

POLICY & PRACTICE

Early Intervention in Autism Tested

Researchers at the University of Washington, Seattle, are investigating the benefits of early parental intervention with young siblings of children who have autism spectrum disorders, testing whether extra interaction between these babies and young toddlers and their parents can prevent or reduce the delays in social interaction associated with such disorders. The study will test such techniques as coos, lilting speech, eye contact and other interactions delivered by parents. The \$11.3 million research project is expected to include 200 6-month-old babies from the Seattle area who have older siblings already diagnosed with autism or another autism spectrum disorder. Parents will receive developmental evaluations along with advice regarding appropriate services, and those families assigned to the intervention group will receive parent training, and, if appropriate, more intensive intervention for their infants.

NIH Invests in Epigenomics

Officials at the National Institutes of Health plan to spend more than \$190 million over the next 5 years on epigenomics—a new field of biomedical research. While the field of epigenetics focuses on the processes that regulate how genes are turned on and off, epigenomics takes it a step farther by looking at the changes across many genes. The NIH is accepting grant applications for research on epigenome mapping centers, data analysis in epigenomics, technology development, and discovery of novel epigenetic marks in

mammalian cells. The Epigenomics Program is a trans-NIH project that involves several NIH institutes including the National Institute of Neurological Disorders and Stroke. Information is available at <http://nihroadmap.nih.gov/epigenomics>.

FDA Would Expand Promotion

The Food and Drug Administration last month proposed draft guidance that would allow drug and medical device makers to distribute medical or scientific journal articles and reference publications that involve unapproved uses of FDA-approved drugs and medical devices. Drug and device makers had been allowed to disseminate such materials under guidelines set by the FDA, but that authority expired in September 2006. The FDA's new "Good Reprint Practices" draft guidance states that the article or reference should be published by an organization that has an editorial board and fully discloses conflicts of interest. In addition, articles should be peer reviewed, and manufacturers should not distribute special supplements or publications funded by product manufacturers, or articles not supported by credible medical evidence. Rep. Henry Waxman (D-Calif.), chairman of the House Committee on Oversight and Government Reform, blasted the FDA for its proposal, which he said in a statement "is great news for the drug industry but terrible for the public health."

Medicare EHR Demo

Small- and medium-size physician practices in a dozen health markets across the

country will be eligible to receive Medicare incentive payments for using certified electronic health records under a new demonstration being launched by officials at the Department of Health and Human Services. Financial incentives will be awarded to up to 1,200 practices that use certified EHRs to meet certain quality measures. Physicians who participate in the demonstration would also be eligible to receive bonus payments based on the number of EHR functionalities physicians incorporate into their practices. Over the course of the 5-year project, individual physicians can earn up to \$58,000; practices up to \$290,000. The HHS will accept applications from officials in those communities where there is interest in participating in the demonstration project through mid-May of this year. HHS officials plan to launch the demonstration this year with four communities, with additional communities beginning the project in 2009. After the communities have been selected, the HHS will work with community officials to recruit physician practices.

Heart-Brain Link Overlooked

African Americans are not likely to be aware that good cardiac health is linked to good brain health, according to a survey conducted by the Alzheimer's Association and the American Heart Association. Sixty-one percent of survey respondents reported that they were concerned about developing heart disease and 40% said they were concerned about Alzheimer's, but only 6% knew there was a link between cardiovascular disease and dementia. African Americans are at greater risk for

diabetes, high blood pressure, and vascular dementia than are other races. While half of those surveyed knew of their increased cardiovascular risk, only 8% were aware that they were also at increased risk for dementias including Alzheimer's disease. Fewer than 1 in 10 were aware that heart disease, hypertension, diabetes, and hypercholesterolemia were all linked to Alzheimer's. The survey was conducted online in January 2008 with a random sample of 1,210 African Americans and 1,004 adults of other races. The sampling error was plus or minus 3.5%.

Don't Blame Technology for Costs

Medical devices and in vitro diagnostics account for a relatively small 6% (\$112 billion) of the nation's overall health expenditures and should not be blamed for rising health costs, officials from the device industry's lobby, AdvaMed, said at a briefing in February. The group released what it called one of the first-ever studies to examine device cost trends. The study—paid for by AdvaMed—was conducted by Roland Guy King, a former chief actuary for the Medicare and Medicaid programs. Devices and diagnostics accounted for a steady 6% of expenses from 1989 to 2004. Prices grew more slowly—1.2% annually—than did the medical consumer price index, which is about 5% a year, or the consumer price index, which is about 2.8% annually, according to the study. "The highly competitive medical device marketplace is working and delivering tremendous value both in patient care and in economic terms," said Stephen J. Ubl, AdvaMed president and CEO.

—Mary Ellen Schneider

Composite Assessment Is Best Clerkship Evaluation

BY MARY ELLEN SCHNEIDER

New York Bureau

No single standardized assessment of medical student neurology clerkships provides a complete picture of the student's knowledge, skills, and professionalism, according to an evaluation conducted at the Harvard Medical School, Boston.

Rather, it is a composite approach which relies on results from three different assessments that ultimately offers medical students the most "transparent and fair" evaluation possible, and can most accurately take into account the different strengths of each individual student, according to the evaluation.

The research for this study was supported in part by the Academy at Harvard Medical School and also by the Birmingham Foundation.

The authors reported no conflicts of interest in relation to this study.

The study was prompted because "There's always the concern that the student who brings the better doughnuts gets the better grade," said Dr. Jeremy Schmahmann, who is the lead author of the study and also the neurology clerkship director at Massachusetts General Hospital.

However, by using a composite of three separate evaluations, students can have confidence in the final grade for the rota-

tion—regardless of whether they bring doughnuts. And that final grade often can go on to influence their final choice of medical specialty, he said.

Researchers from Massachusetts General Hospital and the Harvard Medical School compared the results of the Subjective Evaluation Form (SEF), the Bedside Examination Exercise (BEE), and also the National Board of Medical Examiners Shelf examination (Shelf) in grading those medical students who were, at that time, participating in Harvard Medical School's 1-month-long neurology clerkship.

The researchers compared the final grades of 71 students who were assessed with the Subjective Evaluation Form alone and 409 students using the Bedside Examination Exercise alone from 1991 to 2002.

They also performed a prospective study of 132 students who were assessed using all three tests—the BEE, SEF, and the Shelf—between 2003 and 2006.

Among the 132 students who were tested on all three of the instruments, the researchers found that there was a normal distribution of scores across the class for each test.

The study demonstrates what clerkship directors already know very well, and that is that no single instrument is capable of measuring everything.

However, the researchers found poor agreement on knowledge between the three tests.

For example, the comparison showed that the faculty members and residents who worked with students in the wards typically tended to overrate student knowledge, compared with the results of the Shelf examination.

"None of the test instruments, no matter how fairly administered we thought they were, was sufficiently reliable or valid to serve as the final grade for the rotation," the researchers wrote.

As a result, the researchers developed a composite score that is based on weighted versions of the three assessments. The makeup of the composite exam is 70% of the Subjective Evaluation Form, 15% of the Bedside Examination Exercise, and 15% of the National Board of Medical Examiners Shelf examination.

In applying the composite process, students would be required to pass all three tests to graduate from the rotation.

The composite score had a normative distribution among all of the 132 students who were tested on it (Neurology 2008;70:706-12).

The study demonstrates what clerkship directors already know very well, and that is that no single instrument is capable of measuring everything, said Dr. Ralph Jozefowicz.

Dr. Jozefowicz is the neurology clerkship director at the University of Rochester (N.Y.) and also the chair of the education committee for the American Academy of Neurology.

"Each of these tools examines different things," said Dr. Jozefowicz, who reviewed the article before publication.

The study drives home the point that using only the traditional clerkship evaluation—the Subjective Evaluation Form—is insufficient, he said.

If the evaluation is fair and comprehensive, taking into account all of the aspects of what makes a good clinician, it will ensure that students will strive to excel in all areas, he said.

"Testing drives the curriculum. People study what you test them on," Dr. Jozefowicz said.

But there is at least one significant barrier to having more neurology programs around the country adopt the combined approach.

Programs must pay to use the Shelf exam.

Additionally, the Bedside Examination Exercise carries a monetary cost as well as considerable faculty time investment, said Jozefowicz. ■