Keys to Success:

Managing Interactions between Physicians and Industry at Academic Medical Centers*

Insights into the development and implementation of clinical conflict of interest (CCOI) policies at Academic Medical Centers (AMCs)

Challenge

Coordinating the development of consistent policies among affiliated hospitals and organizations.

➡ School A recently acquired a large county hospital in a major city. School A's compliance office worked diligently with the county hospital's administration to facilitate harmonization of all policies, including CCOI policies. The process was deliberately iterative, to ensure a smooth transition with broad awareness and compliance of faculty and staff.

➡ School B's medical center includes many different component organizations. When we visited, School B had recently acquired another system of hospitals, and they were striving to institute consistent policies across the board. They adopted a measured approach that involved slowly instituting changes according to set deadlines, in order to move towards their goal of policy uniformity without antagonizing the new members of the system through sudden changes.

Challenge

Reducing barriers to compliance.

➡ The compliance office at School C created a streamlined, fully-integrated online disclosure system. This eliminated the need for faculty to file multiple redundant disclosures.

➡ The compliance office at School C also evaluates disclosures and processes industry contracts swiftly and efficiently. They typically grant or deny approval for contracts (and, if necessary, provide a management plan) within days of receiving a submission. In contrast, most organizations that require approval take weeks or

months to issue decisions. Such delays can foster frustration and resentment among faculty, who may come to perceive the compliance office as "getting in the way" of medical progress. School C's quick turnaround averts this problem.

Challenge

Ensuring faculty and staff view the compliance office as an ally, rather than as the "police".

➡ The compliance chief at School D has made an enormous effort to connect with physicians and others with frequent industry contact. By demonstrating very clearly that s/he was there to help them, s/he was able to gain their respect and admiration, which in turn has encouraged compliance.

Challenge

Compensating for a lack of industry funding for CME.

➡ Industry funding for CME events has dwindled; however, multiple schools report that they have compensated by recruiting CME speakers from within their own institutions and by holding the events on-site, or at modest off-site locations.

Challenge

Compensating for a lack of industry funding for food and meals at educational symposia.

➡ Use departmental funds to purchase food.

➡ Request that individuals contributed a small sum to cover expenses for food.

➡ Encourage individuals to bring their own food.

Challenge

Developing, enacting and strengthening CCOI policies.

➡ Several schools have drawn upon state and federal laws in creating their CCOI policies. For instance, School E is located in a state that requires public disclosure and prohibits most industry gifts. These laws render School E's ban on gifts and meals easy to implement and defend. Similarly, School F is located in a state with very convoluted laws governing the acceptance of industry gifts and meals. School F has found it easier to institute an outright ban on gifts and meals than to navigate these complicated state regulations.

➡ The Sunshine Act is likely to facilitate the institution of more robust policies: many schools are planning to use the Sunshine data to audit faculty members' disclosures and assess their enforcement efforts.

➡ In general, many schools find that strict policies (such as complete bans on gifts and meals) are easier to manage than less stringent policies. Bans provide clear boundaries and do not allow for any "gray area".

Challenge

Creating a culture of compliance.

➡ School G has been gaining prominence in recent years. Its administration wants the school to continue to increase in prestige, and it views the implementation of strong CCOI as a critical part of this process.

➡ Schools H and I are located in regions in which the local culture emphasizes honesty and ethics. The compliance offices at these schools have drawn upon these common narratives in the implementation of their CCOI policies.

➡ School J's robust primary care program affects how students and faculty view their roles as clinicians. This institution has a patient-centered, cost-sensitive culture that fosters skepticism towards industry marketing. Similarly, the compliance office at School K has intentionally portrayed compliance with CCOI policies as an essential component of medical professionalism, thus appealing to faculty members' self-perceptions.

Challenge

Managing faculty involvement.

➡ Some faculty involvement in policy formation can help to generate acceptance of the new policy; however, if the group involved is too large, it can be difficult to achieve consensus during policy development. Striking the right balance is vital. Schools should take concerns and objections into account, but this does not require satisfying everyone. In fact, it is not possible to satisfy everyone – there will always be those who think the policy is too strong, and those who believe it is too weak.

Challenge

Managing resistance.

➡ Expedite the approval of newly-drafted policies. It can be risky for leaders to delay approving a policy, since the drafts can get significantly weakened and watered down throughout the approval process. This issue was apparent at several schools. There is often initial push-back in response to stringent policies, but once a policy has been implemented people generally adapt and resistance fades.

➡ Cultivate a strong administration. The most important factor in achieving compliance is not consensus but leadership: If faculty and staff know the leadership supports the policy, they will abide by it. If leaders do not issue clear support for the policy, some individuals will see an opportunity to test or thwart it.

➡ Appeal to fears of public scrutiny. Institutions that have been criticized in the press for scandals or impropriety may find that reminding individuals of this possibility increases support for stringent policies.