Med Schools Just Say No to Pharmaceutical Gifts

BY TIMOTHY F. KIRN
Sacramento Bureau

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 2006 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 institutions such as 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.

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

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 climate. Thus, the 11 authors of the paper urged academic medical centers to take the lead.

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.

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. "I think the academic medical centers needed a little nudge."

At the academic medical centers, free meals appear to be the big issue impeding acceptance of the policies. 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. ■

Consumer-Driven Insurance Plans Fall Short in Survey

BY JANE ANDERSON
Contributing Writer

American consumers and their employers are treading cautiously when it comes to switching from traditional, more comprehensive health insurance to consumer-driven health plans, with few actually adopting the new plans, according to survey results from the Employee Benefit Research Institute (EBRI) and The Commonwealth Fund.

In addition, satisfaction among members in consumer-driven health plans (CDHPs) was considerably lower than satisfaction among individuals in more traditional plans, and more members in CDHPs reported that they had delayed getting needed medical care.

The Consumerism in Health Care Survey tracks public opinion on consumer-driven and high-deductible plans, defined as those plans with deductibles of $1,000 or more for employee-only coverage and $2,000 or more for family coverage. The plans also feature one of two kinds of tax-exempt savings accounts: health savings accounts (HSAs) and health reimbursement arrangements (HRAs). Employees can use money in the accounts without tax penalty to pay for medical expenses not covered by their health plans.

"Consumer-driven health plans aim to control costs largely through demand-side incentives, and to make premiums more affordable for the uninsured," said Karen Davis, Ph.D., president of the Commonwealth Fund, at a press teleconference sponsored by EBRI and the Commonwealth Fund.

But the survey found that the plans have been slow to catch on. Just 1% of the privately insured U.S. population aged 21-64 years, or 1.3 million individuals, were enrolled in CDHPs in September 2006, unchanged from the year before—despite the widespread attention the new plans have received. Another 7% (8.5 million adults) had plans with deductibles high enough to qualify for health savings accounts but did not have an account.

Employers are cautiously awaiting data on the cost and effectiveness of the plans before switching coverage to CDHPs, Dr. Davis said.

"The plans are not well known at this point," said Paul Fronstin, EBRI senior research associate. "Only 7% of the population responded that they are 'very familiar' with consumer-directed health plans, while 13% said they were 'somewhat familiar.' "

Also, despite the expectations of some policymakers that the lower premiums and tax benefits of CDHPs would greatly reduce the number of people without health insurance, "We did find that individuals in consumer-directed plans were not more likely to have been uninsured than those enrolled in a conventional plan," said Mr. Fronstin.

Satisfaction lags in the plans, compared with more comprehensive health insurance, the survey found. And, 38% of those with consumer-driven coverage said that they delayed or avoided getting needed health care because of cost over the last 12 months, compared with 19% of those with comprehensive insurance.

It's no surprise that employers and employees have been cautious in adopting CDHPs, since effecting change in the health insurance industry can be very difficult, said Karen Atwood, senior vice president for national accounts at Blue Cross and Blue Shield of Illinois.

"We are in the early stages of trying to understand how consumerism can be part of the solution," said Ms. Atwood, who added that such plans also need to have tools in place to address lifestyle behaviors and choices. "We need good plans, well-crafted network options, and incentives to reward people for doing the right thing."

The survey of 3,158 U.S. adults aged 21-64 was conducted in September 2006 through a 14-minute Internet survey. ■

Facial Image System Helps Protect Patient Data, Safety

BY TODD ZWILLICH
Contributing Writer

WASHINGTON — Electronic bar codes and radiofrequency microchips are all the rage in medical error prevention, but one research team thinks avoiding mistakes may be as easy as snapping a photo.

Researchers with the MedStar Health network here are experimenting with facial-capture software that they say could quickly and inexpensively help busy nurses and physicians avoid mistakes.

The software can pick human faces out of any photo image in less than a second. It's tied into a $120 Web camera mounted behind the nurse's triage desk, and anyone who approaches the desk automatically has his or her face captured. Nurses can permanently tie a patient's face to the corresponding electronic health record with one click.

Nurses "don't have to pick up a camera, they don't have to make them say cheese, they don't have to put them in a special location. All they have to do is click on the patient's face," Dr. Michael Gillam, director of the Medical Media Lab at MedStar, said at the annual symposium of the American Medical Informatics Association.

MedStar researchers already developed a state-of-the-art electronic health record system allowing doctors and nurses to view patients' full charts at a glance. The system, known as Axyzzi, was snapped up by the Microsoft Corporation in July 2006.

Now Dr. Gillam's team is hoping that the facial photo capture system can help avoid errors by capitalizing on humans' natural penchant for recognizing faces.

"The problem with a bar code is that it's not human-readable," Dr. Gillam said in an interview.

MedStar developers say their software could be used to tack the right face to any medication order, blood product, or device before it goes into a patient.

"Anyone can look and see that that blood doesn't match, because that's not the right person," Dr. Gillam said.

The Medical Media Lab tested the software prototype and found that it captured the smiling faces of all 22 racially diverse adults who approached a MedStar triage desk. But the system has yet to be put it into practice to see if it really enhances patient safety.

Dr. Gillam said the automatic system could be especially useful in overwhelmed emergency departments. "Suddenly 30 patients show up … at one time from a bus accident. You can imagine trying to take each picture," he said.

But as with most identity technology, privacy is a concern. After all, no one wants to have his or her face on permanent file simply for asking directions to the rest room. Dr. Gillam said that although the system would photograph all comers, images are quickly erased if nurses don't attach them to a medical record. ■