



# The Prescription Project

*Advancing Medical Practice and Policy*

## The Facts about Pharmaceutical Marketing to Physicians

*The pharmaceutical industry spends nearly \$30 billion annually on marketing. The majority (including samples) is spent on direct marketing to physicians (Donohue, NEJM, 2007).*

*Industry spending on marketing to physicians doubled between 1996 and 2005 (Kaiser Family Foundation, 2006).*

*94 percent of doctors have a relationship with the pharmaceutical industry (Campbell, 2007).*

## Background

New prescription drugs and medical devices are revolutionizing the practice of health care, enhancing disease management and improving quality of life. However, aggressive pharmaceutical marketing to physicians is creating real and perceived conflicts of interest in the medical profession and raising questions about the appropriateness of treatment choices. These practices can compromise patient care and increase health care costs. It is essential that physicians base their prescribing decisions on accurate and unbiased information, not on misleading marketing materials.

The Prescription Project is led by Community Catalyst in partnership with the Institute on Medicine as a Profession. Created with the Pew Charitable Trusts, the Project seeks to eliminate conflicts of interest created by pharmaceutical marketing by promoting policy change within academic medical centers, professional medical societies and public and private payers. In addition, the Project will advance state and national level policy solutions.

## Project Activities

### Academic Medical Centers

The Prescription Project works with leading academic medical centers on developing or improving the following policies to prevent physician conflicts of interest:

- **Gifts** – Prohibit doctors to accept any gifts from pharmaceutical companies, including meals, travel expenses, and conference fees.
- **Free samples** – Prohibit the distribution of free drug samples to physicians and put a voucher system in place for low-income patients to prevent the distribution of unnecessary and inappropriate brand name drugs.
- **Drug approval process** – Exclude doctors with financial ties to drug companies from sitting on hospital and medical group formulary committees and committees overseeing the purchases of medical equipment.
- **Continuing medical education** – End the practice of drug and medical device manufacturers providing financial support to any accredited program that provides continuing medical education (CME). They will instead pay into a central fund that will disburse funds to accredited CME programs.

- **Speaking and writing** – Prohibit members of academic medical centers from being paid spokespeople for drug and medical device companies or signing their name to articles written by pharmaceutical company marketing departments.
- **Consulting and research contracts** – Replace “no strings attached” grants and gifts with detailed funding contracts between academic medical centers and manufacturers that are restricted only to scientific issues and clearly lay out what deliverables are expected in return for financial support.

## Public Policy

The Prescription Project works with state and federal policy makers, in collaboration with local and national partners and coalitions, on instituting the following reforms:

- **Gifts** - Implement limits on industry marketing to prescribers, including physician detailing, samples, and gifts. Establish registries that publicly disclose how much funding physicians receive from pharmaceutical companies.
- **Sale of physician profiles** – Prohibit the sale of prescribing profiles of individual physicians to the drug industry for use in marketing to physicians.
- **Evidence-based prescribing** - Expand the use of evidence-based medicine in prescribing to maximize benefit and minimize risk to patients. Increase the use of evidence-based systematic review systems, such as the Drug Effectiveness Review Project, to evaluate the effectiveness of drugs. Expand the use of generic drugs when appropriate.
- **Physician education** - Initiate academic detailing programs to bring unbiased, evidence-based information on drugs directly to physicians’ offices.
- **Clinical trials** - Create clinical trials registries to improve the evidence on safety and effectiveness of drugs that is available to payers, clinicians and the public.

## Private Payer Initiatives

The Prescription Project will work with employers and health plans to support the policy reforms described above by facilitating consumer-provider coalitions that promote voluntary change within health care institutions.

## References

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1. Donohue JM, Cevalco M, Rosenthal MB. A decade of direct-to-consumer advertising of prescription drugs. *N Engl J Med.* 2007;357:673-681.
2. Kaiser Family Foundation. *Prescription Drug Trends*, 2006.
3. Campbell EG, Gruen RL, Mountford J, Miller LG, Cleary PD, Blumenthal D. A national survey of physician-industry relationships. *N Engl J Med.* 2007;356:1742-1750.