

AMA faces storm on data sales

Doctor groups ask: Is prescription info used to improve safety or to boost sales?

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How do pharmaceutical companies know which doctors prescribe the latest and most expensive brand name drugs?

They have inside information on the prescribing habits of virtually every doctor in the United States. Pharmaceutical and device manufacturers buy this information from the American Medical Association and from companies that match the AMA's data with pharmacy records.

While such practices have gone on for years, the issue is expected to be a hot topic at this week's annual meeting of the AMA in Chicago, with some groups planning to protest during the gathering at the Hilton Chicago.

"Doctors are not aware that companies are out there that know every prescription a doctor prescribes," said Dr. John Santa, an internist at the Portland Veterans Affairs Medical Center and consultant to the Prescription Project, which is part of a coalition trying to curb drug companies' access to doctor prescribing information.

"Consumers should care because here's this very effective information and data system that is not being used to improve quality or safety of their care but to increase the sales of specific drugs, many of which are no more effective than much-cheaper alternatives," Santa said. "If these data-mining companies use this information in a systematic way to improve safety or quality, that would be different. But they don't. They use it for sales, and most doctors don't even know it's there."

The controversy also has triggered bills in more than a dozen state legislatures, including Illinois, as lawmakers see a worrisome connection between the release of such data to the drug and device manufacturers and consumers' rising health-care costs.

In its defense, the AMA says such information has been available for years and has helped get public health and education to the right doctors when new products or devices have come on the market. The AMA also says its contracts with data-mining companies allow doctors who do not want certain information shared to "opt out" of what is sold to commercial interests.

Patient information is not included in the AMA records, but its Masterfile includes profiles of more than 900,000 physicians, two-thirds of whom are not members of the AMA. Revenue generated from the Masterfile is an undisclosed part of the more than \$44 million the association reaped in 2005 from sales of data licensing and credentialing

services.

More current information is not yet available.

Opposition to the data sales comes from a coalition of doctor groups, including the Prescription Project, the American Medical Student Association and the National Physicians Alliance. The group plans to stage protests as well as handing out fliers advocating an end to the AMA's practices.

"The average doctor has no idea that this is going on," said Dr. Michael Mendoza, clinical assistant professor in the department of family medicine at the University of Chicago's Pritzker School of Medicine who is involved in the Prescription Project.

"If doctors are unaware it happens, they aren't in a position to choose," Mendoza said. "It's a practice that flies under the radar of most docs. At least two-thirds of doctors do not know that this goes on because they are not members of the AMA."

Under pressure from member doctors about its role in selling its database to companies that do business with the drug industry, the AMA last year began allowing doctors to opt out of having their information sold, through the creation of a "physician data restriction program."

More than 8,000 doctors have opted out, and the AMA said it has launched a campaign to let physicians know they can hide their prescribing information from pharmaceutical sales reps. The physician data restriction program is prominently displayed at the AMA's Web site.

The AMA said it is also stepping up a campaign, using ads in specialty medical journals, to let doctors outside of its membership know they can opt out.

The AMA considers its data to be licensed rather than sold. So it says it can pull the plug on any licensing if it feels the information is used inappropriately.

"I think the pharmaceutical industry is on notice about physicians' concerns about this," said Dr. Jeremy Lazarus, a Denver psychiatrist and member of the AMA board.

"We are giving physicians a choice. Our main approach has been [the physician data restriction program] and this allows docs to opt out. If we were not in it, physicians would have less control in how that data is used."

The AMA's Web site also says there are other beneficial uses from selling physician prescribing data, such as "evidence-based medical research, structuring clinical trials, efficient drug recalls, aiding the Food and Drug Administration's ongoing post-approval assessment of drug benefits versus risks, and many other uses."

The AMA also said its database helped rebuild patient records lost in the floods and

devastation in New Orleans and nearby Gulf Coast areas.

The AMA also pointed out that legislative initiatives to curb the use of prescribing information by commercial interests have not been all that successful.

In New Hampshire, for example, a federal judge two months ago ruled unconstitutional a "prescription information law" pushed by the state's attorney general to curb the collection and use of data identifying doctor prescribing practices. The ruling was in favor of IMS Health Inc. and Verispan LLC, which purchased prescription data, removed information that identified patients, and combined it with data from other sources.

The information was then sold largely to the pharmaceutical industry.

But Vermont two weeks ago passed a law that allows doctors to consent to whether identifying information can be used to market or promote drugs. Maine, too, is close to enacting a law that would allow doctors to hide certain prescribing information from commercial interests, a move akin to the federal "Do Not Call" lists used to curtail telemarketing.

Companies who buy AMA data see such laws as restricting free speech.

"This new [Vermont] law incorporates the bulk of the provisions of the New Hampshire law limiting the commercial use of prescribing information that was recently struck down by a federal court," data-mining firms IMS and Verispan said in a joint statement this month. "Improvements in health-care quality, cost management and patient safety hinge on access to more health-care information, not less. There is no evidence that these kinds of restrictions on the flow of health-care information serve to lower medical costs."