

## POLICY AND PROCEDURE

<b>POLICY NAME:</b> CI01 - Interprofessional Continuing Education for Internal & External Audiences	<b>POLICY ID:</b> CI.01
<b>BUSINESS UNIT:</b> Centene Institute for Advanced Health Education® (Centene Institute)	<b>FUNCTIONAL AREA:</b> Centene Institute for Advanced Health Education® (Centene Institute)
<b>EFFECTIVE DATE:</b> 6/2020	<b>PRODUCT(S):</b> All
<b>REVIEWED/REVISED DATE:</b> 2/2021, 9/2021, 8/2022, 8/2023	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b>	

### POLICY STATEMENT:

This policy intends to define operational procedures for planning and implementing accredited continuing education to improve the performance of the healthcare team and enhance health outcomes for patients and communities, while also meeting the standards for accredited continuing education.

### PURPOSE:

The purpose of this policy is to clarify the policy and procedures governing leading-edge, research-informed and interprofessional continuing education to advance the knowledge, competence, skills, and/or abilities of the healthcare team to facilitate improvements to quality of care, performance of the healthcare team, and health outcomes.

The Centene Institute supports enhancing leadership through interprofessional continuing education (“IPCE”) to empower all clinicians with the latest research and best practice skills and knowledge to improve the quality of care and health outcomes in our communities. The mission of the Centene Institute for Advanced Health Education® (“Centene Institute”) is to educate teams of healthcare professionals through empowering, research-informed content that aims to improve the skills, strategy, and performance of the healthcare team, patient quality of care, and health outcomes of the community.

### SCOPE:

This policy and procedure applies to employees of Centene Corporation and its subsidiaries (collectively the “Company”), in addition to all individuals who develop or participate in accredited continuing education.

### DEFINITIONS:

- **Interprofessional continuing education (IPCE)** is when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes (Joint Accreditation, 2015).
- **Learning management system (LMS):** LMS refers to the Centene Institute learning management system. An LMS is a software application for the administration, development, management, delivery, tracking, and reporting for continuing education purposes. All references to the **Centene Institute learning management system (LMS)** refer to [this site](#).

### POLICY:

This policy declares an enterprise-wide policy for how to plan, coordinate, and implement accredited continuing education to advance the knowledge, competence, skills, and/or abilities of clinicians to facilitate improvements to quality of care, performance of the healthcare team and health outcomes.

1. Continuing education programs and other training and educational programs provided by the Centene Institute are not intended as remuneration to induce any health care provider to refer an individual to any person, whether affiliated with Centene or otherwise, for the furnishing or arranging for the furnishing of any item or service, or to induce any health care provider to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item, for which payment may be made in whole or in part under Medicare, Medicaid, or other Federal health care program. Such programs will not be made available to any health care provider in a manner that takes into account the volume or value of any referrals or business generated by either Centene or such health care provider for which payment may be made under such programs.
2. The Centene Institute aims to ensure **balance, independence, and objectivity** in all educational activities, based on, and in compliance with, the Standards for Integrity and Independence in Accredited Continuing Education published by the Accreditation Council for Continuing Medical Education (“ACCME”) (ACCME, 2020). The content of educational activities, and related materials, must promote improvements or quality in healthcare, and must be free from commercial bias. Only individuals associated with eligible institutions are allowed be involved with educational activities with the Centene Institute, including as planners,

speakers/faculty, independent reviewers, and others in control of content. According to ACCME, owners and employees of ineligible companies, whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients, are considered to have unresolvable financial relationships and must be excluded from participating as planners, speakers, independent reviewers, and others in control of educational content and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education (1). Examples of ineligible companies, including pharmacy benefit managers, is available at <https://accme.org/accreditation-rules/eligibility>.

3. Only **clinically valid** content is permitted based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options. 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.
4. Centene Institute strives to ensure all educations are **accessible for all participants** in accredited continuing education, including planners, speakers, learners, and more. Centene Institute follows the US Department of Health and Human Services Policy for Section 508 Compliance. Closed captioning is provided to all on-demand courses. In addition, Centene Institute monitors updates related to accessibility resources including from the National Center on Accessible Educational Materials.
5. Integrating **health equity frameworks** is recommended to be included for all continuing education courses in alignment with ACCME's strategic plan which includes the objective to "Promote Diversity and Inclusion". ACCME recommends incorporating diversity, equity, and inclusion (DEI) into all aspects of accredited education. ACCME and the Centre for Addiction and Mental Health has a framework available to help guide faculty through this process. Resources are included in the reference section of this policy.
6. **Independent peer review** will confirm that all educational activities are balanced, fair, independent, evidence-based, and contain clinically valid content.
7. The Centene Institute delivers **interprofessional continuing education** designed for teams of learners, and thus must include at least two healthcare professionals from different disciplines/trainings during the development and planning of new educational activities. To make health advancements more attainable for the healthcare team, interprofessional activities through the Centene Institute should include the following elements: improving interprofessional communication in healthcare team environments, the role of members of the healthcare team to deliver patient-centered care and improve community health, teamwork and team-based care, and/or shared values and outcomes amongst all members of the healthcare team. (2)
8. All planners, speakers, independent reviewers, and others in control of educational content shall comply with the standards of accredited continuing education to deliver balanced and independent accredited continuing education. **Identification of all financial relationships, with no minimum financial threshold, with any ineligible companies over the past 24 months, is necessary as part of the planning and development of new educational activities.** Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients; managed care organizations are considered eligible companies. Please refer to the [Standards for Integrity and Independence in Accredited Continuing Education](#) for more details (1).
9. The Centene Institute will review the provided information to identify whether financial relationships are relevant to the educational activity, and **address, as appropriate, ways to mitigate and disclose relevant financial relationships** prior to the educational activity. If a relevant financial relationship is identified, necessary and appropriate **mitigation strategies** occur per *Centene Institute Policy CI.04* and per the [Standards for Integrity and Independence in Accredited Continuing Education](#). If relevant financial relationships cannot be mitigated for planners, speakers, independent reviewers, and others in control of educational content, those participants stand eliminated from participation in the educational activity altogether. Disclosure of relevant financial relationships is provided to learners prior to the initiation of the educational activity through the Activity Catalog of the [learning management system](#) among other mechanisms.
10. No educational activities supported by the Centene Institute may receive financial or in-kind commercial support (as defined by the ACCME as support from ineligible companies). All activities will be strategically reviewed by the Centene Institute to ensure content is **free of commercial bias and support**. More specifically, each step of the planning, development, implementation, and evaluation of the education, including but not limited to: identification of needs, selection of educational objectives, presentation of content, speaker selection, content development, and education evaluation, must be void of commercial support.

11. Although **limited honoraria** are allowed for external speakers who facilitate certain, fully approved, accredited continuing education, no other reimbursements are permitted, in any way, for planners or learners. No internal Centene employee is eligible for an honorarium. In the event the activity has a shortfall, the honorarium may be reduced or eliminated. Honoraria are subject to additional terms and conditions described by the **Speaker Engagement Agreement**.
12. Social events or meals at any educational activity shall not compete with or take precedence over the educational events. Meals, receptions, or other social events *must not* be the focus to attend the educational activity, nor should advertisements or marketing collateral emphasize social events. Meal functions should be modest in nature and appropriate for the educational setting in which the function takes place. Certain other social activities may be considered if the sole purpose of the social event is to increase the depth of interaction among the attendees and faculty, such as “meet and greet” or “round table discussions”.
13. Advertisements of educational activities must solely focus on the educational and clinical components of the content. Marketing flyers related to educational activities focus on the educational and clinical components of the content. Examples of suitable information for advertisements include:
  - a. Speaker name & credential (s)
  - b. Title of education
  - c. Logistics of education (i.e., time, location, and modality)
  - d. Learning objectives
  - e. Accreditation statements

All product promotions are prohibited in every way, including but not limited to: print materials, computer-based materials, audio-video recordings, and face-to-face formats. **All educational materials will be branded through the Centene Institute and shall comply with the Centene Institute’s brand guidelines.** No commercial exhibits are allowed in any way. If the education is approved for accredited continuing education, appropriate logos and credit information must be included and disclosed to learners.

14. As an **accredited provider of continuing education (CE) for the healthcare team**, Centene Institute incorporates the following **Joint Accreditation Core Criteria, Joint Accreditation Commendation criteria**, and any Joint Accreditation administrative policy requirements. In all instances below, “the provider” references the Centene Institute for Advanced Health Education, and other accredited providers of continuing education for the healthcare team.
  - a. **JAC 1:** The provider has a continuing education (CE) mission statement that highlights education for the healthcare team with expected results articulated in terms of changes in skills/strategy, or performance of the healthcare team, and/or patient outcomes.
  - b. **JAC 2:** The provider gathers data or information and conducts a program-based analysis on the degree to which its CE mission—as it relates to changes in skills/strategy, or performance of the healthcare team, and/or patient outcomes—has been met through the conduct of CE activities/educational interventions.
  - c. **JAC 3:** 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 its ability to meet the CE mission.
  - d. **JAC 4:** The provider incorporates into IPCE activities the educational needs (knowledge, skills/strategy, or performance) that underlie the practice gaps of the healthcare team and/or the individual members’ knowledge, skills/strategy, or performance as members of the healthcare team.
  - e. **JAC 5:** The provider generates activities/educational interventions that are designed to change the skills/strategy, or performance of the healthcare team, and/or patient outcomes as described in its mission statement.
  - f. **JAC 6:** The provider utilizes an integrated planning process that includes health care professionals who are reflective of the target audience the activity is designed to address.
  - g. **JAC 7:** The provider designs education that promotes active learning – so that teams learn from, with, and about each other – consistent with the desired results of the activity.
  - h. **JAC 8:** The provider develops activities/educational interventions in the context of desirable attributes of the healthcare team (e.g., Institute of Medicine competencies, professional competencies, healthcare team competencies: values/ethics, roles and responsibilities, interprofessional communication, teams and teamwork).
  - i. **JAC 9:** The provider utilizes support strategies to sustain change as an adjunct to its educational interventions (e.g., reminders, patient feedback).
  - j. **JAC 10:** The provider implements strategies to remove, overcome, or address barriers to change in the skills/strategy or performance of the healthcare team.
  - k. **JAC 11:** The provider analyzes changes in the healthcare team (skills/strategy, performance) and/or patient outcomes achieved as a result of its IPCE activities/educational interventions.

- l. **JAC 12:** The provider develops activities/interventions that comply with the Standards for Integrity and Independence in Accredited Continuing Education, which includes the responsibility to:
    - i. Ensure content is valid.
    - ii. Prevent commercial bias and marketing in accredited continuing education.
    - iii. Identify, mitigate, and disclose relevant financial relationships.
    - iv. Manage commercial support appropriately (if applicable).
    - v. Manage ancillary activities offered in conjunction with accredited continuing education (if applicable).
  - m. **JAC 13:** The provider engages patients as planners and teachers in accredited IPCE and/or CE.
  - n. **JAC 14:** The provider engages students of the health professions as planners and teachers in accredited IPCE and/or CE.
  - o. **JAC 15:** The provider supports the continuous professional development of its own education team.
  - p. **JAC 16:** The provider engages in research and scholarship related to accredited IPCE and/or CE and disseminates findings through presentation or publication.
  - q. **JAC 17:** The provider integrates the use of health and/or practice data in the planning and presentation of accredited IPCE and/or CE.
  - r. **JAC 18:** The provider identifies and addresses factors beyond clinical care (e.g., social determinants) that affect the health of patients and integrates those factors into accredited IPCE and/or CE.
  - s. **JAC 19:** The provider collaborates with other organizations to address population health issues.
  - t. **JAC 20:** The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize communication skills of learners.
  - u. **JAC 21:** The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize technical and procedural skills of learners.
  - v. **JAC 22:** The provider creates and facilitates the implementation of individualized learning plans.
  - w. **JAC 23:** The provider demonstrates improvement in the performance of healthcare teams as a result of its overall IPCE program.
  - x. **JAC 24:** The provider demonstrates healthcare quality improvement achieved through the involvement of its overall IPCE program.
  - y. **JAC 25:** The provider demonstrates the positive impact of its overall IPCE program on patients or their communities.
15. **Data Protection:** In accordance with the Centene Institute's [LMS Privacy Policy](#), Centene Business Ethics and Code of Conduct, and Centene internal data privacy and security policies, any concerns, issues or violations should be reported to [privacy@centene.com](mailto:privacy@centene.com).
- a. Centene Institute works with a third-party vendor to manage the LMS. The Centene Institute will ensure the vendor maintains the following data privacy and security controls, including: a data security plan, information protection program, data loss prevention policy, and data encryption and security protocols for the data lifecycle.
  - b. A data security plan will be reviewed at a minimum annually.
  - c. The vendor will notify Centene Institute immediately of any data security concerns. Upon notification, the vendor and Centene Institute will ensure that required data privacy and security policies are followed in accordance with this policy.

## PROCEDURE:

1. Educational activities supported by the Centene Institute should integrate **instructional design and principles of adult learning pedagogy**, particularly active learning approaches, to enhance engagement and learning in the activity. Furthermore, awareness of diversity, equity and inclusion should be integrated throughout the planning, implementation, and evaluation phase of each activity to provide equitable learning, while enriching learning for everyone.
2. For all accredited continuing education activities, the following elements are required through the Centene Institute Activity Request Form:
  - a. Type of Activity and Logistics
    - i. Type of Activity
    - ii. Title and Overview
    - iii. Target Audience
    - iv. Credit Type and # of Credits
    - v. Date, Time, Location of Activity
  - b. Educational Activity Details
    - i. Clinical Gap
    - ii. Skill or Performance Barriers
    - iii. Learning Objectives
    - iv. Learning Techniques and Resources
    - v. Impacts

- vi. Core Competencies
  - c. Agreement to clinical standards for balanced, independent, and objective educational activities
  - d. Outcome evaluation
- 3. Educational activities will be **evaluated** based upon gains in team/individual knowledge, team/individual competence, team/individual performance, patient outcomes and community outcomes in alignment with the mission of the Centene Institute.
- 4. All documentation on the [learning management system](#) is required for the planning of a new accredited continuing education. To obtain credit as a learner, you must complete all agenda items associated with your activity. This includes:
  - a. Pre and Post Evaluations
  - b. Internet Enduring Materials: Review of assigned videos/documents.
  - c. Internet Live Activity: Must be present online for the session
  - d. Longitudinal Evaluation: Final credit requirement that will be emailed to you 30 days following your initial activity participation date
- 5. All **external speakers** who present for a Centene Institute supported educational activity, including those intended for both internal and external target audiences, must complete and return the ***Speaker Engagement Agreement***.
- 6. An **independent peer review** ensures the proposed educational activity meets the standards for accredited continuing education by confirming the education is balanced, fair, independent, evidence-based, and contains clinically valid content. The Centene Institute utilizes independent peer review by individuals with appropriate clinical expertise and no relevant financial relationships with ineligible companies, defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

**ROLES & RESPONSIBILITIES:**

Resources available to support users of the P&P. Phone numbers, training programs, classes, and/or offices available to help with carrying out the procedure/work process.

**If you need help with:**

Questions about the Centene Institute

Questions about this policy and procedure

**Contact:**

[Centene\\_Institute@centene.com](mailto:Centene_Institute@centene.com)

[Centene\\_Institute@centene.com](mailto:Centene_Institute@centene.com)

**REFERENCES:**

1. Standards for Integrity and Independence in Accredited Continuing Education. (2020, December). Accreditation Council for Continuing Medical Education. Retrieved from: <https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>
2. Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative
3. Joint Accreditation for Interprofessional Continuing Education. <https://www.jointaccreditation.org/>
4. Centene Institute LMS at: <https://www.centeneinstitute.com/>
5. Centene Institute LMS User Learner Guide at: <https://www.centeneinstitute.com/planning-process-overview>
6. CI.02 – Centene Institute Independence Standards for Clinical Valid Content in Interprofessional Continuing Education (IPCE)
7. CI.03 – Centene Institute Independence Standards for Preventing Commercial Bias in Interprofessional Continuing Education (IPCE)
8. CI.04 – Centene Institute Independence Standards to Identify, Mitigate, and Disclose Relevant Financial Information in Interprofessional Continuing Education (IPCE)
9. CI.05 –Centene Institute Independence Standards for Managing Commercial Support in Interprofessional Continuing Education (IPCE)
10. CI.06 – Centene Institute Independence Standards for Ancillary Activities in Conjunction with Interprofessional Continuing Education (IPCE)
11. ACCME (2023) Diversity Equity and Inclusion Resources. Accessed 7/12/2023 from: <https://www.accme.org/diversity-equity-inclusion-resources>
12. Centre for Addiction and Mental Health (2023). Health Equity and Inclusion Framework for Education and Training. Toronto: CAMH.

**ATTACHMENTS:****REGULATORY REPORTING REQUIREMENTS:****REVISION LOG**

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	New Policy Document	June 2020
Revision	Updated to align with Dec 2020 ACCME Standards	February 2021
Revision	Updated section to align with Speaker Engagement Agreement	September 2021
Revision	Revisions to align with improved LMS processes	August 2022
Revision	Revisions to align with education enhancements, clarify methods, add accreditation criteria, data protection policies, and health equity information	August 2023

## **POLICY AND PROCEDURE APPROVAL**

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.