

## NPA Avoiding Conflict-of-Interest in Medicine Leadership Development Call Series Archive

November 6, 2013

### Covering & Exposing Pharmaceutical Industry Relationships

with ProPublica "Dollars for Docs" reporters Charles Ornstein and Tracy Weber

#### Call Notes

##### Welcome and Introductions – Rachel DeGolia

Rachel: A little background on the PACME project under whose auspices this call is taking place. 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 approaches to raise awareness of the issue and to build leadership in the medical profession to eventually eliminate some conflicts. For more information about the National Physicians Alliance and PACME, please visit the NPA Unbranded Doctor Website at <[npalliance.org/conflict-free](http://npalliance.org/conflict-free)>.

*Covering and Exposing Pharmaceutical Industry Relationships* with physicians and the drugs they – you all -- prescribe is the topic for our call tonight. We have two terrific health care journalists as our guest speakers. Charlie Ornstein and Tracy Weber are both prize-winning reporters with ProPublica, an independent, nonprofit newsroom which promotes investigative journalism in the public interest. They write for the "Dollars for Docs" project of ProPublica. For those of you with online access right now, we suggest you bring up the website at <[www.propublica.org](http://www.propublica.org)> and our speakers will walk us through some of the resources it offers to help you reduce conflicts of interest where you work or study.

Charlie and Tracy have worked together for a number of years on several health care related projects for which they have received national awards. Tonight they are going to talk to us about their work over the past three years examining the relationships between drug makers and health professionals. As described in the brief bios included with the announcement for this call, Tracy previously reported for the *Los Angeles Times*, the *Los Angeles Herald Examiner* and the *Orange County Register*. Charlie is board president of the Association of Health Care Journalists and an adjunct professor at the Columbia University Graduate School of Journalism.

##### Ann Woloson, Education Director for NPA

Ann: This call is the 11<sup>th</sup> in a series of calls and other resources being made available through PACME for physicians, medical students and other interested parties to bring attention to conflicts of interest by the pharmaceutical industry and highlight policies that limit and reduce them at academic medical schools. Please visit the NPA website to listen to previous calls and our National Grand Rounds on this topic at [www.npalliance.org/conflict-free](http://www.npalliance.org/conflict-free). Please also visit the website of the American Medical Student Association at [www.amsascorecard.org](http://www.amsascorecard.org) to view their Pharm-free Scorecard that grades medical schools on their conflict-of-interest policies. Also visit Community Catalyst's website at [www.communitycatalst.org](http://www.communitycatalst.org) to view their toolkits designed to help you reduce conflicts-of-interest in medical schools and elsewhere.

**Rachel:** And now for our speakers on tonight's topic, **Covering and Exposing Pharmaceutical Industry Relationships with Health Providers.**

**Charlie:** We're delighted to be here and feel passionately about this issue. First, I want to welcome all of you to communicate with either of us by email following this call at <charles.ornstein@propublica.org> and <tracy.weber@propublica.org>. We are both also on Twitter, as is ProPublica, and we encourage you to continue this conversation that we begin on this call.

**Tracy:** We decided to start "Dollars for Docs" because while some drug companies were starting to post how they paid for speaking, research and meals they had made it very hard to search for this information. They were forced to start posting it because of federal lawsuits. So, we scraped the websites for this information and put it all into one searchable website. We had the help of a brilliant developer at Dollars for Docs who used different tools for each of their websites so we could put it all into one big database that could be searched by the health provider (doctors, nurses, pharmacists), by company, by drugs. We wanted to show the relationships between the drug companies and the doctors and what it meant and we were shocked by the amount of money involved. We searched the state disciplinary records on the top ones and found that some had records on malpractice and other disciplinary matters. We also found that many were not actually experts, were not associated with an academic medical center, and had not done research or only done it with a pharmaceutical company. They were made experts by the drug companies. They were chosen because they were really great speakers. We talked with some of them and they admitted they used the slides provided by the drug companies. We found a few doctors who made over \$1 million by getting paid from multiple drug companies. Not all the funds being paid were revealed. We feel that patients and everyone has the right to know this information, but it was being kept secret. It's far more than the little tchokes the drug reps were dropping off at offices. We wanted to know how this activity impacted prescribing patterns. Were patients getting the safest, most cost effective and medically effective drug? We found that since we put the information online lots of doctors are looking at it for themselves, for their communities and their patients are looking at it. A lot of academic medical centers are adopting strong conflict-of-interest policies pushed by the medical students and we found that some of those with the stiffest rules had faculty who were some of those taking the most money from drug companies in violation of those policies. So, these universities are using this website to check what their doctors are doing since depending on trust did not work. We also wanted to see how drug companies impacted groups of medical professionals. We looked specifically at the Heart Rhythm Society and found a huge relationship – the medications most commonly used by their doctors were the ones from the companies that provided the most money to the group and to individual leaders of the group. We found also that the positions they took were influenced by this relationship. We also looked at patient advocacy groups that were put forth as grassroots groups of patient advocates. We looked at the American Pain Foundation and found they were started with seed money from a group that makes pain medications and these were among their biggest sponsors and many of their leaders had long term relationships with these companies. So we looked at what the impact was on their prescribing.

Expenditures like this by the industry is becoming more transparent. Starting in September 2014 under the Sunshine Act, all drug and medical device companies will have to provide this information. We want to know how patients will use it, how will physicians use it, how will the information be processed? We try to put it into a context on our website that allows patients to print out a form to help them ask their doctor about it. These are legitimate questions for patients to ask their doctors and they often feel uncomfortable to ask.

So, going to our website at [www.propublica.org](http://www.propublica.org) and click on "Dollars for Docs" at the top and you can see 15 drug companies that have made this information public – it's now a total of \$2 billion of payments in here, over a million payments, and this constitutes 40% of the market. You can search by physician's name, or by an educational institution, a city or a state, or a drug company. It will show you how much each physician gets from which companies and you can click on it to get details. You'll see the stories we've written about this on the side. We don't know if transparency has made physicians cut back on their speaking because when medications

go off patent the companies cut way back. So, we don't know if it's the companies or the physicians cutting back. The big question is what impact do these payments have on prescribing. So, we got to thinking more generally, What do doctors prescribe and who looks at that? We approached a company that collects this information and sells it to pharmaceutical companies but they would not sell it to us at any price. So, we looked to a public source.

**Charlie:** Medicare enrolls more than 30 millions seniors and disabled, it pays for 1 out of every 4 prescriptions in this country and it's pretty representative of the types of drugs being prescribed. So we put in a request with CMS and after 1 1/2 year of negotiations they provided us with aggregate provider level (not patient level) information on what is prescribed under Part D Medicare. If you go to <[propublica.org/checkup](http://propublica.org/checkup)> you can see what we did with this data. We wanted to look for physicians who were prescribing differently than others in their specialty and state and why. Was the drug more risky or inappropriate, more costly and heavily marketing, more addictive or was labeled by the American Geriatric Society as inappropriate for seniors? We did an article in May on the inappropriate prescribing from a health perspective we found and some eye-opening cases we found, such as the physician in Florida who was prescribing thousands and thousands of anti-psychotic drugs to seniors in assisted living, or another in Oklahoma who was prescribing medication for Alzheimers to younger adults with autism and other developmental disabilities, and others across the country prescribing thousands of the most addictive narcotics and were not being questioned at all. Medicare gathered all this information, but didn't analyze it or share it with doctors or the public. We made this information available on our site so that people could not only understand their physician's relationship with pharmaceutical companies, but also if they were prescribing drugs made by that company and/or drugs that are dangerous to you or perhaps out of line with other prescribers in your state. Our next big project, which we're excited about and you'll be able to see in a few weeks, will provide analysis on the cost-effectiveness of prescribing for each provider and how that compares to others in their specialty and state. We'll be updating our website in a few weeks with data from Medicare from 2011 (currently its 2010).

A word about how we do this. We spend months and months to scrape the information from the drug company websites – they don't make it easy. Regarding Medicare Part D information, we dealt with tens of millions of rows of data and figure out how to make it meaningful to users. We did a story with NPR in which we looked at some of the pharmaceutical industry's most advertised products and found that many of the top prescribers were well-paid speakers for that product from the company. As we get closer to being able to do this analysis in real time with new drugs as they come on the market, it will become possible to see what came first, the payments to doctors or the prescribing pattern, something no one has been able to do so far. This is a particularly exciting area of transparency and we are committed to following this through and welcome your ideas for stories and drug types we should look at.

### **Ask an Expert: Questions & Answers Panel Discussion**

Rachel: We invite your questions via email to <[ann.woloson@npalliance.net](mailto:ann.woloson@npalliance.net)> for either **Tracey or Charlie** and, also, for **Marcia Hams** and **Steve Smith**, two of our resident experts for the PACME project who can speak to tactics, resources and new tools available to help reduce conflict of interest in medical institutions.

**Q: What is the reaction to your stories from physicians and others and do health care consumers weigh in on your work?**

**A: Charlie** - Consumers are unbelievably interested in this – we are nearing 7 million page views on Dollars for Docs database and close to 1 million on the prescriber check-up database. We've taken an issue that's abstract and usually relegated to medical journals and made it really personal for people so they can see if this applies to their doctor.

**Tracey** – It’s been very interesting to find out that prescribers have no idea what they prescribe – they have no idea what the break-down is. Their reaction looking this up for themselves and their colleagues is to be very surprised and it makes them rethink how they’re doing it. They want to know how they compare to their peers. If someone is prescribing 90% brand names for a category where there are good generics, that is something to think about. We’ve had interest from researchers, law enforcement, divorce lawyers, employers. The prescribing data has never been available and we’ve gotten a lot of good feedback how valuable it is.

**Steve** – I want to thank and congratulate Charlie and Tracey with their superb work. I just looked at my own profile and was glad to see my top 5 drugs are all generics. Marcia and I are working on a toolkit on disclosure. As wonderful as these public websites are, only a relatively small number of patients avail themselves of it. We want to further empower patients to use this information and also how to interpret it all. We don’t have a good answer yet for (1) how to get more consumers to look at these websites or (2) how to interpret the data.

**Q: Charlie** – **In our latest iteration of Dollars for Docs, it allows you to find your physician, click on a payment, and see a printable checklist with questions to ask your doctor with a QR code (you can take a picture of it with your phone) that will take you right to your doctor’s page on Dollars for Docs. Regarding broadening dissemination, we don’t have information from all the drug companies, and we don’t have definite identifiers for the doctors. When the Sunshine Act goes into effect I think we’ll see an increased take-up of information on physicians’ prescribing.**

**Tracey** – It is a problem to know how to interpret what it means when you see one doctor getting \$2,000 and another \$20,000. Is it the same when a doctor is getting thousands of dollars in meals in a year – going out for dinner several times a week on the drug companies’ dime – but not getting speaking money. Does \$1,000/year in speaking money influence prescribing? We’ll get closer to understanding this when all of the medical device companies have to publish the information.

**Marcia**— These websites are terrific and they will increase interest in using the Sunshine website as well. We are hoping that Medicare and Medicaid will decide to do something with all the data they have because it has tremendous implications not only for patients, but for the costs for the programs.

**Q: How can we convince CMS to keep large long term care facilities from arranging with nursing home chains to use their pharmacists in their nursing homes. These pharmacists review patients’ charts monthly and make recommendations to doctors as to what to prescribe and get kick-backs. Until we break up this relationship we cannot make a dent of over-prescribing of anti-psychotics or other unnecessary drugs to nursing home residents.**

**A: Charlie** – Omnicare and Pharmerica have gotten attention for kick-backs and there are pending cases against them. Johnson and Johnson just agreed to pay \$2.2 billion to settle allegations about its marketing of Risprodol and Natorcor. I think we can use this data to begin to look at how nursing home doctors prescribe and taking that back to which long-term care pharmacies work at those facilities. While it’s difficult to see the kickbacks, you can perceive patterns.

**Ann** – As a quick follow-up, has CMS decided to take any action to address these biggest prescribers? Tracey – CMS would not have any independent knowledge of which doctors are receiving payments from pharmaceutical companies. We’ve made those connections ourselves and I have not heard of any plans of theirs to match up this data with prescribing data.

**Marcia** – There may be opportunities for some action at the state level, such as raising the issue with Medicaid utilization and review programs which are mandated in every state. If there is interest on the part of medical students, physicians, consumer groups, journalists to work together and talking to Medicaid directors about how they can monitor prescribing in nursing homes, there are opportunities to do something before fraud happens. This would be true for Medicare as well.

**Q: Has the industry tried to counter or challenge your work?**

**A: Tracey** - They have not. I think they think we've done a responsible job even though they aren't happy about it. They've made this information public and we've publicized it in an easier format, but in a way that is responsible.

**Q: How up-to-date is Dollars for Docs and how will it dovetail with the Physician Sunshine Act?**

**A: Charlie** – We periodically update it, but it is an immense effort because the companies use different formats and change them a lot. We have someone working full-time on this. The good news is that when the disclosures begin next year under the Sunshine Act next year they have to be done in a way that is downloadable and sortable which means we won't have to scrape the data ourselves and that will allow us to spend more time thinking about how to present it in a more useful way. We can't keep it updated every quarter – we try for once or twice per year.

**Tracey** – Once the Sunshine comes in our website will provide historical information which is important for seeing patterns for specific doctors.

**Q: I am concerned about potential COI with the marketing of biologic drugs by Pfizer because they are not only incredibly expensive, but potentially very hazardous and are being promoted for less and less serious symptoms.**

**A: Charlie** – I think this falls into the same category as pharmaceutical companies – some of these companies do disclose their payments or are in Prescriber Check-up. One can look at who their top prescribers are and if they get funds, so these comparisons can be made.

**Q: Do you see a change in the trend for how payments are labeled, for example, are payments that used to be called speaker fees being called something else like research or consulting?**

**A: Charlie** – I think companies use their own language to describe these and it varies. We classify them as what they actually are. The Sunshine Act has pre-set category titles so this will allow for greater consistency across companies. Also it's exciting that the Act will require companies to disclose which drug each payment is associated with, so this will allow research around the most promoted drugs and then look at the prescribing data.

**Tracy** – We weren't always sure what "consulting" involved because it could be about the drug, or it could be about the best way to market a drug. Some patients think that when their doctor gets a lot of speaking and consulting money that it means he's a real expert. As for research, it's an area that's a mystery – the doctor could be researching another use for the drug and there are very large payments involved. Some of our top speakers do a lot of CMEs and it's not at all clear how they are chosen to do those.

**Steve** – I think if the CME payment is being reported that is a direct payment to the doctor and that means it's a non-accredited CME and read that as marketing. A real CME should not involve a payment from the pharmaceutical company directly to the doctor – that should raise a red flag.

**Marcia** – That may not always be the case with PBSA. If an academic medical center gets a grant for providing CME, if that money is directed to physicians that will be reported and it may not be non-accredited. I want to mention that in reference to Stanford and other institutions which were called out for faculty members taking money in violation of written policies, that if you want to check if the policies of your institution are being followed you can use the resources we're discussing to gather the information to bring this issue to their attention.

**Q: Has your data been useful in identifying possible COI with members of PNT committee members or FDA advisory panelists?**

A: Tracy – Yes, our data has been used for all manner of COI situations. We encourage you to use it, share it, pass it around. We would love to continue that conversation. Please email us:  
charles.ornstein@propublica.org  
tracy.weber@propublica.org

Marcia: Also, go to [www.communitycatalyst.org](http://www.communitycatalyst.org) and look for the prescription reform section for the COI policy guide for medical centers, toolkits on gifts and meals, CME, curricula, with more coming up – please use those!

**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/>. Thank you to all our speakers tonight!

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

**For more information about these conference calls, please contact  
Becky Martin, NPA Director of Project Management, [becky.martin@npalliance.net](mailto:becky.martin@npalliance.net)**

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*NPA is a proud partner in the Partnership to Advance Conflict-free Medical Education ([PACME](#)). Our participation in these events is made possible by a grant from the state Attorney General Consumer and Prescriber Education Grant Program which is funded by the multi-state settlement of consumer fraud claims regarding the marketing of the prescription drug Neurontin.*