

# Compliance Risks in Academic Medical Centers

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# The Jefferson Team

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# A Word About Reimbursement Risks

- ☛ Outliers
- ☛ Coding of E&M services- PATH, upcoding
- ☛ Consultations
- ☛ Billing insurance only
- ☛ Billing for medications
- ☛ Medical necessity
- ☛ Imaging in the Emergency Room
- ☛ Nonphysician practitioners' services
- ☛ Services “incident to”
- ☛ Physicians financial relationship with ASCs



# The Regulatory Environment

- ☞ Financial Management of Grants and Contracts
- ☞ Human Subjects Protections
- ☞ HIPAA
- ☞ Financial Conflict of Interest
- ☞ Research Misconduct
- ☞ Public Policy Obligations
- ☞ Billing for Clinical Services
- ☞ Intellectual Property - Invention and Patent Reporting
- ☞ Tax Exemption
- ☞ Animal Care and Use



# Topics for Today

- ☛ Grants and Contracts Management
- ☛ Human Subjects Protections
- ☛ Research Misconduct
- ☛ Animal Care and Use
- ☛ Conflict of Interest



# Risks of Noncompliance

## ☞ *BAD*

☞ Increased oversight

## ☞ *REALLY BAD*

☞ Increased reporting responsibilities

☞ Paybacks and fines and funding cuts

## ☞ *REALLY REALLY BAD*

☞ Suspension / Exclusion from participation in federal programs

☞ Civil and criminal actions

- False Claims Action





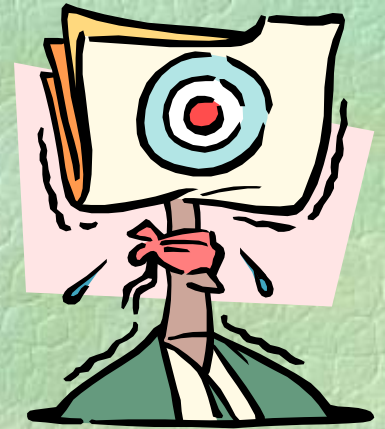
# Grants Administration How Jefferson Got

Religion

- ☛ Whistleblower complaint / anonymous allegations
- ☛ NIH review of grants administration and report
- ☛ Audit
- ☛ Allegation of scientific misconduct



# Overall Criticisms



- ☞ Effort reporting
- ☞ Improper charging of costs
- ☞ Frequent cost transfers
- ☞ Poor documentation
- ☞ Significant personnel cost Rebudgeting
- ☞ Changes in key personnel not reported
- ☞ Inaccurate and untimely financial reports
- ☞ Lack of internal monitoring
- ☞ No formal research education
- ☞ Managing grants retrospectively instead of **prospectively**



# The Outcome

☞ HHS - OIG - DOJ

- Threatened false claims action

☞ NIH

- Exceptional Designation



# Our Advice

- ☛ Know the rules and regulations
- ☛ Know roles and responsibilities
- ☛ Translate the rules into policies and procedures
- ☛ Implement the policies and procedures
- ☛ Monitor



# Know the Rules & Regulations

- ☛ Read the appropriate circulars and grants policy statements
- ☛ Know the funding agency's requirements/guidelines
- ☛ Know terms of the notice of grant award
- ☛ Mandatory training sessions
- ☛ Learn institutional policies and institutional processes
- ☛ Talk to a program officer
- ☛ **When in doubt, ASK**



# **Federal Regulations Governing Research Administration**

- **45 CFR Part 74**
- **NIH Grants Policy Statement**
- **PHS Grants Policy Statement**
- **48 CFR Subpart 31.2 FAR**

## **Office of Management and Budget Circulars**

- **OMB A-21 Cost Principles for Educational Institutions**
- **OMB A-110 Uniform Administrative Requirements for Institutions of Higher Education**
- **OMB A-133 Audits of Institutions of Higher Education and Other Non-profit Organizations**



# NIH Grants Policy Statement

- ☛ Intended to give policy guidance that serves as the terms and conditions of NIH awards
- ☛ Provides information about NIH staff
- ☛ Four parts:
  - General information about grants and the review process
  - Standard terms and conditions
  - Special terms and conditions
  - Listing of pertinent offices and officials



# Roles and Responsibilities

## Training and Education

- ☛ NIH expectations:
- ☛ Define roles and responsibilities in writing
- ☛ Communicate roles and responsibilities / guidance / policies and procedures
- ☛ Education and continuing education
- ☛ Website
- ☛ Oversight



# Roles and Responsibilities

## Principal Investigator

- Primary administrative and scientific responsibility for all aspects of a proposal from submission, to award, to close out.

## Department Chairman

- Overall administrative and financial operation of the department.
- Oversight of research activity, time and effort, space and other resources

## Department Administrator

☞ Administrative support to the PI

- Submission of proposals
- Management of active sponsored research projects
- Reviews and counter signs (as designated by the Chairman) sponsored administrative and financial actions



# Grants Administration Problems Translating the Rules into Practice

- A. At grant end, the administrator informs the PI that there is \$50,000 remaining on an NIH grant A. They decide to transfer the salary of a post doc from the preceding six months where the grant B he is working on is now in deficit. Additionally, the administrator wants to charge a PI to grant A who is currently between projects and unfunded.



# Grants Administration Problems

- B. PI Smith is committed for 75% effort on two grants. He is also a division chief, and teaches one class a semester. He also spends two days a week consulting for a bio-tech firm. He reports his research effort on the time and effort form as 75%.
- C. Test tubes and other supplies are used within a PI's lab who has 3 federal grants. His administrator charges grant A in January for the supplies, grant B in February, and grant C in March.



# Grants Administration Problem Areas

- ☛ Salary and nonsalary transactions
- ☛ Cost allocations
- ☛ Cost transfers
- ☛ Time and effort





# Indicators of Problems

- ☛ Unallowable costs charged to project
- ☛ Significant rebudgeting, under or overspending
- ☛ Frequent delinquent cost transfers or retroactive personnel action forms
- ☛ Assigning costs based on fund availability or project expiration
- ☛ Charging the budgeted amount versus actual usage
- ☛ Charging after grant expiration date
- ☛ Equipment purchases near end of project



# Status Change for PIs and Key Personnel

- ☞ Approval must be requested from federal sponsor BEFORE a PI/key personnel
  - Withdraws from the project
  - Will be absent from the project for three months or more
  - Reduces effort by 25% or more than that approved
- ☞ A formal letter must be prepared by the PI, signed by the PI, Chair and Research Administration
- ☞ Research Administration will submit the request to the sponsor and require written sponsor approval before changes are processed



# Research vs Treatment

- ☛ Physician uses “investigational” procedure on patient with life threatening condition. However, the physician considers the procedure to be a novel treatment rather than research, and IRB review is not obtained. The procedure is performed on numerous people and is published.



# Research Defined

A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.\*

\*45 CFR 46.102



# Research versus Treatment

Research -a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

Treatment - interventions designed solely to enhance the well being of an individual patient and that has a reasonable expectation of benefit for the patient



# IRBs and the Regulatory Environment

- ☛ Biotechnology revolution
- ☛ Growth in federal funding
- ☛ Increase in number of new drugs and devices
- ☛ Growth and complexity of clinical trials



# Regulatory Structure

## OHRP and FDA Regulations

- ☛ 45 CFR Part 46 and 21 CFR Part 50, 56
- ☛ Based on “Common Rule” federal policy
- ☛ Protects human subjects through:
  - Federalwide Assurance
  - IRB review
  - Informed consent requirements



# Regulatory Structure

## OHRP and FDA Regulations

### Continued

- ☞ IRB membership requirements
  - quorum, expertise, diversity
- ☞ Review criteria
  - elements of informed consent
  - exempt
  - expedited
  - waiver of informed consent
- ☞ Special Populations - minors, women, prisoners
- ☞ Clinical Trials Data and Safety Monitoring



# Most Common Findings Resulting in Suspension

- ✎ Initial and continuing review
- ✎ Expedited review procedures
- ✎ Reporting of adverse events
- ✎ Review of protocol changes
- ✎ Application of exemptions
- ✎ Informed consent inadequacies
- ✎ IRB membership, expertise, staff support and workload
- ✎ Documentation of IRB activities, findings and procedures



# Research Integrity Problem

- ☛ Researcher with history of employment problems alleged other researchers were presenting data at a national conference that did not support the research conclusion
- ☛ Investigator alleges that fellow researcher discarded all of investigator's specimens from lab



# Integrity of the Research Process vs Integrity of Science

## ☞ Integrity of Research Process

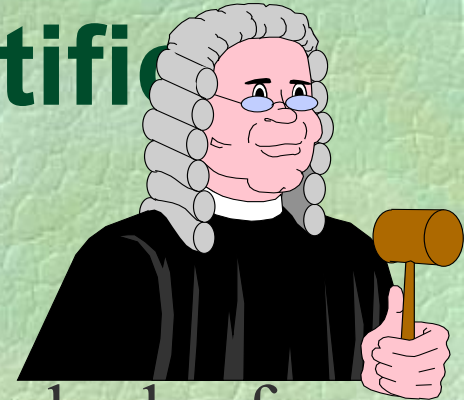
- use of honest and verifiable methods in proposing, performing, evaluating, and reporting research activities

## ☞ Integrity of Science

- **misconduct in science**
- questionable research practices
- other misconduct



# What Constitute Scientific Misconduct?



- ☛ Includes activities that violate ethical standards of scholarship as established by the academic community
- ☛ Defined as:
  - plagiarism; the fabrication or intentional falsification of data, research procedures or data analysis; other deliberate misrepresentations in proposing, conducting, reporting, or reviewing research



# Research Misconduct Is

## Fabrication

- ☞ Making up data or results

## Falsification

- ☞ Intentionally changing data or results

$$1 + 1 = 3$$

## Plagiarism

- ☞ Includes the theft or misappropriation of intellectual property and the substantial unattributed textual copying of another's work.





# Questionable Research Practices

- ☞ Includes, but is not limited to,:
  - Failure to retain significant data
  - Maintaining inadequate research records
  - Using inappropriate statistical or other methods of measurement
  - Refusing to give peers reasonable access to unique research materials or data that support published papers
  - Inadequately supervising research subordinates or exploiting them



# Institutional Responsibilities

☛ PHS regulation on handling allegations of scientific misconduct (42 CFR, Part 50-A) requires

- an approved policy and procedure for responding to alleged misconduct in research
- file annual report on possible research misconduct

- must report to ORI any investigation of alleged misconduct that appears substantial
- places responsibility for dealing with and reporting possible misconduct in science on institutions
- must protect the reputation and position of good faith whistleblowers
- restore reputations where allegations are not confirmed



# Responding to Alleged Misconduct in Research

☞ Confidentiality

☞ Inquiry Committee

- Is there enough substantiation to the allegations?

☞ Investigation Committee

☞ Findings:

- No misconduct in research
- No misconduct in research but problems were identified that require administrative remedies
- Misconduct in research occurred.



# Potential Outcomes

- ☛ Termination from institution
- ☛ Suspension
- ☛ Debarment from participation in federal programs - usually for a period of 3-10 years



# Whistleblower Protection Guidelines

☞ Institutions must:

- Establish policies and procedures to protect whistleblowers
  - **TJU Policy on Reporting and Retaliation**
- Provide fair and objective procedures for resolving the issues
- Evaluate the concerns of a whistleblower fully and objectively



# Animal Care and Use Issues

- ☛ An investigator uses animals in a protocol which does not appear related in purpose to the grant charged with the cost of the animals.
- ☛ Additionally, the rats are observed chewing on their feet after the experimental treatment is administered.



# Regulation of the Care of Animals

## ☛ Office of Lab Animal Welfare- NIH

- PHS Policy on Humane Care and Use of Laboratory Animals
- Guide for the Care and Use of Laboratory Animals

## ☛ Association for Assessment and Accreditation of Laboratory Animal Care (AALAC International)

## ☛ Animal Welfare Act and Regulations

- 7 USC §§2131 et.seq.
- 9 CFR Volume 1, Part 1-199



# Conflict of Interest Problem

PI with a 5 year grant funded at \$2 million by Big Bucks Biotech Company, a private company, has \$1 million in stock plus 500,000 stock options. He also has a consulting agreement with Biotech company for \$40,000 per year.

☛ 42 CFR Part 50 Subpart F grants

☛ 45 CFR Part 94 Contracts



# TJU's Conflict of Interest Program

- ☛ Annual disclosure for trustees, faculty & key personnel
- ☛ Sanctions for failure to comply
- ☛ Conflicts must be managed
- ☛ Threshold conflicts reviewed by Committee
- ☛ Must disclose conflicts on IRB consent form



# Conclusion

- ☛ Numerous risk areas
- ☛ Highly regulated
- ☛ Under intense public scrutiny
- ☛ Requires comprehensive long-term strategy