Medical Schools Just Say No to Pharmaceutical Gifts

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SACRAMENTO — Another medical school has joined what could be a growing movement to ban faculty and residents from accepting any gifts whatsoever from drug company representatives.

The University of California, Davis, Health System decided in late November to forbid its medical staff to accept any gifts from drug salesmen, including drug samples, pens, mugs, and meals, however small they might be. Earlier, the school had banned drug company representatives from walking into the clinical areas on a preceptorship.

By taking this action, the school joins a cadre of institutions that includes Yale University, which implemented its policy in 2005, the University of Pennsylvania, which did so in July 2006, and Stanford University, which implemented its policy in October 2006. At UC Davis, the policy goes into effect in July 2007.

The new prohibition "picks off the low-lying fruit" in an attempt by the institution to create a greater distance between its clinical practice and the pharmaceutical industry, said Dr. Timothy E. Albertson, the university system's executive director of clinical care.

The school has plans to look at the issue of conflict of interest in further detail, particularly in regard to relationships with and practices of other vendors, he said.

"We're certainly not trying to change capitalism, but we are trying to redefine the ethics of this type of involvement," he said.

The efforts at UC Davis and the other academic medical centers were spurred in part by an article in the Journal of the American Medical Association (2006;295:429-33).

The article noted that many authoritative bodies, including the Pharmaceutical Research and Manufacturers of America and government agencies, have made attempts to curtail practices that constitute a conflict of interest for physicians. But the article also said those actions have largely failed to change the current climate. The 11 authors of the paper urged academic medical centers to take the lead by, among other things, banning the acceptance of gifts, samples, and payment for time spent at meetings.

Academic medical centers need to adopt such policies because the medical profession looks to them for leadership, and because academic medical centers shape the ethics of the profession, the proposal said.

The article notes that 90% of the marketing dollars spent by the pharmaceutical industry were directed at doctors, despite the increase in money spent on direct-to-consumer marketing in recent years.

According to IMS Health, a pharmaceutical information and consulting company, drug companies spent $27 billion on product promotion in 2004, of which $16 billion was for free drug samples and $7.3 billion, including gifts and meals, went to sales representative contacts.

The pharmaceutical industry, which adopted strict guidelines on gift giving in 2002, says that limiting the practices and access of their sales representatives will deprive physicians of the best expertise on their medicines.

But gifts, however insignificant, establish an unspoken quid pro quo between physicians and pharmaceutical companies. If gifts did not serve this purpose, companies would not give them, the JAMA authors say. They note that the research bears this out.

According to a 2003 survey of more than 1,000 third-year medical students, an average third-year student receives one gift or attends one company-sponsored activity a week (JAMA 2005;294:1034-42). That is precisely the point of the no-gift policies proposed by the JAMA article, said one of its authors, Dr. Jerome P. Kassirer, former editor-in-chief of the New England Journal of Medicine.

"These meals and gifts give residents and trainees the idea that pharmaceutical largesse is all right and the way things work, but it taints the profession," Dr. Kassirer said in an interview. "They wouldn't pass out these gifts if it didn't matter.

"I think the academic medical centers needed a little nudge," he added, noting the impact the article appears to be having. "It's a beginning."

At the academic medical centers, free meals appear to be the biggest issue impeding acceptance of the policies among staff. The free meals allow physicians to attend midday meetings they otherwise would not have time to attend, and they are a big ticket item.

At the UC Davis Cancer Center alone, it is estimated that companies spend about $70,000 on free lunches a year. The center will now pick up those costs, and other departments may have to do the same.

At the University of Pennsylvania Health System, the adoption of its policy caused some grumbling at first, along with the loss of some legitimate educational programs that were sponsored. For the most part, however, physicians and other staff members have adjusted, said Dr. Patrick J. Brennan, the chief medical officer of the university health system.

He said there is "much less evidence" of sales representatives around the clinics and school. At one suburban clinic run by the university, sales reps turned in their identification badges in protest; but, he believes, the sales force may have adjusted. He has lately seen an increasing number of medical education programs offered to faculty and staff sponsored by a third party hired by a drug company.

At UC Davis and some of the other institutions, efforts are being made to help patients who previously might have benefitted from receiving free drug samples or devices; these items have been very helpful, especially for lower-income patients, Dr. Albertson noted. The university will try to purchase some of the equipment that has been donated in the past, such as training inhalers for asthma patients and supplies for those with diabetes. "We're going to make every effort to buy them" for use by lower-income patients, he added. ■

POLICY & PRACTICE

Public NPI Directory Possible

The Centers for Medicare and Medicaid Services is strongly considering publishing a directory of physicians who have National Provider Identifiers. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated that all providers who submit claims or conduct other transactions subject to the law must have an NPI by May 23, 2007. But the law did not allow publication of a directory of NPI providers. Physicians have said that such a directory helps facilitate referrals. Medicare's Practicing Physicians Advisory Council endorsed the idea of publishing a directory in August. At a PPAC meeting in December, Dr. William Rogers, director of the Physicians Regulatory Issues Team at CMS, said that the agency agreed and that it would pursue development of an online directory for physicians and their office staff.

Poll: No Off-Label Use

About half of Americans said physicians should not be allowed to prescribe pharmaceuticals for unapproved uses, according to a WSJ.com/Harris Interactive poll. About half of those polled—about 3,000 adults in November—were not even aware that the FDA allowed off-label prescribing. But 48% said it should not be allowed, 27% said it was fine, and 24% were not sure. Most (69%) said drug companies should not be allowed to promote off-label uses, while only 12% said this was permissible. Finally, 62% said they strongly agreed with the statement that prescription drug use for unapproved indications should be prohibited except in a clinical study.

Medicare Advantage Costs More

If the incoming Democrat-majority Congress is looking for funding to expand the Medicare drug benefit, Medicare Advantage may be a ripe target, according to an analysis by researchers at the Commonwealth Fund. They estimate that in 2005, the federal government paid private Medicare managed care plans, known as Medicare Advantage plans, an average of $922 more per enrollee than comparable beneficiaries would cost under the traditional fee-for-service program, for a total of $5.2 billion. "Medicare should carefully examine whether extra payments to Medicare Advantage plans are the best use of dollars for the beneficiaries the program is designed to serve," Commonwealth Fund President Karen Davis said in a statement.

Consumer-Directed Plans Dictated

Many individuals enrolled in consumer-directed health plans may not have much of a choice in the matter, according to a report from the Center for Studying Health System Change. The report, based on survey responses from employers, found that about 39% of the 2.7 million American workers enrolled in employer-sponsored consumer-directed health plans had no other health plan choice in 2006. When employees had a choice of plans, they were more likely to choose a PPO or an HMO. Of the 8.9 million employees who had a choice of at least one other type of health plan, about 19% of employees chose consumer-directed health plans, compared with 55% of employees who chose PPO plans when given a choice. "Despite the buzz, consumer-directed health plans have barely gained a toehold among Americans with employer-sponsored insurance," Jon Gabel, vice president of the Center for Studying Health System Change, said in a statement. The study was funded by the Robert Wood Johnson Foundation and is based on a 2006 random survey of more than 2,000 private and nonfederal employers with three or more workers. The survey's response rate was 48%.

ALS Linked to Military Service

There is "limited and suggestive evidence" of a link between military service and the later development of amyotrophic lateral sclerosis (ALS), according to a report from the Institute of Medicine. A panel of experts convened by IOM reviewed the literature and identified one high-quality study that showed an association between military service and the development of ALS. Three other studies supported this link but had limitations. Another study did not show an association. The IOM committee recommended that the Department of Veterans Affairs, which sponsored the study, conduct additional research into the risk factors for ALS related to military service.

Better Quality at Integrated Groups?

University of Pittsburgh researchers say patients receiving care at integrated medical groups may get better-quality care, according to a study in the Dec. 5 issue of Annals of Internal Medicine. Dr. Ateev Mehrotra and colleagues analyzed data from 119 California physician groups that contracted with PacifiCare from 1999 to 2000. Patients in integrated medical groups were more likely than were those in independent practice associations to receive four of the six clinical quality measures—mammography, Pap smear screening, chlamydia screening, eye exams for diabetes patients, controller medications for asthma patients, and β-blockers for heart attack patients. Integrated medical groups were more likely to report using electronic medical records and quality improvement strategies, but that did not fully explain the difference, the authors said. The study was limited in that it only captured a fraction of potential quality measures and relied on self-reports, they said. In an editorial, Dr. Lawrence P. Casalino of the University of Chicago said the results were not likely to be generalizable and should be interpreted with caution since they were based on only 19 large groups and six quality measures.

—Mary Ellen Schneider