

FLAMBEAU HOSPITAL FLAMBEAU HOME HEALTH & HOSPICE	Policy No. <p style="text-align: center;">CI-42</p>
	Original Date Issued <p style="text-align: center;">September 15, 2012</p>
	Effective Date <p style="text-align: center;">March 26, 2015</p>
CORPORATE INTEGRITY POLICY AND PROCEDURE	Title <p style="text-align: center;">PROVIDER CONFLICTS OF INTEREST</p>

Defined terms are "**Capitalized.**" Definitions are imbedded in or included at the end of the Policy.

Purpose: This Policy has been created to provide guidelines for the disclosure of Conflicts of Interest and to ensure that each Provider understands his/her obligation to maintain professional independence and exercise appropriate professional judgment and to ensure that the safety of patients is not jeopardized or the quality of care or integrity of Flambeau Hospital is not adversely affected by a Provider's financial relationships.

Policy Statement/s:

1. Flambeau Hospital believes that it is important that every Provider who provides health care services to patients of Flambeau Hospital maintain high standards of care and propriety in performing their duties on behalf of Flambeau Hospital they serve so as to act in the best interests of Flambeau Hospital and the patients Flambeau Hospital serves. This requires that each Provider perform his or her professional duties in a manner that preserves integrity and independence in clinical decision making and professional judgment. Conflicts of Interest can compromise such integrity and independence if they are not identified and appropriately addressed.

2. Providers who practice at Flambeau Hospital have opportunities to improve and advance patient safety and health care quality, for example, through collaboration with manufacturers and others in the health care industry. As new practices and products are developed to improve the quality, safety, and efficiency of health care services, these collaborations are becoming commonplace, and may serve to benefit health care delivery generally, as well as quality and patient safety. However, the presence of certain financial arrangements could result in conflicts that have the potential to adversely impact patient care.

3. This Policy provides guidelines for the disclosure of Conflicts of Interest and is in place to ensure that each Provider understands his/her obligation to maintain professional

independence and exercise appropriate professional judgment and to ensure that the safety of patients is not jeopardized or the quality of care or integrity of Flambeau Hospital is not adversely affected by a Provider's financial relationships. As such, each Provider is expected to assess his or her relationships and make the appropriate disclosures as required by this Policy.

4. For the purposes of this Policy, a Conflict of Interest exists when a Provider has a Financial Interest that does, or has the potential to, compromise or bias the judgment or objectivity of the Provider with respect to the care provided to a patient, or otherwise creates the appearance that the Provider is biased or that his or her objectivity is compromised. Conflicts of Interests can arise out of many different situations. For example, a Conflict of Interest exists when a Provider serves on a committee that is responsible for evaluating a product produced by a company that the Provider has a Financial Interest in, or when a Provider receives payment from a company that produces a product, device, medication or other health care product used by the Provider in the course of treating patients or performing other duties on behalf of Flambeau Hospital.

5. All Providers have an affirmative obligation to disclose Conflicts of Interest and are required to cooperate in the administration of this Policy and the Conflict of Interest investigation process. All information disclosed by a Provider in connection with this Policy will be maintained as set forth below and may be disclosed as appropriate, including for performance of quality assurance functions and to ensure compliance with applicable laws, regulations or accreditation standards.

6. In the event there is a Conflict of Interest related to a Provider's participation in a departmental, committee or other meeting, each participant at the meeting is obligated to disclose any actual or potential Conflict of Interest before the meeting begins or promptly upon determination that there may be a Conflict of Interest.

7. Upon request, this Policy, along with any other information determined by a Responsible Officer to be relevant to patient care and the Financial Interests of Providers, shall be made available to patients, other Providers and Flambeau Hospital Associates (see Attachment A for a sample disclosure letter).

Procedures:

1. For each Conflict of Interest, a Provider must promptly disclose the Financial Interest which the Provider holds and all pertinent facts known to the Provider with respect to such Financial Interest. Such disclosures shall be made by the Provider promptly:

- A. Upon implementation of this Policy;
- B. A minimum of every two years upon the request of the Medical Staff at Flambeau Hospital;
- C. Upon any substantive change in the Provider's Financial Interests related to the Conflict of Interest;
- D. Whenever a new Conflict of Interest develops;

- E. At any time a Financial Relationship has the potential to impact a Provider's services to Flambeau Hospital and/or performance of duties or committee participation; and
- F. At any other time upon request by a Responsible Officer.

2. At any time, a Responsible Officer may request that a Provider complete a Conflict of Interest Disclosure Form (see Attachment B for an example). Circumstances in which such a request may occur include, but are not limited to, before a Provider begins service on a committee related to drug or product selection, or at any other time where additional diligence is deemed appropriate by a Responsible Officer.

3. Flambeau Hospital will forward any disclosure it receives, which indicates a potential Conflict of Interest, to the appropriate Regional Director, Corporate Responsibility and Privacy or designee. The Regional Director or designee will perform an initial review of all disclosures to determine if any disclosure warrants further review by the Corporate Responsibility Team and/or Legal Counsel.

4. Upon disclosure of any Conflict of Interest, the Provider making the disclosure shall promptly provide such information and respond to such questions and informational requests as deemed appropriate by the Responsible Officer performing the review.

5. Despite the obligations above, a Provider shall not be required to disclose any existing or potential Financial Interest which, in the exercise of such Provider's reasonable judgment, is so *de minimis* that it would not under any circumstances influence, or appear to influence, the Provider's judgment or actions in the performance of the Provider's professional duties.

6. After disclosure of a Conflict of Interest and all known facts related thereto, the Responsible Officer performing the review shall evaluate the disclosure, which may include discussion with any person or persons who may have knowledge of the arrangement giving rise to the disclosure, including with the interested Provider. When appropriate, relevant leaders and/or committees may be notified of Conflicts of Interest as necessary. Any such committee shall retain a record of the Conflict of Interest and any related documentation in accordance with then-current committee standards.

7. Legal and Corporate Responsibility Services will be responsible for collecting all disclosed potential Conflicts of Interest and related Conflict of Interest documentation and promptly forwarding all of the information to the MHC System Director and Corporate Responsibility Officer for final review and maintenance in a centralized location. Legal and Corporate Responsibility Services will disclose the information upon request as required by law or accreditation standards and in situations in which access to such information would be beneficial to the performance of the requestor's duties (e.g., prior to a committee appointment, during a quality investigation, prior to purchasing a product requested by the Provider, etc.).

8. In the event an actual or potential Conflict of Interest is identified and disclosed at or prior to a meeting as specified in number 6 of the Policy Statement Section, above, the person leading the meeting or a majority of disinterested participants shall determine whether the situation disclosed presents a Conflict of Interest and whether and to what extent the individual should participate in the meeting. The details of the disclosure and decision relative to the existence of a Conflict of Interest shall be maintained in the notes or minutes of the meeting. Any questions regarding this process or whether a Conflict of Interest exists should be directed to the MHC System Director and Corporate Responsibility Officer or Regional Director, Corporate Responsibility and Privacy.

9. If a person has reasonable cause to believe it is likely that any Provider has failed to disclose any Conflict of Interest required to be disclosed under this Policy, he or she shall inform a Responsible Officer of the basis for such belief.

A. The Responsible Officer investigating the report shall afford any Provider who is alleged to have failed to timely disclose any Conflict of Interest required to be disclosed under this Policy, an opportunity to explain the reasons for the omission.

B. If, after completing such inquiry and any additional investigation deemed appropriate, it is determined that the person has in fact failed to timely disclose such a Conflict of Interest, Flambeau Hospital may take any action deemed necessary and appropriate, including corrective action.

10. The Regional Director, Corporate Responsibility and Privacy and the local Integrity Officer is responsible for implementation of this Policy at Flambeau Hospital level. However, the Corporate Responsibility Officer shall have ultimate authority with respect to those issues that may significantly affect Flambeau Hospital.

Attachments:

- Attachment A: Sample Disclosure Letter
- Attachment B: Conflict of Interest Disclosure Form

Related Policies/Position Statements /Other Documents:

- HR-5763: Performance Management Policy

Definitions:

Conflict of Interest: For the purposes of this Policy, a set of circumstances that creates a risk that a Provider's professional judgment and/or clinical decision-making will be unduly influenced by the existence of a Financial Interest. Such a Conflict of Interest may exist on a clinical level, that is, it may impact the care of a particular patient (e.g. the Provider invented a device applicable to his or her practice and receives royalties for each use); or, may exist on an operational level, in that it influences a Provider in a way that impacts how patients are cared for by Flambeau Hospital more generally (e.g., the Provider's participation in the selection of a product for use in Flambeau Hospital generally when the Provider has a Financial Interest in that product).

Financial Interest: Shall mean any financial relationship in which a Provider has received, or is expected to receive, cash or any other item of value from a company, person or entity that produces, manufactures or distributes a medical device, impact, pharmaceutical or other medical care related product that is recommended, prescribed or utilized for Flambeau Hospital's patients. Examples of cash or other equivalent items of value include, but are not limited to: consulting fees; advisory board payments, product evaluation payments, royalties; intellectual property rights; honoraria; ownership interests (such as stocks, stock options or other ownership interests, excluding diversified mutual funds and ownership interests of less than 5% of publicly traded companies); educational payments; or grant awards.

Licensed Independent Practitioner: An individual permitted by law and by Flambeau Hospital to provide care, treatment and services without supervision (e.g., physicians, dentists, podiatrists).

Provider: Shall mean any Licensed Independent Practitioner.

Responsible Officer: Shall mean, for purposes of this Policy: (i) System Director and Corporate Responsibility Officer; (ii) MHC Regional Director, Corporate Responsibility and Privacy; or (iii) Legal Counsel.

Workforce Members: Flambeau Hospital's associates, medical staff members, volunteers, trainees, and other persons whose conduct, in the performance of work for Flambeau Hospital, is under the direct control of Flambeau Hospital, whether or not they are paid by Flambeau Hospital.

Values: This Policy has been reviewed for support of the Flambeau Hospital Values.

Key Words: Conflict of interest; disclosure; providers, physicians

For More Information Contact: Flambeau Hospital Integrity Officer or System Director of Corporate Responsibility

Responsible System Leader: Vice President, Legal Services and Associate General Counsel

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APPROVED BY

Corporate Responsibility Officer
Director of Corporate Integrity

REVIEWED

Jane Eaton-Nyman, RN
Director of Organizational Integrity

**ATTACHMENT A:
SAMPLE DISCLOSURE LETTER**

[To be placed on Organization letterhead]

[NOTE: Insert requestor's name and address]

Dear _____ **[NOTE: insert requestor name]:**

Thank you for your recent inquiry about the provider conflict of interest disclosure process at _____ **[NOTE: insert name of the Organization]**. _____ **[NOTE: insert name of Flambeau Hospital]** is committed to providing high quality care to all of its patients. We recognize the trust that patients place in our health care providers to act in their best interest, and remain committed to facilitating health care decisions that are consistent with our longstanding dedication to quality, patient and family satisfaction, positive patient outcomes, and regulatory compliance. As part of that commitment, _____ **[NOTE: insert name of Flambeau Hospital]** has implemented policies and procedures to ensure that health care decisions are not influenced by the self-interest of a patient's health care provider.

In response to your inquiry, I have enclosed a copy of our Provider Conflicts of Interest Policy **[NOTE: insert the following if applicable]** and the specific information you requested relating to _____. Additionally, we thought it might be helpful for you to know _____ **[NOTE: upon request by a patient, Provider or Workforce member, Organizations must provide a copy of the Conflict Policy along with any other information determined by a Responsible Officer to be relevant to patient care and the Financial Interests of Providers]**.

If you have any concerns or questions about the enclosed information, please feel free to contact _____ **[NOTE: insert name and title of contact person e.g., MHC Regional Director of Corporate Responsibility and Privacy]** at _____ **[NOTE: insert telephone number or telephone number and email address]**.

We look forward to continuing to serve you.

Sincerely,

[NOTE: insert name and title]

**ATTACHMENT B:
CONFLICT OF INTEREST DISCLOSURE FORM**

Provider Name: _____

Committee or Role, if applicable: _____

Consistent with the Provider Conflicts of Interest Policy, and pursuant to Flambeau Hospital's request, please describe any Financial Interest(s) that may pose a Conflict of Interest. Information should be included regardless of whether payment or reimbursement is made directly to you, passed through a hospital or clinic, a CME program, a non-profit or for-profit marketing company or any other conduit. Areas to comment on include, but are not limited to, the following (please specifically name any companies and products that relate to any of the following relationships or interests):

I have no information to disclose To be checked off only in circumstances where the Responsible Officer specifically requests this disclosure form be completed AND the provider has no information to disclose.

Potential Conflict	Enter "NA" if Not Applicable	Company(ies) and Related Products	Frequency	Estimated Monetary Value and/or Compensation
Consultant or product review fees, honoraria, royalties or other payments				
Research funding, educational payments, grants or other support				
Investments or ownership interests				
Membership on advisory boards, committees or boards of directors				
Any other financial relationship that presents a potential Conflict of Interest				
Other (please explain)				

Continue on additional page(s) if necessary

Signed: _____

Date: ____/____/____

Contact information if needed for follow-up:

Phone Number:

Email Address: