Doctors and Drug Companies: Increased Scrutiny and More to Come

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- Comments do not represent the views of the MIHP, MGH, or HMS
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Three Key Points

- Relationships are ubiquitous in all aspects of medicine.
- The frequency and nature of relationships are rapidly changing.
- The future will be even more restrictive and will likely signal the death of the traditional physician marketing model.
Key Point #1

- Relationships are ubiquitous in all aspects of medical education and medical practice—companies “own” medicine.
Third Year Medical Students

- Lunch: 97%
- Small, non-ed gift: 94%
- Journal reprint: 90%
- Snack: 89%
- Grand rounds: 87%
- Dinner: 51%
- Drug sample: 42%
- Another social event: 34%
- Book donated: 51%
- Attend workshop: 26%

Sierles et al *JAMA* 2005 294:1034-1042
Medical School Departments

- Support for CME: 65% Clinical, 3% Non-clinical
- Food & Beverage: 51% Clinical, 12% Non-clinical
- Support for residents: 37% Clinical, 2% Non-clinical
- Support for dept seminars: 36% Clinical, 13% Non-clinical
- Support for travel: 30% Clinical, 8% Non-clinical
- Unrestricted funds: 19% Clinical, 3% Non-clinical

Practicing Physicians 2004

Campbell et al *NEJM* 2007 356(17):742-750
Other Stuff

- About half all accredited CME is funded by drug companies
- 87% of all authors of clinical practice guidelines have COIs
- On average physicians receive $5000/year in payments from industry. A small percentage get much, much more
- $60 billion total industry promotional spending
- 1/3 of all medicines residents take personally are free samples
- 1/2 of funding for FDA comes from industry
Key Point #2

- The frequency and nature of relationships with physicians are rapidly changing—signaling the end of traditional marketing models
Practicing Physicians

Other Changes

- Between 2004 and 2009:
  - Median number of meetings per month between docs and drug companies decreased by 1/3
  - Greatest decreases among:
    - Family practice (8-5, p=.008)
    - Internal med (5-2, p<.001)
    - Cardiologists (6-4, p<.001)
Factors Associated with PIRs

- **Specialty**
  - Specialists more relationships than primary care
  - Cardiologist most likely
  - Psychiatrists least likely

- **Practice Organization**
  - Community practice docs, highly accessible in terms of gifts and samples
  - Academic and hospital based docs are highly restricted (with exception of payments--1/3 are on company payrolls)

- **Costs**
  - Doctors in practicing in lowest cost areas were significantly less likely to have all types of industry relationships than doctors in higher cost areas
  - Doctors with relationships more likely to self report using brand name drugs rather than cheaper generics compared to doctors without relationships
Key Point #3

- The future will be even more restrictive and will likely signal the death of the traditional physician marketing model
Looking Ahead

- More state laws banning certain types of relationships—(dinners, etc).
- Industry sponsored accredited CME and clinical practice guidelines will likely be phased out.
- More institutions (especially medical schools and teaching hospitals) banning certain types of relationships (speakers bureaus, industry funded CME, samples, food, etc.). Also more institutional disclosure.
- Disclosure will reduce physician willingness to have certain types of relationships.
- Public disclosure is just the first step. Next step will be to empirically examine the role of PIRs in overuse, inappropriate use, fraud, kick-backs and costs.
What should companies do?

- Accept the fact that the traditional sales model (dinners, gifts, payments, CME) is not likely to be effective in the future as it was in the past
- Actively collect data on economic impact of state bans
- Develop research and EHR based marketing strategies
- Begin transitioning now, if trends continue several types of relationships could be non-existent in the next 5-7 years