

COI MANAGEMENT: MORE THAN AN ACADEMIC EXERCISE

Disclosing potential conflicts of interest relevant to your involvement in the Society's activities, and having these disclosures assessed carefully and confidentially by your peers and ATS staff has become increasingly important, both legally and professionally.

Adhering to the ATS conflict-of-interest policy is not an academic exercise or unnecessary additional responsibility. At a scientific symposium during the 2009 International Conference in San Diego, experts will focus on why COI management is so vital to the ATS and its ability to function effectively.

"Educational accrediting organizations, legislators, litigants and even the media have questioned a number of medical organizations about the transparency of their activities and their ability to manage potential conflicts," said Gregory Wagner, M.D., chair of the ATS Ethics and Conflict of Interest Committee. "The process by which clinical guidelines are produced has received particular scrutiny, as has CME and other interactions between professional societies and industry."

On Tuesday, May 19, "Industry and Conflict-of-Interest in Our Professional Societies" will address these questions, as well as the evolving relationships between medical organizations, academic institutions and the pharmaceutical and device industries.

New regulations and legislation have changed the nature of these relationships. To comply with the updated AdvaMed and PhRMA codes that respectively became effective in December 2008 and January 2009, drug and device companies have changed how they market their products to physicians, which will be evident in the Exhibit Hall at ATS 2009. Several companies have also announced plans to make information on physician payments available to the public. And the U.S. Senate is considering legislation that would require such transparency for payments made under Medicare, Medicaid or SCHIP.

"ATS guidelines and recommendations can have a profound impact on public health and medical practice, but only if they are understood to be evidence-based and free of bias," said Dr. Wagner, who will co-chair the COI symposium with Molly Osborne, M.D., Ph.D., and Sylvia Hartl, M.D. "Public perceptions and expectations are evolving quickly, so ATS leaders and staff have been monitoring these developments and implementing processes to improve its

practices and educate its members."

The goal of the symposium, he adds, is to promote discussion among ATS members and other attendees about COI issues and ATS policies. Speakers will include Cathy DeAngelis, M.D., editor of the *Journal of the American Medical Association*, and Marcia Angell, M.D., former editor of *The New England Journal of Medicine*. Holger Schunemann, M.D., Ph.D., ATS documents editor, and John Balmes, M.D., chair of the Society's Publications Policy Committee, will also be on hand to review ATS policies and specific issues that have affected ATS assembly projects and publications.

Theodore Reiss, M.D., who chairs the ATS Drug/Device Discovery and Development Committee, will provide his perspective as a researcher who is employed by the pharmaceutical industry. And because COI is a global issue, Leonardo Fabbri, M.D., past president of the European Respiratory Society, will discuss how the landscape is changing in the U.S. and beyond.

For those who cannot attend the symposium at ATS 2009, look for an official report on the Society's "Policy on Management of COI in Official ATS Documents, Projects and Conferences," which will be published in the *American Journal of Respiratory and Critical Care Medicine* later this year. In the article, Drs. Osborne, Schunemann and Wagner will summarize the underlying rationale and the developmental steps that led the ATS Board of Directors to approve the policy last year. The document, which has been co-authored by other members of the Society's Ethics and Conflict of Interest Committee, will also reference papers on COI that have been published by other journals and societies.

Up-to-date information on ATS COI policies and procedures is available on the Society's Web site at www.thoracic.org/sections/about-ats/coi-management. ■

WHAT: "C11: Industry and Conflict-of-Interest in Our Professional Societies"
WHEN: Tuesday, May 19; 8:15 to 10:45 a.m.
WHERE: Room 6D of the San Diego Convention Center (Upper Level)



ATS ENDORSES PATIENT-CENTERED MEDICAL HOME

The ATS has joined the growing number of organizations that have endorsed the patient-centered medical home (PCMH), a healthcare model in which a designated physician is responsible for coordinating all aspects of patient care.

First proposed by the American Academy of Pediatrics in 1967, the PCMH requires a personal physician who develops and monitors a care plan for each patient enrolled in the "home," and commonly incorporates mid-level providers and case managers who are dedicated to executing the care plan.

"It is thought that the PCMH will facilitate the part-

nerships between physicians and other caregivers, patients and family members that are so vital to achieving the best health outcomes," said Lee K. Brown, M.D., chair of the Health Policy Committee, which recommended that the ATS endorse the concept last spring. "It should promote accessibility, continuity and consistency of care, leading to improved quality and safety."

In the PCMH, the designated physician is responsible for coordinating all healthcare needs of patients enrolled in the home, including arranging referrals for subspecialist care—such as pulmonologists, intensivists or sleep physicians. Integral to the concept is the use of health informa-

ASSEMBLY MEETINGS, DINNERS AND RECEPTIONS AT ATS 2009



The Society's 13 assemblies will hold their annual membership meetings at the 2009 International Conference in San Diego next month. All assembly members and other interested parties are encouraged to attend these meetings to receive updates on activities and projects, vote for future assembly leaders and provide input on future directions.

Each assembly membership meeting, with the exception of the Assemblies on Behavioral Science (BSA), Pediatrics (PEDS) and Pulmonary Rehabilitation (PR), will be held on Monday, May 18, from 4:30 to 6:30 p.m. at the Manchester Grand Hyatt, which is a short walk from the San Diego Convention Center. The Assemblies on BSA, PEDS and PR will meet on Sunday, May 17, from 6:30 to 8:30 p.m., also at the Grand Hyatt.

Some assemblies will also hold dinners or receptions following their membership meetings. Since seating is limited, reservations need to be made in advance and will be on a first-come, first-served basis.

Assembly Dinners

- Assembly on Allergy, Immunology and Inflammation; Monday, May 18, 6:30 to 10:30 p.m.; Manchester Grand Hyatt (supported by a generous grant from Merck & Co., Inc.)
- Assembly on Respiratory Structure and Function; Monday, May 18, 6:30 to 10:30 p.m.; Manchester Grand Hyatt (supported by a generous grant from Merck & Co., Inc.)

Assembly Receptions

- Assembly on Sleep and Respiratory Neurobiology; Monday, May 18, 6:30 to 10:30 p.m.; Manchester Grand Hyatt (supported by generous donations from the LASH Foundation & Respironics Sleep and Respiratory Research Foundation)

For more information on registration, visit www.thoracic.org and select "Assemblies" from the quick links section on the left. Choose an assembly and click "Assembly News."

tion technology to automate many of the required tasks.

The ATS endorsed the model because of its emphasis on enhanced patient care and evidence that it betters health outcomes and lowers costs. The Centers for Medicare and Medicare Services (CMS) recently initiated a three-year demonstration project to determine whether the idea has merit. "The CMS project even allows for subspecialists, as well as primary care providers, to assume the role of the personal physician in a PCMH that cares for patients with relevant chronic conditions," Dr. Brown added. "Typical patients in a pulmonary practice would be those with severe asthma or COPD."

A commentary in the September 18, 2008 issue of *The New England Journal of Medicine* estimated that Medicare could pay as much as \$30 to \$50 per patient, per month for the extra work involved in providing care in a PCMH.

For more information on the PCMH, please visit www.pcpc.net. ■