

Outside Influences on Physician Prescription Patterns

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It seems everywhere you turn these days someone (Medicare, Medicaid, employer groups, third-party payers, etc.) is devising a scheme to improve quality of care through some type of pay-for-performance methodology. While these programs vary greatly in terms of measures, scoring, etc., they all are designed to minimize or eliminate variability in health care delivery and are sold using the goal of reducing health care costs.

In work done by the University of Chicago Medical Center, researchers concluded that when physician prescription patterns are examined “the literature and guidelines are consistent, but physician behavior is quite variable.” And although this study was not designed to explain why variations occur, the authors suggest that targeted promotional efforts by drug makers play a major role in moving physicians away from cheaper to more costly drugs – without a concurrent increase in effectiveness.

According to a report from the U.S. Department of Health and Human Services (DHHS), the cost of prescription drugs is the fastest growing category in health care spending. In 2000, spending on drugs increased by 17.3 percent, a slightly smaller increase than the 19.2 percent jump seen in 1999. Spending on prescription drugs topped \$120 billion in 2000 – three times the amount spent in 1990 – and this trend is still on the rise today.

One of the dilemmas I face in my private practice is that I have fallen into the habit of accepting pharmaceutical samples and distributing them to my patients. I do this to help my patients save money and out of the convenience of having something on hand to get them started. As a result, when I determine the drug therapy to be effective, I am compelled to write a prescription for the same brand and dose rather than trying a generic equivalent. Upon considerable reflection, I know this practice costs my practice and my patients in the long run, because despite the claims of the pharmaceutical representatives who state, “Don’t worry about the cost as this medication is covered by Medicare/Medicaid and only costs the patient \$3,” I realize that more dollars removed from the Medicare/Medicaid “pool” for medications results in fewer dollars remaining to pay for patient care services.

In an effort to reduce the dollars being spent on prescription drugs, many third-party payers are now offering incentives to physicians to promote generic drugs. However, the AMA cautions physicians on the practice of accepting bonuses or premiums for switching patients to generic medications. In a recent article, an AMA representative stated “Physicians accepting payment from insurers in exchange for moving patients from brand names to generic drugs could potentially face both criminal and civil liability exposure under the federal anti-kickback statute.”

The AMA supports and encourages physician involvement in programs that contain rising prescription drug costs provided certain criteria are met. The criteria for programs of this nature must ensure that physicians have significant input into the development and maintenance of such programs; programs encourage optimum prescribing practices and quality of care; all patients have access to all prescription drugs necessary to treat their illnesses; physicians have the freedom to prescribe the most appropriate drug(s) and method of delivery for the individual patient; and programs promote an environment that gives pharmaceutical manufacturers the incentive for research and development of new and innovative prescription drugs. An additional criterion encourages physicians to become familiar with the price in their community of the medications they prescribe and to consider this along with the therapeutic benefits of the medications they select for their patients.

Regardless of your position – either as a physician who receives pharmaceutical samples and prescribes them, or a participant in a program to reduce prescription costs through the use of generics – physicians need to be proactive in promoting the art and science of medicine and protecting and improving the health of the public. Get involved. Remember to renew your membership to the SDSMA, join or renew your membership to the AMA, and join us in advocating for our patients and communities.

Happy New Year!