

MAINE MEDICAL CENTER Institutional Policy Manual

Policy Title: Conflict of Interest

Policy Summary: It is the policy of Maine Medical Center (MMC) to require the Board of Trustees (BOT) and its entire workforce to disclose any personal or financial interests that have the potential to cause a conflict of interest (COI) in the course of performing their job or administrative function. This policy incorporates, but does not replace, the conflict of interest policy adopted by the BOT, attached as Appendix A.

Policies:

1. All staff are required to abide by the COI policies enumerated in the following four documents:
 - A. This COI policy and its Appendix A: Disclosure of Certain Interests by Governing Board Members
 - B. The MMC Code of Ethical Conduct, available under the “policies and procedures” link on the MMC intranet homepage, which outlines general ethical principles of conduct required of MMC staff.
 - C. The Promoting Ethical Partnerships with Health Care Vendors policy, which states the rules for permissible interaction between staff and health care vendors, including, but not limited to, prohibition on gifts and samples from health care vendors, strict limitations on health care vendor support of MMC education, disclosure requirements for interactions with health care vendors.
 - D. Financial Conflict of Interest Disclosures by Personnel Engaged in Research and Other Sponsored Programs policy, which provides the educational and disclosure requirements for key personnel involved in research and sponsored programs and outlines the process for developing management strategies for conflicts of interest that may arise in research and sponsored programs.
2. The MMC Executive Compliance Committee (ECC) has delegated the Conflict of Interest Compliance Committee (COICC) as its subcommittee, charged with oversight and management of the annual Conflict of Interest Survey.
3. The COICC is responsible for ensuring compliance with this policy for all departments and locations of MMC (e.g. MMCRI Research COI) summarizing compliance metrics for MMC and presenting these metrics to the ECC at quarterly meetings.
4. The COICC will maintain at least one common member with the Research Conflict of Interest Committee when possible. When not possible a member of the COICC will attend the Research COI meetings.

5. The COICC will investigate potential conflicts of interests, establish management plans when applicable, and review the management plans established by other departments (e.g. Research).
6. The COICC is responsible for ensuring compliance with this policy, summarizing all compliance metrics and presenting the metrics to the ECC at quarterly meetings
7. Annually the COICC will review identified conflicts and management plans for opportunities for training or process improvements. New training will be incorporated into the Annual Compliance Training when possible.
8. Generally, staff may not use their positions to profit personally or to assist others in profiting in any way at the expense of MMC.
9. All staff and BOT members are required to disclose all actual and potential COI and to avoid improper acts and the appearance of improper acts arising from the influence of those activities on business decisions of MMC.
10. Staff should obtain clarification from their Supervisor, Department Director, Chief, the MMC Compliance Committee or MaineHealth Audit & Compliance Services when a question arises about whether a conflict exists or may arise from certain activities. BOT members should obtain clarification from the board chair.
11. Staff must obtain approval from their Supervisors, Department Director or Chief prior to serving as members of the Board of Directors or Trustees of an organization whose interests may conflict with those of MMC. Civic, charitable, scientific and educational organizations do not require such prior approval unless their charitable missions are in conflict or competition with MMC.

Procedures:

1. Staff must report any potential COI to their Supervisor, Department Director or Chief as soon as it arises. (The annual COI disclosure process is outlined below and described more fully in the policy Promoting Ethical Partnerships with Health Care Vendors.) Supervisors, Department Directors or Chiefs who receive reports of potential conflicts shall investigate potential conflicts. The VP of Corporate Compliance, Director of Clinical Ethics, the MMC Executive Compliance Committee and MaineHealth Audit & Compliance Services serve as resources for questions about appropriate notification of COI.
2. Staff can anonymously report a potential conflict through the MMC Compliance Helpline (662-4646). Staff who become aware of another individual's potential conflict may notify Audit and Compliance Services without fear of retribution.
3. Annually, Audit and Compliance Services shall distribute the conflict of interest disclosure form and policy to individuals that have been identified, based on their

role and responsibility at MMC. The categories of staff who will receive annual disclosure forms are specified in the Promoting Ethical Partnerships with Health Care Vendors policy as the following:

1. MMC employees and contracted physicians in leadership positions, defined as anyone with the job title of, director, medical director, chief, vice president, senior vice president, chief operating officer or chief executive officer;
2. Physicians employed by Maine Medical Center or Maine Medical Partners;
3. Other MMC employed practitioners with prescribing rights (e.g., NP, PA)
4. Pharmacists
5. Current faculty in MMC educational programs (Occasional presenters at MMC conferences are not required to fill out the annual MMC disclosure form, although they may be required to complete a form specific to the conference at which they are speaking)
6. Members of MMC committees or workgroups which make recommendations about the use or purchase of drugs, biologicals or medical technologies, including but not limited to, members of the Pharmacy and Therapeutics committee, the Technology Assessment Committee and Value Analysis Committees.

At its discretion, MaineHealth Audit and Compliance Services may require other staff to complete a disclosure. (Staff involved in research or sponsored programs may have additional disclosure requirements, as outlined in the Financial Conflict of Interest Disclosures by Personnel Engaged in Research and Other Sponsored Programs policy. Staff with a special interest in research COI may also want to consult the policies Institutional Conflicts of Interest involving Research and Rights and Responsibilities with Respect to Intellectual Property.)

4. Individuals who receive the disclosure form from MaineHealth Audit & Compliance Services shall complete the form fully and accurately, and attest to reading the policy and the truthfulness of their disclosure by signing and dating the disclosure form or clicking the submit icon. Forms shall be returned to Audit & Compliance Services or submitted electronically, within 30 days of receipt or notification.
5. COICC shall investigate all potential conflicts of interests identified through the disclosure forms, and other potential conflicts of interest of which it becomes aware and report to that individual's Supervisor, Department Head or Chief, the MaineHealth Audit Committee identified conflicts that may impact the individual's decision-making role. Efforts will then be made by the responsible leader to establish a management plan which either removes the conflicted individual from the decision-making process that created the conflict, establishes another mechanism of oversight to ensure that unbiased decisions are made, or allows the individual to remove the financial or other interest causing the conflict. Summarized institutional data will be presented to the ECC.
6. Escalation Procedure-Non-compliance with reporting. If an individual identified by their role as required to disclose and does not do so, the following actions will result: :

- **Employees – Non Physicians**

Level One- Non-Compliant Employees will receive an email notification and a copy of the Conflict of Interest policy from the Chief Compliance Officer. The notification will also be directed to the non-compliant employees' direct supervisor and their Vice President.

Level Two- After 10 Business days of continued non-compliance, an email notification and a copy of the Conflict of interest policy will be escalated to the Service Line Leadership team and the employee.

Level Three- After 10 business days of continued non-compliance, the employees' non-compliance will be referred to Human Resources for disciplinary action. Additionally, the non-compliance will be reported to the Executive Compliance Committee.

- **Executive Employees-VP and above**

Level One- Non-Compliant Employees will receive an email notification and a copy of the Conflict of Interest policy from the Chief Compliance Officer. The notification will also be directed to the non-compliant employees' direct Senior Executive. .

Level Two- After 10 Business days of continued non-compliance, an email notification and a copy of the Conflict of interest policy will be directed to the Senior Executive and the President.

Level Three- After 10 business days of continued non-compliance, the employees' non-compliance will be referred to Human Resources for disciplinary action. Additionally, the non-compliance will be reported to the Executive Compliance Committee.

- **Physicians**

Level One- Non-Compliant physicians will receive an email notification and a copy of the Conflict of Interest policy from the Chief Compliance Officer. The notification will also be directed to the physicians' direct supervisor, and the Service Line Leadership Team.

Level Two- After 10 Business days of continued non-compliance, an email notification and a copy of the Conflict of interest policy will be directed to the physician, the Service Line Leadership Team and the MMP CMO (for employed) or MMC CMO (for non-employed).

Level Three- After 10 business days of continued non-compliance, all level three physician non-compliance will be reported to Human Resources and the Executive Compliance Committee plus reminder notification to level one, two individuals.

Definitions:

Conflict of interest:

- A conflict of interest is a real or perceived divergence between a health care professional's personal interest in a matter and that individual's professional responsibility to another person, colleague, learner or organization.

Health care vendor:

- Health care vendor refers to any commercial company that provides goods and services that are used in patient care or in clinical settings and to health care institutions or residential facilities to which MMC may refer patients. Examples include pharmaceutical companies, medical device companies, suppliers of goods used in the hospital for patient care, companies providing diagnostic services, companies providing residential or home care for patients after discharge from the hospital.

Family member and family relationships:

- Unless otherwise specified, the family of an individual includes his or her spouse, ancestors, brothers and sisters (whether whole or half blood), children (whether natural or adopted), grandchildren, great-grandchildren, and spouses of brothers, sisters, children, grandchildren, and great-grandchildren.

Outside Financial Interests: The following partial list can serve as a guide for the types of activities by staff, or household members of such staff, which may cause conflicts of interest because they are an outside financial interest:

- Investments or employment with any outside concern that does business with MMC, except for less than 5 percent ownership of stock held in publicly traded corporations;
- Participating in any transaction for personal gain in which MMC is a party;
- Disclosure or use of confidential or "insider" information about MMC, particularly for personal profit or advantage;
- Competition with MMC directly or indirectly, in the purchase, sale or ownership of property or business interests; and
- Participating in any business or employment that may conflict with the proper performance of one's duties at MMC.

References: Joint Commission Manual LD.04.02.01
Internal Revenue Service, Form 990, Part VI, Section B, Policies
Financial Conflict of Interest Disclosures by Personnel Engaged in
Research and Other Sponsored Programs
Promoting Ethical Partnerships with Health Care Vendors
MMC Code of Ethical Conduct
Institutional Conflicts of Interest involving Research
Rights and Responsibilities with Respect to Intellectual Property.

Related documents:

Executive Compliance Committee Charter
Conflict of Interest Committee Charter

Review Date: 8/30/04, 8/4/08, 7/1/10, 10/8/12

Committee(s) Approval and Date:

Institutional Policy Review 10/8/12, 7/24/17, 5/2019
Executive Compliance Committee presentation April 16, 2019
Conflict of Interest Compliance Committee review 11/7/2018, 2/7/2019

Policy Sponsor: Frank Chessa, Director Clinical Ethics

Sponsor Approval: _____ **Date:** _____
Director Clinical Ethics

SVP Approval: _____ **Date:** _____
SVP Medical and Academic Affairs