

[From USA Today, Mar. 9, 2000]

WHO'S TEACHING THE DOCTORS?

DRUG FIRMS SPONSOR REQUIRED COURSES—AND
SEE THEIR SALES RISE

(By Dan Vergano)

At first glance, Harvard Medical School and advertising giant Omnicom Group seem to have little in common. But they share one trait: the right to award medical education credits that doctors need to keep their licenses in 34 states.

Omnicom, working through subsidiary Pragmaton, is one of a growing number of advertising and marketing firms that provide continuing medical education (CME) courses for physicians. The firms are fully accredited, but because the marketing firms often are working for pharmaceutical companies, the practice increasingly is setting off ethical alarms.

"It is unconscionable," says Catherine De Angelis, editor in chief of the Journal of the American Medical Association.

Marketing firms "advertise wares under the guise of medical education," she says.

But advocates say commercial CME courses use faculty from top medical schools, ensuring objectivity, while delivering updates on drugs to the medical community more quickly than academic educators.

"Companies live through education" to ensure new products are used appropriately, says Bert Spilker of the Pharmaceutical Research and Manufacturers of America in Washington, D.C.

Without commercial CME firms, "you won't find enough Mother Teresas to provide everything doctors need," says Michael Scotti, a CME official with the American Medical Association. His organization is one of the seven medical groups that charter the Chicago-based Accreditation Council for Continuing Medical Education (ACCME), the office that accredits courses nationwide.

The drug companies provide "unrestricted" grants to the marketers, who hire the course faculty. But growing numbers of critics say there's nothing unrestricted about the involvement of pharmaceutical companies.

They fear that CME firms, which widely refer to course sponsors as "clients," stack their programs with faculty physicians overly friendly to their sponsors' products. Sponsors get a chance to market their products directly to doctors in a venue disguised as education, critics say. In fact, one company, Indianapolis-based Eli Lilly, is directly accredited for CME, raising further concerns.

Regulations going into effect in June promise higher standards of separation between grant providers and course faculty, but critics say they are weak and unenforceable. Meanwhile, attempts to change the practice have been rebuffed even as the number of commercial providers has increased. Last spring, a resolution condemning accreditation of commercial CME firms, signed by educators from 47 medical schools, was offered to the Society for Academic Continuing Medical Education. In November, the document was tabled because of the "possibility or likelihood of grant money to universities being reduced by pharmaceutical companies," says one of its authors, Ruth Glotzer of Tufts University School of Medicine in Boston.

In February, a federal appeals court turned away the Food and Drug Administration's latest bid for oversight of the CME industry, reaffirming a decision made on freedom-of-speech grounds.

PATIENT'S BEST INTEREST?

The concern comes at a time when pharmaceutical influence on doctors is under

scrutiny. A January study in the Journal of the American Medical Association found that company-sponsored courses mentioned positive effects of the companies' drugs 2.5 to 3 times more often than other courses. Swayed by such marketing, doctors prescribed the sponsors' drugs 5.5% to 18.7% more often afterward, according to the study, without giving competitive products a similar bounce.

Critics fear that what's in the patient's best interest won't always be the determining factor when a doctor scribbles out a prescription.

They point to firms such as an accredited company called Interactive Medical Networks (IMN) of Rockville, Md., which promises pharmaceutical companies "a collaborative process with a provider who shares your expectations" on its Web site (www.cmemuscle.com). In translation, that means commercial grant providers can freely recommend faculty for courses, IMN head Jan Perez says. "If they're interested in Dr. Jones or Dr. Smith, we try to work with them."

Under current conditions, "it's up to doctors to identify who's shilling for a company," says cardiologist Richard Conti of the University of Florida at Gainesville, editor in chief of Clinical Cardiology.

Despite believing that the CME system works well overall, Conti wrote an editorial last year calling for all providers to have independent monitoring committees to ensure objectivity.

"We recognize that concern," says Murray Kopelow, head of the ACCME. Under the standards going into effect in June, parent companies of commercial CME firms must possess a mission "congruent" with medical education.

Kopelow says commercial course providers will meet the standards if they maintain a "firewall" between corporate departments whose mission is selling advertising to drug companies and the people preparing medical education courses.

PAYING FOR THE SYSTEM

Accredited course providers report about \$900 million in annual income to the ACCME. More than 40% of grant funding from drug and medical device firms goes to the 25% of those providers consisting of commercial organizations, not the medical schools and societies that control other aspects of physician training.

"We work the same way academic centers work," says Dennis Hoppe of Chicago-based Pragmaton. At the insistence of clients, employees involved with education cannot have a role in advertising activities. In addition, the company hires external doctors and pharmacists to review programs for objectivity.

Pragmaton has higher course standards than his hospital, says psychiatrist Michael Easton of Rush Presbyterian St. Luke's Medical Center in Chicago, a review board member.

If the accrediting group arbitrarily banned commercial firms from offering CME, it would result in a class-action lawsuit aimed not only at the organization, but also against critics, says Jack Angel, head of the Coalition for Healthcare Communication, an industry trade group. "As long as we meet the same standards, we have a right to participate," he says.

"Baloney," De Angelis says. "Show me one of their programs where (faculty) physicians push drugs not made by the sponsor."

On the industry side, Angel says academic providers may be complaining about commercial providers more for competitive than altruistic reasons. "They want more of the action."

FEW PHYSICIAN COMPLAINTS

In response to the dispute, Kopelow says, the ACCME has considered requirements that independent monitoring committees oversee all providers. But even with the new standards, critics note other potential problems with the group's oversight:

Providers get to pick in advance which monitors review courses for objectivity.

No requirements ensure that physicians take courses relevant to their specialties.

No explicit requirement exists for physician involvement in CME planning.

"We rely on faculty professionalism to a large extent," Kopelow says. Industry participation in medicine is standard practice, he says, citing such examples as for-profit hospitals and health maintenance organizations as "the way we do things in the United States." Private companies offering CME simply reflect that phenomenon, in his view.

The required disclosure of who finances a course and of any faculty ties to corporate sponsors goes a long way toward ensuring doctors who take CME courses know where advice is coming from, Kopelow says. "We have millions of eyes out there watching" in some 600,000 annual hours of accredited courses.

Over the past three years his organization has received 56 complaints about programs, 14 resulting in warning letters. But some point out that doctors who want to renew their medical licenses have little incentive to call into question a program that helps them reach that goal.

"Patients should be concerned about this," Glotzer says. "The job and responsibility of these firms is to market drugs, not to teach doctors."

Disputes over industry involvement in medicine extend into many areas, some physicians note.

"It's somewhat insulting to think that doctors don't have inquiring minds that can tell the good from the bad," says Dolores Bacon of New York Presbyterian Medical Center.

"There's a huge variability in commercial (CME) programs," she adds. "Ultimately, as physicians, our job is to be informed consumers."

HONORING THE AMERICAN ASSOCIATION OF DENTAL SCHOOLS (AADS)

HON. CHARLIE NORWOOD

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Monday, March 27, 2000

Mr. NORWOOD. Mr. Speaker, today I recognize the tremendous work performed by a group of dedicated and tireless professionals: the members of the American Association of Dental Schools (AADS). Many members, including those from the 10th Congressional District of Georgia, are gathering at the AADS 77th Annual Meeting here in the nation's capital. I congratulate the AADS for its achievements. AADS is the one national organization that speaks exclusively for dental education.

Since 1923 the Association's institutional membership has trained the nation's oral health care providers. The Association has done exemplary work in leading the dental education community in addressing the issues influencing education, research, and the health of the public. Members of the Association including all of the dental schools in the United States, Puerto Rico, and Canada, allied dental

education programs, corporations, faculty, and students. The nation owes a great debt to AADS for its unwavering commitment to excellence in dental education.

AADS works to promote the value and improve the quality of dental education, and to expand and strengthen the role of dentistry among other health professions in academia and society. There is currently more focus than ever on oral health and I hope the nation will understand that oral health is a part of total health.

AADS is dedicated to assisting its membership in providing service to patients of limited means and quality education of future practitioners. Dental schools and programs play a major role in access to oral health care, reaching many underserved low-income populations, including individuals covered by Medicaid and the State Children's Health Insurance Program (CHIP). AADS members play a critical role in meeting the oral health needs of the nation. It is with great pride that I honor my distinguished colleagues of the dental profession.

Mr. Speaker, I honor the American Association of Dental Schools for being the leader in dental education. I urge my colleagues to join me in wishing AADS many more years of continued success.

THE 80TH ANNIVERSARY OF
BALTIMORE HEBREW UNIVERSITY

HON. BENJAMIN L. CARDIN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Monday, March 27, 2000

Mr. CARDIN. Mr. Speaker, I rise today to congratulate Baltimore Hebrew University, a valuable educational institution in my district, on their 80th anniversary.

Following World War I, in response to a community need for Jewish education and teacher training, Baltimore Hebrew University opened its doors as an institution of higher learning devoted solely to Jewish studies. Today, Baltimore Hebrew University has more graduate and credit students than any other Hebrew college in the nation. The University has the fourth largest Master of Arts program in Jewish Studies in the country with only Yeshiva University, Hebrew Union College and the Jewish Theological Seminary having larger programs.

In addition to teaching Jewish Studies on their Baltimore City campus, Baltimore Hebrew University professors provide Jewish Studies curriculum in other Maryland colleges, including Goucher College, Towson University, and University of Maryland Baltimore County. Next year, BHU professors will begin a new program at John Hopkins University. In addition, Baltimore Hebrew University has begun to offer in conjunction with The Baltimore Jewish Times courses "on line" to provide educational opportunities to students in communities lacking Jewish Studies programs.

Baltimore Hebrew University brings together Jews and non-Jews of all religious backgrounds, providing a diverse, open and community-responsive environment in which students gain an understanding of Jewish literary and historical tradition. Baltimore Hebrew University graduates making contributions in many of my colleagues' communities include:

Stephen Hoffman, president of the Jewish Community Federation of Cleveland; Brain Schreiber, Executive Director of the Jewish Community Center of Greater Pittsburgh; Lesley Weiss, Association Director of the Anti-Defamation League in Washington, D.C.; Gail Naron Chalew, editor of the Journal of Jewish Community Service and Larry S. Moses, President of the Wexner Foundation, to name a few.

I ask my colleagues to join me in congratulating Dr. Robert O. Freedman, president of Baltimore Hebrew University, and the members of the Board of Trustees and the Baltimore Jewish community for their fortitude and foresight in establishing and maintaining Baltimore Hebrew University as a premier institution of higher education.

CONCURRENT RESOLUTION ON
THE BUDGET, FISCAL YEAR 2001

SPEECH OF

HON. MARK UDALL

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 23, 2000

The House in Committee of the Whole House on the State of the Union had under consideration the concurrent resolution (House Concurrent Resolution 290) establishing the congressional budget for the United States Government for fiscal year 2001, revising the congressional budget for the United States Government for fiscal year 2000, and setting forth appropriate budgetary levels for each of fiscal years 2002 through 2005:

Mr. UDALL of Colorado. Mr. Chairman, I cannot support this resolution, for two reasons. It fails to do what should be done, for our country and for all Americans. And, it would insist on doing what should not be done for our economy and for future generations.

It does not extend the solvency of either Social Security or Medicare, which we need to do as the first step toward preparing those vital programs to meet the challenges of the years ahead when the "baby boom" generation retires in large numbers.

It does not properly provide for measures to make affordable prescription drugs available to Medicare beneficiaries and other senior citizens.

It doesn't adequately fund essential education programs including Head Start, Pell grants for college students, and special education—in fact, it cuts their purchasing power.

It does not protect programs that are vital for many working families—such as child care subsidies, emergency heating and cooling assistance, or affordable housing—or to improve their access to health insurance. It also does not adequately assist our communities to respond to the problems of growth and sprawl and fails to provide enough funds for saving open space. And it does not provide enough for veterans' programs.

And it does not give the proper priority to reducing the public debt.

But what it does do is to mortgage the future to pay for excessive, unfocused tax cuts that would wipe out almost all of the expected surplus outside of Social Security.

It does cut funding for energy research and conservation programs, even as increased prices for gasoline and heating oil are again

showing the importance of reducing our dependence on petroleum, while allowing dangerous erosion of funding for many other important scientific research activities.

And it does lay down a blueprint for going back to budget deficits.

For all these reasons—and more—we should not make the mistake of passing this budget plan. We can do better, and we should.

That's why I voted for the alternative plan proposed by Representative JOHN SPRATT and other Democratic members of the Budget Committee.

The Democratic alternative would have extended the solvency of Social Security and Medicare, while making a downpayment on a plan to let the parents of children who are eligible for Medicaid or the State Children's Health Insurance program gain health-care coverage under these programs. It also would have provided for Medicare prescription drug coverage, beginning next year, while maintaining the funds needed to crack down on Medicare fraud, waste, and abuse. It also would have provided more funds for veterans programs, and would have assisted retirees and people who lose their jobs to keep health insurance.

The Democratic alternative would have increased funding for energy research and development, including energy conservation and the development of alternatives to petroleum. And it would have provided more for science, space, and technology programs.

It also would have provided fund to continue assisting local school districts to hire more teachers for overcrowded schools, would have provided nearly \$5 billion more for special education funding, would have provided for tax credits and funding for better school buildings. It would have provided for increases in Pell grants, Head Start, special education, and other educational programs.

The Democratic alternative would fully fund the Lands Legacy Initiative, to save endangered open space and to assist our States and local communities in acquiring parks, conserving wildlife habitat, and protecting sensitive areas.

And while the Democratic alternative would have provided for cutting taxes by some \$200 billion over the next decade, it still would have dedicated \$364 billion over the next decade for paying down the publicly held debt, more than could be done under the flawed plan put forward by the Republican leadership.

Mr. Chairman, after I compared the Republican leadership's budget and the Democrat alternative, my choice was clear. I think that when the American people make the same comparison, they will agree that the Republican leadership's plan is a collection of wrong choices for the House and for our country.

A PROCLAMATION RECOGNIZING
THE 35TH ANNIVERSARY OF
PATRICIA AND JIM GLOVER

HON. ROBERT W. NEY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Monday, March 27, 2000

Mr. NEY. Mr. Speaker, I commend the following article to my colleagues:

Whereas, Patricia and Jim Glover will celebrate their 35th Anniversary today, March 27, 2000;