



An Assessment of the Industry— Faculty Surgeon Relationship Within Colon and Rectum Surgical Training Programs

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INTRODUCTION: Industry funding of surgical training programs poses a potential conflict of interest. With the recent implementation of the Sunshine Act, industry funding can be more accurately determined.

OBJECTIVE: To determine the financial relationship between faculty surgeons within colon and rectal fellowship programs and industry.

DESIGN: Review of industry funding based on the first reporting period (August–December, 2013) using the Centers for Medicare and Medicaid Services online database.

SETTING: ACGME certified colon and rectum surgical fellowship programs.

PARTICIPANTS: Overall, 343 Faculty surgeons from 55 colon and rectum surgical fellowship programs were identified using the American Board of Colon and Rectum Surgery website. There was complete identification of faculty surgeons in 47 (85.5%) programs, partially complete identification (i.e., >80%) in 6 (10.9%) programs, and inadequate identification of faculty in 2 (3.6%) programs.

MAIN OUTCOME: Industry funding as defined by the Sunshine Act included general payments (honorariums, consulting fees, food and beverage, and travel), research payments, and amount invested.

RESULTS: In all, 69.1% of program directors and 59.4% of other faculty received at least one payment during the reporting period (19.7%, 95% CI: −4.4% to 23.8%, $p = 0.18$). Program directors received higher amounts of funding than other faculty (\$7072.90 vs. \$2,819.29, Δ \$4,253.61,

95% CI: \$1132–\$7375, $p = 0.008$). Overall, 49 of 53 (93%) programs had surgeons receive funding, with a median of 3.5 surgeons receiving funding per program. A total of 65 companies made payments to surgeons, with 80.1% of the funding categorized as general payments, 16.2% as investments, and 3.7% as research payments.

CONCLUSIONS: Industry funding was common. This financial relationship poses a potential conflict of interest in training fellows for future practice. (J Surg Ed 73:595–599. © 2016 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: Colorectal fellowship, industry funding, faculty, residency program

COMPETENCIES: Patient Care, Professionalism, Medical Knowledge

INTRODUCTION

Promotional spending by pharmaceutical companies totaled approximately \$57.5 billion in the United States in 2004, representing approximately 24.4% of their revenues.¹ A previous study had identified industry support as common within general surgery training programs.² The authors found that two-thirds of programs received industry-supported lunches, 58% received support for academic events, and 54% received support for research. They found that 25% of programs believed that they were dependent on industry for their education missions. Despite the frequency of supported activities, 71% of programs disagreed that industry support posed a problem for their program, whereas 63% disagreed that industry support compromises cost-effective medical care.

Other studies assessing internal medicine specialties have found that residents and faculty believe that industry gifts

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influence teaching in a variety of educational settings. Residents were more likely than faculty to perceive an influence on teaching during in-hospital lectures and rounds, as well as at out-of-hospital dinner lectures and journal clubs.³ The majority of both residents and faculty felt that gifts under \$10,000 would influence teaching, whereas 25% of primary care faculty and 15% of subspecialty faculty felt that no amount of industry income or gifts would influence teaching.

Surgical specialties and medical specialties may share similarities in the influence industry has over treatment practices. Previous studies^{4,5} have found that prescribing patterns by medical specialists can be influenced by industry-supported conferences and lectures. Similar to prescribing patterns, it has been shown that exposure to laparoscopic cases during residency, as well as industry-sponsored workshops can influence the adoption of this technique.⁶ In fact, having a colleague who performs newer techniques can quickly encourage adoption by even practicing surgeons.^{7,8} A potential conflict of interest exists if faculty surgeons are being unduly influenced to use techniques or approaches based on relationships with industry.

Previously, it was difficult to identify the true value of industry funding. Recent legislation governing the transparency of industry payments to physicians has allowed for an easily accessible source of information regarding these financial relationships. The social security act requires the Centers for Medicare & Medicaid Services to “collect information from manufacturers and group purchasing organizations (GPOs) in order to report information on their financial relationships with physicians and hospitals.”⁹

The objective of this study was to assess the financial relationship between faculty surgeons, within colon and rectal fellowship programs, and industry. Identifying these relationships is imperative in assessing a potential conflict of interest within training programs.

MATERIALS AND METHODS

All Accreditation Council for Graduate Medical Education certified Colon and Rectal Surgery fellowship programs were identified through the American Board of Colon and Rectal Surgery website.¹⁰ This website identifies the program director as well as the number of faculty surgeons involved in the training program. Faculty surgeons within each of these programs were then identified using the fellowship program’s website. The completeness of faculty surgeon identification was defined as complete (100% of the faculty were identified), partially complete (>80% of the declared number of faculty surgeons identified), or incomplete (<80% of the declared number of faculty identified).

General payments, research payments, and investments to each of the identified faculty surgeons were identified using the “Open Payments” website.⁸ This website documents

industry payments to physicians for the last 5 months of 2013. For each faculty surgeon, the type of payment (general, research or investment) and the company providing the payment and the dollar amount (in USD) was extracted. General payments included honorariums, travel and lodging, consulting fees, and food and beverage payments.

All statistical analyses were completed in STATA 12.0 (Statacorp, College Station, TX). Mean payments by faculty surgeon and by program, as well as differences in payments between program directors and other faculty were calculated. Differences in means were determined using the *t*-test. The proportions receiving funding were compared between program directors and other faculty using the χ^2 test. Total payments made by individual companies were tabulated.

RESULTS

A total of 55 Colon and Rectal Surgery fellowship programs were identified. There were 343 identified faculty surgeons. Included in this group were 55 program directors. We were able to identify all faculty surgeons in 47 (85.5%) programs, partially identify faculty surgeons in 6 (10.9%) programs and were unable to adequately identify faculty surgeons in 2 (3.6%) programs. In these 2 programs, only the program directors were identified.

Of the 343 identified surgeons, 209 (60.9%) received some form of payment. Of the 55 program directors, 69.1% received some form of payment, compared with 59.4% of nonprogram directors (Δ 9.7%, 95% CI: -4.4% to 23.8%, *p* = 0.18). Of those receiving at least one payment, the mean total payment was \$3592.67 (range: \$11-\$64,163). Within this group, program directors on average received a higher amount compared with other faculty (\$7072.90 vs. \$2819.29, Δ \$4253.61, 95% CI: \$1132-\$7375, *p* = 0.008) (Table 1).

Most surgeons receiving payments received general payments. Only a small number received research funding (*N* = 5, 1.5%) or investments (*N* = 5, 1.5%). In terms of dollar value, general payments accounted for 80.1% of total payments, whereas investments accounted for 16.2% and research payments accounted for 3.7% (Table 2).

TABLE 1. Value and Number of Types of Payments

	Value	Number of Surgeons
General payment	\$601,288.87	209 (60.9%)
Research payment	\$28,065.00	5 (1.5%)
Investment amount	\$121,514.00	5 (1.5%)
Total amount (general payments, research payments, investment amount)	\$750,867.87	209 (60.9%)

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