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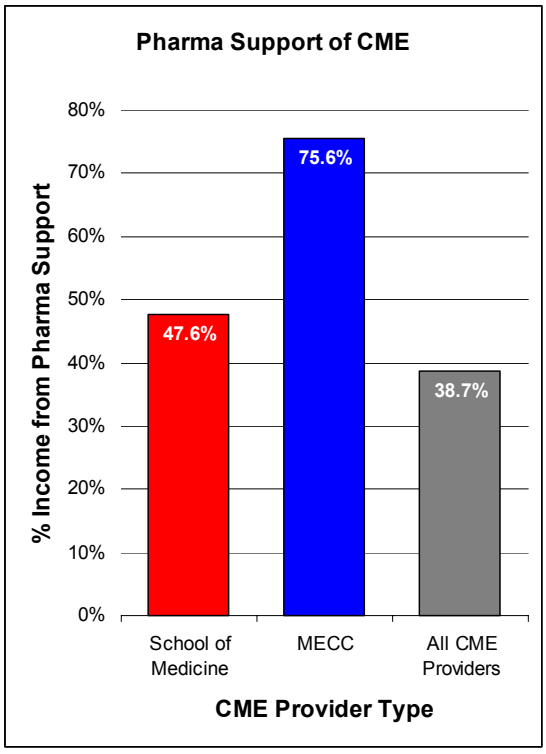
PROVIDER/PHARMACEUTICAL PARTNERSHIPS – ARE THEY POSSIBLE WITHOUT CONFLICT OF INTEREST?

By John Mack

Pharmaceutical companies can partner with academic CME providers if both parties respect mutual core values, suggested Jann Torrance Balmer, RN, PhD, Director of Continuing Medical Education at the University of Virginia School of Medicine.

A mutually successful CME program begins when both parties bring something to the table and agree to the desired outcomes of the educational activity. Pharma can bring research data to the table and the academic CME provider brings the faculty. Although pharma supporters may know who the thought leaders of today are, "I can tell you who the thought leaders of tomorrow are," said Dr. Balmer.



Source: ACCME Annual Report Data 2001; Pharma = firms that manufacture products regulated by FDA; MECC = medical education and communication company

As for outcomes, the academic center wants to improve patient care, while the pharmaceutical supporter also may want changes in prescribing patterns. The two are not mutually exclusive and Dr. Balmer suggested that a change in prescribing can be one of several "reasonable outcomes." At least one pharma representative in the audience, however, suggested that it is not permissible for a pharma supporter to track prescribing patterns as an ROI measure for CME.

There are several codes, guidelines, opinions, and guidances that are relevant to all parties concerned. Dr. Balmer emphasized that she "lives and breathes by" ACCME's accreditation system and Standards for Commercial Support of CME and that she expects her pharma CME partners to respect this. For her part, she needs to understand the PhRMA Code on Interactions with Healthcare Professionals if she is going to be a good partner. Physician faculty members need to pay attention to the AMA ethical opinion on gifts to physicians and pharma certainly needs to be wary of the OIG guidance, which says that there should be a bright line between sales and marketing and educational programs.

"I love parameters," said Dr. Balmer. "Just tell me where the line is. I want our physician faculty to know that the content will be fair and balanced."

Dr. Balmer suggested several strategies for successful academic/pharma CME partnerships:

- Look for projects that highlight the goals and objectives that are mutually beneficial to both partners – the proposed CME program must relate to the core values of the institution and be tied to the mission of the medical school.
- Get the involvement of the CME provider at the beginning of the plan, especially when determining the desired outcomes.

  Some red flags for Dr. Balmer as a CME provider working with pharma are:

- Short time frames of less than 3-4 months
- Lack of responsibility and control – "If I don't have control, I don't do it," warned Dr. Balmer. I am the one who is held accountable by ACCME."
- Not being involved in planning – the CME provider, who is most knowledgeable about the ACCME guidelines, must be involved. "Without this involvement," cautions Balmer, "there is a risk of conflict of interest."

Survey

Is it appropriate for a drug company to use prescribing data to measure the outcome of a CME program it supports?

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In conclusion, Dr. Balmer said "long-term academic/industry CME relationships play a huge role in physician education and improved healthcare. When pursuing these relationships, pharma should pursue strategies that keep both partners well within their respective regulatory and accreditation requirements."

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