CME Policies and Procedures Handbook

Effective January 1, 2018
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The mission statement of the CME Program is to:

“Support and optimize physician/clinician learning for professional growth and performance.”

This is broadly framed to support the full range of continuing education activities toward the achievement of improved institutional and provider competence and performance, as well as improved patient outcomes and experience.

To identify and plan educational activities that meet our mission and to comply with our CME accreditation requirements, a set of policies and procedures have been defined regarding expectations, processes and standards.

The CME Team is available to support the development of effective learning. Please contact the CME Team early to start discussing your learning activity and how it can be both maximally effective and qualify for CME credit. Email us at cme@ghs.org
Contents

Accreditation of our CME Team .............................................................................................................. 4
  CME Credits Currently Provided ........................................................................................................ 4
  Activity Types Currently Supported .................................................................................................. 4

Roles and Responsibilities ..................................................................................................................... 5
  CME Team / CME Coordinator ......................................................................................................... 5
  CME Committee (CMEC) ................................................................................................................ 6
  Activity Planning Committee .......................................................................................................... 7
  Planning Committee Chair ........................................................................................................... 8

Commercial Interest .............................................................................................................................. 8
  Disclosure of Financial Relationships / Multiplicity (conflict) of Interest ........................................... 9
  Commercial Support (excluding Commercial Exhibits and Advertisement) ..................................... 10
  Advertising, Promotion and Commercial Exhibits .................................................................... 11

CME Application ................................................................................................................................. 12
  Application Process ....................................................................................................................... 12

Activity Organization for a Course ..................................................................................................... 13
  Registration and Registration Fees ............................................................................................... 13

Attestation ............................................................................................................................................ 14
  Course ............................................................................................................................................ 14
  Regularly Scheduled Series (RSS) ............................................................................................... 14

Evaluation ............................................................................................................................................ 15
  Activities ........................................................................................................................................ 15
  CME Program ............................................................................................................................. 16

Joint Providership ................................................................................................................................. 16

Financial Analysis and Management ................................................................................................. 16
  Activity Financial Planning ......................................................................................................... 17
  Education Allocation and CME Operational Coverage .............................................................. 17
  Activity Account for Revenue-Generating Activities ............................................................... 18
  Honorarium and Staff Expenses ............................................................................................... 19

Privacy .................................................................................................................................................. 20
Accreditation of our CME Team

The University of South Carolina School of Medicine Greenville - Greenville Health System is accredited by the South Carolina Medical Association to provide continuing medical education for physicians.

CME Credits Currently Provided

There are multiple continuing education credit types that are relevant for different medical professions. Our CME Program currently offers the following credit types:

- **AMA PRA Category 1 Credits™**
- Maintenance of Certification (MOC) for the American Board of Anesthesiology (ABA), American Board of Internal Medicine (ABIM) and the American Board of Pediatrics (ABP)
- Continuing Education credit (CE)
- Attendance credit

Some of these credits can be translated into other credits with your licensing/certification Board. Contact the CME Team to discuss how we can be of assistance.

Activity Types Currently Supported

Our CME Team supports different activity types. The first two types listed below are the most common within our organization at the moment.

- **Course:** A course is a live activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar.

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

- **Enduring material:** An enduring material is a printed, recorded, or computer-presented activity that may be used over time at various locations and which, in itself, constitutes a planned activity.

- **Internet live course:** An internet live course 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 enduring material activity:** An internet enduring material activity is available when the learner 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.

- **Journal-based activity:** A journal-based 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.
- **Performance improvement**: Performance improvement activities are based on a learner’s participation in a project established and/or guided by a provider in which a learner 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 re-evaluates his/her performance.

- **Test item writing**: Test item writing is an activity based on a learner’s participation in the pre-publication development and review of any type of test-item e.g., multiple choice questions, standardized patient cases.

The remainder of this document focuses on the two pre-dominant activity types *Course* and *RSS*.

### Roles and Responsibilities

Various stakeholders are involved in the planning, execution and evaluation of each CME Activity. Each of the roles defined below play a role in each activity type, even though the number of individuals per role may vary depending on the size of your activity.

**CME Team / CME Coordinator**

Your CME Team is here to support you through the CME process from initial application through delivery and lessons learned for the planning of future events. The CME Team can help you understand the CME accreditation requirements and has experience developing and planning successful learning events. Therefore the role of the CME Team is not only to guide you through the processes, but also to coach on educational aspects and inspire the activity planning with innovation and best practices in adult learning. The role of the CME Team is not to organize the logistical side of a learning event (e.g., room booking, speaker travel, catering, etc.), but we can provide some assistance, for example, in the form of sharing past experience, contacts, and checklists for project management.

Please reach out to the CME Team as soon as possible in your process of generating ideas and formulating plans to leverage the full support the team can offer: [cme@ghs.org](mailto:cme@ghs.org)

The responsibilities below should clarify what the CME Team will cover. However, being involved early in the planning process, the team hopes to be flexible and as customer-oriented as possible:

- Develop CME Activities independent of commercial interest, i.e. collect disclosure information, manage and resolve potential multiplicities of interest, manage commercial support ([see Commercial Interest](#))
- Coach the Planning Committee in the identification of professional practice gaps and educational needs and inspire innovation and best practices in adult learning throughout the planning and organization of the activity
- Pre-fill and finalize the CME activity form (application) with the Activity Planning Committee ([see CME Application](#))
- Present and discuss the CME activity form with the CME Committee reviewers
- Help the Activity Planning Committee implement CME Committee feedback in the activity design
- Advise on activity financial plan based on historic data and best practices ([see Financial Management](#))
- Process financial transactions for revenue-generating activities, close out activity accounts and manage the Education Fund
- Further support the Planning Committee through the activity planning phase:
  - For Courses:
    - Work with the Planning Committee and Marketing on promotional material and management of the registration process
    - Review presentations prior to the activity, to ensure objectivity and create a website for participants to download the presentations, if agreed with speaker
    - Assist with registration on the day of the event, if event registration fees are due
    - Provide name badges and sign-in sheets based on the registration lists
  - For RSS:
    - Your CME Coordinator will likely be less involved in the planning of each session, but we are open to discussing support you may need
- Propose evaluation questions and set-up the attestation to allow participants to claim credit (see Evaluation)
- Facilitate discussion about participant evaluation and lessons learned
- Report evaluations to the CME Committee and develop program-based analysis

**CME Committee (CMEC)**

Our CME Committee (CMEC) is led by a Committee Chair and consists of one member from each department with a residency program, at-large members can be invited in addition. The Associate Dean of Administrative & Faculty Affairs and the CME Team are non-voting, ex officio members of the CME Committee.

Appointment guidelines:

- The Committee Chair is appointed by the Dean.
- One representative faculty member from each USCSOMG-GHS clinical department providing residency and/or fellowship training is nominated by the department’s Vice Chair of Medical Staff Affairs, and officially appointed by the Dean.
- At-large members of the USCSOMG-GHS medical staff are appointed by the Dean.

CMEC is advisory to the USCSOM Greenville Dean, and its members serve at the pleasure of the Dean. Appointment to the CMEC is not limited in terms of time. However, we do ask each committee member to be present at least for 75% of our annual committee meetings or appoint a suitable representative. The attendance and proxy nomination will be reviewed after the last committee meeting of the academic year (August) and in cases of non-compliance we will discuss reasons and next steps with the respective member.

The CME Committee Members are the reviewers of the CME applications to ensure each activity meets the American Council of Continuing Medical Education (ACCME)/SCMA criteria and our CME mission. They can make recommendations on how to improve the activity and ultimately approve or reject the application. Additionally, the CME Committee reviews the CME Program holistically by defining and discussing progress and achievement of performance targets. Together with the expertise and experience of our CME Committee Members, we work to strengthen the CME Program overall and ensure that we stay at the forefront of CME planning and organization.
Therefore, the primary responsibilities of the CMEC are as follows:

1. The CMEC establishes the priorities of the CME Program under guidance by the Committee Chair and the Associate Dean for Administrative & Faculty Affairs, and reviews a program-based analysis on the degree to which the CME mission has been met, plans improvements and monitors performance/progress through the establishment of key performance indicators.

2. In pursuit of the CME Program mission, the CMEC is charged with providing oversight to the planning, approval, evaluation, and assessment of CME and other continuing education activities. These activities should be consistent with the principles of adult learning, the standards of ACCME/SCMA accreditation, and the application of best evidence related to physician/clinician learning, toward the end of improving patient outcomes, optimizing performance in practice, and demonstrating competency.

3. The CME Committee has full control over the Education Fund and can subsidize learning activities, as needed and as valuable to the organization.

4. The CMEC is responsible for compliance with all requirements of planning, documentation, implementation, evaluation, and record keeping as required by the ACCME/SCMA and other accrediting bodies. The CME Team supports the workings of the CMEC.

The CME Committee meets quarterly, or as often as needed to fulfill their responsibilities.

**Activity Planning Committee**

The Activity Planning Committee is the group that develops and shapes the idea of a learning event for CME credit. The Activity Planning Committee is responsible for identifying the professional practice gap around which the activity is built (“What should someone do better/more of after the activity?”). The Activity Planning Committee is responsible for getting the CME Team involved early in the planning process to be most efficient in the completion of ACCME/SCMA requirements and build on their experience in developing successful and sustainable learning events.

The Activity Planning Committee is also responsible for the logistical pieces of the event such as organization, including venue, catering, speaker arrangements and marketing/advertising.

Last and only for revenue-generating activities, the Activity Planning Committee needs to nominate one member to be the financial custodian monitoring the financial transactions which are processed by the CME Team (see Financial Management).

Each Activity Planning Committee is led by a Planning Committee Chair (an MD/DO or equivalent) and includes a CME Coordinator. An additional Coordinator/Administrator is a great addition to support the logistical side of the activity planning and organization.

The department can be creative in setting-up the Activity Planning Committee – in terms of the number and backgrounds of members. Inter-professional teams can bring a lot of value if this fits with the overall practice gap and learning objectives. Also the involvement of medical students, patients and other community members can be beneficial to plan a strong CME activity.

*Note: Commercial employees (e.g., pharma company employees) cannot participate in the planning of CME activities. This is considered a non-resolvable conflict of interest by the ACCME.*
Planning Committee Chair
The Activity Planning Committee is led by the Planning Committee Chair. This role can be filled by a licensed practicing physician. He/she has direct oversight and supervisory responsibility for the planning, implementation and evaluation of the CME activity, and provides assurance that the activity addresses the professional practice gaps of participating physician learners and other professional learners, meets prevailing ACCME standards regarding commercial independence and that the event is financially sustainable.

Specific Responsibilities:

1. **Planning the CME Activity**
   - Select an Activity Planning Committee to coordinate the activity planning process, if needed.
   - Ensure that the activity is designed to address identified learning needs of physicians derived from professional practice gaps that are substantiated by data from the target audience, expert opinion, scientific literature, national guidelines, quality improvement data or other relevant data.
   - Plan a budget and manage such so that obligations and commitments are met at the end of the learning event.

2. **Content of CME Activity**
   - Ensure that the content developed is objective, balanced, based on valid and sound scientific research, and free of commercial bias.
   - Ensure that clinical care recommendations, treatments, or manners of practicing presented in the CME activity are based on evidence that is accepted within the profession of medicine, are not known to have risks or dangers that outweigh the benefits and are not known to be ineffective in the treatment of patients.
   - Ensure that all scientific research referred to, reported, or used in CME in support of or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.

3. **Disclosures of Relevant Financial Relationships**
   - Work with the CME Team to collect disclosure information and resolve any potential multiplicities (conflicts) of interests amongst the Activity Planning Committee and anyone else who is in the position to influence the agenda and/or content of the activity.
   - Work with the CME Team to resolve any multiplicities (conflicts) of interests.

4. **Review of Presentations**
   - For Courses, ensure that all presentations are received and reviewed by the CME Team for improper content (i.e. commercial bias). Review and approve presentations as highlighted by the CME Team and/or those presentations of speakers who are identified as having potential multiplicities (conflicts) of interest.
   - For RSS, ensure that the presentations are free from commercial bias.

**Commercial Interest**

We commit to a CME Program that is independent of commercial interests, which includes appropriate management of commercial support, separation of promotion from education and active promotion of improvements in health care and NOT promotion of proprietary interests of a commercial interest.
A commercial interest is hereby defined as “any entity producing, marketing, re-selling, or distributing health care good or services consumer by, or used on, patients.” Organizations exempt from this definition are:

- 501-C Non-profit organizations
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For-profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

**Disclosure of Financial Relationships / Multiplicity (conflict) of Interest**

A multiplicity (conflict) of interest as defined by the ACCME occurs “when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.”

Regardless of whether relevant financial relationships exist or not, disclosure to learners needs to be provided prior to the start of the learning event.

A relevant financial relationship is hereby defined as a “financial relationship between person in control of content (or their spouse/partner) and an ACCME-defined commercial interest of any amount ($) in the past 12 months and the products/services of the ACCME-defined commercial interest are related to the content of the CME activity.”

On an annual basis, the CME Team collects information on financial relationships from the CME Committee. Should there be a case in which a financial relationship becomes relevant to an activity, the CMEC member would recuse himself/herself from further discussing/reviewing the activity in question.

Activity Planning Committee information is collected at the point of CME application. Should there be a case in which a relevant financial relationship is detected in the planning phase of an activity, the individual in question would be required to step down from the Activity Planning Committee and the content of the activity would be re-reviewed by the CME Committee, as well as, the remaining members of the Activity Planning Committee, to evaluate whether there is bias present in the activity content and it would be discussed how to eliminate such bias, if detected.

For Courses, additional disclosures are collected upon finalization of speakers, moderators, etc.

For an RSS, this is an annual process in which the CME Team works with the Activity Planning Committee on their own updated financial relationship information and lists of speakers, moderators, etc. planned for the year and more generally participants who can influence the content of a session. These individuals are contacted subsequently to collect financial relationship information. Since in most cases
not all speakers are finalized for the full year, we move ahead as much as possible and complete the disclosure collection as information becomes available.

If relevant financial relationships exist, the CME team works with the Planning Committee Chair to resolve the potential conflict of interest. Options include:

- Recusing the person from controlling aspects of planning and content with which they have a conflict of interest
- Using peer review of planning decisions (for planners) by person(s) who do not have conflicts of interest related to the content
- Using peer review of content (for authors/presenters) by person(s) who do not have conflicts of interest related to the content
- Ensuring that clinical recommendations are evidence-based and free of commercial bias (e.g., by peer-reviewed literature, adhering to evidence-based practice guidelines)
- Using other methods that meet ACCME’s expectations

We use a “Summary of Disclosure” form that is printed out for Courses and shared in the welcome pack prior to the beginning of the event. For an RSS, the “Summary of Disclosure” is either printed out per session or available through the Outlook calendar invitation (the latter option is only available if no one outside of the invitation’s distribution list will join the RSS session).

Should there be last-minute changes to the speaker list, our Activity Planning Committees, Planning Committee Chair, RSS Admins and CME Team, if present, are trained to guide through a verbal disclosure process at the beginning of the new speaker’s presentation. The verbal disclosure process includes the speaker to announce that he/she does not have any relevant financial relationships. This verbal disclosure is documented by any of the stakeholders mentioned above in the verbal disclosure form available on our website (hsc.ghs.org/cme) and is shared with the CME Team for review and filing via cme@ghs.org within one month of the activity.

We have various mechanisms in place to detect commercial bias that happened during a CME activity:

- In our lesson’s learned discussion after the activity with each Activity Planning Committee, we ask if anybody noticed commercial bias at any point during the event.
- Learners are informed in the pre-amble of each activity evaluation that they should reach out to the CME Team (cme@ghs.org) in case they noticed any commercial bias.
- We inform our learners on our website about the importance of independence from commercial bias in our CME activities and offer a direct communication channel via email should they ever notice commercial bias.

Should there be a case in which commercial bias is detected during a presentation, the CME Committee and the CME Team investigate the reason why this was not identified in the planning process and will define additional steps, if needed, for a more effective process moving forward. The investigation always starts with a review of the steps taken to ensure independence.

**Commercial Support (excluding Commercial Exhibits and Advertisement)**

All commercial support associated with a CME activity must be given with the full knowledge and approval of your CME Team. Commercial Exhibits and Advertisements differ from Commercial Support...
in that they are promotional activities, paid for by commercial interests, in exchange for promotional representation (and are therefore not considered to be Commercial Support).

In the case commercial support is offered for a CME activity, the terms, conditions and purpose of the commercial support must be documented in a written agreement between the commercial supporter, the CME Team and the Planning Committee Chair. The agreement must clearly specify the commercial interest that is the source of the commercial support. Last, this agreement needs to be signed by all parties prior to the learning activity.

Social events, or meals, at commercially supported events cannot compete with or take precedence over educational events. Therefore, any social event or meal can only be offered before or after the educational content is presented – they cannot happen in parallel. Any food/beverage service and social event provided by commercial support will be stopped 10 minutes prior to the beginning of a learning event and will only begin 5 minutes after the closing of a learning event.

No matter the CME activity, commercial support cannot be used to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants. We are able to use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers. In any case we need to be able to provide documentation detailing the receipt and expenditure of the commercial support.

Advertising, Promotion and Commercial Exhibits
All official marketing material has to be approved or developed by the GHS Marketing department. This can be a lengthy process, so we advise planners to engage with the Marketing department as early in the process as possible. The Marketing department offers three main promotional products:

- Save-the-Date-Cards
- Fliers
- Brochures

CME credit can only be mentioned after the CME application has been approved by the CME Committee reviewers. A few rules on mentioning CME credits in your promotional material:

- If learning objectives are mentioned on the marketing material, the number of CME credit hours and our accreditation statement needs to be included.
- If you want to state the number of CME credit hours, our accreditation statement needs to be included in the material.
- You may mention CME approval without the specific number of credit hours. In this case the accreditation statement is not required in the material.

This being said, it is important that the CME Team is involved in developing your material before it is published (e.g., social media, emails, electronic and print advertising, web sites, brochures, etc.).

Additionally, there are various guidelines to follow to appropriately manage promotion and commercial exhibits of commercial interests:

- Print advertisements and promotional materials cannot be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of
printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.

- For computer-based materials, advertisements and promotional information will not be visible on the screen at the same time as the CME content and not interleafed between computer windows or screens of the CME content.
- Advertising of any type is prohibited within the educational content of CME activities on the internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads.
- For computer-based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleafed between computer windows or screens of the CME content.
- For audio and video recording, advertisements and promotional materials will not be included within the CME. There will be no “commercial breaks.”
- For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of commercial interests to engage in sales or promotional activities while in the space or place of the CME activity.
- For journal-based CME, none of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

Our education activities are not permitted to be marketed on commercial interests’ websites or marketed by commercial interests.

CME Application

To ensure that only activities that fit with the overall mission statement are approved for CME credit, we have a required activity review (application) process. Besides ensuring that the activities meet the CME mission statement, the process also aims to offer an outside perspective on the activity planning to prepare and organize the best possible learning intervention to close an identified practice gap.

Application Process

Each activity is to be reviewed by two CME Committee members. There are two review steps: the initial and final review.

The two CME Committee members are selected based on two criteria:

- One reviewer is close to the content of the activity (typically a CME Committee member from the department submitting the application)
- One reviewer is further-removed from the content of the activity

Various cases may lead to required flexibility in this selection process, such as but not limited to:

- Personal involvement of the departmental CMEC Member in the Activity Planning Committee
- Distribution of application reviews per CME Committee member throughout the year to balance the work load
In cases where the two reviewers need a third opinion, the CME Committee Chair and/or the Associate Dean of Administrative & Faculty Affairs will provide assistance.

The initial activity form focuses on the general activity information, disclosures of the Activity Planning Committee, the practice gap, educational needs, desirable physician attributes and potential financial support. Additionally, we are looking for a draft budget and agenda bullet points. In the ideal case, the CME Team has been involved with the Activity Planning Committee from the very beginning and could therefore coach in the completion of the required material.

The two selected CME members receive the activity form via email and have two weeks to provide feedback. Having reviewed this initial application, the two selected CME members approve or reject the application and give general recommendations for improvements. At this point of approval, the Activity Planning Committee can now start advertising their activity for CME credit.

In a second step, the Planning Committee provides the final activity agenda and budget for review to the same two CME Committee members to confirm the approval and final number of CME credits. At any point during the planning process the CME credits can be adjusted or even denied, if ACCME requirements are not fully met.

Should an activity be denied CME credit after it has been promoted for CME credit, all registered participants will be contacted and informed of this change. Registrants can then cancel their registration free of charge. Any expenses that may be incurred because of these cancellations are covered by the account provided by the Planning Committee Chair at the beginning of the application process (see Financial Management).

**Activity Organization for a Course**

The activity organization includes various steps mainly focused on logistics. One piece the CME Team is heavily involved in is registration. For all other CME activities types, we currently do not have an official registration process in place but anyone can create an account in our CME software and participate in the learning activities.

**Registration and Registration Fees**

Registration is the process in which participants sign-up for a CME activity and potentially pay for the event if there is a registration fee connected to the activity.

The registration happens through the CME software to track participants and to allow participants to easily claim credit after the event.

A few elements need to be finalized before registration can be opened:

1. The sessions that participants should be able to sign up for, if more than one
2. The registration fee(s) per participant group

The CME Team will set-up the registration page according to the agreement with the Activity Planning Committee and the team will test the functionality of the registration page(s). Only then will they share the registration page with the Activity Planning Committee for final review.
A good rule of thumb is to open registration at least six weeks prior to the start of the Course. Consider are special events, holidays, etc. when setting your registration timeline.

Registration fees are defined by the Activity Planning Committee. The Activity Planning Committee can decide to offer various registration types with different registration fees connected to them. Students of the USC SOM Greenville and GHS Residents are not charged for the education.

Depending on the event, it may be a good idea to offer early bird pricing or late fees. Charging cancellation fees is also up to the Activity Planning Committee.

Upon registration payment can be transferred via credit card and check or payment can happen onsite the day of the event (credit card, check and cash). That means that the day of the event, at least one CME Coordinator will be on site to manage incoming registration fees for participants who have not pre-registered. These late payments will be documented with a written receipt with copies for both the participant and the CME Team.

Once registration has been opened the CME Team will share regular updates (weekly, biweekly, or monthly, as appropriate) with the Activity Planning Committee on registration numbers and revenue. The Planning Committee should decide further marketing activities based on this data.

Any registration refunds will be initiated by the CME Team and processed via check through the GHS accounting department. It may take up to 30 days for the participant to receive the check in the mail.

Attestation

Attestation refers to the process whereby participants claim their credit after a CME activity. Participants can claim partial credit in 15 minute (0.25 hour) increments. This means that to claim credit participants need to attest to the amount of time they spent at each activity. Participants should claim only the credit commensurate with the extent of their participation in the activity.

There are different attestation processes for Courses and Regularly Scheduled Series.

**Course**
The attestation for Courses is available after the CME activity and an instructions page will be provided to the participants. This instructions page is prepared by the CME Team and can be part of the welcome folder.

All CME Courses have an electronic attestation and remain open and active to receive physician’s credit claims for at least thirty (30) calendar days after the conclusion of the activity.

**Regularly Scheduled Series (RSS)**
The attestation for RSSs is done through the RSS pages on the CME website and is available at any time during the CME activity.

All CME RSS activities have an electronic attestation process. The attestation link for participants to claim their credit remains open and active for six (6) calendar days after the conclusion of the activity.
Evaluation

All CME Activities need to be evaluated to analyze changes in learners (competence, performance, or patient outcomes) – Courses after the event and Regularly Scheduled Series at least once per year. These evaluations are consolidated and reviewed quarterly by the CME Committee.

Activities

The general idea of the evaluations per CME activity are the same no matter the activity type. Participants evaluate the effectiveness of the CME activity in terms of how the learning translates into changes in the daily practice which should eventually lead to improved patient outcomes.

To be able to draw conclusions across different CME activities, we have defined a set of standard questions to be asked for each activity evaluation:

1. This CME activity helps me to update and improve my:
   - Knowledge (KNOW)
   - Competence (KNOW HOW)
   - Performance (PUT INTO PRACTICE)
   - Patient Care (OUTCOMES/RESULTS)
   - None of the above

2. What change(s) will you incorporate / have you incorporated into your practice as a result of attending this activity? How do you think these changes will affect patient outcomes?
   - Text Box

3. What barriers to change do you think you will face / have you faced? What resources do you need to overcome these?
   - Text Box

4. Would you recommend this CME activity to a colleague?
   - Very likely
   - Likely
   - Unlikely
   - Very unlikely

5. What advice would you give the Planning Committee to improve this activity?
   - Text Box

For Regularly Scheduled Series, we discuss with the Planning Committee Chair when to run the evaluation. We require data at least once per year. We also align on the method of distribution for the questions (some choose to send an email to the invited participants, others use the attestation process to collect evaluation data). We suggest to leave the evaluation survey active for 30 days after the initial notification, however, this can be adjusted by the Planning Committee Chair.

For Courses, the evaluation is part of the attestation process and there are more standard questions in addition to the list above, including evaluation per speaker/presentation. The evaluation survey typically closes 30 days after the Course is completed.

In both cases, the Planning Committee may choose to add questions to the set of standard questions mentioned above.
For both activity types, we will pull a summary of the evaluation data at least 30 days after the activity is completed, and provide it to the Activity Planning Committee. The CME Team will also store the evaluation results in a folder accessible to all CME Committee members.

CME Program

Once per year the CME Committee defines key performance indicators (KPI) and related target numbers to assess the success of the CME Program overall. Therefore, at quarterly CME Committee meetings, the evaluation data (and other KPIs) are reported and discussed.

If there is a discrepancy between the target and the actual achievements of the CME Program, concrete actions are defined and tracked at least quarterly to continuously improve the CME Program.

Joint Providership

The ACCME defines joint providership as “the providership of a CME activity by one accredited and one non-accredited organization”. In such a case, our CME Team, as the accredited provider, takes responsibility for a CME activity. Our CME Team also ensure that we inform the learners of the joint providership relationship through the use of the appropriate accreditation statement on all printed material and otherwise needed.

We charge the non-accredited organization a service fee which depends on the size of the activity, the effort needed for planning and organization and the value of the activity for GHS and the Upstate.

Financial Analysis and Management

The financial management of an activity refers to the handling and accounting of all monies received and spent with regard to a certain CME activity. According to the ACCME, the CME Team is required to produce accurate documentation detailing the receipt and expenditure of commercial support. To simplify the scenarios, we divide our activities generally into:

1. Non-Revenue Generating Activities
   As the name implies, non-revenue generating activities are those that do not bring in any funding from any outside source (e.g., registration fees, grants, commercial support, exhibitors, and donations). Most RSS and Enduring Material activities fall into this category, although it may apply to a Courses.
   These activities usually have low expenses paid out of a departmental account or no expenses at all. Even though the finances of these activities are managed by the organizing department, the CME Team does require the department/the Activity Planning Committee to fully comply with the CME policy on budgeting, expense timelines, etc.

2. Revenue Generating Activities
   Revenue-generating activities refer to any type of activity that bring in outside income (e.g., registration fees, grants, commercial support, exhibitors, and donations). These activities will be given a separate account and any money transfers will be managed by the CME Team, with full transparency to the sponsoring department.
**Activity Financial Planning**

You may have historic data and previous experiences on which to base your financial assumptions if you have been involved in CME planning before. For a brand-new CME activity, reach out to your CME Coordinator to get insights into similar CME events and learn from best practices identified from our institution or our national peers.

The financial plan sets the baseline for the activity, so there are a few things to take into consideration when creating your financial plan.

1. The financial plan should be discussed early on in the activity planning and reviewed iteratively as the organization becomes more concrete.
2. All planned revenue needs to be realistic, and the amount should be decided using historical data or another rational basis for comparison.
3. The Planning Committee will set the registration and exhibitor fees, using historical data, similar events and/or insights from the CME Team as references.
4. Financial plans for revenue-generating events should always include the Education Allocation as a known expense when building their financial plan. Please budget $250 per credit hour (see Education Allocation). For non-revenue generating activities it is up to the CME Committee to decide if the Education Allocation should be budgeted for as an expense.
5. Even though we generally aim for zero-sum learning events (not-for-profit), your financial plan should be positive to account for unexpected changes.
6. The initial financial plan and the reviewed financial plan will need to be approved by your CME reviewers in the final review round of your activity to ensure sustainability of the CME event.

**Education Allocation and CME Operational Coverage**

The purpose of the Education Allocation is to give the CME Committee the ability to subsidize learning activities and/or provide future learning activities to the organization that do not fall within disciplinary/departmental boundaries.

The Education Allocation and CME Operational Coverage need to be included into the financial plan at $250 per credit hour of AMA PRA Category 1™ credit of all revenue-generating events, for non-revenue generating activities this is up to the CME Committee to decide.

How this Education Allocation and CME Operational Coverage is finally charged differs slightly:

1. **Grant supported activities**: In case your CME activity is grant supported and you need to document the expenses prior to the event and the actuals after the event, we are charging $250 as the Education Allocation as a fixed fee per AMA PRA Category 1™ credit hour. Of the $250 per credit hour 80% are transferred into the Educational Fund to subsidize future learning interventions. The remaining 20% are used to cover CME Operations.
2. **Activities that chose to not collect revenue**: Some Activity Planning Committees may choose to not collect revenue. In this case, the CME Committee will discuss if a fixed fee per AMA PRA Category 1™ credit hour of $250 should still apply. Should a fixed fee be charged, the same split applies as per grant supported activities.
3. **All other activities:** After all revenue and expenses (without the Education Allocation) have been processed on the account, there will be a profit or loss predetermination made per CME activity. In a profitable case, 40% will be paid out to the department or can remain in the account for the next round of the activity. 60% of the profits will remain with the CME Team – 40% of this portion is captured as Education Allocation in the relevant account, 20% are used to cover CME operational costs. This is a standard procedure within GHS as all departments need to show efforts of self-sustainability.

If the activity loses money (expenses without Education Allocation higher than revenue), there will be no expense charged as Education Allocation and/or CME Operational Coverage. There will be a rigorous lessons learned discussion with the Activity Planning Committee and concrete measures generated to ensure sustainability of the event moving forward. The loss in the account needs to be zeroed-out by the department through departmental transfer or other payment (see Activity Account).

**Activity Account for Revenue-Generating Activities**

**Creation**

For a new revenue-generating activity, the activity account creation begins with a written agreement between the Planning Committee Chair and the CME Team as soon as the CME Coordinator becomes involved in the planning process of the activity. The agreement will state the accounting timeline and will express the roles and responsibilities of both parties (see below).

The Planning Committee Chair will be required to assign a custodian to the account, and to provide a departmental account number for transferring surplus funds, if so agreed, or out of which a deficit will be paid out of. This agreement should be fully understood and signed by the Planning Committee Chair.

For pre-existing activities, the account from the previous event (e.g., the previous year) may be reused. The previously signed agreement will be shared to ensure no changes have occurred.

Once complete, the CME Team will submit a request for the creation of a new account. It will be named using a standardized format and user access will be given to the CME Team member over finance, the custodian, the relevant Business Analyst and the CME Team Lead. All users will have visibility privileges, while the CME Team member over finance will also have editorial rights as he/she will be managing the account.

**Responsibilities of the CME Team and Department Custodian in the Account Management**

- The CME Team will process all deposits and payments into/out of the activity’s account.
- The department custodian will be copied on all transactions submitted through email to Accounting.
- Receipts for transfers and deposits will be emailed to the custodian, while receipts for payments can be accessed by the custodians themselves using the “Invoice Lookup” feature on GHS’s Plexus page.
- Departments will have 3 weeks (21 calendar days) after the activity has occurred to gather and submit to the CME Team all outstanding expenses (e.g., speaker travel, etc.). If the 21-day deadline cannot be met, the department can request an extension from the CME Team.
Sixty (60) days after the event, the CME Team will perform a final budget reconciliation to determine the ending balance of the activity. The budget documentation is shared with the Activity Planning Committee and CMEC reviewers.

Depending on the final balance, one of the following transactions will occur:

1. **Surplus** – The Education Contribution and CME Operational Coverage will be calculated and applied to the total. The remaining amount will either carry over into the activity account for the subsequent event or will be credited into the originally agreed account for other learning activities as agreed. The activity account for this event will then be closed and/or reused for the subsequent event (e.g., the following year).

2. **Deficit** – The Education Contribution and CME Operational Coverage will not be applied and the outstanding amount will be debited into the originally agreed account. The activity account will then be closed and/or reused for the subsequent event (e.g., the following year).

3. **Break-even** – In this scenario, no transfers will be made. The activity account will be closed and/or reused for the subsequent event (e.g., the following year).

**Honorarium and Staff Expenses**

We can offer honoraria payments to presenters/authors of CME activities accredited by USCSOMG-GHS. However, we can only pay these honoraria for the portion of the CME activity in which the presenter/author is involved, not for attending any other portion of the CME activity. We do not offer honoraria to any faculty or staff acting solely in a planner role for any CME activity.

As described above, if the activity is revenue-generating, honoraria and expense reimbursements are paid directly from the relevant activity account and processed by the CME Team. If the activity is non-revenue-generating, honoraria and expense reimbursements are processed and paid from the relevant department’s account and this transaction is covered by the department itself.

For honoraria payments greater than $3,500 per talk, the Planning Committee Chair shall submit a request with justification to the CME Committee Chair or Associate Dean of Administrative and Faculty Affairs for approval, in the planning phase of the CME activity. Higher honoraria requests can be approved, if they fee is in line with the market value of the speaker.

Requests for reimbursement of expenses incurred by a CME activity presenter/author shall be submitted to the CME Team within 21 days after the activity. Additional information needed to process the reimbursements include:

- a current IRS W-9 form
- proof of payment for each expense by providing original or copies of receipts

The Activity Planning Committee can chose to pay for nominal meals or refreshments for consumption at planning meetings. This expense will be paid out of the activity account directly for revenue-generating activities, or covered by the department for non-revenue generating activities.

If the CME Team or Activity Planning Committee incurs actual expenses while attending a CME activity for administrative purpose, such as travel, lodging and meals, provided their presence was required for the successful implementation of the CME activity, they may be reimbursed for these expenses out of the activity account.
Privacy

Certain personal information about you will be required to sign-up to CME activities.

- **Registration and Account Setup:** You are asked to provide your name, contact information, and professional information amongst other details. This solely serves the purpose to uniquely identify you to manage your credit collections, grant you the right credit types, run reports on conference participation and get in touch with you, if needed. This account and registration information is stored on a third party online learning management system that has agreed to meet our institutional security standards.

- **Payment Information:** Some CME activities charge a registration fee. A third party vendor (PayPal) will collect and process credit/debit card information. The vendor has their own privacy policies and procedures in place. The CME Team does not have access to your banking information, if you register online. If need to we can help process payments over the phone, in this case, the CME Team will collect your card information and your payment will be processed through the GHS accounting system. The CME Team securely destroys any card information after processing the payment. We do not store any card information.

- **Courses and Regularly Scheduled Series:** When you attend one of our CME activities in person, we collect information to maintain a record of participation.

- **Evaluations and Surveys:** We use attestation surveys to grant you the correct amount of CME credit. We also use evaluations to gather information about your opinion on a particular CME activity.

As required by our accreditation agency, we will maintain your data for a minimum period of at least six (6) years.

All of our CME Team and extended team are trained on these procedures and we do everything in our power to safeguard your information.