

NPA Bimonthly Conflict-free Leadership Call

## ***Recognizing the Potential for Conflicts of Interest and Initiating Change***

hosted by the

**National Physicians Alliance (NPA)**

**Partnership for the Advancement of Conflict-free Medical Education (PACME)**

**June 20, 2012**

**Selected notes from call. Link to full call recording at**

[NPA Conflict-Free Leadership Calls – Archive](#)

### **1. Welcome and Introductions – Rachel DeGolia**

Rachel: I am Executive Director, Universal Health Care Action Network & NPA Board member, and facilitator for the call today. From our RSVPs, it looks like we will have medical students and physicians from at least the following states: AL, CT, DC, FL, IL, KY, MA, MD, MI, MN, NY, OR, PA, TN TX, VA.

This Conflict-free Leadership call is being hosted by the National Physician's Alliance as part of its Unbranded Doctor effort which is 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, Community Catalyst and the Pew Charitable Trust.

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

Our featured speakers will each give 15-minute presentations on the call, with time for a couple questions in between and again in the last 10 minutes of the call. Given the # people on this call, we invite you to email your questions as they occur to you to Ann Woloson, NPA's Education Director, at [ann.woloson@npalliance.net](mailto:ann.woloson@npalliance.net) and we will make sure they are either asked during the call, or you receive a response following the call if we run out of time.

Introductions for our two speakers today:

- **Dr Dave Grande** is Assistant Professor of Medicine and Senior Fellow at the Leonard Davis Institute of Health Economics at the University of Pennsylvania. he is a general internist and practices at the academic general medicine practice in

West Philadelphia and attends at the Hospital of the University of Pennsylvania. His research focuses on health policy for vulnerable populations and the influences of marketing in health care and on the medical profession. Dr. Grande will discuss his own experiences promoting policies to limit conflicts of interest as a faculty member and previously as a resident.

- **Reshma Ramachandran**, is AMSA's PharmFree Fellow, and a fourth year medical student at Warren Alpert School of Medicine at Brown University. She will discuss her new role as AMSA's PharmFree Fellow including promoting evidence-based and not marketing based medical education as well as other opportunities to become involved in the PharmFree campaign related to limiting conflicts of interest in both the classroom and on the wards. View AMSA's Scorecard at <[www.amsascorecard.org](http://www.amsascorecard.org)>.

**2. Partnership for the Advancement of Conflict-free Medical Education (PACME) - Ann Woloson, Director of Education, National Physicians Alliance**  
<[ann.woloson@npalliance.net](mailto:ann.woloson@npalliance.net)>

Ann: The National Physicians Alliance is a membership organization with the goal of improving access to quality health care for all people. Our Unbranded Doctor project aims to restore trust and integrity in the medical profession. The PACME project aims to reduce conflicts of interest between the pharmaceutical industry and medical profession. 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, which included proposals for reforming physician-industry relations, and key changes that are being or could be made at academic medical centers, professional societies and by the industry. This call is the part of a series of calls which are taking place on a bi-monthly basis over the next three years to highlight specific steps being taken to reduce industry conflicts. The next call will take place the last week in August - Look for an invitation on that.

Today's call will feature two leaders involved in work to improve transparency of physician-industry ties. Dr. David Grande has been interested in this issue since attending Medical school. You may want to check out his editorial in JAMA on July 13 related to the industry's use of coupons to steer patients to continue using more expensive brand name drugs when generics become available. Reshma Ramachandran is AMSA's new PharmFree fellow and she will talk about opportunities at AMSA to work on these issues.

**3. David Grande, MD --- Assistant Professor of Medicine and a Senior Fellow at the Leonard Davis Institute of Health Economics at the University of Pennsylvania** <>

David: Will share stories from my training experience when I first began to confront this issue in the hopes that these will give people concrete ideas of things they can try to change - policies in their home institutions. I was AMSA president from 1999-2000 and my experience there led to my interest in this issue. At that time, we were beginning to see the negative influence of pharmaceutical marketing on the training environment.

Things like gift bags from drug companies greeting us when we started our residency program, pizza provided for AMSA chapter meetings, dinners hosted, and even the residency holiday party was paid for by drug companies.

It was an intimidating environment, so it was important for me to find peer support and seek out others who had concerns like mine. A few of us worked together and came up with small things we could do within the context of our academic institution and residency programs to create conversations. We began by developing allies, in my case, our Chief Resident was sympathetic.

The tactics we employed did not change policy right away, but helped create momentum that did eventually – these tactics included:

(1) We committed to each other to try to model professional behavior for our peers and residency leaders, such as not attending drug company lunches, dinners or happy hours, and explaining why when asked. We did not preach.

(2) A co-resident leader took it upon himself late one night to post the logo of an organization called, “There’s No Free Lunch,” on all the computers in the hospital, which got lots of people to look it up and provoked tremendous conversation in the hospital and attention to the issue.

(3) We tried to create a meaningful policy dialogue within the residency program by having at least one teaching conference in the year on this issue – we used a JAMA editorial as a springboard – it created heated discussion at that time. It was really hard to talk about it then because so many people routinely took handouts from the drug companies and felt judged by anyone raising the issue.

(4) We took a stand that we would not attend the resident holiday party if the drug companies were going to underwrite it, which touched off lots of conversation.

(5) Further along in residency, when drug companies came out with their first set of “voluntary” guidelines for what was acceptable for marketing to doctors, I decided to monitor if they were following their own policies. Within 2 weeks of these being announced, there was already a flagrant violation of them at our institution, so I alerted a local reporter to this and it did get a lot of local press. This helped shine a brighter light on these relationships. A second thing I did was to track all the invitations sent out to all the residents from drug companies for dinners they paid for and used that to estimate how much money this amounted to and published an article in JAMA about it. It clearly exceeded their own voluntary guidelines and this, too, garnered significant press attention.

No policies actually change while I was a resident, but in a few years – and I don’t know how much what I did contributed to this - Penn became a leader in strict regulations regarding pharmaceutical influence in the institution. The Chief Medical Officer was key to this happening, but I think perhaps that we helped create the environment that allowed this to happen.

Since residency, I have continued to use research to draw attention to this issue as well as to try to understand the consequences of the drug company marketing and try to move the needle on this issue. I’ve looked at things such as, does it matter to be

exposed to small little items at your office? Is trust by patients in their doctors undermined?

Q: Have you ever felt you were penalized for asking questions or bringing this issue up when you were a resident because a leader thinks you are questioning their integrity?

A: A good question – how it impacts your own professional career is important. People can feel you are questioning their morality. I've always stayed away from framing it that way – it's never about judging individual doctors, but rather it's about how marketing influences us in ways we don't recognize or appreciate. It's not good to preach on this issue whether you are in training or not – you need to be smart and tactical to get people to talk about it in other ways.

Q: How much focus was on the industry rather than the actions of the health care professional when you were first talking about it with your peers?

A: I tried to make it more about the drug companies than the doctors, but the reality is that it's not professional to just rely on the drug companies to do the right thing. I tried to make it more about what institutions do and stand for, rather than individual behavior.

#### **4. Reshma Ramachandran, AMSA PharmFree Fellow, <pff@amsa.org>**

Reshma: I got involved in the PharmFree project during my first few years of med school when I was in the ICU. One of our trainers was an outside cardiologist - told this incredible story about a drug that none of us had heard of that had a miraculous impact on one of his patients. I used "Dollars for Docs" to research this physician and found out he was personally receiving hundreds of thousands of dollars from the drug company that made this drug. I felt betrayed and used and was very concerned that other students were taking his information at face value.

AMSA's PharmFree campaign has been around since 2002, and the Scorecard launched in 2007, which grades institutions on a range of factors as to how strongly they minimize conflict of interest. See <[www.amsascorecard.org](http://www.amsascorecard.org)> for our methodology. We've seen a dramatic rise in medical school participation in recent years – almost all of them participate now.

We are now reframing the Scorecard as a positive thing and a tool for medical professionalism, along with NPA, PEW Charitable Trust, Community Catalyst, we are developing an online curriculum that will be launched by the end of this year. We are also encouraging faculty at schools to say we are available as speakers to help students understand COI policies, and what the consequences are when a faculty members has a COI. Medical education should be evidence-based and not marketing based.

To get involved – med students and others – we have regional conferences in Chicago, San Antonio and Ft. Lauderdale coming up on conflict of interest. A 3-day intensive training, Nov. 30 – Dec 2, for medical students at our national office in Sterling, VA to hear from experts in the field on COI and get the chance to receive a micro-grant to pursue a project at their school. We have a "Second Slide Campaign" calling for the second slide in all presentations to disclose potential conflicts of interest – we have a template for that and it has met with resounding success in some medical schools. U of

Michigan has a policy on disclosing during Grand Rounds. We look forward to doing Grand Rounds with NPA in a number of medical schools on topics such as how to deal with pharmaceutical reps, and medical device COIs.

In February, our National PharmFree week is 2/4-8 with events at various schools. We will be training students on COI policies and presenting to their Deans a Scorecard based on AMSA's Scorecard as to the grades they would give their schools. In March 15-18 is our national convention. This year it will be preceded by our hosting a meeting with the International Federation of Medical Schools which will bring participants from around the world. We hope to use AMSA's experiences as a model for change for other countries.

There are lots of opportunities for medical students to get involved – the Second Slide Campaign, the Data-mining Project which we will launch with NPA later this summer, and to become part of a network of students working on this issue. We would love to have opportunities to talk to faculty at many institutions about this and hear your/their stories with case examples.

Q: What is “Dollars for Docs?” And, how is it different from the Sunshine Act?

A: A website on which drug companies post funds they have given to physicians – it's voluntary, but has a lot of information and you can search the database in numerous ways – by institution, by physicians, etc. The Sunshine Act will require more disclosure and include all pharmaceutical companies, so it will provide a lot more information.

Q: In your experience with the cardiologist, did you share your concerns with him? And whatever you did, what would you recommend students in similar situations do today?

A: In my situation, the medical school's policies were separate and different from what the university system has, and the cardiologist was not affiliated with the medical school, but rather the university, so the policies did not pertain to him. I was really scared to broach this topic – it's hard for medical students since it's so sensitive. I would urge you find a faculty champion to help you challenge situations where policies are not being followed by your institution. AMSA can help you find a faculty person to help and help coach you through the process. We see examples all the time where students are empowered that they can make change happen.

Q: For Dave – have you experienced questionable behavior in your current position, and do you feel there have been changes since you were in school making it easier to talk about this issue?

A: The culture change within my own institution has been profound as a result of these policies. The normal behavior and attitudes are to question these relationships now. As a resident, when things were different, was to be a voice within a small minority arguing these issues. Now, none of the med students and residents at Penn think those kinds of relationships are legitimate anymore. It's becoming harder for faculty to break the rules given the monitoring and recording. The churning effect in a medical center has made it possible for things to change very fast.

Q: Please say more about the AMSA micro-grants that will be available.

A: Reshma – We have had these available the past few years in order to engage students in these policies and help them promote change at their schools. There will be \$200 micro-grants - 15 this year. It will be wonderful to see students hosting Grand Rounds, talking to their deans about disclosure policies, and talking about this in speakers' bureaus. We want to help students work on this on a long-term basis with other students and medical residents and faculty. We would like to find mentors on faculty for these students w/the application process - so this is a great way for NPA members to help. Please email Reeshma to invite her to speak to students or others at your institution about the PharmFree Campaign and also about how to improve COI policies anytime: [pff@amsa.org](mailto:pff@amsa.org).

A: Danny Carlat, PEW Prescription Project – Policy changes can also stem from embarrassing a medical school – it is a dramatic event for the Dean. There are not many monitors, so medical students can help monitor what faculty are doing and identify inappropriate activity - contact Reshma or someone else you trust to get the word out. This can really help change the culture at medical schools.

## 5. Closing

Rachel: Our next Conflict-Free call will be in approximately two months – the last week of August – so watch your email for the notes from this call, the date and topic for our next call.

For more information about NPA and this project, visit the NPA Unbranded Doctor website at: <http://npalliance.org/integrity-trust-in-medicine/>. For more information on the AMSA PharmFree Scorecard, visit <http://www.amsascorecard.org/>

\* \* \* \*

For more info on NPA's COI-Free Leadership Calls, the Unbranded Doctor Network or the PACME Project please email Ann Woloson, NPA Director of Education at [ann.woloson@npalliance.net](mailto:ann.woloson@npalliance.net)

---

*NPA is a proud partner in the Partnership to Advance Conflict-free Medical Education ([PACME](#)).  
Our participation in this event is was made possible by a grant from the state Attorney General Consumer and Prescriber Education Grant Program which is funded by the multi-state settlement of consumer fraud claims regarding the marketing of the prescription drug Neurontin.*