MANAGING 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 and the 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 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, biotechnology, and medical equipment industries.

A draft document was vetted in the academic and clinical communities and revised based on feedback. The final policy went into effect on February 15, 2008. Key elements of the University’s policy on conflict of interest relationships with the drug, device, biotechnology, and medical equipment industries included: a limitation on 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 monitoring compliance.

RESULTS
The policy has been implemented in six health sciences schools and all domestic locations of UPMC (including 20 hospitals, more than 500 outpatient sites, and a large network of long-term care facilities). Informational sessions have been conducted for a wide variety of audiences; more than 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” were 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 were 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 scope and scale of this endeavor have 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. To assure regulatory compliance and maintain public trust, it is critical for academic medicine to develop and maintain professional standards for relationships with industry.

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