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# Report

*The Prescription Project is led by Community Catalyst in with the Institute partnership on Medicine as a Profession. Created with the Pew Charitable Trusts, the Project seeks to eliminate conflicts of interest in the medical profession created by industry marketing by promoting policy change among academic medical centers, professional medical societies, and public and private payers.*

## Addressing Conflicts of Interest at UC Davis

### Introduction

On July 1, 2007, the University of California Davis Health System introduced stringent new standards to address conflicts of interest arising from faculty and staff relationships with the pharmaceutical industry and other vendors. Key elements of the policy include a complete ban on gifts, pharmaceutical samples, and exclusion of faculty members with financial ties to drug companies from the pharmaceuticals and therapeutics committee (see Appendix for the complete policy).

The Prescription Project interviewed Pharmacy and Therapeutics Committee chairman Dr. Tim Albertson and committee member Dr. Garen Wintemute about the process of policy change. We hope the experience at one school will inform efforts to address these issues at other institutions.

### ***What was the impetus for change?***

The impetus was the appearance of the article by Troyen Brennan and others in a January, 2006 issue of *JAMA*<sup>1</sup>. The article came at a time of heightened awareness of the influence of industry practices on the medical profession, and it made specific recommendations that provided a focus for our efforts. Earlier books and journal articles had documented the problem, in many cases better than Brennan et al., but had made more general recommendations. The Brennan article provided a blueprint.

### ***What did the process look like? Were there guidelines in place that you strengthened, or was this a from-scratch process? If so, what template did you use?***

This began as an effort by our Pharmacy and Therapeutics Committee. Its chairman, Dr. Albertson, appointed a volunteer subcommittee chaired by Dr. Wintemute to review the evidence, critique the Brennan recommendations, and report to the full committee. Our institution already had in place very specific policies regulating the behavior of pharmaceutical representatives, but did not have similar policies for vendors of other

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<sup>1</sup> Brennan TA, Rothman DJ, Blank L, et al. Health industry practices that create conflicts of interest: A policy proposal for academic medical centers. *JAMA*. 2006;295:429-433.

goods and services.

The subcommittee spent about six months collecting and reviewing the evidence and then recommended adoption of all the Brennan proposals. One difficulty we identified early was that many of the proposals lay outside the jurisdiction of the Pharmacy and Therapeutics Committee, and perhaps outside the jurisdiction of the School of Medicine. The proposals related to gifts and samples were endorsed by the full committee and then by our medical staff executive committee. The reforms took effect in July 2007, after a roughly 6-month delay to allow departments to make alternative arrangements as needed.

We broadened the initiative to include vendors of all services at UCD health system. All involved recognized that it made no sense to have one standard for representatives of pharmaceutical manufacturers and another for representatives of medical device manufacturers or, for that matter, food service providers. Dr. Albertson chaired an *ad hoc* vendor relations committee that drafted policies affecting all suppliers of goods and services, modeled on those developed for pharmaceutical manufacturers.

### ***Who resisted, and why?***

There was relatively little resistance to proposals to eliminate gifts and samples. Some resistance was motivated by personal financial considerations. One particularly candid opponent said, "Hey. I need the money." Others objected to what they perceived as an infringement of their autonomy as professionals—a stance that proponents saw as ironic, given the nature of the evidence concerning gifts and prescribing behavior. Still others were concerned about the future of educational programs or other services, such as free clinics, that were dependent on industry support.

It remains unclear whether a majority of faculty members support the remaining proposals. No binding decisions have been taken on them.

### ***How did you overcome this resistance?***

Arguments arising from shared basic values proved to be very persuasive, particularly with those who were not so much active resisters as sensing themselves to be caught in a dilemma. Many faculty were beneficiaries of the status quo, but they were uneasy with that status. For them, supporting the proposals became an opportunity to reassert the beliefs that led them to medicine in the first place.

Here is an example. At a meeting of the medical staff executive committee to consider the proposals regarding gifts and samples, many members expressed concerns about the termination of benefits that they or their departments received from pharmaceutical and device vendors. How, for example, would textbooks remain available? What about expensive diagnostic equipment? Tension ran high. At a critical moment, a senior member of the committee quietly told the group, "I think we should be the leaders. We'll figure it out. Let's take a step in the right direction." The tension could almost be heard leaving the room; the discussion was essentially over.

The evidence itself was a powerful tool. A large number of empirical studies document the nature of pharmaceutical marketing and the influence of marketing practices on the practice of medicine. On the whole, this evidence paints a picture that is bleaker than almost any of us expected it to be. In this academic medical center, reliance on such evidence added a great deal of credibility to sometimes-controversial proposals. We made

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the most important articles available on the health system's intranet site. We frequently encountered myths that had been well-documented in the evidence we had reviewed. These included beliefs in the lack of influence of small gifts and in the idea that one's colleagues, but not oneself, might be susceptible to such influences. It was possible to counter these myths preemptively, without shaming those who believed in them, by reference to empirical data.

***You've had some success moving your policies on pharmaceutical representatives beyond the UC Davis medical campus. What did it take to move that conversation to the broader university community?***

Both Dr. Albertson and Dr. Wintemute had been in frequent contact with Dr. Rory Jaffe in the university president's office. As the effort at UC Davis moved forward and similar efforts were begun at other campuses, Dr. Jaffe was charged with preparing a uniform set of policies for view UC system. Dr. Albertson was appointed our representative to a systemwide committee chaired by Dr. Jaffe.

***Let's talk about environmental factors. What attributes of Davis set up this process to work, and what factors were working against you?***

The Pharmacy and Therapeutics Committee was an ideal incubator for this effort. The committee has long valued its role as an independent evaluator of the science regarding pharmaceuticals and has long been cognizant of the role that money can play in influencing judgment. For many years we have required all committee members and persons advocating formulary additions to report all financial relationships.

The Dean of our school of medicine, Dr. Claire Pomeroy, was supportive from the beginning. She was critical in demonstrating that such reforms can be taken while maintaining the institution's openness to working with health industries in ways that benefit patients and the public.

The UC system gives faculty a large role in its governance. Faculty here feel empowered to shape the institution.

Perhaps the most important factor working against us was the determination that policy reforms regarding honoraria, speaking relationships, and grants and contracts need to be formulated across all disciplines at the university rather than just for health professionals. Efforts in the university Academic Senate, which represents the entire university faculty, have not been successful. If possible, separate policies should be enacted for health professionals if a broader approach seems unlikely to succeed.

***What sort of reaction have you received from the medical faculty and students? The university community? Davis at large?***

Reaction from physicians and students has been generally very positive, although there have been some notable exceptions. Many have raised specific questions as to how the new policies affect individual arrangements. Several favorable news stories and editorials appeared locally, and the school has received favorable nationwide attention that it would otherwise not have gotten.

***How will you enforce these guidelines?***

Until now, enforcement has fallen to a few key members of the vendor relations committee. Dr. Albertson has been primarily responsible. The Dean is commissioning a permanent committee, chaired by our chief compliance officer and representing all stakeholders in the health system, to take over monitoring and enforcement for the future.

***Are there areas where you would like to do more? CME funding, consulting and speaking relationships?***

We may differ here. Dr. Wintemute believes that the remaining Brennan proposals are worthy of enactment. There was support for the Brennan proposals regarding CME, consulting, and speaking relationships at the pharmacy and therapeutics committee, but the issue has not moved forward from there. The proposal regarding research grants received only lukewarm support. After a run-in period for the current policy reforms, the institution may take these issues up again.

Dr. Wintemute suggests some further proposals for consideration by academic medical centers:

- 1) Mandatory disclosure of all financial relationships by faculty, to the public and specifically to patients and, at the time of consideration for advancement, to colleagues;
- 2) Publication within the academic community of adverse actions, such as the payment of large settlements during federal criminal investigations, involving suppliers of goods and services.

***What piece of advice would you offer AMCs that are just beginning this process? From the UC Davis experience, what is most critical to getting such a process off the ground successfully?***

First, know the evidence. It is quite compelling. A group of 10 to 20 original research papers and structured reviews forms a core set. Other examples of industry efforts to influence physician behavior, such as individually-targeted detailing based on mining of prescription data, may be helpful.

Second, identify champions; there needs to be at least one person for whom, at least temporarily, this issue comes first.

Third, be inclusive. Identify supporters in critical departments to review the issues with their colleagues. If the institution's structure suggests it, discuss the issues at grand rounds and elsewhere. Enlist the students and residents.

Fourth, talk to everyone, as often as possible. Buy-in by the faculty avoids a top-down approach and is probably critical to long-term success.

Fifth, use values-based arguments along with the evidence. Many people profit from their relationships with health care industries, but almost all of those people, at some level, see a conflict between those relationships and the ideals of their profession. Bring those conflicts out into the open.

Finally, make specific plans for monitoring and enforcement; changing policies is only the beginning.

## **Appendix A: University of California - Davis Health System Pharmaceutical Manufacturers' Representative Visitation Policies**

### **PHARMACEUTICAL MANUFACTURERS' REPRESENTATIVE VISITATION POLICIES – Section 2526**

Access to the University of California, Davis Health System (UCDHS) is a privilege provided to allow mutually beneficial interactions. Access should not interfere with patient care or affect patient appointment times. Detailing must be conducted in strict accordance with UCDHS policies and FDA guidelines for information distribution. Compliance is the responsibility of the individual representative. Violation of the guidelines may result in suspension or termination of privileges.

### **UCDMC PHARMACY SERVICES**

The Department of Pharmacy Services at the UCDHS provides comprehensive services in inpatient and ambulatory settings. Clinically trained pharmacists provide drug information and consult with physicians routinely. Inpatient services are provided from three decentralized pharmacies and one centralized pharmacy. Outpatient services are provided from four three pharmacies located in the Ellison Building, the Cypress Building the Cancer Center, and one in Davis, CA. Pharmacy Purchasing is located on the ground floor of the main hospital (Room DT 0762A). Pharmacy Administration is located on the first floor of the main hospital (Room 1310).

The Department of Pharmacy Services cooperates with all pharmaceutical manufacturers' representatives, and has established these guidelines to facilitate a professional and orderly manner of conducting business and communicating valuable product information. The guidelines have been adopted by the UCDMC Pharmacy and Therapeutics Committee and are provided to the pharmaceutical manufacturers' representatives to assist in their activities at UCDHS.

### **GUIDELINES**

#### **I. REGISTRATION**

A. Representatives are expected to register in Pharmacy Administration (Room 1310) and obtain a pharmacy representative's badge prior to visiting any area of the medical center complex including outlying clinics and buildings. Registration begins at 8:30 a.m., Monday through Friday. Each registration is for a one-time-visit only and does not authorize a visit on a subsequent date. The following information must be supplied with each visit:

1. Date
2. Representative Name
3. Company
4. General purpose of visit

B. Upon registration, representatives will be supplied with a Hospital Pharmacy Representatives Badge which must be worn while on the premises. In addition, each representative should also wear a nametag bearing his/her name and the company being represented.

C. A current copy of the Manufacturer's Fact Sheet must be kept on file in Pharmacy Administration for each manufacturer. It should be updated every 12 months so physicians and pharmacists can contact the appropriate representatives, as needed.

## **II. ACTIVITIES WITHIN THE FACILITY**

### **A. Area Restrictions (UCDHS)**

1. Representatives must meet with physicians, pharmacists or nurses outside of patient care areas of the Health System (nursing stations, pharmacies and clinic reception areas are considered patient care areas).

2. Acceptable areas of detailing are:

a. Conference or meeting rooms by prior scheduling (conference rooms or meeting rooms in a clinic in the hospital-based clinics are considered patient care areas).

b. Faculty offices (by appointment).

c. Residents office areas (by appointment).

d. Nurse Manager's office area (by appointment)

### **B. Pharmaceutical Representatives Serving Preceptorships (UCDHS)**

There will be no preceptorships for pharmaceutical representatives at UCDHS.

### **C. Pharmaceutical Representatives Attending Medical Staff Meetings (UCDHS)**

Pharmaceutical representatives are not allowed to attend any medical staff meeting where quality of care issues or specific patients are discussed (including, but not limited to, Morbidity and Mortality Reports, Case Conferences, etc) as their attendance does not protect the patients rights to privacy.

### **D. Contacting Physicians (UCDHS)**

1. Representatives shall refrain from initiating unsolicited contact by telephone, pager or in person, with medical students, house staff, pharmacists, pharmacy residents and nurses. Under no circumstances shall representatives discuss drugs or drug companies with patients.

2. Representatives presence in the physician's office corridors is specifically prohibited unless waiting to be seen for a scheduled appointment.

3. Representatives may contact house officers only during scheduled appointments.

4. Meetings with faculty physicians may be conducted during scheduled appointments at the physician's office.

5. Meetings with members of the Department of Pharmacy Services are by appointment only. Since decentralized satellite pharmacies and outpatient pharmacies are in patient care areas, meetings with pharmacists must be arranged in advance with the Department receptionist (734-3305)

6. All gifts from pharmaceutical representatives to UCDHS staff, including

any food, refreshments, pens and notepads, shall be prohibited at any UCDHS facility. (See UC Davis Health System Policy and Procedure 2204, Vendor Relationships)

**E. Drug Detailing (UCDHS)**

1. The Department of Pharmacy Services should be notified at least one week in advance of detailing a new product at UCDHS.
2. Detailing must be conducted in strict accordance with FDA guidelines for information distribution and UCDHS policies. Adherence is the responsibility of the individual representative. Detailing of products outside of approved UCDHS guidelines is unacceptable and may be cause for suspension or termination of visitation privileges.
3. The hospital mail system is not available for promotional use, except as approved by the Director of Pharmacy and the Mail Services manager. This includes physicians' mailboxes in clinics.
4. When distributing literature (including that which is requested) on non-formulary prescription drugs, the representatives must assure that the statement "*This product is not on the UCDMC Hospital Formulary*" appears on the literature.

**F. Drug/Drug Device Training/Inservices**

1. All other sections of this policy apply to drug/drug device training/inservices provided by pharmaceutical manufacturers representatives.
2. Only Pharmacy approved drug/drug device training/inservices may be scheduled by Nursing Education to facilitate dissemination of approved information to all appropriate nursing personnel.

**G. Supplying of Food (UCDHS)**

Representatives may NOT provide food to UCDHS staff in UCDHS facilities. (See UC Davis Health System Policy and Procedure 2204, Vendor Relationships)

**H. Provision of Cost Information (UCDHS)**

Should cost comparative data be necessary to provide to prescribers, it is critical that the source of that data be identified. Any comparisons to UCDHS cost or charge information must be double-checked with the UCDMC Department of Pharmacy Services to assure accuracy, prior to dissemination.

**I. Distribution of Drug Samples and Vouchers (UCDHS)**

Distribution by pharmaceutical representatives of pharmaceutical samples or vouchers, including those for "personal" use, is prohibited. (See UC Davis Health System Policy and Procedure 2204, Vendor Relationships)

**III. ADDING DRUGS TO THE HOSPITAL FORMULARY**

- A. The decision to add or delete drugs from the hospital formulary is made by

UCDHS's Pharmacy and Therapeutics (P&T) Committee. The request to add a drug shall be made to the committee by an attending staff physician.

B. UCDHS has an open outpatient formulary and a closed inpatient formulary. Medications primarily having an outpatient use will not be considered for addition to the Inpatient Hospital Formulary, unless there is a specific inpatient need for the medication.

1. An attending staff physician must complete a Formulary Addition Drugs Request/Deletion and submit it, with a letter of justification, to the Pharmacy and Therapeutics Committee Coordinator (c/o Coordinator of Pharmacy and Therapeutics Committee, Department of Pharmacy).

2. Representatives may not complete or participate in the completion of Formulary Drugs Addition/Deletion Requests in any manner.

3. Pharmaceutical representative may supply the department with relevant information about the requested drug.

4. The Department of Pharmacy Services will conduct an independent evaluation of the drug's efficacy and relation to other drugs on the formulary. The evaluation is submitted to the Pharmacy and Therapeutics Committee with the Formulary Addition Request.

5. Pharmaceutical representatives are not supplied with the names of Pharmacy and Therapeutics Committee members or the name of the evaluating pharmacist.

6. A pharmaceutical representative may contact the Pharmacy and Therapeutics Committee Coordinator, Department of Pharmacy Services, the day after the P&T Committee meeting, to inquire about the Committee's decision.

#### **IV. INFRACTIONS AND DISCIPLINARY ACTION**

A. The ability of pharmaceutical representatives to conduct promotional activities at UCDHS is a privilege. The Pharmacy and Therapeutics Committee will strictly enforce the guidelines described above. Any individual noting infractions of these guidelines is encouraged to submit a report to the Pharmacy and Therapeutics Committee Coordinator.

B. Any infraction may result in the Pharmacy and Therapeutics Committee suspending privileges of the manufacturer to have representatives at UCDHS. This includes not being allowed to detail or display products at any UCDHS location.

Thank you for your cooperation.

Timothy E. Albertson, MD, PhD  
Chair, Pharmacy and Therapeutics Committee

John H. Grubbs, MS, MBA, RPh.  
Director, Department of Pharmacy Services

## **Appendix B. University of California Davis Health System Vendor Relationships Policies and Procedures – 2204**

*New 3.31.07*

### **I. PURPOSE**

A. The Political Reform Act, which governs University of California employees, aims to remove bias from their decisions. The University of California Policy and Guidelines Regarding Acceptance of Gifts and Gratuities by Employees under California's Political Reform Act (January 2001) adds the following statement:

“In addition to compliance with the requirements of law, University officers and employees must avoid the appearance of favoritism in all of their dealings on behalf of the University. All University officers and employees are expected to act with integrity and good judgment and to recognize that the acceptance of personal gifts from those doing business or seeking to do business with the University, even when lawful, may give rise to legitimate concerns about favoritism depending on the circumstances.”

B. Recent research shows that certain health care vendor activities allowed under the Political Reform Act, such as the provision of gifts of nominal value, may affect provider behavior and give the appearance of favoritism. This policy supplements the provisions of the Political Reform Act and University Business and Finance Bulletin G-39 (Conflict of Interest Policy) in order to reduce the influence of vendors on the decisions made by University of California health care professionals. This policy establishes minimum standards for campus implementation of vendor relationship policies. Nothing in this policy prevents campuses from going further (effective July 1, 2007).

### **II. SETTING**

This policy applies to all university employees and students who are at human health care locations or in human health schools (e.g., medicine, dentistry, nursing, pharmacy). Effective July 1, 2007.

### **III. DEFINITIONS**

The terms “individual,” “gift” and “vendor” have special definitions for the purpose of this policy.

A. Individual—An employee or student working or training at human health care locations or in human health schools.

B. Vendor—Any representative or distributor of a manufacturer or company who visits for the purpose of soliciting, marketing or distributing products or information regarding the use of medications, products, equipment and/or services

C. Gift to an individual: payment to an individual or provision to an individual of free or discounted items, medical samples for personal use, food, or travel when the individual is not providing a service of similar or greater value to the vendor. For example: pens, notepads, free textbooks, free meals, payment for attending a meeting, and samples are all considered gifts. Honoraria for a specific service rendered (e.g., speaker's fees) are not considered gifts.

1. A gift to the University is considered a gift to the individual under any of the following circumstances:

- a. The gift is conveyed by the vendor directly to the individual.
- b. The vendor selected or participated in selecting the ultimate recipient of the gift.

2. Exclusions from the definition of a gift:

- a. Items provided for a discount or free as part of a University contract;
- b. Prizes or awards from bona fide competitions (e.g., a competitive grant);
- c. A gift from an individual's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle or first cousin or the spouse of any such person, unless the donor is acting as an agent or intermediary for a vendor;
- d. Free admission, and refreshments and similar non-cash nominal benefits provided to an individual during the entire event at which the individual gives a speech, participates in a panel or seminar, or provides a similar service;
- e. Free admission, and refreshments and similar non-cash nominal benefits provided to an individual during a training session provided by the vendor for the purpose of training the individual in the use of the vendor's product. Note that free travel or lodging would be a gift. If free training is anticipated, it shall be referenced in the purchase contract for the vendor's product;
- f. A rebate or discount that is made in the regular course of business to members of the public without regard to their status as a health care worker (e.g., a coupon in the newspaper for a discount on a pain reliever).

#### **IV. POLICY**

##### **A. Applicability of state law**

All employees of the University of California are subject to the conflict-of-interest provisions of the Political Reform Act. This policy supplements those provisions.

##### **B. Gifts and Compensation Provided by Vendors**

1. Gifts from vendors to an individual are prohibited.
2. In circumstances where the gifts are in part supporting the mission of the University (e.g., food for conferences, payment for educational travel, and samples for evaluation),

there are appropriate alternatives that can enable the vendors to continue to support the University's mission. Such gifts will be processed by Health Sciences Advancement. For example, to replace the free food or payment for educational travel, vendors may donate funds to a unit of the University (e.g., department or division) to support meetings. CME funds will be managed in accordance with national continuing education accrediting body conflict of interest standards even when the meetings are not accredited continuing education programs. Donations or gifts will not have an effect on a vendor's ability to communicate with University employees or trainees.

3. Free samples, supplies, or equipment designated for an individual are considered a gift and are prohibited. Vendors may donate their product for evaluation or educational purposes to a unit of the University if the administrative head of the unit approves the donation. Sample donations are restricted to the amount necessary for evaluation or education, and are not intended to stock the University for patient care purposes on an ongoing basis. These donations are subject to the policies of the University, including those addressing drugs, devices and investigational items.

4. In addition to the limited sampling described above, the University may dispense sample supplies to patients when the supplies are either packaged or purchased by the University.

### **C. Interaction between vendors and University personnel**

1. Financial relationships between the vendor and the University or individuals at the University shall not affect the ability of the vendor to make sales calls.

2. Unsolicited on-site visits made by vendors are not permitted. Vendors may make on-site sales calls only at the invitation of appropriate University personnel or after an appointment had been made. Such on-site sales calls may only occur in non-patient-care areas. Exceptions can occur by local policy when it is determined that there is a compelling need for the visit or on-site sales call to occur in a patient care area. For on-site sales calls in a patient care area, patient privacy laws (including HIPAA) will be followed. The vendor may not access patient information during an on-site sales call unless the patient has given written authorization to do so.

3. Vendors may also enter patient care areas when:

- a. Participating in health care activities (see examples below); or
- b. Servicing equipment, including installation and removal; or
- c. Invited for specific vendor service at the request of a representative of the University for its health care operations; or
- d. Acting as a member of the general public (e.g., as a patient).

4. Unless acting as a member of the general public, the vendor will agree to a confidentiality agreement to protect the health information of our patients. The following

are acceptable in lieu of a confidentiality agreement:

- a. A HIPAA business associate agreement,
- b. a determination that the vendor is acting as a member of a covered entity (as defined by HIPAA), or
- c. provisions to ensure that the vendor does not have access to protected health information.

5. Examples of a vendor providing health care:

- a. An orthopaedic device manufacturer or its representative determines and delivers the appropriate range of sizes of a prosthesis for the surgeon to use during a particular patient's surgery.
- b. The device manufacturer or its representative is present in the operating room, as requested by the surgeon, to provide support and guidance regarding the appropriate use, implantation, calibration or adjustment of a medical device for that particular patient.
- c. A representative of a medical device manufacturer views health information, such as films or patient records, to provide consultation, advice or assistance where the provider, in his/her professional judgment, believes will assist with a particular patient's treatment.

#### **D. Committees overseeing purchase decisions**

Hospital and medical group formulary committees and other committees overseeing purchases of medical devices, nutritional products or other products or services that are provided upon prescription or suggestion of a health care professional, will follow the Political Reform Act regulations, which include restrictions on the participation of individuals who have financial relationships with vendors affected by the purchase decisions.

#### **E. Publicity of industry support**

California's Public Records Act (Government Code sections 6250 et seq.) provides that information about industry support of the University is a public record.

#### **F. Education**

All individuals to whom this policy applies shall receive information regarding interactions with vendors.

## REFERENCES

1. UCOP Proposed Guidelines Regarding Vendor Relations: 12-11-2006
2. UCDHS Code of Conduct Principles and Standards
3. UCDHS P&P:
  - 1824, Conflict of Interest
  - 2202, Vendor and Contracted Services at UCDHS
  - 2203, Patient Care Product Standardization and Utilization
  - 2526, Pharmaceutical Manufacturers' Representatives
4. UC Davis P&P
  - 380-16, Conflict of Interest
  - 380-55, Acceptance or Offering of Gifts and Gratuities by University Employees

## DEVELOPED BY

Vendor Relationships Subcommittee

*The Prescription Project is led by Community Catalyst in partnership with the Institute on Medicine as a Profession. Created with The Pew Charitable Trusts, the Project promotes evidence-based prescribing and seeks to eliminate conflicts of interest in medicine caused by pharmaceutical marketing by working with academic medical centers, professional medical societies, public and private payers, and state and federal policymakers. For more information, please visit [www.prescriptionproject.org](http://www.prescriptionproject.org).*