

## In Focus

### Who Can You Trust?

The era of passive benefits management has long been over. The benefits manager who never wanted to interpose him or herself between employee-patients and doctors gradually began moving away from strict adherence to that position 20 or so years ago. That's when preferred provider networks came on the scene and benefits managers began offering better plan coverage for using network doctors and hospitals. Since then, it's largely been a matter of where and how much *in loco parentis* would emanate from "corporate".

The present version of benefits managers acting paternalistically takes the form of plan coverage decisions that follow the outcomes of evidence-based medicine. Science will lead us to the right decisions. The phrase, "studies show that . . ." populate the articles we read (almost as much as our all-time favorite, "the rising cost of healthcare"). Science, by which we mean research, studies and evidence, is the basis of many of the websites we encourage our plan members to visit. We want our plan members to obtain objective information that supports their use (or non-use) of the healthcare system. Even more, we want the scientific bias to penetrate deep into the very sub-consciousness of the plan members whose health and well-being is at stake. This is how we get our people to make better healthcare decisions, isn't it?

The new force in plan management, healthcare reform (PPACA) makes the scientific bias explicit by linking:

- preventive coverage decisions to the U.S. Task Force on Preventive Services and its "A" and "B" lists;
- immunization decisions to the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and
- evidence-informed preventive care screenings for women, infants, children and adolescents to guidelines supported by the Health Resources and Services Administration.

More scientific reliance is to come from PPACA once comparative effectiveness research and Medicare's IPAB step out of the pages of the law and into active operation.

All of this is good, isn't it? Application of scientific scholarship, especially the scholarship that is relied on by the federal government, will lead us in the right directions, won't it? Well . . . maybe. And, if it doesn't, it won't be because the government failed. Instead, it will be the result of the commercialization of health care scholarship ethics in the United States today.

Take a look at this *New York Times* article: [LINK](#). Three panels of otherwise eminent scholars at the National Institutes of Health (NIH) are mightily challenged. It's not that they are challenged by the daunting task of making recommendations regarding hypertension, cholesterol and obesity treatment. Instead, they are challenged by their personal financial conflicts of interest. These conflicts come from the money many

### They Said It

"Consciously or not, they may well be making decisions that fit their funders, their payers and not the patient's best interests. If you want the public to really believe in the guidelines, why not have a committee that is conflict-free?"

David J Rothman,  
 President of the  
 Institute of Medicine  
 as a Profession at  
 Columbia University.

members of these powerful panels have received and are still receiving today from Big Pharma and other commercial interests. These interests have a lot to gain (or lose) by the decisions these panels make on prescription drugs, medical devices and chronic condition treatment protocols. The conflicts have dug into the marrow of these erstwhile independent panels. “You can’t have a panel with expertise in the area that doesn’t have some kind of conflicts,” according to Dr. Denise Simons-Morton, project leader at the National Heart, Lung and Blood Institute of the NIH.

The conflicts are well beyond free lunches, lavish dinners and Caribbean cruises. No. We’re talking cash; especially cash that funds research the panel members perform in academia. In some cases these researchers have received up to \$450,000 to pay for their research. Why do they need to take money from private companies that certainly hope to get a payoff from their investment? According to the *Times*, it’s because research funding from the federal government has been cut back severely in recent years. The reductions are so dramatic, that if healthcare research at universities and elsewhere is going to continue, it often has to be paid for by those whose stock price will be affected by the reported outcomes.

A potential remedy to this blot on integrity-based scientific research comes in the form of under-publicized Section 6002 of PPACA. In brief, Section 6002 requires transparency in the financial relationships between physicians, teaching hospitals and the manufacturers of any covered drug, medical device or supply. Payments from the manufacturers to the physicians and hospitals are required to be disclosed to the Secretary of HHS. This is supposed to begin on January 1, 2012. HHS was supposed to issue regulations regarding the tracking and disclosure of these payments by October 1, 2011.

But no. HHS has not issued the regulations. This raised the bipartisan ire of Senators Chuck Grassley (Rep. Iowa) and Herb Kohl (Dem. Wisconsin). They recently wrote to Donald Berwick, outgoing Secretary of HHS, and demanded to know why the regulations were not issued. In response, Dr. Berwick said that a presidential Executive Order (# 13563, signed by President Obama in January 2011) encouraging the reduction of regulatory burdens had slowed down the issuance of the regulations. Moreover, the Executive Order required HHS to invite *stakeholders* of the regulations to assist in writing them.

Maybe the thought that science isn’t always pure is not new for some of us. But as the benefits world increases its reliance on research to help make the tough calls, benefits managers’ knowledge about the processes and people behind the science will matter more than ever. Moreover, the obligation to enter and become comfortable with the world of the ambiguous scientific method extends to our employees. That’s because some of them are going to have their lives changed by following the recommendations coming out of government panels and their own trusted doctors, who also are the daily target of the life and bioscience industry.

Benefit managers cannot outsource the obligation to find out what is behind the studies that underlie a plan design decision, and to teach employees how to ask their doctors what evidence supports the doctor’s recommendation to take a certain drug, or to undergo a certain course of treatment. Subtleties abound. Generating healthy skepticism is not fun. But these are among the things we must do when science is for sale.

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