December 2016

‘We must lift up our voices’
Lown and RCA respond to election results

A letter from Vikas Saini, president of the Lown Institute

Vikas Saini, MD, president of the Lown Institute, sent out a letter a week after the presidential election expressing his thoughts on the election results and our work going forward. Below is an excerpt from this letter, and you can read the full text here.

“The environment for health care policy has obviously changed radically since the election. The toxic brew of conditions that elected Trump has now made health care one of the central national issues of the coming year. The Affordable Care Act, Medicare, Medicaid, and reproductive health resources are all under fire.

This is not a moment for timidity. This is not a time for retiring into our work and our families, for ignoring events around us. We must lift up our voices, as doctors and nurses, pharmacists and physician assistants, to express the commitment of our professions to serve, and above all, to speak of compassion and caring, for patients, family, and community. In the past year, we have laid the foundation for this type of engagement. Now it is time to build on it. And fast.”

Clinicians raise their voices

Clinicians in the Right Care Alliance (RCA) have also responded to Trump’s election by making their voices heard in the media. J. Wesley Boyd, MD, PhD, professor of psychiatry at Harvard Medical School and member of the Behavioral Health Council, co-authored a letter to patients along with seven other clinicians in the Boston area. The letter reiterates their commitments to health as a human right, evidence-based medicine, protecting women’s health, and fighting for social justice. “The presidential administration may be changing, but our values and priorities as America’s healers will not,” they write. Clinicians, students, and other health professionals are invited to co-sign. As of December 1st, the petition has over 6000 signatures.

Aaron Stupple, MD, member of the Health Care Education Council and Lown Institute Fellow co-authored an open letter in STAT News directed at president-elect Trump. Stupple and his co-authors urge Trump to invest in public health, negotiate drug prices, focus on primary care, and ensure that all Americans have affordable insurance. But “first, do no harm,” they write.
Resisting the rise of ‘21st century snake oil’

Lown Institute testifies against off-label marketing

Should drug and medical device companies be allowed to market their products to doctors for uses that have not yet been approved or cleared by the FDA? On November 9-10, the FDA heard testimony from the public on the issue of off-label marketing—or marketing products for such unapproved uses. What followed was a battle between industry representatives and patient advocates, invoking arguments of free speech, patient safety, evidence, and the integrity of the FDA.

Over a dozen industry representatives testified that they should be allowed to market their products to doctors for unapproved uses as long as the information is “truthful and not misleading.” They argue that off-label marketing falls under free speech and therefore is their right under the first amendment. However, their testimonies conveniently neglected to mention the harms that have already been caused by off-label marketing.

Vikas Saini, MD, president of the Lown Institute, testified at the hearing that off-label use contributes significantly to medical overuse, which wastes huge sums of money and harms patients. “The vast majority of information justifying off-label use outside the FDA approval process is not of high scientific quality,” said Saini. Without the FDA serving as a careful examiner and arbiter of the evidence, pharmaceutical and device companies can use biased studies to market their products directly to doctors, exposing patients to unknown or hidden risks.

Allowing off-label marketing would also reduce incentives for industry to conduct rigorous research. “If you can market a drug off-label for a condition, then why spend all the time and money on testing required to earn FDA approval for that use?” noted Joshua Sharfstein, MD, associate dean of public health practice and training at the Bloomberg School of Public Health.

Kim Witczak, member of the Right Care Alliance Behavioral Health Council, also testified about the effect of unproven medications and devices on patient safety. “The bottom line is that there’s no conversation with the patient,” said Witczak. “The patient has no idea that the drugs they are given aren’t approved.” Sharfstein concurred, pointing out that, historically, marketing of unproven medicines has led to great harm and little benefit.

The FDA has not made a decision on this issue yet, but the advent of a new anti-regulation administration in January may put the FDA’s regulatory authority in jeopardy. We will continue to push for restrictions in off-label marketing to avoid turning back the clock on progress made in consumer protections. The right of corporations to market unproven products for their own profit does not outweigh patients’ rights to health and safety.
An interview with 
Connie Shi, 
Harvard Medical 
School Class of 
2018 and Right 
Care Boston member

How did you decide to go into medicine? 
I decided on a career in medicine when I was an undergraduate. I had the opportunity to volunteer at a veteran’s hospital near my college and it was an incredible experience. I got to know people at a very vulnerable time in their lives, people going through difficult transitions. I felt compelled by the ways illness affected patients and really enjoyed listening to each patient’s narrative. Fortunately, medicine incorporates both art and science into healing.

What first brought you to the Right Care Alliance? 
I somehow got on the list for the Right Care Weekly email. I’m actually not sure how it happened. But I noticed the links corresponded with my interests. I thought, “Who are these people who are talking about all these things I want to talk about?” So when I saw an announcement for a Right Care Boston meeting, I decided to go.

It was a humble meeting, but that’s something I liked about it. We sat around in a circle and had a real dialogue with each other about health care. When I met the RCA leadership, I felt like this was a group of people who had the expertise and the drive to pursue sustained change. I think that as health professionals we have a responsibility to use our voices to help do good beyond just

Equal care is right care – What right care means to me 
Judith Garber, MPP, Health Policy and Communications Fellow at the Lown Institute

This piece is the first in a new series in the Messenger, “What Right Care Means to Me.” If you are interested in writing a piece on what right care means to you, email Jgarber@lowninstitute.org.

African American women are dying during pregnancy, childbirth, and the year following childbirth at nearly four times the rate of white women. This is not right care.

Even after the expansion of health care through the Affordable Care Act, Latinos and African Americans are more likely than whites to be uninsured. This is not right care.

African Americans, Latinos, and Native Americans make up 30% of the US population, but only represent 7% of physicians. This is not right care.

Racial and ethnic disparities in health care, like overuse and underuse, are a result of the perverse incentives in our health care system. Health care is not treated like a public good that should be available to all, but a privately traded commodity available to those with the ability to pay. Because of this, wealthy and insured patients’ needs are put first, while low-income and uninsured patients (categories in which African Americans, Latinos, and Native Americans are overrepresented) often go without needed care. As physicians are pressured to see more and more patients rather than spending more time with patients who need them, they are increasingly likely to fall prey to unconscious bias. As we find in education and criminal justice, privatization of health care hurts those on the margins the most.

However, it is not just financial incentives in the health care system that drive disparities. We have to acknowledge that hospitals and medical schools exist within a larger society in which racism is pervasive. Health care institutions - like financial, educational, and political institutions - rarely challenge the unequal power structures in our society that create disparities, and can even perpetuate inequalities. As medical student Katherine Brooks writes in her illuminating JAMA editorial, “A Silent Curriculum,” she was taught by example to “minimize the pain, forgo the consent, blame the behaviors, and dismiss the concerns of patients of color.” Even for those who feel uncomfortable with the system as it is, the hierarchical structure of medicine can discourage clinicians from speaking out against problematic behavior by higher-ups.

To truly achieve equal health care for all, we have to target racism on a larger scale. In their enlightening NEJM article, Rachel Hardeman, PhD, MPH, and her colleagues challenge the health care community to “center at the margins” - to focus on the experiences and perspectives of marginalized groups. This means recognizing racism, both historically and presently. It also means advocating for policies to reduce discrimination and improve representation, like expanded bias training for medical students and physicians, a greater effort to recruit
the clinic, beyond the walls of the hospital.

I’m excited about Right Care Boston’s commitment to engaging the community around us. I really believe in the value of doing listening tours to get a broad sampling of the public’s opinions on health care. I’m also looking forward to hopefully engaging more students, not just in the health professions but also in other areas, like policy, law, and business, with what we do at Right Care Boston. There’s so much overlap between health and other disciplines.

**Why is it important for students to be involved in the Right Care movement?**

I think there are two reasons. First, it should be a part of a well-rounded medical education to understand as much as you can about the health care system as it affects people from all walks of life. We get a slice of that in our rotations and courses, but it’s not everything. There are so many communities, even within our own city, that we might not otherwise have the opportunity to interact with and understand.

Second, for students, these are our formative years. This is this only time in our careers where we have this much academic and intellectual freedom to learn and to test our ideas. I see engaging in this work as planting a seed for the future, in terms of the issues students are thinking about as they start to build their careers.

At the Lown Institute, we envision a health care system that works for everyone. This will require a complete overhaul of the system to put patients first and take money out of medicine, including substantial changes in health care compensation models, medical education, regulation, the clinical trial process, and more. At the same time, we must recognize that even in a perfectly restructured health care system, hospitals and medical schools would still exist within a discriminatory society, and without targeted action, would continue to reproduce disparities. Advocating for policies that address racism, not only in health care, but throughout society, is a crucial part of right care.

**Announcements**

- The RCA will convene at the Lown Annual Conference, May 5-7 in Boston, MA and registration is now live. Register [here](#). Early bird registration ends on February 10.
- **Call for abstracts and proposals.** The Lown Annual Conference is calling for abstracts for the Research Symposium that focus on enhancing our understanding of overuse and underuse and the right care, as well as proposals for skills-building workshops to engage health professionals, patients, patient advocates, and community leaders. Deadline for both submissions is December 18. Learn more about abstracts [here](#). Learn more about workshops [here](#).
- **London launch of five Lown Institute papers to be published in The Lancet.** The Lown Institute is partnering with The Lancet on a series of five research papers on overuse and underuse. There will be a launch for the series in London in early January. Check back on the website in January for links to the papers.
- **Our Right Care Action Week report** is now available, including fast facts, descriptions of selected events, and the top concerns from collected “What Worries You” cards. See the news release [here](#).
- The Lown Young Innovator Grant program is launching soon. Young Innovator Grants are given to support original initiatives that help challenge the culture of overuse in health care. Stay tuned for more details.
- There will be an RCA Leadership Summit on January 14-16, 2017 in Boston, MA. Attendees will gain organizing skills and will receive speaker training. Contact [organize@lowninstitute.org](mailto:organize@lowninstitute.org) if you are interested in attending. Space is limited!
- The Icahn School of Medicine held their High Value Care Pitch Day this week, featuring ideas to reduce overuse and waste. Check out the livestream of the event [here](#).