



This shows the Clinic's performance in a federal CMS trial on one of 10 quality measures—the percentage of diabetic patients who get regular foot exams.

foot exams, and influenza and pneumonia vaccinations. For example, CMS's target for LDL cholesterol was that about 65% of patients test below 130; nearly 90% of Dartmouth-Hitchcock patients achieved that goal.

The target for reducing costs was more complicated. The cost for patients who get most of their care at Dartmouth-Hitchcock had to rise more slowly than the cost of care for similar Medicare patients in the region who get their care elsewhere. The difference had to be more than 2% in the first year of the demo.

Cost: In year two, saving money will again be given more weight than improving quality. But by year three, cost and quality will be weighted equally. This structure has drawn criticism from the American Medical Association and others, though "it's better than the fee-for-service . . . model that we're all stuck with at this moment," says Walters. (For more on alternative payment models, see page 14.)

"Pay-for-performance," she adds, "at least attempts to bring quality into the equation."

JENNIFER DURGIN

DHMC puts itself on the pharm-freebie-free team

The longer I've been taking care of patients and teaching students, the more convinced I am that receiving a gift from a drug company, any kind of gift of any size, biases your prescribing," says Dr. David Nierenberg, a clinical pharmacologist at DMS. "I decided years ago the only good policy with drug companies was 'don't take any gifts.'"

Since January 2007, that's the policy everyone at DHMC is following. The new policy prohibits the acceptance of gifts, meals, and all "freebies" from drug and medical-device companies. DHMC is among a small number of academic medical centers—including UPenn, Stanford, Yale, the University of California at Los Angeles, and the University of Michigan—to have adopted policies that are even stricter than guidelines set by the American Medical Association in 2002. Those guidelines allow gifts "of modest value," if they relate to physicians' work or benefit patients, and meals "of nominal value," if they are provided during educational programs. But that didn't go far enough, felt officials at DHMC.

Policy: Doctors don't intentionally allow gifts to influence them. But "there's a body of social science research that clearly shows that even small gifts have an effect on peoples' behavior," says Dr. Carl DeMatteo, chief compliance officer at DHMC and a member of the committee that developed the new policy.

"The drug industry spends billions of dollars every year on influencing physician behavior to meet [its] corporate goals . . . profit for their shareholders."

A recent paper in the *New England Journal of Medicine* reported that over 90% of physicians who responded to a national survey had some relationship with the industry, with 83% having received free food and beverages in their workplace. At DHMC, before the new policy went into effect, there was at least one vendor-sponsored meal for staff every day.

"I think what has been the most pleasant surprise" about the new policy, says DeMatteo, "is so many people have said, 'It's about time you did this.'"

Safe: Nierenberg, who was also on the committee that developed the policy, agrees. In fact, he's been advocating for such a policy since 1981, when he began teaching DMS students to prescribe drugs that are safe, effective, and affordable.

Even little gifts—pens, pads, or other items emblazoned with a drug name or logo—bias physicians because, says Nierenberg, they subconsciously want to reciprocate. "The only way you can reciprocate [is] by prescribing their drug," he explains. "And most of the time the drug they want you to prescribe is not the best drug for the patient. It's not the most effective. It's not the safest. And it's not the cheapest."

He hastens to add that he re-

spects drug companies and appreciates the products they develop. "They deserve to make a reasonable profit," he says. "But biasing prescribing by giving presents is the wrong way to go."

Grants: DHMC still allows unrestricted grants from drug and device firms to fund continuing medical education programs and provide modest meals during them, as long as DHMC controls the program content. In addition, 10 to 20 drug and device company representatives and technicians visit DHMC daily. But they are now required to register with the purchasing department and wear name badges.

"Our mission as an organization [is to] deliver high-quality, safe care in a patient-focused, patient-centered way," says DeMatteo. "Taking gifts, whether they're big or small, from a for-profit vendor doesn't really contribute to that."

LAURA STEPHENSON CARTER



Nierenberg has collected drug company "freebies" like these for years as a lesson to students of what not to accept.