



## Physicians discuss use of prescribing data

### Only the AMA can offer physicians an option

The use of physician prescribing information by the pharmaceutical industry is a complex issue. As the debate continues, physicians and opinion leaders are voicing broadly disparate opinions.

Proponents of restricting access to physician prescribing information argue that pharmaceutical sales representatives use the data to persuade physicians to prescribe brand-name drugs. They contend that brand-name drugs are often more costly and that generic versions may be available at a lower price.

Opponents argue that physicians will prescribe the most appropriate medication for their patients regardless of pharmaceutical sales pitches. They contend that releasing prescribing data minimizes irrelevant sales calls because the data allow the reps to better understand physician needs and to deliver pertinent materials and samples.

In consideration of the diverse opinions surrounding physician prescribing data, the American Medical Association (AMA) commissioned a Gallup study to determine the best solution. As a result of the survey, the AMA created the Physician Data Restriction Program (PDRP). This unique AMA program offers physicians control over their prescribing data and whether it can be shared with pharmaceutical representatives. Although the AMA does not collect physician prescribing data, the PDRP allows the AMA to communicate and enforce physician preferences to health care information organizations (HIOs) that do collect this data. Without AMA involvement, HIOs would still collect the data, but physicians would have no control over how it is used.

"The AMA believes it is better to give physicians a choice as to what is done with their prescribing data rather than adopt legislative restrictions, which eliminate physician choice and are unlikely to survive judicial scrutiny," says Jeremy A. Lazarus, MD, AMA president-elect. "We understand that physicians have different personal experiences and perspectives. We want to give everyone a choice."



#### **I chose to restrict my prescribing data**

*Douglas S. Kaplan, MD, an ophthalmologist in private practice in Highland Park, Illinois*

I started thinking about the AMA's opt-out program after I read about the PDRP in *American Medical News*. I thought opting out might make my interactions with the drug reps less personal and confrontational.

Then one day I had a conversation with a drug rep who looked me in the eye and said with an earnest, concerned voice: "Do you know, Dr. Kaplan, that you prescribe my drug less frequently than the other ophthalmologists in this region?" I registered for the PDRP the next day.

I have noticed a change since I signed up for the PDRP. The reps demand less of my time. They still

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#### **I chose not to restrict my prescribing data**

*Wayne H. Fujita, MD, a dermatologist in private practice in Aiea, Hawaii*

My ability to provide optimum care to my patients depends on both the pharmaceutical industry and the medical insurance industry. The insurers have my prescribing information, so I don't have a problem with the pharmaceutical industry having the same data.

I've been around long enough to remember what it was like 20 years ago when the pharmaceutical reps didn't have access to prescribing data. They marketed their products exactly the same way to everybody.

Now I see more directed sales efforts, which are specifically tailored to meet my needs. I also

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talk to me and tell me about their new products, but their questions and discussions are more broad-based and generic. They don't ask me how much of this or that I prescribe. It's not high-pressure sales anymore. I don't mind hearing about products from the reps. Sometimes they bring articles with them, which I take with a grain of salt.

I like the AMA's PDRP option a lot. For me, there aren't any drawbacks. It frees up my time, removes the pressure and reduces salesmanship.

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believe that the reps' ability to talk more about treatment trends and patient needs may be an offshoot of the prescribing data.

If the reps didn't have the data, the service they provide for me wouldn't be as good. The data allows them to tell me what my colleagues are doing at a local and national level and to talk about different product formulations that I am not prescribing.

I don't mind the information because I don't feel pressured into responding to the reps' prescribing requests. My first responsibility is to the patient. If I feel that a certain product is not in the patient's best interest, I will not prescribe it.

The AMA is committed to preserving physician choice in this important matter. As of June 2011, more than 28,000 physicians have signed up for the PDRP. Visit [ama-assn.org/go/prescribingdata](http://ama-assn.org/go/prescribingdata) to learn more about PDRP or to enroll in the program.

