

# Study finds link between physician training and brand name prescribing

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Physicians in training are twice as likely to order a costly brand-name statin (used to lower blood cholesterol levels) when supervised by senior physicians who prefer those medications in their own practice, according to a new study led by researchers at the Perelman School of Medicine at the University of Pennsylvania and published online in the *Journal of General Internal Medicine*. These findings document a link between low-value prescribing and graduate medical training, which physicians undergo after completing medical school but before they can practice independently.

As part of this study of 10,151 statin prescriptions across four sites, lead author Kira Ryskina, MD, a general internal medicine fellow at Penn, and her coauthors analyzed [prescribing](#) data from 342 resident and 42 attending physicians from 2007 to 2011. The study found that the probability of a resident prescribing a costly brand-name statin increased from 22.6 percent when residents were supervised by attending physicians who mostly prescribed cheaper generic statins, to 41.6 percent when they were supervised by an attending who mostly prescribed expensive brand name statins. The linkage was strongest for the most junior resident physicians in training. With brand name statin prescribing accounting for an estimated \$5.8 billion in low-value spending annually, these findings represent an opportunity for improvement in graduate medical education to increase value in [health care spending](#).

"These findings provide early empirical evidence that low-value

practices among physicians are transferred from teachers to trainees, highlighting the importance of re-design of graduate medical education," said Ryskina. "We observed considerable variation in the prescribing practices of both attending physicians and residents, suggesting room to improve cost-effectiveness."

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