Circle 2: Residency Training Access

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Residency Training Access

- Primary concern of BOTH Physicians and Industry is Patient Care and Treatment of Dermatologic Disease
- Issues Vary by Perspective ....But Overlapping Concerns and Opportunities for Collaboration Abound

- Residents/Young Dermatologists In-Training
- Residency Programs/Academic Departments
- Industry Partners

- WDS as Bridge/Connector Organization
PhRMA Code and Sunshine Act

- Requires reporting of all financial interaction by physicians with industry
- Improved transparency

- Perceived stigma
- Reduced access to trainees, physicians, thought leaders outside of CME events
- Limitation of prescription sampling
  - Negative impact on patient care
  - Limited exposure and experience by trainees with newer medications, formulations
- Reduction in clinical trial investigator pipeline?
Residency Training Access: Current State of Affairs

- 2015-2016 Academic Year
  - 116 Dermatology residency programs
  - 1,354 Dermatology residents

- Many altogether prohibit or significantly restrict access to industry representatives

- WDS Membership (as of June 1, 2016)
  - 563 Resident/Fellow WDS members

- WDS Can Provide Access to ~40% of US Dermatology Residents
Residency Training Access: Current State of Affairs at Northwestern and UMass

- Housestaff should not attend non-ACCME industry events described as CME.
- Acceptance of gifts of value by housestaff from industry is prohibited.
- Industry-supplied food to housestaff is not permitted unless in connection with ACCME-accredited programming in compliance with ACCME guidelines.
- Housestaff may not directly accept travel funds or reimbursement of expenses from industry other than for legitimate contractual services.
- Housestaff are prohibited from allowing their presentations of any kind to be ghostwritten by any party, industry or otherwise.
Residency Training Access: Current State of Affairs at Northwestern and UMass

- Access by Industry Representatives

  - Unless required for training or treatment purposes,

  - Access by Industry representatives shall be restricted to non-patient care areas and

  - Should take place only by appointment or invitation of the faculty member

  - Involvement of trainees in such meetings should occur only for educational purposes and always under the direct supervision of the faculty member
Behavior Modeling

- At the moment, interactions between industry representatives and dermatologists are not modeled well in the context of residency programs.

- Should we, and how can we, develop a model of cordial, professional, and mutually beneficial relationships and interactions?
  - Video?
  - Interactive session?
  - Session that could be distributed to residency programs?
  - White paper?
Needs of Residents In-Training/Young Dermatologists In Patient Care

NEEDS
- Education on novel therapeutics, devices
- Hands-on training for procedural dermatology (during and immediately post-training)
- Understanding/appreciation of formulation differences, delivery modalities

OPPORTUNITIES
- Regional Networking Groups
  - Hands-on training for procedural dermatology, new device technologies
  - Hands-on exposure to new topical medication formulations
- Academic Dermatologists Committee
  - Web-based curriculum for formulation considerations, delivery modalities
- Young Physicians Committee
  - Resident Liaison Program
Needs of Residents In-Training/Young Dermatologists In Practice Management

**NEEDS**
- Access to medications
- Formulary navigation (prior authorization, step therapy, etc.)

**OPPORTUNITIES**

**Business Committee**
- Practice Management issues tailored to needs of residents
- Sponsorship of Industry panelists to discuss behind-the-scenes view of industry perspectives on common issues of concern

**Regional Networking Groups**
- Facilitate networking and relationship building between industry representatives and dermatologists in local communities

**Young Physicians Committee**
- Resident Liaison Program
Needs of Residents In-Training/Young Dermatologists In Professional Skill Development

- **NEEDS**
  - Clinical trials education, participation
  - Improved accessibility to investigator-initiated research funding
  - Opportunities for dermatologist interaction with/engagement with industry
  - Leadership development

- **OPPORTUNITIES**
  - Academic Dermatologists Committee
    - Clinical trials skill set curriculum
    - Pilot program for investigator-initiated grants
  - Business Committee
    - Sponsorship of Industry panelists to discuss behind-the-scenes view of industry perspectives on common issues of concern
    - Forum to discuss opportunities for physicians in industry
  - Regional Networking Groups
    - Facilitate networking and relationship building between industry representatives and dermatologists in local communities
  - Young Physicians Committee
    - Resident Liaison Program
Needs of Residency Programs & Academic Departments

- Comprehensive Resident Education

- Someone to Fill the Gaps in Residency Educational Curricula – recognized or unrecognized
  - Practice management
  - Dermatopharmacology – formulation considerations, cost-benefit analysis decisions

- Compliance with University/Medical Center Policies on Industry Interactions

- Excellence in Patient Care; Minimizing Practice Management Burdens
  - Prior authorizations, formulary navigation, step therapy requirements

- Where are our opportunities in each of these areas?
Our Understanding of Industry Partners’ Needs

- Increased access to dermatologists – now and later
  - Broad, national pool of demographically diverse dermatologists
  - Community-based as well as academic practice
  - Medical and procedural; pediatric and adult dermatologists

- Improved physician understanding and utilization of therapeutics, devices

- Improved patient outcomes – greater efficacy, fewer adverse outcomes

- Greater market share, increased ROI and revenue
Collaboration Between WDS and Industry Partners

Where Do We Go From Here?