Medical Schools Take Stand Against Industry Gifts

BY CATHY DOMBROWSKI AND DENISE PETERSON
"The Pink Sheet"

Medical schools and teaching hospitals should prohibit their physicians, faculty, residents, and students from taking gifts and services from drug companies, according to the Association of American Medical Colleges.

Industry support for continuing medical education (CME) activities also should be limited, according to a report unanimously adopted by the AAMC executive council.

The association is urging member institutions to adopt policies consistent with the report by July 1, 2009.

Many Schools Are Studying Gifts Issue

The recommendations might be particularly influential because of their timeliness. The AAMC notes that many academic institutions are in the midst of developing policies on interactions with drug and device manufacturers, though some have not yet taken up the issue.

The AAMC cites the medical schools at the University of Pittsburgh; the University of Pennsylvania; Stanford University; the University of California, Davis, University of California, Los Angeles; and Yale University as among the institutions that have implemented policies in the past few years.

The association represents 129 U.S. and 17 Canadian medical schools, about 400 teaching hospitals and health systems, and a number of scientific societies.

The AAMC's strong stance against industry gifts to physicians comes as drug and device makers are signing on to federal legislation that would bring transparency to their financial interactions with doctors by requiring public disclosure of gifts.

But the "sunshine" approach might prove to be temporary. In addition to the AAMC's call for a ban, the Massachusetts Senate adopted a bill in April that would ban pharmaceutical industry gifts of any value to physicians, their office staffs, or their families.

The Institute of Medicine also is assessing the effectiveness of transparency in preventing conflicts of interest arising from such interactions, with a report due in July 2009.

The medical schools report, titled "Report of the AAMC Task Force on Industry Funding of Medical Education to the AAMC Executive Council," calls on members to take the following actions:

► Ban acceptance of industry gifts by doctors, faculty, students, and residents, whether given on- or off-site.

► Either end acceptance of drug samples, or manage their distribution through a centralized process.

► Restrict visits to individual doctors by industry representatives to nonpatient areas and by appointment only.

► Create a central office to receive and coordinate distribution of industry support for CME.

► Strongly discourage faculty participation in industry-sponsored speakers bureaus.

► Bar physicians, residents, and students from using presentations ghostwritten by industry members.

Lessons on the Nature of the Industry

The group also notes that medical students often take their cue from faculty and medical residents, suggesting that those in a mentoring role must lead by example in industry interactions. At the same time, most medical students have "limited understanding" of such issues as the process of drug development, nature of the pharmaceutical industry, product marketing, "meaning and limitation" of FDA product approval, and physician role in adverse event reporting, the report notes. Medical curricula should include information on these topics.

The report also emphasizes that while academic institutions are not responsible for policing activities outside their facilities, faculty and students should be advised that prohibited activities are also barred off-site. For example, they should not accept meals from industry (outside of officially sanctioned CME), whether at the medical school or across the street.

The report affirms that "substantive, appropriate, and well-managed interactions between industry and academic medicine are vital to the public health," saying that industry and the medical community should work together "to develop new paradigms" for scientific information transfer.

The Accreditation Council for Contin-

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Pediatric Hospitalists Cut Costs, Length of Stay

BY ROBERT FINN
San Francisco Bureau

HONOLULU — Patients on a pediatric hospitalist service spent a mean 38% fewer days in the hospital and had 29% lower direct costs, on average, than did patients on traditional house staff services, according to a 1-year study of more than 900 patients.

Dr. Arpi Bekmezian of the University of California, Los Angeles, and colleagues retrospectively compared 816 pediatric cases assigned to GI and hematology/oncology subspecialty services with 109 cases assigned to a pediatric hospitalist service between July 1, 2005, and June 30, 2006.

Patients were admitted to the hospitalist service when the faculty/house staff services reached their maximum capacity. The assignments were made solely on the basis of the hospital census, not on diagnosis, acuity, or complexity.

The study was conducted at the UCLA Hospital and Medical Center, a nonprofit tertiary care teaching hospital with 70 pediatric beds. The patients' mean age was 8 years, and there were no statistically significant differences on the all-patient refined diagnostic-related group severity scale.

Neither were there any statistically significant differences in the proportion of patients with private insurance, Medicaid, or other insurance, Dr. Bekmezian reported in a poster presentation at the annual meeting of the Pediatric Academic Societies.

The mean length of stay was 10 days in the subspecialty services vs. 7 days in the hospitalist service.

The average variable of direct cost of stay excluding physician fees was $16,500 in the subspecialty services vs. $11,000 in the hospitalist service.

Both differences were statistically significant.

Rates of readmission also were significantly different: a mean 4% for patients in the subspecialty services, compared with 0% for patients in the hospitalist service.

There were no statistically significant differences in mortality: a mean 2% in the subspecialty services, compared with a mean 1% in the hospitalist service, Dr. Bekmezian said.

Dr. Bekmezian declared that he had no conflicts of interest related to his presentation. ■

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uing Medical Education is seeking comments on such a paradigm with regard to industry support for CME.

AMA Awaits Federal Legislation

The American Medical Association also has been reviewing industry funding and gifts at its annual House of Delegates meeting but declined to take a clear-cut position. Its Council on Ethical and Judicial Affairs drafted a report recommending that individual physicians and institutions of medicine not accept industry funding for education.

But during their June 14-18 session, the AMA delegates referred the report for further review at the recommendation of the group's Committee on Amendments to the Constitution and Bylaws.

The panel said testimony on the report noted a lack of clarity with regard to certified CME and uncertified promotional education, and concern for unintended consequences.

The delegates also declined to get embroiled in the debate over reporting of industry gifts. Pending was a resolution for the AMA to back annual reporting by drug and medical device firms of all physician payments with a value of more than $100.

An AMA committee advised delegates that testimony on the measure generally was unfavorable, with concerns raised about the logistics and how and to whom the information would be disclosed.

Noting that legislation on the issue "is pending and may serve to answer many of these questions," the committee recommended that the resolution not be adopted and the delegates concurred.

On the question of conflicts of interest in CME, the delegates accepted the recommendation of the AMA's Council on Medical Education to monitor implementation of ACCME standards. ■

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