MANAGING THE BOUNDARIES: DEPLOYING AN INDUSTRY RELATIONSHIPS POLICY IN A LARGE ACADEMIC MEDICAL CENTER

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Purpose: While relationships between academic medical centers and industry can be beneficial in advancing clinical care, research, and education, associated conflicts of interest may result in violations of professional regulatory standards, as well as erosion of public trust. In order to preserve valuable partnerships and mitigate potential adverse consequences, academia must develop, implement, and monitor compliance with standards that address areas of potential vulnerability. This presentation describes how such a process was undertaken by a university’s health professional schools and the affiliated clinical delivery system.

Methods: In October, 2006, the Senior Vice Chancellor of the University of Pittsburgh Schools of the Health Sciences and the President of the University of Pittsburgh Medical Center (UPMC) charged a task force with developing and implementing a policy to address the issue of conflict of interest resulting from relationships with the drug, device, bio-technology, and medical equipment industries. A draft document released in May, 2007 was vetted in the academic and clinical communities and revised based on feedback. The final policy was released by the Schools of the Health Sciences and UPMC on November 12, 2007 and went into effect on February 15, 2008. Key elements included: a limitation of site access by industry representatives, prohibition on acceptance of personal gifts, centralized management of commercial support for education, guidelines for participation in industry-sponsored meetings and consulting relationships, and mechanisms for procuring and distributing pharmaceutical samples from industry. Structures and processes were established for addressing implementation issues, educating industry representatives, students, trainees, staff, and faculty and for monitoring compliance.

Results: The policy has been implemented in six health sciences schools and all domestic locations of UPMC (including 20 hospitals, over 500 outpatient sites, and a large network of long-term care facilities). Informational sessions have been conducted for a wide variety of audiences; over 3,000 industry representatives have completed a mandatory web module; a web portal containing the policy, frequently asked questions, and numerous other resources was established; and telephonic and email “hot lines” made available. Management of commercial support for educational activities in the Health Sciences and UPMC was centralized and review and approval of faculty consulting agreements strengthened. In response to feedback from clinicians, availability of branded samples was maintained. UPMC outpatient sites were given the opportunity to participate in the samples program, with participants required to undergo education and adopt standard processes for inventory management and dispensing. The co-chairs of the task force have continued oversight, coordinating efforts with institutional units responsible for other aspects of conflict of interest management. The scale and scope of this endeavor has drawn national attention from institutions grappling with this issue.

Conclusions: Management of conflict of interest with industry requires a commitment of senior leadership and development of centralized structures and processes to assure consistent implementation and oversight of compliance. A wide variety of issues must be addressed and considerable education is required. In order to assure regulatory compliance and maintain public trust, it is critical for academic medicine to develop and maintain professional standards for relationships with industry.