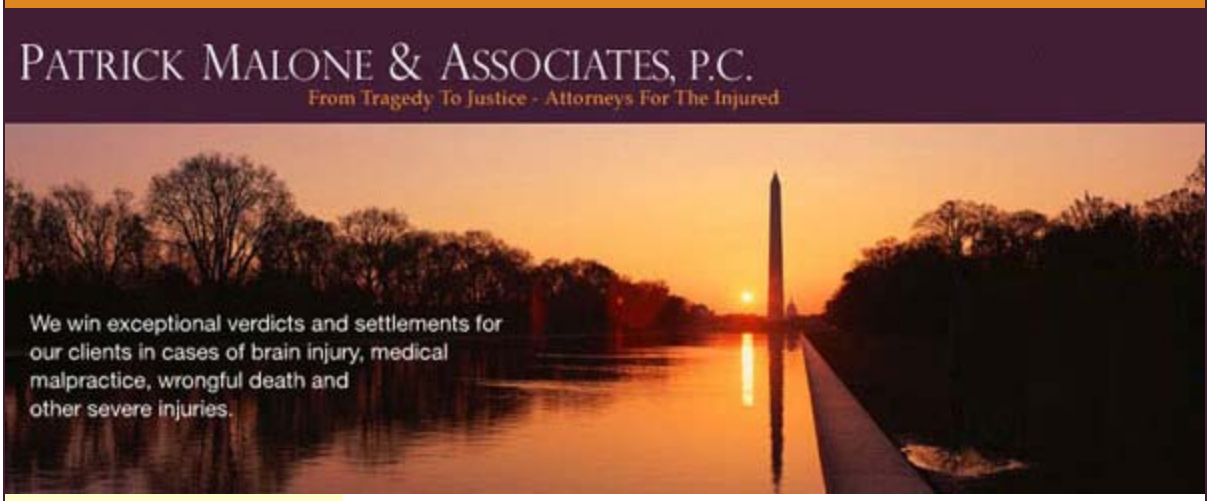
Getting the Best Medical Care: a Newsletter from Patrick Malone



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Quick Links

Our firm's website

Read an excerpt from Patrick Malone's book:

The Life You Save: Nine Steps to Finding the Best Medical Care -- and Avoiding the Worst

Navigating Through Medical Treatment Conflicts of Interest

Greetings!

Our collective minds continue to reel at the unsavory relationship of some doctors with pharmaceutical and medical device companies. But why should patients really care? And what can we do about it?

We all know that money talks, and Big Money -- i.e., Big Pharma and Big Device Manufacturers -- talks long and loud with the doctors who make key decisions about our health care.

Last month came news of yet more back-scratching between doctors and Big Pharma: At least 17 of Medicare's top 20 prescribers of the blood pressure drug Bystolic were paid by the manufacturer to promote it. They got $283,450 for the speeches and more than $20,000 in meals.

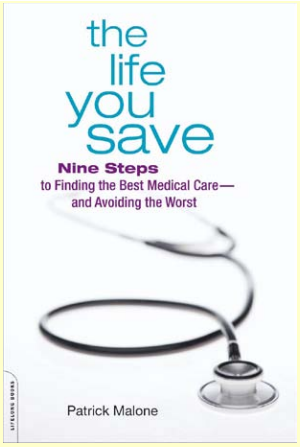
When a corporation pays practitioners to speak at a conference, participate in research, to travel, dine and play golf, conflicts of interest arise--if the doctor has a choice of implant devices, and if the manufacturer of one of them has fed the doctor's belly, which device is the doctor more likely to choose?

So what's best for the patient isn't always--or maybe usually--the top priority.

This month's topic: Where can patients find independent, conflict-free sources of advice about medical treatments?

Is There a Problem? Let Us Count the Ways

In some cases, the appearance of a conflict of interest turns into legal inquiry. As noted in the Bystolic story from ProPublica, the nonprofit investigative journalism group, Forest Laboratory, the manufacturer of Bystolic, paid $313 million to settle civil and criminal allegations for, among other things, how it marketed drugs. The government charged



Learn More

Read our Patient Safety Blog, which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.

that Forest made "cash payments disguised as grants or consulting fees, expensive meals and lavish entertainment, and other valuable goods and services" to doctors.

Earlier this year, a lawsuit against Norvartis alleged that the company's internal analyses showed that the money it spent to hire speakers spurred the doctors who participated to write more prescriptions for its drugs. Novartis disputed the allegations, but a couple of years ago pleaded guilty to a misdemeanor and paid $422.5 million to settle allegations that it illegally promoted an antiseizure drug, and paid kickbacks for prescribing it and other drugs.

Last year, our Patient Safety blog detailed slimy behavior by GlaxoSmithKline:

- It paid media hound Dr. Drew Pinsky $275,000 to promote the depression drug Wellbutrin; on one of his radio shows, he claimed the drug "could explain a woman suddenly having 60 orgasms in one night," never mind that Wellbutrin was approved to treat only major depression.
- It flew psychiatrists to fancy resorts to promote Paxil, another of its depression drugs, for children, even though it was unapproved for that use. "Results suggest that the Paxil Forum had a significant impact on Paxil market share in the months after attendance," according to a Glaxo memo.
- It paid what prosecutors called kickbacks to doctors in the form of consulting fees, entertainment, travel and "sham advisory boards," then tracked their prescribing habits and gave those who frequently prescribed their drugs free tickets to sports events.
- In some cases, as our blog has noted, some drugs (Vioxx, for arthritis, and Baycol, for cholesterol) were deemed safe, but later withdrawn from the market. Turned out that reports championing them and published in scientific journals were written by drug companies.

Invariably, drug and device manufacturers claim that they choose doctors to speak because they have certain expertise and credentials, not because they agree to play for pay. But they end up shelling out a lot of money over their promotional behavior.

A Growing Awareness

Several factors have brought this smarmy situation into the sunlight.

In addition to drug shenanigans, inappropriate tests that increase costs and that can have adverse medical outcomes--see our blog, "Overtested, Overtreated, Overcharged"--are being questioned by

more and more practitioners and patients.

And the regulatory environment is changing: The Affordable Care Act ("Obamacare") includes carrots and sticks to improve patient outcomes and to punish providers who don't measure up. The ACA analyzes quality--an example is keying hospitals' reimbursement to their rates of readmission--and strives to make sure providers, patients and insurers understand common standards.

That's not about conflict of interest, but it is about quantifying all aspects of medical care and its outcomes, and with that sort of scrutiny you find out all kinds of things you didn't know were occurring.

In the prescribing realm, some drug companies post doctor payment information on their web sites, sometimes as part of a legal settlement with the federal government. And the ACA's Physician Payments Sunshine Act requires manufacturers of drugs, medical devices and biologicals that participate in Medicare or Medicaid to report payments and items of value given to physicians who aren't their employees, and to teaching hospitals. The federal government will post the information on a public web site sometime next year.

Getting Objective Information

Just because a provider accepts pay from a medical drug or device manufacturer, that doesn't mean he or she prescribes medicine or chooses a test or device solely because of it. But it does mean you need to step up your own research. You must ask why that treatment was chosen, what results is it supposed to bring, how fast, with what potential side effects, and if there are alternative treatments.
The purpose of this newsletter and the following resources is to help you understand and manage the risk that comes with any medical intervention.

There are several ways consumers can do their own research.

ProPublica was the first organization to research and post associations between drug companies and the doctors they do business with. Dollars for Docs can search information for 15 (so far) drug and device companies and what they pay to doctors. You can search by company, by state and by provider.

Prescriber Checkup enables you to search Medicare's prescription drug program that serves more than 35 million people. Until now, the names of prescribers and the drugs they choose have not been made public. This tool finds and compares doctors and other top prescribers.

The Independent Drug Information Service (IDIS) was established to provide physicians with objective, scientific information to guide them in prescribing drugs. It's a nonprofit with no ties to drug companies. It was created by an independent group of physicians and researchers from Harvard Medical School.

IDIS has a page for patients to learn about common health conditions and the drugs to treat them. The information is solid, but the site does not, at this writing, have a search function.

Medline Plus is published by the National Institutes of Health. It's a vast resource for all things medical, including drug and medical device information, including safety and recall information.

MedWatch is the FDA's repository for safety information and adverse event reports. You can read about recalls, subscribe to safety alerts and file reports of your own.

Recent Health Care Blog Posts

Here are some recent posts on our patient safety blog that might interest you.

- Clinical treatment guidelines from doctor specialist societies can carry their own conflicts of interest tilting toward newer, more expensive treatments that don't necessarily work better than tried and true ones.
- Here's a follow-up to our recent newsletter on BRCA cancer gene testing. The Supreme Court has thrown out the Myriad laboratory's patent on the gene itself, ruling that a natural substance like a sequence of human DNA is not patentable. This will open up the availability of the BRCA test to more laboratories.
- An alert cancer patient caught what could have been a big overdose in his chemotherapy regimen, proving again the value of patients advocating for themselves. In this true story, the usual elements of the safety net against medication errors all failed, and then the patient noticed something different in the protocol and started asking questions.

Past issues of this newsletter:

Here is a quick index of past issues of our newsletter, most recent first.

Here's to a healthy 2013!

Sincerely,

Patrick Malone
Patrick Malone & Associates