

Physicians prescribe less brand name drugs when EHR default settings show generics first

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Programming electronic health records to make generic drugs the default choice when physicians write prescriptions may offer one way to reduce unnecessary spending and improve health care value in the face of spiraling U.S. health expenditures, according to a new study from researchers in the Perelman School of Medicine, The Wharton School and the Center for Health Incentives and Behavioral Economics (CHIBE) at the University of Pennsylvania, and the Philadelphia VA Medical Center. The study is published in a special issue of *Annals of Internal Medicine* featuring research from Robert Wood Johnson Foundation (RWJF) clinical scholars on innovative high-quality and high-value health care initiatives.

"Prescribing brand-name medications that have a generic equivalent is a prime example of unnecessary [health care](#) spending because in most cases, generic medications are less expensive, similar in quality and may actually lead to better outcomes than brand names because of higher rates of patient adherence to generics," said lead study author Mitesh S. Patel, MD, MBA, MS, assistant professor of Medicine and Health Care Management at Penn who is a graduate of the RWJF Clinical Scholars Program. "The results of this study demonstrate that leveraging default options can be very effective way to change behavior."

The study included four ambulatory clinics (two internal medicine and two family medicine) in the University of Pennsylvania Health System

between June 2011 and September 2012 and evaluated the difference in prescribing behavior for three commonly prescribed classes of medications—beta-blockers, statins and proton-pump inhibitors—between family medicine and internal medicine physicians. The study looked at a total of 8,934 prescriptions in the pre-intervention period (6,698 from internal medicine and 2,336 from family medicine), and a total of 12,443 [prescriptions](#) during the intervention period (9,012 from internal medicine and 3,431 from family medicine). During the intervention phase of the study, the family medicine physicians (17 attendings and 34 residents) continued to be shown both brand name and generic medication options within the EHR medication prescriber portal, but internal medicine physicians (38 attendings and 166 residents) were shown a different display of only the generic medication options, with the ability to opt out. When compared to [family medicine](#) physicians that did not receive the intervention, [internal medicine](#) physicians had a significant increase in generic prescribing rates of 5.4 percentage points for all medications, 10.5 percentage points for beta-blockers, and 4.0 percentage points for statins.

"Not only was changing the default options within the EHR medication prescriber effective at increasing generic medication prescribing, this simple intervention was cost-free and required no additional effort on the part of the physician," added Patel. "The lessons from this study can be applied to other clinical decision efforts to reduce unnecessary [health care spending](#) and improve value for patients."

Provided by University of Pennsylvania School of Medicine

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