

CORPORATE COMPLIANCE: CONFLICT OF INTEREST

Conflict of Interest (CC1208)

KEY WORDS: Disclosure of Financial Relationships, Conflict of Interest, Human Subjects Research

OBJECTIVE/BACKGROUND:

Board Members, Officers, and Employees of Mt. Washington Pediatric Hospital (MWPH) have legal duties of care and loyalty to the organization. As a not-for-profit organization, MWPH relies on the public trust to accomplish its mission and objectives. A written conflicts of interest policy promotes transparency of financial interests and demonstrates commitment to managing the organization with integrity and good faith.

Increased scrutiny has been directed towards these financial relationships and conflicts of interests in recent years from a variety of sources including the Internal Revenue Service and Congress. Not only do the potential conflicts of interest need to be disclosed within the organization, MWPH needs to manage these interests to protect its not-for-profit status and reputation. A financial interest is, by itself, not necessarily a conflict of interest. However, conflicts of interest can never be completely avoided; therefore, MWPH must take proactive steps to require disclosure and manage the financial interests once identified.

The purpose of the conflict of interest policy is to preserve the public trust; to protect the tax-exempt organizations' interests when a transaction or arrangement is considered that might benefit the private interest of an officer or director of the organization; to avoid possible excess benefit transactions; to promote adherence with fiduciary duties; and to ensure that human subjects research is free from bias resulting from a financial conflict of interest.

APPLICABILITY:

This policy applies to all Board Members, employees, vendors and agents of any of MWPH. For the purposes of this policy, including disclosure and management plans, financial interest or conflicts of interest in one of the UMMS legal entities represents a conflict of interest and financial interest in all of the UMMS legal entities.

Accredited by The Joint Commission and by Commission on Accreditation of Rehabilitation Facilities Mt. Washington Pediatric Hospital 1708 West Rogers Avenue Baltimore, Maryland 21209 410-578-8600



DEFINITIONS:

Financial	A person has a financial interest if, within the last twelve months and with an			
Interest	aggregated total value of at least \$5,000, the person has, directly or indirectly,			
	through business, investment, or family:			
	a) An ownership or investment interest in any entity with which the			
	organization has a transaction or arrangement;			
	 b) A compensation arrangement with the organization or with any entity or individual with which the organization has a transaction or arrangement; 			
	 c) A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the organization is negotiating a transaction or arrangement; 			
	d) Intellectual property rights and interests;			
	e) Travel expenses reimbursed or sponsored by any entity other than Mt. Washington Pediatric Hospital, University of Maryland Medical System Affiliate, or Johns Hopkins Medicine Affiliate; or			
	f) Any discovery or acquisition of any of the above (i.e. through purchase, marriage, or inheritance).			
	Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.			
	Examples of financial interest: Any employment or consulting relationship; any commission-based payments (e.g., insurance broker); total value of gifts that exceed \$5000 in value on an annual basis; total value of entertainment events that exceeds \$5000 in value on an annual basis; Stock or ownership interests (including any subsidiary or affiliated entity)			
	amounting to greater than a three percent (3%) ownership interest; stock-options			
	regardless of amount or present value; or any other compensation,			
	reimbursement, or remuneration arrangements not otherwise described above.			
Investigator	The project director or principal investigator and any other person, regardless of			
	title or position, who is responsible for the design, conduct, or reporting of			
	research funded by the Public Health Services or other funding sources, or			
	proposed for such funding, which may include, for example, collaborators,			
	fellows, graduate students, or consultants.			



POLICY:

1. Duty to Disclose.

In order to ensure that all relationships meet the highest professional standards, Mt. Washington Pediatric Hospital requires all Employees, Board Members, Pharmacy and Therapeutics Committee Members, and persons influencing the selections of vendors fully disclose any Financial Interest that may result in perceived potential conflicts of interest. This reporting must be completed, at minimum, annually, and with changes in circumstances. If there is a question about whether something is a conflict of interest, a disclosure should be completed. If there is no Financial Interest to disclose, this must be certified to the requesting party. The requesting party may ask for additional information as needed to understand the risk and the needed mitigation strategies.

2. Ascertaining Conflict of Interest.

A. Employees.

All MWPH employees will be required to complete Conflict of Interest Form upon hire, annually as part of the mandatory online training, and as needed. The Vice President of Human Resources is responsible for collecting and maintaining disclosures from all employees, including physician employees. Employees that are part of another committee requiring disclosure will not be required to submit any additional forms.

B. Governing Board

Board Determination. After disclosing the financial interest and all material facts (which may include an interview with the interested person), the person disclosing the Financial Interest shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide how to manage the conflict. However, at minimum, the member should not participate in further discussions or voting on conflicted matters. The Board, at its discretion, may make additional recommendations.

Mt. Washington Pediatric Hospital



The Chief Executive Officer is responsible for collecting and maintaining disclosures from all of the Governing Board(s) associated with Mt. Washington Pediatric Hospital.

C. MWPH Pharmacy and Therapeutics Committee.

The Director of Pharmacy is responsible for collecting and maintaining disclosures from all of the Pharmacy and Therapeutics Committee members that are not collected under other circumstances (e.g. employed physicians submitting annually). The P&T Committee is comprised of both employees and contracted workers. Contracted workers will be required to complete the disclosure form. Further, the Pharmacy and Therapeutics Committee must be informed if a Financial Interest has been disclosed in any of the considered vendors, products, purchases, uses, etc. The Pharmacy and Therapeutics Committee should take reasonable and necessary steps to mitigate the risks of these interests.

D. Vendor Selection.

The Chief Executive Officer is responsible for collecting and maintaining disclosures from persons involved in vendor selection in hospital purchasing and capital committees. Further, the purchasing or capital committee must be informed if there a Financial Interest in any of the considered vendors, products, purchases, etc. These committees should take reasonable and necessary steps to mitigate the risks of these interests.

E. UMMS Supply Chain.

Corporate Supply Chain is responsible for ensuring that all contracts, invitations for bids, requests for proposals and other invitations or solicitations for offers include the following language:

"Any vendor, supplier, or other contractor must disclose any actual or potential transactions with any University of Maryland Medical System officer, board member, employee, or member of the medical staff, as applicable, including family members. Transactions include offers of



employment, gifts, trips, or other things with a total accrued value of more than \$1,000. The disclosure must be made within five days of the transaction, whenever it occurs. Failure to comply with this provision is a material breach of agreement."

Further, the Corporate Supply Chain must be informed if a person who influences the selection of vendors, products, purchases, or uses, has disclosed a Financial Interest in any of the considered vendors, products, purchases, uses, etc. Corporate Supply Chain is responsible for collecting and maintaining disclosures from all of the persons involved in purchasing decisions that are not collected under other circumstances (e.g. employed physicians submitting annually). Corporate Supply Chain should take reasonable and necessary steps to mitigate the risks of these interests.

F. Locally Held Contracts.

Contracts not managed, solicited, or engaged by Supply Chain must ensure this language is included in the contract:

"Any vendor, supplier, or other contractor must disclose any actual or potential transactions with Mt. Washington Pediatric Hospital officer, board member, employee, or member of the medical staff, as applicable, including family members. Transactions include offers of employment, gifts, trips, or other things with a total accrued value of more than \$1,000. The disclosure must be made within five days of the transaction, whenever it occurs. Failure to comply with this provision is a material breach of agreement."

Persons who have identified Financial Interests in any potential party to a contract must not negotiate, initiate, or sign agreements on behalf of MWPH.

G. Research Investigators.

The Institutional Review Board (IRB) is responsible for ensuring the rights and welfare of the participants are met. The Chief Medical Officer is responsible for ensuring that Investigators complete applicable disclosures within the required timeframes. Research Investigators may be employed or



non-employed individuals (ie. non-employed physician or contracted worker). Those investigators that are not employed MWPH would be responsible for completing the disclosure form. Employees will complete applicable disclosures as part of the annual mandatory online training. Positive responses must be handled consistent with Attachment A. All management plans will be approved by the IRB in conjunction with the Chief Medical Officer.

3. Management Plans.

Management plans are generally required for positive responses on the Financial Interest disclosures, regardless of the individual's position. When a positive disclosure is received by any of the above areas with the exception of Shared Services' Supply Chain, the disclosure must be submitted to the Compliance Officer for review and management plan recommendation. Corporate Compliance and Business Ethics Group may be consulted, as needed, to determine if a management plan is needed.

The Compliance Officer is responsible for developing and implementing a signed management plans that specifies the actions that have been and shall be taken to manage the conflict of interest. If, for any reason, a plan may not be obtained, MWPH Chief Executive Officer or designee and Corporate Compliance and Business Ethics Group must be notified.

Management plans may include options such as.

- A. Disclosure to Patients
- B. Disclosure to Purchasing Committees / formal recusal of decisions
- C. Disclosure if authorship / speaking
- D. Periodic monitoring relationships and conflicts
- E. Limitation of hours of activity
- F. Formal approval required for new activity
- G. Limitation of use of any School of Medicine title
- H. Limitation on relationship with vendor
- I. Protocols for use of the vendor established by MEC / committee
- J. No family members as representatives/technicians
- K. Prohibiting employed persons from acting as vendor representatives



4. Health Services Cost Review Commission Reporting.

The Chief Executive Officer will submit any required information to the Maryland Health Services Cost Review Commission, per COMAR 10.37.01.06, which includes any director or officer conducting more than \$10,000 of business with the relevant hospital, either directly or indirectly.

5. Other Conflicts of Interest

In addition to Financial Conflicts of Interest, Mt. Washington Pediatric Hospital strives to maintain an ethical organization at all levels and as such, all Board Members, employees, vendors (explicitly including contracted staff particularly physicians with contracts) and agents of any MWPH legal entities shall disclose any potential personal conflict of interests, regardless of any financial implications, as the situation arises. A nonfinancial conflict of interest could arise in a variety of situations such as a surgeon performing surgery on a family member or an inappropriate relationship between an employee and a patient, etc. Preemptive disclosure is encouraged. When identified, nonfinancial conflicts should be managed with the same consideration for the risks to the organization as a financial conflict.

ATTACHMENTS:

Attachment A: Protocol for Managing Research Related Conflicts of Interest

Attachment B: PHS Funded Research

RELATED POLICIES:

MWPH Standards of Business Conduct Vendor Relationships Gifts to Patients Gifts to or from Referral Sources



REFERENCES:

COMAR 10.37.01.06
Internal Revenue Services Form 990
Instructions for IRS Form 1023, Attachment A, Sample Conflict of Interest Policy 26 U.S.C. §4958
45 C.F.R. Part 94 Responsible Prospective Contractors 42 C.F.R. Subpart F Promoting Objectivity in Research 21 C.F.R.Part 54 Financial Disclosure by Clinical Investigators

DEVELOPER:

Corporate Compliance & Business Ethics Group will maintain this policy.

APPROVED:

This policy was previously known as the Disclosure of Financial Relationships Policy. UMMS Executive Compliance Committee Approved Initial Policy: 06/10/2013 UMMS Executive Compliance Committee Approved Revisions: 11/16/2015; 11/20/2017 MWPH Affiliate Compliance Committee Approved Revisions: 12/9/20152015; 12/13/2017



ATTACHMENT A: Protocol for Managing Research Related Conflicts of Interest

Before Mt. Washington Pediatric Hospital or an employed provider of UMMS may spend any funds under a PHS-funded research project, the Conflict of Interest Officer shall determine whether there are any Financial Conflict(s) of Interest.

The Conflicts of Interest Officer at MWPH is the Compliance Officer.

- A. In consultation with the Research Compliance Committee, on an <u>annual basis</u>, the <u>Conflicts of Interest Officer will ensure that Conflicts of Interest information</u> is requested and received from Principal Investigators and related research staff.
- B. The Conflicts of Interest Officer will review any positive disclosure of Financial Interests responses and consult with the Office of General Counsel and the Corporate Compliance and Business Ethics Group to review the regulatory requirements and determine whether Public Health Services "PHS" reporting and/or other steps are required.
- C. Reporting to PHS:
 - 1. Prior to Expenditures. Before spending any PHS funds, a Financial Conflicts of Interest report must be provided to PHS by the Conflicts of Interest Officer, or designee.
 - 2. Eliminated Financial Conflict of Interest. If a Financial Conflict of Interest is eliminated before the expenditure of PHS funds, a Financial Conflict of Interest report is not required.
 - 3. Supplemental Reporting. If a Financial Conflict of Interest is identified after the initial Financial Conflict of Interest report is completed but while the PHS funded research project is still ongoing, the Conflicts of Interest Officer shall provide a Financial Conflicts of Interest report consistent with the requirements of the rule to the appropriate Public Health Services department and ensure the implementation of the management plan.
 - 4. Minimum PHS Reporting Elements. Minimum elements of the Financial Conflicts of Interest report submitted to PHS are:
 - i. Project number;
 - ii. Principal investigator
 - iii. Name of the Investigator with the Financial Conflict of Interest;



- iv. Name of the entity with which the Investigator has the Financial Conflict of Interest;
- v. Nature of the Financial Conflict of Interest (e.g. equity, consulting fee, travel reimbursement, honorarium);
- vi. Value of the Financial Interest or a statement that the interest is one whose value cannot be readily determined through reference to public prices or other reasonable measures of fair market value;
- vii. Description of how the financial interest relates to the PHS-funded research and basis for the determination that the financial interest conflicts with such research; and
- viii. A description of the key elements of the management plan; including:
 - a. Role and principal duties of the conflicted Investigator in the research project;
 - b. Conditions of the management plan;
 - c. How the management plan is designed to safeguard objectivity in the research project;
 - d. Confirmation of the Investigator's agreement to the management plan;
 - e. How the management plan will be monitored to ensure Investigator compliance; and
 - f. Other information as needed.
- H. Annual Financial Conflicts of Interest. The Conflicts of Interest Officer shall annually report to PHS and to the Research Compliance Committee the status of any previously reported financial conflict of interest with regard to an ongoing PHS-funded research project. The annual report shall specify whether the financial conflict is still being managed or explain why the financial conflict no longer exists.
- I. Immediate training. Require each investigator to complete training on the financial conflicts of interest immediately if:
 - a. There is a revision in the financial conflicts of interest policies that affects the requirements of Investigators
 - b. The Investigator is new to the Affiliate or
 - c. If the Investigator is not compliant with the financial conflict of interest policy or management plan.



- J. Policy Accessibility. Ensure that this policy is available on the internet.
- K. Routine training. Require each Investigator to complete training regarding the financial conflicts of interest prior to engaging in research and at least every four years. Ensure that this policy is enforced.
- L. Confirm Exceptions. If the Affiliate believes that this policy or portions of this policy do not apply, confirm with Office of Research Compliance annually.
- M. Communicate. Inform each Investigator of this policy.
- N. Enforce Compliance. Promote and enforce compliance with the requirements of this policy.
- O. Certify. As needed, certify, as appropriate, in contract proposals that MWPH complies with requirements.
- P. Cooperate in Investigations. Make information available, promptly upon request, to Health and Human Services relating to any Investigator disclosure of financial interests and the review of, and response to, such disclosure, whether or not the disclosure resulted in the determination of a financial conflict of interest.
- Q. Responding to New or Not Previously Reviewed Disclosures. For Significant Financial Interests not timely disclosed or previously reviewed during an ongoing PHS-funded research project, within 60 days, the Conflicts of Interest Officer must review the Significant Financial interest; determine whether it is related to PHS-funded research; and determine whether a Financial Conflict of Interest exists. If a Financial Conflict of Interest exists, a management plan or interim management plan must be implemented.
- R. Corrective Actions. If a Financial Conflict of Interest was not identified or managed in a timely manner for any reason (e.g. not identified in a timely manner by Investigator or failure to review/manage the Financial Conflict of Interest), within 120 days of determining noncompliance, a retrospective review of the Investigator's activities and the PHS funded project will be completed to determine whether any PHS funded research conducted in the time of noncompliance was biased in the design, conduct, or reporting of such research. This retrospective review must be documented with the following information:
 - a. Project number;
 - b. Project title;
 - c. Principal Investigator;
 - d. Name of the Investigator with the Financial Conflict of Interest;



- e. Name of the Entity with which the Investigator has a Financial Conflict of Interest;
- f. Reason for the retrospective review;
- g. Detailed methodology used for the retrospective review (e.g. methodology of review process, composition of review panel, documents reviewed);
- h. Findings of the Review; and
- i. Conclusions of the Review.

If appropriate, the previously submitted Financial Conflicts of Interest report must be updated with specifications of the actions that will be taken to manage the Financial Conflicts of Interest. If bias was found, the Conflict of Interest Officer must notify and submit a mitigation report to the appropriate PHS department.

- S. Publicly Accessible. If any person requests, in writing, information concerning any disclosed Significant Financial Interest, the Conflicts of Interest Officer must respond within five days with information responding to the request if:
 - a. The Significant Financial Interest was disclosed.
 - b. The Significant Financial Interest is still held.
 - c. The Significant Financial Interest is related to PHS-funded research.
 - d. The Conflicts of Interest Officer has determined that the Significant Financial Interest is a Financial Conflict of Interest.

The response must include, at minimum: Investigator name; Investigator title and role with respect to the research project; the name of the entity in which the Significant Financial Interest is held; the nature of the Significant Financial Interest; the approximate dollar value of the Significant Financial Interest (dollar ranges are permissible) or a statement that the interest is one whose value cannot be readily determined through reference to public prices or other reasonable measures of fair market value; a statement that the information provided is current as of the date of the correspondence and is subject to updates, on at least an annual basis and within 60 days of the identification of a new financial conflict of interest, which should be requested subsequently by the requestor.



T. Record Retention. The Conflicts of Interest Officer must retain records relating to all Investigator disclosures of financial interests and the review of, and response to, such disclosures for at least three years.



Attachment B: PHS Funded Research

Funding from one of the following federal agencies results in mandated reporting of Financial Conflicts of Interest:

Financial Connects of Interest:					
National Institute of Health	NIH Office of the Director	National Institute of			
		Environmental Health			
		Sciences			
Food and Drug	National Cancer Institute	National Institute of			
Administration		Diabetes and Digestive and			
		Kidney Diseases			
Substance Abuse and	National Eye Institute	National Institute of			
Mental Health Services		General Medical Sciences			
Administration					
Agency for Healthcare	National Heart, Lung and	National Institute of Mental			
Research & Quality	Blood Institute	Health			
Agency for Toxic	National Human Genome	National Institute on			
Substances and Disease	Research Institute	Minority Health and Health			
Registry		Disparities			
Centers for Disease Control	National Institute on Aging	National Institute of			
and Prevention		Neurological Disorders and			
		Stroke			
Health Resources and	National Institute on	National Institute of			
Services Administration	Alcohol Abuse and	Nursing Research			
	Alcoholism				
Indian Health Service	National Institute of Allergy	National Library of			
	and Infectious Diseases	Medicine			
Office of Global Affairs	National Institute of	NIH Clinical Center			
	Arthritis and				
	Musculoskeletal and Skin				
	Diseases				
Office of the Assistant	National Institute	Center for Information			
Secretary for Preparedness	Biomedical Imaging and	Technology			
and Response	Bioengineering				
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Office of the Assistant	Eunice Kennedy Shriver	Center for Scientific
Secretary for Health	National Institute of Child	Review
Secretary for freatur	Health and Human	Keview
Office for Minoritarity 11-14-	Development National Institute on	F
Office for Minority Health		Fogarty International
	Deafness and other	Center
	Communication Disorders	N
Office for Population	National Institute of Dental	National Center for
Affairs	and Craniofacial Research	Advancing Translational
		Sciences
Office of Research	Office of Foods and	National Center for
Integrity	Veterinary Medicine	Complementary and
		Integrative Health
Office of the Surgeon	National Institute on Drug	Office of Medical Products
General	Abuse	and Tobacco
Office on Women's Health	Arthritis Foundation	Office of Global Regulatory
		Operations and Policy
President's Council on	Center for Global Health	Biomedical Advanced
Fitness, Sports and		Research and Development
Nutrition		Authority
Presidential Commission	National Institute for	Office of Emergency
for the Study of Bioethical	Occupational Safety and	Management
Issues	Health	
HRSA Office of Planning,	Office of Infectious Disease	National Vaccine Program
Analysis and Evaluation		Office
Office of Women's Health	Office of Noncommunicable	Office of Adolescent Health
	Diseases, Injury and	
	Environmental Health	
Office of the Assistant	Office for State, Tribal,	Office of Disease
Secretary for Mental	Local and Territorial Support	Prevention and Health
Health and Substance		Promotion
Abuse		
Center for Behavioral	Office of Public Health	Office of HIV/AIDS and
Health Statistics and	Preparedness and Response	Infectious Disease Policy
Quality		<u> </u>
Quality		



Center for Mental Health	Office of Public Health	Office for Human Research
Services	Scientific Services	Protections
Center for Substance Abuse	Bureau of Health	Maternal and Child Health
Prevention	Workforce	Bureau
Center for Substance Abuse	Bureau of Primary Health	Federal Office of Rural
Treatment	Care	Health Policy
AHRQ Center for Delivery,	Healthcare Systems Bureau	Office of Global Health
Organization and Markets	Treatmeate Systems Bureau	Office of Global Health
	HIM/AIDC Dagger	Office of Health Favity
AHRQ Center for Evidence	HIV/AIDS Bureau	Office of Health Equity
and Practice Improvement	N. 1411 G	
AHRQ Center for Financing,	National Advisory Council	
Access and Cost Trends	for Healthcare Research	
	and Quality	
AHRQ Center for Quality		
Improvement and Patient		
Safety		
AHRQ Office of the		
Director		
AHRQ Office of		
Communications		
AHRQ Office of Extramural		
Research, Education and		
Priority Populations		
AHRQ Office of		
Management Services		

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