



POLICY & PRACTICE

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NIH Targets Obesity Prevention

The National Institutes of Health is committing \$37 million to fund research on better ways to reduce obesity. The program, titled, “Translating Basic Behavioral and Social Science Discoveries Into Interventions to Reduce Obesity,” will fund interdisciplinary teams at seven sites. The program is led by the National Heart, Lung, and Blood Institute but includes several institutes. Dr. Francis S. Collins, director of the National Institutes of Health, said that the interventions being developed include new ways to promote awareness of eating behaviors, decrease the desire for high-calorie foods, reduce stress-related eating, increase motivation to adhere to weight-loss strategies, engage patients’ social networks and communities to encourage physical activity, and improve sleep patterns.

Firm Discloses Payments to Doctors

The drug giant GlaxoSmithKline paid \$14.6 million to U.S. physicians between

April 1 and June 30, 2009, according to a list of payments published by the company. The list includes the names of about 3,700 U.S. physicians and other health care professionals who received speaking or consulting fees. The average payment was \$3,909, according to the company. The disclosure is part of a growing industry effort to increase transparency. GlaxoSmithKline also said it will begin publishing payments made to researchers in 2011. The company also is posting results from more of its studies, including those of terminated compounds. The list of fees paid to health care providers is available online at <http://gsk-us.com/html/responsibility/index.html>.

Diabetes Expected to Double

The number of Americans living with diabetes will nearly double by 2034, and diabetes spending will nearly triple, according to a study published in the November issue of *Diabetes Care*. The predictions should hold true even if the

prevalence of obesity in this country remains stable, wrote lead researcher Elbert S. Huang of the University of Chicago and his colleagues. Using a model of diabetes costs that accounts for trends in risk factors (such as obesity), the natural history of the disease, and the effects of treatments, the researchers concluded that the number of Americans who have diagnosed and undiagnosed diabetes will increase to 44.1 million during the 25-year period. Annual spending related to diabetes will rise to \$336 billion (in 2007 dollars), the researchers indicated. They also predicted that among Medicare beneficiaries, prevalence should rise from 8.2 million Americans to 14.6 million, and associated spending would be expected to jump from \$45 billion to \$171 billion. “Without significant changes in public or private strategies, this population and cost growth are expected to add a significant strain to an overburdened health care system,” Dr. Huang and his colleagues concluded.

Information Tech Gets Funding

The American Recovery and Reinvestment Act will fund \$235 million in grants to strengthen the existing health information technology (HIT) infrastructure and increase information-exchange capabilities, according to the Department of Health and Human Services. The Beacon Community Program will fund 15 initiatives run by nonprofit organizations or government entities that already have HIT systems in place with wide adoption of electronic medical records. The goal of the program is to show how cutting-edge HIT programs can improve quality, safety, efficiency, and population health while maintaining strong privacy and security measures, according to the HHS. The results from the grant program will provide guidance for the use of electronic medical records throughout the United States, the primary goal of the federal government’s HIT initiative, the agency said.

Drug Promotion Levels Off

After double-digit growth earlier in the decade, promotional spending for pharmaceuticals leveled off in 2008, accord-

ing to a new study by the Congressional Budget Office. That year, drug manufacturers spent \$20 billion (or about 11% of total U.S. sales) on promotional activities. The companies spent \$12 billion on detailing physicians and other health care providers, \$3.4 billion on sponsoring professional meetings, and \$400 million on journal ads. The remainder of the spending was on direct-to-consumer ads. Manufacturers spent only \$93 million in 2008 to advertise online, to sponsor links in search engines, and to host product- or disease-specific Web sites. Just 10 drugs accounted for 30% of all direct-to-consumer spending. Looking at classes of drugs, the CBO found that most consumer-directed spending promoted—in order—erectile dysfunction drugs, bone resorption inhibitors, nonbarbiturate sleep aids, autoimmune treatments, statins, serotonin norepinephrine reuptake inhibitor antidepressants, antiplatelet agents, drugs for seizure disorders, atypical antipsychotics, and central nervous system stimulants.

Medicare Strike Force Expands

Medicare’s “strike force” against fraud has expanded its operations to include Brooklyn, N.Y.; Tampa, Fla.; and Baton Rouge, La., the Department of Justice announced. The multiagency team of federal, state, and local investigators focuses on data analysis and community policing. Strike force teams already were operating in Miami, Los Angeles, Detroit, and Houston. Since its inception in March 2007, the strike force has obtained indictments of more than 460 people and organizations for falsely billing Medicare for more than \$1 billion collectively. In December, strike force officials charged 30 people in Miami, Detroit, and Brooklyn with scheming to submit more than \$61 million in false Medicare claims. “Medicare fraud schemes are driven by greed—pure and simple,” said Assistant Attorney General Lanny A. Breuer. Mr. Breuer credited the strike force’s “proven data analysis” with success to date and he predicted aggressive action in the group’s new turf.

—Joyce Frieden

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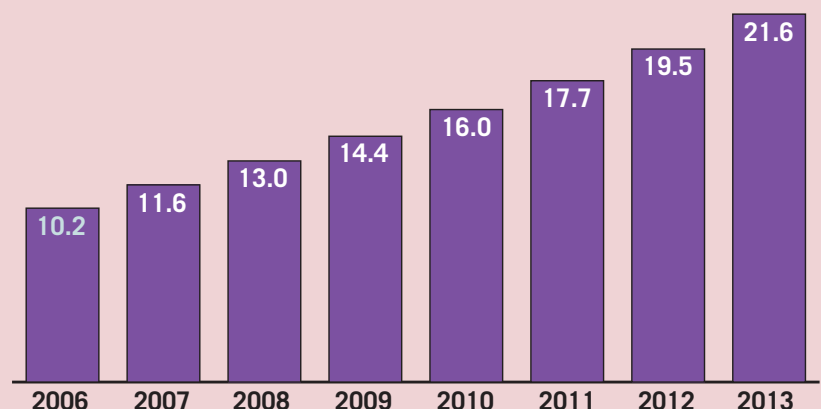
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DATA WATCH

Global Market for Health Care Computer Systems Projected to Top \$20 Billion by 2013



Note: Figures represent revenues at the manufacturers' level.

Source: Kalorama Information, July 2009 report on Healthcare Computer Systems