



Promoting Policy Change at U.S. Academic Medical Centers

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How should the medical profession manage physician-industry ties?

- Several U.S. organizations have proposed strategies for managing conflicts of interest (COIs) at academic medical centers (AMCs)
- Much overlap among recommendations

Recommendations for Managing COI at AMCs

Policy Area	ABIM-IMAP (2006)	AAMC (2008)	IOM (2009)
Industry gifts, meals	Prohibit	Prohibit	Prohibit
Vendor access	Register/train/limit	Register/train/limit	Register/train/limit
Purchasing	Conflict free decision-makers	Conflict free decision-makers	Conflict free decision-makers
Samples	Eliminate, or use central repository	Eliminate, or use central repository	Eliminate, or use central repository
CME funds	Central repository	Central repository	Reform funding system
Scholarships, fellowships, travel \$	Central repository	Central repository	Central repository
Consulting	Full transparency	Full transparency	Full transparency
Honoraria	Full transparency	Full transparency	Full transparency
Ghostwriting	Prohibit	Prohibit	Prohibit
Speakers bureaus	Prohibit	Strongly discourage	Strongly discourage

But what are AMCs' policies?

- Clear consensus on how AMCs should manage COIs
- Less clear is the extent to which AMCs have enacted policies consistent with the recommendations
- IMAP gathered baseline data in 2008, and a second round of data was collected in 2011

Findings

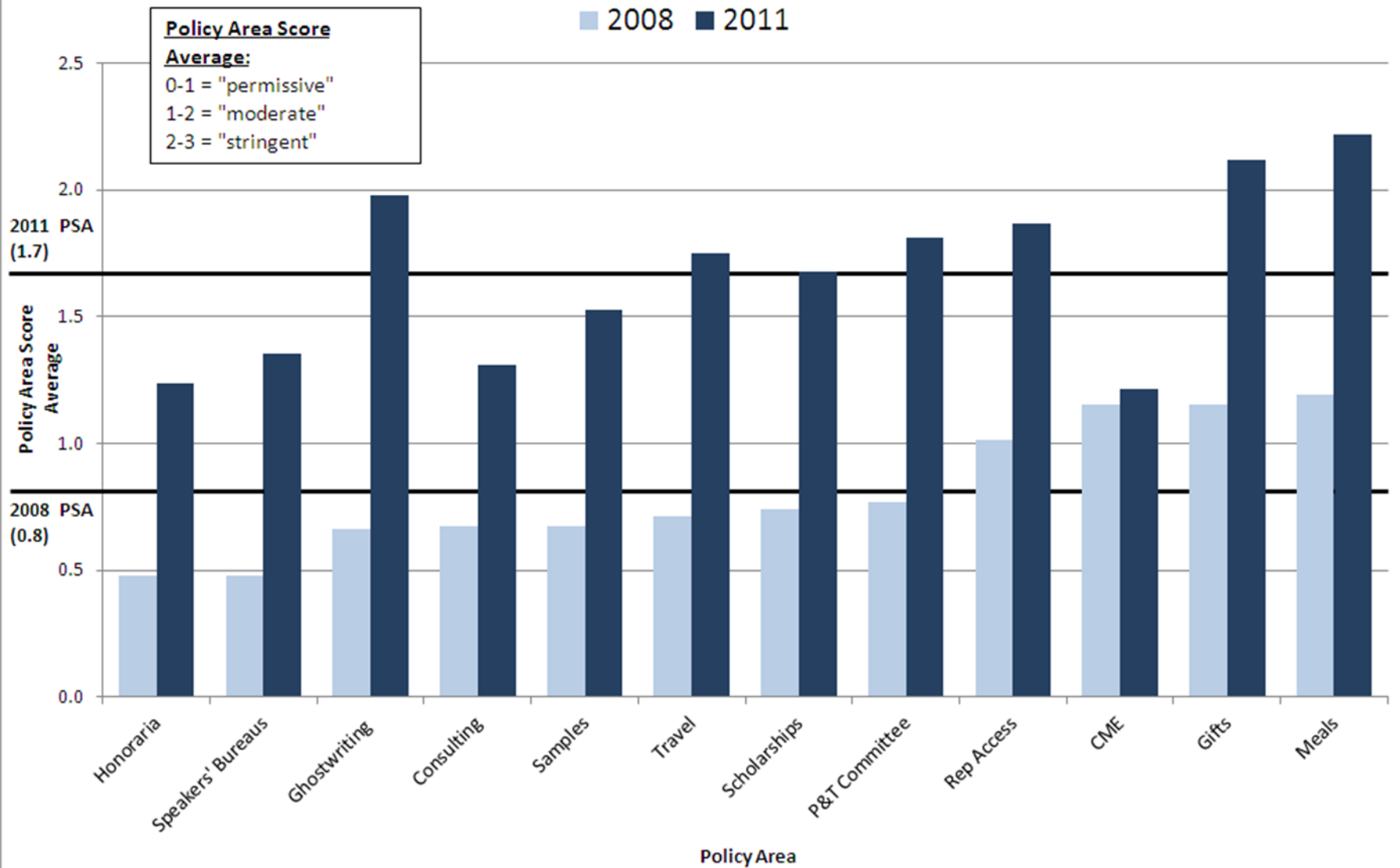
Strength of 127 U.S. Medical Schools' Conflict of Interest (COI) Policy Areas, 2011

CCOI Policy Area	Percentage (No.) of schools with policies of this strength			
	No Policy=0	Permissive=1	Moderate=2	Stringent=3
Gifts	3.9 (5)	15.0 (19)	46.5 (59)	34.7 (44)
Meals	7.9 (10)	11.0 (14)	32.3 (41)	48.8 (62)
Rep Access	12.6 (16)	4.7 (6)	66.1 (84)	16.5 (21)
Samples	12.6 (16)	49.6 (63)	10.2 (13)	27.6 (35)
Purchasing	22.1 (28)	8.7 (11)	35.4 (45)	33.9 (43)
CME	3.9 (5)	83.5 (106)	0 (0)	12.6 (16)
Consulting	7.9 (10)	56.7 (72)	32.3 (41)	3.2 (4)
Honoraria	29.1 (37)	24.4 (31)	40.2 (51)	6.3 (8)
Travel	15.0 (19)	22.1 (28)	36.2 (46)	26.8 (34)
Scholarships	22.8 (29)	7.9 (10)	48.8 (62)	20.5 (26)
Ghostwriting	29.9 (38)	6.3 (8)	0 (0)	63.8 (81)
Speaker's Bureaus	23.6 (30)	40.9 (52)	11.8 (15)	23.6 (30)

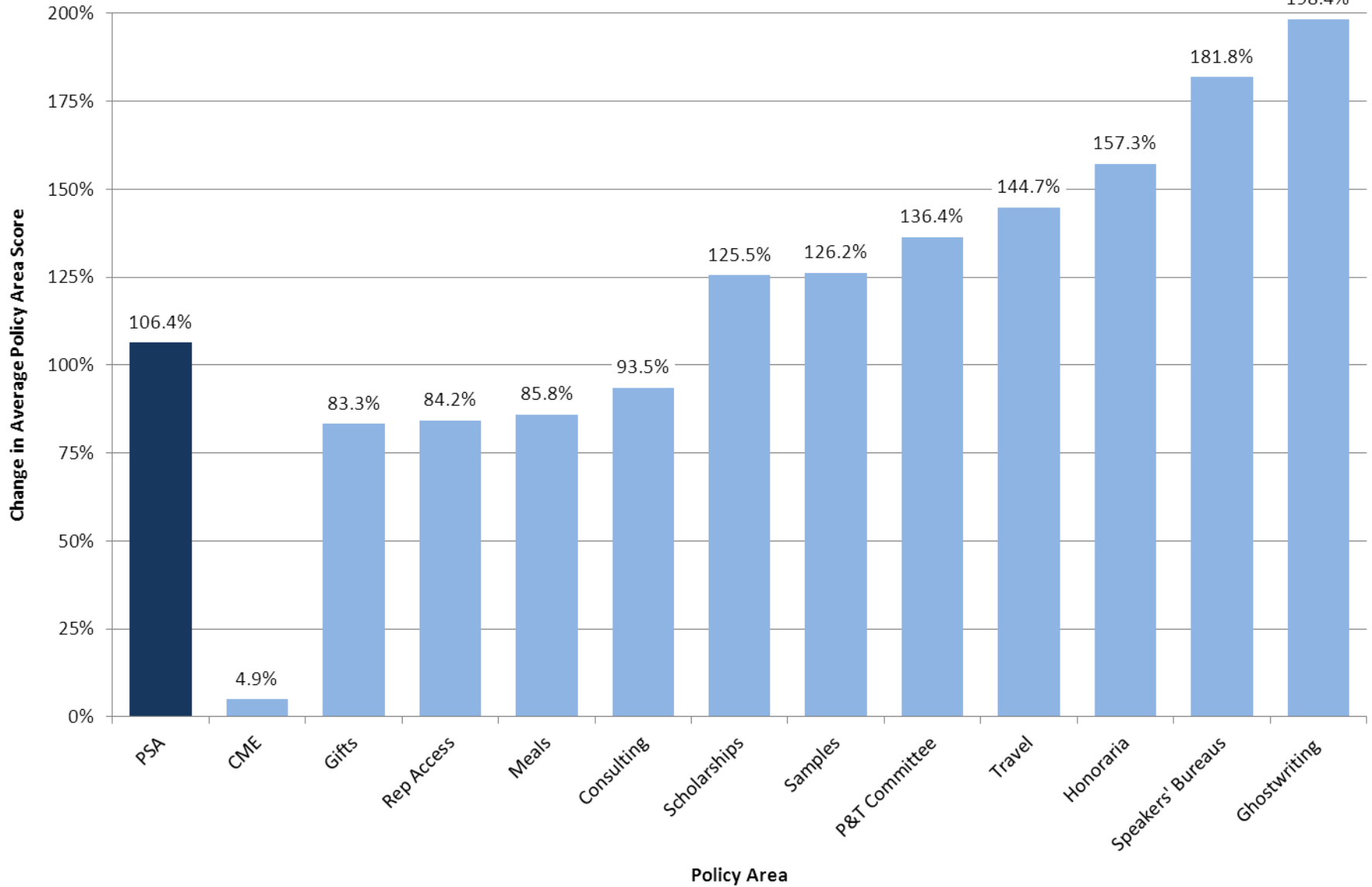
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Average Policy Area Scores: 2008 and 2011, in 2008 Ascending Order



Percent Change in Average Policy Area Score, 2008 to 2011

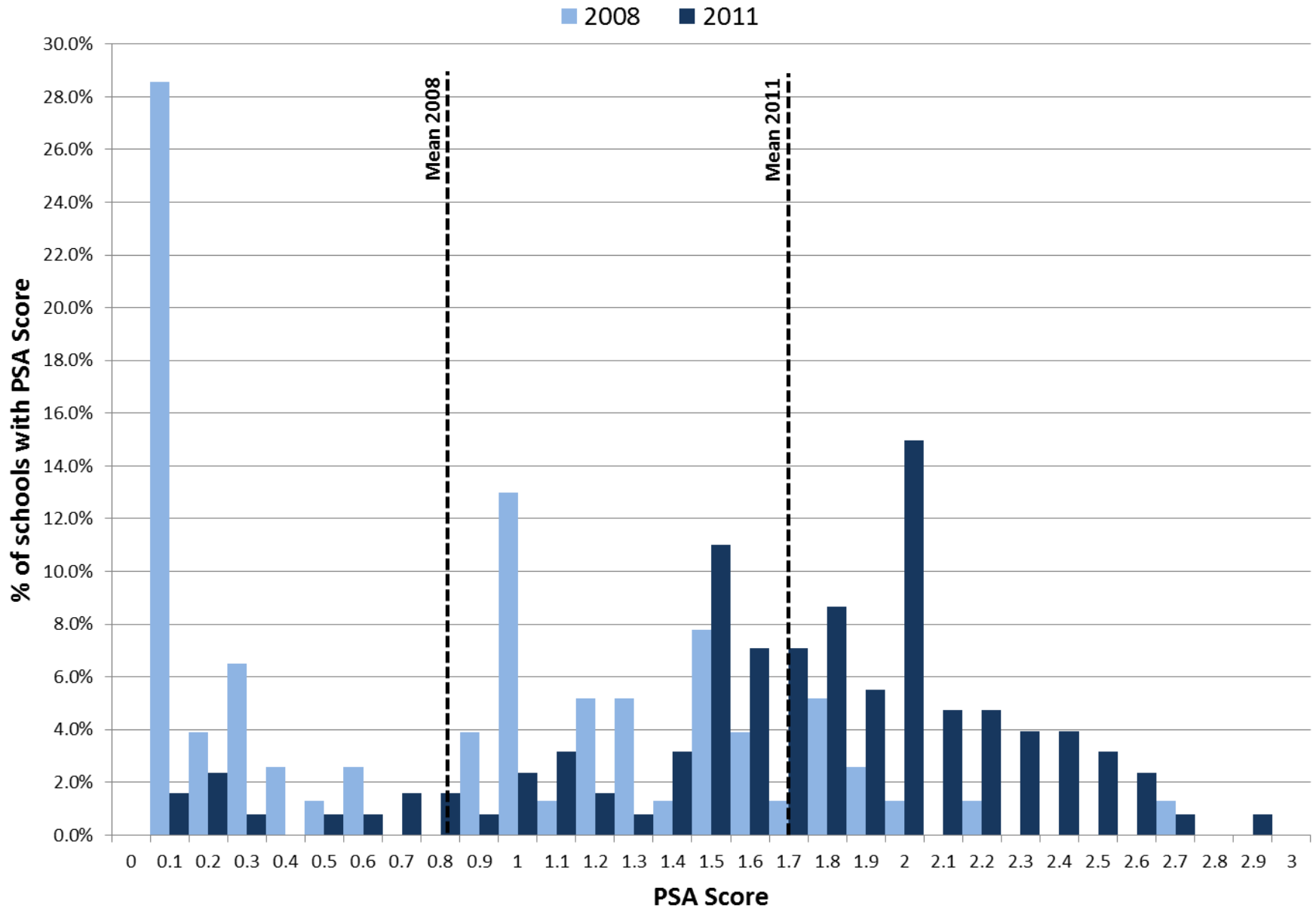


Calculating schools' policy strength average (PSA)

To measure overall policy strength, we averaged each AMC's 12 policy scores:

- In 2008, the mean PSA was 0.8 (median 0.9), and the most common (mode) was 0.1
- In 2011, the mean is 1.7 (median 1.8), and the mode is 1.9

Policy Strength Average (PSA) Distribution, 2008 and 2011

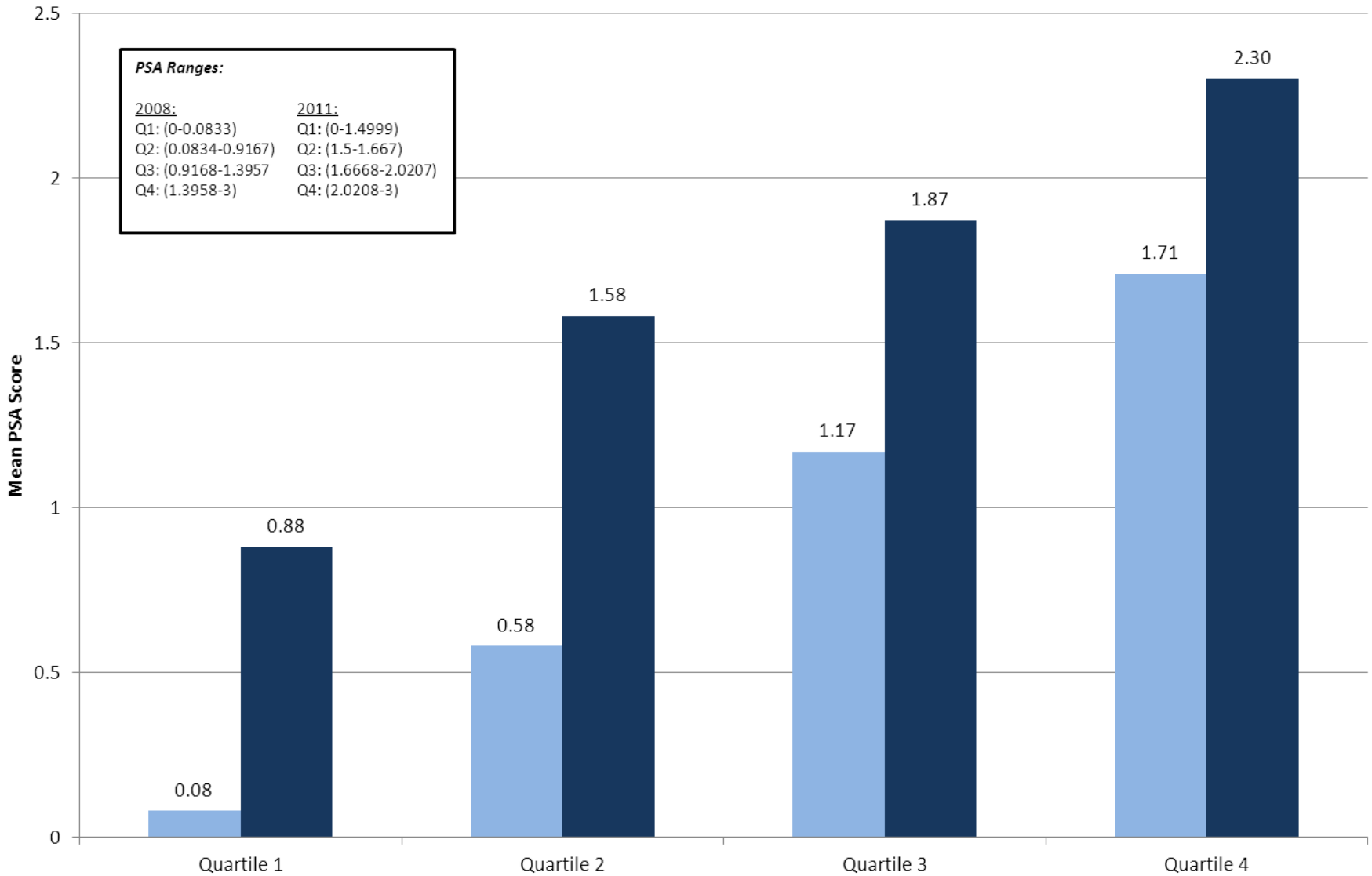


Mean PSA by Quartile, 2008 and 2011

■ 2008 ■ 2011

PSA Ranges:

2008:	2011:
Q1: (0-0.0833)	Q1: (0-1.4999)
Q2: (0.0834-0.9167)	Q2: (1.5-1.667)
Q3: (0.9168-1.3957)	Q3: (1.6668-2.0207)
Q4: (1.3958-3)	Q4: (2.0208-3)





2008-2011: Great change, yet still more work ahead

- Since 2008, 92% of schools have increased their overall policy strength – and they increased, on average, by almost one whole category (0.9 points)
- Now, almost 60% of COI policies are either moderate (30%) or stringent (27%) in strength
- However, some AMC's and policy areas (CME especially) are still far behind the recommendations - AMC's must do more to ensure practices keep pace with national standards



Thank you!