US Compliance Risks and Strategies: An Overview

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The Attraction

- United States health care market is enormous, and expanding
 - Spending in 2004 estimated at ~\$1.9T
- Health conscious consumers, interested in innovative treatments and technology
- Significant discretion over treatment choices
- Well understood regulatory path to market entry



Some Risks Associated With US Market Are Well Understood

Business risks

- Aggressive competition
- Increasing cost sensitivity among payors, both private and governmental
- Increasing focus on demonstrated efficacy

Legal risks

- Stringent antitrust laws
- Complicated FDA approval process
- Products liability claims



New Landscape, New Risks

- Disclosure Risks Sarbanes Oxley et al.
- Class action products cases
- Regulatory and enforcement actions
 - Financial relationships throughout the chain of distribution
 - Pricing calculations and communications
 - Promotional activity, especially off-label directed at new indications



Emergence of New Regulators

- Traditional role of FDA and HHS
- The Department of Justice as a "regulator"
- State Attorneys General as "regulators"
- Office of Inspector General as a "regulator"
- Plaintiffs lawyers as "regulators"



Why Has This Happened?

- Concerns about soaring government expenditures
- Concerns about soaring health insurance costs
- Concerns about over utilization
- Concerns about the exercise of independent medical judgment by physicians
- Concerns about patient safety
- Concerns about patient privacy



How Has This Happened?

- Broad criminal statutes
 - Anti-kickback statute
 - Misbranding statute
- "Whistleblower" laws
 - How they work
 - Incentives for bounty hunters
 - Why they matter
- Exclusion authority

Key Milestones



- 2001 TAP settlement a "wake up" call
 - \$875 payment was unprecedented
 - Extensive corporate integrity agreement
 - Criminal and civil elements
 - Individual charges
- Widening corporate scandals post-Enron placed increased focus on compliance and governance
- July 2002 issuance of PhRMA code
- May 2003 issuance of OIG compliance guidelines for pharmaceutical companies
- January 2004 Pfizer settles criminal and civil cases relating to off label promotion of neurontin with payment of \$430M

Industry Response



- In light of PHRMA and OIG codes, boards and senior management sought assurances
- Compliance program model in place from other segments of health care system, but little experience with organizations on the scale of Pharma
- Early generation compliance programs
 - Driven by law departments
 - Rules based
 - Focus on education and training
 - Reporting avenues
- Successful in raising consciousness, but difficult to alter ingrained business practices

Enforcement Drives Compliance



- As many suspected, there were many more TAP like cases in the pipeline, most of them initiated by whistleblowers
- A series of large settlements followed, each with an accompanying corporate integrity agreement
- CIA agreements increasingly imposed requirements for intensive outside reviews focusing on various business practices such as consulting or grants
 - Outside reviewers asked both to review systems and to audit particular transactions
- Enforcement and oversight trends reflected increasing sophistication about and insight into the way pharmaceuticals are developed and marketed

Impact of OIG Agreements



- OIG has required execution of corporate integrity agreements as a condition for its decision to refrain from seeking exclusion
 - As a practical matter, exclusion from federal health programs would be financially ruinous
- Integrity agreements contain many standard provisions, but there has been a steady evolution in those elements dealing with required policies and outside review
 - E.g., compare the Pfizer CIA with the recent Purdue CIA
- Integrity agreements have become important benchmarks for compliance professionals because they presumably reflect OIG views on certain topics
 - Yet as the product of a particular negotiation, they are a poor substitute for regulatory guidance

Next Generation Compliance Plans



- As the materiality of the risks became more apparent, the compliance investment changed
- Companies moved to appoint dedicated compliance officers
 - Although the regulatory complexity affecting pharmaceuticals makes legal training essential for effective compliance, some companies moved to separate compliance from the legal function
- Expanded resources allowed greater visibility within key business units
- Increased focus on structural issues, e.g., control and direction of medical education, and on broad risk areas, e.g. large scale consulting programs

Impact of State Law Reporting



- Lead initially by California (of course), a number of states have adopted laws directed at the activities of pharmaceutical companies and their representatives
- Many of these state laws require tracking and reporting of certain payments to physicians in the state
- These legal requirements forced the development, often for the first time, of systems that could capture the amount of spending to a particular physician
- Particularly challenging given the multiplicity of relationships that may exist with physicians – consultant, speaker, researcher, etc.
- Although compliance with these requirements has been expensive and burdensome, the data that has emerged can be useful in terms of analyzing broad trends or spotting problems

Current Compliance Trends



- Increasing focus on business operations
 - Rules are important, but they are not enough
 - Focus on business procedures can imbed compliance into regular operations
- Increasing focus on the content of communications with physicians, especially through medical education and other "non-promotional" channels
- Increasing focus on developing monitoring tools
 - What are the broad trends of spending and what are the implications
- Increasing focus on developing audit tools
- Increasing emphasis on global standards of conduct

Case Study: Consulting



- Consulting identified as a major risk area too many physicians being paid too much to do work that no one uses or that looks a lot like promotion
- Key control responses
 - No consultant may be hired unless there is written brief explaining the need for the consultant and the expected work product
 - No payment without a signed agreement entered into a contracts database
 - Establishment of standard payment terms
 - No payment without certification that work has been performed with appropriate work product
 - Tracking overall consulting payment for particular physicians

Case Study: Speakers



- Speakers identified as a major risk area too many speakers, being paid too much money, to talk about offlabel topics, to small groups or not at all
- Key control responses
 - No speaker may be used unless they are in a database of approved speakers
 - To be in the database, a speaker must go through training and there must be an executed agreement
 - No event that does not take place in approved venue
 - No event that does not meet minimal attendance
 - Payment governed by established schedule
 - No payment if event does not take place
 - No payment without certification from sales rep of compliance with all requirements

What Comes Next?



- Increased emphasis on systems to control and monitor
- More reporting requirements from various governmental authorities
- Increased emphasis on global standards and benchmarking
- More sophisticated efforts to match compliance resources to risk
- Continued concern about the right way to respond to the enforcement emphasis on off-label



Closing Thoughts

- The current compliance scene in the US pharmaceuticals market would have been unimaginable in the late 1990s
- Because the changes have been driven more by enforcement than regulation, it is still hard to judge the extent to which there has been a true transformation of the business
- Also, the importance of enforcement means that the relevance of the US experience to other jurisdictions is hard to assess
- Many of the operational changes driven by compliance considerations represent best business practices and deserve consideration regardless of jurisdiction or regulatory scheme