

IMS

IOWA MEDICAL SOCIETY

**IMS Guide to the
Progress Report Process:**

**Demonstrating Improvements
and Compliance**

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A. OVERVIEW OF THE PROGRESS REPORT PROCESS

The IMS expects organizations found to be in noncompliance with Criteria 1-15 or with the accreditation policies to demonstrate compliance through the progress report process. Please refer to your recent IMS decision report for the descriptions of the specific performance issues in these areas that you must address in the progress report. Your organization should NOT address, in its progress report, noncompliance findings in Criteria 16-22 or any other criteria and accreditation policies found to be in compliance.

B. CONTENTS OF A PROGRESS REPORT

For the specific performance issues described for noncompliance findings with Criteria 1-15 or with the accreditation policies, you must: 1) describe improvements and their implementation and 2) provide evidence of performance-in-practice to demonstrate compliance. Please refer to the *Outline of the Reporting Requirements for IMS Accreditation Criteria/Policies* on pages 2-4 and the item(s) that apply to the specific area(s) of improvement that must be addressed in your progress report. [**NOTE:** *If your noncompliance finding is based on a specific activity format/type, you must include evidence that you have addressed improvements in that specific activity format/type (e.g., enduring materials, RSS, Internet CME, etc).*]

C. EXPECTATIONS OF MATERIALS SUBMITTED

All the materials submitted to the IMS in any format must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the organization, and are the property of the organization. Materials submitted for accreditation (progress report, evidence of performance in practice, other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

D. DECISION-MAKING

You will receive a decision from the IMS based on a review of all of the information and materials submitted as part of your progress report. The IMS has three decision options relative to assessing improvement:

Accept: The provider has demonstrated that it corrected the elements, criteria, or policies that were found to be in noncompliance.

Clarification Required: Additional information is required to be certain the provider is in compliance. An additional progress report may be required, or the issue(s) may be assessed at the time of next review.

Reject: The provider has not demonstrated that it has corrected the elements, criteria, or policies that were found to be in noncompliance. Either a second report or a focused accreditation interview may be required. The IMS has the right to change a provider's accreditation status as a result of findings on a progress report.

E. REPORTING REQUIREMENTS FOR IMS ACCREDITATION CRITERIA / POLICIES

PLEASE FOLLOW THE INSTRUCTIONS BELOW FOR EACH OF THE NONCOMPLIANCE FINDINGS FROM YOUR LAST ACCME REVIEW	
C1	Attach your CME mission statement to verify it has all the required components. Identify and highlight each required component: (1) purpose, (2) content areas, (3) target audience, (4) types of activities, and (5) expected results of the program articulated in terms of changes in competence, performance, or patient outcomes.
C2	Provide a narrative description and evidence from the selected activities to demonstrate: 1) That you identify the professional practice gap(s) of your own learners; 2) That you identify the educational needs of your learners that underlie the professional practice gap(s) that you have identified; and, 3) That you incorporate these needs into CME activities.
C3	Provide a narrative description and evidence from the selected activities to demonstrate that you generate activities designed to change physician competence, performance, or patient outcomes.
C4	Provide a narrative description and evidence from the selected activities to demonstrate that you generate activities around content that matches the current or potential scope of practice of your learners.
C5	Provide a narrative description and evidence from the selected activities to demonstrate that you choose educational format(s) that are appropriate for the setting, objectives, and desired results of the activity.
C6	Provide a narrative description and evidence from the selected activities to demonstrate that you develop activities in the context of desirable physician attributes (e.g., IOM Competencies, ACGME Competencies).
C7 (SCS1)	Describe how your organization ensures independence from commercial interests in the above planning steps, and others, as listed here: (a.) identification of needs; (b.) the determination of educational objectives; (c.) the selection and presentation of content; (d.) the selection of all persons and organizations in a position to control the content; (e.) the selection of educational methods, and (f.) the evaluation of the activity.
C7 (SCS2)	Provide a narrative description and evidence from the selected activities to demonstrate: 1) That everyone in a position to control educational content (e.g., faculty, planners, reviewers, and others who controlled content) has disclosed to your organization relevant financial relationships with commercial interests. (C7 SCS 2.1) 2) That individuals who refuse to disclose are disqualified. (C7 SCS 2.2) 3) That your organization identifies all conflicts of interest prior to an activity. (C7 SCS 2.3) 4) That your organization implements mechanism(s) to resolve all conflicts of interest prior to an activity. (C7 SCS 2.3) Attach a list of all individuals in control of content.
C7 (SCS6)	Provide a narrative description and evidence from the selected activities to demonstrate: 1) That disclosure of all relevant (or no) financial relationships were made to learners prior to the beginning of the activity; attach a list of all individuals in control of content. (C7 SCS 6.1, 6.2, 6.5)

	2) That disclosure of all sources of commercial support, including “in-kind” support, was made to learners prior to activity, if applicable; attach a list of all commercial supporters. (C7 SCS 6.3-6.5)
C8 (SCS3)	<p>Provide a narrative description and evidence from the selected activities to demonstrate:</p> <p>1) That the terms, conditions, and purposes of all commercial support are documented in a signed written agreement between the commercial supporter that includes the provider and its educational partner(s), if applicable; attach a list of all commercial supporters and all signed written agreements.</p> <p>2) Accurate documentation detailing the receipt and expenditure of commercial support (e.g., attach an income and expense statement for the activity).</p>
C8 (SCS 3.7-3.8)	Attach your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors.
C9 (SCS4)	<p>Do you organize commercial exhibits in association with any of your CME activities? If yes, describe how your organization ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities.</p> <p>Do you arrange for advertisements in association with any of your CME activities? If yes, describe how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face.</p>
C10 (SCS5)	<p>Describe the planning and monitoring your organization uses to ensure that:</p> <ol style="list-style-type: none"> 1) The content of CME activities does not promote the proprietary interests of any commercial interests. (C10 SCS 5.1) (<i>i.e., there is not commercial bias</i>) 2) CME activities give a balanced view of therapeutic options. (C10 SCS 5.2) 3) The content of CME activities is in compliance with the IMS’s content validity value statements.* (<i>Policy on Content Validation</i>) <p>----- * IMS’s Policy on Content Validation: All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for IMS accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.</p>
C11	<p>Evidence for C11 is required from both your CME program and your CME activities.</p> <p>From your CME activities: Provide a summary of the data or information generated about changes in learners’ competence <u>or</u> performance <u>or</u> patient outcomes upon which you based your analysis of changes in learners.</p> <p>On the program level: Describe the conclusions you drew from your analysis of changes in learners competence, performance, or patient outcomes achieved as a result of your overall program’s activities/educational interventions?</p>
C12	Based on your organization’s review of information and data gathered, describe your conclusions regarding your organization’s success at meeting its CME mission,

	including the degree to which your organization has: (1) Fulfilled its purpose. (2) Provided CME on the content areas outlined in the mission. (3) Reached its target audience. (4) Produced the types of activities stated in the mission. (5) Achieved its expected results, in terms of competence, performance, or patient outcomes.
C13	As a result of your program-based analysis, describe the changes you identified that could help you better meet your CME mission?
C14	Based on the changes you identified that could be made, describe the changes to your program that your organization has implemented.
C15	How has your organization measured the impact of the implemented changes on your organization's ability to meet its CME mission?
Accreditation Statement	Provide a narrative description and evidence from the selected activities to demonstrate that the appropriate accreditation statement was used.
Enduring Materials	Provide a narrative description and evidence from the selected activities to demonstrate that the enduring material(s) produced consistently communicate the information as stated in the Enduring Materials Policy to participants prior to starting the activity.
Journal CME	Provide a narrative description and evidence from the selected activities to demonstrate that the requirements as stated in the Journal CME Policy are met for journal-based CME.
Internet CME	Provide a narrative description and evidence from the selected activities to demonstrate that the requirements as stated in the Internet CME Policy are met for Internet CME.
Physician Participation	Describe the mechanism your organization uses to record and verify physician participation for six years from the date of your CME activities. Include one example that demonstrates your practice to record and verify physician participation.
Activity Documentation	Describe the mechanism(s) your organization uses to ensure the retention of activity records/files for the current accreditation term or for the last 12 months, whichever is longer.

F. FORMAT REQUIREMENTS AND SUBMISSION INSTRUCTIONS

Make all required submissions according to the IMS' specifications and by established deadlines. Failure to do so may result in a delay in consideration of your progress report and/or a change of your organization's accreditation status.

1. Submit narrative descriptions of improvements made in a cover document. These may include systems/policy improvements on the program level and/or process improvements on the activity level.

2. Address only those criteria or policies found to be in noncompliance at the time of your last review and only the specific performance issues cited for those criteria or policies in your last decision report. [**NOTE:** Do NOT address noncompliance findings in Criteria 16-22].
3. Submit evidence of performance-in-practice for all of the activities selected by the IMS. For example, if your organization's progress report requires you to demonstrate that disclosure to the learners occurred, you must submit evidence demonstrating that disclosure to learners occurred in each of the activities selected. **NOTE:** *If the activity sample the IMS has selected does not offer your organization with an opportunity to present evidence that reflects the improvements you have implemented to ensure and demonstrate compliance, please contact IMS to discuss possible options in the sampling process.*
4. Submit the evidence for each activity selected in a standard letter-sized file folder; do NOT use 3-ring binders.
5. Separate the evidence within the file folder and identify it by the criterion or policy to which it evidence pertains. Separation can be achieved with cover pages, for example.
6. Do NOT use original documents, because the materials will not be returned to you.
7. Place a label on the front of each file folder that includes: activity title; activity date; activity location; type of activity; whether the activity accepted commercial support; full name (not acronym) of your organization; and, IMS provider number:

<p>IMS PROGRESS REPORT EVIDENCE FOR</p> <p>Title of Activity</p> <p>Date of Activity</p> <p>Activity Location</p> <p>Type of Activity</p> <p>Accepted/Did Not Accept Commercial Support</p> <p>Full name of organization</p> <p>IMS ID#0000000</p>
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8. Submit two hard copies of the progress report by the specified deadline, to IMS, 1001 Grand Ave., West Des Moines, IA 50265 .
9. Each copy of the progress report will include: a) your narrative cover document describing improvements made in specific areas of noncompliance and b) one folder of performance-in-practice evidence for each activity selected, if applicable.

Please contact Kara Bylund by phone at (515) 223-1401, ext. 207 or by e-mail at kbylund@iowamedical.org if you have any questions about the Progress Report review process.