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**AND PUBLIC HEALTH**

**BEFORE THE**
**SENATE SPECIAL COMMITTEE ON AGING**

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## Background

In keeping with the Wisconsin Idea, the University of Wisconsin School of Medicine and Public Health in Madison seeks to serve all of the people of our state…and beyond. The University of Wisconsin School of Medicine and Public Health in Madison is recognized as an international, national and statewide leader in educating physicians and other health care clinicians, investigating the causes and potential new treatments of disease, translating research into compassionate patient care and improving the health of communities we serve.

The University of Wisconsin Medical School became the UW School of Medicine and Public Health in 2005, thus embarking on a plan to develop an innovative model of research, education and service which bridges the heretofore separate worlds of public health and medicine. This novel approach is intended to help us better address the important environmental determinants of population health while meeting the individual health care needs of Wisconsin citizens. In so doing so, we hope to serve as a national model for our peers across the country.

We commend the Chairman and the Committee for your work to better understand the influence of industry on medical education and research, and for its efforts to urge clinicians and academic institutions nationwide to ensure adherence to the highest ethical standards in all relationships with industry.

The School of Medicine and Public Health and its leadership remain steadfast in support of efforts to ensure transparency and accountability in the delivery of health care in academic health centers and indeed, across the entire spectrum of health care. We are eager to work closely and openly with Congress to promote these standards and their effective implementation throughout our nation's health care systems.

## The Value of Uniform National Conflict-of-Interest Standards

As attention to conflict of interest in health care has evolved, the complexity of relationships with industry, the understanding of institutional and corporate agendas, and the psychology of individual motivations, have all been increasingly identified as areas that require thoughtful exploration, judgment and oversight. The "true north" in

conflict of interest is our recognition of the primacy of our individual and institutional commitment to the well being of our patients and our communities, a commitment not to be deterred by other interests. In our current system, dedication to this goal may be subtly or grossly undermined. Undermining that occurs as a result of personal or institutional avarice is indefensible. But more subtle influences may be operative and more balanced solutions must be sought when relationships between industry and academia can at once create positive and negative influences on our relations with those who imbue us with their trust.

Most academic health centers, ours among them, have been carefully examining our role in understanding and acting upon conflicts of interest. Along with our professional organization, the Association of American Medical Colleges, we have worked to be clear and declarative regarding some of the obvious conflicts created by relationships with industry (e.g., using academic influence to achieve personal gain while promoting commercial interest). At the same we are trying to be thoughtful in approaching some of the more nuanced questions that are generated at the interface of corporate and academic institutions, driven by different reward systems, but both seeking to enhance the public good.

It is our view that there is much to be gained if all of America's health care teaching institutions are required to abide by clear, thoughtful, and consistent standards in identifying, eliminating whenever possible, and managing conflicts of interest Straightforward and efficient conflict-of-interest policies, consistently applied, will guarantee the same standards regardless of where a patient is seen. This approach will also avoid duplication of effort and the unnecessary costs and delays incurred if each health center seeks to "reinvent" their own conflict of interest policy "wheel".

For this reason, we wholeheartedly endorse legislative initiatives, including the Physician Payment Sunshine Act, which will create a uniform national code of conduct. As Congress moves toward the passage of health care reform, we hope to see the Sunshine Act language included in any final legislation adopted by Congress this year. Public reporting of physician remuneration by industry is by no means a panacea for all potential conflict of interest issues. Transparency, however, must be a basic element of any approach to conflict of interest.

**University of Wisconsin School of Medicine and Public Health's Work on Conflict-of-Interest**

The University of Wisconsin School of Medicine and Public Health sought to re-examine and revise its Conflict of Interest Policy to fully reflect the special covenant that exists between clinicians and patients, and based upon a commitment to transparency, accountability, and ethical conduct. More than a year ago, we decided to launch a major effort to review and update the various conflict of interest policies that existed for our school, our academic group practice, our university teaching hospital, and the other health affairs school and colleges on our campus, in order to create a consistent

approach to this vital issue. Over the course of many hours of discussion and debate, we centered on four goals:

- *promote the highest standards of professionalism;*
- *vigorously manage conflicts-of-interest with industry;*
- *insure the absolute integrity of our evidence-based health care delivery programs; and*
- *maintain the trust and confidence of patients and the community at large.*

In November of 2008, the leaders of the University of Wisconsin's academic health center formed a Task Force on Industry Conflict-of-Interest in the Clinical Setting. The Task Force's mandate was to:

- *recommend ways to update and integrate the distinct conflict-of-interest policies and programs among various UW institutions with respect to education, research, marketing and receipt of gifts;*
- *recommend ways to improve and enforce the UW Health conflict-of-interest principles;*
- *develop actionable policies and procedures to guide the professional behavior of faculty, staff and students;*
- *craft a proposed governance structure and system to ensure adherence to the new, expanded conflict-of-interest regime; and*
- *focus on relationships and situations that may lend themselves to potential conflicts-of-interest, such as speakers bureaus, gifts to individuals and institutions, and patent disclosures.*

We have made substantial progress in rolling out the first phases of our new COI policy. We anticipate that we will complete the formal approval processes and the implementation of the entire set of policies during the 2009-2010 academic year. To date, we have done the following:

- In early 2009, we posted signs in all of our clinical care sites notifying patients that some of our faculty have consulting relationships with industry, and inviting them to let us know if they would like to receive a detailed accounting of their clinician's relationships. Such requests are handled in a way that protects the anonymity of the patient
- This year, all of our faculty physicians were required to submit detailed information on their outside activity report, including the exact amount of compensation for outside activities, including teaching, royalties, and consulting, rounded up to the nearest $1000
- We anticipate that the policy, once approved by our governing bodies, will include the following features:
    - a ban on promotional talks for drug companies and membership on pharmaceutical company "speakers bureaus"
    - a ban on all gifts, with no minimum value

  - a ban on medical ghostwriting
  - the elimination of drug samples in clinics
  - strict limitations on the presence of pharmaceutical and device representatives in the clinical setting
  - the formation of an internal oversight committee that will review each potential conflict of interest in the clinical setting and have jurisdiction for elimination or management of such conflicts
- The policy will be applied to every level of care in the UW Health system, including students, resident trainees, pharmacists, nurses, physician assistants, laboratory technicians, nurse practitioners, as well as physicians.

**The University of Wisconsin School of Medicine and Public Health and CME**

CME is one of those areas in which there has been an important interface between academic health centers and industry. This is a set of relationships that have come under increasing scrutiny, resulting in substantial debate about the institutional and individual conflicts they may engender. What is not debatable is that CME activities have historically been widely underwritten by industry and that CME, in its current incarnation, is quite dependent of industry funding. The question at hand is what financial relationships, if any, may continue to exist without undermining our patient covenant? Should all financial ties in CME between academia and industry be completely cut, or are alliances with the common aim of improving human health possible? As the Committee is aware, the recent Institute of Medicine report on Conflict of Interest offers strong recommendations that would minimize the influence of industry of CME.

The University of Wisconsin School of Medicine and Public Health recently convened a Task Force to review the activities of our CME program, known as the Office for Continuing Professional Development (OCPD). The Task Force concluded that the OCPD had a clear and comprehensive conflict of interest policy and conducted its work in strict adherence to current Accreditation Council for Continuing Medical Education standards. The Task Force noted the rapidly evolving thinking on the conduct of CME, and provided advice to carefully monitor and adapt to national norms and standards.

Mr. Chairman, we look forward to sharing updates on our continuing work in this area, and to sustaining our open collaboration with you, the Committee and your colleagues on Capitol Hill as we all seek to ensure that the practice and study of medicine reflect the highest standards of integrity, and that decisions relating to healthcare are made exclusively based on what is in the best interest of the patient.

We commend the Chairman and the Committee for their valuable work in this most important area and thank you for this opportunity to share our perspective.