



**Accreditation Council for Continuing Medical Education**

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515 North State Street

Chicago, IL 60654

(312) 527-9200

[www.accme.org](http://www.accme.org)

Please use the reference number **0000313**  
when communicating with the ACCME.

March 21, 2014

W. Daniel Cogan, EdD  
Assistant Dean, Continuing Medical Education  
University of Louisville School of Medicine  
501 East Broadway, Ste 370  
Med Center One  
Louisville, KY 40202

Dear Dr. Cogan:

At its March 2014 meeting, the Accreditation Council for Continuing Medical Education (ACCME®) took action on the accreditation of your organization. The ACCME's decision was **Probation**. This decision was based on the review of your organization's self-study report, evidence of performance-in-practice, and the accreditation interview. The attached decision report outlines the details of the ACCME's action for your organization.

The ACCME's Board of Directors has adopted changes to simplify the accreditation requirements and process. Your decision reflects these changes in that you were not reviewed for criteria or policies that have been eliminated. Please visit the Simplification and Evolution Web page on the ACCME Web site.

As a result of the ACCME's decision, your organization is required to submit a progress report. Please review the attached information outlining the timeline and expectations related to the ACCME's progress report process.

**Policies Related to Probation**

The ACCME would like to make you aware of important policies that are directly related to your organization's current status of Probation and the ramifications of the actions taken by your organization as it works towards correcting and sustaining compliance in the noted areas.

- Providers who receive Probation at reaccreditation receive the standard four-year term. Failure to demonstrate compliance in all criteria within no more than two years will result in Nonaccreditation. A provider's demonstration of compliance in all criteria will result in its ability to complete its four-year term with a status of Accreditation.

- A provider, while on Probation, may not act as a joint provider of CME activities with non-accredited entities, except for those activities that were contracted prior to the decision of Probation. A provider that is placed on Probation should provide information to the ACCME on all existing joint provider relationships. The provider must notify its current contracted joint providers of its probationary status (amended 7/98). The ACCME recognizes this decision has serious implications for your organization.

We would like to offer our support and make ourselves available to review your noncompliance findings, the ACCME's expectations in these areas, and your options in the accreditation process. To this end, we will be contacting your office shortly to schedule time for a conversation via conference call between ACCME executive and accreditation services staff and your leadership and staff, including your organization's CEO and physician leadership.

**The following options are available to you:**

- **Accept the decision** and proceed with the ACCME's progress report process.
- **Request a reconsideration of the decision based on your CME program as it existed at the time of the ACCME's notice of adverse decision.** This is NOT an opportunity to demonstrate improvements made subsequent to this notification. If you believe that the adverse decision has been made in error, you may request that the ACCME review your organization's practices again. If your organization can explain and show how your self-study report and evidence of performance-in-practice, as submitted, demonstrates that your CME program is in compliance with the criteria where noncompliance findings are noted, the ACCME will act to modify its current findings and potentially reverse its decision.

**To engage in reconsideration, please submit your request in writing (no more than three pages, single-spaced, 12-point font, 1 ¼" margins). This letter, and any additional evidence that was available at the time of the ACCME's notice of adverse decision, must be submitted electronically as a single, bookmarked and paginated PDF document. It must be received by the ACCME by APRIL 30, 2014.** There is no fee required. The results of this review will be communicated to you after the next ACCME meeting.

Your organization's new term is due to expire on **March 31, 2018**. The ACCME expects that during this period of accreditation your organization will keep current on its compliance with ACCME's requirements and modify its practices, if necessary, to ensure continued compliance when new policies are released.

There are many resources available to support your organization as you continue your work as an accredited provider. The Education & Support section of the ACCME Web site features numerous multimedia education resources, including video FAQs, tutorials, and interviews and audio commentaries to address questions and provide information related to the ACCME's Accreditation Criteria, Standards for Commercial Support, and policies. A summary of these educational resources is attached. Other accreditation resources are cited below for your reference as well.

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Please contact David Baldwin, ACCME Manager of Accreditation Services, at [dbaldwin@accme.org](mailto:dbaldwin@accme.org), if you have questions.

Yours truly,

A handwritten signature in black ink, appearing to read 'M Kopelow', written in a cursive style.

Murray Kopelow, MD, MS(Comm), FRCPC  
President and Chief Executive Officer

MK/kf

Enclosures:    March 2014 ACCME Action  
                     Accreditation Certificate  
                     ACCME Progress Report Milestones  
                     ACCME Guide to the Progress Report Process  
                     Procedures for Reconsideration and Appeal of Adverse Accreditation Decisions  
                     Compliance Issues Noted in Recent Accreditation Reviews  
                     ACCME Educational Opportunities

**Accreditation Resources**

ACCME Web site, [www.accme.org](http://www.accme.org)

Alliance for CEhp Web site, [www.acehp.org](http://www.acehp.org)

AMA Web site, [www.ama-assn.org](http://www.ama-assn.org)

cc:     Toni M. Ganzel, MD

VIA FEDEX

## ACCME Progress Report Milestones

Your organization is required to submit an ACCME progress report for review in 4 and 12 months. The process and timelines for your organization's progress report are outlined in this notification.

For the 4-month review, you must describe and demonstrate improvement and compliance in the Standards for Commercial Support (C7-C10) where noncompliance findings were indicated.

For the 12-month review, you must describe and demonstrate improvement and compliance in Criteria 1-13, including the Standards for Commercial Support (C7-C10), and accreditation policies where noncompliance findings were indicated.

Instructions regarding the content, format, and submission of the progress report are provided in the *ACCME Guide to the Progress Report Process*, which is available on the ACCME's Web site ([www.accme.org](http://www.accme.org)). A copy has also been included with your decision letter.

The timeline and process for the 4-month review are outlined below:

Date	Milestone
Due Upon Receipt	<b>Provider remits progress report review fee.</b> An invoice will be mailed separately with instructions for remittance. Note: This one fee will encompass both parts of the progress report.
April 30, 2014	<b>Provider submits its progress report with:</b> <ol style="list-style-type: none"><li>1. Descriptions of implementation of improvements in the Standards for Commercial Support (C7-C10) where noncompliance findings were indicated.</li><li>2. Evidence of performance-in-practice, if available, from any activities that are being planned, in development, or have occurred to verify that your organization has made improvements to your CME program and that those improvements have resulted in compliance in the Standards for Commercial Support (C7-C10) where noncompliance findings were indicated.</li></ol>
July 2014	<b>ACCME notifies provider of progress report decision related to the Standards for Commercial Support (C7-C10) where noncompliance findings were indicated.</b>

The timeline and process for the 12-month review are outlined below:

Date	Milestone
May 14, 2014	<b>Provider enters CME activity data.</b> If applicable (see <i>Guide</i> for progress report content requirements related to your noncompliance findings), enter information about the CME activities that your organization has provided, or will provide, under the umbrella of your ACCME accreditation statement, from April 1, 2014 – March 31, 2015, into the ACCME's Program and Activity Reporting System (PARS) at <a href="http://www.pars.accme.org">www.pars.accme.org</a> .

<b>May 28, 2014</b>	<b>ACCME provides activities selected for performance-in-practice review.</b> Based on the CME activity data submitted by the provider, the ACCME selects up to five activities for performance-in-practice review.
<b>Nov 5, 2014</b>	<b>Provider submits progress report with:</b> <ol style="list-style-type: none"> <li>1. Descriptions of implementation of improvements</li> <li>2. Evidence of performance-in-practice</li> </ol> <p>Provide verification that your organization has made improvements to your CME program and that those improvements have resulted in compliance in the areas that are currently in noncompliance.</p>
<b>March 2015</b>	<b>ACCME notifies provider of the progress report decision</b>

#### **DECISION-MAKING**

Providers will receive a decision from the ACCME based on a review of all of the information and materials submitted as part of the progress report. A progress report review will result in the following feedback from the ACCME:

- **All Criteria In Compliance:** The provider demonstrated that it has corrected the criteria or policies that were found to be in noncompliance.
- **All Criteria Not Yet in Compliance:** The provider has not yet demonstrated that it has corrected all of the criteria or policies that were found to be in noncompliance.

If all criteria or policies that were found to be in noncompliance are not corrected, the ACCME may require another progress report, a focused interview, and/or a change of status may result. There may be circumstances when the ACCME requires clarification at the time of the provider's next review to be certain the provider is in compliance, or when a progress report is deferred to a future cohort, because, for example, a provider has not had sufficient time within the context of its CME program to implement improvements or to produce evidence to support compliance.

<b>ACCME Organization #:</b>	0000313
<b>Organization Name:</b>	University of Louisville School of Medicine
<b>Accreditation History:</b>	March 2008, Accreditation with Commendation

### CRITERIA COMPLIANCE SUMMARY

1	2	3	7			8	9	10	11	12													
						S1	S2	S3															
C	C	C	NA	C	C	NC	C	NC	C	C	NC	C	C	C	NA	NA	C	C	C	C	NC	NC	C

### MARCH 2014 ACCME DECISION

Accreditation Status: Probation
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A progress report is required for 4 and 12 month reviews.	A focused interview is not required.
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### FINDINGS

Essential Area 1: Purpose and Mission	
<b>C1</b>	<b>Compliance:</b> The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of competence, performance, or patient outcomes that will be the result of the program.

Essential Area 2: Educational Planning	
<b>C2</b>	<b>Compliance:</b> The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.
<b>C3</b>	<b>Compliance:</b> The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.
	This Criterion was eliminated effective February 2014.
	<b>Compliance:</b> The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.
	<b>Compliance:</b> The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME competencies).

<b>C7</b>	<p><b>Noncompliance:</b> In the activity, Patch Test Training Workshop, employees of an ACCME-defined commercial interest participated as members of the planning committee and as faculty and presented content related to the business lines of their employer. The provider did not demonstrate, under these circumstances, that it ensured the independence of its CME activities from ACCME-defined commercial interests (SCS 1).</p> <p>The provider did not present evidence to demonstrate that it consistently made disclosure to learners for all persons in control of content, specifically planners and content reviewers. In addition, the provider did not consistently disclose the nature of the relevant financial relationship or the name of the commercial interest with which the persons had a relationship (SCS 6).</p>
<b>C8</b>	<b>Compliance:</b> The provider appropriately manages commercial support (SCS 3).
<b>C9</b>	<b>Compliance:</b> The provider maintains a separation of promotion from education (SCS 4).
<b>C10</b>	<b>Noncompliance:</b> The provider used employees of an ACCME-defined commercial interest as members of the planning committee and as faculty who presented content related to the business lines of their employer. Therefore, the provider did not demonstrate that it promotes improvements in healthcare over the proprietary interests of a commercial interest (SCS 5).

<b>Essential Area 3: Evaluation and Improvement</b>	
<b>C11</b>	<b>Compliance:</b> The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.
<b>C12</b>	<b>Compliance:</b> The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.
	<b>Compliance:</b> The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.
	This Criterion was eliminated effective February 2014.
	This Criterion was eliminated effective February 2014.

**Engagement with the Environment: Criteria for Achieving Accreditation with Commendation**

<p>CE-1</p>	<p><b>Compliance:</b> The provider operates in a manner that integrates CME into the process for improving professional practice.</p> <p><b>Description of performance:</b> The assistant dean of CME sits on several committees at the school of medicine, the affiliated Health Sciences Center (HSC), and the Kentucky Medical Association. The provider cites examples of offering CME credit for education on improving professional practice at several Kentucky Area Health Education Centers (AHEC), and collaborations with the affiliated HSC to provide development opportunities for medical faculty teaching skills.</p>
<p>CE-2</p>	<p><b>Compliance:</b> The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).</p> <p><b>Description of performance:</b> The provider utilizes non-education strategies to enhance change, including post-course email reminders to support the implementation of new information and providing resources for learners to use after the activity.</p>
<p>CE-3</p>	<p><b>Compliance:</b> The provider identifies factors outside the provider's control that impact on patient outcomes.</p> <p><b>Description of performance:</b> The provider identifies factors that impact patient outcomes, including social economic background of patients, patient decisions regarding compliance, and overscheduled physicians.</p>
<p>CE-4</p>	<p><b>Compliance:</b> The provider implements educational strategies to remove, overcome or address barriers to physician change.</p> <p><b>Description of performance:</b> The provider identified barriers to physician change and implemented educational strategies to address them. For example, to address barriers presented by physician time constraints, the provider presents time-saving tips and strategies for the efficient management of patients in the outpatient office. To address barriers related to the quality of transitions, the provider presents strategies for using interdisciplinary teams.</p>
<p>CE-5</p>	<p><b>Noncompliance:</b> The provider described CME and joint sponsorship efforts with several institutions. However, the provider did not demonstrate with these examples that it builds bridges with other stakeholders through collaboration and cooperation.</p>
<p>CE-6</p>	<p><b>Noncompliance:</b> The provider described a beginning relationship between the assistant dean and the chair of quality assurance that will provide input into the system of developing topics for RSS activities. However, the provider did not demonstrate with this information that it currently participates within an institutional or system framework for healthcare quality improvement.</p>
<p>CE-7</p>	<p><b>Compliance:</b> The provider is positioned to influence the scope and content of activities/educational interventions.</p> <p><b>Description of performance:</b> The provider has positioned itself to influence its scope and content through its comprehensive planning and oversight processes, which include a digital form used for the planning, execution, and evaluation of its activities.</p>



<b>Accreditation Policies</b>
<b>Accreditation Statement</b>
<b>Compliance:</b> The provider consistently utilizes the appropriate accreditation statement(s) for its activities.
<b>Physician Participation</b>
<b>Compliance:</b> The provider has mechanisms in place to record and, when authorized, verify participation of a physician for six years from the date of the CME activity.
<b>Activity Documentation</b>
<b>Compliance:</b> The provider consistently retains activity records/files for the current accreditation term or for the last twelve months, whichever is longer.
<b>Enduring Materials</b>
This policy was eliminated effective February 2014.
<b>Journal CME</b>
This policy was eliminated effective February 2014.
<b>Internet CME</b>
This policy was eliminated effective February 2014.