

**YALE-NEW HAVEN HOSPITAL  
MEDICAL STAFF POLICY & PROCEDURE  
CONFLICT OF INTEREST**

**Definitions**

External financial interests can create conflicts when they provide an incentive to a Medical Staff member to affect a hospital or patient care decision.

Conflicts of interest may also occur when individually held financial interests of a spouse, domestic partner, or financially dependent child have the potential to affect the hospital or patient care decisions.

Examples of such potential conflicts include, but are not limited to:

- Financial relationships (consulting fees, lecture fees, etc.) with companies or their agents that may provide medical equipment or pharmaceuticals to Yale-New Haven Hospital (Y-NHH).
- Ownership, stock, or other securities, membership on board of directors or any other activity with an organization that provides products and services to Y-NHH, including organizations that are engaged in existing or potential business relationships.
- A leadership position with an organization providing products or services to Y-NHH.

**Policy**

In exercising his/her privileges, each member of the medical staff is expected to act in the best interest of Y-NHH patients by preventing outside activities or financial interests from interfering with the obligation to provide appropriate patient care and/or to act in an unbiased manner. Neither the existence of a managed conflict of interest nor the disclosure of a potential conflict per se should affect membership, privileges, or the status of a leadership position at Y-NHH. Such relationships, however, must be fully disclosed so that potential conflicts can be properly managed.

At the time of initial appointment and re-appointment to the Medical Staff, members will be required to disclose any actual or potential external interests that a reasonable person would believe may have the potential to create a conflict. If the member develops a new relationship which poses a potential conflict of interest, the Y-NHH Department of Physician Services must be informed in writing. Questions asked at appointment/re-appointment concerning conflicts of interest are included in Attachment 1.

Disclosures made through the initial appointment or reappointment process shall be reviewed by a representative from each of the following areas: Legal & Risk Services, Physician Services and the Office of the Chief of Staff. Information for each Medical Staff member shall be maintained by the Department of Physician Services.

Committees of the Medical Board through which requests for any new drug, device or equipment are made include the New Technology Committee of the Operating Room Committee, the Pharmacy & Therapeutics Committee, and the Equipment and Product Standards Committee. Additionally, the Hospital Department of Purchasing and the Heart & Vascular Center are involved in decisions concerning equipment and pharmaceuticals. These will be referred to as the "Groups."

## **Procedure**

Members of the Medical Staff shall make requests for new drugs, devices or equipment by completing a “New Product Request Form” (sample attached). The relevant Group shall provide this form accordingly.

Disclosures made on the Form will be current at the time and ask that financial or other relationships with the relevant company(ies) be identified.

The applicable Section Chief or Department Chief will be required to approve the Medical Staff member’s request and will also complete the Conflict of Interest Disclosure him/herself. In the event that both the applicant and the Section/Department Chief have a conflict, approval will be required from the Department Chief or Chief of Staff (as applicable).

The Group will review disclosed conflicts and request further information as appropriate in order that the Committee can make an informed decision concerning the request and determine appropriate participation of the individual in consideration of his/her request. The Group may also contact the Department of Physician Services to obtain any supplemental information made available through the appointment / re-appointment process or as provided to them by the Yale University School of Medicine.

## **Failure to Disclose**

In the event that the Groups identified determine that a member of the Medical Staff has failed to disclose a conflict or potential conflict of interest through the process outlined above, the matter shall be brought to the attention of the Medical Staff Conflict of Interest Committee or the Chief of Staff. Each circumstance will be evaluated and addressed accordingly.

Approved June 2009

Modified January 2010

Approved : Medical Board – March 3, 2010

## I. Practice History Information

If you answer "yes" to any of the following questions, you must supply full details on a separate sheet.

### STATE LICENSURE

1. Regarding your license to practice your profession in any jurisdiction:
  - a. Has your application ever been denied?  yes  no
  - b. Has your license ever been limited, suspended or revoked?  yes  no
  - c. Has the relevant licensing board ever censured you for matters having to do with professional practice?  yes  no
  - d. Have you ever entered into a consent order, practice agreement, reinstatement order (or equivalent thereof) with any licensing board?  yes  no
  - e. Have you ever been fined by a medical licensing board?  yes  no
2. Have you ever been, or are you currently, under investigation or involved in any proceeding involving your practice before any state licensing board?  yes  no

### CONTROLLED SUBSTANCE PRESCRIBING

3. Have you ever been denied a state or federal certificate of authority to prescribe controlled substances or is your state or federal certificate of authority to prescribe controlled substances currently under investigation?  yes  no
4. Has your state or federal authority to prescribe controlled substances ever been voluntarily or involuntarily...
  - a. limited by the agency?  yes  no
  - b. suspended?  yes  no
  - c. revoked?  yes  no
  - d. denied renewal?  yes  no

### PROFESSIONAL MEMBERSHIPS

5. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action by any medical organization?  yes  no
6. Have you ever been sanctioned by a specialty board or has your specialty or sub-specialty certification ever been suspended or revoked?  yes  no

### COMPLIANCE

7. Has your eligibility to participate in the Medicare or Medicaid program ever been suspended or terminated in any state or have you ever been threatened with exclusion or debarment from either program?  yes  no
8. Have you ever been listed by the OIG (Office of Inspector General) as debarred, excluded or otherwise ineligible for Federal health program participation or otherwise sanctioned by the Federal government, including being listed on the EPLS (Excluded Parties List System)?  yes  no
9. Have you ever been charged by any local, state or federal authority, official or agency, plead guilty to or been convicted of any of the following:
  - a. crimes or offenses related to the delivery of service under Medicare/Medicaid?  yes  no
  - b. crimes or offenses related to the abuse or neglect of patients in connection with the delivery of health care?  yes  no
  - c. crimes or offenses involving fraud, theft, embezzlement, breach of fiduciary responsibility or other financial misconduct in connection

- with the delivery of health care or involving any act or omission in a program financed in whole or in part by any federal, state or local government?  yes  no
  - d. obstruction of justice?  yes  no
  - e. crimes or offenses related to the manufacture, distribution, prescription or dispensing of any controlled substance?  yes  no
  - f. other crimes or offenses (including motor vehicle charges other than parking tickets)?  yes  no
10. Have you ever been assessed a civil penalty by anyone for false or fraudulent submittal of claims for payment, or other violation of billing practice standards?  yes  no

**HEALTH CARE FACILITY MEMBERSHIP & PRIVILEGES**

11. Have you ever been denied privileges or medical staff membership at any hospital or other health care facility?  yes  no
12. Have you ever been the subject of disciplinary action and/or a hearing under any set of medical staff bylaws?  yes  no
13. Have your hospital or other health care facility privileges or medical staff membership ever been voluntarily or involuntarily cancelled, challenged, reduced, surrendered, limited, suspended, not renewed, revoked or withdrawn?  yes  no

**HEALTH / BEHAVIORAL**

14. Are you dependent upon any controlled substance or alcohol?  yes  no
15. Are you currently engaged in illegal drug use?  yes  no
16. Do you have any physical, mental or emotional condition that would compromise your ability to practice medicine with reasonable skill and safety?  yes  no
17. Have formal allegations ever been made against you related to any form of impairment, disruptive behavior or unprofessional conduct or have you ever been asked to seek an evaluation or counseling for such behavior?  yes  no

**LIABILITY HISTORY**

Please note that Yale-New Haven Hospital requires minimum insurance limits for the Medical Staff of \$1 million per occurrence and \$3 million in the aggregate (proof of insurance coverage is required).

18. Have you ever been reported to the National Practitioner Databank by any individual or organization for any reason?  yes  no
19. Has any malpractice or professional liability claim been brought against you within the past ten (10) years?  yes  no

\*If yes, please complete the "Claim/Suit Report" for each case and describe The case indicating the following:

- a. date and details of the incident(s)
- b. your role in the incident(s)
- c. current status of the claim
- d. if settled, amount paid
- e. if pending, amount being sought
- f. professional liability insurer involved

20. Have you ever been denied professional liability coverage? [ ] yes [ ] no

**CONFLICTS OF INTEREST**

21. Consistent with the Medical Staff Policy on Conflicts of Interest (enclosed) Medical Staff Members are required to disclose any external financial interests that they or members of their immediate family may have which have the potential to affect the hospital or patient care decisions.

a. Do you have any financial relationships from companies (or their agents) that may provide medical equipment or pharmaceuticals to Yale New Haven Hospital? [ ] yes [ ] no

b. Do you have ownership, stock or other securities (excluding mutual funds), memberships on boards of directors or any other activity with an organization that provides products and services to Yale New Haven Hospital, including organizations that are engaged in existing or potential business relationships? [ ] yes [ ] no

c. Do you have a leadership position with an organization that provides products or services to Yale New Haven Hospital? [ ] yes [ ] no

d. Do you have any other relationships not specifically referenced in a-c above that a reasonable person would believe may have the potential to create a conflict relative to hospital or patient care decisions? [ ] yes [ ] no

e. In the past 24 months, have you received **any** honoraria, speaking fees, consulting fees, or other payments or in kind payments in **any** amount from any pharmaceutical company, medical equipment manufacturer, or any other company which does or might do business with Yale New Haven Hospital? [ ] yes [ ] no

**If yes**, please check the appropriate box below and list the names of the company/(ies) from which you received payment or in kind payment. (attach additional sheets as necessary)

I received payments or in kind payments, but less than a total of \$10,000, from the following company(ies):

\_\_\_\_\_  
\_\_\_\_\_

I received payments or in kind payments of \$10,000 or more from the following company(ies):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant