

12<sup>th</sup> Annual Pharmaceutical Regulatory and Compliance Conference and Best Practices Forum

November 3, 2011



Quality In Everything We Do

## **Objectives**

- Understand the drivers for monitoring Medical Affairs activities
- Review leading practices in developing and deploying compliance monitoring
- Discuss approaches to monitoring common Medical Affairs activities

## **Role of Medical Affairs**

- Unique to a company
- Unique to various company business units
- Common potential "high risk" Medical Affairs activities
  - Meetings with HCPs (advisory boards, formulary presentations, dissemination of medical information)
  - Medical information inquiries
  - Product information and materials preparation/review
  - Educational grants
  - Research grants
  - Speaker training
  - Post market studies
  - Publications
  - Compendia submissions



# Why is monitoring important?

- Trust but verify
- Assess effectiveness of compliance controls
- Assess relevance of controls in place

## **Cost of non-compliance**

- Record-level settlements
  - 2010 recovery of >\$4B from pharma and medical device related settlements
  - Recoveries in the billions for off-label settlements
- CIA monitoring obligations applicable to Medical Affairs
  - Medical inquiries
  - Materials disseminated to HCPs
  - Medical affairs interactions with HCPs
  - Educational grants
  - Research grants
  - Publications
  - Compendia materials



## **Monitoring defined**

- Monitoring is the process and technology used to detect issues associated with the organization's compliance controls
  - Informs key stakeholders and fosters transparency
  - Establishes compliance baselines and measures progress over time
  - Focuses judgmental audits



# **Maturity model** *Monitoring controls*

	Basic	Evolving	Established	Advanced/ Optimized
Monitoring Ownership	No formal monitoring program in place	Monitoring responsibilities have been delegated to management	Areas that required proactive monitoring for high risk activities have been identified and accountability assigned	Proactive     monitoring     activities for high     risks activities     embedded into     daily functional     operations
Monitoring Activities	Monitoring is conducted is on an ad hoc basis	Some monitoring is performed on a subset of controls; however no formal monitoring plan in place across the organization	Monitoring calendar and protocols, including responsible parties are in place for areas where risks have been identified	Monitoring calendar and protocols in place for all controls with results linked to risk assessment and compliance training activities.
Upward Reporting	No formal process in place to track and report findings of monitoring activities or escalate compliance issues	Informal processes in place for receiving and escalating incidents of non-compliance identified through the monitoring process	Formal processes for reporting results of standard monitoring activities and escalating compliance issues to management	Monitoring results used to update controls for high risk activities and compliance training



## Observed trends in monitoring

### Metrics monitoring:

- Repeated calculation of key indicators within relevant focus areas
- Identification of outliers within a period and trends over time

#### Examples:

Focus area	Indicators	Frequency	
Educational grants	<ul> <li>Number of grants to a specific organization in the previous 18 months</li> <li>Aggregate value of donations paid to an organization in the previous 18 months</li> </ul>	• Semi- annually	
Research grants	<ul> <li>Number of grants to a specific HCP in the previous 18 months</li> <li>Aggregate value of grants paid to an HCP in the previous 18 months</li> </ul>	Semi- annually	
Medical Affairs interactions with HCPs	<ul> <li>Number of Medical Affairs meetings per HCP</li> <li>Number of meetings with HCPs per field-based Medical Affairs professionals</li> </ul>	Quarterly	

Enablers: common transactions systems, advanced reporting capabilities



## **Observed trends in monitoring**

- Process monitoring through self-testing:
  - Sample testing performed on transactions
  - Diagnostic based upon guidance and controls
  - Dashboard reporting

For example:	Division A			Division B		
	Results	Systemic drivers (SD)	Results less SD	Results	Systemic drivers (SD)	Results less SD
Medical information response		<ul> <li>No centralized tracking of field-based medical affairs responses to unsolicited requests received by sale reps</li> </ul>				
Materials review and approval		Lack of documentation of re-approval of Medical Affairs materials disseminated to HCPs				
Formulary meeting presentations		<ul> <li>No documentation of unsolicited request for presentation of non- approved information</li> </ul>			<ul> <li>No documentation of review and approval of Formulary meeting presentations</li> </ul>	

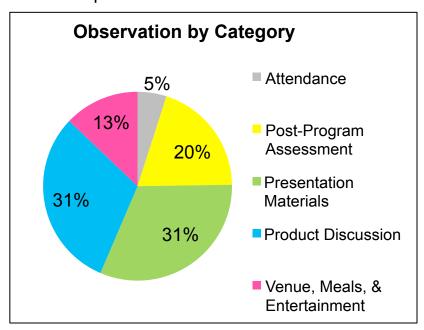


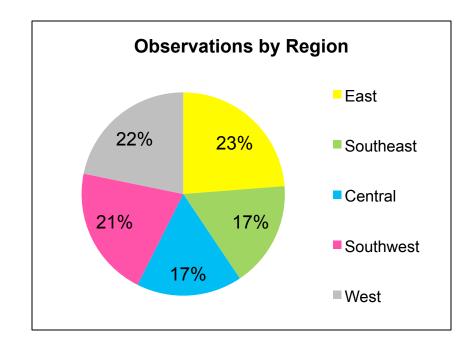
## **Observed trends in monitoring**

#### Field-based monitoring:

- Sample testing performed on events (e.g., ride-alongs, speaker programs, exhibits)
- Diagnostic based upon guidance and controls
- Trend analysis

#### For example:





# Leading monitoring practices Overall

- Monitoring plan informed by prioritized risks
- Local ownership
- Automated where possible
- Monitor unstructured data where possible
- Use of third-party resources when needed

# Leading monitoring practices *Medical inquiries*

### Metrics monitoring

- Number of medical inquiries submitted overall and per field-based Medical Affairs professional
- Number of medical inquiries per response delivery mechanism (e.g., Medical Information email response, field-based Medical Affairs professional direct response)
- Source of medical inquiries addressed by field based Medical Affairs professionals overall and per field-based Medical Affairs professional

## Process monitoring

- Request submission process (e.g., documentation of request, submission mechanism)
- Response process (e.g., mechanism, documentation)
- Response materials (e.g., approval process)

## Field-based monitoring

- Ride-along observation
- Exhibit observation



# Leading monitoring practices Materials disseminated to HCPs

- Metrics monitoring
  - Number of Medical Affairs submitted medical inquiries by type of request (e.g., formulary dossiers, slide decks)
- Process monitoring
  - Review and approval of materials disseminated by Medical Affairs
  - Re-approval of materials disseminated by Medical Affairs
- Field-based monitoring
  - Ride-along observation
  - Advisory board observation
  - Exhibit observation



# Leading monitoring practices Medical Affairs interactions with HCPs

### Metrics monitoring

- Number of HCP meetings overall and per Medical Affairs professional
- Number of HCP meetings overall and per Medical Affairs professional where sales was present
- Number of HCP meetings per meeting purpose (e.g., response to Medical inquiry, introductory meeting, researcher identification, formulary committee presentation) overall and per Medical Affairs professional
- Process monitoring
  - Documentation of interaction
- Field-based monitoring
  - Ride-along observation
  - Advisory board observation
  - Exhibit observation
  - Joint Sales/Medical Affairs internal meeting observation



## Leading monitoring practices Educational/research grants

### Metrics monitoring

- Number of grant requests overall and per grant recipient and therapeutic area
- Number of approved grants overall and per grant recipient and therapeutic area
- Value of approved grants overall and per grant recipient and therapeutic area
- Number of denied grants overall and per grant recipient and therapeutic area

### Process monitoring

- Request process
- Review and approval process
- Payment process
- Field-based monitoring
  - Ride-along observation



# Leading monitoring practices Publications (non-promotional)

## Metrics monitoring

- Number of approved publications overall and per therapeutic area
- Number of approved publications per authorship type (e.g., internal authors, contracted HCPs, contracted medical education provider) overall and per therapeutic area
- Funding for publication support per therapeutic area

## Process monitoring

- Review, approval and tracking of publication plan
- Review and approval of publication materials
- Contracting process for external support
- Disclosure confirmation

## Field-based monitoring

- Ride-along observation
- Advisory board observation



# Leading monitoring practices Compendia submissions

### Metrics monitoring

- Current listings per product
- Number of new/revised compendia submissions overall and per product
- Number and amount of funding to each compendium

## Process monitoring

- Review and approval of compendia submission materials
- Review of existing compendia information
- Approval of compendia payments

### Field-based monitoring

- Advisory board observation
- Formulary committee presentation observation



# How important is data?

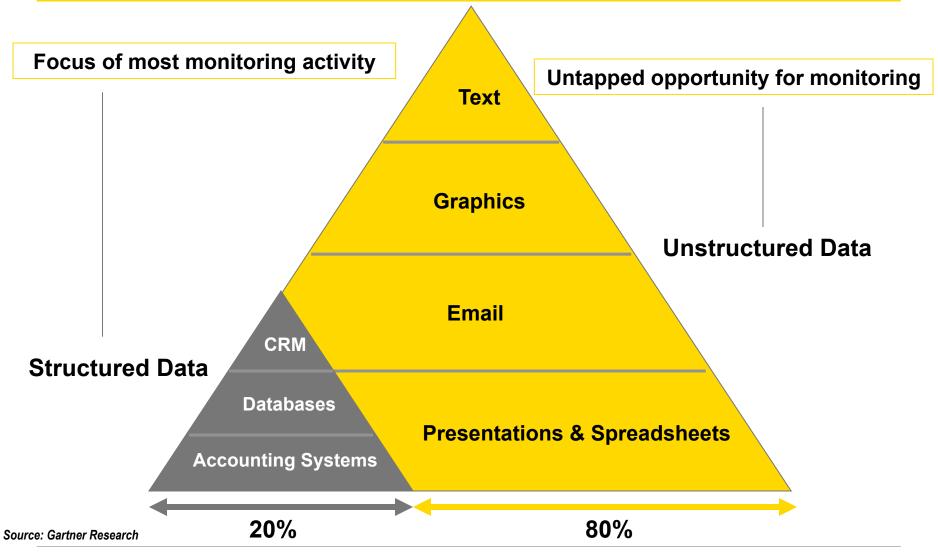
"O.K. – let's review what you didn't know and when you didn't know it."



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## Data sources in today's organization



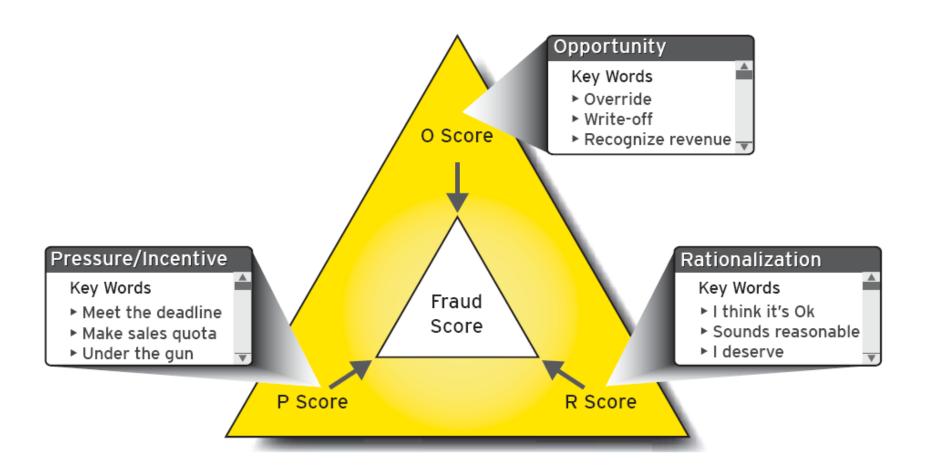
## **Proactive analytics**

Whistle Low Fraud Deemed Conviction **Blower** as High Risk Risk **Pre-emptive:** Proactive: Reactive: Structured & (Traditional Internal Investigation Unstructured Controls) **Techniques Analytics** "Innovative, aggressive fraud detection Rules-based queries & analytics based on targeted risk areas"



# The Fraud Triangle<sup>1</sup>

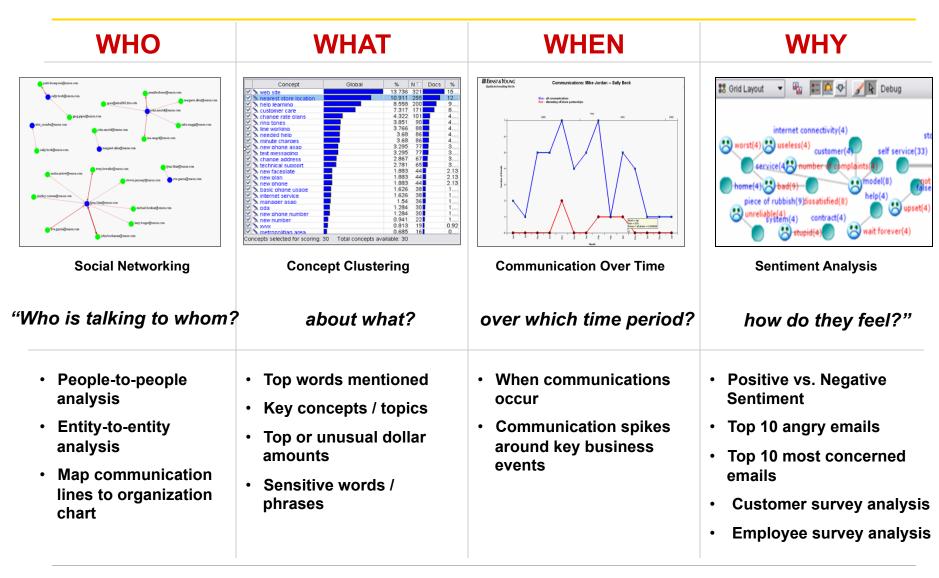
## Applying theory to electronic communications



1. Donald R. Cressey's "Fraud Triangle"; Incentive/Pressure, Opportunity and Rationalization are present when fraud exists.



## Advanced e-mail analytics





## **Thank You!**

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