



# CME Provider Update *July 2010*

## Disclosure/Commercial Interests

**Financial Disclosure & Commercial Interests** – The ACCME Standards for Commercial Support (SCS) were approved by the ACCME in September 2004. This Update will address some key areas of compliance issues around disclosure of financial relationships and FAQ's about the meaning of "commercial interest." The full text of ACCME Standards for Commercial Support can be found at [www.cms.org/cme/Home.html](http://www.cms.org/cme/Home.html).

**Q: The SCS state that all persons "in control of content" must disclose relevant financial relationships. Are all members of a CME committee considered to be in control of content?**

**A:** Not necessarily. Those in control of content would have actual input to the content such as speakers, authors and reviewers who edit content (or make recommendations to). Additionally, those CME planners who make or steer decisions about which topics to offer and speaker selection are also considered to be in control of content. CME committee members whose job is to perform administrative functions that are logistical in nature are not considered to be in control of CME content. However, because it is simpler and more cautious, many CME committees choose to have all members disclose.

**Q: Are we required to disclose CME committee members' disclosures to the audience?**

**A:** Yes. If you consider or declare your CME committee members to be in control of content, then their relevant relationships (or none) will need to be disclosed to the audience. If all have reported that no relevant financial relationships exist, you may use a blanket statement to the audience such as: *"All members of the ABC State Hospital CME planning committee have reported that they have no relevant financial relationships."*

**Q: Are verbal disclosures considered to be in compliance at live activities or should they be in print for the audience to read?**

**A:** Verbal disclosures are in compliance, however; a representative of the CME provider must record exactly what was verbally disclosed, who recorded it, and document it in the activity file. Verbal disclosures were more common prior to the 2004 SCS when resolving conflicts of interest was not required. Transparency is a very important issue today, and most CME providers no longer use a verbal disclosure method because latecomers will miss the announcement. Additionally, disclosures printed on the presentation's *first* slide are also acceptable for compliance, but again, the latecomers will miss the information, especially if handouts of the slides are not available. It's best practice to have disclosures made to the learners in writing and available to all participants (prior to the beginning of the activity as required).

**Q: We are starting an M&M conference with case presentations. This will fall under our RSS policy and procedure however, I am not quite sure who needs to disclose. In this conference we will be looking at cases retrospectively.**

**A:** As we know, anyone in a position to control the content of CME must disclose relationships to the CME provider, and any conflicts of interest that are identified must be resolved prior to the activity beginning. All RSSs are not the same. Typically, if there is a small group of attendees that meet regularly to discuss challenging cases that are current, and make recommendations for treatment, it's best to have them all disclose. (See *past CME Provider Update on RSS*). Conversely, if a RSS is very large, and invites care teams, then perhaps not all in attendance would need to disclose. Maybe just the moderator/facilitator and some key presenters would be appropriate. The CME committee should discuss and identify those participants and/or leaders who are key to contributing to the discussion/content including

any recommended future changes in systems or protocols that may result from the conference.

**Q: Our CME program has regularly scheduled conferences and speakers who return frequently. We also have a CME committee. Are we required to collect disclosure information for each and every activity? If not, how often are we required to collect disclosure information?**

**A:** No, you are not required to collect disclosure information for each and every activity. It is the ACCME/CMS policy that disclosure information **be "current and applicable to the applicable CME activity."** The standard time frame for updating disclosure information that is expected by the ACCME/CMS is every 12 months.

**Q: The SCS state that all aspects of CME planning must be independent of commercial interests. What is a "commercial interest?"**

**A:** A commercial interest as defined by the ACCME 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 services directly to patients to be commercial interests." The following organizations are not considered to be commercial interests: hospitals, medical practices, health insurance providers, liability companies, rehabilitation centers, nursing homes, government organizations, non-health care companies and eligible 501-C non-profit organizations. Most commercial interests are either a pharmaceutical or device company, or are owned by one.

**Q: We are approached by organizations such as medical group practices, and some hospitals that want to offer our physician learners a CME presentation. However, it feels like they are doing this only to promote their "business." Are they considered to be commercial interests in this case? Is this legitimate CME?**

**A:** Many organizations such as larger hospitals, specialty practices, and even emergency medical response companies do indeed wish to grow their patient base, but as long as they are not a commercial interest as defined by the ACCME and all CME planning processes and policies are followed, yes, it is "legitimate" CME. With that said, your CME committee may have other reasons for choosing not to certify or offer these activities to your physician learners.

**Q: When non-commercial interests such as medical practices or hospitals (as above) present a CME activity to our learners, are they allowed to have their company logo on their slides?**

**A:** Yes, it is allowed, because they are not a commercial interest. However, if you feel it is not appropriate, then you may ask them to remove the logos.

**References:** : ACCME Standards for Commercial Support; Ask ACCME; [http.education.org](http://education.org)

**All Provider Updates can be found on the CMS CME webpage at: [www.cms.org/cme/Home.html](http://www.cms.org/cme/Home.html)**