



*Office of Internal Audit*

November 18, 2016

Dr. Kirk A. Calhoun, President  
UT Health Northeast  
11937 U. S. Hwy 271  
Tyler, TX 75708

Dear Dr. Calhoun:

We have completed a Conflicts of Interest Audit as part of our FY 2016 Audit Plan. The objective of the audit was to assess the effectiveness of UT Health Northeast's program for identifying, monitoring and managing conflicts of interest (COI).

We have completed the assessment and detailed results and opportunities for improvement are included within the report.

This audit was conducted in accordance with guidelines set forth in The Institute of Internal Auditor's *International Standards for the Professional Practice of Internal Auditing*. We appreciate the assistance provided by management and other personnel and hope the information presented in our report is helpful.

Sincerely,

Gail Lewis  
Interim Director, Chief Audit Executive

cc:

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## **Conflicts of Interest Audit**

**November 18, 2016**

**UT HEALTH NORTHEAST  
OFFICE OF INTERNAL AUDIT  
11937 US HIGHWAY 271  
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**UT Health Northeast  
Conflicts of Interest Audit**

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**TABLE OF CONTENTS**

EXECUTIVE SUMMARY ..... 4

BACKGROUND ..... 5

AUDIT OBJECTIVE..... 6

SCOPE AND METHODOLOGY ..... 6

RESULTS ..... 7

CONCLUSION..... 16

**UT Health Northeast  
Conflicts of Interest Audit**

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**Audit Report**

***EXECUTIVE SUMMARY***

We assessed the effectiveness of UT Health Northeast's program for identifying, monitoring and managing conflicts of interest, conflicts of commitment, and outside activities. The scope of our assessment was the calendar year 2015 reporting period which spanned from January 1, 2015 through December 31, 2015 with finalization of reporting allowed through March 31, 2016. We found that the institution has implemented policies and practices to effectively manage institutional and individual conflicts of interest of its employees. Areas of strength were identified as well as opportunities for improvement as follows:

Areas of strength for UT Health Northeast includes the institution's:

- Implementation of comprehensive policies for guidance on conflicts of interest, conflicts of commitment and outside activities
- Designation of an Institutional Conflict of Interest Official for Research and Conflict of Interest Committee (COIC) for effective management and oversight of risks
- Procedures that have been put in place to effectively manage the processes and risks relative to outside activities and interests
- Conflicts of Interest Annual Training program for current employees and new hires
- Use of the UT System database for acknowledging COI policies, routing and documenting prior approval requests and disclosures

Important opportunities for improvement include the following:

- The proper roles and responsibilities of the COIC membership need to be determined to allow the Committee to appropriately fulfill its charge. Documentation should be maintained to reflect that the COIC is carrying out its charge denoted by policy.
- Management plans on file should be revised to identify the person or group to be held responsible for monitoring compliance with the plans. Procedures should be implemented for fully monitoring compliance with the management plans.
- Procedures should be implemented for monitoring conflicts reported by non-research employees to ensure management plans are put into place when warranted to effectively manage risks resulting from the relationships.
- Procedures should be implemented for periodically comparing individually reported data included in the COI database with external sources such as the Centers for Medicare and Medicaid Services (CMS) Open Payments reports and internally prepared Research

## **UT Health Northeast Conflicts of Interest Audit**

Conflicts of Interest reports to ensure the accuracy of information reported and the completeness of disclosures in the database.

- Communication processes need to be strengthened between the Conflict of Interest Official and Research Administration to ensure financial disclosures made by employees involved in research who report in the database annually and mid-year are electronically reported by Research Administration to the NIH within the allocated time period when warranted.

### ***BACKGROUND***

The Conflicts of Interest Audit was completed as part of the UT Health Northeast FY 2016 Audit Plan. A conflict (COI) is a situation in which a person or organization is involved in multiple interests, financial or otherwise, one of which could possibly corrupt the motivation or decision-making of that individual or organization. UT Health Northeast is dedicated to maintaining high ethical standards, values, and accountability in its conduct, whether it involves institutional decision-making, research activities, clinical practice or engagement in outside activities by its faculty and employees.

To effectively manage conflicts of interest and conflicts of commitment activities, UT Health Northeast has implemented certain policies and practices. In calendar year (CY) 2015 (scope of the audit) the applicable policies in effect were IHOP Policy 01.02.02 *Conflicts of Interest, Conflict of Commitment and Outside Activities Policy* and IHOP 01.02.03 *Outside Activities and Disclosure of Significant Financial Interests and Management and Reporting of Financial Conflicts of Interest in Research*.

UT Health Northeast has designated a Conflict of Interest Official for Research activities per policy. The Conflict of Interest Committee is organizationally responsible for ensuring that institutional and individual conflicts are properly managed and monitored. The Compliance Office contributes by including conflicts of interest activities and issues as a high-risk item on the Compliance Work Plan and by collaborating with UT System in maintaining the UT System Conflicts of Interest portal database. Conflict of Interest is a high-risk area for the institution and as such compliance activities and issues are reported by the Compliance Office each quarter to the Executive Institutional Compliance Committee and Conflict of Interest Committee to allow the institution to effectively monitor and manage this risk.

In addition to institutional policies and practices, the Texas Legislature passed Texas Government Code Chapter 572, *Personal Financial Disclosure, Standards of Conduct, and Conflict of Interest*. The intent of this regulation is to protect the credibility and reputation of the state's institution by providing more transparency to the public. In response, the University of Texas Board of Regents and University of Texas System established UTS Policy 175, *Disclosure of Significant Financial Interests, and Management and Reporting of Financial Conflicts of*

## **UT Health Northeast Conflicts of Interest Audit**

*Interest in Research*, and UTS Policy 180, *Conflicts of Interest*, *Conflicts of Commitment*, and *Outside Activities* which are applicable to all UT System institutions. These system-wide policies were developed to provide more specific guidance related to the recognition and management of conflicts. To support the improvement of transparency, UT System established a centralized database for reporting conflicts of interest, conflicts of commitment, and outside activities that is currently in use by UT Health Northeast.

The Code of Federal Regulations Section 50.604 *Institutional Responsibilities Regarding Conflicts of Interests of Investigators* was promulgated to promote objectivity in research by establishing standards to ensure there is no reasonable expectation that the design, conduct, or reporting of research funded under Public Health Services (PHS) grants or cooperative agreements will be biased by any conflicting financial interest of an Investigator. The regulation is applicable to each institution that applies for PHS grants or cooperative agreements for research.

### ***AUDIT OBJECTIVE***

The objective of the audit was to assess the effectiveness of UT Health Northeast's program for identifying, monitoring and managing conflicts of interest, conflicts of commitment, and outside activities.

### ***SCOPE AND METHODOLOGY***

The scope of this audit was calendar year 2015 (January 1, 2015 through December 31, 2015).

To achieve the audit objective we:

- Identified and reviewed applicable Federal, State, UT System and UT Health Northeast guidelines, policies and procedures relative to conflicts of interest, conflicts of commitment, and outside activities
- Tested a sample of prior approval requests and disclosures made in the UTS COI reporting portal to determine if the process for identifying and managing prior approval requests and disclosures is adequate
- Completed procedures to determine the effectiveness of the COIC in meeting its responsibilities
- Reviewed conflicts of interest related education and training materials and procedures to determine the adequacy of training in the subject and the adequacy of procedures for monitoring and reporting of non-compliance with training requirements
- Tested a sample of employees to determine whether training is provided for all employees including Conflicts of Interest Committee members, "covered individuals" involved in research, and other employees

## **UT Health Northeast Conflicts of Interest Audit**

- Evaluated the adequacy of document retention standards for disclosures, requests, policy acknowledgments, management plans and other related documents
- Performed procedures to determine the adequacy of processes for evaluating, monitoring, and reporting of conflicts of interest

This audit was conducted in accordance with guidelines set forth in The Institute of Internal Auditor's *International Standards for the Professional Practice of Internal Auditing*.

### ***RESULTS***

#### **Policies and Procedures**

UT Health Northeast has implemented institutional policies that essentially encompass the same governance structure and key elements as the applicable UT System Board of Regent's Rule 30104 - *Conflict of Interest, Conflict of Commitment and Outside Activities* and UT System Policy 180 – *Conflicts of Interest, Conflicts of Commitment, and Outside Activities*.

In calendar year 2015, the two institutional policies in effect were Institutional Handbook of Operating Procedures Policy (IHOP) 01.02.02 *Conflict of Interest, Conflict of Commitment, and Outside Activities*, IHOP 01.02.03 *Outside Activities and Disclosure of Significant Financial Interests and Management and Reporting of Financial conflicts of Interest in Research*.

Effective August 1, 2016, IHOP Policy 01.02.02 was replaced with three separate UTS model policies including:

- *Conflicts of Interest and Conflicts of Commitment*
- *Outside Activity: All Employees, Excluding Executive Officers and Employees Involved in Procurement Activities or Contract Management*
- *Outside Activity: Executive Officers and Employees Involved in Procurement Activities or Contract Management*

*Outside Activities and Disclosure of Significant Financial Interests and Management and Reporting of Financial conflicts of Interest in Research* policy was not replaced. UT Health Northeast adopted the UT System's model policy and all of its key elements when developing this policy that is based upon UT System Policy 175 requirements.

An Institutional Conflicts of Interest policy was adopted by the Institution in October 2015.

UT System Policy 175 and NIH rules require institutions to publish their conflicts of interest policies through a publicly accessible website. UT Health Northeast Conflicts of Interest Official for Research ensures that the institution's Conflicts of Interest policies are posted on the institution's external website for public access.

## **UT Health Northeast Conflicts of Interest Audit**

The UT System Conflicts of Interest reporting portal and database contain UT Health Northeast's official records for conflicts of interest policy acknowledgments, requests for approval and disclosures. The UT System records retention schedule reflects that this data be retained for the fiscal year-end plus 3 years, which complies with the 3 year record retention required by the NIH final rule.

### **Effectiveness of Policies and Procedures**

We tested a sample of twenty-five prior approval requests and disclosures to determine the effectiveness of policies and procedures in managing these forms. In the COI portal test environment, we used the system to process test approval requests and disclosure forms to better understand the required data and process flow within the system. For the sample selected, we reviewed UTS COI reporting portal database reports and pertinent documentation available within the system.

Based upon the results, UT Health Northeast Conflicts of Interest policies and procedures have been effectively implemented for properly identifying and managing prior approval request forms, disclosure forms and policy acknowledgments. The UT System Conflicts of Interest portal is the institution's sole database for electronically reporting and tracking the related documents. There are no paper forms officially in use by the institution as part of the process. The UTS COI portal adequately provides fields for reporting information to support COI policy requirements. Disclosures and updates are being completed annually, either during the year or within the January - March report finalization period.

### **Completeness of Disclosures**

In calendar year 2015, there were 1378 UT Health Northeast employees who accessed the UTS COI reporting portal and 65 of these employees disclosed outside activities or interests. There were sixty-six employees who should have accessed the COI system for CY 2015 reporting, but did not comply with institutional requirements to access the system for acknowledging COI policies and reporting. Although there was no indication that these should have made a disclosure, we could not determine whether any of these sixty-six employees who did not access the system should have made a disclosure.

We reviewed disclosure information reported in the UTS COI portal for a sample of ten UT Health Northeast Research Faculty and Executives. We compared information disclosed in the COI portal to publicly accessible information and other documentation when available. Based upon procedures performed for the disclosures tested, disclosures were made according to institutional policies and we believe information reported in the UTS COI portal is substantially complete.

## **UT Health Northeast Conflicts of Interest Audit**

### **Conflict of Interest Committee**

The UT Health Northeast Conflict of Interest Committee is comprised of members appointed by the UTHNE President, which is appropriate per policy. The appointments are handled informally by the President's Office adding new members to the meeting requests rather than by a formal appointment document. The policy does not specify certain attributes for committee members, but the committee currently consists of the same members that serve on the Executive Institutional Compliance Committee. The meetings are chaired by the President or his designee in his absence. The committee membership consists of seventeen members, including executive leaders and representation from Compliance, Legal Affairs and Internal Audit. Four quarterly meetings are held each year and members believe the meetings are well-attended. The committee basically receives information from the institution's Conflict of Interest Official for Research and Executive Director for Compliance concerning conflicts of interest, conflicts of commitment and outside activity related issues. We could not validate whether any actions have ever been taken by the committee since no meeting minutes are maintained. The Conflicts of Interest Official for Research prepares management plans when a formal written plan is needed and submits those to the Committee for ratification after required approvals from UT System are obtained. We interviewed some of the committee members and found that none clearly understood the committee's charge or the member's roles and responsibilities.

The Institutional Conflicts of Interest Policy originating in October 2015 with a revision date of July 2016 denotes the following as the Conflict of Interest Committee's charge:

- Identifying instances in which the University's own financial interests or those of its Institutional Officials pose risks of undue influence on decisions involving the University's primary interests or missions; and
- Developing and recommending plans for management of institutional conflicts of interest.
- The charge of the ICOI Committee also includes responsibilities for identifying and managing individual conflicts of interest and research conflicts of interest, in accordance with UTS 180, UTS 175, and the University's Conflicts of Interest and Outside Activities policies.

**Ranking:** Medium

**Recommendation #1:** The UT Health Northeast President should formally appoint members to the Conflict of Interest Committee. Proper roles and responsibilities of the COIC membership should be identified that will allow the Committee to appropriately fulfill its charge. When roles and responsibilities are clearly defined, procedures should be implemented to ensure roles and responsibilities are communicated to members and processes are put into place to implement them.

## **UT Health Northeast Conflicts of Interest Audit**

**Management's Response:** The President concurs with the findings and will formally appoint members and a chair to the Conflict of Interest Committee. Member roles and responsibilities will be defined and communicated to the members. The Committee will be charged with implementing procedures for performing its responsibilities. The Committee, under the leadership of its chair will be charged with developing and implementing an action plan for resolving the seven issues identified within the audit.

### **Implementation Dates:**

Formal Appointment of Committee Members/Chair: December 1, 2016

Define Roles and Responsibilities of Committee Members and Develop an Action Plan for Resolving Audit Issues: March 1, 2017

Fully Implement the Action Plan: July 1, 2017

### **Education and Training**

UT Health Northeast has policies and procedures in place that require all employees to receive training in the institution's conflicts of interest related policies each year. Annually, within the UTS COI portal, each employee is required to read the institution's COI policies and acknowledge that they read and understood them. Conflicts of Interest policies are made available electronically to all employees within the Institutional Handbook of Operating Procedures on the institution's external and internal websites. New hires and other institutional employees obtain education on compliance and conflict of interest policies either during new employee orientation or annual institution-wide employee training that is provided within the Compliance Office's training module in Net Learning. Compliance with the education requirement is monitored by the Offices of Human Resources and Compliance.

As additional training, Research employees, except for clinical research investigators, who by policy are considered to be "covered individuals" and certain administrative staff are required by the UT Health Northeast Executive Institutional Compliance Committee to take Collaborative Institutional Training Initiative (CITI) training. The CITI training includes more in-depth training concerning conflicts of interest requirements. The Director of Research monitors each research employee's compliance with the CITI training to ensure researchers complete this training every 3 years. Controls are in place for ensuring new researchers complete required training in advance of conducting research. Since the COI portal includes the detailed policy training and documentation of this training concerning COI, each employee's compliance with the annual reporting is important. The Compliance Office monitors institutional employees' compliance with conflict of interest education requirements and reports deficiencies to the Executive Institutional Compliance Committee and the COIC.

## **UT Health Northeast Conflicts of Interest Audit**

We tested a sample of fifteen employees to determine compliance with annual CY 2015 training requirements. Included in the sample were research employees, Conflict of Interest Committee members, and other employees. All fifteen employees tested were in compliance with the institution's conflict of interest training requirements in CY 2015.

### **Monitoring and Reporting**

The UT Health Northeast Conflict of Interest Official for Research, Conflict of Interest Committee and the Compliance Office collectively monitor the institution's adherence with applicable federal and state requirements and UT System and UT Health Northeast policies and procedures. Monitoring and reporting procedures have been implemented for ensuring:

- The Office of Institutional Advancement provides the official reports to the COI Official for Research disclosing the entities in which the institution holds equity positions and monetary gifts
- Disclosures of outside activities and financial interests are being retained in the UT System electronic COI database
- Research conflicts of interest information is made available to the public
- The appeals and denial process is appropriate
- Significant Financial interests are reported to National Institutes of Health (NIH) or PHS at time of application.
- The COI official reviews research disclosures to determine if conflicts reported are related to research in which the individual is involved, and if so, whether a financial conflict of interest exists. If so, the procedures are in place to ensure the appropriate action is taken to implement a COI management plan.

Monitoring and reporting process improvements are needed in the following areas:

The UT Health Northeast Disclosure of Significant Financial Interests and Management and Reporting of Financial Conflicts of Interest in Research policy section 8.03 includes a requirement for providing for regular audits of financial interest disclosure statements of individuals who are responsible for the design, conduct or reporting of research to determine individual and institutional compliance with the policy; however, procedures are not in place for performing periodic audits of the disclosure statements. Although audits are not being performed, the Conflicts of Interest Official for Research is reviewing all conflicts reported for research employees to perform the required COI Official's functions of determining whether any significant financial interest disclosed is related to research in which the covered individual is engaged and if so whether a financial conflict of interest exists. The COI Official is overseeing development of management plans for these users when a plan is needed.

**Ranking:** Low

## **UT Health Northeast Conflicts of Interest Audit**

**Recommendation #2:** The UT Health Northeast Conflict of Interest Committee, under the leadership of the Committee Chair should ensure procedures are implemented for the completion of audits of disclosures of significant financial interests reported for individuals who are responsible for the design, conduct or reporting of research.

**Management's Response:** The Committee, under the leadership of its chair will be charged with developing and implementing an action plan for resolving the seven issues identified within the audit.

### **Implementation Date:**

Develop an Action Plan for Resolving Audit Issues: March 1, 2017

Fully Implement the Action Plan: July 1, 2017

The UTS COI reporting portal is designed to appropriately route prior approval requests for research and non-research employees to designated authorities for approval. In the prior approval process the system is designed to prompt for development of management plans. This configuration promotes adherence with policy requirements for prior approval requests. When prior approval is not applicable and a research employee is using the system's disclosure feature, the system is designed to electronically route conflicts of interest disclosed by these employees to a mailbox accessed by the COI Official for Research for review and development of management plans when warranted. Conflicts of interests reported in the system by non-research employees are not independently reviewed by the employee's supervisor or any designated institutional official. The COI portal is not configured to route conflicts of interests reported by these employees to anyone. Although review of conflicts disclosed by non-research employees is not required by policy, this lack of monitoring increases the likelihood that management plans are not developed when warranted to effectively manage conflicts reported by these employees.

**Ranking:** Medium

**Recommendation #3:** The Conflict of Interest Committee, under the leadership of the Committee Chair should designate a responsible conflict of interest official with monitoring duties over conflicts reported in the UTS COI portal by non-research employees. This designated official should also provide oversight for development of management plans pertaining to conflicts reported by non-research employees, if appropriate.

**Management's Response:** The Committee, under the leadership of its chair will be charged with developing and implementing an action plan for resolving the seven issues identified within the audit.

## **UT Health Northeast Conflicts of Interest Audit**

### **Implementation Date:**

Develop an Action Plan for Resolving Audit Issues: March 1, 2017

Fully Implement the Action Plan: July 1, 2017

The Centers for Medicare and Medicaid Services website includes published information related to Open Payments, which is a federal program, required by the Affordable Care Act, that collects information about the payments drug and device companies make to physicians and teaching hospitals for things like travel, research, gifts, speaking fees, and meals. It also includes ownership interests that physicians or their immediate family members have in these companies. This data is then made available to the public each year on this website. There are also other websites that publish this type of information. The UTHNE Compliance Office has procedures in place for reviewing provider payment information published on websites such as CMS Open Payments to review potential payments made to UTHNE and its providers. Although the Compliance Office is periodically reviewing these externally published reports there are no procedures in place for validating that payments disclosed on these external websites have been appropriately reported in the UTS COI portal when required by applicable UT Health Northeast Conflict of Interest policies.

**Ranking:** Low

**Recommendation #4:** The Conflict of Interest Committee, under the leadership of the Committee Chair should ensure procedures are implemented for periodically validating that the payments drug and device companies make to UT Health Northeast and its physicians that are reported on external websites such as CMS Open Payments are compared with data reported in the UTS COI portal to ensure that payments that are required by institutional policies to be disclosed are included in the COI database.

**Management's Response:** The Committee, under the leadership of its chair will be charged with developing and implementing an action plan for resolving the seven issues identified within the audit.

### **Implementation Date:**

Develop an Action Plan for Resolving Audit Issues: March 1, 2017

Fully Implement the Action Plan: July 1, 2017

The UT Health Northeast Research CY 2015 Research Conflicts of Interest report does not agree to individual financial COI's reported in the UTS COI portal. Of the six conflicts of interest included in the RCOI report, only four employees individually provided accurate information in the COI portal. Two of the six employees reported in the portal there was no COI to report, but

## **UT Health Northeast Conflicts of Interest Audit**

one of the employees described details of the COI within a separate field in the portal. We believe the RCOI report is accurate and the individual data within the portal is inaccurate or incomplete for the employees noted. Employees need to be adequately trained in using the portal appropriately to help ensure the accuracy of data input into the system.

**Ranking:** Low

**Recommendation #5:** The Conflict of Interest Committee, under the leadership of the Committee Chair should ensure procedures are implemented for properly training employees in the method for accurately completing information in the portal.

**Management's Response:** The Committee, under the leadership of its chair will be charged with developing and implementing an action plan for resolving the seven issues identified within the audit.

**Implementation Date:**

Develop an Action Plan for Resolving Audit Issues: March 1, 2017

Fully Implement the Action Plan: July 1, 2017

### **Institutional Disclosure Obligations to the Public and National Institutes of Health or other Public Health Services Agencies**

Federal regulations (42 CFR Part 50, Subpart F - Sec. 50.604 Institutional responsibility regarding conflicting interests of investigators) require institutions that apply for Public Health Services grants or cooperative agreements for research to maintain written and enforceable conflict of interest policies and either publish these policies on the institution's publicly accessible website or make its written policies available to any requestor within five business days of a request. To comply with the regulations, UT Health Northeast publishes its conflicts of interest policies on the institution's publically accessible website along with an annual report of the institution's Financial Conflicts of Interest in Research.

The Code of Federal Regulations Section 50.604(2) requires that all financial disclosures be updated during the period of the award, either on an annual basis or as new reportable Significant Financial Interests are obtained. UT Health Northeast has identified the Director of Sponsored Programs as the responsible party for managing and updating financial conflicts of interest records in the NIH FCOI module. However, the Director has not updated these records to include the institution's research conflicts of interest identified and included in the institutions RCOI report made available on the institution's external website. In addition, there is no process in place for the Conflict of Interest Official for Research or designee to communicate the financial conflicts of interest disclosures to Research Administration management when annual updates are made or when disclosures are made during the year within the UTS COI portal.

## **UT Health Northeast Conflicts of Interest Audit**

**Ranking:** Medium

**Recommendations #6:** The Conflict of Interest Committee, under the leadership of the Committee Chair should ensure processes are implemented for communicating the financial conflicts of interests disclosures reported in the UTS COI database to Research Administration and the Director of Sponsored Programs when annual updates are made or when disclosures are made within the year.

The Director of Sponsored Programs should update the NIH Financial Conflicts of Interest (FCOI) website to include Research conflicts of interests reported for UT Health Northeast and its employees and processes should be implemented for keeping the NIH FCOI website up to date.

**Management's Response:** The Committee, under the leadership of its chair will be charged with developing and implementing an action plan for resolving the seven issues identified within the audit.

The Director of Sponsored Programs will immediately begin processes for periodically updating and maintaining UT Health Northeast's institutional and/or individual research conflicts of interest data within the NIH FCOI database as required by NIH guidelines.

### **Implementation Date:**

Update of NIH FCOI Database: November 30, 2016

Develop an Action Plan for Resolving Audit Issues: March 1, 2017

Fully Implement the Action Plan: July 1, 2017

### **Management Plans**

UT Health Northeast's conflicts of interest policies require for management plans to be in place for all faculty and administrative and professional staff for outside activities that may create a conflict of interest or a conflict of commitment before the activity begins. Policies applicable to non-research employees require that the management plan be developed by the employee in conjunction with his/her specific approval authorities. COI policies applicable to individuals, who, regardless of their title or position, are responsible for the design, conduct or reporting of research require for the Conflict of Interest Official in cooperation with the covered individual and other appropriate designated individuals to develop the management plans. Management plans may impose any condition and any action necessary to manage a financial conflict of interest, including an action reducing or eliminating the financial conflict of interest, to ensure that the design, conduct, or reporting of the research is free from bias or the appearance of bias. Policies stipulate that management plans should clearly document the covered individual's acknowledgment of the receipt of the plan and understanding of the policy requirements and

## **UT Health Northeast Conflicts of Interest Audit**

other conditions. Policies also indicate that management plans should clearly identify each specific person responsible for monitoring compliance with the management plan.

In calendar year 2015, The Conflict of Interest Official for Research identified six individual conflicts reported that needed management plans. We reviewed all six of the management plans on file for CY 2015 and found the following:

- UT Health Northeast uses the UT System COI reporting portal electronic templates as the sole forms for use for reporting conflicts with use of no paper forms. Disclosure information within the portal substantially supports data included within Management Plans.
- The Conflict of Interest Official for Research develops management plans for employees who are responsible for the design, conduct or reporting of research but not for employees who are not involved in research, per policy.
- The management plans reviewed were signed by the appropriate individuals, including the employee, and designated UT System officials in the Office of General Council and Office of Health Affairs.

However, management plans are not being developed to identify the person and or group to be held responsible for monitoring compliance with the management plans. Also, there are no procedures in place for carefully and fully monitoring compliance with the plans as required by policy.

**Ranking:** Medium

**Recommendation #7:** The Conflict of Interest Committee, under the leadership of the Committee Chair should ensure that when management plans are developed, the person or group to be responsible for monitoring compliance with the plan is documented within the plan. Procedures should be implemented for fully monitoring compliance with the plan.

**Management's Response:** The Committee, under the leadership of its chair will be charged with developing and implementing an action plan for resolving the seven issues identified within the audit.

**Implementation Date:**

Develop an Action Plan for Resolving Audit Issues: March 1, 2017

Fully Implement the Action Plan: July 1, 2017

### ***CONCLUSION***

We assessed the effectiveness of UT Health Northeast's program for identifying, monitoring and

**UT Health Northeast  
Conflicts of Interest Audit**

managing conflicts of interest, conflicts of commitment, and outside activities and detailed results and opportunities for improvement are included within this report.

A handwritten signature in cursive script that reads "Gail Lewis".

Gail Lewis  
Interim Director, Chief Audit Executive