

Medical communication companies receive substantial support from drug and device companies

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Eighteen medical communication companies (MCCs) received about \$100 million from 13 pharmaceutical and one device company that released data in 2010, and all or most of the 18 MCCs were for profit, conducted continuing medical education programs, and tracked website behavior, with some 3rd party information sharing, according to a study appearing in the December 18 issue of *JAMA*.

"Medical [communication companies](#) (MCCs) are among the most significant but least analyzed health care stakeholders. Supported mainly by drug and device companies, they are vendors of information to physicians and consumers and sources of information for industry. Known best for arranging continuing [medical education](#) (CME) programs, they also develop prelaunch and branding campaigns and produce digital and print publications," according to background information in the article. The authors add that how MCCs share or protect physicians' personal data requires greater transparency.

Sheila M. Rothman, Ph.D., of Columbia University, New York, and colleagues examined the financial relationships between MCCs and drug device companies and the characteristics of large MCCs and whether they accurately represent themselves to physicians. The researchers combined data from year 2010 grant registries of 14 pharmaceutical and device companies; grouped recipients into categories of MCCs, [academic medical centers](#), disease-targeted advocacy organizations, and

professional associations; and created a master list of 19,272 grants.

Of the 6,493 recipients of more than \$657 million grant awards from drug and device companies, 363 were medical communication companies, which received 26 percent of the funding (\$171 million), followed by 21 percent awarded to academic medical centers (\$141 million) and 15 percent to disease-target advocacy organizations (\$96 million). For-profit MCCs (n = 208) received 77 percent of funds. The top 5 percent (18 MCCs), almost all for-profit companies, received 59 percent of the funds (\$102 million). Eighteen MCCs received more than \$2 million each.

The top 18 MCCs offered continuing medical education: 14 offered live and 17 offered online CME courses. "Medical communication companies promoted online CME courses as a convenient and cost-free alternative to live CME courses. Physicians could access the site anywhere at any time. To enroll in the CME course, physicians had to provide [personal information](#), such as name, e-mail address, specialty, and license number," the authors write. Fourteen MCCs stated that they used 'cookies' and web 'beacons' to track physician web activity. Ten declared that they shared personal information with third parties. Eight stated that they did not share personal information, but almost all added exceptions for unnamed 'educational partners' and companies with which they worked or might merge.

"It appears that providing online CME courses is a common activity offered by MCCs, which allows them the opportunity to collect personal data and create digital profiles. Although MCCs did not elicit users' explicit consent, they interpreted participating in a CME course and navigating the website as an implicit agreement to share information with third parties. It is possible that physicians using MCC websites do not appreciate the full extent of MCC-industry financial ties or are aware of data sharing practices."

"Physicians who interact with MCCs should be aware that all require [personal data](#) from the physician and that some share these data with unnamed third parties," the authors conclude.

Lisa M. Schwartz, M.D., M.S., and Steven Woloshin, M.D., M.S., of the Dartmouth Institute for Health Policy and Clinical Practice, Lebanon, N.H., comment on the findings of this study in an accompanying editorial.

"As evident by the substantial investment in medical communication companies as described in the report by Rothman et al, the pharmaceutical industry is invested in the continuing education of physicians and nonphysician prescribers alike. Past abuses by the industry have spawned policies by the Accreditation Council for Continuing Medical Education, medical schools, and government to enforce separation between education and promotion largely through greater disclosure and limiting money and gifts. Closing loopholes that allow medical communication companies to bypass some of these policies would be an important additional step in ensuring that marketing is not confused with education. Keeping physicians and other health care practitioners up to date with balanced evidence about the safe and effective use of prescription drugs is in everyone's interest."

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