

# Study evaluates industry payments to orthopedic surgeons

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An analysis of financial payments made by orthopedic device manufacturers to orthopedic surgeons shows that the patterns of payments from 2007 to 2010 appear to be complex with a reduction in the total number of payments and the total amount of funds distributed after payment disclosure was required, as well as an increase in the proportion of consultants with academic affiliations, according to a report in the October 24 issue of *Archives of Internal Medicine*. The article is part of the journal's Health Care Reform series.

"There is ongoing discussion of physician relationships with the pharmaceutical industry and medical device manufacturers," the authors write as background information in the article. "Our objective was to use data made available by a U.S. Department of Justice (DOJ) lawsuit to describe the extent of orthopedic surgeons' [financial relationships](#) with implant manufacturers." In 2005, the DOJ launched an investigation into payments made to [orthopedic surgeons](#) by the five largest makers of artificial hips and knees and reached a settlement with the companies in 2007.

Jason M. Hockenberry, Ph.D. then of The University of Iowa and Iowa City Veterans Affairs [Medical System](#), Iowa City, now with Rollins School of Public Health, Emory University, Atlanta, and colleagues used data made available by the 2007 Department of Justice settlement with five major device implant manufacturers to examine financial payments made by orthopedic device makers to orthopedic surgeons. The authors examined the number of surgeons receiving payments, the amount of

money paid and the types of payments made in the year prior to (2007), the year immediately following the DOJ settlement (2008), and the subsequent years (2009-2010), during which three companies continued to voluntarily report data.

In 2007, the five orthopedic device makers made 1,041 payments to 939 orthopedic surgeons totaling more than \$198 million. In 2008, the year immediately following the settlement with the DOJ, the manufacturers made 568 payments to 526 orthopedic surgeons totaling more than \$228 million; however, the authors note that this figure includes \$109 million in royalty buyouts from one company.

When limiting analysis to only the three companies that reported data for all four years, the authors found that mean (average) payment made by device makers per surgeon was \$212,740 in 2007, \$193,943 in 2008, \$246,867 in 2009 and \$233,108 in 2010.

Additionally, the proportion of surgeons receiving payments who had academic affiliations increased from 39.4 percent in 2007 to 44.9 percent in 2008. The authors observed similar patterns in 2009 and 2010 for the three companies that continued disclosing payments by choice.

"Although mandating disclosure of consulting payments and efforts by academic institutions to 'monitor their own' seem prudent, universal and detailed disclosure with standardized reporting formats and data elements would make these data more useful to patients, providers and policymakers," the authors conclude. "There is a need for clearer specific requirements for disclosure to allow for meaningful long-term analyses to be performed."

In an invited commentary, Robert Steinbrook, M.D., of Yale School of Medicine, New Haven, Conn., analyzed the findings of Hockenberry et al saying they "show a complex pattern, with substantial variation

between the five manufacturers."

"According to the study, the approximately 1,000 physicians who received payments in 2007 represent only about 4 percent of the orthopedic surgeons in the United States," notes Steinbrook.

"Unfortunately, the public data provide no information about how the payments relate to research and device development, the choice of hip or knee implant or other aspects of patient care."

"The disclosure of industry payments should not divert attention from the real issues with regard to conflict of interest," writes Steinbrook.

"These are the minimization or elimination of financial ties between physicians and industry in areas other than research support, bona fide consulting related to basic and clinical research, and legitimate payments related to intellectual property. Although many well-publicized examples with regard to conflict of interest involve physicians in specific fields, such as orthopedics or psychiatry, the issues are similar for all specialties."

"In the United States, the rules regarding the disclosure of industry payments are about to change," Steinbrook notes. "With mandatory disclosure of payments and amounts imminent, there should be many new opportunities to better control conflicts of interest in medicine."

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