Addressing Industry Conflicts-of-Interest at Academic Medical Institutions

Updated January, 2013

Community Catalyst is a partner in a three-year initiative, the Partnership to Advance Conflict-Free Medical Education (PACME), launched in 2011 to address the need for improvements in conflict-of-interest standards at the approximately 150 medical schools and 400 affiliated teaching hospitals in the United States. Community Catalyst is a national non-profit consumer advocacy organization dedicated to quality affordable health care for all. We work in partnership with national, state and local organizations, policymakers, and foundations to improve the health of communities and to change the health care system so it serves everyone. The other partners in the PACME initiative are the Pew Charitable Trusts, the American Medical Student Association (AMSA) and the National Physician Alliance (NPA). The initiative was funded by the Attorney General Consumer and Prescriber Grant Program through a competitive grant process.

Below is a description of the current activities Community Catalyst is leading within the PACME initiative.

Policy Implementation and Evaluation Instrument

A majority of medical schools and many teaching hospitals have now adopted policies addressing interactions with industry and conflicts-of-interest, but leadership at these institutions do not have a robust evaluation instrument to determine whether their policies are being followed. Community Catalyst is collaborating with a workgroup of expert compliance leaders from seven major institutions and a methodology consultant to develop such an instrument.

The instrument will be available in the public domain for academic medical/health centers and medical schools to (1) evaluate whether physicians, faculty, staff and students are aware of the institution’s internal conflict of interest policies that address and govern their relationships with industry (2) evaluate whether the policies are being followed and (3) identify opportunities for strengthening policies and their implementation.

After piloting the instrument in four institutions to test its effectiveness, Community Catalyst will publish the results and the instrument itself, and we hope institutions will incorporate it into their own compliance and quality improvement processes.
Consultation to Academic Medical Institutions

Community Catalyst staff and our physician consultant are providing strategic assistance on best practices and policy implementation to medical schools and teaching hospitals seeking to improve conflict-of-interest policies or considering adoption of new policies. In New England we have convened eleven medical schools and academic medical centers in a “learning community” to share best practices, challenges and experiences that can foster improvement in institutions throughout the region and contribute to PACME’s national recommendations. We are initiating a similar learning community with institutions in Pennsylvania, New Jersey and Delaware, which will begin meeting in March, 2013.

Community Catalyst also collaborates with the organizations in PACME to engage medical school and teaching hospital leaders, physicians and medical students to support the effort to expand the number of institutions with strong and comprehensive conflict-of-interest policies. Community Catalyst participates in an Expert Task Force on Conflicts-of-Interest in Medicine, convened by Pew Charitable Trusts, which includes prestigious leaders from seven medical institutions who are collaborating in the development of recommendations for best practices on conflict-of-interest policies. In addition, we utilize the AMSA PharmFree Scorecard, a national advocacy tool that assesses written institutional policies. The AMSA Scorecard is undergoing review and methodological revision as part of the overall project.

Tool Kit for Academic Medical Institutions

Community Catalyst is updating and expanding its Tool Kit for Academic Medical Centers, originally developed in 2008 by the Prescription Project in collaboration with the Institute on Medicine as a Profession. A new module on best practices in medical school and teaching hospital conflict-of-interest curricula is now available. Another new module will discuss the Physician Payment Sunshine provisions of the Affordable Care Act and other public sources of data on interactions with industry that can be used by institutions to audit their internal disclosures. Updates to existing Tool Kit materials will be completed in 2013 and include modules on Gifts, Meals and Entertainment; Ghostwriting and Speakers Bureaus; Pharmaceutical Samples; Drug and Medical Device Procurement; Continuing Medical Education and Relations with Pharmaceutical and Device Sales Representatives.

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In addition to prescription drug reform, Community Catalyst projects and campaigns address Medicaid, SCHIP and health access expansion; delivery system improvement; racial and ethnic health disparities; public health; hospital accountability; and insurance reform.

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See http://www.prescriptionproject.org/initiatives?id=0004