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- *Pharmaceutical Regulatory and*
- *Compliance Congress*
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**Special Pre-Conference Workshop:
HHS OIG Model Compliance
Guidance**

November 13, 2002

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Overview

- Background and history
- Scope
- Risk areas
- Structural issues
- Compliance activities
- Issues of particular concern to industry
- Timetable and next steps

Background and History

- HHS OIG and compliance guides for industry
 - Prior industry guidance
 - OIG guidances are “voluntary”
 - Consequences of not following “voluntary” guidelines
- Guidance for the pharmaceutical industry
 - Initial OIG solicitation (June 11, 2001)
 - Public comments (August 9, 2001)
 - Draft guidance (September 30, 2002)
- Remarks of IG Rehnquist on release

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Scope

- **Guidance limited to pharmaceutical manufacturers not other sectors of pharmaceutical industry (e.g., retail pharmacies)**
- **Narrow focus differs from scope of original solicitation**
- **Little overlap with FDA jurisdiction (exception: drug sampling)**
- **Virtually no discussion of R&D-related issues**

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Risk Areas

- **Integrity of data used for gov't reimbursement**
- **Kickbacks and other illegal remuneration**
 - Relationships with purchasers
 - Discounts and other terms of sales
 - Average wholesale price
 - Relationships with physicians and other HC professionals
 - Switching arrangements
 - Consulting and advisory payments
 - Other remuneration

Risk Areas (cont'd)

- **Sales Agents**

- Draft Guidance contains troublesome language that calls into question common industry practices with respect to compensation of sales representatives, use of contract sales forces
- “... any compensation arrangement between a ... manufacturer and a sales agent for the purpose of selling health care items or services [reimbursable by the government] implicates the anti-kickback statute, irrespective of the methodology used to compensate the agent.”
- OIG draft calls on companies to “establish an effective system for tracking, compiling, and reviewing information about sales force activities.”

- **Drug samples**

Structural Issues

- **Compliance officer**
 - “High-level” with “direct access” to Board, CEO, senior mgmt
 - Needs sufficient funding, resources, and staff
 - Should have access to all documents, materials
 - “Optimal placement” of CO will vary, but OIG looks unfavorably on subordination to GC, CFO (no change)
 - Divisional or regional compliance liaisons should be considered in companies with multiple divisions, regions
 - Little change from prior guidances
- **Compliance committee**
 - No real change from prior guidances

Structural Issues (cont'd)

- **Responsibility of senior management**
 - Formal commitment of Board or governing body
 - Evidence of that commitment (e.g., adequate resources, timetable for implementation of compliance program)
 - Receiving “periodic” reports from compliance officer
 - Little change from prior guidances

Compliance Activities

- **Education and training**

- Broad applicability (officers, directors, employees, and contractors)
- OIG considers this to be a “must” do
- General training for everyone on the compliance program
- Specific training on risk areas (those in guidance and those identified by other means) for employees associated with relevant activities
 - Guidance suggests sales representatives should receive training on anti-kickback safe harbors
 - Minimum number of hours per year (though number is unspecified)
- New employee and refresher training is important; failure to attend should result in disciplinary action; should be part of employee evaluation
- Documentation and tracking
- Flexibility on training methodology

Compliance Activities

- **Internal communication and reporting**
 - Supervisors should serve as first line of communication
 - Encourages creation of open door, confidentiality and non-retaliation policies; suggests use of rewards for appropriate use of reporting system
 - Suggested mechanisms: emails, newsletters, exit interviews, etc; anonymous reporting should be permitted
 - States that companies should post HHS OIG hotline in employee areas
 - Record keeping is important, as is reporting to Board, CEO, etc.

Compliance Activities (cont'd)

- **Auditing and Monitoring**
 - Little guidance offered on monitoring except a statement that it should be built into an effective program
 - Flexibility on frequency and subject of audits; could be prospective or retrospective
 - Use of “internal or external evaluators who have relevant expertise”
- **Enforcement of internal standards**
 - Need for clear and specific disciplinary policies
 - Penalties to include termination

Compliance Activities (cont'd)

- **Mechanisms for corrective action**
 - Duty to investigate “reasonable indications of suspected noncompliance”
 - Must take decisive steps to correct any problems
 - Actions could include a prompt report to the government where you believe that the misconduct may violate a law (no more than 60 days)

Other Important Topics

- **PhRMA Code:**
 - “useful guidance for evaluating relationships with physicians and other healthcare professionals”
 - “OIG recommends that pharmaceutical manufacturers at a minimum comply with” PhRMA Code
 - “Arrangements that fail to meet the [Code’s] minimum standards ... are likely to receive increased scrutiny from government authorities”
 - While a useful benchmark, compliance “will not necessarily protect a manufacturer from prosecution or liability”
 - IG comments: Companies should view PhRMA Code policies as minimum, additional safeguards may be required in some areas

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Outcome on Issues of Industry Concern (cont'd)

- **Substantive guidance**

- Provides little guidance above and beyond prior statements (e.g., Fraud Alerts, advisory opinions) -- and the little guidance that is provided is not particularly helpful
- Not surprising given focus of OIG guidances on compliance programs
- Modest opportunity in next round for additional guidance on selected issues

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Timetable and Next Steps

- Comment period -- 60 days from publication in Federal Register
- Potential roundtable with industry
- Ad Hoc OIG Group efforts

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Questions?

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