

**NPA Avoiding Conflict-of-Interest in Medicine Leadership Development Call Series Archive**  
**Teaching Tools to Counter Pharma Marketing Tactics**  
**May 1, 2013 Call Notes**

**Rachel DeGolia, Facilitator:** Welcome to this bi-monthly Conflict-Free Leadership call hosted by the National Physicians Alliance as part of its Unbranded Doctor project which takes place under the Partnership to Advance Conflict-free Medical Education (PACME) grant. As of yesterday, we had RSVPs for this call from physicians, faculty and students from the following states: CT, DC, FL, MA, MD, ME, NJ, NY, OH, OR, PA, VA, WA.

The PACME grant is the result of a state Attorney General settlement regarding the inappropriate marketing of the drug Neurontin. Partners for the grant include the National Physicians Alliance, American Medical Student Association, Community Catalyst and the Pew Charitable Trust. The goal of the project is to reduce conflicts of interest created by the pharmaceutical industry in the medical profession and medical research. The partners on this grant promote a number of approaches to raise awareness of the issue and to build leadership in the medical profession to eventually eliminate some conflicts. For more information about NPA and PACME, visit the NPA Unbranded Doctor Website at: [npalliance.org/conflict-free](http://npalliance.org/conflict-free)

The topic for tonight's call is "**Teaching Tools to Counter Pharma Marketing Tactics**" and both our speakers have some fascinating new research and information about exciting new research and resources to share with us tonight. We will hear about biased information being distributed by pharmaceutical companies in various ways and also where patients and providers can go to get unbiased information.

- **Adriane Fugh-Berman, MD**, Director of *PharmedOut*, a project of the Georgetown University Medical Center to encourage evidence-based prescribing. Dr. Fugh-Berman is also Associate Professor in the Department of Pharmacology and Physiology and in the Department of Family Medicine at Georgetown University Medical Center.
- **Doris Peter, PhD**, is Associate Director of the Health Ratings Center and Principal Investigator for the *Best Buy Drugs Project* at Consumer Reports, and she will tell us about evidenced-based resources available from the Project free-of-charge for your practice and your patients.

**Ann Woloson, NPA's Education Director**, [ann.woloson@npalliance.net](mailto:ann.woloson@npalliance.net): I want to remind people that the PACME project has helped expand the work of NPA's Unbranded Doctor work – please visit our website to find out more about the resources we offer. This is the 8<sup>th</sup> in our series of bi-monthly leadership conference calls, all of which are archived on our website along with National Grand Rounds events for which CME's are available: [npalliance.org/conflict-free](http://npalliance.org/conflict-free). *PharmedOut* has their 4<sup>th</sup> national conference on June 6-7 at Georgetown University and we invite Adriane to tell us about that.

**Dr. Adriane Fugh-Berman:** PharmedOut <[www.pharmedout.org](http://www.pharmedout.org)> was also started with a grant from the Attorney General consumer prescriber program in 2006, and have been supported by individual donations since 2008. We have a lot of former and current industry insiders who work with us who provide information that we use to form consumer educational modules and promote rational prescribing. We have a lot of tools on our website. Our newest is our Drug Ad Exercise series which are wonderful for teaching and anyone giving lectures which are freely downloadable – three-part slide shows with learning objectives. The first part is on drug advertising tactics, direct and indirect marketing, including the deceptive use of figures in actual ads and a section on “disease mongering.” There also is a section on comparing relative and actual risk and how to distinguish between them, which is also available separately in a 10-slide module. You are welcome to download individual ads to include in other presentations. We also have a slide-show on the marketing life of a drug including patent-life extensions, me-too drugs, “ever-greening” tactics by drug companies. Our classic “Why Lunch Matters” slide show is about pharmaceutical marketing and is the only educational module proven to change physicians’ and medical students’ attitudes about their own susceptibility to pharmaceutical marketing. We also have six videos of industry insiders, several brochures, and fact sheets on things like generic drugs and why they are as good as branded drugs. Companies and drug reps have been telling physicians that generic drugs are 20% weaker than branded drugs which is totally a myth – they are exactly the same. We have fun things on the site, including “Drug Ads Bingo,” and a sandwich guide.

Our upcoming conference – NPA members get a large discount to attend (\$150) – is “Medical Behavior in a Commercial World – Who’s Responsible?” More information here: [www.pharmedout.org](http://www.pharmedout.org). Marcia Angell and several editors from medical journals will be speaking, as well as two ghost-writers who have written for industry. It will be a fabulous discussion. We’ve divided the conference into sections to address the responsibility of medical journals, of practitioners, of academic medical centers, and, we will have a former pharmaceutical executive talk about ethics in Pharma and the responsibility of pharmaceutical companies.

Q: Do you know anything about the industry’s effort to preserve patents and how that plays into how brand name drugs are marketed to physicians?

A: Industry does a lot of different things to extend their patents, for example, creating drugs that sequestionally release, or for simply renaming a drug and getting a new indication. Even if the first drug is available generically, the renamed drug can still be on patent even if it is exactly the same. Also, there are drugs that differ only in minor molecular ways that don’t make a difference. These are tricks that cost patients money and it’s important to be aware of them.

Q: Do you believe that patient assistance programs are used to market more expensive drugs and how can patients instead be encouraged to seek out less expensive therapeutic equivalents?

A: Co-pays, vouchers, samples are all marketing tactics. The thing industry fears the most is controls imposed from the outside, so as soon as they detect that possibility, they say they’ll regulate themselves. Patient assistance programs aren’t actually that helpful to most people – it’s heard to get eligibility. This is really an effort to prevent any external regulation of the industry. It’s important to educate patient about generic drugs. Generic drugs are actually safer than most brand name drugs because they’ve been on the market longer and we know more about them – they’ve been tested more. Adverse effects from drugs often come out only after a number of years. The industry has convinced people that generics are not as good - maybe if we renamed them “classic” drugs people would like them better.

**Dr. Doris Peter:**

At Consumer Reports I don't get to test cars or toasters, but I work in the division that focuses on health services and products like drugs. With health services work we rely on external data services and make sure they are reliable, unbiased and trustworthy. We get data from systematic reviews by trusted sources like evidence-based practice centers, or the Drug Effectiveness Review Project out of Oregon. We translate that into a form that consumers can understand and add cost information to our reports to help them choose products.

Our project started in 2004 because there was no source of information for consumers other than advertising from the industry, nor did patients learn about all their options from their doctors. We work together with the author of the studies we use to create the consumer versions and test them with consumers to make sure they're understanding. Our reports are available at no cost to everyone – [www.crbestbuydrugs.org](http://www.crbestbuydrugs.org).

Our goals are to help consumers to understand their prescription drug options, to be aware of side effects, and be aware of costs. In our surveys with our readers and nationally representative samples, we know that this is what consumers want. We have studied how our reports are affecting consumer behavior and find that it stimulates conversations with their doctors and that sometimes they switched to less expensive drugs, or drugs with less side effects or that were more effective.

We've done tracking polls over the years to track consumer behavior and perceptions of prescription drugs in response to various factors, such as changes in the economy and advertising. In 2012, we found that the poor economy was reducing the ability of people to take their drugs – 84% under 65 years reported that they took an action in order to pay for their medications, such as paying less for food. We also found they weren't having the conversations they wanted with their providers about adverse affects, and very few found out about cost during their visits. Most recently, we had a high profile story on CNN on our study of the costs of newly generic drugs. We called 200 pharmacies and found huge variations in prices. Over \$750 difference between the lowest and highest costs – Costco was lowest, CVS was highest.

The resources we have available on our website – [crbestbuydrugs.org](http://crbestbuydrugs.org) – covers 29 mostly chronic conditions. We post our reports for free in several versions – full text, web, PDF, summaries. We include charts comparing things such as the advantages and disadvantages of the drugs, and what the outcomes were of the drug vs placebo. We have found that patients like the longer versions with all the details best. Rather than make recommendations, we are trying to empower consumers to have a dialogue with their providers.

Q: Please talk about the AARP drug finding tool.

A: Consumer Reports partners with a number of groups to disseminate our tools – this is one example. AARP took our database of Best Buy Drugs and posted it in a search tool on their website to help people research options, prices, detailed reports and CR's other resources. Our charts that show the prices highlight low cost generic drug programs that most consumers are not aware of. The drug savings tool is also in Spanish.

Q: Do you know what role coupons play in steering patients to more expensive medicine and how can patients be encouraged not to use them?

A: We debated that – the one time we recommended coupons was right after Lipitor went generic and the branded Lipitor was extremely inexpensive with the coupon, so it was a way to keep their customers using the brand. Generally we are very skeptical about the role of coupons and their role in keeping people using the brand. We are looking into this issue now.

Q: How often are your materials updated?

A: We do large systematic reviews when there is sufficient new evidence for the EPC to do a new evidence review. We periodically do post price updates, provide information when drugs are removed from or added to the market, or provide safety information. If it's just another me-too drug added to the market, that is not sufficient for a review.

### **General Q&A:**

Q: Does PharmedOut ever host a booth at medical society conferences and, if so, how are you received?

A: We can't afford those booths – we depend on individual donations. However, we do a lot of grand rounds and other talks and have been doing so for seven years and are usually very well received. I think it's because we expose what industry says about physicians behind their backs and no one likes feeling tricked.

Q: From Steve Smith from NPA and Community Catalyst – I had a patient recently with an anxiety disorder who wanted me to renew his prescription for neurontin because he thought it helped his anxiety. The illegal marketing of off-label use of neurontin is the settlement that funds the PACME project. The economic tail of the illegal off-label promotions of the drugs last decades or longer and companies reap financial benefits long after they are forced to stop doing it by litigation. What more can we do?

A: You are right that misinformation lasts forever. The trouble with indirect marketing is that people don't realize they are parroting messages from the industry. It's a problem, but I am optimistic because we have already made a big difference. For example, 1 out of 5 physicians don't see drug reps anymore, academic medical centers have made big strides in reducing conflicts-of-interest due largely to AMSA and the various organizations like NPA and PharmedOut. Every few months we hear about another big scandal with the drug companies - \$3,000 meals, etc – information from litigation is always old because the lawsuits take so long to come to closure, but the companies are engaging in the same tactics still. They are affecting social media, CMEs, compendia, every source of information they can, so we have to stay vigilant.

Q: Doris mentioned a story Consumer Reports did that was featured on CNN – where is it published?

A: It was published in *Consumer Reports Magazine* and you can find it on the CR website or type in "Consumer Reports drug prices" in Google and you'll find all the reports on it and the original story.

Q: How can medical schools promote these resources to students to counteract the industry's presence at medical schools?

A: Their teachers are in a good position to bring up these sources of information as part of assignments. The most popular drug information source for physicians and medical students is Epocrates, and most do not know that the information is provided and funded by industry – that's why it's free. It's worth letting students know about this and working with medical schools to use drug information software they might have to pay for that is not just a marketing opportunity for industry.

Becky Martin, NPA Project Manager: For medical students interested in getting more involved with this kind of work please email Ann Woloson at [ann.woloson@npalliance.net](mailto:ann.woloson@npalliance.net) and we'll be glad to help you with information and activities at your school.

Q: What is the affect of the ACA on the ability to access information about prescription drugs and formularies?

A: Neither speaker knew about this. Ann thinks it requires that two drugs in each class be included. This could be a topic for a future call.

Doris for participants on the call: We at Consumer Reports would like to get feedback from physicians about what their needs are in communicating with their patients and what we could do to support that. Email Doris at [dpeter@consumer.org](mailto:dpeter@consumer.org).

Ann: NPA has been working with Consumer Reports to provide Best Drugs for Less Magazine for free in physician offices, clinics, etc. It's a great resource that talks about different classes of drugs and therapeutic equivalents, and a nice counter to other magazines like WebMD that tend to be available in those offices. Anyone interested in getting a package of Best Buy Drugs for their waiting rooms – contact Becky Martin at [becky.martin@npalliance.net](mailto:becky.martin@npalliance.net).

Q: There are many stories of patients asking for or demanding brand name drugs – how willing do patients seem to discuss other options and what is the role of advertising?

A: Even though Pharma spends millions on direct-to-consumer promotion, they actually see the dollars they spend on physicians are more well-spent – we are the ones with the prescription pads. We need to hold the line for rational prescribing and persuade patients they don't need the drugs they see on TV – the best drugs don't need to be advertised.

Rachel: Our next Conflict-Free call will be in approximately two months – watch your email for the date and information. Recordings and notes of past calls are archived online at <http://npalliance.org/conflict-free/>

Again, for more information about NPA and this project, visit the NPA Unbranded Doctor website at: [npalliance.org/conflict-free](http://npalliance.org/conflict-free). For more information on the AMSA PharmFree Scorecard, visit <http://www.amsascorecard.org/>