

### DISCLOSURE OF FINANCIAL RELATIONSHIP FORM

										$\overline{}$
Name/Credentials:					Current Emp	oloyer:				
Telephone Number:			E-Mail Addres	ss:						
Activity Name:			1			Date:				
Please indicate your role in	n this CME activity:	☐ Prese	enter/Faculty [		ourse Direc (Please che				☐ Planning Committ	ее
Purpose: It is the policy of all of its sponsored education the program audience any Disclosure information is refer to me and the program are to be able to me	onal activities. All par financial relationshi viewed in advance in viove to the next steps	ticipating fa ps related n order to r in planning	culty, course direct to the subject m manage and reso this CME activity.	ctors atte lve	s, and plannin r of continui any possible	g comm ng med conflicts	ittee mem cal educa s of intere	bers ation est. T	are required to disclose (CME) activities/progra his information is necessa	ams.
Persons who fail to pro eligible to be involved i			vance of the co	ours	se (allowing	for ad	equate t	ıme	for review) are not	
Participation: We are pleat Community Health Network is practice of continuing medications.	s accredited by the In-									
Please disclose all financia ferms). For each financial o minimum financial three hould disclose relationsh	relationship, enter shold; we ask that ips regardless of th	t you have the name o you discloss ne potentia	had in the past 2 of the ineligible c se all financial re I relevance of ea	om <sub>l</sub> latio	pany and the onships, in a	nature ny amo	of the fin unt, with	ancia	al relationship(s). The	re is
	<b>ir role in this CMI</b> e past 24 months, I h	-	•	ation	ehine with an	ineliaibl	e compar	W/		
<u> </u>	o have a personal fin		•		•	•	•	•	elow)	
Nature of Financial I	Relationship 1	Name of In	neligible Compar	าง(ร	)		1		the relationship endo	 ed?
☐ Consultant	•			•	,			-	•	-
☐ Speaker's Bureau										
☐ Grant/Research Supp☐ Principal Investigator										
☐ Board Member										
☐ Stock Shareholder (s	elf-managed)									
☐ Full-time/part-time Er	nployee/Owner*									
☐ Other (Describe):										

\* Community Health Network PROHIBITS <u>employees and owners</u> of Ineligible Companies from participating on any CME PLANNING COMMITTEE and serving as presenters.

Additional information may be requested to address any perceived conflict of interest. All identified conflicts of interest must be mitigated in advance of the activity and disclosure information will be shared with activity participants.



# Step 2: Speaker Disclosure of Off-Label and/or Investigational Uses

If at any time during my educational activity, I discuss an off-label/investigative use of a commercial product/device, I understand that I must provide disclosure of that intent.

□ No, I d	o not intend to discuss an off-label/investigative use of a commercial product/device.
□ Yes, I	do intend to discuss off-label/investigative use(s) of the following commercial product(s)/device(s).

## Step 3: COMMUNITY HEALTH NETWORK Statements & Rules to Ensure Content Validation

We would like to enlist your help to ensure that educational content is fair and balanced and that any clinical content presented supports safe, effective patient care. This includes the expectations that:

- All recommendations for patient care in accredited continuing education must be based on current science, evidence and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
- All scientific research referred to, reported, or used in accredited education in support or justification of a patient care
  recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and
  interpretation. Citations of the work are recommended.
- The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific business interest of a commercial interest.
- Recommendations involving diagnosis and treatment discussed in the presentation are based on evidence which is accepted within the profession of medicine as adequate justification for their indications and contraindication in the care of patient.
- Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these
  areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of the
  accredited provider to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not
  yet, adequately based on current science, evidence and clinical reasoning.
- Content cannot be included in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the
  education promotes recommendations, treatment, or manners or practicing healthcare that are determined to have risks or
  dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
- I understand that COMMUNITY HEALTH NETWORK CME staff will need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance, as requested.
- I understand that commercial entity corporate names or logos should not appear on my slides or handouts.
- I understand that COMMUNITY HEALTH NETWORK CME staff may be attending the event to ensure that my presentation is educational, and not promotional, in nature.
- If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any individual company.
- If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau for any ineligible company, the promotional aspects of the presentation will not be included in any way with this activity.
- If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods and will not promote the commercial interest of the funding company.
- If I am presenting research studies, I will include weaknesses and strengths of each study, in addition to harms and benefits of specific products. I will also discuss studies presenting different conclusions about the product, if available.

If you have any questions regarding your ability to comply, please contact Jeff Carter, CME Coordinator, at 317-355-5381, or by e-mail at <a href="mailto:jcarter3@eCommunity.com">jcarter3@eCommunity.com</a>.

#### Step 4: Declaration

I will uphold Community Health Network CME standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this continuing education activity. I understand that CME accreditation guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the accredited CME provider or its educational partner (or fiscal agent).

Signature/Printed Name:	Date:	

☐ By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

Thank you for providing us with this information.

RETURN TO: Jeff Carter at jcarter3@eCommunity.com.



# Glossary of Terms as Defined by the Accreditation Council on Continuing Medical Education (ACCME)

## Ineligible Company (formerly known as "Commercial Interest")

The ACCME defines an "ineligible company" as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

#### **Financial Relationships**

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

#### **Relevant Financial Relationships**

ACCME focuses on collecting information about <u>all</u> financial relationships with ineligible companies within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME classifies financial relationships as "relevant" if the educational content an individual can control is related to the business lines or products of the ineligible company.

#### **Conflict of Interest**

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of an ineligible company with which he/she has a financial relationship. The ACCME considers "content of CME about the products or services of that commercial interest" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

# FOR CME OFFICE USE ONLY

# MITIGATION OF CONFLICTS OF INTEREST

Step 1	Owners/Employees of Ineligible Company (IC)
	Not an employee/owner of IC (go to Step 2)
	Planning Committee employee/owner of IC (choose from below):
	☐ No planning has occurred – individual is fully recused from committee
	☐ Planning has occurred – activity will not be accredited
	Faculty/speaker employee/owner of IC (choose from below):
	☐ Faculty/speaker is not allowed to present
	☐ Activity will not be accredited
Step 2	Conflict of Interest (COI)
	No relevant financial relationship (no COI)
	Potential COI – presenter (choose from below):
	☐ Presentation materials reviewed to ensure fair balance, scientific objectivity and no commercial bias
	☐ Presenter will refrain from making recommendations on topics of COI
	☐ All recommendations for patient care are based on peer review data
	☐ Discontinue contracted services that create financial relationship – must disclose such relationship to audience for <b>24</b> months
	☐ Individual excluded from content creation and delivery; was replaced with another presenter
	☐ Activity will not be accredited
	Potential COI - planner
	☐ Planner recused from planning content relevant to reported COI
	☐ Another non-conflicted planner will participate in planning to ensure fair balance; non-conflicted planner will review proposed content to ensure it is free from potential bias; non-conflicted planner will oversee selection of faculty

Reviewed/Signed by	<u>r</u> .	Date:	Updated: I	<i>May 26</i>	, 2021