

Why Lunch Matters
Free "Gifts" Only Come with a Price


Jordan Keith, OD, FAAO

Special Thanks to PharmedOut.org
Adriane Fugh-Berman, MD
Georgetown University Medical Center

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"Prescribing is a social act...Where medication is seen as the essence of medical practice, prescribing is the main thing expected from a physician"

van der Geest S et al. Ann Rev Anthro 1996; 25: 153

The differing interests of medicine and industry

- Physicians are responsible for representing the best interests of their patients
- Pharmaceutical companies are responsible for representing the best interests of their stockholders

Promoting the Profitable

- There are more than 10,000 drugs in the U.S. pharmaceutical market
- 50 drugs account for half of promotional expenditures *
- In 2013, the ten best-selling global pharma brands made (net) \$72.1 billion**

*Ma J et al. Clin Ther 2003;25(5):1503-17
** pharmaceutical-technology.com 2014 (Oct 9)

10 Best Selling Prescription Drugs in the US 2011

Lipitor	\$7.7 billion
Plavix	\$6.8 billion
Nexium	\$6.2 billion
Abilify	\$5.2 billion
Advair	\$4.6 billion
Seroquel	\$4.6 billion
Singulair	\$4.6 billion
Crestor	\$4.4 billion
Cymbalta	\$3.7 billion
Humira	\$3.5 billion

Nisen M. Business Insider. 2012 (June 28)

New drugs are not necessarily better drugs

- In general, generic drugs are safer than branded drugs simply because more information is available about them

New drugs are riskier drugs

- Of 548 NCE approved 1975-1999
 - 16 drugs (2.9%) were withdrawn
 - 45 (8.2%) acquired a least one Black Box Warning
 - Half of changes occurred within 2 yrs
 - Half of withdrawals occurred within 7 yrs

Lasser KE. JAMA 2002;287:2215

New drugs and ADRs

- In a study controlled for risks of the condition treated, therapeutic novelty was associated with a 60% increase in serious ADRs

Olson J. Health Econ 2004;23:1135

"Drugs are expensive because of R&D costs"

The cost of promoting drugs

- In 2004, total promotion costs for Rx drugs was at least \$30 billion
 - More than the entire NIH budget
- At least \$7 billion spent on detailing
 - More than what all U.S. medical schools spend to educate medical students
- \$1.8 billion spent on CME
 - More than the entire FDA budget

Gagnon et al. PLoS Med 2008;5(1): e1.

Promotion includes

- Detailing
- Samples
- Meetings and events
- Medical education
 - Journals
 - DTCA
- Publications

What about R&D costs?

- Between 1970 and 2005, research and development accounted for between 8.5% and 17.3% of sales*
- Pharma spends 2-3 times as much on marketing as it does on research

*PhRMA Annual Membership survey 2006

FiercePharma

New numbers back old meme: Pharma does spend more on marketing than R&D


November 6, 2014 | By Tracy Staton

“...the BBC has some numbers... sourced from GlobalData, they show that 9 out of 10 Big Pharma companies do in fact spend more on marketing than R&D.”



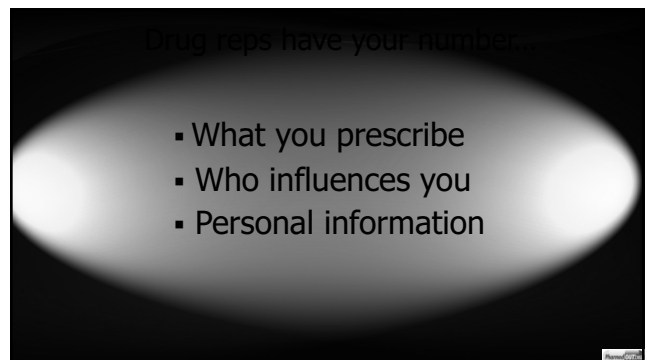
Detailing

- About 785,000 doctors in the U.S.
- About 100,000 drug reps
- **Actual ratio is about 1 rep per 2.5 targeted docs**



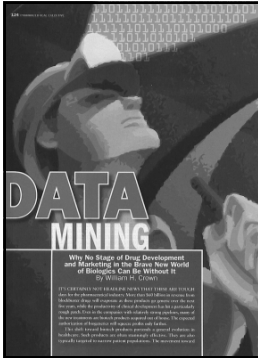
Targeted Doctors

- High-prescribing physicians
- Physicians who influence other physicians
- Formulary Committee members
- Teachers
- Anyone who controls market share



Drug reps have your number

- What you prescribe
- Who influences you
- Personal information



DATA MINING

Why No Stage of Drug Development and Marketing in the Same New World

By William H. Clancy

IT IS COMMON TO THINK OF DATA AS BEING THE PROPERTY OF THE INDUSTRY. BUT IN THE PHARMACEUTICAL INDUSTRY, DATA IS THE PROPERTY OF THE PATIENT. THE PATIENT IS THE SOURCE OF THE DATA, AND THE PATIENT IS THE ONE WHO SHOULD BE ABLE TO ACCESS IT. THE PHARMACEUTICAL INDUSTRY HAS A RESPONSIBILITY TO MAKE THIS DATA AVAILABLE TO THE PATIENT. THIS IS THE ONLY WAY TO ENSURE THAT THE PATIENT IS GETTING THE BEST CARE POSSIBLE.

What you prescribe

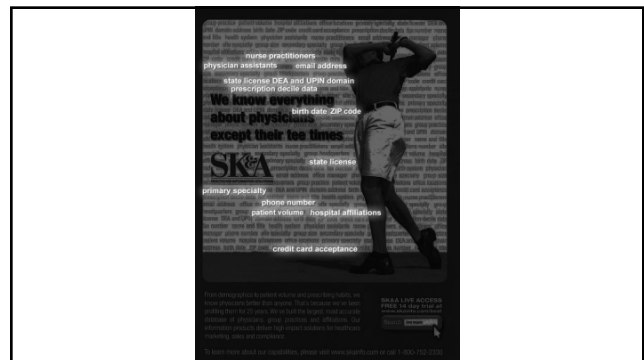
Prescription Tracking

- Health Information Organizations (HIOs)
 - buy prescription information from community pharmacies
 - 70-80% of community prescriptions are captured
- Drug reps have information on prescriptions you wrote last week, last month, and last year on their handheld devices

The AMA Physician Masterfile

- Contains demographic data that the AMA has sold to industry continuously since the 1940s*
- In 2005, licensing Masterfile information and other database product sales provided about 16% (\$44 million) of the AMA's revenue**

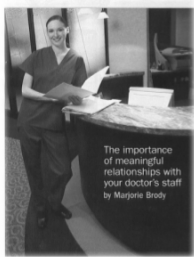
*Greene JA. Ann Int Med 2007;146:742
 ** Steinbrook R. NEJM 2006;354(26):2745



nurse practitioners
 physician assistants
 state license DEA and LPN domain
 We know everything about physicians except their toe lines
 SKA
 primary specialty
 phone number
 patient volume
 hospital affiliations
 credit card acceptance

Getting gatekeepers on board

Whom you know: staff



The importance of meaningful relationships with your doctor's staff
 by Marjorie Brody

Personal Information

- Reps are trained to assess physicians personalities, practice styles, and preferences
- Reps scour a doctor's office for objects: a tennis racquet, Russian novels, seventies rock music, travel mementos, or cultural or religious symbols - that can be used to establish a personal connection

Fugh-Berman A, Ahari S. PLOS Med 2007;4(4):e150.

"I don't listen to the reps"

- An industry study found that
 - <1 minute of a sales reps interaction with a doctor results in a 16% prescribing change
 - 3 minutes with a doctor results in a 52% prescribing change

Prounis C. *Communique*, vol 7



"Reps keep me informed on new drugs"

- Of 3122 new drugs over the last 25 years, only 2% found to provide important therapeutic innovation
 - 90% did not offer real benefit over already-available drugs
 - Most new drugs are me-too drugs, or combinations of old drugs
- Drug reps don't provide objective information

Prescribe International. 2005;14:68-73.

"Reps keep me informed on new drugs"

A study by the Institute for Evidence-Based Medicine concluded

- Only 6% of drug advertising material is supported by evidence
- 94% of information has no basis in scientific evidence

Heidelberg. 2004 *BMJ*; 328: 485

"But I give the reps a hard time"

"Objections are really opportunities to move the sales call beyond what the physician sees as a barrier. They are the foundation upon which you build a sale, because they give you insight into the needs and concerns of others."

Pharmaceutical Representative

What drug reps cost

- \$96,500 Median total compensation, for a fully trained primary care rep*
- \$175,000 Average cost per primary care sales rep in 2007 **
- \$120 to \$220 Average cost of each sales rep visit***

*Davenport B et al. *Salesforce Survey 2008*. *Pharm Exec* 2008 (Jan.)

**Cutting Edge Information. *Pharmaceutical Sales Management* 2008.

****Med Ad News* 2005 (August);24(8):1.

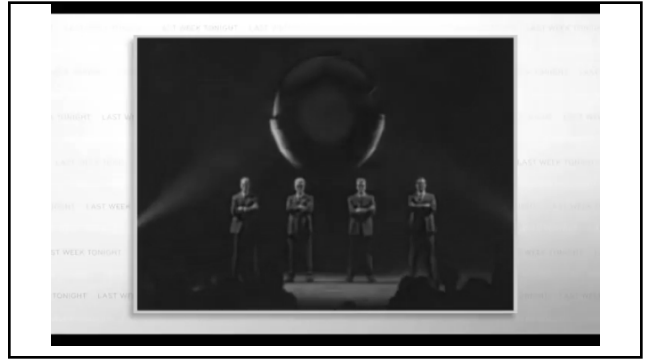
"Money or favor given or promised in order to influence judgment or conduct of a person in a position of trust."

Merriam-Webster's Definition of:

Bribe

Gifts

- During training, I was told, when you're out to dinner with a doctor, "The physician is eating with a friend. You're eating with a client."
- "The essence of pharmaceutical gifting...is 'bribes that aren't considered bribes.'" *Michael Oldani*
- You are absolutely buying love. *James Reidy*



PERSPECTIVE Debunking Myths in Physician-Industry Conflicts of Interest

PAUL R. LICHTER

• PURPOSE: To call attention to the myths that surround physician-industry conflicts of interest, to refute or validate, and to propose ways to address them so as to ensure that physicians make medical practice decisions in the best interest of their patients.

• DESIGN: Perspective.

• METHODS: Review, analysis, and discussion of implications of selected pertinent literature.

• RESULTS: Physicians often have voluntary financial relationships with industry based on industries and situations that include endorsement, recognition, branding, and money. The pharmaceutical and device industry spends billions of dollars annually in marketing to physicians. The sophisticated marketing plan seeks access to physicians through gifting mechanisms to ingratiate and influence them to prescribe the industry's drug and purchase its products. Despite widely accepted rules that demonstrate that industry's marketing activities influence physicians' medical practice behavior to detriment of patients and the public, physicians perpetuate myths to justify their partaking of industry lunches. Many physicians believe that their relationship

"If a company makes what seems to be a charitable contribution, it is done with business intent. The companies stockholders do not want the company to act like a charity and spend money that has no business purpose."

Paul R. Lichter, MD
Professor of Ophthalmology
University of Michigan W. K. Kellogg Eye Center
Ophthalmology 2008; 146(2): 159-171

From the PDAMA Code on Interactions with Healthcare Professionals:

Q: Under the code, may items such as stethoscopes be gifted to healthcare professionals?

A: Yes, because these items primarily benefit patients, so long as the items are not of substantial value (over \$100).

Our Solution to Physician Gifting...

Engage your brand logo or company name

Clinically Relevant
Adapted, PDAMA, JGIM
and JPPMA Compliant
The ultimate branding tool

Engage your client's name

Now 2 Easy Ways to Order:
Online: stethoscope.com/pharma
Toll Free: 800-238-2448

stethoscope.com
800-238-2448

ONLY ONE OF THESE WILL HELP A DOCTOR EXPLAIN PROSTATE CANCER TO A PATIENT.

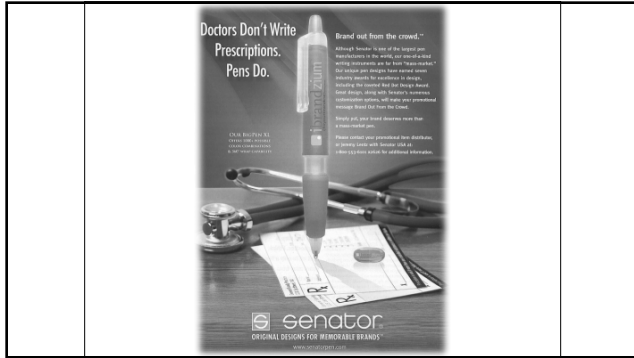
An educational model can really make a difference in a patient's care. PharmaDesign award-winning models benefit patients, physicians, and the manufacturer who sponsors them. Consider the value a quality educational model can bring to your brand.

- Patients are educated about their condition and treatment
- Patients remain compliant as a result of their knowledge
- A patient's health is improved or corrected by remaining compliant
- Physicians remember and prescribe your brand
- Patients remain loyal to your brand

PHARMADESIGN
AWARD-WINNING EDUCATIONAL MODELS

AMA's Ethical Guidelines for Gifts to Physicians from Industry

- "Modest" meals are allowed
 - If they cost no more than the physician would normally pay for
- \$100 gifts related to medical care or medical education are allowed
 - As long as there are fewer than 8 choices
- AMA accepted \$600,000 from pharma to promote their gift guidelines



The Rule of Reciprocation

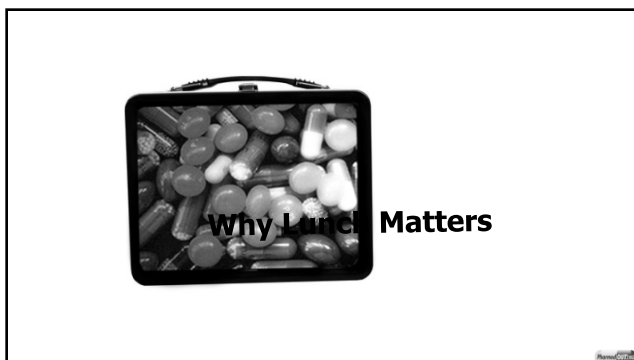
- Exists in all cultures
- Overcomes dislike
- Even small, uninvited favors trigger indebtedness
 - Address labels
 - Carnations



Rx pads, patient record forms, and reference publications

- "reach the physician at the prescribing moment..."
- "reach physicians at a time when they are not 'expecting' to be exposed to a product message..."
- "helps keep brand recognition at a heightened level when the sales rep is not in the forefront."

Varon S. Medical Marketing Media 2004 (June) 53-56



"Doctors are too smart to be bought by a slice of pizza"

- Studies consistently show that promotion increases prescribing*
- Studies consistently show that physicians do not believe that promotion affects prescribing**

*Spurling J et al. PLoS Med 2010; 7(10):1-22
 Dana J et al. JAMA 2003 Jul 9; 290(2):252-255
 Wazana A. JAMA 2000 Jan 19; 283(3):373-80
 Chren MM et al. JAMA 1994 Mar 2; 271(9):1684-9
 Lurie N et al. J Gen Int Med 1990(5):240-243
 **Sigworth SK et al. JAMA. 2001;286(9):1024-5
 Steinman MA et al. Am J Med 2001; 110:551-557.
 McKinney WP et al. JAMA 1990;264(13):1693-7

69%


of Americans say that drug makers hold too much sway over physicians prescribing habits

2010 Consumer Reports National Research Center poll

Appetite for Instruction

Why Big Pharma should buy your doctor lunch sometimes.

By Jessica Wapner



The war against industry-sponsored medical education is in full tilt. In recent anti-pharma news, industry employees have been barred from giving talks during at least two important upcoming medical meetings, and oncologists from Vermont, Minnesota, and Massachusetts were forbidden from partaking in the snacks provided at corporate exhibit booths during a recent annual cancer society meeting. These developments come on the heels of a movement already well under way at medical centers around the country: ending the free lunch.

Every year, the pharmaceutical industry spends billions of dollars on educational programs for doctors, many of them involving food and drinks. Doctors who are experts on a new medication are paid handsomely by the drug's maker to speak to other doctors—over a fancy dinner or a casual lunch—about updates on treating a particular disease that (no surprise here) the new drug just so happens to treat. This approach isn't the only way that doctors continue their post-med-school education, but it is a mainstay, and not just because of the free and tasty grub. These sessions help move the latest medical advances out of the lab and into daily practice.

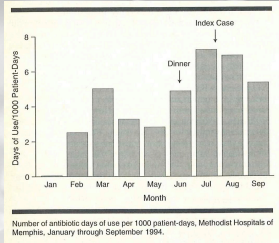
Slate.com. June 30, 2010

Is the lunch free?

“The lunch isn't free. In the end, our patients pay for it. The price of drugs, in part, takes into account the cost of advertisement.”

Mark Crislip, MD
Bought and Sold: Who Should Pay for CME; SBM 2010

A food-borne outbreak of expensive antibiotic use in a community teaching hospital



Shorr and Greene. JAMA 1995; 273(24): 1908

Disclosure

“Mr. Smith, I learned about the antibiotic I'm prescribing for you at a really great dinner last night. It was at El Primo Steakhouse. I didn't have to pay for it because you did – you and the other patients who buy this drug. Gollee, that was tasty – thanks!”

Morreim H. Amer J Bioeth 2010; 10(1) 15-17

Is it education?

“When consumer reports discusses cars, it is education. When Chrysler discusses cars, it is an advertisement.”

Mark Crislip, MD
Bought and Sold: Who Should Pay for CME; SBM 2010



Samples

"Sending out samples, although expensive, remains the best way for pharmaceutical companies to gain access to a physician and persuade the physician to prescribe their product."

Med Ad News 2005;24 (8): 1

"Samples help uninsured patients"

A study of 32,681 US residents from the 2003 Medical Expenditure Panel Survey (MEPS) found that in 2003

- 12% of Americans received at least 1 free drug sample
- Poor and uninsured Americans were less likely than wealthy or insured Americans to receive samples

Cutrona et al. Am J Pub Health 2008;98(2):284-289

The real purpose of samples

- Gain access to physicians
- Habituate physicians to prescribing targeted drugs
- Increase goodwill by enabling doctors to give gifts to patients
- Serve as unacknowledged gifts to physicians and staff

"Samples don't affect what I prescribe"

A study monitored % of generic prescriptions written by internal med doctors to uninsured patients with and without access to drug samples

- Out of 1973 prescriptions
 - 12% generic with drug samples
 - 40% generic without drug samples

Miller DP et al. South Med J 2008; 101(9):888-93

"We input the same strategies that your typical street dealer employs on the corner when selling crack, which is the first ones free, and then you pay, and then you're hooked."

Pharmaceutical Representative

Investing in Samples

"The basic economic premise here is you keep investing until your marginal return is zero. You keep sampling until a point of saturation, where additional samples are not going to make a physician write any more prescriptions."

Burns P. Pharm Exec 2005;25(6)

Try This!

Give away all your samples as full courses of therapy

Watch your sample supply dry up...

Medical Journals

"I don't look at the ads"

- "Medical journals are the leading source of medical information for 76% of physicians"
- "When reading these journals, as many as 90% will see an ad that is part of a fully funded campaign"
- As many as 65% will correctly associate the ad's message with its product"
- **"Message retention correlates with increased sales"** ACNielsen HCI

A marketing plan without enough journal advertising.

EFFECTIVE MONO OR COMBINATION THERAPY FOR TREATING PHYSICIANS

IT ALL ADDS UP TO POWERFUL MEDICINE FOR YOUR BRAND

USED DAILY AS DIRECTED

NEW ENGLAND JOURNAL OF MEDICINE

Journal of Internal Medicine
Journal of Neurology
Journal of Cardiology
Journal of Geriatrics
Journal of Hematology
Journal of Infectious Diseases
Journal of Intensive Care Medicine
Journal of Laboratory Medicine
Journal of Legal Medicine
Journal of Lipidology
Journal of Management
Journal of Musculoskeletal Medicine
Journal of Neurosurgery
Journal of Obstetrics & Gynecology
Journal of Ophthalmology
Journal of Orthopedics
Journal of Pediatrics
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Journal of Postgraduate Medicine
Journal of Trauma
Journal of Vascular Medicine
Journal of Women's Health
Journal of Work & Organizational Psychology

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ACP Hospitalist
Levels of peer-reviewed research
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Peer-reviewed research
Peer-reviewed research
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ACP
We are Internal Medicine

ACP Reprints Direct

Purchase reprints of the *Annals of Internal Medicine*, *ACP Observer* and *ACP Hospitalist* directly with confidence. The *Annals of Internal Medicine* is the most highly cited internal medicine peer-reviewed journal.*

*Impact Factor for 2005: 13.254

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Think of it as **REQUIRED READING** for endocrinologists.

It's what the thought leaders in clinical endocrinology read.

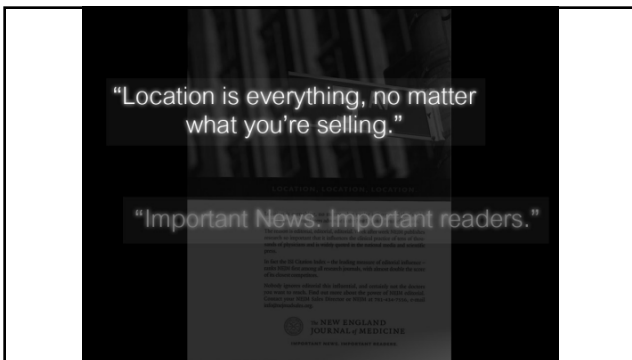
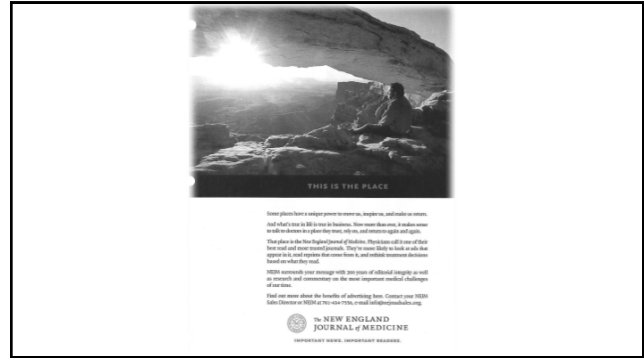
The ENDOCRINE SOCIETY
The Society

Read such, more influence, more sales.

...our readers influence the sales of millions of dollars of pharmaceutical and biomedical products, writing an average of 158 prescriptions and conducting 161 diagnostic tests per week. Get your message in front of this powerful target audience.

Maximize Your Reach

The ENDOCRINE SOCIETY
The Society



Advertising in medical journals

- Most medical journals have policies that limit advertising to drugs
- Pharma companies also purchase "sponsored" subscriptions
- And are the largest purchaser of reprints

Fugh-Berman A, Alladin K, Chow J. PLoS Medicine 2006;3(6):e130

Should industry be responsible for informing us?

"While we are at it, let's have McDonalds be responsible for teaching nutrition, Nintendo teach us about fitness, lobbyists determine congressional voting, tobacco companies provide research into cancer and oil companies tell us the cause of global warming."

Mark Crislip, MD
Bought and Sold: Who Should Pay for CME: SBM 2010

AOA Standards of Professional Conduct

Relationships with Industry

- Optometrists should avoid situations and activities that would not be in the best interest of their patients.
- Any financial and/or material incentive offered by industry that creates an inappropriate influence on an optometrist's clinical judgment should be avoided

Section E, Part 1-E - Non Patient Professional Relationships

AOA Standards of Professional Conduct

Conflict of interest

- The care of a patient should never be influenced by the self-interests of the provider.
- Optometrists should avoid and/or remove themselves from any situation that presents the potential for a conflict of interest where the optometrist's self interests are in conflict with the best interest of the patient
- Disclosure of all existing or potential conflicts of interest is the responsibility of the optometrist and should be appropriately communicated to the patient

Section B, Part 4-B – Nonmaleficence (“do no harm”)

AOA’s Ethical Guidelines

Honored to support the advancement of clinical ethics in optometry



An Optometrist’s Guide to Clinical Ethics was made possible by a grant from CIBA Vision—A Novartis Company

FREE FOOD, FREE TRIPS, FREE STUFF

Posted by \$@%#@# on Oct 11, 2012

“Hello readers! You have tuned in once again into the Wonderful Life of @S%@%, trying to get a glimpse of things to come. Well, you won’t be disappointed because things get good. And I don’t mean good like no exams, or good like hitting the home stretch of school, but good as in FREE TRIPS.”

FREE FOOD, FREE TRIPS, FREE STUFF

Posted by \$@%#@# on Oct 11, 2012

“\$#%&, one of the world’s largest companies in eye care, offers to fourth year optometry students from across the nation an all-expenses paid trip to the company headquarters..... I was fortunate enough to be selected, and it was awesome! &%\$ flew us out to %&@, picked us up in a Town Car, and wined and dined us for three days. I feasted like a king.....and had to keep my pants unbuttoned the whole time. Earlier this year, \$#%& flew us out to #S@%& for a seminar.....There, I conceived a food baby that lasted a week.”

FREE FOOD, FREE TRIPS, FREE STUFF


Posted by \$@%#@# on Oct 11, 2012

“As you get further into your optometry education, many companies will try to win you over. Lots of free food, free trips, and free stuff. My advice is to keep an open mind. Every company will tell you their products are the best. Take their information with a grain of salt, and then take their free stuff.”

What can we do?

Mark Crislip, MD
Bought and Sold: Who Should Pay for CME: SBM 2010






2002: ACGME guidelines noted “the inherent conflict of values between industry and the medical profession” and encouraged training programs to educate residents about pharmaceutical interactions

2002: American Medical Student Association established a campaign to advocate for evidence based, rather than marketing based, prescribing

Just Medicine Campaign




No Kick Backs. No Speakers Bureaus. No Free Samples. JUST MEDICINE.

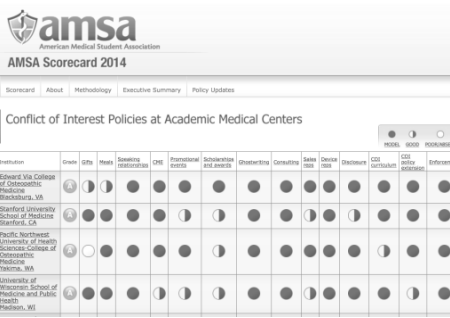
Just Medicine, formerly known as the PharmFree Campaign, continues to reflect AMSA's values, ambitions and goals in putting patients above profits and ensuring the most objective, evidence-based, affordable healthcare for patients.

Our vision for the practice of medicine is that it is simply based on evidence, not marketing, personal gain, or any interest other than that of the patient.

We seek to facilitate student engagement in work that promotes patient-centered, evidence-based clinical practice, medical education and research.




2006: A group of educators call for medical associations and academic medical centers to curtail industry interaction




2007: AMSAs “Just Medicine” released their first scorecard grading medical schools on their conflicts of interest policies

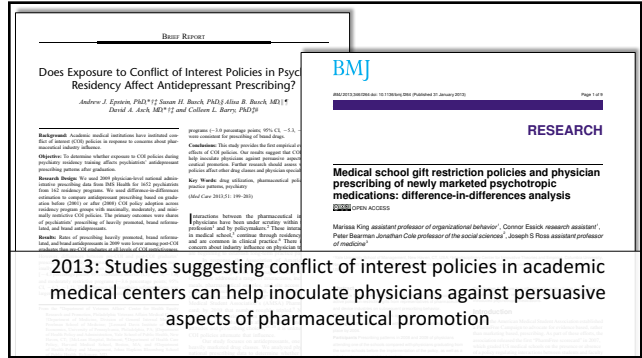
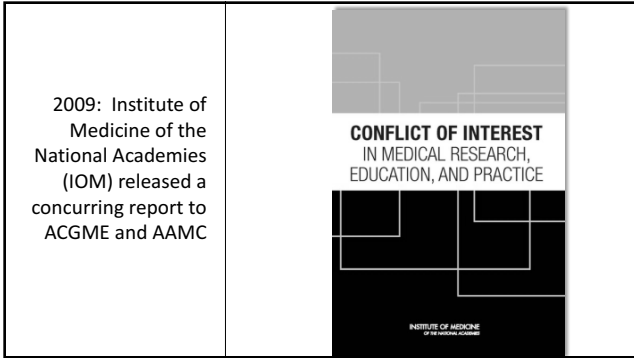
University	Green	Yellow	Red	Scientific Publications	Translational Centers	Scholarship and awards	Consultants	Speaker Bureaus	Travel	Director Seats	Decision	COI Certificates	COI Policy	Reference
Harvard Medical School, Boston, MA	●	●	●	●	●	●	●	●	●	●	●	●	●	
Stanford University School of Medicine, Stanford, CA	●	●	●	●	●	●	●	●	●	●	●	●	●	
Pacific Northwest University of Health Sciences, Portland, OR	●	●	●	●	●	●	●	●	●	●	●	●	●	
University of Wisconsin School of Medicine and Public Health, Madison, WI	●	●	●	●	●	●	●	●	●	●	●	●	●	

2008: The Association of American Medical Colleges (AAMC) developed consensus principles for conflict of interest (COI) policies to manage industry interactions



2008: Clipboards, pens, and mugs emblazoned with drug company logos banned by PHRMA - industries self-regulatory body





Year: 2016 | Measure: Mean | What are the different payment types? | Show All Charts

General Payments	
Total General Payments	\$833,950.22
Total General Transactions	69

Research Payments	
Total Research Payments	\$5,111.06
Total Research Transactions	1

Ownership and Investment Interest		
Total Amount Invested	Total Value of Interest	Total Invested Transactions
N/A	N/A	0

Associated Research	
Total Associated Research Funding	Total Associated Research Transactions

Ophthalmologist commonly seen on a drug commercial

Year: 2016 | Measure: Mean | What are the different payment types? | Show All Charts

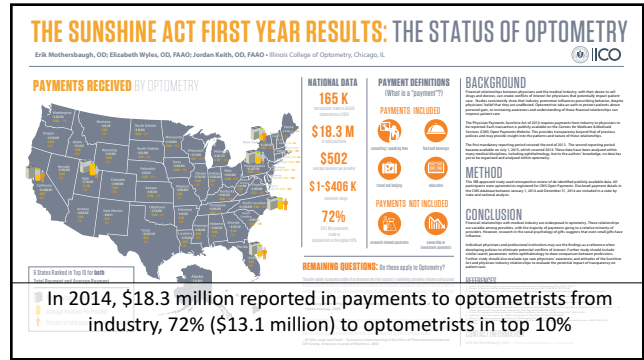
General Payments		
Total General Payments	\$443,402.84	
Total General Transactions	441	

Research Payments		
Total Research Payments	N/A	
Total Research Transactions	0	

Ownership and Investment Interest		
Total Amount Invested	Total Value of Interest	Total Invested Transactions
N/A	N/A	0

Associated Research		
Total Associated Research Funding	Total Associated Research Transactions	

Optometrist heavily involved in speaking for industry



Presidential Address before the
 Mayo Clinic, Division of Cardiovascular Diseases
 April 16, 2003

"We can't treat conflicts of interest like some family secret no one talks about. We must become more comfortable asking and answering pertinent questions about the sources and substance of industry funding that might influence individuals, institutions, and organizations."

Bruce Fye, MD
 President, American College of Cardiology