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The Jefferson Industry Advisory Council (JIAC)

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Working Together in a Challenging Environment: The Jefferson Industry Advisory Council (JIAC)

Under the leadership of Dr. Geno Merli, the Ludwig Kind Professor of Medicine and former Senior Associate Dean for CME, Dr. Richard Wender, the Alumni Professor and Chairman of the Department of Family Medicine and Chairman of the Jefferson Medical College CME Committee, and Dr. David Nash, the Dr. Raymond C. and Doris N. Grandon Professor of Health Policy and Chairman of the Department of Health Policy, the Jefferson Industry Advisory Council (JIAC) serves as a forum in which representatives from across the Thomas Jefferson University can meet with representatives from pharmaceutical, biotechnical and other sectors of the healthcare industry to explore opportunities for partnering more effectively in recognition of current environmental constraints.

A capacity crowd filled DiPalma auditorium for a special session of the Jefferson Industry Advisory Council, presented jointly by the Department of Health Policy and the Office of Continuing Medical Education on November 22, 2004. The topic, "Working Together in a Challenging Environment," represented the continuation of an ongoing conversation about defining and negotiating relationships between academia and the pharmaceutical industry – an issue recognized as one of the most pressing in health care today.

The first of two invited speakers was Dr. Arnold S. Relman whom Dr. Nash introduced as a true "Renaissance man" in the medical arena with impressive credentials as a physician, teacher, and researcher, former editor of the *New England Journal of Medicine*, and thought leader at the national level. Dr. Relman provoked and challenged the audience with his views on the separation of pharmaceutical marketing from medical education. He began by drawing distinctions between medicine and the pharmaceutical industry in terms of **focus** ("a serving profession without fiduciary responsibility versus a product-centered industry with primary responsibility to investors") and **educational approach** (educating its own using evidence-based knowledge that is independent of the Market versus marketing and informing"). Noting the public's reliance on medical education that is focused on the best and safest way to diagnose and treat a condition without regard for marketability, he contended that collaboration between academic educators and the pharmaceutical industry represents "an inherent conflict of interest." In the area of research, Dr. Relman spoke in favor of collaboration on well-regulated activities. He appraised the American College of Graduate Medical Education (ACGME) guidelines as inadequate because they are not enforceable. Rather than each medical institution developing its own guidelines, he advised that the American Association of Medical Colleges (AAMC) be persuaded to convene a public meeting of the major medical schools to develop set of policies all can subscribe to.

Citing statistics generated by the Securities and Exchange Commission (SEC), Dr. Relman reasoned that the huge amounts spent by pharmaceutical companies on

continuing medical education (CME) inevitably and unavoidably influence topics and content. "This sets a bad precedent for fledgling physicians, undermines professional self-respect, weakens public trust in the profession, **and** increases drug costs – employers and patients are paying for it in the final analysis."

Currently, 60-70 percent of the cost of CME is borne by the pharmaceutical industry. What do we do without industry support? Dr. Relman's proposed solution included more modest meetings ("The biggest names are not necessarily the best teachers."), greater use of full-time faculty by providers, more efficient pedagogic methods, and increases in student tuition.

The second speaker, James G. Sheehan JD (Associate U.S. Attorney and Chief of the Civil Division, US Department of Justice), spoke on "Current Enforcement Issues in Health Care Fraud". Among the three general areas (research fraud, corporate governance/quality and errors, and "dead patients"), he noted that most collusion is found in financial coding and payment. Citing historical examples, he pointed out that research fraud is neither a recent phenomenon nor is it motivated by pure greed. Falsification, overstatement or misreporting data, and misrepresenting credentials are the most common events.

How does the financial conflict-of-interest component of research affect the credibility of the science? Some studies suggest that 40 percent of researchers are aware of financial misconduct but have not reported it, in large part because of a belief that the ends (i.e., getting funding for the next important grant) justifies the means (i.e., misreporting). He stressed the importance of effective organizational compliance plans to minimize the risk of fraud.