



MONTEFIORE MEDICAL CENTER

The University Hospital for the
Albert Einstein College of Medicine

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: MEDICAL VENDOR REPRESENTATIVES NUMBER: JP54.1

OWNER: OFFICE OF THE MEDICAL DIRECTOR, OFFICE OF COMPLIANCE
AND THE DEPARTMENT OF ACQUISITIONS

EFFECTIVE
DATE: 10/15/08

REVIEW/REVISED
DATE:

SUPERSEDES:

CROSS-REFERENCE: Administrative Policies and Procedures: JH20.1 Conflict of Interest.
Patient Care Manual OR-V-2 Procedures for Visitors in the Operating Room

REFERENCE: American College of Physicians Guidelines on Physician-Industry Relations,
PhRMA Code on Interactions with Health Care Industries, Accreditation Council for Continuing
Medical Education Standards for Commercial Support

Scope:

Applies to all Medical Vendor Representatives, Montefiore associates, medical staff and trainees throughout Montefiore's delivery system, including the Care Management Organization (CMO). Interactions with non-patient care vendors are covered exclusively under the Conflict of Interest Policy.

Policy Statement:

The purpose of this policy is to ensure that the best interest of the patient is the principal factor in any decisions to use pharmaceuticals, medical equipment and devices or clinical services in patient care. Circumstances in which commerce and care planning coexist are ethically challenging. At times care providers are involved in the development or marketing of a product and will derive benefit from its use. This creates a conflict of interest that is precluded by medical codes of conduct and by standards of medical professionalism. Furthermore, the acceptance of gifts—even very small gifts—may also create conflict of interest, because of relationships and sense of obligation these gifts engender. Choices of marketed products present opportunities to meet the needs of the patients with the most recent and appropriate technology. But the uncritical acceptance of promotional material may lead providers to overlook data about less innovative and less profitable products that may be as good or better for the patient. This policy is designed to assist physicians and other care providers in balancing potential influences with benefits, including knowledge of new treatments and devices, by providing guidance for the conduct of medical vendor representatives.

Definitions:

Medical Vendor Representatives (MVRs): Defined as vendors' representatives from pharmaceutical companies, manufacturers and distributors of medical device and durable medical equipment, nursing home and home health vendors, and other patient care vendors.

PROCEDURE FOR VENDOR REGISTRATION:

JP54.1 MEDICAL VENDOR REPRESENTATIVES

1. All Medical Vendor Representatives must be approved and pre-registered prior to seeking access to any Montefiore site. Access is sought on a per visit basis or as a standing appointment for a specific period of time, at the discretion of the specific clinical or administrative department and as approved as follows:
 - a. Any MVR seeking access should complete the Request for Medical Vendor Representatives Access Form (Attachment I available on the internet at www.Montefiore.org) and submit to the appropriate department indicated below:
 - i. Pharmaceutical Vendors: The Pharmacy Department is responsible for screening and approval of all pharmaceutical representatives;
 1. Pharmacy Sales Representatives are not permitted on Montefiore premises, unless to meet with the Director of Pharmacy or Designee. Pharmaceutical Scientific Liaisons, or other similar position whose specific job responsibilities explicitly prohibit the detailing of medications, may be permitted to have access to Montefiore with appropriate approval.
 - ii. Medical Device Vendors: The Acquisition Department will screen and approve medical device representatives;
 - iii. Durable Medical Equipment, Home Health and Nursing Home Vendors: The Care Management Organization (CMO) will screen for approval of these representatives, except that Montefiore Home Health will screen and approve its own related vendors;
 - iv. Other: Other patient care vendors not explicitly covered above are obligated to comply with the policy and procedures for vendor registration.
 - b. The above departments are responsible for ensuring that the Medical Vendor Representatives receive a copy of the application package, including but not limited to this policy and procedure, and that they sign an attestation that they have read and will abide by the conditions outlined. MVRs are responsible for signing and submitting this attestation to the appropriate department annually.
 - c. Copies of the approved applications are provided to the MVR and to security via fax for processing. Electronic notification of the approval to the Security Department Supervisors is requested.
 - d. If the application is not approved, the authorized department indicates on the form and faxes to Security.
 - e. If approved, MVRs must present to Security at 3324 Rochambeau with a copy of the signed access form to receive their vendor identification badge.
 - f. In no circumstance is the expiration date of the badge to exceed one year from date of issuance.

VENDOR ACCESS AND AUTHORIZATION:

1. MVRs must enter through one of the following entrances:
 - East 210th Street at the Moses Campus
 - The MAP building at the Moses Campus
 - Eastchester Road at the Weiler Campus
 - East 233rd Street at the Montefiore North Campus
 - Fordham offices-- home health MVRs only
 - No access is allowed through the CHAM, Gunhill Road or other Montefiore entrances.
2. MVRs are not authorized to be present on any Montefiore Medical Group (MMG) site, unless written permission is received in advance from the MMG Director of Clinical Services.
3. MVRs are not permitted in any patient care area, including waiting rooms, inpatient units or faculty practice sites, unless to provide in-service training on devices or other equipment and then, only by appointment and with the appropriate approval.

4. MVRs may not loiter in common hospital areas, such as lobbies, cafeterias, Medical Library, etc, for the purpose of initiating unsolicited contact with health care professionals and detailing products. Under no circumstances may MVRs initiate contact with housestaff or medical students on Montefiore premises.
5. Access to patient information:
 - a. MVRs will not be permitted access to any patient information, clinical data or billing information. Montefiore associates and medical staff shall not provide such information to MVRs. In the event that provision of such information is required for patient care reasons, patient consent to release information to the MVRs shall be sought in all instances.
 - b. Proprietary information related to prescribing practices, product consumption or prices may not be provided to MVRs except by individuals authorized by Montefiore to negotiate contracts.

VENDOR OBLIGATIONS AND AUTHORIZED ACTIVITIES:

1. Medical Vendor Representatives will abide by the policies and procedures of Montefiore Medical Center, including the determinations of the Pharmacy and Therapeutics Committee and the Medical Device Committee, the Medical Staff By-laws and Rules and Regulations. MVRs are not permitted to promote medications, supplies or equipment contrary to Montefiore policies or guidelines as approved by medical center committees.
2. MVRs are required to wear their ID at all times when on Montefiore premises. They must also wear a Photo ID issued by their employer. MVRs are required to return their Montefiore ID badge to Security in the event they leave their job or they no longer require access to Montefiore premises for any reason.
3. Authorized MVRs are only permitted to discuss drugs available through the Montefiore Hospital Formulary. Distribution of literature or promotional materials for non-formulary products to the house staff or the Medical Center community at large is prohibited. Authorized MVRs may, however, discuss non-formulary products with healthcare professionals during office appointments arranged in advance, provided, however, that all promotional literature and materials being detailed are first provided to and approved by the Department of Pharmacy prior to any discussions.
4. New drugs for consideration by the Pharmacy & Therapeutics (P&T) Committee shall be discussed with the Director of Pharmacy Services or designee. The Director of Pharmacy may then schedule a discussion of the new drug for addition to the Formulary on the agenda of the P&T Committee meeting after completion of the application process. No statement may be made to any health care professional as to the availability of a product/medication at Montefiore until such time as it has been approved by the P&T committee.
5. Sample medications and/or devices are not permitted at all and may not be distributed or left in any area within Montefiore Medical Center. In rare circumstances, a sample may be permitted if approved by the Director of Pharmacy or other authorized party.
6. MVRs are not permitted to solicit business via displays or organize gatherings of the professional staff for the purpose of presenting their products; nor may a representative post any brochures, notices, or promotional material in any part of Montefiore. Appropriately scheduled in-services or educational programs, such as for approved devices, must be coordinated and approved by the departmental supervisor.
7. No food shall be provided by a MVR at any educational program offered at Montefiore.
8. No gifts or inducements of any kind, even of nominal value, may be distributed by Medical Vendors Representatives on Montefiore premises. Examples of banned items include pens, stick pads,

mousepads, conversion charts or food or meals of any kind, even in connection with an educational program.

9. Patient education materials produced by vendors may be used provided they have been reviewed and approved by the Patient Education Department.
10. Off-sites activities arranged specifically for clinical or administrative departments that are sponsored or otherwise supported by MVRs, such as educational lunches or dinners for Montefiore medical staff, housestaff or associates, also are not permitted.
11. No expenses for travel or attendance at lectures or conferences of any type may be provided by MVRs.
12. Medical Vendor Representatives seeking to contribute to continuing education may do so by coordinating through the Office of Continuing Medical Education. Those seeking to provide grant money for trials should coordinate through the Office of Sponsored Research.

VIOLATIONS:

MMC associates and medical staff that observe vendor representatives violating this policy and procedure should notify the Office of Compliance. Violations of this policy by MVRs will result in disciplinary action, up to and including suspension or termination of access privileges at Montefiore. In the event violations occur, appropriate notice will be sent to the MVR's employer. Montefiore associates and medical staff violating the terms of this policy also may be subject to disciplinary action, including warning, suspension or discharge.



ACQUISITIONS DEPARTMENT

MEDICAL VENDOR REPRESENTATIVE (MVR) ACCESS APPLICATION (DRAFT)

ALL QUESTIONS MUST BE ANSWERED COMPLETELY FOR THIS FORM TO BE REVIEWED. QUESTIONS NOT ANSWERED WILL DELAY REVIEW.

MVRs MUST APPLY FOR AND RECEIVE PRIOR AUTHORIZATION TO BE PERMITTED ON DESIGNATED MONTEFIORE PREMISES. AS PER THE MVR POLICY AND PROCEDURE, ANY MVR SEEKING ACCESS MUST COMPLETE THIS APPLICATION AND SUBMIT BY FAX TO NUMBERS INDICATED BELOW

PLEASE CHECK ONE:

<input type="checkbox"/> PHARMACEUTICAL #718-798-0722	<input type="checkbox"/> MEDICAL DEVICE #914-378-6378
<input type="checkbox"/> DURABLE MEDICAL EQUIPMENT #718-920-4145	<input type="checkbox"/> NURSING HOME REPRESENTATIVE #718-920-4145
<input type="checkbox"/> HOME HEALTH REPRESENTATIVE #718-920-4145	<input type="checkbox"/> MONTEFIORE HOME HEALTH VENDORS #718-561-7540
<input type="checkbox"/> OTHER: _____	

PLEASE PRINT CLEARLY:

NAME:		
POSITION/ JOB TITLE:	CREDENTIALS: <small>(i.e. MBA, MD, etc)</small>	
COMPANY:		
ADDRESS:		
BUSINESS PHONE #:	CELL PHONE #:	
EMAIL ADDRESS:		
RATIONALE FOR ACCESS :		
DEPARTMENT(S) CONTACTED :		
DEPARTMENT:	CONTACT PERSON(S):	TEL.#:
DEPARTMENT:	CONTACT PERSON(S):	TEL.#:
DO YOU NEED ACCESS TO PATIENT CARE AREAS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, INDICATE AREAS AND RATIONALE:		

CERTIFICATION: *(TO BE COMPLETED BY THE MVR AND MVR'S SUPERVISOR)*

I ATTEST THAT I HAVE OBTAINED AND READ THE MONTEFIORE MVR POLICY AND PROCEDURE AND AGREE TO ABIDE BY IT WHEN VISITING MONTEFIORE. I UNDERSTAND THAT:	
1) I WILL WEAR MY ID BADGE AT ALL TIMES ON MONTEFIORE PREMISES;	
2) I AM NOT ALLOWED IN PATIENT CARE AREAS (UNLESS BY PERMISSION) AND WILL NOT LOITER IN COMMON MEDICAL CENTER AREAS;	
3) I AM NOT PERMITTED TO PROMOTE MEDICATIONS, SUPPLIES OR EQUIPMENT CONTRARY TO THE MONTEFIORE POLICIES OR GUIDELINES;	
4) I WILL PROTECT THE CONFIDENTIALITY AND SECURITY OF ANY PROTECTED HEALTH INFORMATION IN ACCORDANCE WITH APPLICABLE LAWS AND HOSPITAL POLICY; AND	
5) IF I AM SEEKING ACCESS TO PATIENT CARE AREAS, I AM UP-TO-DATE WITH MMR VACCINATION AND PPD TESTING. I UNDERSTAND THAT VIOLATIONS OF THIS POLICY WILL RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING SUSPENSION OR TERMINATION OF ACCESS PRIVILEGES.	
6) I UNDERSTAND THAT ACCESS IS GRANTED SOLELY TO THE DEPARTMENT(S) LISTED ABOVE	
MVR SIGNATURE:	DATE:
VENDOR REP. SUPERVISOR (PRINT NAME)	VENDOR REP. SUPERVISOR SIGNATURE:

NOTE: MVR SHOULD NOT REPORT TO SECURITY FOR SITE VISIT UNTIL RECEIPT OF CONFIRMATION OF APPROVAL FROM ACQUISITIONS.

*SECURITY OFFICE HOURS: MONDAY, WEDNESDAY, FRIDAY – 8:00AM TO 12:00PM AND 1:00PM TO 4:00PM
SECURITY OFFICE LOCATION: 3324 ROCHAMBEAU AVENUE, BRONX NY 10467 TEL #: 718 920 6131*

AUTHORIZATION: *(TO BE COMPLETED BY AUTHORIZED MONTEFIORE MANAGEMENT AND FAXED TO SECURITY)*

<input type="checkbox"/> THE ABOVE MVR HAS BEEN APPROVED AND SHOULD RECEIVE A DESIGNATED ID BADGE WITH AN EXPIRATION DATE OF _____ IN ORDER TO HAVE ACCESS TO MMC PREMISES AS SET FORTH IN THE ADMINISTRATIVE POLICY AND PROCEDURE THAT THEY HAVE READ AND AGREED TO ABIDE BY. I HAVE CONTACTED THE MVR OF THE APPROVAL, EXPIRATION DATE AND DIRECTIONS ON HOW TO OBTAIN THE ID BADGE.	
<input type="checkbox"/> THE ABOVE MVR APPLICATION IS NOT APPROVED AND I HAVE FAXED TO SECURITY AT 718-798-3375.	
PRINT NAME:	DATE:
SIGNATURE:	