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## 2012 HSR Impact Awardee

# Relationships with Industry in Medicine, Medical Education, and Research: Out from the Shadows and Into the Sunshine

### SITUATIONAL OVERVIEW

Individual and institutional financial relationships with industry are pervasive in medical education, research, and patient care. These relationships are neither entirely harmful nor are they universally beneficial: there are both positive and negative effects. In the current environment, industry relationships can no longer be ignored or hidden. They must be disclosed and—as an outcome—some relationships will be managed while others will be eliminated entirely. Additional work in this area can capture the benefits of interactions with industry and simultaneously guard against the risks.



In 1995, Drs. Eric Campbell and David Blumenthal surveyed academic life scientists about their relationships with industry. Through their research, they found

that those scientists with industry support, (28 percent) were significantly more productive than those without such support. However, industry-funded scientists were significantly more likely to engage in secrecy related to their industrial research. This study and subsequent follow-on studies set the benchmark for longitudinal tracking of the frequency, benefits, and risks of industry support in academic research. The findings of Dr. Campbell and his collaborators at the Morgan Institute for Health Policy at Massachusetts General Hospital and elsewhere over the last 15 years have provided the empirical evidence base for institutional and congressional actions related to industry relationships. This work also played a significant role in changing policies and practices related to industry relationships nationally, across states, and within medical schools and research institutions. These efforts have the potential to improve the efficiency and quality of care within the U.S. health care system and bolster the integrity of scientific research. For these reasons, and in recognition of this impact, this body of research was recognized with a 2012 HSR Impact Award.

Following the 1995 study, Dr. Campbell's work began looking at industry relationships at the institutional level. In 2004, Dr. Campbell and

collaborators at the Association of American Medical Colleges (AAMC) provided the first empirical data showing that institutional relationships are ubiquitous even among the nation's medical schools and teaching hospitals. Two papers from this pioneering research formed the empirical backbone of AAMC's report on institutional conflict of interest (ICOI).

One particular form of institutional industry relationship that has been viewed as highly problematic involves members of the Institutional Review Board (IRB), the formal organizational structure that reviews and approves studies involving human research subjects. In 2009, Dr. Campbell published an article in *Academic Medicine* reporting on a survey of academic IRB members. His study found that 25 percent of academic IRBs did not have a defined process for members to report their industry relationships. Further, this study found that 35 percent of IRB members with ties to industry voted on protocols supported by the firms with which they had a financial relationship. This study clearly demonstrated that improved policies and procedures were needed for managing industry relationships among IRB members in the academic setting.

### Policy and Impact

Two years prior, Dr. Campbell had examined the frequency with which practicing physicians had relationships with industry. This study found that almost all physicians (94 percent) have some type of industrial relationship, and 35 percent received reimbursement for costs associated with professional meetings or continuing medical education. This research helped motivate calls

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*Relationship with Industry and Medicine (continued)*

for a national system for disclosing physician payments, which led to the enactment of the “Physician Payments Sunshine Act” (S. 301) as part of the Patient Protection and Affordable Care Act (P.L. 111-148).

By 2010 Dr. Campbell’s research showed that the percentage of physicians accepting medication samples decreased significantly—from 78 percent in 2004 to 63 percent in 2009. Likewise, the percentage of physicians accepting

gifts decreased from 83 percent to 72 percent, as did those accepting reimbursements from drug companies (33 to 18 percent) and other industry payments (28 to 14 percent). Overall, the percentage of physicians with any type of industry relationship in the previous year decreased significantly from 94 to 84 percent. There are many factors that likely contributed to these declines, but new policies relating to physician-industry relationships may have been one particularly influential factor.

## LISTING OF PAPERS

Blumenthal D, Campbell EG, Causino N, Louis KS. Participation of life science faculty in research relationships with industry. *N Engl J Med* 1996;335(23):1734-1739.

Campbell EG, Weissman JS, Clarridge B, Yucel R, Causino N, Blumenthal D. Characteristics of faculty serving on IRBs: Results of a national survey of medical school faculty. *Acad Med* 2003; 78(8): 831-837.

Campbell EG, Weissman JS, Vogeli C, Clarridge BR, Abraham M, Marder JE, Koski G. Financial relationships between institutional review board members and industry. *N Engl J Med* 2006; 355(22): 39-47.

Campbell EG, Gruen RG, Mountford J, Miller LG, Cleary PD, Blumenthal D. Physician industry relationships: Results of a national survey. *N Engl J Med* 2007; 356 (17):1742-1750.

Campbell EG, Weissman JS, Ehringhaus S, Rao S, Moy B, Feibelman S, Goold SD. Institutional academic industry relationships. *JAMA* 2007; 298 (15):1779-1786.

Ehringhaus SH, Weissman JS, Sears J, Goold SD, Feibelman S, Campbell EG. Responses of medical schools to institutional conflicts of interest. *JAMA* 2008; 299(6):665-671.

Zinner DE, Bolcic-Jankovic D, Clarridge B, Blumenthal D, Campbell EG. Participation of academic scientists in relationships with industry. *Health Affairs* 2009; 28(6): 1814-1825.

Campbell EG, Rao SR, DesRoches CM, Iezzoni LI, Vogeli C, Bolcic-Jankovic, DM, Miralles PD. Physician professionalism: Changes in physician industry relationships 2004 and 2009. *Archives of Int Med.* 2010; 170(20): 1-7.

## What is health services research?

Health services research examines how people get access to health care, how much care costs, and what happens to patients as a result of this care. The main goals of health services research are to identify the most effective ways to organize, manage, finance, and deliver high quality care, reduce medical errors, and improve patient safety.

— Agency for Healthcare Research and Quality

## Major Collaborators (in alphabetical order)

David Blumenthal, M.D. M.P.P.  
Brian R. Clarridge, Ph.D.  
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Susan Ehringhaus, J.D.  
Karen Seashore Ph.D.  
Joel S. Weissman Ph.D.  
Darren Zinner, Ph.D.

## RELATED READING LIST:

Institute of Medicine. Conflict of Interest in Medical Research, Education, and Practice. National Academy Press; Washington, DC 2009.

Brennan, T. A., Rothman, D. J., Blank, L., Blumenthal, D., Chimonas, S. C., Cohen, J. J., Smelser, N. (2006). Health industry practices

that create conflicts of interest: A policy proposal for academic medical centers. *JAMA*; 2006; 295: 429-433.

Association of American Medical Colleges. The Scientific Basis of Influence and Reciprocity: A Symposium. AAMC; Washington, DC 2008.

