Appropriate Use of Commercial Support:** The ineligible company shall provide commercial support in the amount set forth above to the Accredited Provider promptly upon execution of this Agreement. The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds from the ineligible company. All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity. The Commercial Support provided herein has not been determined in a manner which takes into account the volume or value of any referrals, financial relationship(s) or other business arrangement(s) otherwise existing between the parties for which payment may be made, in whole or in part, under any Federal or State health care program, including, without limitation, Medicare or Medicaid. The provided funds or portions of the provided funds may be reportable in compliance with the Physician Payments Sunshine Act.
- Reconciliation:** The Accredited Provider will, upon request, furnish the ineligible company with documentation detailing the receipt and expenditure of the commercial support.
- Commercial Promotion:** The funds provided under this grant are not intended to defray or pay any costs for exhibits/display space. Neither exhibits space nor advertising has been offered or will be given as a condition of commercial support. In-kind donations are for educational purposes only and will not be used opportunities for selling. No promotional activity or advertisements will be permitted in the same room as the educational activity. The ineligible company may not be the agent providing the CME activity to the learners.
- Disclosure:** The Accredited Provider will ensure that the source of support from the ineligible company, either direct or "in-kind", is disclosed to the participants in program brochures (if known), syllabi and other program materials, and at the time of the activity. This disclosure will not include the use of a logo, trade name or a product-group message.
- Agreement:** The Accredited Provider, Ineligible Company, and the Educational Partner(s) (if applicable) agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) *Standards for Commercial Support of Continuing Medical Education*. This Agreement constitutes the entire agreement between the parties relating to the supported activity and supersedes all other agreements, express or implied, between the parties as to its subject matter. This Agreement may be modified only by a writing signed by both parties which states it is an amendment to this Agreement. This Agreement shall be governed by and construed in accordance with the laws of the State of Michigan.

AGREEMENT BY AUTHORIZED REPRESENTATIVES:

Accredited Provider's Signature:	Ineligible Company's Signature:
Print Name:	Print Name:
Title:	Title:
Date:	Date:

Sample 4: Disclosure for Commercial Relationships (electronic form will be provided)



Name:		
Activity Title:		
Date and Location:		
Role(s) in Educational Activity: <i>Identify the role(s) that this person may have in the planning and delivery of this educational activity (choose all that apply)</i>		<input type="checkbox"/> Planner <input type="checkbox"/> Teacher, Instructor, Faculty <input type="checkbox"/> Author, Writer <input type="checkbox"/> Reviewer <input type="checkbox"/> Other: _____
<p>If you can check any of these boxes, you do not need to identify, mitigate, and disclose relevant financial relationships. The education will... (check all that apply)</p> <input type="checkbox"/> only address a non-clinical topic (e.g., leadership or communication skills training) <input type="checkbox"/> be for a learner group that is in control of the content (e.g., spontaneous case conversation among peers) <input type="checkbox"/> be a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan) *Skip to signature line if any of the above are checked		
<p>As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form below and return it to Harmony Kinkle at hkinkle@transformcoach.org by _____</p> <p>The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at hkinkle@transformcoach.org.</p>		
<p>To be Completed by Planner, Faculty, or Others Who May Control Educational Content</p> <p>Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.</p>		
<p>Enter the Name of Ineligible Company</p> <p>An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible are:</p> <ul style="list-style-type: none"> Advertising, marketing, or communication firms whose clients are ineligible companies Bio-medical startups that have begun a governmental regulatory approval process Compounding pharmacies that manufacture proprietary compounds Device manufacturers or distributors Diagnostic labs that sell proprietary products Growers, distributors, manufacturers or sellers of medical foods and dietary supplements Manufacturers of health-related wearable products Pharmaceutical companies or distributors Pharmacy benefit managers Reagent manufacturers or sellers 	<p>Enter the Nature of Financial Relationship</p> <p>Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed.</p> <p>Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.</p>	<p>Has the Relationship Ended?</p> <p>If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.</p>
Ex: ABC Company, INC	Consultant	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<input type="checkbox"/> In the past 24 months, I have not had any financial relationships with any ineligible companies.		
<p>I attest that the above information is correct as of this date of submission.</p>		
<hr/> <p>Signature</p>		<hr/> <p>Date</p>

The following comments/questions are required on PTI joint provided meeting evaluations. The jointly provided organization is welcome to add additional questions – such as rating each session or speaker individually, hotel logistics, etc. The evaluation must be reviewed and approved by PTI prior to printing/distributing.

Organization should collect completed evaluations at the meeting. Only the evaluation tabulations and narrative feedback need to be sent to PTI after your meeting.

- How well were the learning objectives met? (Score on a 1-4 scale and include place for comments)
- Did you perceive any commercial bias during this program?
- If yes, please explain what was perceived as promotional and not educational? Please include the presentation title and presenter.
- What changes do you intend to make in your practice as a result of this activity?
- Once evaluations have been tabulated, please provide an overall program score calculating the average of numerical scored questions, divided by the number of questions that are on the evaluation.

Sample evaluation provided at the back of this document.

Sample 5: Evaluation Form



NAME OF THE PROGRAM

DATE

Evaluation

Using the following scale, please rate your achievement of each program objective and answer the questions listed below about the overall program by circling the appropriate number, word or percentage.

1 = Inadequate 2 = Adequate 3 = Very Good 4 = Exceptional

TITLE OF THE TOPIC								
NAME OF THE SPEAKER(S)								
1. Learning objectives were introduced at the beginning of the program					Yes	No		
Learner Objectives:								
2. Learning objectives 1					1	2	3	4
3. Learning objectives 2					1	2	3	4
4. Learning objectives 3					1	2	3	4
Speaker(s):	Rate the quality of instructional strategies and audience's active involvement	Rate how this learning activity will benefit you & ultimately improve practice/patient care	Content presented was useful		Was presentation fair, balanced and free of commercial bias?			
5. SPEAKER 1	1 2 3 4	1 2 3 4	Yes	No	Yes	No		
6. SPEAKER 2	1 2 3 4	1 2 3 4	Yes	No	Yes	No		
7. I was able to get adequate feedback from speaker					Yes	No	NA	
8. The handouts or reference materials that I received were helpful					Yes	No	NA	
TITLE OF THE TOPIC								
NAME OF THE SPEAKER(S)								
9. Learning objectives were introduced at the beginning of the program					Yes	No		
Learner Objectives:								
10. Learning objectives 1					1	2	3	4
11. Learning objectives 2					1	2	3	4
Speaker(s):	Rate the quality of instructional strategies and audience's active involvement	Rate how this learning activity will benefit you & ultimately improve practice/patient care	Content presented was useful		Was presentation fair, balanced and free of commercial bias?			
12. SPEAKER 1	1 2 3 4	1 2 3 4	Yes	No	Yes	No		
13. SPEAKER 2	1 2 3 4	1 2 3 4	Yes	No	Yes	No		
14. I was able to get adequate feedback from speaker					Yes	No	NA	
15. The handouts or reference materials that I received were helpful					Yes	No	NA	

OVERALL PROGRAM GENERAL QUESTIONS:

16. As a participant, what percent (%) of confidence do you have that you will apply some of the knowledge you gained from this learning event to your practice

0	25	50	75	100
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17. Were speakers' conflicts of interest/disclosures made available to you (e.g., on presentation, flyer, agenda, etc)?

Yes	No
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18. Please give an example of what you will do differently in your practice as a result of participating in this activity (e.g., change in policies and procedures; protocols, management and treatment strategies, etc.):

19. Specific Comments and/or Criticism:

20. Suggestions for future topics/programs/activities:

Optional:

Print Name: _____ Signature: _____

Email Address: _____



This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Michigan State Medical Society (MSMS) through the joint providership of Practice Transformation Institute and (name of non-accredited provider). Practice Transformation Institute is accredited by the MSMS to provide continuing medical education for physicians.

Practice Transformation Institute designates this live activity for a maximum of *XX AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Appendix G: Gap Data Sources



The Accreditation Council for Continuing Medical Education (ACCME) requires **data sources** to show how you identified your professional practice gap. Please include data sources that are relevant to the target audience of your activity.

Examples of data sources include:

- Previous evaluation results;
- Survey of target audience;
- Medical literature review;
- Journal articles;
- Outcomes data;
- Expert opinion (as documented in meeting minutes, emails, etc.);
- Program committee/board consensus (as documented in meeting minutes);
- National and/or specialty guidelines; and
- Local, regional, state or federal/national statistics.

Below is a listing of some potential resources for data sources:

- [Accreditation Council for Graduate Medical Education \(ACGME\)](#)
- [Agency for Healthcare Research and Quality \(AHRQ\)](#)
- [American Board of Medical Specialties \(ABMS\)](#)
- [Centers for Medicare & Medicaid Services \(CMS\)](#)
- [Food and Drug Administration \(FDA\)](#)
- [Healthy People](#)
- [National Academy of Medicine \(NAM\)](#)
- [Medicare Quality Improvement Community \(MedQIC\)](#)
- [National Guideline Clearinghouse \(NGC\)](#)
- [National Institutes of Health \(NIH\)](#)
- [National Quality Forum \(NQF\)](#)
- [Michigan Quality Improvement Consortium \(MQIC\)](#)