

## POLICY &amp; PRACTICE

**Grassley Digs Into Biederman**

Sen. Chuck Grassley (R-Iowa) has tenaciously gone after what he sees as conflict of interest in the medical field, focusing closely on psychiatry. In the latest volley in his investigation into Dr. Joseph Biederman of Harvard University, Sen. Grassley said he was provided documents as part of ongoing litigation that appear to demonstrate that Dr. Biederman was acting in tandem with Johnson & Johnson to promote Concerta and other psychopharmacologics for off-label uses. Sen. Grassley sent a 63-page missive to the presidents of Harvard and the Massachusetts General Hospital outlining numerous apparent conflicts, including that Dr. Biederman was receiving \$500,000 in grant money from the National Institutes of Health while he was running J&J's Center for Pediatric Psychopathology Research. Separately, in a letter to the New Jersey judge overseeing the litigation that peripherally involves Dr. Biederman, the psychiatrist's attorneys are seeking an order to prevent public disclosure of his deposition. Among other things in that deposition, when asked what rank followed full professor at Harvard, Dr. Biederman answered "God."

**Dementias Three Times as Costly**

The latest report on Alzheimer's disease and other dementias from the Alzheimer's Association finds that Medicare pays out three times as much for beneficiaries with brain diseases, averaging \$15,000 annually, compared with about \$5,000 for those with no dementias. The 2009 report also found that 5.3 million Americans are living with AD. The organization expects 500,000 new cases a year in 2010, and a million per year by 2050. From 2000 to 2006, Alzheimer's disease deaths rose 47%, whereas deaths from other major diseases declined. The disease is also taking a toll on family members, who provide care for 70% of those with Alzheimer's. More states are querying caregivers about the impact. In Washington state, 48% of caregivers said stress was their greatest difficulty.

**Painkiller Admissions on Rise**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is reporting that prescription painkiller misuse admissions have risen from 1% of total admissions in 1997 to 5% in 2007. The data come from the Treatment Episode Data Set 2007 Highlights report, which also found that alcohol-related admissions still account for the largest portion, but that they declined from 50% to 40% over the 10-year period. Heroin admissions have remained steady for a decade, at 14%, and methamphetamine admissions hit 8% in 2007, up from 4% in 1997. The dataset is not comprehensive, because it comes only from state-licensed treatment facilities.

**Group Wants Ban on Industry CME**

The consumer watchdog group Public Citizen has asked the American Medical Association to support a ban on commercial support of continuing medical education. In a letter to the chairs of the AMA's ethical and CME councils, Public Citizen's Health Research Group said that it wants the ban "because the consequences of any corrupting influence of commercial support on CME are so significant." The group said that "physician-supported CME" is a viable alternative to commercial funding. The Pharmaceutical Research and Manufacturers of America said in a statement that a ban on commercial support of CME could prevent physicians from accessing critical information about treatments.

**CNS Drugs Rank High in Cost**

Medications that affect the central nervous system accounted for about \$28 billion of the \$208 billion American adults spent on prescription drugs in 2006, said the Agency for Healthcare Research and Quality. Metabolic drugs topped the list at \$38 billion, cardiovascular drugs cost \$33 billion, psychotherapeutic drugs cost more than \$17 billion, and hormones cost \$14 billion. The agency also found spending for outpatient prescription analgesics rose from about \$4 billion in 1996 to more than \$13 billion in 2006.

**Boston Limits Tobacco Sales**

Boston has banned tobacco-product sales at pharmacies and on college campuses. The Boston Public Health Commission's board of health also banned new permits for smoking bars, such as hookah and cigar bars, and prohibited the sale of blunt wraps, a tobacco leaf often used to roll marijuana. The board said it was working to increase access to smoking cessation resources. Last year, San Francisco imposed the first municipal ban on cigarette sales by pharmacies. Many college campuses already ban tobacco.

**Physicians Postponing Retirement**

Fewer physicians left group practices in 2008 than in 2007, and most group practice leaders believe that this change reflects more physicians' postponement of retirement because of the poor economy, said the American Medical Group Association. The group's annual survey of AMGA members reported about a 6% turnover of group practice physicians in 2008, compared with nearly 7% in 2007. The top reasons cited for leaving a group included poor fit with one's practice and the need to relocate to be closer to family. Flexibility can keep physicians in a practice, according to respondents, nearly half of whom said that part-time options encourage physicians either to stay while meeting personal needs, or to delay retirement.

—Alicia Ault

# Medical School Leaders Are Poised for Challenges

BY CHRISTINE KILGORE

Fresh from their successful efforts to persuade Congress and the president to dramatically increase federal biomedical research funding, the nation's medical school deans are now working to prioritize which issues to tackle over the next several years.

The menu of issues is huge: There are crises in access to and cost of health care, an inadequate emphasis on preventive and primary care services, wide variations in health care use and quality of care, and a pace of translational research that many believe is much too slow.

"We're asking ourselves, what should we take on in the next 3-5 years, and how can we as medical school leaders maximize our value and contribution?" Dr. E. Albert Reece, who chairs the Association of American Medical Colleges' Council of Deans, said in an interview.

The council identifies issues affecting academic medicine and develops strategies to deal with them.

When Dr. Reece assumed the council chairmanship last October, biomedical research funding was the top issue. Since 2004, the budget of the National Institutes of Health had been reduced by 13% after factoring in inflation—a trend that leaders at the AAMC argued was slowing progress on critical research programs and creating a backlog of unfunded and underfunded biomedical research projects.

"Our approach with Congress and with the Obama transition team, and then the administration, was to point out how academic medical centers create a huge amount of economic activity," said Dr. Reece, vice president for medical affairs at the University of Maryland and dean of the university's school of medicine in Baltimore.

The combined economic impact of the nation's 130 academic medical centers exceeded \$450 billion in 2005, according to the AAMC, with academic medical centers responsible for the creation of more than 3 million jobs. "That's 1 out of 48 wage earners in the U.S.," said Dr. Reece, who also serves as the John Z. and Akiko K. Bowers Distinguished Professor at the university.

In their meetings with legislators and other national leaders, Dr. Reece and his colleagues from other medical schools emphasized the ripple effect of declining funding—the way in which it thwarts the careers of young scientists and physicians who are interested in bench-to bedside research, slows the amount and pace of such translational research, and ultimately adversely affects patient care.

The \$787 billion Recovery Act, formally called the American Recovery and Reinvestment Act of 2009, directed \$10 billion in new funding to the NIH—equivalent to a third of the institute's \$29.5 billion annual budget and an amount higher than the deans and other supporters of increased funding had

expected. Sen. Arlen Specter (R-Pa.) championed the new funding.

Now, said Dr. Reece, in addition to sustaining ongoing research, the deans will continue to explore and implement other ways of attracting more physician-scientists to academic medicine—a need identified by the Institute of Medicine's Clinical Research Roundtable (CRR) that, from 2000-2005, studied the challenges facing clinical research.

Easing loan repayments was among the many ideas examined by the CRR,



**Dr. E. Albert Reece is concerned about the ripple effect of declining funding.**

said Dr. Reece, who served on the roundtable.

In an interview before an early April retreat of the Council of Deans, Dr. Reece said other questions for the medical school deans—questions that could drive the choice of issues for new or renewed focus—involve "maximizing the impact of research" and better preparing graduates for the future.

Upgrading primary care's status and emphasis is "definitely on the agenda," he added.

Health care reform will likely favor primary care along with wellness and prevention.

A study by the AAMC has warned that demand for physicians will outpace supply faster for primary care than for any other specialty group.

Other studies—including one published recently in *Health Affairs*—also have projected a growing shortage of primary care physicians.

"The deans at most medical schools are making concerted efforts to improve the role that primary care physicians play in the delivery of care and medical education," said Dr. John E. Prescott, who serves as chief academic officer at the AAMC.

Medical school deans have played a "very active role" in securing more biomedical research funding, Dr. Prescott said in an interview, and are now "leading efforts" on access to treatment and the quality of care.

For primary care physicians and advocates, Dr. Prescott added, "I think 2009 will be a significant one." ■