
Chapter: **PROVIDER NETWORK MANAGEMENT**
Title: **PHARMACEUTICAL COMPANY SALES REPRESENTATIVES AT MCCMH
PROVIDER SITES**

Prior Approval Date: 4/12/05
Current Approval Date: 6/6/06

Approved by: _____
Executive Director Date

I. Abstract

This policy establishes the guidelines which structure the interaction between pharmaceutical company sales representatives and the Macomb County Community Mental Health (MCCMH) provider network.

II. Application

This policy shall apply to all directly-operated and contract network providers of the MCCMH Board.

III. Policy

It is the policy of the MCCMH Board that pharmaceutical company activities at MCCMH provider sites shall only be conducted pursuant to the guidelines contained in (this) MCCMH policy.

IV. Definitions

A. None.

V. Standards

The rationale and ethical considerations for providing guidelines for pharmaceutical company sales representatives' activities at MCCMH provider sites include HIPAA privacy/security concerns; the prevention of direct marketing activities aimed toward vulnerable populations; undue marketing influence on physicians and staff; and provision of appropriate educational opportunities for staff.

A. Pharmaceutical company sales representatives who wish to meet with MCCMH provider physicians for marketing purposes shall sign Confidentiality Statements with MCCMH (See Sample, Exhibit A).

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- B. The activities of pharmaceutical company sales representatives at MCCMH provider sites shall be guided by the following:
1. A sign in/sign out log shall be maintained at each site in which any pharmaceutical sales representative admitted to a MCCMH provider site shall sign his/her name.
 2. Only authorized pharmaceutical company sales representatives who have signed a confidentiality agreement with MCCMH are allowed into provider site premises / offices.
 3. A room shall be set aside at each MCCMH provider site for pharmaceutical company sales representative to meet with prescribers (physicians) during particular time periods of the day. The room shall be outside the office area which includes staff offices, consumers' files, and appointments between staff and consumers. The room shall be available only during specific scheduled hours (e.g., two hours in the morning and two hours in the afternoon or evening). Representatives may talk with MCCMH provider physicians only in this room during the specified hours. Hours may be decided depending on the needs of the organization.
 4. Pharmaceutical company sales representatives are not allowed to attend treatment/ care conferences where consumer-specific material/information is discussed or presented.
 5. Pharmaceutical company sales representatives are not to provide perquisites (perks) to MCCMH provider staff, physicians, or programs for the purpose of influence on medication prescription. When incidental to a scheduled meeting or legitimate educational interchange, sales representatives may provide foods of nominal value only, e.g., soft drinks, coffee, donuts, other light refreshments are permissible; meals are not permitted.
 6. Pharmaceutical company sales representatives are not to approach or provide materials and/or questionnaires directly to consumers.
- C. MCCMH provider staff, physicians, and programs shall implement the following guidelines:
1. Advertisements for specific medications shall not be posted or displayed on desks, on office walls, or in waiting rooms. Materials currently posted or displayed shall be removed. Pharmaceutical company sales representatives shall not set up displays of their products in waiting rooms in the presence of consumers.
 2. MCCMH provider staff and physicians shall not distribute information to consumers that requires or asks them to disclose personal information to pharmaceutical company sales representatives in exchange for health assessments or disease management programs.

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- D. MCCMH Supervisors and Therapist III's shall be responsible for the dissemination, implementation and compliance/adherence monitoring of the provisions of this policy at MCCMH provider sites. Non-compliance with the policy may result in sanctions, including disciplinary action, contract suspension or, for sales representatives, temporary or permanent revocation of admission to one or more MCCMH sites. Final decisions on sanctions rests with the MCCMH Executive Director, Deputy Director and Medical Director.

VI. Procedures

- A. Procedures shall be contained in Provider manuals.

VII. References / Legal Authority

- A. Health Insurance Portability and Accountability Act of 1996 (HIPAA), P.L. 104-191
- B. Compliance Program Guidance for Pharmaceutical Manufacturers, Office of the Inspector General, April, 2003
- C. VHA Directive 2003-060, October 21, 2003
- D. Macomb County Code of Ethics Policy, as revised and adopted by the Macomb County Board of Commissioners, 1-26-06

VIII. Exhibits

- A. Confidentiality Statement (Sample)

SALES REPRESENTATIVE CONFIDENTIALITY AGREEMENT

In the course of sales interactions on behalf of _____ with Health Care Providers, the undersigned, a professional sales representative for _____ (“Representative”) may encounter individually identifiable health information about the Health Care Provider’s patients. In recognition of the Health Care Provider’s obligation under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its Privacy Standards (the “Privacy Rule”) to establish appropriate administrative, technical, and physical safeguards to maintain the privacy of Protected Health Information, as defined by 45 CFR §164.501 (“PHI”), Representative hereby agrees to the following:

1. In all circumstances in which Representative comes into contact with any form of PHI while interacting with Health Care Provider, Representative will keep such PHI strictly confidential and will not collect, store, copy, maintain or transfer it to any party except as required by law.
2. In accordance with the Privacy Rule and regulations issued by the Food and Drug Administration (“FDA”), Representative may transfer to Medical Director’s Office of Macomb County Community Mental Health Services, all adverse event and product quality reports received by Representative.
3. This agreement shall not apply to PHI disclosed to Representative in accordance with a valid Authorization, under 45 CFR §164.508.
4. Any modification to this agreement must be documented in a separate written agreement.

Agreed to as of the date set forth below:

The undersigned healthcare professional acknowledges receipt of this Confidentiality Agreement from

Name (print)

Name (print)

Signature

Signature

Title

Title

Date

Date

Exhibit A: Confidentiality Agreement