

National Physicians Alliance (NPA)
Conflict-free Leadership Bi-monthly Conference Call

Tuesday, February 22, 2012

NOTES

1. Welcome and Introduction

Rachel DeGolia, NPA Board Member and Executive Director, UHCAN, and facilitator for this call <degolia@uhcan.org>

Rachel: This call is being hosted by the National Physician's Alliance <www.npalliance.org> as part of its Unbranded Doctor <www.npalliance.org/integrity-trust-in-medicine> work which has been expended under the Partnership to Advance Conflict-free Medical Education (PACME) grant. The grant is the result of a state Attorney General settlement regarding the inappropriate marketing of the drug Neurontin. Partners under the grant include the National Physicians Alliance, American Medical Student Association <www.amsa.org>, Community Catalyst <www.communitycatalyst.org> and the Pew Charitable Trust <www.pewtrusts.org>.

The goal of the project is to reduce conflicts of interest created by the pharmaceutical industry in the medical profession and medical research. Partners are promoting and working on a number approaches to bring awareness to the issue and to build leadership in the medical profession to eventually eliminate some conflicts. Many of the initiatives under this grant result from recommendations published by the Institute of Medicine which issued a report in April 2009 regarding conflicts of interest.

This call is the first of a series which will take place on a bi-monthly basis over the next three years, and will highlight specific steps being taken to reduce industry conflicts. Watch your email for an invitation to the next call, which will take place in mid-April.

Our speakers for today's call will provide information about the Partnership and about AMSA's Pharm-free Scorecard which rates academic medical centers on their policies to disclose and limit conflicts of interest.

2. Overview of PACME project

Ann Woloson, Director of Education, National Physicians Alliance (NPA) <ann.woloson@npalliance.net>

Ann: NPA is excited about the enthusiasm for this project across the country. This project builds on the success of our Unbranded Doctors project. We thank the partners in this project and all of you for participating on this call. Our goal over the next three years is to create both external and internal pressure for strong new conflict of interest policies and to move up to 75% of medical schools and institutions from the current 30% which do now, as well as to develop strong physician leadership to promote and maintain these policies. That is why we are thrilled to have AMSA and medical students involved in this project. We will be working to expand and promote the AMSA Pharm-free Scorecard and to provide academic centers and medical schools with the technical tools they need, and develop a national network of physicians and physicians-in-training to support conflict-free medical education, and develop and disseminate new resources for best practices to promote reform efforts. NPA's role on this project is to host

these bi-monthly leadership calls with policy experts to help develop leaders in the medical profession on this issue. We would like your input on topics for these calls, for example, academic detailing and other issues to help eliminate conflict of interest in the medical profession. We are also excited to host a series of national grand rounds and presentations at national medical centers on the nature of influence of the pharmaceutical influence within the medical community. Our first one will be at the end of April, which will provide CMEs, and you will receive information about these events. Finally, we will promote reform efforts through other local presentations and online communications, earned media, and will keep you informed about those opportunities they develop.

Rachel: This project is an essential component for being able to move forward with national reform in this country. We will be glad to follow up with you on any questions you have that we do not get to at the end of this call.

3. AMSA PharmFree Scorecard

Background: Lee Shapely, Director, AMSA PharmFree Scorecard and fourth-year student at Oregon Health and Science University

Lee: The Scorecard was started in 2007 by, a student, Gabe Silverman, who attended an AMSA conference on conflicts of interest. In talking with his fellow students, he realized that conflict-of-interest policies were few, so he sent out a simple survey to schools to determine if they had conflicts of interest policies or not. The methodology was expanded to include much more information, and now every medical school in the US receives the questionnaire and is asked to submit any new policy documents. These are blinded and reviewed by two different research panels in DC. Currently, it's based on 12 domains, such as categories speaking gift policies resulting in speaking relationships, curriculum, others. Policies are graded on a scale of 1 to 3, with 1 being absent or poor policy, and 3 being a model policy.

In 2008, results from our first expanded Scorecards showed that 153 medical schools responded and only 9 received an 'A', 44 schools received an 'F', with some refusing to participate or having no policy, and another 44 received an 'I' grade, indicating a policy currently being drafted or upgraded. In 2010 (2011 to be released in a few weeks), the Scorecard interviewed 152 medical schools – 19 received an A grade, 26 received an F grade, and only 5 schools had policies in progress. So, during its existence, the Scorecard has been used by medical students and administrations in many schools as a guide to create and strengthen policies and enact change. Notable are policy changes at Harvard and Tufts resulting from advocacy from just a few motivated students. The policy changes and advocacy work has also helped lead to national media coverage, such as the NYT, and attention from some national politicians, especially U.S. Sen. Charles Grassley who is a major advocate against pharmaceutical companies' malfeasance.

A student's experience: Brigitte Frett, first-year student at University of Miami School of Medicine

Brigitte: When I arrived at UM, I got involved with the local AMSA chapter and learned about the Pharm-free campaign and attended a conference in January where I learned about some of the issues. One goal of the conference was to have students to implement policy change at their institutions. I met with our Ethics Department which was interested in developing a stronger curriculum, and also the Chief Medical Officer at the hospital. It was clear the Scorecard had played a role in driving policy change on conflict-of-interest there. Their first grade was a C- and since then they moved up to an A and it was clear that there was a strong

reaction to the previous low scores and that the Scorecard helped reveal where the deficiencies were and how important they were. Now, with her training from Pharm-free, she has been able to identify that the biggest problem is the lack of strong curriculum on this issue. She is working now with the faculty and Dean of Students to develop a curriculum to fill in that gap, and they are very supportive and motivated to improve their grade. It's been very useful to drive change and also lay out the next steps for the school.

Lee: The Scorecard has really proved to be a road map to direct change. For the future, AMSA will be working with our partners to expand the Scorecard together with our partners to identify additional domains. A few will include to begin the transition to a finer instrument that will give schools more individualized feedback on their policies with a more complex point system, for example. This will be more helpful for the schools. We've learned that no two policies are alike and there are many shades of gray. Also, we've learned that there are differences we need to address, for example, some have hospitals, some have research facilities, so it might not be fair to apply the same methodology to all schools. We need to account for the diverse practices with our new Scorecard. Medical devices have also emerged as a new issue. The number of schools we've been interviewing has been around 150, but there are many residencies, for example, that we do not reach that are not affiliated with universities. So we want to expand the Scorecard to cover teaching hospitals and residencies in the U.S. because this is the point at which prescribing practices are determined for physicians in the real world of clinical medicine.

4. Questions & Discussion

Q: How do people on the call wherever they work or go to school begin to facilitate the process at a school where nothing is happening or there is a very low score? How often are schools scored and when are they reevaluated?

A: Lee – The first step is to go to the Scorecard at <www.amsascorecard.org> and look up your school to see the summary of the policies we have. Next, reach out to educate a few others at the school to develop a group willing to move forward, formally or informally. Then, bring the issues to the attention of the administration. Students have found that the administration is often quite receptive for a lot on a lot of these issues – some are harder than others to pursue, depending on where your school is. Starting a curriculum, for example, is a good first effort. Making sure scholarship money is not earmarked. Move from easier things to harder things over time. Also, it helps to show the administration of the scores of neighboring schools, especially if they are better than your school's score. Find a list of how-tos and concrete steps at <www.pharmfree.org>.

Q: Is the Scorecard considering starting to address other unhealthy relationships of academic medical centers with pharmaceutical companies and medical device companies, particularly around the need for transparency in clinical research on practices that generate a lot of income for them? Cited an article from the Journal of Public Psychiatry ...

A: Lee – These are very pertinent and worthy categories that might appear in future iterations of the Scorecard, but we have to discuss that with the committee. We decided to start with the marketing piece first because, as students, we felt that it's more within our scope to address how marketing affect our education because that's what we are experts on. Your proposal is the next logical step, but not sure how we will proceed to start to address those.

Q: What other platforms might address some of these other issues?

A: Ann – To solve the problem, we really will need to attack it from all areas. NPA’s Unbranded Doctor and PACME projects will help as will our National Ground Rounds and otherwise, to bring awareness to the issue. Just last week, NPA and our partners submitted comments to CMS on proposed federal rules that will require the disclosure of pharmaceutical industry payments to physicians and research institutions participating in research. These won’t solve the problem, but the rules will shed light on some of these relationships and will be publicly available soon. The proposals highlighted in the comments would be addressed on future calls and/or in the NPA Grand Rounds. The industry is using multiple strategies. A survey will be sent out following this call which will ask for your suggestions.

Q: How can participants become more involved in Pharm-free or Unbranded Doctor work?

A: Ann – We are looking to build leadership across the country on these. Anyone on this call can visit the NPA website, under Issues tag, and sign up to be an Unbranded Doctor – we will keep you informed of opportunities to participate. You can also contact Ann or any member of NPA. We would appreciate your help organizing a National Grand Round at an institution with which you are involved, for example. There are multiple ways you can get involved with NPA’s work on this project and we are open to your new ideas.

A: Lee – AMSA Pharm-free, in addition to the Scorecard which is an annual campaign, we also have numerous activities directed at medical students, whether or not they are members of AMSA. Go to www.pharmfree.org and see the list of these campaigns, for example, pushing for “second slides” disclosing conflicts of interest, the “bad ad” campaign, access to medications in other countries. The “Anti-Hypocrites Campaign” is the newest one to urge doctors to remove Hypocrites from their cell phones.

Marcia Hams, Community Catalyst – In the overall PACME project, an initiative that Community Catalyst is leading is to work intensively with leadership in medical schools to assist them in improving their policies. There are a number of levels that people can get involved. Contact her for more information at <mhams@communitycatalyst.org>.

For more information about the National Physicians Alliance and PACME, visit NPA’s Unbranded Doctor website: <http://npalliance.org/integrity-trust-in-medicine/>

To view the AMSA PharmFree Scorecard, visit <http://www.amsascorecard.org/>

Approximately 30 participants on the call and were about 50/50 medical students and physicians. The following states were represented: CT, FL, IL, MA, MD, ME, NY, OH, OR, PA, RI, TN, VA, WA

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Notes by Rachel DeGolia