Study identifies medical specialties receiving highest payments from manufacturers

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The Physician Payments Sunshine Act, passed under the Affordable Care Act, requires all pharmaceutical and medical device companies to report payments to physicians, including consulting fees, gifts, speaking fees, meals, travel and research grants. This information is searchable to the public on a database called Open Payments, managed by the Centers for Medicare & Medical Services (CMS). A recent study by researchers at University of California, San Diego School of Medicine analyzed this database and compared payments among different specialties and identified which ones topped the list.

The study was published online the week of January 4 by *Mayo Clinic Proceedings*.

Researchers scrutinized 2.4 million physician payments totaling $475 million made during the last five months of 2013. Internal medicine and orthopedic surgery received the greatest total value at $111 million each. The highest proportion of physicians receiving payments was seen among cardiovascular and neurosurgical specialists. Orthopedic surgery and neurosurgery had the greatest mean value of general payments per physician.

"Physicians across the nation have entered into an era of transparency. This analysis shows the wide variability of industry payments across specialties," said Jona Hattangadi-Gluth, MD, principal investigator and assistant professor at UC San Diego School of Medicine. "The research sheds light on how physicians are engaging with medical companies, and

this information can be used by patients, policymakers and other stakeholders when making health care decisions."

The study found that medical specialties requiring a higher level of intervention, such as gastroenterology, cardiology and orthopedics, received higher payments - likely because of the dependence on devices used by the physicians for procedures, such as stents or hip replacements.

"During the last few decades, physicians have become much more engaged in the development of novel drugs and devices, which is critical to bringing innovation to patients," said Hattangadi-Gluth, chief of the central nervous system tumor service at UC San Diego Health. "Certain specialties, like surgery, may require more research and involvement in device development, resulting in higher royalty and license payments. Our study not only identified how industry payments are distributed by specialty, it also helped put those payments in context."

By plugging in the first and last name of a physician on the Open Payments site, an individual can see industry payments listed by company, nature of payment, date and amount.

"Physicians are held to a high standard, so it is critical to determine if their financial relationships create a conflict of interest or are deemed appropriate to ensure the highest quality of care and patient trust," said Hattangadi-Gluth.

Before the open payments data was released, studies relied on physicians to self-disclose their industry payments.

"Surveys can potentially be biased depending on what physicians choose to disclose. The data reported by CMS eliminates that recall bias," said Hattangadi-Gluth.

Hattangadi-Gluth said next steps include looking at whether an industry payment affects physician decision-making and treatment utilization. "We don't know yet whether these financial relationships are harmful in any way. It is also unclear whether transparency will impede valuable collaborations and the pace of innovation. There are many positive consequences of physician-industry relationships, so it is important that they be interpreted properly."

More information: Deborah C. Marshall et al. Disclosure of Industry Payments to Physicians, *Mayo Clinic Proceedings* (2016). DOI: 10.1016/j.mayocp.2015.10.016

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