



CME PLANNING PROCESS POLICY

Children's Hospital Los Angeles (CHLA) is accredited by the California Medical Association (CMA) to provide Continuing Medical Education (CME) credit to physicians. The Office of Academic Affairs is the administrative unit at CHLA responsible for ensuring compliance with the ACCME Essential Areas, Elements, Criteria, Policies and Standards for Commercial Support (SCS) as well as other state and/or CHLA institutional regulations laws and/or policies as they relate to the provision of accredited CME. Refer to:

- ✓ CME Cultural Diversity Policy to comply with AB-1195
- ✓ CME Conflict of Interest Policy
- ✓ CME Commercial Support Policy
- ✓ CME Reimbursement and Honoraria Policy and Procedure
- ✓ CME Policy on Joint/Co-Sponsorship

CME activities sponsored by CHLA are intended to foster the continued professional ("lifelong learning") development of physicians and their allied health care professional team. CHLA's CME Certified Activities provide an important opportunity to promote collaboration, identify and overcome barriers to change, and to explore and improve multidisciplinary solutions to complex clinical needs. CHLA's CME Certified Activities are intended to provide physicians and allied healthcare professionals with objective, evidence based clinical content (knowledge) which can be incorporated into treatment strategies (competence) that can then be employed (performance) to improve the clinical care and outcomes for patients.

II. POLICY

This CME Planning Process Policy is intended to outline standards and a process for initiating, developing, implementing and evaluating a CME Certified Activity under the direction of the CHLA's Office of Academic Affairs - Continuing Medical Education.

A. CME Certified Activity Planning Policy and Procedure:

1. CME Activity Conference Planning Form and CME Certified Activity Application must be completed, submitted and approved at least 60-120 days prior to the activity start date, or per activity type.
2. Once an activity is reviewed and approved, no change to the title, location, start/end date, duration is permitted without the prior approval of the Office of Academic Affairs CME. Failure to notify the Office of Academic Affairs, CME and receive approval may result in the loss of credit for the CME Certified Activity.
3. Activities may be directly sponsored, jointly sponsored, or co-sponsored. If Jointly or Co-Sponsored, the educational partner entity must have been identified on the CME Certified Activity application. (See CME Policies on Joint/Co-Sponsorship).
4. CME Certified Activity learning objectives must be communicated to learners prior to the activity



5. ALL CME Certified Activities advertising must be approved by the Office of Academic Affairs, CME prior to distribution. No changes to any flyers or promotional items may be made without the prior approval of the Office of Academic Affairs CME.
6. CME Certified Activities must adhere to CME policy, "Cultural Diversity" to Comply with AB 1195:
 - a. California AB 1195 Cultural & Linguistic Competency is defined as a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups, and communities. Linguistic competency means the ability of a physician and surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language.
 - b. Types of cultural diversity include: gender, sex, race, religion, culture, etc. (Refer to CME policy, "Cultural Diversity").
7. CME Certified Activities (where applicable, i.e. symposia) must include a completed detailed line item budget form (See Attachment B) with application for review.
 - a. Within 60 days of activity conclusion a resolved line item budget form must be submitted, applicable receipts and documentation of all revenue and expenditures must be included with all resolved line item budgets.

B. Activity Director(s)/Planning Committee Duties and Responsibilities:

1. Complete CME Activity Conference Planning Form and CME Certified Activity Application
2. Verify all Activity Director(s), Planning Committee, coordinator, faculty complete CME Disclosure of Conflict of Interest and Resolution Statement prior to the activity.
3. Activity Director(s) and/or Planning Committee must define the Professional Practice Gap(s), needs assessment data, and real or potential barriers that exist and necessitate this educational series.
 - a. ACCME has defined "GAP" as "...the difference between *health care processes or outcomes* observed in practice and those *potentially achievable* on the basis of current professional knowledge."
 - 1) State the professional practice gap, i.e... the knowledge deficit or the "problem" that underlies the difference between current practice and ideal practice.
 - 2) Why does this gap exist?
 - b. Practice Gaps are identified through a variety of processes and sources which include but are not limited to: (Required: Submit supporting documentation with application)
 - 1) Institutional QRRM/PI (Quality Risk and Regulatory Management/ Performance Improvement) Quality Improvement Process findings/ recommendations
 - 2) Division/Departmental meetings/audits/findings
 - 3) Best practice guidelines
 - 4) Faculty and/or planning committee's perception of learners Practice Gap(s)



- 5) Summary of previous outcomes data
- 6) Annual Institutional CME Program Review
- 7) Review of peer-reviewed literature
- 8) New information, diagnostic techniques, treatment, paradigms, etc.
- 9) Data from mainstream sources such as news publications, journals and lay websites
- 10) National quality data sources

c. Based on the activity need/gap being addressed, identify what the activity is designed to change. Specify the specific desired results of the activity as it relates to:

- 1) Improving knowledge (*what is known*)
- 2) Enhancing competency (*what can be applied*)
- 3) Changing physician behavior (*what can be done*)
- 4) Or a combination of a, b and c

d. The American Board of Medical Specialties (ABMS) and Accreditation Council for Graduate Medical Education (ACGME) have determined that there are six critical competencies that physicians must master in order to provide optimal clinical care. Similarly, the Accreditation Council for Continuing Medical Education (ACCME) has determined that all CME providers should specify which of the six competencies is being addressed in each of its sponsored activities. Specify which of the competencies is most relevant to the "GAP."

- 1) **Patient Care** (treatment of health problems and the promotion of health)
- 2) **Medical Knowledge** (application of established and evolving scientific research to patient care)
- 3) **Practice-based learning & improvement** (as it pertains to your own practice; appraisal/assimilation of scientific evidence; improvements in patient care)
- 4) **Interpersonal and Communication Skills** (resulting in effective information exchange and "teaming" with patients, families and other health professionals)
- 5) **Professionalism** (commitment to professional responsibilities, adherence to ethical principles, sensitivity to diverse patient populations)
- 6) **Systems-based Practice** (awareness of an responsiveness to the larger context of health care; ability to call on system resources to provide optimal care improve knowledge (*what is known*))

4. Activity Director(s) and/or Planning Committee must

- a. determine what the desired result(s) is (are) for the activity as it pertains to physician practice and/or patient outcome
- b. describe any potential or real barriers facing the learners as they seek to move forward with the implementation into practice of the new knowledge, competency and/or performance.

- 1) Define the educational or non-educational strategies that will be used to remove, overcome or address these barriers to physician change.



- c. guide the activity in a way that will promote the approved overall objectives, desired results and outcomes; as well as prompt discussions which will identify ways in which real or potential barriers may be identified and overcome.
5. Activity Director(s) and/or Planning Committee must identify those healthcare professionals (target audience) who will most benefit by the educational content and will most likely contribute to the closing of the educational gap.
6. Activity Director(s) and/or Planning Committee must identify the faculty best suited to address the specific topic, educational gap, desired outcomes and learning objects set forth for the CME Certified Activity. Activity Director(s) and/or Planning Committee must adhere to the CHLA policy, "CME Reimbursement & Honoraria". Said faculty must agree to the following:
 - a. Follow criteria for participation in CME Certified Activity as set forth by the Office of Academic Affairs, CME.
 - b. Disclose the existence of any relevant financial relationships with a commercial interest which may bias the content being presented in favor of the products or services of the commercial interest.
 - c. Disclose when a product is not labeled for the use under discussion or when the product is investigational.
 - d. Submit presentation/manuscript/educational content for peer review and content validation prior to the educational activity.
7. Activity Director(s) and/or Planning Committee must make sure all course faculty complies with and upholds all CHLA CME & ACCME regulations and Standards of Commercial Support
8. Activity Director(s), Planning Committee and/or Course Moderator(s) are required to communicate to participants all CME announcements using the CME designated Announcement Sheet each day of the activity.
9. Activity Director(s), Planning Committee and/or Course Moderator(s) is (are) obligated to verify that all activity sessions are free of commercial interest and all content presented is fair and balanced.
10. Submit original sign-in sheets within one week of the conference end date. Failure to submit in a timely manner may result in the loss of credit for the activity

C. Commercial Support:

1. Commercial Support, real or in-kind is MUST adhere to the CHLA policy, "CME Commercial Support".
 - a. The ACCME defines a "Commercial Interest" as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.
2. ALL real or in-kind commercial support for CME Certified Activities must be administered in by the Office of Academic Affairs, CME as per the CHLA policy, "CME Commercial Support".
3. All planning and implementation of a CME Certified Activity must be undertaken independently of commercial interests.
4. CME Certified Activities receiving commercial support MUST include a detailed line item budget form with application for review. (Obtain the form from the Office of Academic Affairs, CME).



5. Within 60 days of activity conclusion a *Resolved Line Item Budget Form* must be submitted. Applicable original receipts and documentation of all revenue and expenditures must be included with the resolved line item budgets.

D. Disclosure of Conflicts of Interest:

1. ALL persons who are in a position to control CME content must disclose all relevant financial relationships with a commercial interest to the Office of Academic Affairs, CME. This includes but is not limited to all faculty, authors, moderators, reviewers, planners, educational partners and CME Committee Members participating in or reviewing any CHLA educational activity.
2. CHLA CME must employ mechanisms to resolve all the identified Conflicts of Interest (COI) before any CME planning and implementation of activity occurs.
3. ALL Conflicts of Interest disclosures and mitigations/resolutions must be made known to learners prior to the activity.
4. Activity Directors(s) and/or Planning Committee must direct all course faculty to disclose and mitigate any conflicts of interest annually (CHLA Faculty) or per activity (NON CHLA Faculty). Faculty with disclosed COI must submit educational content (i.e. power point presentation, manuscript, etc) for peer review by the CME Committee or designee. Approval must occur prior to the start of the activity.

E. Evaluation:

1. ALL CME Certified Activities must utilize a Post Activity Evaluation Tool immediately following the activity (Obtain the tool and subsequent documentation from the CME Department please).
2. Stand Alone events are required to implement additional longitudinal post activity outcomes survey to all participants 60-90 days following the CME Certified Activities.
3. Summary will be developed by the CME Department or selected designees documenting and analyzing the aggregate results of the evaluation tool and or outcomes survey,
 - a. A more in-depth Executive Summary will be developed for selected activities.

F. Credit Review and Decision:

1. ALL applications must include the necessary documents in order to be reviewed. To include but not limited to the following:
 - a. CME Certified Activity Application
 - b. Gap Analysis supporting documentation (All Activities)
 - c. Detailed Line Item Budget form
 - d. Schedule with proposed faculty and topics
2. Applications will be reviewed and approved by the Office of Academic Affairs, CME and approved by the CME Committee.
 - a. Please allow 1-2 weeks for review and decision. If more information is required in order to make a decision, please note the time lapsed may be longer than as stated above.



G. Office of Academic Affairs Continuing Medical Education Duties and Responsibilities:

1. Work closely with all Activity Director(s), planning committee, activity coordinators, and faculty to provide compliance with the ACCME Essential Areas, Elements, Criteria, Policies and Standards for Commercial Support (SCS) as well as other state and/or CHLA institutional regulations laws and/or policies as they relate to the provision of accredited CME.
2. Oversee collaboration with Joint or Co-Sponsors in accordance with the CHLA CME Policy on Joint and Co-Sponsorship.
3. Create activity in Electronic Education Documentation System (EEDS)
4. In accordance to ACCME Essential Areas, Elements, Criteria, Policies and Standards for Commercial Support (SCS) as well as other state and/or CHLA institutional regulations laws and/or policies as they relate to the provision of accredited CME, manage all real or in-kind commercial support.
5. Review all applications, supporting documentation, budgets, and educational content in a timely manner.
6. Review and approve all promotional materials for a CME Certified Activity
7. When applicable, supply Activity Director(s) and/or Planning Committee with a resolved line item budget 8-12 weeks after the conclusion of the activity.