



## COSTS AND CARE

*Arthur S. Levine's "Dean's Message" from our Winter 2007/8 issue was published simultaneously as a November 2007 op-ed piece in the Pittsburgh Post-Gazette. In it, the dean suggested issues to be addressed to bring health care costs down before a national system is put into place. The letter below was sent in response to that op-ed.*

An excellent column. There is a great need for changing the health care financing and delivery system, or we will continue to have health outcomes that are below most other peer nations. I strongly agree with Arthur Levine that a national solution must attend to quality and prevention to make a dent in cost outcomes.

I have been asked to cochair the Pennsylvania initiative of the Governor's Office of Health Care Reform related to changing the way chronic disease is managed and prevented. We are drafting a set of recommendations to implement an approach to the management of chronic disease, which includes strong emphasis on providing appropriate early intervention, prevention, and health coordination, as well as patient self-management, education, and support.

Of course, the plan assumes that there will be a growing and robust system of primary care providers, which, as Dr. Levine's article points out, is a real question.

Thank you, Dr. Levine, for your ongoing efforts to lead medicine and policy in the right direction.

Diane Holder  
Executive Vice President, UPMC  
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## LET THEM EAT LUNCH

Hold the lunch?

There is no doubt that the pharmaceutical industry has influenced physician-prescribing behavior through its sales efforts and gifts. I applaud UPMC and the University of Pittsburgh for their aggressive stance in protecting their integrity by eliminating gifts and free lunches from industry sales reps ("A New Diet for Docs," Spring 2008). Many academic health centers around the country are adopting similar policies. The unfortunate result of these policies, of course, is who gets stuck paying for the food. Cash-strapped departments have curtailed

much of their dining budgets. At the same time, ever-increasing educational requirements and duty-hour rules make early morning and noon conferences more essential.

When I give a noon lecture to residents that includes food, I can expect to have significantly better attendance than I would otherwise. The typical department response is to require resident/student attendance with a penalty for noncompliance. Young people, already in debt, spend their lunch hours racing through a cafeteria line, arriving late to the conference, and learning less. It is difficult to see the benefit of this teaching method.

Compare a typical academic health center with a software company. Both employ highly motivated and smart people working long hours. The cafeteria at Google provides free food for its workers, including treats for birthdays and special occasions. Surely a profit-driven organization would not waste its resources frivolously. Google realizes that employees dining together—learning and discussing—nurtures its business interests.

I urge UPMC and other academic health centers to supply food for residents and students who attend conferences during mealtimes. That would eliminate the pervasive presence of drug reps at conferences at the same time it nourishes both mind and body.

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I agree with most of Sharon Tregaskis' excellent article, "A New Diet for Docs." However, there is a way to engage with the pharmaceutical industry that is productive for physicians, patients, and the industry while protecting the integrity of all.

When I was in practice, I was approached by Pfizer's Roerig Pharmaceutical Division representatives to organize and moderate a series of yearly infectious diseases symposia. For 13 years, an average of 125 physicians, nurses, and physician assistants attended each of these one-day meetings, which included lunch, without charge. The program content and speakers (academics and private practitioners) were organized by a committee entirely independent of Roerig.

Roerig provided a stipend of \$10,000 per meeting, which was used for mailings, honoraria, and food. Roerig maintained a drug booth in the hallway outside the meeting room.

When I confronted the Roerig representatives about the apparent absence of a quid pro quo for this arrangement, their response was, "What is good for medicine is good for us."

Such arrangements are not unique. Let's not throw out the baby with the bathwater.

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We gladly receive letters (which we may edit for length, style, and clarity).

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