

student learning. They found that an average student with a bottom quartile teacher lost 5 percentile points relative to comparable students in terms of baseline test scores and demographics, while the average student assigned to a top quartile teacher gained an average of 5 percentile points. This 10-point spread suggests that the effects of having a top-quartile teacher for four years in a row would be enough to close the national black/white test score gap, now estimated at 34 percentile points.

Based on these findings, the authors propose awarding significant pay bonuses to highly effective teachers who are willing to teach in high-poverty schools. Current data from Los Angeles reveal that students in the poorest schools (where at

least 90 percent of families qualify for free or reduced-cost lunch) are more than two and a half times as likely to have bottom-quartile teachers than are students in the wealthiest schools. The existing system—uniform pay based on experience and educational attainment—promotes an inequitable distribution of teachers, because principals in low-achieving, low-income schools have no way to compensate teachers for the additional challenges of working in often-blighted schools, whereas wealthier schools offering better conditions tend to attract better teachers. The authors argue that targeting salary increases to high-performing teachers in underserved schools could help counter these effects and even, potentially, bring

more talent to the teaching profession.

Under Kane's proposal, performance-based measures would apply only to incoming teachers and would not affect existing teacher contracts. Nor would this two-tiered approach hinder the plan's impact, because a majority of baby-boomer teachers (who entered the profession in the late 1960s) are approaching retirement. Schools are expected to face a severe teacher shortage in the coming years. A policy that minimizes traditional barriers to entry, while implementing more effective quality controls, could prove extremely timely. ~ASHLEY PETTUS

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VENDING VERITAS

“Unsales” Pitches

THESE DAYS, prescription drug ads bombard the consumer at every turn. Even so, the \$4 billion spent annually on direct-to-consumer advertising—enabled by federal legislation in 1997—pales by comparison to what drug companies spend on marketing to doctors. According to the Amundsen Group, a pharmaceutical-industry consulting firm, drug manufacturers spend more than \$12 billion a year on salespeople's salaries and benefits. That also includes managers' salaries—but not the other costs associated with the sales pitches, such as drug samples and the free meals provided to doctors.

It's hard to compete with numbers like that, but physician Jerry Avorn is trying. A professor at Harvard Medical School, Avorn pioneered what he calls the “unsales” approach: offering doctors solid science to augment, and in some cases refute, what the drug salespeople present. Avorn's Alosa

Foundation—named after a genus of fish that swim upstream—prepares literature and trains representatives to make unsales pitches. The drug industry calls their reps' office visits “detailing,” so Avorn calls his reps' visits “academic detailing.” He aims to bridge the gap between doctors and research scientists who seem, he says, “to have a good handle on the evidence,” but aren't very good communicators.

Avorn heads the divisions of pharmacology and pharmaco-economics at Brigham and Women's Hospital and

has written *Powerful Medicines*, a book about the high-stakes world of drug promotions. His unsales approach takes a page from the drug companies' playbook: “We go where [the doctors] are,” he says. To increase academic detailing's appeal, Avorn and his colleagues had the content certified for continuing-education credits through Harvard Medical School, so doctors who listen and pass a subsequent quiz can earn credit that counts in many states toward their license renewal.

Avorn emphasizes that the campaigns aren't anti-pharmaceutical. The goal is not to get doctors to stop prescribing the drugs altogether—it's to get them to prescribe a drug only when appropriate.

The approach appears to work. Doctors who received unsales visits and “unadvertisements” by mail reduced their prescrip-



**Professor of medicine
Jerry Avorn dispenses
independent information
about prescription drugs.**

tions of targeted drugs by 14 percent. (All the brochures appear on the Internet at the Independent Drug Information Service, www.rxfacts.org. “Our goal,” Avorn says, “is to make this as available as possible.”) By weighing the cost of unsales literature and office visits against the cost of unnecessary prescriptions, Avorn has calculated that state governments or anyone else who uses the approach can save \$2 for every \$1 spent.

Among the myriad drugs featured in aggressive sales pitches, Avorn and his team look for drug classes that are overprescribed. They started with COX-2 inhibitors—nonsteroidal anti-inflammatory drugs prescribed to reduce pain and swelling. The class includes Celebrex and Vioxx. (The latter was withdrawn from the market in 2004 after it was linked to heart attacks and strokes.) The unsales literature boldly claims that COX-2 inhibitors are no more effective than plain old ibuprofen.

The second campaign focused on proton pump inhibitors, a class of drugs that treats heartburn and acid reflux by suppressing stomach-acid production. The class includes Nexium, the number-three prescription drug of 2005, with sales of \$4.4 billion in the United States and \$4.7 billion worldwide. The drugs can lead to hyper-production of acid if the patient stops taking them, the unsales brochure notes. In many cases, it says, garden-variety antacids or other over-the-counter remedies work just fine, as does the common-sense advice to lose weight and to refrain from eating large meals close to bedtime.

The latest target includes anti-platelet drugs, prescribed to prevent clotting in people at risk for heart attack and stroke. The class includes Plavix—the number-two drug worldwide last year, with \$4.9 billion in sales. Studies have found that for some patients, aspirin works every bit as well as Plavix, which is more than 100 times as expensive. The unsales materials will help doctors decide which patients really need the brand-name drug.

Avorn first conceived of “unsales” when he was a medical resident in the 1970s. “I noticed that doctors’ prescribing practices did not seem to match the science we were learning in the classroom,” he remembers. He published his first paper on the approach in the *New England Journal of Medicine* in 1983. He says that in

the Netherlands, Australia, and Canada, where healthcare systems are well integrated, government agencies have picked up the method, and believes the approach hasn’t spread faster in the United States because “no one is in charge. It’s really no one’s job to mind the store.”

Yet there is evidence the unsales pitch is catching on. Kaiser Permanente, the California-based HMO giant, has incorporated unsales into its dealings with doctors in its network. Kentucky and Pennsylvania are trying the approach, hoping to trim spending on prescription drugs for the elderly and for current and retired state employees. Pennsylvania is spending \$80,000 a month on “academic

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detailing,” but that amount equals less than a twentieth of 1 percent of the state’s annual drug cost, which tops \$3 billion.

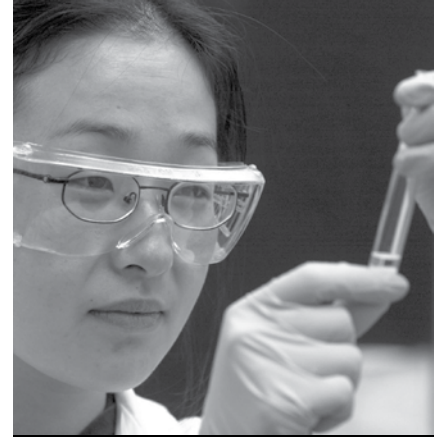
America’s healthcare landscape continues to change in the direction of making consumers more cost-sensitive. Sales volume for generic prescription drugs surpassed that for brand-name drugs for the first time last year, the trade magazine *Pharm Exec* reports. Avorn predicts that will be a boon for unsales. “As drug prices continue to soar and patients pay more and more due to cost shifting, I think this is going to become more popular, just as hybrid cars and wind power become more popular the more expensive oil becomes,” he says. And, he adds, “We have an advantage that no drug company can have, which is, we can go to the doctors and say, ‘We’re not trying to sell you anything.’” ~ELIZABETH GUDRAIS

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