



Let the Sun Shine: Using Open Payments to Manage Conflicts of Interest*

*Best Practice Recommendations for Academic Medical Centers, Teaching Hospitals
Professional Medical Associations, Medical Journals and other Stakeholders*

Introduction:

Signed into law in 2010 as part of the Affordable Care Act, the Physician Payments Sunshine Act (PPSA) requires pharmaceutical, medical device, and other healthcare product manufacturers to disclose nearly all payments to physicians and teaching hospitals¹; the Centers for Medicare & Medicaid Services (CMS) annually collects, aggregates, and posts the data on a searchable public website, [Open Payments](#).

An extraordinary experiment in transparency, PPSA has the potential to usher in far more effective procedures for controlling conflicts of interest (COI). Many stakeholders – foremost among them academic medical centers (AMCs), teaching hospitals, medical journals, and professional medical associations (PMAs) – have critical roles to play in achieving these ends, but to do so they must leverage the opportunities Sunshine affords.

To understand PPSA's impact and help promote its success, Columbia University's Center on Medicine as a Profession (CMAP) conducted a study to explore the ways in which stakeholders can use PPSA to better manage COI, promote rational prescribing, and inform prescribers about industry marketing. To this end, we contacted executives and key administrators at AMCs, PMAs, and medical journals to learn how, if at all, they were using Open Payments data. We also reviewed their public statements about PPSA - including postings on websites, published positions on legislation, and other participation in public forums.

Our findings informed the following “best practices” recommendations for how key stakeholders can use Open Payments data to manage COI and ensure the integrity of medical research, education, and practice.

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Professional Medical Associations and Medical Journals

Our study was unable to identify any consistent or systemic efforts by PMAs or journals to use the Open Payments database to verify disclosures or mitigate COIs. This is unfortunate: Most journals and PMAs receive significant financial support from industry; more, their leadership, staff, and other decision-makers and contributors frequently have industry ties.²⁻⁵ The Open Payments database is an essential resource for ensuring that these ties do not compromise the integrity of PMAs' and journals' vital contributions to medical research, education, or practice. PMAs and journals would do well to seize the opportunities PPSA affords.

Another crucial issue concerns efforts by many PMAs to weaken PPSA. Most PMAs at least nominally support transparency even if they are also critical of the program.⁶⁻⁸ However, the most concerted effort by PMAs around PPSA since its enactment aimed to exempt educational payments from reporting: Over 100 national and state medical societies urged legislation to “remedy onerous and burdensome reporting obligations...that have already chilled the dissemination of medical textbooks and peer-reviewed medical reprints and journals, and to avert a similar negative impact on access to independent certified and/or accredited continuing medical education.”⁹ This effort, while ultimately unsuccessful, is troubling: It shows PMAs working to reduce or restrict, rather than promote, transparency. To be sure, medical stakeholders have an important role to play in offering constructive criticism of PPSA and Open Payments. But they should not seek to veil any exchanges of value between manufacturers and those who prescribe or recommend their products.

Academic Medical Centers and Teaching Hospitals

In contrast to PMAs and medical journals, AMCs and teaching hospitals appear to be actively using Open Payments in varied ways. We obtained detailed information from a cross-section of institutions, diverse in geographic location and organizational structure.

Verifying COI Disclosures

All AMCs and teaching hospitals in our study had used PPSA data to check physicians' COI disclosures. Most had conducted full audits of their faculty, using Open Payments to verify all employed physicians' COI disclosures. These audits required considerable time and effort by compliance staff. In one case, the organization enlisted an outside vendor to help conduct audits.

Audits proved useful in several ways:

1. Identifying discrepancies in COI disclosures
2. Identifying faculty-industry ties inconsistent with institutional policies

3. Comparing faculty's ties to those at peer institutions, to "see where we stand"

Compliance officers resolved any identified irregularities through discussions with the physicians in question. These discussions also served to educate high-COI physicians about institutional policies around industry interactions.

Assessing Industry Payments to Teaching Hospitals

Many AMCs and teaching hospitals also used Open Payments data to audit institutional exchanges with companies. This vetting at the "teaching hospital" level ranged from full audits to crosschecking a selection of industry payments. These analyses became opportunities for institutions to review and assess their company ties and to compare themselves to peer institutions.

Notably, this task proved more complex than the auditing of payments to physicians. Many compliance officers reported difficulty tracing which departments or divisions had received payments under the umbrella of the institution. To make better use of PPSA data, institutions must strengthen their internal protocols for receiving and tracking industry payments. More, companies should provide greater specificity in reporting institutional payments.

Engaging and Educating Physicians

AMCs and teaching hospitals also sought to educate and physicians around PPSA. For example, many had alerted their faculty to Open Payments, encouraged them to register with the system, and offered assistance to those needing instruction or further information. One organization even developed a detailed guide, with step-by-step screenshots, to help physicians register and review and dispute industry data as appropriate.

Researching COI

One teaching hospital we interviewed was also using Open Payments data to conduct original research on faculty's ties to industry. Here, compliance officers joined forces with faculty investigators to analyze such issues as the impact of COI on prescribing and correlations between physician characteristics and receipt of company payments. This data-driven approach also become an excellent way for the institution to initiate educational conversations with prescribers around COI and transparency in general and PPSA in particular.

Conclusions

Institutions in our study demonstrated many useful applications for Open Payments. The lessons learned here show that PPSA is a broadly useful tool for educating physicians about COI and the value of transparency. More, the data are a crucial resource for assessing and managing industry ties. In particular:

- **AMCs and teaching hospitals should use Open Payments to critically evaluate COI among their physicians, especially members of purchasing committees, speakers and organizers of medical education activities, and members of institutional review boards.**
- **PMA should use the data to scrutinize industry ties among officers and directors, as well as those who formulate clinical guidelines, develop or participate in educational activities, and serve on advisory panels.**
- **Medical journals should use Open Payments to verify COI statements by authors, reviewers, editors, and staff.**

AMCs and teaching hospitals appear to be making good use of PPSA. PMAs and medical journals would do well to follow their example. The need for greater vigilance is underscored by a recent announcement by the Office of the Inspector General (OIG) at the US Department of Health and Human Services: The OIG's 2017 Work Plan includes analyzing data from Open Payments and Medicare Part C and D spending, with an eye to linking industry payments to non-rational or more costly prescribing.¹⁰

The success of PPSA depends in large part on stakeholders leveraging the opportunities it affords. AMCs, PMAs, and medical journals should seize these prospects for ensuring the integrity of medical research, education, and practice.

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