NEW CAMPAIGN CHAMPIONS CHANGES IN MEDICAL PRESCRIBING TO END CONFLICTS OF INTEREST
The Prescription Project to promote science-based practice of medicine

(Boston, MA) The Prescription Project today called on academic medical centers, professional medical societies and public and private payers to end conflicts of interest resulting from the $12 billion spent annually on pharmaceutical marketing. Building on a series of reforms recommended last year in an article in the Journal of the American Medical Association (JAMA), the project will conduct and publicize research on conflicts of interest, advocate for policy reforms that will eliminate such conflicts, and promote prescription practices that are based on scientific evidence.

“Although new medical drugs and devices are revolutionizing the practice of health care and improving quality of life, America has a prescription drug problem: the prescribing practices of doctors are being influenced by billions of dollars in direct-to-physician marketing,” said Robert Restuccia, Executive Director of The Prescription Project. “When Americans visit their doctor and get a prescription, they should know he or she is relying only on the best medical information, not the latest marketing campaign.”

Americans filled a total of 3.6 billion prescriptions in 2005, an average of 12.3 retail prescriptions per person. National spending on prescription drugs is nearing $200 billion per year, growing at double the rate of other health services. In 2004, about 25 percent of drug expenditures were paid for out-of-pocket, making cost-effective, evidence-based prescribing a high priority for millions of Americans.

Supported by The Pew Charitable Trusts, The Prescription Project is an initiative of Community Catalyst, a Boston-based health care advocacy organization, in partnership with the Institute on Medicine as a Profession (IMAP). Funded by a $6 million grant from Pew, The Prescription Project will work over the next two years with medical and consumer stakeholders, policy makers and both public and private payers to:

- Document the scope of the problem and its impact on health care quality and cost;
- Collaborate with leading Academic Medical Centers (AMCs), physician organizations, public and private health plans, consumer organizations, and policy makers to promote best practices in prescribing;
- Assist AMCs and professional medical societies in adopting policy reforms; and
- Undertake a wide range of policy initiatives in partnership with public and private payers to increase the use of evidence-based systems and reduce conflicts of interest.
The recommendations for AMCs outlined in the January 2006 *JAMA* article were the product of a joint committee of the American Board of Internal Medicine and IMAP. Since then several prominent AMCs, including Stanford University, the University of Pennsylvania, and Yale University, have enacted reforms consistent with those recommendations, but progress has come piecemeal, not as the result of a concerted effort. The Prescription Project is the first comprehensive campaign aimed at ending these conflicts at AMCs, in the professional medical societies and among public and private payers.

“There is a crucial physician education component to this effort, and doctors must play a primary role in driving change,” said David J. Rothman, The Prescription Project’s Associate Director, President of IMAP and Professor of Social Medicine at the Columbia College of Physicians and Surgeons. “For instance, by setting a standard that governs financial ties between the medical profession and the industry, including prohibiting physicians from accepting industry gifts, America’s academic medical centers and other medical leadership organizations can create best practices and spur greater action by other physicians.”

In addition to focusing on the medical profession, The Prescription Project will promote policy changes in the public and private sectors that reduce conflicts of interest and expand the use of evidence-based medicine. Public and private payers spend billions of dollars a year on prescription drugs. When these payers rely on information from industry marketing campaigns rather than unbiased scientific studies, the result is higher cost and poorer quality.

“ Patients should not have to worry if best scientific evidence, or the Szechuan shrimp paid for by drug companies, is the basis for their doctor’s prescription,” said Jim O’Hara, managing director of policy initiatives and the Health and Human Services Program at Pew. “We expect that the Prescription Project’s research and analysis will drive a much-needed policy discussion in academic institutions and professional societies across the country.”

The Prescription Project’s advisory group includes experts in medicine, policy and health systems. Members include:

- Jerry Avorn, Chief of the Division of Pharmacoepidemiology and Pharmacoeconomics at Brigham and Women's Hospital
- Patrick J. Brennan, MD, Chief of Clinical Effectiveness and Quality Improvement of the University of Pennsylvania Health System
- David L. Coleman, MD, Chairman, Department of Medicine of Boston University
- Cathy DeAngelis, MD, Editor-in-Chief of *JAMA*
- Sharon Levine, MD, Associate Executive Director of Kaiser Permanente
- John E. McDonough, Executive Director, Health Care For All, Massachusetts
- Steven Nissen, MD, President of the American College of Cardiology
- Philip A. Pizzo, MD, Dean of the Stanford School of Medicine
About Community Catalyst
Community Catalyst, Inc., located in Boston, Massachusetts, is a national nonprofit advocacy organization that builds consumer and community participation in the shaping of the U.S. health system to ensure quality, affordable health care for all. It works in numerous states with state and local organizations as well as with other national organizations.

About IMAP
The Institute on Medicine as a Profession seeks to shape a world inside and outside of medicine that is responsive to the ideals of professionalism. IMAP supports research on the past, present, and future roles of professionalism in guiding individual and collective behavior. It aims to make professionalism relevant to physicians, leaders of medical organizations, policy analysts, public officials, and consumers. IMAP’s programmatic agenda is carried out through the Center on Medicine as a Profession of Columbia University.

About The Pew Charitable Trusts
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