

Policy: Licensed Independent Practitioner (LIP) Conflict of Interest

DEPARTMENT SPECIFIC: Only affects one department.							
Folder	Medical Staff Services			Sub-Folder (If Applicable)	Choose an item.		
Effective Date	12/13/2019	Approved Approver/Date	<i>Medical Staff Services Manager 10/24/19; CMO 10/24/19; General Counsel 10/25/19</i>				
Last Reviewed/ Revised Date	10/25/2019	OSHA Category (If Applicable)	Choose an item	Standard (If Applicable)	LD 04.02.01	Number of pages	2

PURPOSE: *Why does this policy exist?*

To describe medical staff/licensed independent practitioner (LIP) conflicts of interest, to provide for disclosure of conflicts of interest and to define a process for management of such conflicts.

GUIDELINES: *What are some general statements regarding the use of the policy?*

To ensure the best interests of patients, the hospital and LIPs are properly considered, SoutheastHEALTH requires LIPs granted medical staff appointment and/or privileges to disclose actual and potential conflicts of interest and to work cooperatively with SoutheastHEALTH to manage such conflicts.

DEFINITIONS:

1. Licensed independent practitioner (LIP) – a physician, dentist, nurse practitioner, physician assistant, nurse midwife, or any other individual permitted by law and the hospital to provide care and services within the scope of the individual's license and consistent with individually granted clinical privileges
2. Conflict of interest – for the purposes of this policy, situations which could create a conflict of interest include, but are not limited to:
 - a. Influencing SoutheastHEALTH to do business with an entity in which LIP or an immediate family member has a material financial interest (employment, position, or other financial arrangement)
 - b. Influencing SoutheastHEALTH to do business with an entity that will result in personal financial gain to the LIP
 - c. Use or disclosure of SoutheastHEALTH and/or patient information or any other SoutheastHEALTH resources for personal financial gain.
 - d. Acceptance of gifts, benefits, or free services from a vendor or service provider of the Hospital or their affiliates, when the LIP is in a position to determine or influence a purchase from those persons

PROCEDURE: *Include: Definitions, Equipment, Process, and Documentation*

1. LIPs will complete an attestation identifying any activities, interests, relationships, or financial holdings that create or have the potential to create a conflict of interest for the individual in carrying out the responsibilities of his or her position upon initial appointment and/or granting of privileges, and upon reappointment.
 - a. Should a conflict of interest arise after initial appointment or between reappointment cycles, it must be immediately disclosed in writing to the Vice President/Chief Medical Officer (CMO).
2. CMO, compliance officer or designee will review disclosures and issue in writing to the LIP either approval or restriction of the disclosed activity.
 - a. A restriction is considered a final determination and there is no appeal from that decision.
 - b. An approval may contain conditions that are required to be met by the LIP in order to continue the activity.
3. If restrictions and/or conditions are not met, the CMO, compliance officer or designee will mediate an appropriate resolution with the LIP and/or may institute disciplinary action up to and including termination of medical staff membership and/or privileges. Disciplinary action will be taken in accordance with the Medical Staff Bylaws.
4. Violations of this policy should be reported to the CMO or compliance officer. Such reports may be made confidentially or anonymously but must contain sufficient information for the CMO or designee to conduct an investigation. Good faith reports under this policy are protected from retaliation or retribution.
5. LIPs who have a conflict of interest will not vote in matters involving the conflict.

REFERENCES: *What resources are used to support the policy and procedure?*

AMA Code of Medical Ethics, Code of Medical Ethics Opinions: Health care organizations & physician practice; <https://www.ama-assn.org/delivering-care/ethics/conflicts-interest-patient-care>; retrieved on October 11, 2019.

HCPPro—The top 45 Medical Staff Policies and Procedures, Fifth Edition, Todd Sagin, MD, JD, 2014

TJC LD 04.02.01

Attachments: (Label as Appendix A, B, C, etc.)

Appendix A - Licensed Independent Practitioner (LIP) Conflict of Interest



NAME _____

CONFLICT OF INTEREST DECLARATION FORM

Do you (including your spouse, parent, or child) have a financial interest in:

____ YES ____ NO An ownership or investment interest in any entity with which SoutheastHEALTH has a transaction or arrangement;

____ YES ____ NO A compensation arrangement with SoutheastHEALTH or with any entity or individual with which Southeast has a transactional arrangement

____ YES ____ NO A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which Southeast is negotiating a transaction or arrangement.

If you answered yes to any question above, please provide an explanation: _____

Compensation includes direct & indirect remuneration as well as gifts or favors that are not insubstantial. **A financial interest is not necessarily a conflict of interest.**

By signing below, I acknowledge I have received a copy of the SoutheastHEALTH LIP Conflict of Interest policy. I have read, understand, and agree to comply with the policy.

I agree to immediately notify the medical staff office in writing if my response to the above questions change prior to the next reappointment cycle.

SIGNATURE _____ DATE _____